Abilities, Inc.
Where focus is on abilities, not "dis" abilities
P.O. Box 84 • Fort Atkinson, Wisconsin • Phone: (920)563-8554 • Fax: (920)563-8558
http://www.abilitiesinc.us/

Admission Agreement

DHS 83/88 states that the facility shall have a written admission agreement with each resident that describes the information relevant to services and charges. Admission is contingent on the resident or the resident's legal representatives signing and dating this agreement, after it is explained to them orally and in a language of the resident or the legal representative. Therefore, you have been provided this document as the resident or the legal representative of the resident. Details of the Admission Agreement are as follows:

Client Name: _____ Date of Admission: _____

Facility being admitted to: _____

Address: _____

Phone: _____

Type of Admission: _____

Residential Services to be covered by Abilities, Inc.

1. Private or semi-private bedroom with the following:
    a. 1 Twin size bed with mattress pad. If the bed is damaged it is the responsibility of the individual to replace that bed.
    b. Chest of Drawers or dresser
    c. Closet for storage
2. Comfortable, homelike settings
3. Experienced staff that are trained in accordance with DHS guidelines.
4. Development of Individualized Service Plans and coordination of ISP staffing's.
5. Presentation of the Residential Satisfaction Evaluation to be completed annually.
6. Completion of Resident Evacuation Assessments upon admission and annually.
7. Evacuation Drill procedures and orientation in accordance with DHS guidelines.
8. Meals and snacks that adhere to guidelines of each resident's dietary needs.
9. Positive staff role modeling and provision of all needs according to the Individual Service Plan
10. Assistance in developing and maintaining independence levels with Activities of Daily Living.

11. All medication administration or monitoring as ordered by Physician.
12. Scheduling and consultation servicing for all required medical and psychiatric appointments. Abilities must be in all appointments unless previously agreed that it is not needed. This can only be approved by the Director and RN of Abilities. Coordination of medical order is imperative to filling prescriptions and ensuring safe delivery of care and follow up with residents. If a family chooses to exclude Abilities from these appointments 30 days notice will be served for client safety purposes.
13. Coordination of all services required by outside agencies.
14. Structured leisure and community activities with daily activities offered to each resident.
15. Transportation for group activities that are scheduled by the facility.
16. Transportation to medical and psychiatric appointments.
17. Assistance in development of social and independent living skills.
18. Routine updates and reports of client progress to all referral agencies (either quarterly or monthly upon request).
19. Assist clients with appropriate communication with family, friends, legal guardians, agents or designated representatives, and any other involved parties.
20. Money Management Services (See Consent for Financial Supervision).

Care and Supervision Rate: _____

Room and Board

- Room and board services are established based on the cost averages of rent, food, household needs and utilities*.
  *Long distance telephone use, internet, and expanded cable services are not included in this cost.

Room and Board Rate: _____

Responsible Party for Room and Board is:

Name: _____

Address: _____

Phone: _____

Services not to be covered by Abilities, Inc.

1. Physical, Dental, or Eye examinations.
    a. Abilities, Inc. requires Physician Consultation (orders) forms to be completed at each appointment.
2. Hospitalization or outpatient procedures.
3. Nursing procedures that involved skilled-levels of care.
4. Psychiatric, Neurologic, or Psychological examinations.
    a. Abilities, Inc. requires Physician Consultation (orders) forms to be completed at each appointment.
5. Prescribed or Over the Counter Medications, including co-payments.
6. Lab work/X-Rays/and other diagnostic procedures and tests.
7. Personal items (clothing, snack foods, hygiene items, cigarettes, personal spending money, etc.).
8. Medically ordered items (nutritional supplements, adaptive equipment, etc.).
9. Cable Television, to include Pay Per View.
10. Long Distance Telephone Charges to include *67, *69, and Information Calls
11. Internet Access. Internet in the homes is for the business use. **If a resident wishes to get internet use off of the company internet lines it is $10.00 month. It is encouraged to get personal internet due to the pull of multiple uses in the home will not allow for good streaming.**
12. Subscriptions to magazines, newspapers, video and music services.
13. Payment for fines or damages to the facility/program.
14. Transportation for home visits unless arrangements are made with the Director.
15. Transportation otherwise not indicated on list of included transportation*.
    *Requested transportation may be provided upon request, but will be based on staff and vehicle availability. Costs will include staff time and mileage.
16. Income Tax Preparation or Consultation Services; to include Homestead Credit.
    a. Abilities, Inc. will provide residents a Rent Certificate upon request.
    b. W-2's will be mailed to the Representative Payee or given to the client when own Rep. Payee.
17. Moving Services. Abilities, Inc. does not store items in separate holding locations. All belongings should be removed from the facility upon discharge. After 30 days of discharge, they are surrendered and will be donated at that time.

Conditions of Admission

1. Abilities, Inc. must complete a face-to-face comprehensive pre-placement assessment/observation to determine if the facility can meet the needs of the referred party. This must be completed within 90 days of placement.
2. Abilities, Inc. does not charge for an entrance fee or security deposit.
3. In the event that an outside agency requests to secure a placement prior to admission, a bedhold fee may be negotiated.
   Negotiated Pre-Placement Bedhold Fee: _____
4. In the event that a client is temporarily out of the facility, a bed hold fee may apply. Abilities, Inc. will contact the contracting agency upon hospitalization, an institution, an emergency respite facility and ask them if they wish to hold the bed. Due to Managed Care Policy, a member may dis-enroll from their service. Hospitalizations or incarcerations that result in a resident being disenrolled and out of **the facility for more that 14 days will be considered discharged**. MCO or guardian would have to arrange for a bed hold fee to be paid at the rate listed below from day 1 of the resident leaving the facility in order for that bed to be available at their discharge. If this is not done prior to 14 days a notification will be sent to all parties regarding the discharge at this time**. Paid room and board is not considered a bed hold.**

5. WHEN A RESIDENT IS NOT UNDER A BEDHOLD, ABILITIES, INC. WILL NOT COORDINATE OR PROVIDE ANY SERVICES TO THE MEMBER UNLESS PAYMENT FOR SERVICES ARE CONTRACTED. This will include nursing follow-up and manager coordination of care. This is from day one of hospitalization or incarceration. We are no longer paid or contracted for services at this time.

   Temporary Out of Placement Bedhold Fee: _____

   Length of Bedhold: _____

   Details: _____

   _____

   _____

6. Within 90 days prior to admission or within 7 days after an emergency admission, each client must receive a health exam to certify them free of communicable diseases.
   a. This examination can include a tuberculin skin test using the Mantoux 5TU PPD test and a visual screen.
   b. This examination must be performed by a licensed physician, physician's assistant, clinical nurse practitioner, or a registered professional nurse.
      *Respite clients that are residing in the facility for more than 7 consecutive days or for 28 days in a calendar year, must comply with this standard.
7. Upon admission, each resident or resident's representative must review the facilities' Program Statement.

8. Upon admission, each resident or resident's representative must review and sign the Bill of Rights, the Program Rules, and the Grievance Procedure.
9. If residing in Abilities Care gives permission to be seen in the Fort Atkinson Memorial Hospital Emergency Room for care and treatment by signing this admission agreement.
10. All persons under guardianship must supply a copy of guardianship paperwork, POA of healthcare or DNR must also supply copies of paperwork prior to admission.

Conditions of Notification for Changes in Service or Charges

1. Any changes initiated by Abilities, Inc. will be presented in writing vial mail or email to the resident or the resident's representative.
2. These changes may apply to changes in service and/or charges.
3. These changes will not take place without written consent from the resident or the resident's representative.
4. These notices will ensure a 30-day term prior to the change.
5. Abbreviation of this 30-day term may be acceptable if all parties consent to forego the waiting period.
6. Member, guardian or activated POA choice to change MCO must be reported to the Director of Abilities 30 days in advance due to contracting and care payments associated with care and supervision. If a rate cannot be agreed upon with the new Managed Care organization this may result in resident discharge with notice.

Discharge Policy

- Abilities, Inc. reserves the right to provide a 30-day notice to the resident or the resident's representative in the event that Abilities, Inc. intends to discharge/discontinue providing services to the resident. *
  *Reasons may include acting out behaviors, conflicts with residents, advanced levels of medical care, changes in condition, care and supervision rates that no longer cover the cost of care or conflicts with family members that cannot be resolved.
- Residents of Abilities, Inc. must provide a written 30-day notice of intent to discontinue service.
    - Unless the client has advanced medical needs that qualify them for Skill Nursing Home Care.
    - Unless the client has displayed dangerous behaviors so that Abilities, Inc. is not able to maintain a safe living environment for the residents of the facility.
    - In the event that a 30-day notice is given to Abilities, Inc. and the resident moves out prior to the expiration of the notice, the resident or the resident's representative will be financially responsible for the entire 30 days.*
      *Unless Abilities, Inc. admits another resident in that bed before the 30 days expires.
    - Payment for all days will be billed at the client's current daily rate.
    - Unless a negotiated contract with an outside agency outlines the notice term to be 14 days.*
      *Contract terms will then be signed and attached to this agreement.
- Abilities, Inc. will refund any fees due if the placement is filled prior to 30 days after discharge.

- Abilities Inc. reserves the right to withhold any monies from the resident due to damage done to the property where that resident resided. Specifically damaged flooring, walls, bedding, dressers or other provided equipment or goods. An itemized bill along with pictures of the damage will be sent to the guardian or rep payee. If this exceeds any funds left in Abilities accounts the bill will be sent to the parties with expected payment within 30 days.
- All outstanding bills will be forwarded to the client, the legal guardian, or their representative.
    - Abilities, Inc. is not responsible for any outstanding bills.
    - An address change card should be completed (U.S. Post Office) as soon as possible to ensure proper forwarding of mail.
    - Any remaining funds due to the resident will be refunded within 14 days after discharge.

Complete Service/Daily Rate

1. The services provided, including room and board are covered under the rate of:

_____

    a. This rate is subject to change with a 30-day notification.
    b. Notification will include resident, legal representative, and financially responsible party (if different).
2. Payment is due by the 15th of the following month. This payment is for services rendered during the preceding month, unless otherwise specified. The party responsible for payment is:

_____

I have reviewed the above document, understand all of the information in it's contents, and agree to the conditions provided.

Resident or Legal Representative	Date
Financially Responsible Party	Date
Abilities, Inc. Administration	Date
Case Manager	Date

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Program Rules

The following are basic consumer rules and guidelines that all consumers should follow while residing in an Abilities, Inc. program. While each program is designed to be personal and comfortable, certain rules must be observed, and certain actions are not allowed. Please review these rules and sign below.

- Consumers will be respectful of others and not cause any physical or emotional harm.
- Consumers will be respectful of others property; including staff and peer property and should not intentionally cause damage to this property. In the event that intentional damage is done, the consumer will be responsible for payment to repair or replace the item. Itemized bills will be sent to the guardian or payee and that will be paid within 30 days or may result in termination of placement.
- Consumers will participate in fire drills and will observe fire safety precautions.
- Consumers will not leave the home without the following specific Visitor Release procedures unless times of structured independence are outlined in their ISP.
  In the event that a consumer is planning a vacation, or an overnight visit away from the facility, the responsible party signing them out must provide the program with 48-hour notice of the event in order to allow adequate planning for the consumer's absence. This would include verification of appointments, changes to programming, packaging of medications, and preparation of the Visitor Release Form. This party is also responsible for returning the member on the same date and time as outlined on the Visitor Release Form.
- Consumers returning from a Home Visit need to be returned to the facility no later than 9:00PM.
- Consumers may make local, personal telephone calls, consistent with the availability of the phone and at no cost to them.
- Consumers may make long distance phone calls to their Legal Guardian, Case Manager, or Legal Counsel at the expense of the program (limit one call per day).
    - Long-distance leisure calls are to be made at the expense of the consumer. Consumers are encouraged to use calling cards or call collect for long distance phone calls.
- Consumers are expected to keep their personal living areas clean. Staff may assist as needed.

- Consumers may display personal items on walls, tables, etc. These items should be in good taste and should not damage walls.
- Consumers may assist with outside maintenance of each program.
- Consumers are not allowed to possess any weapons.
- Consumers are prohibited from possessing fireworks or explosive devices of any type at the facility.
- Consumers are not allowed to possess or use and illegal drugs, or non-medically ordered over-the-counter prescription medications. Use of vitamins, or holistic approaches should also be ordered through a physician.
- Consumers may not possess or consume alcoholic beverages while residing in Abilities, Inc. programs.
- Consumers cannot return to the facility under the influence of any drugs or alcohol and stay in the facility. If impaired the family or guardian will make alternate arrangements for a place to stay at night. The ADRC, police or crisis will be involved to keep the situation safe. This can result in the loss of placement.
- Vaping or smoking devices are not allowed to be used in the facility.
- If any damage is done to the facility, it is the responsibility of the resident and the payee to pay for all repairs associated with that damage.
- Consumers are allowed guests at their convenience.
- Consumers will have 24-hour access to funds.
- Consumers are allowed to choose their own roommate in a shared bedroom.
- Consumers will have a keyed lock on their room to ensure privacy, the consumer will be a key upon admission to the facility.
- Consumers may not have underage (minor) guests in the facility. Minors are not allowed to be dropped off at the facilities or allowed unsupervised, they must be accompanied by an adult at all times. Visits to any facility must be reported to the program manager and approved. Guests are not allowed to stay overnight and should leave the facility by 8pm.

I have read and understand these rules as explained to me and understand that violations of these rules may result in termination of services and a 30-day notice of removal from placement.

Client Signature	Date
Guardian Signature	Date
Managed Care Organization	Date
Abilities, Inc.	Date

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Grievance Procedure

Grievance Resolution Stages

Informal Discussion (Optional)

- You are encouraged to first talk with staff about concerns that you have. However, you do not have to do this before filing a formal grievance with an Abilities, Inc. Program Manager.

Grievance Investigation-Formal Inquiry

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The Program Manager may grant an extension beyond the 45-day time limit.
- The Program Manager will assign the grievance to the Client Rights Specialist (CRS) who will investigate your grievance and attempt to resolve it. The Client Rights Specialist for Abilities, Inc. is Troy Hansen. She can be reached at (920)563-8554.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you and the Program Manager agree with the CRS's report and recommendation, the recommendation shall be put into effect with an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually work on one at a time. The CRS may ask you to rank them in order of importance.

Program Manager's Decision

- If the grievance is not resolved by the CRS's report, the Program Manager or designee shall prepare a written document in 10 days of the receipt of the CRS's report. You will be given a copy of the decision.

County Level Review

- If you are receiving services from a county agency, or a private agency and the county agency is paying for your services, you may appeal the Program Manager's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the Program Manager's decision. You may ask the Program Manager to forward your grievance, or you may send it yourself.
- The County Agency Director must issue his or her written decision within 30 days after the request for appeal.

State Grievance Examiner

- If your grievance went through the County level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner.
- If you are paying for your services from a private agency, you may appeal the Program Manager's decision directly to the State Grievance Examiner.
- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the Program Manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is:

  Client Rights Office
  PO Box 7851
  Madison, WI 53707-7851
  Phone (608) 266-9369

Final State Review

- Any party has 14 days of receipt of the written decision by the State Grievance Examiner to request a final state review by the Administrator of the Division of Disability and Elder Services or designee. Send your request to:

  Client Rights Office
  Administrator
  PO Box 7851
  Madison, WI 53707-7851

Client Signature	Date
Guardian Signature	Date
Managed Care Organization	Date
Abilities, Inc.	Date

The following agencies can lend you assistance with your Grievance/Complaint process:

DHS

DHSwebmaster@dhs.wisconsin.gov

Department of Health Services
PO Box 7940
Madison, WI 53707-7940

General phone number: (608) 264-9888
TTY phone number: 711 or (800) 947-3529

Disability Rights

Toll Free Number for Consumers and Family: (800) 928-8778

Madison
131 W. Wilson St. Suite 700
Madison, WI 53703
(608) 267-0214
Fax: (608) 267-0368
Toll Free: (800) 928-8778
Milwaukee
6737 W. Washington St. Suite 3230
Milwaukee, WI 53214
(414) 773-4646
Fax: (414) 773-4647
Rice Lake
217 W. Knapp St.
Rice Lake, WI 54868
(715) 736-1232
Fax: (715) 736-1252
Ombudsman

Board on Aging and Long-Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

(800) 815-0015 (Toll-Free)
Fax: (608) 246-7001
boaltc@ltc.state.wi.us

Abilities, Inc.
Employee Policy Manual

820 Consumer Privacy

Effective Date: 011/04/2016
Updated Date:

"Ensure each individual has privacy in their sleeping or living space:
1. Bedrooms have entrance doors lockable by the individual, with only appropriate staff/maintenance having keys to doors as needed.
2. Individuals sharing bedrooms have a choice of roommates in that setting.
3. Individuals have the freedom to furnish and decorate their sleeping or living space within the lease or other agreement."

Each consumer that resides with Abilities, Inc. will have their privacy respected by peers and staff members. Consumer's doors will be locked with keys only accessible to themselves and staff/maintenance. These doors will lock from the inside and outside with a key. All the doors will be keyed differently, and keys will not be able to access multiple doors.

All staff/maintenance will knock and ask permission of the consumer before entering into any bedroom. Staff/maintenance are only allowed to use their keys to gain entrance into a consumer's bedroom in the event of an emergency, unless otherwise specified in their ISP/BSP. Municipal/State Inspectors will also be allowed access to bedrooms.

All doors and keys will be numbered so staff can easily access bedroom locks (in the event of an emergency).

A copy of this policy will be discussed with residents and/or their designated guardians. This policy will also be added to the admission paperwork and will be updated annually for all consumers.

Abilities, Inc. Consumer Signature	Date
Guardian Signature	Date
Abilities, Inc. Management	Date

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Consumer Bill of Rights

- The consumer has the right to have copies of rights and house rules.
- The consumer has the right to receive and send sealed, unopened mail.
- The consumer has the right to make and receive telephone calls within reasonable limits and in privacy.
- The consumer has the right to entertain private visitors and have adequate time and space for the visits.
- The consumer has the right to manage their own financial affairs.
- The consumer has the right to be fully informed, in writing before or at the time of admission of all services and charges for services.
- The consumer has the right to be fully informed in writing of any changes in service or related charges, throughout the time the consumer resides at the program.
- The consumer has the right to be treated with courtesy, respect, and full recognition of the person's dignity and individuality by all employees of the program.
- The consumer has the right to not be recorded, filmed, or photographed for promotional or advertising purposes without their written, informed consent.
- The consumer has the right to privacy, and that all of their records are kept confidential; and access to the information is restricted.
- The consumer has the right to not be required by the program to perform labor which is of any financial benefit to the program.
- The consumer has the right to meet with and participate in the activities of social, religious, and community groups at their discretion.
- The consumer has the right to retain and use personal clothing effects and other personal possessions.
- The consumer has the right to be free from physical, sexual, and mental abuse and neglect, and from financial exploitation or misappropriation of property.
- The consumer has the right to be free from seclusion.
- The consumer has the right to be free from all physical and chemical restraints.
- The consumer has the right to receive all prescribed medications in the dosage and at the intervals prescribed by the person's physician.
- The consumer has the right to exercise complete choice of providers of physical and mental health and pharmacist.
- The consumer has the right to receive all treatments prescribed by the resident's practitioner and to refuse any form of treatment unless otherwise court ordered.
- The consumer has the right to participate in religious activities of his or her choice.
- The consumer has the right to not be treated as incompetent.
- The consumer has the right to the least restrictive conditions necessary to achieve the purposes of admission to the program.
- The consumer has the right to be free from curfew, rule, or other restriction on their freedom of choice.
- The consumer has the right to receive prompt and adequate treatment.
- The consumer has the right to reside in a safe environment.

I have read and understand these rights as explained to me.

Client/Legal Guardian Signature	Date	Abilities, Inc.	Date

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Consent for Financial Supervision

I, _____ authorize Abilities, Inc. to supervise the personal spending account for

_____. Name of Representative Payee: _____

Address: _____City: _____ State: _____ Zip:_____

I understand that this supervision will allow Abilities, Inc. to set up a personal checking account at Fort Community Credit Union to receive my personal spending and/or payroll check via Direct Deposit. It will also allow Abilities Inc. the ability to withdraw and distribute the funds according to my financial and personal needs. I also understand that this obligates me to present Abilities, Inc. with the personal spending money on a quarterly or requested basis. *

**Please note that personal spending is preferred to be received by the 5th of each month. ALL personal spending checks MUST BE DIRECT DEPOSIT ONLY. We will provide the rep payee with account information once the financial consent is signed. Each client will be presented with a debit card that allows 24 hour access to their funds to be managed by house management.*

In return for this authorization, Abilities, Inc. agrees to document and maintain receipts for all transactions. Abilities, Inc. agrees to forward copies of the spending ledgers quarterly, or upon request. Lastly, Abilities Inc. agrees to forward all remaining funds to the Representative Payee within 14 days after discharge.

Abilities, Inc. agrees to follow all guidelines established by The Department of Health Services and will not exceed allowable limits. Any substantiation of misappropriation will be immediately reported to the Bureau of Quality Assurance (BQA).

In addition to this authorization, Abilities, Inc. gives the option whether you would like payments for medical and pharmacy co-payments to be made. Please check the box below for which option you choose.

☐ I do not wish to have any personal spending money managed by Abilities, Inc.
☐ I would like all medical and pharmacy co-payments to be made by Abilities, Inc.
☐ I will pay all medical and pharmacy co-payments. I will make arrangements for all medical providers to send bills directly to me.

_____ _____
Guardian of Estate / Representative Payee Date

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I, _____ (guardian) give consent to Abilities, Inc. to take pictures of _____. The photographs will be used for internal purposes (such as quality reviews, education/training, medical appointments, display at the facility, etc.) to supplement written documentation about any medical concerns and/or for the payor of my services to assist with coverage/payment decisions.

Any photographs taken will be placed in the client record. Photographs may also be displayed in the facility with consent from all parties.

☐ Yes, I give consent.

☐ No, I do not give consent.

_____ _____
Guardian/Consumer Signature Date

_____ _____
Abilities, Inc. Date

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I, _____ (Guardian or POA Healthcare) authorize Fort Atkinson Memorial Hospital to treat _____ (Resident) due to symptoms and presentation of illness or injury. I authorize treatment in the Emergency Room department or other Fort Atkinson Memorial Hospital medical departments as needed, if the services I require need immediate attention.

_____ _____
Guardian Signature Date

_____ _____
Abilities, Inc. Date

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Medical Information Release Form (HIPAA Release Form)

Name: _____ Date of Birth: ____/____/_____

Release of Information

I authorize the release of information including the diagnosis, records, examination results, medication dose changes, and claims information.

This information may be released to:

☐ - Spouse: _____

☐ - Child(ren): _____

☑ - Other: Abilities, Inc. – PO Box 84 Fort Atkinson, WI 53538

☐ - Information is not to be released to anyone other than me.

Messages

Please call ☐ my home phone is _____ ☐ my cell phone is _____

If unable to reach me:

☐ - You may leave a detailed message

OR

☐ - Please leave a message asking me to return your call.

☐ - Do not leave messages on my phone mailbox.

The best time to reach me is (day of week) _____ between (times) _____

E-Mail Messages

☐ - Use my e-mail address to send messages for me to contact the nurse for information **OR**

☐ - Use my e-mail to leave detailed messages and information

☐ - Attach lab results to the e-mail message

My e-mail address is _____

This Release of Information will remain in effect until terminated by me in writing. This release ***specifically excludes*** any psychiatry and psychology evaluations/records which are further restricted by HIPAA regulations.

_____ _____
Patient/Guardian/POA Signature Date

_____ _____
Witness Signature Date