

IMCC Admission Process

1. Complete and submit the application form along with the application fee.
2. Consult with the Program Director to determine availability for your preferred days of attendance.
3. Once the Program Director confirms a spot is available, complete the physical and TB screening with your physician. **The physical and TB screening must be signed by a physician and completed no more than 30 days prior to admission (the first official date of attendance).**
4. Once the physical is scheduled, call to arrange an intake assessment and admission paperwork/contract signing. Please bring: the completed medical paperwork, the lifestyle biography, copies of the participant's insurance cards, power(s) of attorney, and any advanced medical directives, the names/addresses/phone numbers of two additional local emergency contacts, and a check for the first full month's payment.
5. Schedule and arrange for transportation.
6. Determine start date and sign contract.
7. Discuss any dispensing of medication and dietary issues with our nurse.
8. Bring in a photo for our family wall! Any standard sized photo (4" x 6" or larger) is preferred.
9. Responsible Party (and other family or caregivers) attend New Family Orientation session within 60 days of admission.

First day of Attendance

1. Plan on the new participant attending for a shorter day, about 4.5 hours.
2. Bring a change of clothing (and Depends, if used) labeled with participant's name.
3. Medications administered at Insight are to be brought in by the responsible party in the original container with a matching doctor's order.
4. Make plans for yourself to enjoy the day.

*Don't forget to pick up your copy of the family handbook!



(formerly Alzheimer's Family Day Center)
3953 Pender Drive, Suite 100
Fairfax, VA 22030
Voice (703) 204-4664
Fax (703) 204-0509
www.insightmcc.org

INSIGHT MEMORY CARE CENTER

APPLICATION FORM

NAME: _____ Date of Admission: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Marital Status: _____

Medicare Number: _____

Effective Date: _____

Medicaid Number: _____

Effective Date: _____

Other Insurance: _____

Place of Birth: _____

Birth Date: _____ Age: _____

Hospital Preference: _____

Referred By: _____

Hospital Address: _____

NAME OF RESPONSIBLE PARTY/GUARDIAN

NAME OF NEAREST RELATIVE

Address _____

Address _____

Telephone (w) (____) _____

Telephone (w) (____) _____

(h) (____) _____

(h) (____) _____

NAME OF NON-FAMILY EMERGENCY CONTACT

PERSONAL PHYSICIAN

Address _____

Address _____

Telephone (w) (____) _____
(h) (____) _____

Telephone (w) (____) _____

PRIMARY CARE PROVIDER

AGENCY/SOCIAL/CASE WORKER

Address _____

Address _____

Telephone (w) (____) _____

Telephone (w) (____) _____

Please rate the following on a scale of 1 to 5, with 1 = very poor and 5 = very good

Sight _____

Alertness _____

Use of hands _____

Orientation _____

Hearing _____

Ability to feed self _____

Speech _____

Ability to walk _____

Other disabilities:

FOR OFFICE USE ONLY:

Level of Care: _____ How many days per week: _____

Transportation: _____

Medicaid/Scholarship: _____

Date of admission: _____

Application has been closed: Yes _____ No _____

Date closed: _____

Reason:

Date and reason for leaving IMCC:



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FEE AND PAYMENT POLICIES

Effective May 1, 2018

Insight Memory Care Center (IMCC) operates on a fee-for-service basis with a goal of providing the highest quality dementia-specific care at an affordable rate. Fees are reviewed each year and adjusted if needed.

We tie the cost of care to the level of service provided. All potential participants are assessed and assigned to Level II or III. Monthly fees are figured according to levels of care. Each participant is reassessed quarterly and families are notified in advance if there is a change in the level of care needed.

The Program Director will help you select a schedule of attendance at the Center for your family member (see attached schedule and rate sheet) and you will pay for that schedule in advance on a monthly basis. We strongly encourage you to carefully select a schedule that is viable for your family, as we cannot always accommodate last-minute schedule changes.

Services are accounted for on a prospective monthly basis and a statement of services, charges and payments will be sent to the responsible party on a monthly basis. Payment must be received by the 5th of the month for which services are received (for example, payment for June services are expected by June 5th).

For those who have difficulty meeting the cost of care, the Board has established the *Financial Assistance Fund* with the goal that no one is turned away for lack of funds to pay for services. Feel free to contact us for an application for financial assistance.

Insight Memory Care Center Fees

Effective 5/1/18

Days per Week	Blue (Per Month)	Orange (Per Month)	Coral (Per Month)
5 days per week	\$2,700	\$2,900	\$3,100
4 days per week	\$2,315	\$2,485	\$2,660
3 days per week	\$1,800	\$1,940	\$2,070
2 days per week	\$1,285	\$1,385	\$1,475

Bathing Fee

Our facility is equipped with a shower room where bathing services can be provided to the participants. The fee for each bathing occurrence is \$40. This includes a full shower, oral care, shaving (men) and a manicure.

Out of County Meals Fee

Our meals (breakfast, lunch, and two snacks) are provided by Fairfax County. These meals are paid for by the taxpayers of Fairfax County; IMCC does not pay for the meals.

Thus, if your loved one lives outside of Fairfax County you will be billed for meals for the days your family member is scheduled to attend unless you cancel by 8:30 am. The current rate for meals is \$9.30 per day. We will ask that checks for this service be made payable to Fairfax County.

Missed Days

If your loved one misses a scheduled day for any reason beyond our control (including inclement weather, illness, or a situation that requires us to close for a full day), we will be glad to try to accommodate a make-up day within the month of the missed day, if possible. Please note that this is dependent on a number of factors, including available capacity.

Unfortunately, we cannot reschedule days missed due to the Center being closed for a scheduled holiday. You will receive a calendar of scheduled holidays by the beginning of each year.

Additional Days

If you need to occasionally add a day to your schedule, we will try to accommodate your request. Please call the at least 24 hours in advance. The fee for an additional day is \$140.

Withdrawal

We request that any participant looking to withdraw from the program submits written notification to IMCC of at least 14 days. In the case of discharge due to medical reasons or death, this 14 day notice is waived. A refund may be provided for any remaining unused days after the agreed date of termination that month. This refund will be provided within 60 days.

In the event the participant leaves IMCC but wants to hold their space, IMCC will hold the slot for as long as instructed in writing. Regular payment is required during this time. In the event payment is not received for position hold, a discharge letter will be issued for non-payment.

Questions about any financial matters should be asked of the Director of Finance and Personnel.

Registration Fee

There is an application/assessment fee of \$75.00 due at the time of enrollment.

Late Pick-up Fees

The Center is opened from 7:30 a.m. - 5:30 p.m. We appreciate everyone's cooperation in helping our staff to get off work on time in the evening. Our late pick-up fees are as follows:

- \$15.00 for pickup up to 5 minutes late;
- \$30.00 for pickup between 5 to 15 minutes late;
- \$55.00 for pickup between 15 minutes and a half hour late;
- \$80.00 for pickup between a half hour and an hour late;
- \$105.00 for pickup after an hour late and every hour thereafter.

Since the Center can not leave a participant alone, our employees must be paid for the time they are here after their scheduled hours. Licensing requires at least two staff members to be present even when only one participant is awaiting pickup.

Late Payment and Non-payment

Payments are due on the 5th of each month.

If a bill is not paid in full by the 15th, the Director of Finance and Personnel will call and remind the responsible party to pay the bill. IMCC has the right to assess a late fee on any bills not paid in full by the 15th.

If outstanding payment is not received by the end of the month (last business day), a certified letter will be sent stating the responsible party has 14 days to submit the outstanding balance, or the responsible party will be issued a 30 day discharge letter.

If unusual circumstances arise which affect the responsible party's ability to pay please contact the Director of Finance and Personnel.

Returned Checks

There is a \$30.00 charge for returned checks.

Financial Assistance Fund (FAF)

It is the Center's goal not to turn anyone away for lack of ability to pay. Therefore the Board actively fundraises for the FAF so that it can consider requests for reductions in charges when there is financial hardship. The Board of Directors has an administrative committee to review FAF applications from families in need of assistance and recommend fee reduction amounts. The Board ultimately approves the level of assistance. It is important to give accurate and complete information since the committee decision is based on what is read.

All information is kept confidential. The requests for FAF renewals are reviewed in the spring for the upcoming fiscal year. New requests are considered as they are received. Information and questions go to the Executive Director who will relay them to the Board.