

ROLLING HILLS

Rehabilitation Center – Special Care Home

14345 County Hwy B • Sparta, Wisconsin 54656 (608) 269-8800 • Fax (608) 269-4386

www.rollinghillsrehab.org

ADMISSIONS AGREEMENT

Date of Admission: _____			Date of Application: _____		
Resident Name:					
_____		_____		_____	
Last		First		MI	
Resident Legally Authorized Representative Name:					
_____		_____		_____	
Last		First		MI	
Specify Nature of Legal Authority: _____					
Resident Pay Status: <input type="checkbox"/> Medicare <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Self Pay					
<input type="checkbox"/> Other (specify): _____					
Level of Care, if known: _____					
Private Pay Daily Rate: Skilled Level = \$222.00					
Skilled Level = \$224.00 (Haven House)					
Bedhold Rate: 85% of Current Rate					

The Rolling Hills Rehab Center, Resident and/or Resident's Legally Authorized Representative, as listed above, agree that the Center will provide the nursing care and other services specified in this agreement, beginning with the date of admission until the date of the Resident's discharge.

Gmb (revised 1/1/17)

HEALTH CARE SERVICES

Authorization for Care and Services

Resident gives consent to the administration of care and treatment services that are determined by Rolling Hills, Resident's physician, and Resident to be appropriate to Resident's well-being, health, and safety.

Rolling Hills agrees to fully inform Resident in advance about care and treatment, to notify Resident in advance of changes in care and treatment and to involve Resident in planning his/her care and treatment program.

Refusal of Treatment

If, for any reason, Resident does not wish to follow the physician's treatment program, treatment can be refused. Refusal will be documented in the Resident's record and Rolling Hills may be released from any liability associated with the refusal of treatment prescribed.

Selection of Health Care Professionals

The Resident has the right to use any licensed, certified, or registered health care professional, including doctor, dentist, pharmacist, etc. as long as the professional complies with Rolling Hills' procedures and all rules and regulations of local, state, and federal governments. Rolling Hills will notify the Resident or Legally Authorized Representative that an alternate physician must be selected if the physician repeatedly fails to comply with federal and state laws.

Yes No My personal preference of a physician is Dr. _____.

Yes No I understand and agree that Phillips Pharmacy is the pharmacy of choice. If no, list other: _____.

Emergency Health Care Services

Care planning in relation to terminal illness needs to begin as part of the admission process. Resident acknowledges receipt of Rolling Hills' written policy related to use of CPR and Supportive Plan of Care.

Resident authorized Rolling Hills to obtain emergency health care services when services are required and the Resident's health care provider or alternate is unavailable.

Medical Tests and Admission Exams

Wisconsin law requires the Resident be free of communicable tuberculosis and clinically apparent communicable disease. The Resident's physician must attest to this. Resident also consents to a physical examination to be performed within fifteen (15) days before admission or 48 hours after admission, and to be examined by a licensed dentist within six (6) months after admission, unless an acceptable oral examination was completed within six (6) months before admission.

Policies and Regulation – Resident and Rolling Hills Responsibilities

Resident agrees to abide by Rolling Hills' Policies and Regulations, a copy of which is provided with this agreement. Rolling Hills agrees that the Policies and Regulations will remain consistent with this contract. If any of the Policies and Regulations change, Rolling Hills agrees to notify Resident orally and in writing with as much notice as possible in advance of the time the changes take effect.

HIPPA

We understand that medical information about you and your condition is personal. We are committed to protecting medical information about you. Please review Rolling Hills Rehab Center's Notice of Long-Term Care Facilities Privacy Practice.

Grievance Procedures

If the Resident is dissatisfied with any aspect of Rolling Hills operation or the care provided, Resident or anyone on Resident's behalf may file a grievance with Rolling Hills. The Resident should inform Nursing Staff, Social Services or Administrator of their grievance. An investigation will be completed of the incident.

Rolling Hills agrees to review the grievance as soon as possible in the manner set forth in Rolling Hills' Caregiver Misconduct Investigation and Reporting Policy.

Resident also may contact the following for assistance in resolving the grievance:

State Nursing Home Ombudsman	or	Jenny Bielefeldt
WI Board of Aging & Long Term Care		1309 Norplex Dr., Suite 9
214 N. Hamilton St.		La Crosse, WI 54601
Madison, WI 53703-2118		Phone: (608) 789-6365
Telephone: 1-800-815-0015		Fax: (608) 789-6367

Division of Quality Assurance
Eau Claire/Western Regional Office
610 Gibson St., Suite #1
Eau Claire, WI 54701-3687
1-715-836-4752

Visitors

Visitors are welcome at any time as long as it is not disruptive to the residents or other residents' well-being. Visitors may be asked to leave the facility if causing physical, verbal, emotional or mental abuse to residents or staff.

Food, Alcohol, and Smoking

Resident and Resident's family may bring in food, however, it must be checked in at the nursing station to assure proper storage and consideration of Resident diet restrictions.

Smoking is not allowed inside the facility effective July 1, 2010. There are designated areas outside of the building for smoking.

Educational Programs

Rolling Hills cooperates in various educational programs. The Resident is advised that students involved in educational programs affiliated with Rolling Hills may attend examination of residents and review resident's medical records. If the Resident does not want to participate in an educational program, he/she may refuse at any time.

Transfer within the Facility

Rolling Hills may transfer the Resident within the facility for the following reasons:

- When Resident's needs and preferences are determined and proper notice is given.
- When necessary for Resident's health, medical reasons, safety, or welfare.
- When the health, safety and welfare of other residents in the facility are endangered.
- Birchwood is a rehab unit for short-term stay and once your condition allows, you will be expected to move into the regular nursing home upon the first available bed.

Rolling Hills shall provide as much advance notice of transfer as possible, including reasons for transfer, to Resident and the Resident's Legally Authorized Representative.

Transfer Outside of Facility

Transportation by the Rolling Hills van is a non-covered and non-billable charge by Medicare. If the Resident chooses to utilize the van for appointments or other outside activities arranged by family, the self-pay Resident agrees to pay Rolling Hills, in advance, the fees set yearly by the Rolling Hills governing board. Medical Assistant Residents will have covered charges billed to Medical Assistance.

Yes No I am in agreement with authorizing Rolling Hills staff to transport me outside the facility.

Photos and Name Display

Rolling Hills will take the Resident's photograph upon admission. Rolling Hills will only use the photograph for the purpose of assisting staff or others in identifying Residents. In cases of unauthorized absence from the facility, Rolling Hills will give this photograph to proper authorities for purposes of identification. Rolling Hills will also use these photos to assist with administration of drugs and treatment.

Yes No Resident authorizes Rolling Hills to use photos, pictures, news release articles, or newspaper and radio interviews involving me for public relations/marketing purposes. I release Rolling Hills from any possible damage as a result of the publicity/marketing.

Yes No It is okay to display my name on the census board and welcome board.

Electrical Appliances

Microwaves are not allowed and for all other appliances, the Resident agrees to obtain Rolling Hills' prior approval to bring items on the premises in order to ensure the safety of all residents in the facility. The Resident agrees that using electrical appliances while a resident at Rolling Hills, whether mine or those of the facility, I do so at my own risk and release Rolling Hills from any responsibility for burns, injuries, or property damage, which may result from or because of any appliance.

Personal Belongings

Resident has the right to retain and use personal clothing and possessions. In addition to storage in Resident's room, Resident will have limited storage for personal possessions available.

Resident agrees that if the presence of any of his or her personal possessions violates local, state, or federal laws, rules or regulation, Rolling Hills has the right to require Resident to remove them from the facility.

Mail

Name _____

Resident has the right to receive mail Monday through Saturday, excluding any federal holidays. Rolling Hills will sort and deliver mail to the Resident's floor unless mail has been designated to be forwarded.

____ Yes ____ No I request all mail be delivered to me on my floor.

____ Yes ____ No I request all mail, excluding personal, be forwarded to:

____ Yes ____ No I request all mail, excluding personal, be opened and placed in my file.

Resident Funds and Property

Resident has a right to manage his/her own personal funds. The Resident may delegate Rolling Hills to manage his/her funds. Delegation will be in writing, and Rolling Hills will maintain a personal funds account for the Resident.

Rolling Hills is required to provide a safe, secure environment and to take reasonable preventive measure to protect Resident property. Rolling Hills is not responsible for money and securities when **not** deposited in a Resident Trust Account. Rolling Hills is responsible for valuables deposited with Rolling Hills for safekeeping.

Rolling Hills is required to provide a Resident access to their personal funds 24 hours a day, 7 days a week. Resident may obtain limited funds, per Rolling Hills policy, after office hours from the Nursing Supervisor.

Resident Trust Funds

Name _____

I appoint the Administrator of Rolling Hills as trustee to manage any money or valuables deposited by me during my residence at Rolling Hills. Rolling Hills will maintain a Resident Trust Fund for each resident in an interest-bearing account. All funds will be deposited in a local financial institution and held separate from operating funds. Interest will be prorated and paid monthly. The Bookkeeper/Receptionist will maintain a written record of all transactions. A copy of all reports given to the resident will be maintained with the resident record.

____ Yes ____ No Cash withdrawal limit per transaction. \$ _____.

____ Yes ____ No Rolling Hills staff is authorized to make cash payments and/or charges from this trust for:

_____ Beauty Shop

_____ Activity Outings/Corner Cafe

_____ Personal Needs

_____ Other: _____

____ Yes ____ No Spending limit per item listed above. \$ _____.

Resident and the following individuals are authorized to withdraw from this account:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Signature: _____ Date: _____

If a resident discharges from the facility, a check will be made out to them at their request. Upon death, these funds will be paid towards my funeral and burial expenses, to the Executor of my estate, or to the Medicaid Estate Recovery Program within 30 days within date of death.

Rolling Hills may be delegated as Rep Payee on behalf of the resident. As Rep Payee, Rolling Hills representative will pay for any institutional charges and other current needs such as food, clothing, dental & medical care, and any personal comfort items taking into consideration the best interests of the resident.

Payment for Services

The Resident has an obligation to ensure that Rolling Hills is paid in a timely fashion for services rendered. Applications for Medical Assistance may be made with Monroe County Department of Human Services at (608) 269-8600.

If the State of Wisconsin determines that Resident illegally obtained Medical Assistance eligibility, then Resident will be held responsible for payment of care and services rendered by Rolling Hills that are not subsequently covered by Medical Assistance.

The Resident and/or financial responsible person shall be knowledgeable of any insurance coverage benefits they have and relay them to the appropriate personnel of Rolling Hills. Rolling Hills is not responsible for benefits not paid by the Resident's insurance. **The Resident and/or financial responsible person will be responsible for any charges not covered by insurance.**

Rolling Hills will not require a third party guarantee of payment to the facility as a condition of admission to, or continued stay in, the facility.

In selecting Rolling Hills, the resident has effectively exercised his/her right of free choice with respect to the entire package of services for which Rolling Hills is responsible under the consolidated billing requirements, including the use of any outside suppliers from which Rolling Hills chooses to obtain such services.

Resident Day

For purposes of the daily rate, the Resident day is midnight to midnight. Rolling Hills shall apply the daily charge for the day of Resident's admission, but shall not charge for the last day of residency.

Notice of Rate Changes

Rolling Hills agrees to provide thirty (30) days advance written notice to Resident if the rates change. If Resident does not terminate this contract within seven (7) days of receipt of the notice, Resident's failure to terminate shall constitute agreement to continue this contract in full force and effect at the rate set forth in the written notice.

Rolling Hills agrees to provide as much advance written notice as possible of level of care changes and associated rate changes.

Financial Agreement (Medical Assistance)

The Medical Assistance Program pays for many of the services and supplies required by Resident. These covered services and supplies are listed in the Rolling Hills Handbook. Rolling Hills agrees to provide these services to Resident in exchange for payment by the Medical Assistance Program. Resident must apply Resident's monthly income, minus the allowances permitted by law, toward all covered services and supplies. Allowances may include cost for some non-covered services, any appropriate

allocation for Resident's spouse or dependents, and the statutory per month personal needs allowance. Payments not received promptly could result in termination of this agreement. Payment which become sixty (60) days past due may be assessed an interest charge of 1½% per month (18% annually) on the unpaid balance. Any collection costs incurred by Rolling Hills will be the responsibility of the Resident and/or guardian.

Certain services and supplies are not covered by Medical Assistance. Non-covered services and supplies are listed in the Rolling Hills Handbook. As changes occur in rates for various services and supplies these changes shall be posted and distributed. A current list of these charges shall be available in the Business Office, Monday through Friday, 8:30 a.m. – 4:00 p.m.

Financial Agreement (Private Pay)

Rolling Hills agrees to provide certain services and supplies to Resident in exchange for payment of a daily rate. These covered services and supplies are listed in the Rolling Hills Handbook. The daily rate is determined by level of services provided by Rolling Hills to Resident.

The current rate applicable to Resident and level of care as of the date of the Agreement are provided on page 1 of this agreement. This rate is subject to change if Resident requires a different level of care or if Rolling Hills' rates change.

It is understood that the Resident and/or guardian shall be responsible for payment of costs incurred in care of the Resident. Residents will be billed in advance for the cost of care. Ancillary charges will be billed after the end of each month. Refunds for cost of care will be made within 60 days. Refunds in the form of a check will be payable to the resident or their estate. Payments not received promptly could result in termination of this agreement. Payments which become sixty (60) days past due may be assessed an interest charge of 1½% per month (18% annually) on the unpaid balance. Any collection costs incurred by Rolling Hills will be the responsibility of the Resident and/or guardian.

Where do you wish to have your bills sent? _____

Financial Agreement (Medicare Part A)

The Medicare Program under Part A will pay for services required by the Resident as long as they continue to meet Medicare guidelines. These services and supplies are listed in the Rolling Hills Handbook. Rolling Hills agrees to provide these services to Resident in exchange for payment by the Medicare Program. Beginning day 21, there is a Medicare Co-Pay determined by the Medicare Program. Co-Pay charges will be billed by Rolling Hills to Resident's insurance. Resident and/or financial responsible

person will be responsible for any charges not covered/paid by the insurance. Non-covered charges are outlined in the Resident handbook.

____ Yes ____ No I am aware that Rolling Hills cannot bill Medicare Part A for transportation charges incurred while I am a resident and, therefore, I will be responsible for any transportation charges that are not billable to Medical Assistance.

Bedhold

If Resident will be temporarily absent from the facility due to hospitalization or a therapeutic leave, it may be arranged for Resident's bed to be held (bedhold). The rate charged for bedhold is 85% of the regular rate. If the Resident agrees to bedhold and expects to return, Rolling Hills shall hold the bed for a period of up to fifteen (15) days, unless during that time the Resident informs Rolling Hills to discontinue the bedhold. Rolling Hills will determine from the Resident and/or from the designee orally and in writing before (or as soon as possible thereafter) the absence whether or not the Resident requests bedhold.

Refund Policy

Upon transfer, discharge, or death of Resident, Rolling Hills shall, within thirty (30) days, refund any prepaid amounts for services not rendered or monies in the Trust Fund. Upon death, claims for trust fund balances for residents whose care is paid by Medical Assistance must be requested by affidavit within thirty (30) days or they will be returned to the State of Wisconsin.

Termination

Voluntary Termination

This agreement may be terminated by the Resident. Resident must provide Rolling Hills at least seven (7) days written notice of his or her intention to terminate this Agreement. Private Pay Resident is liable for at least seven (7) days of daily rate charges from the date of notice of termination.

Involuntary Removal

Rolling Hills may terminate this Agreement and discharge Resident for any of the following reasons:

1. Non-payment of charges, following reasonable opportunity to pay any deficiency;
2. If Resident requires care other than that which Rolling Hills is licensed to provide;
3. If requires care, which Rolling Hills does not provide and is not required to provide under state law;
4. For medical reasons as ordered by a physician;
5. In case of a medical emergency or disaster;

6. If the health, safety, or welfare of the Resident or other residents is endangered, as documented in the Resident's clinical record;
7. If Resident does not need nursing home care;
8. If the short-term care period for which Resident was admitted has expired; or
9. As otherwise permitted by law.

Except for removals under (1) and (5) above, no resident may be involuntarily removed unless an alternative placement that has accepted Resident for transfer is arranged.

No resident may be involuntarily removed for non-payment of charges if the Resident meets both of the following conditions:

1. Resident is in need of ongoing care and treatment and has not been accepted for ongoing care and treatment by another facility or through community support services; and
2. Funding of the Resident's care in Rolling Hills is reduced or terminated because either Resident requires a level or type of care which is not provided by Rolling Hills or Rolling Hills is found to be an institution of Mental diseases.

Resident shall be given at least thirty (30) days written notice of removal except in a medical emergency or unless continued presence of Resident endangers the health, safety, welfare of the Resident or other residents. Rolling Hills shall give the Resident an explanation of the need for or alternative to the transfer.

In addition, Rolling Hills shall schedule a planning conference at least 14 days before the involuntary removal and with at least seven (7) days notice of the conference to the Resident, Legally Authorized Representative if any, any appropriate county agency and others designated by the Resident.

Transfer and Discharge Appeal Notice

1. A resident has the right to appeal an involuntary transfer for discharge decision.
2. If a resident wishes to appeal a transfer or discharge decision, the resident shall send a letter to the address listed below within 7 days after receiving a notice of transfer or discharge from facility, with a copy to the facility administrator, asking for a review of the decision.

Division of Quality Assurance
Eau Claire/Western Regional Office
610 Gibson Street, Suite 1
Eau Claire, WI 54701-3667
1-715-836-4752

3. The resident's written appeal shall indicate why the transfer or discharge should not take place.
4. Within 5 days after receiving a copy of the resident's written appeal, the facility shall provide written justification to the Division of Quality Assurance for the transfer or discharge of the resident from the facility.
5. If the resident files a written appeal within 7 days after receiving notice of transfer or discharge from the facility, the resident may not be transferred or discharged from the facility until the Division of Quality Assurance has completed its review of the decision and notified both the resident and the facility of its decision.
6. The Division of Quality Assurance shall complete its review of the facility's decision and notify both the resident and the facility in writing of its decision within 14 days after receiving written justification for the transfer or discharge of the resident from the facility.
7. A resident or family may appeal the decision of the Division of Quality Assurance in writing to the address listed below within 5 days after receipt of the decision.

Department's Office of Administrative Hearings
P.O. Box 7875
Madison, WI 53707

8. These appeal procedures do not apply if the continued presence of the resident poses a danger to the health, safety, or welfare of the resident or other residents.

Disposal of Personal Belongings

Any personal belongings that are left with Rolling Hills after the Resident's discharge, transfer, or death should be picked up as soon as possible. Rolling Hills will dispose of them within thirty (30) days if not removed.

Verbal Representations

The Resident and Rolling Hills are advised to write all verbal representations into this Agreement. If a disagreement occurs concerning this contract, however, no statute may be used to exclude or limit the admissibility of evidence of verbal representations made at the time of the execution of this Agreement. This means that statements made by the Resident or Rolling Hills regarding services, responsibilities, rights, and conditions are admissible as evidence.

SIGNATURES REQUIRED ON NEXT PAGE.

Signature

I, _____, hereby certify that I do hereby make voluntary application for admission to the Rolling Hills Rehabilitation Center. Also, I have read and/or have had explained to me, and approve:

- Contents of this Agreement
- Resident Bill of Rights
- Advanced Directives
- Responsibilities of the resident
- Ombudsman information
- Resident Trust Funds
- Payment policy of Rolling Hills
- Have received a copy of this agreement

I understand and authorize the above for this admission and all subsequent admissions to Rolling Hills that are interrupted only by hospitalization.

Resident or Resident Legally Authorized Representative

Date

Rolling Hills Rehab Center Representative

Date

Witness

Date