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Schofield Residence

Date June 2021

Replaced Policy/Procedure Dated 06/07

(Replaced Admin. Policy No 06-02)

SUBJECT: Adult Day Health Care Program (ADHCP) Bill of Rights

The following policies ensure that each registrant admitted to the Adult Day Health Care Program has the right to:

1. Exercise his or her rights as a citizen or resident of the United States and New York State included the right to vote, with voter registration provided by program to receive an absentee ballot.
2. Voice grievances without discrimination or reprisal for voicing grievances.
3. Action for damages or other relief for deprivations or infringements of his or her right to adequate and proper treatment and care established by any applicable statute, rule, regulation or contract.
4. Recommend changes in policies and services to program staff and/or any outside representative, free of interference, coercion, discrimination, restraint or reprisal from the program and to obtain prompt efforts by the program to resolve grievances the registrant may have, including those with respect to behavior of other registrants.
5. Exercise his or her individual rights or have his or her rights exercised by a person authorized by state law.
6. Inspect and purchase at cost of production, not exceeding the cost incurred by the provider, photocopies of all records pertaining to the registrant, upon written request and twenty-four (24) hours notice to the program.
7. Examine the results of the most recent survey of the program conducted by Federal or State surveyors including any statement of deficiencies, any plan of correction in effect with respect to the program, and any enforcement actions taken by the Department of Health.
8. Receive information from agencies acting as registrant advocates, and be afforded the opportunity to contact the agencies.
9. Be free from verbal, sexual, mental or physical abuse, corporal punishment and involuntary seclusion.

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10. Be free from chemical and physical restraints except in emergency or life threatening situations when ordered by a physician.
11. Exercise his or her civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, which shall not be infringed.
12. File a recommendation/complaint either verbally or in writing to the manager of the department involved, i.e. Director of Adult Day Health Care Program, Coordinator of Social Services, Director of Dietary Services, etc. who will in turn bring the matter to the attention of Administration for resolution and/or an explanation why no action was taken within twenty-one (21) days after the complaint or recommendation was made. Circumstances such as health or administrative emergencies may extend the twenty-one (21) day limit. Complaints and/or recommendations may be made either verbally or in writing directly to the Administrator. Complaints of registrant abuse, mistreatment or neglect may also be made to the New York State Department of Health (DOH) at 584 Delaware Avenue, Buffalo, New York 14202 or by calling (716) 847-4320 or the Patient Care Hotline at (888) 201-4563. An Ombudsmen Program has been organized by State Office for the Aging (SOFA) through the American Red Cross, Greater Buffalo Chapter, 786 Delaware Avenue, Buffalo, New York 14209, 878-2385.
13. Be promptly notified of any change in registrant rights under Federal or State law or regulations.
14. Be immediately accessible to any representative of the Secretary of Health and Human Services (HHS), any representative of the DOH, the registrant's individual physician, ombudsmen who are duly certified and designated by the SOFA, representatives of the Commission on Quality of Care for the Mentally Disabled which is responsible for the protection and advocacy system for developmentally disabled individuals and mentally ill individuals, immediate family or other relatives of the registrant (subject to the registrant's right to deny or withdraw consent at any time), and others who are visiting with the consent of the registrant, subject to reasonable restrictions and the registrant's right to deny or withdraw consent at any time.

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15. Have reasonable accessibility by any entity or individual that provides health, social, legal or other services to the registrant, subject to the registrant's right to deny or withdraw consent at any time.
16. Personal privacy and confidentiality of his or her personal and clinical records.
17. Associate and communicate with persons of his or her choice, visits, and meetings of family and registrant groups. Registrant and family groups shall be provided with private meeting space.
18. Approve or refuse the release of personal and clinical records to any individual outside the program except when he is transferred to another health care program or record release is required by law or third-party contract.
19. Have access to the private use of a telephone that is wheelchair accessible and useable by hearing impaired and visually impaired registrant.
20. Adequate and appropriate medical care, and to be fully informed by a physician in a language or in a form that the registrant can understand, using an interpreter when necessary, of his or her total health status, including but not limited to, his or her medical condition including diagnosis, prognosis and treatment plan. The registrant shall have the right to ask questions and have them answered.
21. Refuse to participate in experimental research and to refuse medication and treatment after being fully informed and understanding the probable consequences of such actions.
22. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect his or her well-being.
23. Participate in planning care and treatment or changes in care and treatment. Registrants adjudged incompetent or otherwise found to be incapacitated under the laws of the State of New York shall have such rights exercised by a designated representative who will act in their behalf in accordance with state law.

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31. Be informed verbally and in writing before, or at the time of admission, and periodically when changes occur during the registrant's stay, of services available in the program and of charges for those services, including any charges for services not covered by sources of third party payment or by the program's basic per visit rate.
32. Remain in the program, and not be transferred or discharged from the program unless such transfer or discharge is made in recognition of the registrant's right to receive considerate and respectful care, to receive necessary care and services, and to participate in the development of the comprehensive care plan and in recognition of the rights of other registrants in the program. The registrant may be transferred only when the interdisciplinary care team, in consultation with the registrant or the registrant's designated representative, determines that the transfer or discharge is necessary for the registrant's welfare and the registrant's needs cannot be met after reasonable attempts at accommodation in the program, or the transfer or discharge is appropriate because the registrant's health has improved sufficiently so the registrant no longer needs the services provided by the program, or the health or safety of individuals in the program would otherwise be endangered with the risk to others being more than theoretical and all reasonable alternatives to transfer or discharge have been explored and have failed to safely address the problem.

Transfer and discharge shall also be permissible when the registrant has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare, Medicaid or third party insurance) a stay in the program. Such transfer or discharge shall be permissible only if a charge is not in dispute, no appeal of a denial of benefits is pending, or funds for payment are actually available and the registrant refuses to cooperate with the program in obtaining the funds.

Transfer or discharge shall also be permissible when the program discontinues operation and has received approval of its plan of closure.

33. Appeal a transfer or discharge to the NYS Department of Health at (716) 847-4329 or the NYS Long Term Care Ombudsmen at the American Red Cross, Greater Buffalo Chapter 786 Delaware Avenue, Buffalo NY 14209, (716) 878-2385. The State Long Term Care Ombudsmen, NYS Office for the Aging, Two Empire State Plaza, Albany, NY 12223-0001, 1-800-342-9871.

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24. Be consulted immediately, except in a medical emergency, if the registrant is competent, and notify the registrant's physician and designated representative when there is an accident involving the registrant which results in injury, if there is a significant improvement or decline in the registrant's physical, mental, or psychosocial status in accordance with generally accepted standards of care and services, or if there is a need to alter treatment significantly, or a decision to transfer or discharge the registrant from the program as specified in number thirty-two (32) below.
25. Receive all information personally or through the registrant's designated representative, when permitted by State law, needed to give informed consent for an order not to resuscitate. Upon registrant or designated representative request, the program shall furnish a copy of the pamphlet, "Do Not Resuscitate Orders - A Guide for Patients and Families."
26. Refuse to perform services for the program. The registrant may perform such services, if he chooses, only when there is work available in the program that the registrant is capable of safely performing, the program has documented the need or desire for work in the plan of care, the plan specifies the nature of the services performed and whether the services are voluntary or paid, compensation for paid services is at or above prevailing rates, and the registrant agrees to the work arrangement described in the plan of care.
27. Retain, store securely, and use personal possessions, brought to the program.
28. Participate in the Registrants' Council, and meet with, and participate in activities of social, religious and community groups at his or her discretion.
29. Receive, upon request, kosher food or food products prepared in accordance with the Hebrew orthodox religious requirements when the registrant, as a matter of religious belief, desires to observe Jewish dietary laws.
30. Be informed in writing at the time of admission to the ADHCP if he is entitled to Medicaid benefits, or when he becomes eligible for Medicaid, of the items and services that are included in ADHCP services under the State of New York plan and for which the registrant may not be charged, those other items and services that the program offers and for which the registrant may be charged, and the amount of charges for those services, and the clear distinction between the two. When changes are made to the items and services specified, the registrant will be notified.

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For program registrants who are mentally ill or who have developmental disabilities, the Commission on Quality of Care for the Mentally Disabled is responsible for the protection and advocacy of such individuals and can be reached at New York State Office of Mental Health, 44 Holland Avenue, Albany, New York 12229 or State of New York Office of Mental Retardation and Developmental Disabilities, 44 Holland Avenue, Albany, New York 12229 - (518) 473-9689.

All rights and responsibilities specified in policies as they pertain to (1) registrant adjudicated incompetent in accordance with State law, (2) registrant who is found, by his or her physician, to be medically incapable of understanding these rights, or (3) a registrant who exhibits a communication barrier, devolve to and shall be exercised by the appointed committee in a representative capacity.

At the time of each registrant admission to our program, we encourage them to name a legal representative (family member, friend, attorney) and health care proxy who in the event he is no longer capable of making his or her own decisions, will act on the registrant's behalf. If the registrant does not understand the above terminology, our Social Worker will discuss them with him.

cc/ADHCP

Dietary

Inservice

OT

PT

Social Services

Speech Therapy

R&R: _____

