



Stabilization, Assessment, and Intervention Services Facility (SAIF) Eligibility and Referral

The Case Resource Manager completes this form for client consideration to the SAIF program.

CLIENT'S NAME	ADSA ID NUMBER	DATE OF BIRTH	AGE
CLIENT'S ADDRESS		PHONE NUMBER	
DDA CASE RESOURCE MANAGER'S NAME	PHONE NUMBER	REGION	REFERRAL DATE

WAIVER IF YES, TYPE OF WAIVER:
 Yes No

Current Setting

<p>Long-Term Residential Provider:</p> <input type="checkbox"/> Family or Individual Provider in Family Home: <input type="checkbox"/> Family or Individual Provider in Own Home: <input type="checkbox"/> Supported Living: <input type="checkbox"/> Group Home / Group Training Home: <input type="checkbox"/> Companion Home: <input type="checkbox"/> Adult Family Home:	<p>Eligible for discharge from acute care setting:</p> <input type="checkbox"/> Community Hospital: <input type="checkbox"/> Evaluation and Treatment Facility (ENT): <input type="checkbox"/> State Psychiatric Hospital: <input type="checkbox"/> Other:
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SAIF Eligibility

A person is eligible for admission to a Stabilization, Assessment, and Intervention Facility (SAIF) if the person:

	YES	NO
1. Is Age 18 years or older	<input type="checkbox"/>	<input type="checkbox"/>
2. Is eligible for DDA services under Chapter 388-823 WAC.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Is eligible for enrollment on a home and community-based services waiver under Chapter 388-845 WAC	<input type="checkbox"/>	<input type="checkbox"/>
4. Is eligible for stabilization services under WAC 388-845-1100	<input type="checkbox"/>	<input type="checkbox"/>
5. Is eligible for discharge from an acute care setting or is at risk of admission to an acute care setting for non-medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
6. Has an identified residential service provider.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has frequent stabilization, assessment, and intervention needs as indicated by:		
a. A history of hospital admissions for behavioral health stabilization in the last year; or	<input type="checkbox"/>	<input type="checkbox"/>
b. The regional clinical team's recommendation that behavioral health destabilization is likely to occur.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Determined by the SAIF program, the client does not pose a risk to the health and safety to the other SAIF clients.....	<input type="checkbox"/>	<input type="checkbox"/>

SAIF Referral Process, Part 1.

	YES	NO
The CRM will:		
• Discuss stabilization services with the client, client's legal representative, and the regional clinical team	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm client meets SAIF eligibility requirements		
• Verify the client consents to stabilization services provided by the SAIF program.....	<input type="checkbox"/>	<input type="checkbox"/>
• If client does not meet eligibility requirements CRM will submit a PAN.		

Short-term goals (identify up to three goals using specific, measurable, achievable language):	Desired outcomes that can be achieved in 90 days:
<i>Example: John will identify coping skills when interacting with his roommate.</i>	<i>Example: John will reduce frequency and severity of physically aggressive behavior toward roommate.</i>

What community services have been explored (e.g., community mental health or diversion bed services) by the client:

What current behavioral supports strategies are being used (e.g., staffing levels, restrictions, and schedules)?

Barriers to successful service delivery (e.g., how are the target behaviors impacting the client's daily life?):

SAIF Referral Process, Part 2.

- If the client meets admission requirements:
1. Submit a prior approval request in CARE to the FSA or designee.
 2. The FSA or designee must review and forward the prior approval to the Regional Administrator or designee.
 3. The Regional Administrator must review and forward the prior approval to the Adult SOCR Program Manager with a recommendation.
 4. The Adult SOCR Program Manager will finalize the prior approval in CARE.

SAIF Referral Process, Part 3.

If the request is approved (in CARE), the CRM must submit SAIF Referral, Consent, assessment details, and other relevant documents to [DDA SAIF Referral@dshs.wa.gov](mailto:DDA_SAIF_Referral@dshs.wa.gov):

	REQUIRED	
SAIF Referral form: _____	<input type="checkbox"/>	
DSHS 14-012 , Consent: _____	<input type="checkbox"/>	
Current CARE Assessment details: _____	<input type="checkbox"/>	
If applicable:	ATTACHED	N/A
Positive Behavior Support Plan (PBSP), date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Functional Assessment, date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment, effective date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Plan, effective date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Incident Reports (six months or one page data summary related to identified targeted behaviors)	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Education Plan (IEP or 504): _____	<input type="checkbox"/>	<input type="checkbox"/>
Employment: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant documents: _____	<input type="checkbox"/>	<input type="checkbox"/>

DISTRIBUTION: Client File; CRM / SW; SAIF Program Manager

Hospitalizations (most recent)

Date: _____; reason: _____

Date: _____; reason: _____

Date: _____; reason: _____

Nurse Delegation

Is skilled nursing or nurse delegation needed? Yes No

If yes, for what tasks:

Is there a nurse delegation currently in place? Yes No

If yes, Nurse Delegator's name and contact information:

Are there any current, unresolved medical issues? Yes No

If yes, explain:

List current medications:

Relevant work information (hours, days, restriction, supports needed):

List any other pertinent information including allergies, preferred activities, likes / dislikes, strengths, abilities, nickname(s):

Restrictions in place at current residence (door / window alarms, food restrictions, other):

Accessibility needs (ramp, roll-in shower, shower chair, Hoyer lift, adaptive or mechanical supports, etc.):

Other: