

RSW AND EBS Referral

Client Information					
1. CLIENT'S NAME	2. CLIENT ACES ID NUMBER	3. CURRENT SETTING / LOCATION	4. LENGTH OF STAY AT CURRENT SETTING / LOCATION		
Case Manager (CM) Information					
5. CASE MANAGER'S NAME	6. CASE MANAGER'S EMAIL	7. OFFICE NAME AND LOCATION			
8. SUPERVISOR'S NAME		9. SUPERVISOR'S EMAIL			
RSW and/or EBS in Nursing Facility Eligibility Criteria					
<p>1. Does the individual meet the functional and financial requirements for Nursing Facility* or RSW? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does client meet Nursing Facility Level of Care (NFLOC)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Client meets at least one of the following (please check <u>all</u> that apply):</p> <p><input type="checkbox"/> Currently resides at a state mental or psychiatric unit of a hospital and has been deemed ready to discharge.</p> <p><input type="checkbox"/> Has a history of frequent or protracted psychiatric hospitalizations.</p> <p><input type="checkbox"/> Has a history of an inability to remain medically or behaviorally stable for more than six months.</p> <p>And (please select all that apply):</p> <p><input type="checkbox"/> Has exhibited serious challenging behaviors** within the last year.</p> <p><input type="checkbox"/> Has had problems managing medications, which has affected their ability to live in the community.</p> <p>* Medicaid recipients are not required to meet waiver eligibility for Nursing Facility Admission, only Nursing Facility Level of Care.</p> <p>** Challenging behaviors means a persistent pattern of behaviors or uncontrolled symptoms of a cognitive or mental condition that inhibit the individual's functioning in public places, the facility, or integration within the community that have been present for long periods of time or have manifested as an acute onset. See WAC 388-106-0338.</p>					
Case Manager Level of Service Recommendation (Check all that apply)					
<p>Note: The RSW Committee will make final determination for the highest level of service.</p> <table border="0"> <tr> <td> <p><u>Residential Support Waiver</u></p> <p><input type="checkbox"/> Expanded Community Services (ECS)</p> <p><input type="checkbox"/> Specialized Behavior Supports (SBS)</p> <p><input type="checkbox"/> Community Stability Supports (CSS)</p> <p><input type="checkbox"/> Enhanced Services Facility (ESF)</p> <p><input type="checkbox"/> No specific recommendation</p> </td> <td> <p><u>Nursing Facility Options</u></p> <p><input type="checkbox"/> Expanded Community Services Respite (ECS Respite)</p> <p><input type="checkbox"/> Expanded Behavior Support (EBS)</p> <p><input type="checkbox"/> Expanded Behavior Supports Plus (EBS Plus)</p> <p><input type="checkbox"/> EBS Plus Specialized Services</p> <p>Note: See additional EBS question below if no CARE assessment.</p> </td> </tr> </table>				<p><u>Residential Support Waiver</u></p> <p><input type="checkbox"/> Expanded Community Services (ECS)</p> <p><input type="checkbox"/> Specialized Behavior Supports (SBS)</p> <p><input type="checkbox"/> Community Stability Supports (CSS)</p> <p><input type="checkbox"/> Enhanced Services Facility (ESF)</p> <p><input type="checkbox"/> No specific recommendation</p>	<p><u>Nursing Facility Options</u></p> <p><input type="checkbox"/> Expanded Community Services Respite (ECS Respite)</p> <p><input type="checkbox"/> Expanded Behavior Support (EBS)</p> <p><input type="checkbox"/> Expanded Behavior Supports Plus (EBS Plus)</p> <p><input type="checkbox"/> EBS Plus Specialized Services</p> <p>Note: See additional EBS question below if no CARE assessment.</p>
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Questions to Help Determine Level of Service					
<p>History of hospitalizations (if not documented in CARE, describe below):</p>					

Known reasons for failed community transitions / community instability (substance use, medically non-compliance, not paying participation, impulsive decision making, etc.):

Has the client tried any of these ALISA programs / services (check all that apply)?

- SDCP
- Adult Day Health / Adult Day Care
- SDCP+
- RCS – Behavioral Health Support Team
- Meaningful Day
- Other:

Comments / reasons services were not tried or unsuccessful:

Has the client tried any of these community programs / services (check all that apply)?

- Outpatient BH services
- Outpatient SUD services
- PACT / IRT
- MCO case management or care management services
- Ombudsman
- Other:

Comments / reasons services were unsuccessful:

Client's known current community resources and supports:

EBS Referral Question Only (Complete when there is no CARE assessment)

Describe current challenging behaviors.

Instructions for Completing the RSW and EBS Referral Form

Use: This form is used by the AAA or HCS case manager to refer a client for an eligibility review for the following services: Expanded Community Services (ECS), Specialized Behavior Support (SBS), Community Stability Supports (CSS), and Enhanced Services Facility (ESF) under the RSW and Expanded Behavior Supports (EBS), EBS Plus, EBS Plus Specialized Services and ECS Respite in a skilled nursing facility.

Client Information

1. Client's name as seen in CARE (first name, middle initial, and last name)
2. Client's 9-digit ACES number, which can be found in the client's demographic screen in CARE
3. Clients' current setting / location
4. Client's length of stay at their current setting / location

Case Manager Information

5. Referring case managers name (first and last name)
6. Case managers email
7. Case managers office and location
8. Referring case managers supervisor
9. Referring case managers supervisor's email

RSW and/or EBS in Nursing Facility Eligibility Criteria

EBS services are not part of the RSW and instead are included in the State Plan. All Nursing Facility admissions for a Medicaid recipient require a client to meet Nursing Facility Level of Care. A full CARE assessment is not necessary to access EBS, though eligibility criteria for EBS must be documented.

Referent to answer the following questions:

1. Does the individual meet the functional and financial requirements for Nursing Facility* or RSW? Check yes or no.
2. Does the individual meet NFLOC? Check yes or no.
3. For the remaining questions, select all boxes that apply. Client needs to meet at least one (1) criteria.

The RSW Committee will confirm RSW and/or EBS in Nursing Facility eligibly and document this on DSHS Form 11-130.

Case Manager Level of Service Recommendation

If the case manager has a recommendation for RSW and/or EBS services, please select all boxes that apply. The RSW will review the service level recommended, as well as all other services the client may be determined to need.

If the referring case manager has no recommendation for RSW and/or EBS services, select "no specific recommendation."

The RSW Committee will review for the highest level of service a client may appear to need.

Questions to Help Determine Level of Service

Answer all applicable questions not addressed in the CARE assessment.

EBS Referral Question Only

If the case manager is referring an individual that does not have a current CARE assessment, describe current challenging behaviors the client exhibits.