

Provider Agreement Attachment A

Alzheimer's Day Programs provide specialized services to address the needs of people with Alzheimer's disease and related disorders (ADRD) and other dementias. The needs are unique due to changes in the brain that affect behavior and functioning. The goal of the program is to enhance cognitive functioning and improve the overall quality of life for individuals and their families. Program services help to maximize the individual's functional capacity, and reduce agitation, disruptive behavior and the need for psychoactive medication. Individuals with cognitive disabilities who require a day program benefit from a habilitative model in a therapeutic milieu.

I. ADMISSION

- A. Physician supervision of each individual must be arranged prior to admission. A medical examination must have taken place within the past three months. The provider must obtain:
- medical history that includes an indication of ADRD confirmed by the consumer's MD;
 - a list of current medications and treatments;
 - special dietary requirements / restrictions;
 - a statement by the MD/NP approving participation in the program that must, if applicable, include any contraindications or limitations to the individual's participation in program activities;
 - recommendations for specialized day programming; and
 - negative Mantoux test or negative chest X-ray within the past year.
- B. The provider shall have a written agreement with the individual and/or caregiver/family that specifies the services offered and a commitment from the individual to attend the program for a specified number of days per week. It shall also contain days and hours of program operations, a schedule of holidays, and procedures for unexpected closings due to disaster or inclement weather.

II. PARTICIPANT CARE PLAN

- A. Within six program days after the participant's first day, program staff in conjunction with family and other relevant health care professionals must complete a participant care plan. The care plan will be developed to address the physical, psychosocial, and ADL needs of the participant.
- B. Care plans shall:
- include individual service needs;
 - develop measurable objectives of care for the participant;
 - provide a supportive service and activity plan designed to meet the psychosocial and therapeutic needs of the participant;
 - include failure free activities in order to achieve goals and objectives and promote a sense of accomplishment and achievement;
 - make special arrangements to meet the rehabilitative and adaptive equipment needs of the participants; and
 - be updated quarterly by a multi-disciplinary staff.
- C. A discharge plan will be in place within six (6) program days after the participants' first program day. Decisions to discharge shall be based on safety and benefit to the client and other participants. Discharge consideration may include danger to self or

others, medical instability, or lack of a primary caregiver. Discharge plans shall be developed in conjunction with the individual, family, program staff and other involved professionals as appropriate. Discharge plans shall be reviewed with the care plans by a multi-disciplinary team.

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- D. The provider shall inform the physician of any change in the participant's care plan, health status, or behavior. Care plans shall be sent to the physician for quarterly review and signature, and returned to the program and maintained in the participant's file.

III. PROGRAM SPECIFICATIONS

- A. Two-thirds of the program activities must be provided in separate locations from any other program.
- B. Services and activities include helping participants and families adjust physically and psychologically to the illness. The care plan should include objectives that encourage the participants to continue their daily routine, physical activities, and social contacts. Each day the program will provide two snacks and a meal prepared with the consultation of a dietician, which shall contain at least one-third of the current RDA as established by the Food and Nutrition Board of the National Academy of Science.
- C. Activities should be enjoyable, habilitative, failure free, and provide:
- opportunities to maximize functional independence for high and low functioning groups;
 - a positive outlet for energy and emotions;
 - opportunities for self expression;
 - structured time;
 - individual counseling when appropriate;
 - relaxation and stress release;
 - accommodations for wandering in a safe environment;
 - physical fitness activities;
 - opportunities for peer relationships;
 - contact and coordination with family, community agencies, and other professionals involved in the provision of care; and
 - appropriate sensory stimulation, remotivation, expressive therapies and resocialization.
- D. Family support and caregiver education/information will be provided including a consult on home safety issues.
- E. The Social Service Coordinator must have at a minimum a bachelor's degree in human services from an accredited college or university and at least one year of recent experience working with adults in a professional capacity. Experience working with individuals with cognitive disabilities is preferred. Responsibilities include:
- arranging for or providing individual, group, and family counseling;
 - providing family education in behavior management;
 - informing participants/families of available community services and refer as necessary to agencies providing such services;
 - providing family support services such as grief management;

- assisting participants/families to access available benefits;
- documenting notes in the participant's records at least quarterly;
- advocating on behalf of the client with other professionals; and
- assisting in the delivery of other required program services.

- F. Nursing services must be provided in accordance with the needs of each participant. The program RN must provide and supervise nursing services. An RN's sole responsibility during the hours that she/he is employed by the program will be to meet the needs of the participants and promote the objectives of the care plan. Responsibilities include:

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- administration of medications and treatments as prescribed by the participant's physician;
- on-going monitoring of each participant's health status;
- maintenance therapy treatment as recommended by a therapist
- coordination of the participant Nursing care plan and:
- active participation on the interdisciplinary care plan/discharge planning team

IV. STAFFING

- A. Staff shall receive an initial orientation and ongoing training in areas of dementias, verbal and non-verbal communication skills, behavior management skills, group process skills, family functioning, CPR and first aid. Staff members should be comfortable with a multi-disciplinary team approach to service delivery. Staff should receive training that will prepare them for such issues as difficulty in group participation, high anxiety, aggressive behavior, wandering, and incontinence. A staff member's sole responsibility during the hours that she/he is employed by the program will be to meet the needs of the participants and promote the goals and objectives of the careplan.
- B. The program shall maintain a staff to participant ratio of at least 1:4 on site and ensure the presence of at least 2 staff members at all times.

V. PHYSICAL PLANT

- A. The physical environment should be designed to ensure the health and safety of participants and staff. It shall create an atmosphere that helps individuals compensate for cognitive losses by using specialized communication techniques, consistent behavioral approaches in personal care, and individualized failure free activities.
- B. Curb cuts, gradients, handrails, and ramps shall be designed or adapted to be accessible to the population being served. To improve independent ambulation, floors should be a solid color with no shine. Due to impaired depth perception associated with ADRD, carpets may increase the risk of falls.
- C. The site shall be designed or adapted to provide adequate turning space for wheelchairs. Light switches, control panels, counters, sinks, and door handles should be within easy reach of a wheelchair user. The toilet areas should be equipped with grab bars or handrails. Doorframes should be wide enough for

wheelchairs, and thresholds should be eliminated.

- D. Lower stimulation areas or a room with reduced auditory and visual stimulation should be made available to help maintain control of agitation.
- E. Wall coverings should be simple in design on non-shiny paper or flat painted walls to improve attention and minimize distraction. Colors may be bright.
- F. There shall be at least one toilet for every ten participants with one facility designed or adapted to provide access and maneuverability for disabled persons. Lavatories must have clear signage.
- G. The site should be designed with adequate space for the provision of required services. Each site should include a:
 - dining room;
 - food preparation area equipped with a refrigerator and adequate counter and storage space;
 - project area equipped with adequate table and seating (a dining area may be used);
 - group activity area;

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- private enclosed space free from disruption for individual nursing services or counseling;
 - rest area equipped with at least one comfortable resting chair for every six participants per day; and
 - personal hygiene area equipped with a sink.
- H. Certification indicating the maximum daily participant occupancy shall be obtained from the local fire department approving the area for program operation. If necessary, certification shall be obtained from appropriate local boards or departments (i.e. Health, Zoning, Building Inspector, etc.).
- I. Providers shall have an emergency first aid kit, scale, blood pressure cuff, stethoscope, foot basin, digital thermometer with disposable probes, blankets, and separate storage space and refrigerator with locks for medications.
- J. To accommodate the agitated pacer, adequate space (indoor or outdoor) should be available to allow pacing in a safe environment. A minimum of 50 square feet of space should be available for each participant, excluding office, toilet, hallway and other areas not used for the provision of the program.
- K. Each program must have an accessible fire extinguisher and a Fire/Disaster Plan.
- L. To protect participants, all exit doors must be alarmed or secured and all dividers, partitions and barriers must be secured.
- M. Programs must adhere to the Americans with Disabilities Act regulations.