

Specialized Dementia Care Program in Boarding Homes: Assessment and Service Planning Self-Evaluation Checklist

Introduction

The ability to provide quality specialized dementia care is dependent upon both knowing and understanding the individual as a unique person, and upon ensuring that direct care staff have the basic dementia care skills and resident-specific information required to address each individual residents needs on a daily basis.

The **purpose of the assessment** process is for facility staff to get to know the person and his/her needs, preferences and wants - it is critical to the development of a useful service plan.

The requirements for development of a specialized dementia care assessment are generally consistent with those in boarding home rule; please refer to WAC 388-78A-2060, and sections -2070, -2080, -2090, -2100, -2110, and -2120.

A difference for those boarding homes with an enhanced adult residential care-specialized dementia care services contract, is that for residents served under that contract, the contractor must complete a full assessment of residents as specified in chapter [388-78A](#) WAC, at a minimum, on a **semi-annual basis**. Additionally, because all clients in the program will have some type of dementia, requirements in 388-78A-2370 Dementia Care must be included.

The checklist beginning on page 2 is a tool to be used by the provider to evaluate their assessment and service planning documents against the requirements. An accompanying document, entitled "Specialized Dementia Care Assessment" is designed as a resource for developing/enhancing your assessment and service planning process.

Specific Elements To Be Included In The Specialized Dementia Care Assessment

WAC 388-78A-2090 Full assessment topics.

The boarding home must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (1) Individual's **recent medical history**, including, but not limited to:
 - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
 - (b) Chronic, current, and potential skin conditions; or
 - (c) Known allergies to foods or medications, or other considerations for providing care or services.

- (2) Currently necessary and contraindicated **medications and treatments** for the individual, including:
 - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
 - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
 - (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

- (3) The individual's nursing needs when the individual requires the services of a nurse on the boarding home premises.

(4) Individual's **sensory abilities**, including:

- (a) Vision; and
- (b) Hearing.

(5) Individual's **communication abilities**, including:

- (a) Modes of expression;
- (b) Ability to make self understood; and
- (c) Ability to understand others.

(6) Significant known **behaviors or symptoms** of the individual causing concern or requiring special care, including:

- (a) History of substance abuse;
- (b) History of harming self, others, or property; or
- (c) Other conditions that may require behavioral intervention strategies;
- (d) Individual's ability to leave the boarding home unsupervised; and
- (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the boarding home.

(7) Individual's **special needs**, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

- (a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;
- (b) Developmental disability;
- (c) Dementia. While screening a resident for dementia, the boarding home must:

Note: to be eligible as a client in the SDCP, s/he must have a confirmed diagnosis of an irreversible dementia.

- (i) Base any determination that the resident has short-term memory loss upon objective evidence; and
 - (ii) Document the evidence in the resident's record.
- (d) Other conditions affecting cognition, such as traumatic brain injury.

- (8) Individual's level of **personal care needs**, including:
 - (a) Ability to perform activities of daily living;
 - (b) Medication management ability, including:
 - (i) The individual's ability to obtain and appropriately use over-the-counter medications; and
 - (ii) How the individual will obtain prescribed medications for use in the boarding home.

- (9) Individual's **activities, typical daily routines, habits and service preferences**.

- (10) Individual's **personal identity and lifestyle**, to the extent the individual is willing to share the information, and the manner in which they are expressed, including **preferences** regarding food, community contacts, hobbies, spiritual preferences, or other **sources of pleasure and comfort**.

- (11) Who has **decision-making authority** for the individual, including:
 - (a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;
 - (b) The presence of any legal document that establishes a current substitute decision maker; and
 - (c) The scope of decision-making authority of any substitute decision maker.

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WAC 388-78A-2370 Dementia care.

(1) The boarding home must, to the fullest extent reasonably possible, obtain for each resident who has symptoms consistent with dementia as assessed per WAC [388-78A-2090\(7\)](#):

(a) Information regarding the resident's **significant life experiences**, including:

- (i) Family members or other significant relationships;
- (ii) Education and training;
- (iii) Employment and career experiences;
- (iv) Religious or spiritual preferences;
- (v) Familiar roles or sources of pride and pleasure.

Note: these elements build upon section –2390 Full assessment topics, related to (9) individual's activities, typical daily routines, habits and service preferences; and (10) individual's personal identity and lifestyle...preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(b) Information regarding the resident's ability or inability to:

- (i) Articulate his or her personal needs; and
- (ii) Initiate activity

Note: (i) may be linked with or integrated into section on Communication Abilities (5); (ii) any inability to initiate activity should be addressed proactively in service plan.

(c) Information regarding any patterns of **resident behavior** that express the resident's needs or concerns that the resident is not able to verbalize. Examples of such behaviors include, but are not limited to:

- (i) Agitation;
- (ii) Wandering;
- (iii) Resistance to care;
- (iv) Social isolation; and
- (v) Aggression.

Note: Assumes an understanding of behavior as communication; and integration of problem-solving approaches in service planning.

Continued

- (2) The boarding home, in consultation with the resident's family or others familiar with the resident, must evaluate the significance and implications of the information obtained per subsection (1) of this section and integrate appropriate aspects into an individualized negotiated service agreement for the resident.

NOTES/TO DO:

Specific Elements to be included in the Specialized Dementia Care Service Plan

The **purpose of the service plan** is to direct staff on how to provide services in a highly individualized manner. It is a tool that identifies specifically what the resident needs and how those needs are to be addressed on a daily and ongoing basis.

The requirements for development of a specialized dementia care service plan are consistent with those for the negotiated service agreement in boarding home rule; please refer to WAC 388-78A-2130, and sections -2140, -2150, -2160. Additionally, because all clients in the program will have some type of dementia, requirements in 388-78A-2370 Dementia Care must be addressed as appropriate.

WAC 388-78A-2140 Negotiated service agreement contents.

The boarding home must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;
 - (b) The plan to provide assistance with activities of daily living, if provided by the boarding home;
 - (c) The plan to provide necessary intermittent nursing services, if provided by the boarding home;
 - (d) The plan to provide necessary health support services, if provided by the boarding home;
 - (e) The resident's preferences for how services will be provided, supported and accommodated by the boarding home.

- (2) Clearly defined respective roles and responsibilities of the resident, the boarding home staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC [388-78A-2290](#) and [388-78A-2340\(5\)](#), if a person other than a caregiver is to be responsible for providing care or services to the resident in the boarding home, the boarding home must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The boarding home may develop an alternate plan:

- (a) Exclusively for the individual resident; or
- (b) Based on standard policies and procedures in the boarding home provided that they are consistent with the reasonable accommodation requirements of state and federal law.

- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

- (4) The resident's preferences for activities and how those preferences will be supported;

Note: The inability to initiate activities of interest – independent, individual and group - should be addressed proactively in service plan.

- (5) Appropriate behavioral interventions, if needed;

Note: Should address resident behaviors identified in assessment process.

- (6) A communication plan, if special communication needs are present;

- (7) The resident's ability to leave the boarding home premises unsupervised; and

- (8) The boarding home must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

WAC 388-78A-2370 Dementia Care

- (2) The boarding home, in consultation with the resident's family or others familiar with the resident, must evaluate the significance and implications of the information obtained per subsection (1) of this section and integrate appropriate aspects into an individualized negotiated service agreement for the resident.

NOTES/TO DO: