

TODAY'S DATE
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## SDCP Eligibility Checklist

**To be completed by Case Manager**

CLIENT'S NAME	DATE OF BIRTH	ACES ID NUMBER
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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



**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.