

**CALIFORNIA STANDARD ADMISSION AGREEMENT
FOR SKILLED NURSING FACILITIES
AND INTERMEDIATE CARE FACILITIES**

**State of California
Health and Human Services Agency
Department of Public Health Services**



**CALIFORNIA STANDARD ADMISSION AGREEMENT
FOR SKILLED NURSING FACILITIES
AND INTERMEDIATE CARE FACILITIES**

TABLE OF CONTENTS

- I. Preamble
- II. Identification of Parties to this Agreement
- III. Consent to Treatment
- IV. Your Rights as a Resident
- V. Financial Arrangements
 - A. Charges for Private Pay Residents
 - B. Security Deposits
 - C. Charges for Medi-Cal, Medicare, or Insured Residents
 - D. Billing and Payment
 - E. Payment of Other Refunds Due To You
- VI. Transfers and Discharge
- VI. Bed Holds and Readmission
- VI. Personal Property and Funds
- IX. Photographs
- X. Confidentiality of Your Medical Information
- XI. Facility Rules and Grievance Procedure
- XII. Entire Agreement and Signature Page

CALIFORNIA STANDARD ADMISSION AGREEMENT FOR SKILLED NURSING FACILITIES AND INTERMEDIATE CARE FACILITIES

TABLE OF CONTENTS (continued)

ATTACHMENT A – Resident Bill of Rights Facility Owner and Licensee Identification

ATTACHMENT B -1 – Supplies & and Services Covered Included in the Basic Daily Rate for Private Pay & and Privately Insured Residents

ATTACHMENT B -2 – Optional Supplies & and Services NOT Not Covered Included in the Basic Daily Rate for Private Pay & and Privately Insured Residents

ATTACHMENT C -1 – Supplies & and Services Covered Included in the Basic Daily Rate for Medi-Cal Residents

ATTACHMENT C-2 – Supplies & and Services NOT Covered Included in the Medi-Cal Basic Daily Rate That Medi-Cal Will Pay the Dispensing Provider For Separately

ATTACHMENT C -3 – Optional Supplies & and Services NOT Not Covered By Medi-Cal That May Be Purchased By Medi-Cal Residents

ATTACHMENT D -1 – Supplies & and Services Covered By the Medicare Program For Medicare Residents

ATTACHMENT D -2 – Optional Supplies & and Services NOT Not Covered By Medicare That May Be Purchased By Medicare Residents

ATTACHMENT E – Authorization for Disclosure of Medical Information

ATTACHMENT F – Resident Bill of Rights