



## Activity Department

## Adult Day Program

### Dear Adult Day Program Applicant and/or Responsible Party:

Thank you for inquiring about our Adult Day Program. Enclosed you find the following information and forms:

What is the Adult Day Program ?

Adult Day Program Rates

Specific Services Available

Statement of Participant Rights

Day Program Application

Eligibility-Admission Requirements

Day Program Medical Form

Discharge Planning

Once you have completed the application form, please return it in care of: Day Program Missouri Slope Lutheran Care Center. Please have the applicant's physician complete the Medical Record Form and have the physician fax the form directly to our facility.

To set up an appointment for a tour of the facility and a Day Program I interview to determine the applicant's eligibility, please contact the Adult Day Program Director at 701-221-9368.

Sincerely,

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Arnette Harris, OTR/L  
Activities & Adult Day Program Director



## Activity Department

## Adult Day Program

### **\*What is the Adult Day Program?**

The Adult Day Program is a program where an individual can receive support services on a daytime basis and return to their home at night. The program is staffed through the Activity Program by a registered occupational therapist/Program Director, An Assistant Activity Manager, and an Activity Assistants. The services available include activities, hair care, exercises. Spirituality Programs, noon meals and snacks, Social Services and nursing services for any emergency situations which may arise while the person is a participant in the program. Participation in any of these services is determined by a Program Team consisting of the Director of Activities, Director of Social Services and Director of Resident Services.

### **\*Who is eligible to participate in the Adult Day Program?**

The Adult Day Program is a program available to assist adults who may be physically, cognitively, emotionally, mentally, or socially impaired but who do not require the services of a nursing facility on a 24-hour basis.

### **\*How often can a person participate in the Adult Day Program?**

The Adult Day Program operates five days a week, Monday through Friday, from 8:00 a.m. to 5:00 p.m. A person may schedule participation for half or full days, one to five days a week, according to their individual needs. Once admitted to the program, a twenty-four hour notice is necessary to attend the program. It is the responsibility of the participant or caregiver to notify the Adult Day Program if the participant will not be attending on their scheduled day.

### **\*What are some benefits of the Adult Day Program?**

An individual who participates in the Adult Day Program can lead a much fuller, richer life. Through participation in this program, the person will be in a safe, supportive environment and be given the opportunity to be with other caring individuals in addition to their own family. There are many reasons for participation in an Adult Day Program, some of which are: meeting therapeutic needs, building confidence, increasing satisfaction in one's life, socialization opportunities, and relieving family stress. An individual may be able to maintain or improve their level of function and remain in their home for a longer period of time.

### **\*What is the cost of the Adult Day Care Program?**

See attached information for costs.

### **\*How does a person get accepted into the Adult Day Program?**

For more information about the Adult Day Program, or to receive an application please contact Arnette Harris, OTR/L Activity/ Day Program Director at 701-221-9368.

## Activity Department

## Adult Day Program

### Day Program Services Available

#### Psycho-social

- Assessment
- Recreational and spectator activities
- Educational activities
- Therapeutic craft groups
- Small and large group activities for socialization and fun

#### Health Services

- Activities of daily living assessment
- Ongoing monitoring of physical and mental health
- Therapeutic Exercise Groups

#### Social Services

- Information for services available in the community.

#### Nutrition Services

- Provision of one-third of the minimum daily requirement
- Nutrition education
- Special diets when indicated

#### Additional Services

- Beauty and barber shop (additional cost)
- Spirituality
- Emergency medical services



# Activity Department

# Adult Day Program

TO: Adult Day Program/Hair care participants and Third Party Payers

FROM: Missouri Slope Lutheran Care Center

Effective January 1, 2019 the following charges will be in effect for our Adult Day Program until further notice.

**Adult Day Program Participation:**

Full Day (over 4 hours)	\$77.50/day	
Full Day (over 4 hours)	\$82.50/day	(includes breakfast and lunch)
Half Day (4 hours or less)	\$38.75/day	

**Hair Care Services:**

Permanent	\$50.00
Color	\$40.00
Highlights	\$50.00
Partial Highlights	\$25.00
Women’s Hair Cut	\$20.00
Women’s Hair/set other	\$17.00
Men’s Hair Cut	\$15.00
Waxing	\$ 8.00
Temp Rinse	\$ 1.00

**Supplies:**

1 bottle Fanciful Rinse	\$ 7.00
1 Tube VO5	\$ 5.00
1 can Vita-E Hairspray	\$ 5.00
1 Unda Hairnet	\$ 1.25

Our hours remain the same, starting at 8:00AM going until 5:00PM. If you have any questions about the Adult Day Program please contact Arnette Harris, OTR/L Activity & Adult Day Program Director at (701)221-9368

## Activity Department

## Adult Day Program

### Discharge Policy and Procedure

In the event that a participant or his/her family requests discharge from the Day Program, the Program Director will inform the Team members of the discharge request. The Program Director or the Director of Social Services will contact the participant and/or family to discuss their plans and assist with referrals as needed.

In the event the Day Program is unable to adequately address the participant's needs due to a decline in status or other reasons, the Program Director will inform the Social Worker. The Program Director and Social Worker will meet with the participant and family member to initiate discharge planning and will offer referrals as needed. Documentation of discharge planning will be kept in the participant's file.

Any of the following conditions would require discharge from the program:

1. The participant transfers to another program, is admitted to a care facility or their living situation changes to where their needs can be met through other services.
2. Family Care-giver or responsible persons are unwilling or unable to cooperate with established Adult Day Program Policies.
3. The participant no longer meets the eligibility criteria for admission to the Adult Day Program as pre-determined by the Team Members.
4. If the participant has not attended the program for a period of up to 90 days. The POA will be notified of the discharge from the program and provided information to reapply for admission to the program if warranted.

## Activity Department

## Adult Day Program

### Statement of Rights for Day Program Participants

- The right to be treated as an adult, with respect and dignity.
- The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.
- The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.
- The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
- The right to self-determination within the day program setting, including the opportunity to:
  - Participate in developing one's plan for services
  - Decide whether or not to participate in any given activity
- The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
- The right to privacy and confidentiality.



**Activity Department**

**Adult Day Program**

**MSLCC Adult Day Program Application**

Applicant's Name \_\_\_\_\_ Marital Status S M W D Sep

Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Person to notify in case of emergency/POA: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Source \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Medicare Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Person responsible for finances: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Present Physical Problems: \_\_\_\_\_

List all medications you are taking: (name, amount and times)

Are you able to manage them yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been hospitalized in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when and for what reason?  
\_\_\_\_\_  
\_\_\_\_\_



Have you ever received psychiatric treatments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when and for what reason? \_\_\_\_\_

Need Assistance with:

Dressing \_\_\_\_\_ Eating \_\_\_\_\_ Toileting \_\_\_\_\_

Bathing \_\_\_\_\_ Walking \_\_\_\_\_ Other \_\_\_\_\_

Do you have any of the following?

Hearing aids \_\_\_\_\_ Dentures \_\_\_\_\_ Glasses \_\_\_\_\_ Cane \_\_\_\_\_

Wheelchair \_\_\_\_\_ Catheter \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Do you have any allergies? If so, explain:

\_\_\_\_\_

Do you have a problem with bowel or bladder control? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you use alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

List any specific treatments or care which you require:

\_\_\_\_\_

\_\_\_\_\_

Mental condition:

Clear \_\_\_\_\_ Confused \_\_\_\_\_ Forgetful \_\_\_\_\_ Depressed \_\_\_\_\_ Other \_\_\_\_\_

Living Arrangements: \_\_\_\_\_ Alone \_\_\_\_\_ Home \_\_\_\_\_ Group Home \_\_\_\_\_ other \_\_\_\_\_

Community Services: \_\_\_\_\_ Senior Center \_\_\_\_\_ Homemaker \_\_\_\_\_ Home Health \_\_\_\_\_

\_\_\_\_\_ Home Health Nursing \_\_\_\_\_ Meals on Wheels.

\_\_\_\_\_

**Signature of person completing application**

**Date**





## Activity Department

## Adult Day Program

**Eligibility Requirements:** The Adult Day Program is a program available to adults who:

1. May be physically, cognitively, emotionally, mentally, or socially impaired but who do not require the services of a nursing facility on a 24-hour basis, nor the assistance of a nurse except in an emergency situation. Participants should not require constant assistance or continual one on one care. They must not exit the premises or wander off to other areas of the building unsupervised. They should be able to toilet themselves with minimal to moderate assistance of one and supervision.
2. Are not potentially harmful to self or other persons.
  - a. The participants must not hit, kick, or yell at other. They must not verbally insult or demean another participant or a resident.
  - b. Participants demonstrating verbal or physical aggression will be discharged from the program.
3. Are not showing evidence of severe mental disturbance or any communicable disease.

**Admissions Criteria:** Participants must be screened by the Day Program Team and meet and maintain the following criteria before admission:

1. The participant must be vaccinated against seasonal influenza each year.
2. The participant must be able to transfer with minimal to moderate assist of one.
3. Must be able to transfer to the toilet with minimal to moderate assist of one.
4. Must be able to take medication with a reminder from the staff as directed by the POA.
5. The participant must not be at risk for wandering or exit seeking.
6. Must be able to feed self with set up of the food tray.
7. The participant must be continent of bowel and bladder and provide an incontinent product and change of clothing for unexpected incontinency.
8. Some participant may require a 1-2 week trial period to monitor the participant's ability to maintain eligibility and admissions requirements.
9. Participant's plan of care and progress notes will be reviewed by the Program Director each month and more often as needed.
10. The participant's family or POA will be kept informed of the participant's status and notified of any changes or declines in status so that discharge planning can be initiated.
11. In the event of a decline in status, the Program Director will arrange to have the Program Team meet with the POA or family member to discuss discharge planning and provide information as needed for other available services that may be helpful to the caregiver.
12. If the participant has not attended the program for a period up to 90 days the POA will be notified of discharge from the program and provided information to reapply for admission to the program if warranted.

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POA /Responsible Party signature      Date



# Activity Department

## Adult Day Program

### MSLCC Adult Day Program Medical History and Examination

Dear Dr. \_\_\_\_\_:

We have received an application from \_\_\_\_\_ to enter our Adult Day Program. This program provides support services on a daytime basis, which includes light personal care, activities, social services, meals, and nursing care. Please provide us with the following necessary information regarding the applicant. Thank you.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_  
Diagnosis \_\_\_\_\_

Past Operations/Illnesses \_\_\_\_\_

Urine \_\_\_\_\_ Serology \_\_\_\_\_

**Hgb** \_\_\_\_\_ **Mantoux:** (Chest X-ray if positive) \_\_\_\_\_

Mental Status \_\_\_\_\_

Physical Limitations \_\_\_\_\_

General condition and/or special problems \_\_\_\_\_

Allergies \_\_\_\_\_

List of present medications, dosages, frequency: \_\_\_\_\_

Diet Required \_\_\_\_\_

Specific Treatments (P.T., wound care, etc.) \_\_\_\_\_

Is this applicant free of communicable disease:  Yes  No

Code Status: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax to: HIM Dept. MSLCC (701) 223-2091**