ASSISTED LIVING PROGRAM
RESIDENCY AGREEMENT ADDENDUM

I. General Provisions

This is an addendum to a Residency Agreement made between Memory Garden at Tanglewood, Inc. (the "Operator"), and

_____, (the "Resident" or "You"),

_____, (the "Resident's Representative", if any), and

_____, (the "Resident's Legal Representative", if any.)

Such Residency Agreement is dated _____.

This addendum pertains to the admission agreement approved by the Department for Memory Garden and amends only the sections contained herein; all other provisions of the admission agreement remain in effect, unless otherwise amended. This addendum must be attached to the admission agreement of Memory Garden.

The parties to this addendum understand that this program is an Assisted Living Program (ALP) providing long term residential care and providing or arranging for home care services to the resident in accordance with New York State Social Services Law and Public Health Law and the regulations of the New York State Department of Health.

II. Assisted Living Program Services

The ALP operator must be responsible for providing an organized, 24-hour-a-day program of supervision, care and services including:

1) The services listed in the Admission Agreement; and

2) The provision of, or arrangement for, the following home care services:

a. Personal care services which are reimbursable under Title XIX of the federal Social Security Act;
b. Home health aide services;
c. Personal emergency response services;
d. Nursing services;
e. Physical therapy;
f. Occupational therapy;
g. Speech therapy;
h. Medical supplies and equipment not requiring prior approval; and
i. Adult day health care in a program approved by the Commissioner of Health.

APPROVED BY
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE
NYSDOH REGIONAL OFFICE
INITIALS SW DATE 9/19/2023

III. Resident Responsibilities

The Resident Responsibilities section of the admission agreement remains in effect except for the following modification regarding medical evaluations:

At the time of admission, the resident agrees to cooperate with the completion of the assessment process which includes obtaining a dated and signed medical evaluation not later than 45 days from the date of admission on a form conforming to Department regulations.

The resident agrees to cooperate with the reassessment process which includes obtaining an approved medical evaluation form every six (6) months thereafter, or as frequently as required to respond to changes in the resident's condition and to ensure immediate access to necessary and appropriate services by the resident.

IV. Financial Arrangements

The resident and the resident's representative, if any, agrees to apply for and maintain all applicable income entitlements and public benefits necessary to support payment for services provided by the operator. Should the resident be eligible for Medicaid, the operator agrees to accept the established Medicaid ALP rate for the services outlined in Section II of this Addendum. This payment is in addition to the specified rate in the Admission Agreement.

The resident is eligible for Medicaid. Y_____N_____ Rate _____

The resident and the resident's representative, if any, agree to pay, and the operator agrees to accept, the following payment in satisfaction of Section II of this addendum (select one schedule of payment).

This payment is in addition to the specified rate in the Admission Agreement.

Monthly Rate $_____ Due Date _____

Weekly Rate $_____ Due Date _____

Daily Rate $_____ Due Date _____

V. Agreement Authorization

We, the undersigned, have read this Addendum Agreement, have received a duplicate copy thereof, and agree to abide by the terms and conditions therein.

Dated: _____

_____
(Signature of Resident)

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Dated: _____ _____
(Signature of Resident's Representative)

Dated: _____ _____
(Signature of Resident's Legal Representative)

Dated: _____ _____
(Signature of Operator or Operator's Representative)

APPROVED BY

DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE

NYSDOH REGIONAL OFFICE

INITIALS SW DATE 9 / 19 / 2023