FAMILY ADULT DAY SERVICES
Policy and Program Information

Name of License Holder: _______________________________________________

Address: ____________________________________________________________

Phone Number: _______________________________________________________

Family adult day services (FADS) means a program operating fewer than 24 hours per day that provides functionally impaired adults age 18 or older with an individualized and coordinated set of services including health services, social services, and nutritional services that are directed at maintaining or improving the participants’ capabilities for self-care.

Services are provided in the license holder’s primary residence and the license holder must be the primary provider. The license holder may not serve more than eight adults at one time, including any adult foster care residents placed in the home.

An adult foster care license holder may provide FADS under their adult foster care license if all requirements for FADS are met, in addition to all adult foster care requirements.

The license holder shall have available for review, and shall distribute to participants and their caregivers upon admission, written information regarding the following:

1) The scope of the programs, services, and care offered: _________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

2) A description of the population to be served by the program: ______________________ ______
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

3) Individual conditions, if any, which the program is not prepared to accept, such as a communicable disease requiring isolation, a history of violence to self or others, unmanageable incontinence, or uncontrollable wandering (please describe):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
4) The participants’ rights and procedure for presenting grievances, including the name, address, and telephone number of the Office of Ombudsman for Long-Term Care and the county licensing department, to which a participant or participant’s caregiver may submit an oral or written complaint:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

5) Policy and arrangements for providing transportation: ________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

6) Policy on providing meals and snacks:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

7) Fees, billing arrangements, and plans for payment: ________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

8) Policy regarding the presence of pets in the home: ________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

9) Policy on smoking in the home: ________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

10) Types of insurance coverage carried by the license holder: _________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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11) Orientation requirements for the reporting of maltreatment of vulnerable adults:
The license holder shall provide an orientation to the internal and external reporting procedures and the program abuse prevention plan to all persons receiving services. The orientation shall include the telephone number for the license holder's common entry point. If applicable, the person's legal representative must be notified of the orientation. The program shall provide this orientation for each new person within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

12) Terms and conditions of the FADS license:

13) Plan for emergency evacuation of participants involving fire, weather, and other disasters. The plan must include instructions for evacuation or rescue of participants, identification of an emergency shelter area, quarterly fire drill schedule, and staff responsibilities:

14) Policy for handling harmful objects, materials, or equipment including the storage of poisonous chemicals, use of appliances, sharp instruments, matches, or any other potentially harmful materials:

The above information must be provided in writing to the commissioner's representative upon request and must be available for inspection by the commissioner's representative at the home.