CAADS Web Listing Form

LICENSED PROVIDERS

Revised 2019-05-20

Only licensed adult day centers in membership with CAADS are eligible for a listing on CAADS Web Site.

TO UPDATE EXISTING LISTING: Print listing from CAADS Web Site, mark changes, sign, date and FAX TO: (866) 725-3123. Listings appear alphabetically by center name, within each county, under the Find a Center tab at www.caads.org.

TO SUBMIT NEW LISTING: Complete this form and send to CAADS along with photocopy of Center license. For multiple centers, complete a separate form for each one – you may photocopy this form. FAX TO: (866) 725-3123

QUESTIONS: Contact Danielle Hanlon, Director of Membership & Communications: (916) 552-7400 or Danielle@caads.org

COMPLETED BY:
(Print Name and Title) (Date) (Initial Here)

Center

Center/DBA: ________________________________

Site Address: __________________ City: __________ State: _____ Zip+4: _________________________

Site County: ___________________________ Site Tel: (_____ ) ____________

Site Email: __________________ Website: __________________

CENTER MAILING ADDRESS (if different than above):

Mail Address: __________________ City: __________ State: _____ Zip+4: _________________________

Licensee

Licensee: ________________________________ Year Center Opened: _______

Licensee is: ☐ For-Profit ☐ Governmental ☐ Non-Profit

Adult Day Services center state license is current and valid: ☐ Yes ☐ No

Program/s

Program Type/s (check all that apply):

☐ ADHC – Adult Day Health Care (Medical) ☐ CBAS – Community Based Adult Services ☐ ADCRC – Alzheimer’s Day Care Resource Center

☐ ADP – Adult Day Program (Non medical) ☐ FQHC – Federally Qualified Health Center ☐ PACE – Program of All-Inclusive Care for the Elderly

☐ ADVP – Adult Day Vendorized Program (exclusively serving Regional Center clients)

Describe the Center’s target population, philosophy of care and other distinguishing features. Limit 100 words, typed or neatly written. (CAADS reserves the right to edit descriptions exceeding word limit, without notice.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
### Languages Spoken
 Languages spoken by Center staff (check all that apply):

- [ ] Arabic
- [ ] Armenian
- [ ] Cambodian
- [ ] Chinese – Cantonese
- [ ] Chinese – Mandarin
- [ ] Chinese – Other
- [ ] Chinese – Unknown
- [ ] English
- [ ] Farsi
- [ ] French
- [ ] German
- [ ] Hebrew
- [ ] Hindi
- [ ] Hmong
- [ ] Ilocano
- [ ] Indo-Eur./Other
- [ ] Italian
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Mien
- [ ] Polish
- [ ] Portuguese
- [ ] Russian
- [ ] Samoan
- [ ] Sign – American
- [ ] Sign – Other
- [ ] Spanish
- [ ] Turkish
- [ ] Vietnamese
- [ ] Inquire
- [ ] Other/s: ____________________________

### Accessing Services / Intake Process

**Intake Tel:** (______) ___________ **Intake Email:** __________________________

**Reply Time** – how soon someone can expect to hear back after inquiring about program space availability and/or services (check one only):

- [ ] Next Business Day
- [ ] 2 Business Days
- [ ] 3 Business Days
- [ ] 1 Week

**Describe your intake process** – **limit to 30 words:** (CAADS reserves the right to edit descriptions exceeding word limit, without notice.)

____________________________

____________________________

### Hours, Capacity and Attendance

#### ADHC / CBAS (Medical Model) Hours & Attendance

<table>
<thead>
<tr>
<th>Program Days</th>
<th>Hours of Operation</th>
<th>ADP (Non-Medical Model) Hours &amp; Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>_______ to _______</td>
<td>Monday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>_______ to _______</td>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
<td>_______ to _______</td>
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<td>Thursday</td>
<td>_______ to _______</td>
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<td>Friday</td>
<td>_______ to _______</td>
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<td>Saturday</td>
<td>_______ to _______</td>
<td>Saturday</td>
</tr>
<tr>
<td>Sunday</td>
<td>_______ to _______</td>
<td>Sunday</td>
</tr>
</tbody>
</table>

**Average Daily Attendance:** ________

*(per most recent MSSR filed with the state)*

**ADHC Licensed Capacity:** ________

*(per CA Department of Public Health)*

#### ADP Licensed Capacity:

**Average Daily Attendance:** ________

*(per CA Department of Social Services)*

**ADP Licensed Capacity:** ________

*(per CA Department of Social Services)*

### Payments Accepted

Center accepts payment by (check all that apply):

- [ ] Medi-Cal Managed Care (CBAS) Contract/s with: ___________________________
- [ ] Medi-Cal FFS/Regular Fee-for-Service
- [ ] Long Term Care Insurance
- [ ] Private Health Insurance
- [ ] Private Pay
- [ ] Regional Center Funding
- [ ] Veterans Administration
- [ ] Other: ____________________________
Who We Serve

Center serves individuals ranging in age (check one only):

- [ ] 18 years or older (no upper limit)
- [ ] From age ______ to age ______
- [ ] Average Client Age: ______

Other Eligibility Requirements: __________________________________________________________

Special Populations

We serve the following specialized populations (check all that apply):

- [ ] Alzheimer’s / Related Dementia
- [ ] Diabetes
- [ ] Lesbian, Gay, Bisexual, Transgender
- [ ] Physical Disabilities
- [ ] Behavioral Health
- [ ] HIV/AIDS
- [ ] Persons with Developmental Disabilities
- [ ] Substance Abuse
- [ ] Homeless
- [ ] Cultural Focus: ______
- [ ] Intergenerational

Other: __________________________________________________________

Activities of Daily Living

We provide supervision and assistance with (check all that apply):

- [ ] Bathing
- [ ] Eating
- [ ] Toileting
- [ ] Transferring (Getting Up)
- [ ] Walking

Medical Devices

We provide supervision and assistance with (check all that apply):

- [ ] Catheter
- [ ] Colostomy
- [ ] Feeding Tube
- [ ] Oxygen Devices
- [ ] Wheelchair

Other

We provide supervision and assistance with (check all that apply):

- [ ] Behavioral Challenges
- [ ] Incontinence Training
- [ ] Injections
- [ ] Medications Monitoring
- [ ] Non-Ambulatory

Additional Offerings

ADHC / CBAS and ADP centers have separate state licensing requirements

ADHC: Must have licensed / credentialed staff to provide or arrange for the services marked [H] below.

(A home visit and assessment are required prior to ADHC enrollment.)

ADP: Must provide or arrange for the services marked [P] below.

Additional Offerings (check all that apply):

- [ ] Activity Program [H P]
- [ ] Care & Supervision [P]
- [ ] Dietary Services [H]
- [ ] Medication Administration [H]
- [ ] Occupational Therapy [H]
- [ ] Physician Services [H]
- [ ] Social Worker Services [H]
- [ ] Adult Education
- [ ] Community Outings
- [ ] Gardening Therapy
- [ ] Medication Management [H]
- [ ] Overnigtht Respite
- [ ] Psychology / Psychiatry [H]
- [ ] Speech Therapy [H]
- [ ] Art Therapy
- [ ] Caregiver Support Groups
- [ ] Health Check-Ups
- [ ] Money Management
- [ ] Pet Therapy
- [ ] Secured Perimeter
- [ ] Transportation [H P]
- [ ] Care Coordination [H]
- [ ] CBHH Project Site
- [ ] Meals [H P]
- [ ] Music Therapy
- [ ] Physical Therapy [H]
- [ ] Skilled Nursing [H]
- [ ] Vaccination Clinics
- [ ] Other: __________________________________________________________

FUTURE PLANS

The following WILL NOT BE POSTED to the Web, nor disclosed without your permission.

To assist CAADS in identifying industry trends, please indicate your future plans (check all that apply):

- [ ] Additional Facility: ________________
- [ ] Expand Current Facility Size
- [ ] Move Facility
- [ ] Sell Facility

- [ ] Build New OR
- [ ] Buy Existing
- [ ] Request Licensed Capacity Increase
- [ ] Change to Non-Profit
- [ ] Close Facility

- [ ] Other: __________________________________________________________

Services your organization provides, in addition to Adult Day Services (check all that apply):

- [ ] Board & Care
- [ ] CORF
- [ ] Home Health
- [ ] Hospice
- [ ] In-Home Care
- [ ] MSSP
- [ ] Nursing Facility/NF
- [ ] RCFE
- [ ] Regional Center Services
- [ ] Other: __________________________

Thank You for providing this information to CAADS!

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