RCF ADMISSION AGREEMENT

_____ and
Facility

_____
Resident

The base rate shall be $_____ (per day)(per month). The services provided for in the base rate shall include room, board, linens and bedding, supervision and other personal services which are required for health, safety and wellbeing of the resident.

The base rate shall **not** include those items and services entered in the attached listing which has been prepared by the facility.

No additional fees shall be charged for items not listed or subsequently agreed to in writing by both parties. The resident may be charged for nonprescription drugs, personal supplies, and services by a barber, beautician, etc.

Payments shall be made in advance of care, payable by the

_____

day of each month. The amount of $_____ shall be paid on the date of admission. The resident shall be charged for the day of admission, but not the day of discharge.

The facility shall inform the resident or resident's guardian in writing of changes in the overall rates of both base and additional charges at least 30 days before the effective date of the change.

The facility shall inform the resident or resident's guardian of changes in additional charges based on a change in the resident's condition before the date the revised additional charges begin. If communicated orally, notification shall follow in writing within 7 days, listing the specific adjustments made.

If the resident dies or leaves the facility, the facility shall refund to the resident or resident's guardian any payments made in advance for the days after the resident leaves, including the date of death or discharge.

Any charge for supplies, outside services, or personal purchases shall be deducted from any refund due.

A facility shall not involuntarily discharge or transfer a resident from a facility except: (1) for medical reasons; (2) for the resident's welfare or that of other residents; (3) for nonpayment. The resident requires 30 days advance notice in writing of termination of this contract.

The resident or the resident's guardian shall have the right at all times to discharge the resident from the facility voluntarily, provided the person in charge of the facility is given proper notification so that a proper transfer or discharge can be made. The facility requires 14 days advance notice of planned discharge or transfer of a resident.

If a resident has a temporary absence from a facility for medical treatment, the facility shall hold the bed open for a minimum of ten days upon request and receive full payment for the absent period.

Payment will be made for periods the resident is absent overnight for the purpose of visitation or vacation in accordance with IAC 441--52.1(3)''e''.

The facility may not relocate residents from one room to another unless deemed necessary by an appropriate qualified staff member for the following reason: (1) because of incompatibility with other roommates, (2) for the welfare of the residents of the facility, (3) for medical, nursing, or psychosocial reasons, (4) to allow a new admission to the facility which would otherwise not be possible due to separation of roommates by sex, (5) to allow transfer of a private paying resident who becomes eligible for State Supplementary Assistance from a private room to a semi private room or from one semiprivate room to another, or (6) because of reasonable administrative decisions regarding the use of the building.

Unreasonable and unjustified reasons for changing a resident's room without the agreement of the resident or responsible party include: (1) change from private pay status to State Supplementary Assistance, except as outlined in paragraph 5 above, (2) punishment, (3) discrimination on the basis of race or religion.

If relocation within the facility is necessary, the resident shall be notified at least 48 hours prior to the transfer. The reason shall be explained. The resident's guardian shall be notified as soon as possible. Notification shall be documented in the resident's record and signed by the resident or residents's guardian. (Chapter 63.34(2) a, b and c).

Prior to admission, the resident shall deliver to the facility a current physical and medical history. It shall be certified by a licensed physician and indicate the resident's required level of care.

The resident, or resident's guardian shall be responsible for all medical expenses ordered by the attending physician, and for optional services or goods delivered to resident by providers other than this facility.

All terms of this Agreement are subject to the provisions of Chapter 135C of the Code of Iowa.

Admitted and Agreed to by:

_____
Signature of Administrator of Facility

_____
Title

_____
Date

I acknowledge receipt of a copy of this Agreement.

_____
Resident Date

_____
Guardian or Conservator

_____
Address of Guardian or Conservator

_____
Telephone No.

_____
Date

Iowa Department of Human Services

ADDITION TO ADMISSION AGREEMENT
Recipients of State Supplementary Assistance

In addition to the Admission Agreement, the _____ facility and _____, resident agree to these terms:

1. The facility agrees to provide all services required by the terms of its license, the rules in the Iowa Administrative Code governing the license, the terms of the Application and Contract Agreement for Residential Care Facilities, the requirements in the Department of Human Services Handbook for Residential Care Facilities and the rules in the Iowa Administrative Code governing the payment of State Supplementary Assistance.

2. The facility agrees to furnish the recipient's room as required by licensing rules without additional charges to the recipient or to any person acting on the recipient's behalf. When the recipient wishes to provide an item of room equipment, the facility may grant this request.

3. The facility agrees to provide personal services, including necessary supervision or assistance with moving about, grooming, hair washing, shaving, personal hygiene, bathing, getting in and out of bed, dressing, feeding and with medication that can be self-administered. Personal laundry services shall be provided as a part of the goods and services paid through the program.

4. The facility agrees to make no additional charge for this care, over and above the rate established by the Department, nor to accept any additional payments by other persons, organizations or governmental units to cover this care. Additional payment for services which go beyond those required of a residential care facility may be allowed with approval of the Department of Human Services.

5. The Resident agrees to pay for this care according to Department of Human Services policy; that is, to retain_____ per month to cover personal needs and to make all other income (including State Supplementary Assistance payments received on approximately the 20th day of the month following the month of service) available to the facility furnishing this care.

   (In addition to the personal needs allowance of_____per month, a resident who is employed may retain $65.00 per month of the earnings to cover work expense plus one-half of the remaining earned income.)

6. If the facility manages the personal needs account of the recipient, the facility agrees to abide by the policy established by the Department of Human Services relative to the handling of the recipient's personal funds.

7. The facility shall allow the recipient to be absent from the facility for periods of hospitalization and visitation, and shall bill for these days and provide documentation as required by Department of Human Services policy.

_____	_____
Signature of Administrator of Facility	Signature of Recipient, Guardian or Conservator
_____	_____
Title	If other than recipient, indicate relationship
_____	_____
Date	Address for mailing purposes

_____Telephone Number