

**A SUPPORTIVE DAY PROGRAM
START UP MANUAL
FOR YOUR COUNCIL ON AGING**

**Produced by the Massachusetts Councils on Aging in
Cooperation**

With Massachusetts Executive Office of Elder Affairs

**Additional copies of this manual may be
Obtained by contacting:**

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And Senior Center Directors**

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WHAT IS SUPPORTIVE DAY?

National Council on Aging and National Adult Day Services Association - The Standards and Guidelines-define the ranges or levels of care. They all begin with the following care services: assessment and care planning, assistance with ADLs, health related services, social services, therapeutic activities, nutrition, transportation, and emergency care.

The three levels of service are:

CORE SERVICE – Supportive Day

The participant who receives core services needs socialization, some supervision, supportive service, and minimal assistance with ADLs. This person may have multiple physical problems but is stable and does not need nursing observation or nursing intervention. There may be some cognitive impairment, but the resulting behavior can be handled with redirection and reassurance. This participant can communicate (though not necessarily verbalize) personal needs.

ENHANCED SERVICE – Adult Day Care

The participant who receives enhanced services needs moderate assistance. This person may need health assessment, oversight, or monitoring by a nurse; therapy services at a functional maintenance level; or moderate assistance with one or more ADLs. This participant may have difficulty with communication or making appropriate judgments or may demonstrate disruptive behavior periodically that can be accommodated with increased skills or time by staff members.

INTENSIVE SERVICES – Adult Day Care

The participant who receives intensive services needs maximum assistance. This person's medical condition may be stable and may require regular monitoring or intervention by a nurse. Rehabilitative or restorative therapy services may be needed. There may be a need for total care of one or more ADLs, or moderate assistance with more than three ADLs at the center, or a need for a two-person assist. The individuals may be unable to communicate needs or may display behavior requiring frequent staff intervention or support, and even more skills or time by staff members.

Each Adult Day Center shall define the target population (s) it intends to serve.

Each Adult Day Center shall serve only those participants whose needs while at the center do not exceed the center's resources. They should not serve those participants who would be served more appropriately in a different setting.

Each center shall have a mission and philosophy. Statement should reflect the needs of the participant and the care and services it is committed to providing.

Each center shall have a written policy for appropriate participants and for those who may be appropriate for enrollment.

Each center shall conduct an assessment of each potential participant in order to determine whether or not that participant is included in the center's target population and whether or not the center can meet the need of the participant.

Center policies shall define the target population, admission criteria, discharge criteria, medication policy, participant rights, confidentiality, and grievance procedures.

Each center shall have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements.

Each center shall have an advisory committee.

The advisory committee shall be representative of the community and participant population.

The governing body shall review, approve, and revise a current written plan of operation.

A written plan for handling emergencies shall be developed and be accessible easily in the center and in all center vehicles.

Plans for evacuation and relocation of participants shall be in place in the event of power outage or other emergency situations.

An organizational chart shall be developed to illustrate the lines of authority and communication channels. This chart should be provided to all staff.

The administrator shall have full authority and responsibility to plan, staff, direct, implement and evaluate the program.

SUPPORTIVE DAY DETERMINING THE NEED

Introduction

Organizing a **Supportive Day Program** is a complex task requiring hard work by an individual or core group of knowledgeable individuals, as well as support from the community. A group or an individual can act as a catalyst, arousing interest in the concept and motivating key individuals to become involved. Recognizing the need for the service in their community, this group or individual must take steps to pull together representatives of the community who will support the idea. These folks, if a group is being used, will form the nucleus of the planning and development committee.

Community Needs Assessment

Sometimes this information is available already through the Area Agency on Aging Plan.

Information needs to be gathered, not only about the numbers who may need the service, but also about the numbers who will use the service.

Consult with other day program centers in your community or a similar community. Ask about the capacity each center serves and the current average daily attendance. Especially try to determine responses to particular service patterns within the centers.

Gather census figures regarding the numbers of residents over age 60 and handicapped persons in your community (numbers and concentrations). The need for geriatric day programming can be estimated somewhere between ½% and 2% of the total 60 and older population in the area. This information is not from scientific research, but rather, from informal observations. Be conservative in estimating potential utilization of a new program. When determining need, look for concentrations of persons age 75 and older, and concentrations of handicapped persons of all ages who may be underserved. Also, look at the concentrations of low-income persons. How will this affect your location and the population you will be serving? Demographic information can be obtained from:

US Census Bureau	US Bureau of Vital Statistics
US Public Health Service	Local health depts.
National Center for Health Statistics	Local planning commissions
nursing home and home	Hospital, Health associations

The next step in the development process is to locate individuals who represent the community in the area of adult services and to set up a meeting to discuss the feasibility of beginning a Supportive Day Program.

The initial approach may be a phone call and/or a personal visit to key individuals who will be asked to participate in a meeting. One should request a few minutes of their time, briefly discuss the concept, in words, which point out the need for and effectiveness of the service, and ask if they will attend an exploratory meeting and if they can recommend others who should be part of the discussion. All agencies and groups who will be central to starting and operating an adult **Supportive Day Program** in the community should be represented at the meeting. The list will be somewhat different in each community, but will usually include some of the following public and private providers. Use your creativity to look around your community.

Social Services Department	Retired Senior Volunteer Program
Mental Health Department	Council of Governments for Transportation
Area Agency on Aging	Public Health Department
Medical Association	City and County Officials
Nurses' Association	Home Care Corporation
Clergy Association	Local Foundations
Agencies Funding Agencies	United Way
Voluntary Action Center	Housing Authority
Senior Citizens' Clubs	Educational Leadership
Recreation Department	Local nursing homes
Home health agencies	Hospital social workers/discharge planners

Each community will differ in its configuration of service providers and leadership. Care should be taken that community representation is comprehensive. This representation may be future referral sources. Hence, a community needs assessment is the first step in a good marketing program.

Meeting Agenda

There is likely to be little concrete action taken at the initial meeting since its purpose is primarily for brainstorming and deciding upon the feasibility of further action. To create a climate favorable to subsequent positive action, it is imperative that the agenda be well thought out, and that those who call the meeting are clear about anticipated results. Convening such a meeting only to have everyone leave without any decisions is a waste of time and detrimental to future progress. Below is a workable agenda for this initial meeting.

If there is a consensus among the group that the need for a service does exist and is great enough to warrant further consideration. The next step may be to put together a formal, short term, planning committee or task force.

Formation of a Planning Committee or Task Force

Planners of **Supportive Day Programs** should consider it important that the membership include persons in the community at large who possess skills needed to achieve the objectives of the committee. Ideally the size of the committee should be about 10 to 12 people. Developing the committee can be a potent part of your marketing campaign.

Planning and implementing a **Supportive Day Program** requires skills in the areas of community leadership, business administration and human services.

Community Leadership

Individuals who are instrumental in shaping public opinion and able to wield influence to gain support for the Program.

Business Administration

The Program must be viewed and operated in a businesslike manner. The committee could include members who can make contributions in all aspects of sound business administration. The following skills might be considered: general business management, planning, personnel management, financial management, fund-raising, marketing, legal, real estate, construction, and transportation.

Human Services

The committee will need members who understand the concept and goals of **Supportive Day Programs**, as well as the needs of the population to be served. These individuals must constantly keep the philosophy of the service before the group so as not to lose the ultimate objective: the development of a program that addresses the needs of participants and their families in ways which will enhance their quality of life. Members with expertise could be from:

Medical/Health	Recreation	Mental Health
People management	Home Economics	Social Services
Communication	Education	Aging Services

All people serving on the Planning Committee must agree with the long-term-care needs in the community and with the philosophy and broad service goals of a **Supportive Day Program** as an integral component within the care continuum.

Sample Agenda

The Initial Meeting:
Need and Feasibility Assessment Agenda

The following issues could be included with those discussed at the initial planning meeting.

Is a **Supportive Day Program** needed in the community? What do you think of the adequacy of existing **Supportive Day Programs**? Is there a gap in the present continuum of services? If so for what population? Are there sufficient numbers of persons needing, and likely to use, the service to justify setting it up? What would these individuals require from the program?

Are there funds available and if so, from what public and private source or sources? What groups of individuals are eligible for available funds? What is the time line and process to apply for funding?

Is the community likely to support a new program? How can this be determined?

What about housing for the program? Is there space available in an existing building which could house a service complementary to those already in the building? Is the facility in a desirable location, accessible to the population to be served and needing little renovation to meet regulations? Is it in a safe location? If an existing building is not available, how feasible are the alternatives of building or leasing?

What about transportation? Is there a community transportation project which may offer transportation? If not, what are the alternatives, including lease of vans or having participants provide their own transportation?

What about staff for the program? How difficult would it be to find qualified personnel?

What is the level of commitment among those present? Is it possible to recruit some who will serve as the nucleus of a planning and development committee or task force?

Supportive Day Business Information

Writing a good business plan will take time, patience, much thought, and hours of writing and editing. A business plan will help you think through your strategies, balance enthusiasm with facts, and recognize limitations.

An accurate business plan will take careful planning. If you think you are ready, to move ahead then dig in, and begin your incredible journey. We hope we have provided you with some essential guidelines that will help you create an award winning program.

Define your business. Write a mission statement of fifty words or less that outlines what you will do, and to whom, and what will make your business different.

It is important that your plan and the amount of detail it contains is simple, but has a visual presentation that addresses the group or readership that will help you attract some potential financial resources.

Your cover sheet should be on company stationary, displaying your municipality logo. Keep your cover sheet simple. Identify yourself, your business, and group to which you are addressing and include the date.

Business Information

- Name of business
- Location, address
- Telephone numbers
- Fax
- E-mail
- Contact persons(s), including titles

The profile of your business is very important. In this section you should give a brief history of your group and the organizational detail of your center. Describe in detail what motivated your Council on Aging to start a **Supportive Day Program**. How did you determine this need? Have you contacted other businesses to determine if there is a need? This is a great spot to name those agencies. (Support Letters are great but do not include in the business plan.)

Describe what your venture will involve, including physical space requirements, equipment and furniture, supplies and personnel requirements.

Profile of your Specific Market

Accurately define your target market. Don't assume that your target exists and/or that it can be created in a relatively short time period. State who your consumers will be, note the geographical scope of your program and establish an attendance goal for your program. Determine the need for the program in your community. You should begin by surveying your medical professionals, local board of health, Council on Aging, area nurses, local Home Care, local Police and Ambulance services for potential referrals. Is there a need?

If there are other programs in the area, define why your competitor's programs are less effective than your proposed program.

Consider all legal factors. Make sure your facility is up to current building codes, and that you have the backing of your local government.

Define your staffing needs, including head count requirements (Program Standards), training, benefits and temporary versus permanent staff.

Define other funding sources

Define client sources in your community.

SUPPORTIVE DAY FUNDING SOURCES

Funding Sources

The Brookdale Foundation has recently released an announcement concerning the availability of funding for projects serving persons with Alzheimer's disease and their families. They intend to fund up to 40 new Brookdale National Group Respite Programs or Early Memory Loss Programs.

New grantees will receive seed grants (\$7,500 in the first year, with the opportunity of an additional \$3,000 in the second), attendance at a three-day conference and technical assistance. Eligible applicants are 501© (3) not-for-profit agencies who are interested in developing a Supportive Day program for these populations. Proposals are due at the Brookdale Foundation by July 2, 2008.

More information as well as the grant application and proposal guidelines can be found at www.brookdalefoundation.org.

Other Possible Sources:

ASAP-Title III

Caregiver Support Funds

State Funds -Service Incentive Grants

SUPPORTIVE DAY PROGRAM MARKETING TIPS

Marketing is anything you do that lets someone else know the benefits of what you do; marketing is anything you do that just might create business for you; marketing is anything you do that helps a potential client become aware of your service; marketing is anything you do to get or keep a customer. ~Ron King

•WHAT ARE THE CHALLENGES?

- Lack of knowledge that Supportive Day Programs exist. A marketing campaign can be implemented to combat this.
- Misperception of what Supportive Day Programs are.
- Resistance by Potential Users to utilizing the service. This is where the Educate Our Community piece comes in.
 - We all know the resistance elders have to becoming participants: “I’m not old, I don’t need help, I’m not at that age yet...etc.”
 - Caregivers struggle with guilt, worry that the program won’t be providing the quality of care that they do, fear of being chastised for doing things “wrong” at home, concern over sending their loved one to a “depressing” atmosphere, denial they need help or that there is a problem, worry over the financial implications.

• WHO SHOULD A MARKETING CAMPAIGN TARGET?

- Referral Sources: Doctors, Dentists, Other Service Providers (Elder Services, Alzheimer’s Services, etc.), Libraries, Police & Fire Services, etc.
- Potential Users: Caregivers (working/retired, seeking respite care or full-time aid in caring), Elders (as potential participants)

• GOALS

- Increase enrollment and attendance!
- Turn inquiries into enrollment!
- Increase recommendations from Referral Sources! (Referral Sources nationally provide 75% of all new client referrals)
- Educate Our Community: This includes changing the perception of what Adult Day Services are and are not.
 - Adult Day Services are NOT Day Care! Words can have a powerful impact. Referring to the service as “day care” can be construed as demeaning to participants and does not make it sound appealing to Potential Users. Calling it a group, club, center, or program are better choices. These words are free of the connotations programs want to avoid when trying to sell the service. Remember the audience and adjust accordingly. Referral Sources and some Caregivers may want to hear about staff qualifications and the structure of our program, while this approach may be a turn off to Potential Users.
 - Supportive Adult Day Programs ARE places to make friends, learn from others, share life experiences, participate in hobbies and special interests, enhance health through nutritious meals and daily exercise and celebrate birthdays and holidays. Supportive Adult Day Programs provide respite for caregivers, allowing them to attend to their own health and well-being. When the program is described this way, it is SELLING

THE BENEFITS as opposed to just listing the services offered. In this way the information is presented in such a way that the listener can relate the benefits to their own life. A problem is being solved for the person being “sold” to.

- **BRANDING**

- What is this? The brand is the sum total of every experience people, clients, caregivers, Referral Sources, the community have with the organization. It includes the good, the bad and the ugly. Everyone involved in the program has an effect on the brand, how the program is perceived in the community. This is when an innocent comment about the program can have a ripple effect. For example, an offhand comment such as referring to participants as “kids” or “cute” or referring to Supportive Day Programs as “daycare” can hamper the program from achieving the goals being striven for in Educating the Community. This frame of mind is passed on to Referral Sources, community members and Potential Users. These connotations can create impressions that are hard to overcome. Setting the example regarding attitudes toward Supportive Day Programs and spreading a consistent message as a staff is very much the foundation of what can be a successful marketing campaign.
- Why should you care about this?
 - Through advertising/marketing you have the opportunity to be a presence in the minds of Potential Users and Referral Sources. You can create a feeling of familiarity and trust before first contact is even made.
 - The senior/elder population feels most comfortable utilizing resources they are already familiar with, that they trust. Creating a positive brand can help achieve that reassurance.
 - Positive branding can help make the service acceptable in the minds of Potential Users.

- **WHAT’S THE PLAN?** This will be different for everyone depending on staff and financial resources. Components to consider including are:

- Brochures: Distribute brochures to all Referral Sources in the community. This distribution could include in-person visits and personalized letters to physicians as well. This could be followed up with “keep in touch” letters/postcards. The idea is to make a personal connection, and set the groundwork for a continued relationship.
- Professional networking. This is one more way to be a presence with other Service Providers and Referral Sources. Have business cards on hand.
- Flyers-Advertise any special events happening in the program.
- Keep track of inquiries. Follow up.
- Other ideas:
 - Guest columns/ads in local newspapers, church bulletins, newsletters
 - Guest spots on local radio/cable

- Newsletter for participants/caregivers (word of mouth can be a powerful-and free-source of advertising)

Marketing initiatives should be assessed and updated on a regular basis. Assess what is working, what is not and allocate resources to those initiatives that give the best return.

SUPPORTIVE DAY DETERMINING YOUR COSTS

If possible, consider getting a team of planners on board – Council on Aging members, a Home Care Corporation (ASAP) representative, a hospital discharge planner, a representative from your AAA, Board of Health Members or other local health professionals, faith based organizations, or members from the local Chamber of Commerce. Having a variety of members will help your Council on Aging design a program that will meet the community's needs and will assist you to gain support for your program within your community.

Getting agencies to participate in your planning process will help you to design your program. Begin to establish contacts who will share information with you about their views and needs. In the future, they may provide referrals and give some good ideas and suggestions. Use the Massachusetts Councils on Aging network to asking for information from experienced program leaders. Think BIG!

Establishing what you will charge clients to participate in your Program may not be difficult, but you must consider many issues. Look at your resources and requirements. You should look at similar types of programs in your area to see what they are charging. It is not wise to base your fee higher than their fee unless you can show a big difference in programs.

Calculate your direct costs paid from the program's revenue.

Include: staff salaries and benefits with insurance, workers compensation, FICA, State pension. Take the staff to client ratio into account. Consider the amount needed if the program offers scholarships or memorials for those who are unable to afford the total fee to attend the Program.

Operating expenses such as:

utilities, postage, printing or copying, rent, training and in-service, membership dues, subscriptions, advertisements, publicity fees, employee and or staff recognition, telephone, internet, travel or transportation, custodial or professional services, temporary employees, entertainment, consumables, arts and crafts or other activity supplies, equipment repair and maintenance, food, catering or meals, and anything else that the program pays for.

Then, include any indirect costs:

This might include a portion of the Council on Aging or Senior Center Director's time. Figure the percentage of time that they supervise the program. It is usually 10 or 15 percent.

In addition, add in the amount needed for clerical, transportation and custodial services if not a direct cost. Add the value, or cost, of indirect services or items that are paid by the Council on Aging or those provided by another funding source (rent, donations, volunteers and supplies) or any of the things listed above under direct costs.

How much funding is needed?

Estimate the number of workdays per year. These vary a little 261 to 260 on depending leap years. Subtract those holidays that your organization is closed from the estimated workdays. Subtract any additional days you might be closed for training or inclement weather. You can guess a little here.

Multiply the number of days per year your Program operates by the lowest fee you collect per client* Then, multiply that figure by the average number of clients you plan to serve per day.

Example: 245 days x \$35 daily rate = \$8,575. x 8 clients = \$68, 600.00

When you add up all of your direct and indirect costs are they over or under this figure? Make the necessary adjustments.

*Some Programs have a range of fees (ASAP contract, private pay, sliding scale, an extra cost for transportation or meals) while others have a flat all-inclusive rate.

Programs can make a request for a donation on their billing statement to help defray the actual cost of the program or to assist in fund raising for a special project.

SUPPORTIVE DAY MODELS

COUNCIL ON AGING BASED – On Site - Off Site

To be on site or not to be on site really depends on space. Many of us began our original programs in rooms with the approximate size of an average house room. Our humble foundation had to grow into this program and we designed the program to fit our Centers.

Some of our **Supportive Day programs** fit well in our Senior Centers, merging into the daily life of Center's programs. Others found the need for more space and moved into separate quarters.

Each community is unique and only you can predict how your center and community will work.

SUPPORTIVE DAY ADMISSION PROCESS & REQUIREMENTS

ADMISSION PROCESS

There are two ways that admission eligibility for a prospective client is determined after initial contact is made and materials are furnished (in person or by mail) and reviewed.

A visit to the Program site (e.g. Senior Center) is arranged which includes an assessment by staff, usually by the Program Coordinator, of the possible attendee's compliance with the following admission requirements. Necessary forms are completed, and in addition, some Programs offer a trial day before a commitment is made.

The alternative is a home visit to the prospective client, and caregiver if possible, at which time the client is assessed for appropriateness for the Day Program. Forms are completed and checked, and the visit gives the Director or designee an opportunity to see first hand the client's routine environment, as well as providing additional reassurance of the client's welcome. This is important for those who are hesitant about participating in a day program or have difficulty with transitions.

Eligible Clients need to:

Be able to follow directions and participate in activities

Function in an ambulatory setting

Interact appropriately with others and staff

Be capable of performing activities of daily living with limited aid

Administer own medications and govern their own personal care

Be generally cooperative, easily redirected, non-combative, non-threatening to self and others.

Ineligible Clients include persons:

Unable to use the bathroom independently or are incontinent

Or Need physical assistance with activities of daily living

Who wander or attempt to leave the building

With communicable diseases requiring isolation

With violent or abusive behavior to self or others

Who are under the influence of alcohol or drugs

Discharge Criteria

The Supportive Day Personnel reserves the right to discontinue services at any time to any participant whose medical, psychological or emotional health changes to the point where he/she can no longer benefit from the program.

Walk Out Policy

The Supportive Day Staff will do its utmost to prevent an individual from leaving the premises, but, (under no circumstance) will ever physically restrain an individual.

The Program's responsibility for a participant ends at the senior center door if the individual should insist on leaving on his or her own.

The procedure for a "walk out "would be:

To attempt to have the individual agree to either wait for a care giver to pick them up or send them home in the van or make other arrangements.

Inform the caregiver or emergency contact. If no one can be reached, we would inform the local Police Department.

If an individual "Walks Out" of the Supportive Day Program, a meeting should be held with all those involved with the participant to determine if the individual still meets eligibility requirement.

Medical/Off Site Transportation Policy

Transportation to medical appointments or other off site events will not be provided by Van Service/Dial-a-Ride during Supportive Day hours. Families, caregivers or other responsible parties need to arrange or provide transportation and an escort, if necessary, for Supportive Day participants. Schedule changes for Supportive Day Program attendance need to be made 24 hours in advance by notifying both transportation and the Supportive Day Director by calling: (list phone number).

Transportation at (list phone number) must be arranged by noon the day before for regular changes to the schedule and by 7:30 a.m. for changes due to emergency or illness.

Day Center Director at (list phone number).

Appointment Scheduling Policy

The Supportive Day staff cannot schedule appointments for Supportive Day participants such as medical, dental, foot care, hairdresser, etc. Appointments must be arranged by the participant or by the participant's family or caregiver.

**THE SUPPORTIVE DAY
AUTHORIZATION FORMS**

Authorization to Share Information and Hold Personal Information in a File

I, _____ have requested that service be provided to me by The **Supportive Day Program**. I understand that in order to coordinate a care plan and services, the **Supportive Day** may need to communicate with other agencies or providers of services. Therefore, I give permission to the **Supportive Day** staff to hold personal information in a confidential participant file. I also give permission to the **Supportive Day** to share information with other agencies providing or potentially providing services to me, including my physician, social service agency, home health agency, EMT or hospital, for the sole purpose of care planning and coordination and/or emergency care.

Physician:

Elder Services:

Home Health Agency:

Visiting Nurses:

Other:

Other:

Participant/Responsible Party Signature _____
Date

Day Center Director / Coordinator _____
Date

**THE SUPPORTIVE DAY
AUTHORIZATIONS**

I grant permission to the SUPPORTIVE DAY Program:

YES _____ NO _____ To attend field trips and outings.

YES _____ NO _____ To participate in gentle exercise.

YES _____ NO _____ To participate in Health/Blood Pressure Clinics.

YES _____ NO _____ To participate in Foot Clinics.

YES _____ NO _____ To publish my photograph in any press release and
Consent to the use of my name in articles relating to
The **Supportive Day Program**.

I release the **Supportive Day Program** and the City/Town of _____ from any and all liability.

Participant/Responsible Party Signature _____
Date

Day Center Director / Coordinator _____
Date

SUPPORTIVE DAY PARTICIPANT BILL OF RIGHTS

Every participant in the **Supportive Day Program** has the right to:

Be cared for in a safe and supportive environment free from abuse and neglect.

Be treated with consideration and respect and with due recognition of personal dignity and individuality.

Present grievances and recommend changes in policies, procedures, and services without restraint, interference, coercion, discrimination, or reprisal.

Request from the Program, the names of all staff involved in his/her care.

Expect confidentiality of all records and communications to the extent provided by law.

Obtain from the Program a copy of any and all regulations and rules pertaining to his/her conduct as a participant.

Grievance Procedure

You have a right to file a written complaint if you have a grievance regarding any area of your participation in the **Supportive Day Program**. These areas include, but are not limited to transportation, meals, staff, activities, and contractual issues.

You must file a written complaint within 20 business days of the occurrence which prompted the complaint. Please send your complaint to the Supportive Day Coordinator/Director, Senior Center or Council on Aging.

The complaint will be reviewed by the Supportive Day Coordinator/Director and the Executive Director of Senior Center/ Council on Aging. If successful resolutions have not been reached it will be forwarded to the Council on Aging Board. If you are not satisfied with the Council on Aging Board's conclusions and recommendations, you may consult with Mayor, Board of Selectmen or other funding sources. These options will be given to you during your discussions with the board of directors. Remember these policies will vary from community to community

SUPPORTIVE DAY EMERGENCY PROCEDURE

Program participants are required to identify a minimum of two emergency contacts prior to admittance to the **Supportive Day Program**. Should an emergency arise, every effort will be made to contact these individuals.

An emergency is defined as:

MEDICAL- in which a participant becomes distressed in a way that clearly requires medical intervention. This could include chest pain or other bodily pain as described by participant, vomiting, dizziness, numbness, extreme fatigue, extreme excitability, or extreme weakness.

EMOTIONAL- in which a participant is unable, for any reason, to complete the days' activities as planned due to an upset of some kind.

COGNITIVE- in which the participant is unable to participate in activities as planned due to marked confusion or agitation.

After careful assessment of any of these situations, The Supportive Day Staff will:
Identify a staff person to oversee the remaining Supportive Day group while another Staff member monitors the distressed participant until intervention is achieved.

If necessary, the two will be isolated from the rest of the participants in the interest of safety and comfort for all.

Call **"911"** for an ambulance immediately should a medical emergency exist. (The participant does have the right to refuse treatment.)

Consult with the Supportive Day Director/Coordinator or Council on Aging Director if possible.

Call emergency contacts at all numbers listed.

Provide medical information in the participant's file to the EMT and hospital emergency staff to use in caring for the ill participant.

A family member or primary care giver must meet the ill participant in the emergency room.

An incident report should be completed immediately following the episode.

THE SUPPORTIVE DAY

INCLEMENT WEATHER POLICY

If the Schools are closed due to inclement weather, the Senior Center and the **Supportive Day Program** will be closed. If bad weather develops during the day, participants may be dismissed early. Our Staff will notify emergency contacts of the early dismissal.

HOLIDAY CLOSINGS

New Year's Day

Martin Luther King Day

President's Day

Patriot's Day

Memorial Day

Labor Day

Columbus Day

Veteran's Day

Thanksgiving

Christmas

List any other holidays or days you will be closed for staff trainings.

**THE SUPPORTIVE DAY
MEDICATIONS**

THE SUPPORTIVE DAY FACILITY IS NOT A MEDICAL FACILITY AND CANNOT ADMINISTER MEDICATIONS.

Participants may administer their own prescription medications. Staff will observe all administration of medications. The medications must be in the original pharmacy container/or a well marked container with participant's name, physician's name, medication name, pharmacy name, dosage, and amount to be taken or it will not be allowed. Participants keep medications on personal self.

Does participant need to take medications during Supportive Day hours?
YES _____ NO _____

Does Participant need to be cued?
YES _____ NO _____

It is extremely important that you update us regarding any changes in medication, including new prescriptions, changes in dosage, or manner of application. Prescriptions prescribed for illness, etc., which are meant for short time periods, should be disclosed to us. A printout from the pharmacy of the medication taken on site is required for everyone's safety.

Participant or Responsible Party Signature

Date

Supportive Day Director/Coordinator

Date

HIPAA & Confidentiality Policy

Signature Statement

for Employees and Personnel

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Signature Statement	Page

Purpose of Statement:

The signature statement is designed to ensure that all Council on Aging employees and volunteers* are aware of and will abide by all HIPAA and agency regulations regarding client privacy and confidentiality.

This is in an effort to protect the agency, its clients, volunteers and its employees and personnel.

The signature statement will be treated as a binding contract. All who sign the statement must abide by HIPAA and agency regulations at all times or else be subject to legal ramifications.

- Council on Aging employees and personnel include all Office, Administration, Outreach,
- Supportive Day Services, Meal Site, Coffee Shop, and Maintenance Staff; as well as all volunteers and interns.

What is Confidentiality?

Confidentiality is the act of keeping health and personal information private; particularly when it concerns a client, several clients, or a client's well-being.

Client Rights:

Clients have the right to...

- Confidentiality and the guarantee that no personal or medical information will be released to persons not authorized under law to receive it without the participant's written consent.
- Receive notice of privacy practices.
- Access their medical record (with some exceptions).
- Request an amendment of their medical record.
- An accounting of disclosures of health and personal information.
- Request restriction on use and disclosure of their health and personal information.
- Have confidential information communicated by alternate means or at an alternate location to protect their confidentiality.
- File complaints without fear of discrimination or retribution.
- Be treated as an adult with consideration, respect, and dignity.
- Participate in a program of services and activities designed to encourage independence, learning growth, and awareness of constructive ways to develop interests and talents.
- Self-determination within the Supportive Day services setting.
- A thorough assessment and development of individualized plans of care (for Supportive Day Services).
- Be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
- A safe, secure, and clean environment.
- Receive nourishment and assistance with meals as necessary to maximize functional abilities and quality of life.
- Be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, abuse, or neglect.
- Be fully informed, at the time of enrollment into the Senior Center/Supportive Day Program, of the services and activities available to them and of any related charges.
- Communicate with others and be understood by them to the extent of the participant's capability.

What is HIPAA?

HIPAA stands for the **H**ealth **I**nsurance **P**ortability and **A**ccountability Act

HIPAA was created to ensure that clients' personal health information would be protected by the agencies and services that they use.

HIPAA has instituted a law that went into effect in April 2003. This code, HIPAA of 1996, includes punishments for anyone caught violating privacy regulations.

Fines for violations of confidentiality can be as high as \$250,000 and jail time can be for as many as 7 years.

What is Protected Information:

Protected information includes, but is not limited to;

- Names
- Addresses (E-mail Addresses too)
- Ages (Birthdates)
- Diagnoses
- Medications
- Phone Numbers (Fax Numbers)
- Zip Codes
- Insurance Information
- Client Histories
- Case Notes
- Dates of Services
- Pictures
- Social Security Numbers

Confidentiality and Privacy Policy:

It is the policy of the Council on Aging and its Supportive Day Program that only a person with an absolute need to know should have medical knowledge of any particular participants health needs or personal information. Ideally, this process should be direct person to person contact or by a caregiver (legal guardian or representative) and be done so by utilizing the minimum necessary standard.

It is the general policy that all information regarding who attends programs or receives services at the Senior Center/ Supportive Day is to remain confidential and not to be shared, or discussed in any manner with individuals other than direct Senior Center staff unless a release form is signed by the participant or caregiver. This is in accordance with HIPAA regulations.

All documentation of clients' medical needs is kept with the outreach worker, under a password access **only**. **No** unauthorized personnel are allowed to view a client's records. All clients' records are kept for a maximum of seven years, before they are destroyed.

Any information that is available for use (as permitted by the client) requires the completion and confirmation of a 'Release of Information' form. The form must be signed before information is released.

Mandated Reporters:

Mandated reporters must report any incident that is or may become life threatening for clients. Make sure your clients know that you are a mandated reporter. Mandated reporters report abuse, neglect, and serious talk of suicide.

If a client is threatening to hurt someone else and it is plausible that they will follow through, the intended victim and the authorities must be notified.

Mandated reporters are Council on Aging Directors, Outreach Workers, Supportive Day Coordinators, Licensed Social Workers, police, doctors, nurses, dentists, physician assistants, Podiatrists, osteopaths, emergency medical technicians, counselors, firefighters, executive directors of home health aide agencies, case managers, health aides and home makers, and managers of housing.

Signature Statement:

I hereby promise that I will grant all of the clients their rights; especially their right to privacy and confidentiality.

I hereby promise that I will make every effort to protect the rights of all of the clients at the Council on Aging.

I hereby promise that I will seek the advice of my supervisor if ever I have questions or concerns about the policies and regulations put forth by HIPAA and this agency.

I hereby promise that I have read all of the material given to me on the subject of confidentiality, privacy, and clients' rights.

I hereby promise to act as a Mandated Reporter if ever there are situations that call for it.

I hereby promise that I will not share, discuss, release, write about, transfer, or e-mail documents, personal information or health information regarding clients with any person who does not need to know or does not have the authorization to have access to such information.

I hereby promise to make every effort to prevent unintentional disclosure of clients' personal and health information.

I hereby promise that I am aware of the legal consequences that will occur should I ever (even unintentionally) disclose, use, or sell any of a client's protected personal or health information.

I hereby promise that I will make every effort to abide by all HIPAA and agency rules and regulations to the very best of my ability.

My signature below signifies that I have read the above material on HIPAA & Confidentiality Policies for the Council on Aging and I agree to work and offer services to clients in accordance with those policies to the very best of my abilities.

(Signature)

(Date)

SUPPORTIVE DAY ADMISSION FORM

Date: _____ Staff Person: _____

CLIENT INFORMATION:

Participant's Name: _____ Sex: ____Male ____Female DOB _____

Mailing Address: _____ Residential: _____

Telephone #: _____ Lives Alone? ____ Lives with: _____

Interview Date: _____ Starting Date: _____ Termination Date: _____ Trial Date: _____

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone No: _____

Telephone No: _____

Work/Cell Number: _____

Work/Cell Number: _____

ACTIVITIES OF DAILY LIVING: (Please rank left to right)

Nutrition- appetite, decisions concerning food choice, ability to handle utensils Needs Assistance 1 2 3 4 5 Independent Comments _____

Hygiene- washing hands, using the bathroom
Needs Assistance 1 2 3 4 5 Independent _____

Dressing- ability to dress oneself-coats, gloves, sweaters, boots and recognize these items
Needs Assistance 1 2 3 4 5 Independent _____

Mobility- ability to stand from a sitting position, walk the distance from the Day Center
 to the lunch room, walking up van steps, uses assistive device
Needs Assistance 1 2 3 4 5 Independent _____

Medication- Needs to be reminded to take medication during program hours YES / NO

PERSONAL HISTORY:

Job history/former employment:

Hobbies, Interests & Talents:

SUPPORTIVE DAY ACTIVITIES PROFILE

NAME _____ BIRTHPLACE _____

EDUCATIONAL BACKGROUND _____

EMPLOYMENT/PROFESSION _____

PARTICIPATION IN GROUPS/ORGANIZATIONS _____

PAST ACCOMPLISHMENTS _____

HOBBIES AND INTERESTS

THESE ARE A FEW OF MY FAVORITE THINGS*****

ACTIVITY _____

TYPE OF MOVIES _____ TRAVELOGUE _____

FOOD _____ RESTAURANT _____

OUTING/TRIP _____

HOBBIES AND INTERESTS

MUSIC: LISTENING _____ PLAY AN INSTRUMENT _____ SING _____

GAMES: CARDS _____ BOARD GAMES _____ CROSSWORD PUZZLES _____

EXERCISE: DANCING _____ WALKING/WHEELING _____ YOGA _____ TAI CHI _____

GARDENING _____ OTHER _____

ARTS/CRAFTS: _____

READING BOOKS _____ NEWSPAPER _____ POETRY _____

BAKING/COOKING _____ CLEAN UP _____ PETS _____

RELIGIOUS ACTIVITIES _____ OTHER AREAS OF INTEREST _____

DO YOU PREFER LARGE GROUP ACTIVITIES _____

OR DO YOU PREFER SMALLER CONVERSATION GROUPS _____

DO YOU TAKE NAPS? YES _____ NO _____

THE SUPPORTIVE DAY PROGRAM FINANACIAL AGREEMENT

Name of Community
Address

Executive Director
Phone

Day Center Director
Phone

Participant's Name _____

Mailing Address _____

Responsible Party _____

Mailing Address _____

The **Supportive Day Program** will be provided to the above named participant for the contracted number of Program days checked below.

Supportive Day _____ Includes transportation, lunch & snacks
Days of Attendance:

			Elder Services	Other
Monday	_____	Full day (\$35.00)	_____	_____
Tuesday	_____	Full day (\$35.00)	_____	_____
Wednesday	_____	Full day (\$35.00)	_____	_____
Thursday	_____	Full day (\$35.00)	_____	_____
Friday	_____	Full day (\$35.00)	_____	_____

If the participant is going to be absent, we ask that you telephone or leave a message for the van dispatcher, (list number) 24 hours in advance if possible, or by 7:30 am at the latest. It is important that you also notify the Supportive Day Director of the absence at (list number).

If at any time you choose to make a permanent change in the participant Supportive Day schedule, please contact the Supportive Day Director (list number).

I understand that as Caregiver/Participant I am responsible for payment of these services, should there be a disruption in payment, and services may be terminated.

Invoices will be prepared monthly and sent to the responsible party named below. Pre-payment is due by the first of each month for the contracted number of Supportive Day days, regardless of absences.

Participant/Caregiver _____ Date _____

SUPPORTIVE DAY ADMISSION PROCESS

There are two ways that admission eligibility for a prospective client is determined after initial contact is made and materials are furnished (in person or by mail) and reviewed.

A visit to the Program site (e.g. Senior Center) is arranged which includes an assessment by staff, usually by the Program Coordinator, of the possible attendee's compliance with the following admission requirements. Necessary forms are completed, and in addition, some programs offer a trial day before a commitment is made.

The alternative is a home visit to the prospective client, and caregiver if possible, at which time the client is assessed for appropriateness for the Day Program. Forms are completed and checked, and the visit gives the Director or designee an opportunity to see first hand the client's routine environment, as well as providing additional reassurance of the client's welcome. This is important for those who are hesitant about participating in a day program or have difficulty with transitions.

SUPPORTIVE DAY PROGRAM JOB INTERVIEW, HIRING, ORIENTATION & TRAINING

Job Interview:

- Job Description should be provided to all applicants prior to interview.
- Interview Questions should be prepared by appropriate staff and all candidates should be asked the same questions; and also given the opportunity to ask questions.
- Second interview(s) should be conducted if needed Site visit should be offered required especially if a candidate has not worked directly in the environment of a **Supportive Day Program**.
- Job Interviewer(s) should include current staff working in the **Supportive Day Program**. This will provide opportunity for staff to be pro-active in team-building as well as invested the selection of the best candidate for the job.

Hiring:

- Candidate should be given time-frame of hiring process.
- Professional references checked.
- CORI conducted.
- Candidate should be given all information relative to Organizational and/or Human Resource Department Personnel Policies, if applicable.
- Evaluation and re-training as needed; this may include a 6 month probation period at which time a permanent hire status would be recommended, denied or a request for additional probation period.

Orientation and Training:

- Orientation should include an overview of the entire Organization; followed by an Intensive orientation and training to the **Supportive Day Program**.
- Orientation to all staff, program(s), service(s), mission of the organization.
- Orientation to all staff, mission and program components of the **Supportive Day Program**.
- An overview of all components of the day program should be followed by extensive review and training of all responsibilities relative to the position; including all physical and program components.
- Review and provide all job related program materials, policy and procedure manual(s).
- Provides all written materials relative to gain knowledge, and/or enhance job performance. Shadow all person(s) in the job position who are providing the supportive day service(s).
- Conduct in-services: in the area of standard protocols for communicable diseases and infection control; First Aide; CPR; Emergency plans that include plans for evaluation and relocation of participants in the event of an emergency.
- Opportunity for Staff Training: In gerontology including but not limited to: Understanding Aging; Dementia; Alzheimer's; other acute and/or chronic illnesses including Mental Health; Behavior Management; Working with Families and Caregivers; Therapeutic Activities.

SUPPORTIVE DAY PROGRAM STAFFING:

Staffing may include any combination of Program Administrator, Program Director, Program Coordinator, Activity Leader, or Program Aide. We refer you to the MA Standards for Supportive Day Programs for requirements in this area.

However, for the purpose of this manual we are providing three job description models that are essential for daily operations of a Supportive Day Program:

**Program Coordinator
Activity Leader
Assistant**

Job Description: Supportive Day Program Coordinator

Community:
Place of Employment:
Supervisor:
Date Revised:
Funding Source:

SUMMARY

Management and implementation of the Supportive Day Program under the direction of the Senior Center Director or Program Administrator. Coordination of the Supportive Day Program within established state guidelines and those set by the Council on Aging Board. Complies with all Program Guidelines and Regulations. Regular attendance and punctuality at the work place is required.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Is responsible for direct contact with program participants:
- Assuring client safety, comfort, and well-being
- Cue clients for care with hygiene, bathroom use, and other daily living skills
- Assist those with mobility limitations including mobility with wheelchairs
- Motivate and engage clients' participation in all activities of the day i.e.: social, recreational, and physical

Responsible for:

- Developing and implementing activities of interest for program participants
- Setup of room space for activities i.e.: move tables, chairs, adaptive equipment
- Producing monthly activity calendar and all other program materials as needed
- Responsible for program inventory and purchases, including groceries
- Assessment and selection of program participants under direction of agency
- Program recordkeeping i.e. attendance, client files, care plans
- Prepares written program reports as required
- Assists with billing procedures including collection of the necessary documentation to generate the bills to families, caregivers, or other agencies for reimbursement.
- Staff motivation and leadership to ensure teamwork
- Meeting deadlines
- Community outreach to inform other appropriate agencies of the program, and preparing publicity materials as directed.
- Meeting with and presenting quarterly reports to the Supportive Day Committee to ensure that the Supportive Day program is meeting the needs of elders and the objectives of the Council on Aging Board of Directors.

- Strict adherence to confidentiality policy is paramount
- Assessing overall program needs and growth (on-going) under direction of agency

SUPERVISORY RESPONSIBILITIES

Directly supervises employees and volunteers in the Supportive Day Program. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include staff orientation, training and development. Planning, assigning, and directing work; addressing complaints, resolving problems; and staff evaluation.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

Associate's degree (A. A.) or Bachelors (B.S.) in health or social services, or equivalent from a two-year College or technical school; or six months to one year related experience and/or training; or equivalent combination of education and experience. Work experience in activity planning and coordinating large and small group work with special needs populations, elders preferred.

KNOWLEDGE, ABILITY, AND SKILL:

Knowledge: recreational and activity planning and knowledge of elder issues.

Abilities: Ability to communicate effectively with general public. Excellent interpersonal skills to communicate with elder population with supportive needs. Creative ability to develop and implement activities with flexibility to adapt to particular needs of population. The ability to monitor and maintain a safe environment for clients. Ability to speak effectively before groups of customers, or employees of organization. Ability to perform math i.e.: add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

Skills: Proficiency in the use of computers including word processing, spreadsheets and database, preferred. Organization skill with attention to details, scheduling and communications.

CERTIFICATES, LICENSES, REGISTRATIONS

Must have current CPR certificate, and a current driver's license for occasional driving of vans for trips or for driver fill in. Must have the ability to speak fluent English. Must have a positive Criminal Offender Record Check.

PHYSICAL REQUIREMENTS

Frequent physical activity throughout the workday is required; strength and agility to participate in carrying out all activities, including exercise. Must be able to reach, stand and walk for long periods of time. The employee is occasionally required to climb or balance; stoop, kneel, or crouch. The employee must occasionally lift and/or move more than 50 pounds. All Physical senses i.e.: smell, sight, etc. must be adequate.

WORK ENVIRONMENT Active environment, moderate noise level

Job Description: Supportive Day Activity Leader

Community:
Place of Employment:
Direct Supervisor:
Date Revised:
Funding Source:

SUMMARY

Under the direction of the Supportive Day Program Coordinator the Activity Leader will assist with carrying out activities of the day program. Regular attendance and punctuality at the work place is required.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Is responsible for direct contact with program participants assisting Program Coordinator with:

- Assuring client safety, comfort, and well-being
- Cue clients for care with hygiene, bathroom use, and other daily living skills
- Assist those with mobility limitations including mobility with wheelchairs
- Motivate and engage clients' participation in all activities of the day i.e.: social, recreational, and physical.

Responsible for assisting Program Coordinator with:

- Developing and implementing activities of interest for program participants
- Setup of room space for activities i.e.: move tables, chairs, adaptive equipment
- Producing monthly activity calendar and all other program materials as needed
- Responsible for program inventory and purchases, including groceries
- Program recordkeeping i.e. attendance, client files, care plans
- Strict adherence to confidentiality policy is paramount
- Assessing overall program needs and growth (on-going) under direction of agency

SUPERVISORY RESPONSIBILITIES

In the absence of the Program Coordinator the activity leader will assume a supervisory role primarily in planning, assigning, and directing work of volunteers and/or other staff.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

High school diploma or general education degree (GED); or one to three months' related experience and/or training; or equivalent combination of education and experience. Associate's degree (A. A.) or Bachelors (B.S.) in health or social services, or equivalent from a two-year College or technical school preferred. Work experience in activity planning and coordinating large and small group work with special needs populations, elders preferred.

KNOWLEDGE, ABILITY, AND SKILL:

Knowledge: recreational and activity planning and knowledge of elder issues.

ABILITIES:

Ability to communicate effectively with general public. Excellent interpersonal skills to communicate with elder population with supportive needs. Creative ability to develop and implement activities with flexibility to adapt to particular needs of population. The ability to monitor and maintain a safe environment for clients. Ability to perform math i.e.: add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

SKILLS:

Proficiency in the use of computers including word processing, spreadsheets and database, preferred. Organization skill with attention to details.

CERTIFICATES, LICENSES, REGISTRATIONS

Must have current CPR certificate, and a current driver's license for occasional driving of vans for trips or for driver fill in. Must have the ability to speak fluent English. Must have a positive Criminal Offender Record Check.

PHYSICAL REQUIREMENTS

Frequent physical activity throughout the workday is required; strength and agility to participate in carrying out all activities, including exercise. Must be able to reach, stand and walk for long periods of time. The employee is occasionally required to climb or balance; stoop, kneel, or crouch. The employee must occasionally lift and/or move more than 50 pounds. All Physical senses i.e.: smell, sight, etc. must be adequate.

WORK ENVIRONMENT

Active environment, moderate noise level

Supportive Day Program Assistant

Part-time Approx. 8:00am-3pm (4 to 7 hrs per shift, Less than 19 hrs wk)

Compensation: No Benefits – Possible Tax Work Off position or Pay range: \$9-\$10.00 hr.
Reports to the Supportive Day Program Director

Program Summary: Provides participants who need socialization, some supervision and support and minimal assistance with activities of daily living. This includes clients with multiple physical problems but who are stable and do not need nursing observation or nursing intervention. (There may be some cognitive impairment, but the resulting behavior can be handled with redirection and reassurance. Participants can communicate (though not necessarily verbalize) personal needs.

Duties and Responsibilities:

Assist the **Supportive Day Program** Director with the day-to-day operation of the Program, while supporting a safe and stimulating environment for the clients. Help coordinate the Program within State guidelines and those policies set by the Council on Aging under the supervision of the **Supportive Day Program** Director.

Responsible for direct contact with program participants including:

Hygiene, bathroom use, and other daily living skills;

Assistance with mobility limitations as a guide, or if necessary, assist moving clients with a wheelchair;

Setting up Program space and implementation of programming (crafts, games, cards, group discussions, exercise, etc) using judgment, discretion, and sensitivity to each client's interests and abilities while maintaining close contact, encouraging and monitoring participation;

Offering companionship to clients; while

Helping to plan, prepare and serve nutritious meals and snacks.

Additional Duties and Responsibilities include:

Coordination of Client transportation on an ongoing basis;

Assistance in updating a record of participants' attendance, progress, and pertinent medical and social information as needed;

Occasionally, assist Senior Center visitors, answer phones, and take messages; and

Perform other related work as required or as the situation dictates.

QUALIFICATIONS:

A successful candidate will have a adequate combination of education and experience with frail elders and must have a positive CORI check outcome, current drivers' license with good driving record, speak fluent English and accept training including CPR and First Aide as scheduled by director. Candidates must be able to operate standard equipment at the Senior Center, work cooperatively with staff and volunteers, safeguard confidential information, be pleasant, attentive, honest, detail oriented, and demonstrate good phone skills.

SUPPORTIVE DAY NUTRITION AND YOUR CLIENTS

Supportive Day Program needs to provide snacks for clients in the morning and afternoon. Each program offers a variety of menus but the underlining point is that some clients forget to have a breakfast and therefore we provide them with a “little” snack. It could be coffee/tea, juice with toast, or a full breakfast.

Afternoon snack is a beverage with cookies and fruit.

Lunch is often provided by the AAA meals program but, in some cases, the free standing programs often cook their own lunches. Some programs include the lunch fee with their daily fee, while others separate out that lunch fee. There is not a right or wrong way of doing this.

PROVIDER AGREEMENT

Attachment A

Supportive Day Programs provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury, or to manage a chronic illness. The services include assessments and care planning, health-related services, social services therapeutic activities, nutrition, and transportation. These services focus on the participant's strengths and abilities while maintaining their connection to the community and helping them to retain their daily skills.

The interactions of the physical and human environment combine to create the milieu of each center. The physical environment and the program design provide safety and structure for participants. The center staff builds relationships and creates a culture that supports, involves, and validates the participant. This milieu then forms the framework in which therapeutic activities, health monitoring, and all the services offered by the center occur. All Therapeutic components of adult day services (meals, activities, interactions with staff and other participants and health services) are reinforced by the warm, caring, affective tone of center's milieu.

Adult day services shall be culturally responsive and respectful. No individual shall be excluded from participation in, or be denied the benefits of, or be otherwise subjected to discrimination in the adult day services program on the grounds of race, sex, religion, national origin, sexual orientation, or disability.

I. Program Goals

Maximize the functional level of the participant and encourage independence to the greatest degree possible;

Build on the participants' strengths, while recognizing their limitations and impairments;

Establish for the participants a sense of control and self-determination, regardless of his/her level of functioning; and

Assist in maintaining the physical and emotional health of the participant.

Provide respite to caregivers providing care that helps elders remain in their homes and communities.

II. Essential Components of Day Care Centers:

An interdisciplinary approach to meeting program goals;

A variety of services offered to meet the needs of the participants;

A regular daily schedule to provide structure for the participants;

Sufficient flexibility to accommodate unanticipated needs and events;

Verbal and non-verbal communication between staff and participants to create a caring environment; and

Sensitivity to various personalities and health conditions to form supportive and therapeutic relationships.

III. Admission and Assessment

Supportive Day Programs serve individuals who are in need of supervision, supportive, services, socialization and minimal assistance with ADL's. This person may have multiple physical problems but is stable and does not need nursing observation or intervention while attending the program. There may be some cognitive impairment but resulting behavior can be handled with redirection and reassurance. The participant must be able to communicate personal needs.

The center's assessment process shall identify the individual's strengths and needs, what services are required, and who is responsible for providing those services. The assessment shall be conducted by professional staff such as, social workers, paraprofessionals, consultants, health providers or a combination of the above.

The assessment should include the following: health and cognitive status, personality, psychosocial background, level of interest in other people and things, mood, cognitive status/judgment, attention span, task focus, energy level, responsiveness to simulation in the environment, distractibility, communication, sensory capacity, motor coordination, and spatial relationships.

Special consideration should also be given for all participation in areas including ambulation, physical and functional capacity, physical and functional ADL's. If no diagnostic evaluation has been done, the participant and family/caregiver should be referred to their physician for evaluation.

Assessment Procedures:

An intake/screening shall be completed in order to gain an initial sense of the appropriateness of the program for the individual.

Each participant shall designate a health provider to contact in the event of an emergency and for ongoing care. A report from the physician that reflects the current health status of the participant shall be obtained.

Centers shall conduct an assessment and develop an individual written plan of care for each participant within the first two weeks of attendance.

The participant and caregiver shall have the opportunity to contribute to the development, implementation, evaluation and reassessment of the care plan including schedules, care plan goals and conditions of participation. The care plan shall develop in conjunction with the services provided by the agency.

An enrollment agreement shall be completed and shall include: identification of services to be provided, agreed upon by the participant and/or caregiver and/or payer; a disclosure statement that describes the center's range of care and services; admission discharge criteria; fees and arrangements for reimbursement and payment; and identification of and authorization for third party payers.

Reassessment of the participant's needs, appropriateness of the care plan shall be done as needed but at least semi-annually.

The center shall develop a discharge policy that includes criteria and notification procedures. Each participant and caregiver shall receive written information regarding this policy.

Each participant and family/caregiver shall receive notice if the participant is to be discharged from the program.

IV. Program Policies and Procedures

The center shall have procedures for orientation of the participant and/or family/caregiver to policies, programs, and facilities.

A confidential record shall be maintained for each participant progress notes shall be written as indicated, at least quarterly and maintained as part of each participant's record.

The center shall comply with the state mandatory reporting procedures for reporting suspected abuse or neglect to the adult protective services agency. Staff will be trained in signs and in and indicators of potential abuse.

The center shall have procedures for orientation of the participants and/or family/caregiver to policies, programs, and facilities.

V. Quality Assurance

Each program shall develop a written continuous quality improvement plan that is updated annually.

A grievance procedure shall be established to enable participants and their families/caregivers to have their concerns addressed without fear or recrimination.

A participant bill of rights and responsibilities shall be developed, posted, distributed and explained to all participants or their representatives, families, staff and volunteers in a language understood by the individual.

VI. Program Services

1. Activities: Activities shall be designed to promote personal growth and enhance the self-image and/or to improve or maintain the functioning level of participants. The activity plan shall be an integral part of the total plan of care for the individual based on interest, needs, and abilities of participant (social, intellectual, cultural, economic, emotional, physical and spiritual.)

Participants shall be encouraged to take part in activities, but may choose not to do so or may choose another activity. Participants shall be allowed time for rest and relaxation and to attend to personal and health care needs.

2. Health Services: The program shall refer to and assist with the coordination of health services as needed. The center shall have a written procedure for handling medical emergencies. Emergency first aid and emergency response procedures shall be provide as needed. Each participant shall have a physician responsible for his or her care. The physician of record shall be clearly identified in the participant's chart.

Activities of Daily Living (ADLs): Assistance with and/or supervision of ADLs shall be provided in a safe and hygienic manner recognizing an individual's dignity and right to privacy.

Assistance with ADLs may be provided by staff or trained volunteers and is limited to providing a verbal or visual prompt to initiate the ADL in manner that encourages the maximum level of independence. The participant must be able to physically complete the ADL.

Social Services: Education and support shall be provided to participants and their families/caregivers on issues jointly agreed upon. Staff shall assess the families' needs and assist them in gaining access to additional services as needed.

Nutrition: Programs must provide at least one meal per day that is of suitable quantity and quality and supplies at least one-third of the daily nutritional requirements. Morning and afternoon snacks must also be available. Programs must be able to accommodate special diets when indicated by a physician or in the participant's home.

Nutrition services may be provided as a direct service by the provider; through a Title III Nutrition Program; or by purchase through an ASAP home care program home delivered meals service with the meals delivered to the supportive day program instead of the participant's home.

Transportation: the center shall arrange, or contract for transportation to enable persons, including persons with disabilities to attend the center and to participate in center-sponsored outings.

VII. Staffing Policies

The organization shall provide an adequate number of staff whose qualifications are commensurate with defined job responsibilities to provide essential program functions.

Processes shall be designed to ensure that the competence of all staff members is regularly assessed, maintained, demonstrated, and improved.

Orientation, in-service training, and evaluations shall be provided to all employees and volunteers including the use of standard protocols for communicable diseases and infection control;

There shall be at least two responsible persons (one paid staff member) at the center at all times when there are two or more participants present.

VIII. Staffing Pattern

The staff-participant ratio must be a minimum of one to eight **(1:8)**

The Administrator is responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the adult day services program.

The fiscal management and evaluation of services provided through the adult day services program.

The Program Director shall organize, implement, and coordinate the daily operation of the program in accordance with participants' needs and any mandatory requirements. This individual may also have the responsibilities of the administrator.

The Activities Coordinator shall have a high school diploma or the equivalent plus one year of experience in developing and conducting activities for the population to be served in the program.

IX. Program Administration

Each Program shall have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements. Each program shall have an advisory committee that is representative of the community and the participant population.

Each program shall have a written plan of operation that is reviewed and updated annually. The program shall also have a written emergency plans that include plans for evaluation and relocation of participants in the event of an emergency. These shall be easily accessible in the center.

The Program shall maintain an updated organizational chart. The administrator shall be responsible for the planning, staffing, direction, implementation and evaluation of the program. The Administrator or his/her designee shall be onsite to provide the centers day-to-day management during hours of operation.

X. Physical Plant

The physical plant must create an environment that supports the principles of supportive day services and promotes the safety of each participant and staff.

Programs may be housed in hospitals, nursing facilities, senior centers, councils on aging, or other community centers.

The facility shall be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations, codes or ordinance. The facility shall also comply with the requirement of the Americans with Disability Act of 1990.

If a program is co-located in an facility housing other services, the program shall have its own separate identifiable space for main activity areas during operational hours.

The facility shall provide at least 50 square feet of program space for multipurpose use of each participant.

There shall be an identified separate space available for participants and/or family/caregivers to have private discussions with staff.

There shall be storage space for program and operating supplies.

The facility shall include at least one toilet for every ten (10) participants and shall be located as near the activity area as possible.

The facility shall have a rest area for participants.

Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to those with a disability.

XI. Safety and Sanitation

The facility and grounds shall be safe, secure, clean and accessible to all participants.

For programs that store medications, there shall be an area for locked medications, secured and stored apart from participant activity areas.

Programs shall have a written infection control plan to prevent occupational exposure to blood-borne illnesses including AIDS/HIV and Hepatitis B. The Center for Disease Control/ OSHA guidelines for universal precautions and tuberculosis screening and testing shall be followed.

Safe and sanitary handling, storing, preparation, and serving of food shall be assured.

An evacuation plan shall be posted in each room.

All stairs, ramps, and bathrooms accessible to those with a disability shall be equipped with properly anchored handrails and be free of hazards.

Procedures for fire safety as approved by the state or local fire authority shall be adopted and posted,

Emergency first aid kits shall be visible and accessible to staff.

Insect infestation control scheduled at a time when participants are not in the center.

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