



ADMISSIONS AGREEMENT

Participant Name

Start Date

PROGRAM NAME: MHOP FOUNDATION

1. **BASIC SERVICE.** MHOP FOUNDATION is designed to develop and maintain the individual's functional skills, and includes arranges for utilization of available community resources. Individuals receive instruction in self-advocacy, community integration, self-care, and employment training in the community. Individuals also receive care and supervision in the following areas.

- Individual schedules and activities.
- Rights of individuals with development disabilities.
- Notification to family and other appropriate persons/agency of the participant's needs.
- Availability of telephone as needed or requested.
- Maintenance of day program rules for protection of individuals.

Individuals select goals from a variety of options depending on their interests and abilities: (List is not inclusive)

- Computer Training
- Thrift Shop
- Landscape Maintenance
- Art & Crafts
- Gym
- Volunteer Work at food pantry
- Carpet Cleaning
- Facility Maintenance
- Vehicle Paint Shop Assistant

Individuals at MHOP FOUNDATION will receive supervision and assistance with self-advocacy, community integration, self-care, and employment training, with the result that each participant will gain greater access to the community and achieve more independence in his/her life.

2. **ENTRANCE REQUIREMENTS.** All individuals must:



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- Be age eighteen (18) years or older
- Have a development disability
- No longer be in a high school program
- Be a client of or eligible for services from Regional Center
- Maintain socially acceptable hygiene
- Not abuse alcoholic beverages or illegal drugs during program hours

All Individuals must have, prior to admission, or within 30 days of admission, a current written medical assessment performed by a licensed physician which is no more than one year old. The assessment must include the following information:

A record of any infectious or contagious diseases which would preclude care of the person by program staff:

- A test for tuberculosis
- Identification of the participant's special problems and needs
- Identification of any prescribed medications being taken by the participant
- Statement from the doctor stating the participant may administer his/her own medication and knows when to take it
- Mobility status

All Individuals must have a new medical assessment each year from the date of admission. The participant will be notified as to the date of expiration by the program staff. The cost of the medical assessment is to be borne by the participant.

Individuals should not display behavior that may be harmful to themselves or others and should not have medical condition which precludes regular participation in the program.

Regular attendance based on agreement between the participant, his/her case manager and the Program Coordinator is required:

- MHOP FOUNDATION will notify Regional Center on or before the participant's fifth (5) consecutive day of unplanned or non- medical absence.



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- Program staff will re-evaluate on the fifth (5) consecutive day of unplanned or non-medical absence the participant's status in the program.
- 3. **ASSESSMENTS.** A reassessment shall be completed for each participant once a year to assure the accuracy of the assessment and appropriateness of the individual plan of care and to document significant occurrences which result in changes in the participant's physical or mental functioning.
- 4. **TRANSPORTATION/COMMUNITY ACCESS.** Transportation to and from day program is delivered by MHOP FOUNDATION.
- 5. **FAMILY VISITS/PARTICIPATION POLICY.** As appropriate, family and members of the community are encouraged to participate in social activities, such as attending drama productions, specific projects, trips, etc. An open-door policy exists for facility site visits. Please advise the staff in advance of expected facility visits as the individuals may be out in the community with activities.
- 6. **DISCHARGE POLICY.** A minimum of thirty (30) days written notice shall be given to a participant and his/her family and care providers if it is determined that the program can no longer meet the needs of the participant, and/or the participant refuses to cooperate with the program's implementation of his/her needs and services plan, and he/she must be discharged from the program.

The immediate discharge of an individual shall be allowed only when the following occurs:

- Participant's hygiene is socially unacceptable
- Abuse of alcoholic beverages or illegal drugs during program hours
- The condition or behavior of the participant may lead to harm to self or others
- This written discharge decision will be sent by certified mail to the participant within 24 hours of dismissal.
- The licensing agency shall be notified by telephone within the agency's next working day during the normal business hours and in writing within seven (7) days when a participant is discharged without a thirty (30) day notice.



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7. **EXIT CRITERIA.** That the day program may no longer meet the participant's needs is indicated when the participant:
- And his/her ID Team have determined through an individual evaluation that the vendor's program no longer meets the individual's needs
 - Can no longer attend the program due to an unanticipated change in residence
 - Cannot be maintained in the current staff-to-participant ratio; Requires a level of 1:1 staff/participant ratio such that it denies other individuals their right to program services
 - Does not display behaviors that are compatible with accepted standards of behavior in the community
 - Exhibits behaviors that are disruptive of program activities or are otherwise specified in the participant handbook as deserving of discharge from the program if not corrected; namely (a) consistently poor hygiene, (b) abuse of alcoholic beverages or illegal drugs during program hours, and (c) threatening injury to persons or property
 - Exhibits excessive, unexcused absenteeism
 - Has a prohibitive medical condition that no longer allows individual to attend the program or renders the program ineffective for the individual
 - Has shown that continued participation would jeopardize the individual's health and safety
 - Is a threat to health and safety of others
 - Moves into Supported Employment
 - Refuses to cooperate with the program's implementation of his/her needs and services plan
 - Requests to leave the program for any reason
 - Shows that program cannot serve the participant in fulfilling Individual Program Plan goals
 - Has a change in his/her Restricted Health Condition Care Plan, and program staff do not receive updated training. (A change in the individual's plan may require the individual to be temporarily suspended from program until program staff receive the updated training and may safely provide service).



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8. **CASH/VALUABLES.** MHOP Foundation will not be responsible for any cash resources, valuables or personal property brought into the facility. Bringing personal items to the program is discouraged and is done at the participant's risk. MHOP Foundation is NOT responsible for loss or theft.
9. **RIGHTS OF THE LICENSING AGENCY.** The licensing agency shall have the authority to interview individuals or staff members without prior consent. MHOP Foundation shall ensure that provisions are made for private interviews with any clients or any staff members. The licensing agency shall have the authority to inspect, audit, and copy client or facility records upon demand during normal business hours. Records may be removed if necessary for copying. MHOP Foundation shall ensure that provisions are made for the examination of all records relating to the operation of the facility. 82044(b)&(c).
10. **PARTICIPANT HANDBOOK.** The Participant Handbook describes the program and its policies, including Personal Rights. A participant handbook will be issued to each participant admitted into the program.
11. **PERSONAL RIGHTS, TITLE 22 § 82072.** Per Title 22, Community Care Licensing Regulations, each person receiving services has basic personal rights, which are listed in the Participant Handbook and on the Rights of Individuals with Developmental Disabilities (DSP 304) form.

These rights are reviewed verbally, pictorially, and in writing with each participant prior to being admitted for services and on an annual basis at the time of ISP/IHSP meetings. At any time, a participant may review their rights and be provided with any necessary clarifications.

Any questions regarding this admission agreement or the handbook and its contents should be addressed to the Program Director or the Executive Director of MHOP Foundation, Inc.



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- I will:
 - Cooperate with the general policies of the program that make it possible for the staff and participant to work together.
 - Not bring medications into the facility without the knowledge of the Program Coordinator.
 - Not be destructive of the property of the facility or other Individuals.
 - Provide a minimum of thirty (30) days' notice when leaving the program unless the participant's physical/mental condition prevents it. The signature of the Participant and/or Authorized Representative below indicates that he/she has read or has had read to them this agreement and that this agreement has been explained in full to him/her; and that the signature below is signed voluntarily.

PARTICIPANT

DATE

AUTHORIZED REPRESENTATIVE

DATE

EXECUTIVE DIRECTOR

DATE

START DATE

TERMINATION DATE