



## Adult Family Home (AFH) Placement Checklist

|                                       |                                          |                         |
|---------------------------------------|------------------------------------------|-------------------------|
| CLIENT NAME                           | DDA CASE NUMBER                          | CRM / SW / SSS NAME     |
| ADULT FAMILY HOME (AFH) PROVIDER NAME | AFH TELEPHONE NUMBER (INCLUDE AREA CODE) | CELL PHONE/PAGER NUMBER |
| PROVIDER'S STREET ADDRESS             |                                          |                         |

### Provider Issues

1. Confirm the following per the DDA PQIS or via the Aging and Disability Services AFH database:

Date: \_\_\_\_\_

Current AFH license:  Yes  No

Current DSHS AFH contract:  Yes  No

DD Specialty designation:  Yes  No

MH Specialty designation:  Yes  No

Dementia Specialty designation:  Yes  No

Conditions on license:  Yes  No If yes, specify:

Licensed capacity: \_\_\_\_\_

2. Per the PQI staff or AFH provider: Number of current residents: \_\_\_\_\_

### Referral Process

1. Release of Information form..... Date: \_\_\_\_\_

2. Discuss placement need with AFH PQI staff ..... Date: \_\_\_\_\_

3. Discussion of individual's needs/referral with provider..... Date: \_\_\_\_\_

4. Delivery of referral packet to provider (Form DSHS 10-232A)..... Date: \_\_\_\_\_

5. Pre-placement visit..... Date: \_\_\_\_\_

6. Is nurse delegation assessment required:  Yes  No

If "Yes," give the date of the completed Nurse Delegation assessment ..... Date: \_\_\_\_\_

**(this must occur no later than the date of placement)**

Is AFH trained and willing to do nurse delegation:  Yes  No

### Service Authorization

1. Date of current DDA assessment: \_\_\_\_\_ Daily Rate: \_\_\_\_\_

ETR:  Yes  No Amount: \_\_\_\_\_

2.  Basic Plus  Non-Waiver

PCSP includes AFH service:  Yes  No

3. Date of placement: \_\_\_\_\_

4. Start date of AFH payment authorization: \_\_\_\_\_

### Comments

|                      |              |                                      |
|----------------------|--------------|--------------------------------------|
| LEGAL REPRESENTATIVE | LEGAL STATUS | TELEPHONE NUMBER (INCLUDE AREA CODE) |
|----------------------|--------------|--------------------------------------|

|                               |                                      |
|-------------------------------|--------------------------------------|
| CLIENT REPRESENTATIVE FOR NSA | TELEPHONE NUMBER (INCLUDE AREA CODE) |
|-------------------------------|--------------------------------------|

COMMENTS

|               |      |
|---------------|------|
| CRM SIGNATURE | DATE |
|---------------|------|