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|  | | HOME AND COMMUNITY SERVICES (HCS)  SPECIALIZED DEMENTIA CARE PROGRAM (SDCP) IN ASSISTED LIVING FACILITIES  **SDCP Eligibility Checklist** | | | | | TODAY’S DATE |
| **To be completed by Case Manager** | | | | | | | |
| CLIENT’S NAME | | | | DATE OF BIRTH | | | ACES ID NUMBER |
| ASSISTED LIVING FACILITY NAME | | | | | | | |
| Is client new to the SDCP facility or SDCP portion of the facility?  Yes  No  If “Yes:” Is the client moving to this facility from a nursing home?  Yes  No  Is the client moving to this facility from a hospital?  Yes  No  Is the client moving from another DSHS-paid service setting?  Yes  No  If “No:” Is client converting from private pay to Medicaid?  Yes  No  How long has client been residing at the SDCP portion of the facility?  If new to Medicaid, what is the first date of financial eligibility?  What is the requested start date for this SDCP authorization?  Comments: | | | | | | | |
| Check the box below if the client meets the criteria and provide all requested information.  **1. Diagnosis**  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).  Preliminary confirmation through:  Written documentation from health care practitioner (may be included in facility documentation); **OR**  Verbal contact / verification with health care practitioner’s office (include date below). | | | | | | | |
|  | PRACTIONER’S NAME | | | | TELEPHONE NUMBER (INCLUDE AREA CODE) | | |
| PERSON PROVIDING CONFIRMATION | | | | DATE OF CONTACT | | |
| **Summary** | | | | | | | | |
| Through your assessment, you have determined the client has a documented need for specialized dementia care and the client will likely benefit from specialized care.  Client meets SDCP eligibility as defined in WAC 388-106-0033 (see back of form).  Client meets functional eligibility and financial eligibility or is being Fast Tracked. | | | | | | | | |
| SOCIAL WORKER / CASE MANAGER’S NAME | | | | | | | | |
| E-mail only the SDCP Eligibility Checklist to: Program Manager at [SDCP@dshs.wa.gov](mailto:SDCP@dshs.wa.gov). When approved or denied, the SDCP Program Manager will email the case manager and post an SER in the client’s case record | | | | | | | | |
| **SDCP ELIGIBLITY CHECKLIST DSHS 14-534 (REV. 10/2019)** | | | |  | | |  | |
| **WAC 388-106-0033 When may I receive services in a facility contracted to provide specialized dementia care services?**  (1) You may be eligible to receive services in a licensed assisted living facility that has a DSHS "enhanced adult residential care-specialized dementia care ("EARC-SDC")," which is defined in WAC 388-110-220. You may be eligible to receive EARC-SDC services in a licensed assisted living facility under the following circumstances:  (a) You are enrolled in CFC, as defined in WAC 388-106-0015;  (b) The department has received written or verbal confirmation from a health care practitioner that you have an irreversible dementia (such as Alzheimer's disease, multi-infarct or vascular dementia, Lewy body dementia, Pick's disease, alcohol-related dementia); and  (c) You are receiving services in an assisted living facility that has a current EARC-SDC contract, and you are living in the part of the facility that is covered by the contract;  (d) The department has authorized you to receive EARC-SDC services in the assisted living facility; and  (e) You are assessed by the comprehensive assessment reporting evaluation tool ("CARE") as having a cognitive performance score of 3 or above; and any one or more of the following:  (i) An unmet need for assistance with supervision, limited, extensive or total dependence with eating/drinking;  (ii) Inappropriate toileting/menses activities;  (iii) Rummages/takes others belongings;  (iv) Up at night when others are sleeping and requires intervention(s);  (v) Wanders/exit seeking;  (vi) Wanders/not exit seeking;  (vii) Has left home and gotten lost;  (viii) Spitting;  (ix) Disrobes in public;  (x) Eats non-edible substances;  (xi) Sexual acting out;  (xii) Delusions;  (xiii) Hallucinations;  (xiv) Assaultive;  (xv) Breaks, throws items;  (xvi) Combative during personal care;  (xvii) Easily irritable/agitated;  (xviii) Obsessive re health/body functions;  (xix) Repetitive movement/pacing;  (xx) Unrealistic fears or suspicions;  (xxi) Repetitive complaints/questions;  (xxii) Resistive to care;  (xxiii) Verbally abusive;  (xxiv) Yelling/screaming;  (xxv) Inappropriate verbal noises; or  (xxvi) Accuses others of stealing.  **SDCP ELIGIBLITY CHECKLIST DSHS 14-534 (REV. 10/2019)** | | | | | | | | |