Helping People Choose the Right Home Using Disclosure Forms

Residential Care Services
Department of Social and Health Services
Introduction

• Senate Bill 5630 and made changes to RCW 70.128 – Adult Family Homes
• The law now requires the completion of two forms:
  1. Disclosure of Services (10-508)
  2. Disclosure of Charges
Introduction

• These forms are mandatory and must be completed by providers

• These forms are meant to be a guide for families who are searching for an adult family home
Introduction

• The Disclosure of Services form must be completed and returned to the Department
• The Disclosure of Charges form must be provided to residents.
• This form does not replace 388-76-10530 disclosure of services that is to be given to residents when they admit to your home.
Disclosure of Services

• The form will be displayed on the AFH locator site at:

• Most of the information requested on this form can be found on your admission statement and your Medicaid policy.
Disclosure of Services

• The completed form can be returned electronically to AFHDisclosures@DSHS.WA.GOV

• It can also be returned by regular mail to ALTSA – AFH Disclosure Forms PO Box 45600 Olympia, WA 98504-5600
About the Home

Question 1: Provide a brief summary about what makes your home unique.

- This is a good opportunity to discuss your values or philosophy of caregiving. Do you embrace a particular religion or culture? Do you specialize in LGBT residents? Do you have a neighborhood that is great for walking? Do you have pets or would you allow a resident to have a pet? Make this section your own.
About the Home

Question 2: Date your current home was initially licensed

- This is for your current license. If you had another home, own multiple homes or were licensed under a different business structure there are other areas to capture this information.
About the Home

Question 3: Other address or addresses where provider has been licensed.

• Provide the other address or addresses where you have been licensed.
• If you have never been licensed at another address write NA for Not Applicable.
About the Home

Question 4: Was your home previously licensed under a different name at the same address?

• If your home has changed names but was at the same address list all the names it has previously been known as.
About the Home

Question 5: What kind of ownership structure do you have in your home?

• Are you a sole proprietor, partner or limited liability company?
• If you have a partner or partners list them here.
• If you have another business structure list it here.
Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-1000)
Personal Care

Question 1: Eating

• What is the highest and lowest level of eating assistance you provide?
• You may say something like you provide eating assistance from cuing and monitoring to total assistance.
Personal Care

Question 2: Toileting

- What is the highest and lowest level of toileting assistance you provide?
- You may say something like you provide toileting assistance from cuing and monitoring to total assistance.
Personal Care

Question 3: Walking

• What is the highest and lowest level of walking assistance you provide?
• You may say something like you provide walking assistance from cuing and monitoring to a one or two person assist.
Personal Care

Question 4: Transferring

- What is the highest and lowest level of assistance with transfer you provide?
- You may say something like you provide transfer assistance from cuing and monitoring to a one or two person assist.
Personal Care

Question 5: Positioning

• What is the highest and lowest level of assistance with positioning you provide?
• You may say something like you provide assistance with positioning from cuing and monitoring to a one or two person assist.
Question 6: Personal Hygiene

- What is the highest and lowest level of assistance with personal hygiene you provide?
- You may say something like you provide assistance with personal hygiene from cuing and set up to total assistance.
Personal Care

Question 7: Dressing

• What is the highest and lowest level of assistance with dressing that you provide?
• You may say something like you provide assistance with dressing from cuing and set up to total assistance.
Personal Care

Question 8: Bathing

• What is the highest and lowest level of assistance with bathing that you provide?
• You may say something like you provide assistance with bathing from cuing and set up to total assistance.
Personal Care

Question 9: Additional comments regarding personal care

• This is a good place to add information about the personal care you provide.
• Information about special equipment can be added here such as a roll-in shower, jetted tub, etc.
• You may also add information about where care happens. For instance, do each of the rooms have private bathrooms?
Medication Services

What levels of medication assistance do you provide?

• What is the highest and lowest level of medication assistance you provide?
• If a resident needs a medication to be administered, do you provide this service through nurse delegation?
Skilled Nursing and Nurse Delegation

The home provides the following skilled nursing services

• If a resident requires nursing care what is the plan around that?
• The WACs state you must either contract with a nurse to provide the care or contract with a nurse to provide delegation.
Specialty Care Designations

We have the following specialty designations

• If you have taken developmental disabilities, dementia, or mental health specialty training list it here.
Staffing

• Check the box that applies for who lives in the home. Check only one box. If this information changes, you can submit a new disclosure form.
• If you only contract with an RN on an as needed basis such as for delegation, write “only as needed.” The same for LPN.
• For caregiving staff be sure to list how many caregivers are on each shift.
Cultural or Language Access

- If you speak another language or sign put that information here.
- This is a good place to discuss any particular religion or cultural expression your home may have.
- Some ideas of things to include may be things like you provide a specialized diet for a particular religion, or you have cultural or religious events at your home.
Medicaid

- Make a statement about whether or not you accept Medicaid as payment for services.
- If you accept private pay only you can just check the box. You can provide explanation if you like.
- If you always accept Medicaid as payment you can just write that.
- If you will accept Medicaid under certain conditions, explain what they are. Maybe you will accept Medicaid after two years of private pay only.
Activities

• List the services and activities that are usually available in your home.
• You can also add additional information about activities that are offered periodically if you wish.
Submitting Completed Forms

• Scan and send completed forms to: AFHDisclosures@dshs.wa.gov

• Mail forms to:
  ALTSA-RCS
  Attention: Pamela Reeves
  PO Box 45600
  Olympia, WA 98504-5600
Questions?

• Christi Pederson – AFH Policy Program Manager
  – 360-725-3204
  – pedercl@dshs.wa.gov