

Meaningful Day Eligibility Checklist

DATE

CLIENT'S NAME

ACES ID NUMBER

AFH LICENSE NUMBER

Do not complete this form if:

- Client is currently receiving ECS or SBS; the client is not eligible for Meaningful Day.
- Client has already received approval for Meaningful Day.
- Client is receiving services through the Program of All-Inclusive Care for the Elderly (PACE).

Initial Client Eligibility:

1. Dementia diagnosis and current behavior(s) or 2. Behavior Point Score of 12 or higher.

1. Does the client have a documented dementia diagnosis? Yes No

The client has been diagnosed with irreversible dementia (e.g., Alzheimer's disease, multi-infarct or vascular dementia, Lewy Body Dementia, Pick's disease, alcohol-related dementia) OR Wernicke-Korsakoff Syndrome).

Preliminary confirmation through written OR verbal confirmation.

- Observed or received written documentation of dementia diagnosis (see diagnoses above).

TYPE OF DOCUMENT

DATE OBSERVED / RECEIVED

- Verbal or email verification from a health care practitioner's office (include date below).

PRACTITIONER'S NAME

PHONE NUMBER OR EMAIL ADDRESS

PRACTITIONER'S TITLE

DATE OF CONTACT

- Does the client have a current qualifying behavior(s) (listed on Page 2 of this form)?..... Yes No

OR

2. Does the client have a Behavior Point Score of 12 or higher? Yes No

If the answer to either Question 1 or 2 above is "Yes," the client is eligible to enroll in Meaningful Day **after** approval is given by Headquarters (see section below "Headquarters Decision").

Additional Information

Is the client discharging from an acute care hospital or transferring to an AFH from in-home)? Yes No

If yes, the CARE assessment may remain in pending.

What was the date the CARE assessment was moved to current: Date: _____ N/A discharge or transfer

AFH Provider Eligibility

Does the AFH have the Meaningful Day contract (check the DSHS AFH Locator)? Yes No

If "No:" **Services cannot be authorized at this time.** Direct the AFH provider to the Meaningful Day Inbox (meaningfulday@dshs.wa.gov) to request information to obtain the Meaningful Day contract.

If "Yes:" Sign the next section and forward to Headquarters.

Acknowledgement Statement

Through your assessment and contact with the client and/or client representative, you have determined that the client meets the Meaningful Day eligibility criteria, the client has a CARE assessed need for services, and the client or client's representative has approved the referral.

Social Worker / Case Manager's Name: _____

Email this completed checklist to: meaningfulday@dshs.wa.gov

Headquarters Decision

A SER note will be posted in CARE indicating Headquarters decision and effective date (if approved).

Qualifying Current Behaviors for Meaningful Day

- Inappropriate toileting / menses activities;
- Rummages / takes other belongings;
- Up at night when others are sleeping and requires intervention(s);
- Wanders / exit seeking;
- Wanders / not exit seeking;
- Has left home and gotten lost;
- Spitting;
- Disrobes in public;
- Eats non-edible substances;
- Sexual acting out;
- Delusions;
- Hallucinations;
- Assaultive;
- Breaks, throws items;
- Combative during personal care;
- Easily irritable / agitated;
- Obsessive health / body functions;
- Repetitive movement / pacing;
- Unrealistic fears or suspicions;
- Repetitive complaints / questions;
- Resistive to care;
- Verbally abusive
- Yelling / screaming;
- Inappropriate verbal noises; or
- Accuses others of stealing.

Written or Verbal / Email Confirmation of Dementia Diagnosis

- **Written confirmation of an irreversible dementia diagnosis:** MAR, Visit or Discharge Summary, Neuropsychologist evaluation report, Telemedicine report, Primary Care Physician progress notes OR thorough examination of other medical documents within the EPIC System that cite the dementia diagnosis. Observation of written documentation shall be noted in a CARE SER and the on the Meaningful Day Checklist including the date and type of document the CM reviewed to confirm a dementia diagnosis.
- **Verbal / Email Confirmation of irreversible dementia diagnosis from a health care professional:** In-person, email or telephone call with a Primary Care Physician, Nurse or Nurse Practitioner, Physician Assistant, Neuropsychologist, Neurologist. Verbal confirmation shall be noted in a CARE SER note and on the Meaningful Day Checklist including the name of the health professional, title and the date of confirmation of a dementia diagnosis.