



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Randall W. Williams, MD, FACOG
 Director



Eric R. Greitens
 Governor

Alzheimer’s Disclosure Form Check Sheet

Any Residential Care Facility, Assisted Living Facility, Intermediate Care Facility, Skilled Nursing Facility or Adult Day Care Program which offers to provide or provides care for persons with Alzheimer's disease by means of an Alzheimer's special care unit or Alzheimer's special care program is required to disclose the form of care or treatment provided that distinguishes that unit or program as being especially applicable, or suitable for persons with Alzheimer's or dementia. This disclosure is to be made as part of the facility's regular license renewal procedure. (Sections 198.500 to 198.515, RSMO "Alzheimer's Special Care Disclosure Act".)

In order to help expedite the processing of this disclosure, please ensure the following information is contained in the disclosure. Additionally, please answer the question noted below, sign, date and provide us with the name and email address of the person who can best answer any additional questions related to the Alzheimer’s unit/program. ***Please complete and return this Check Sheet with your Alzheimer’s Disclosure Forms.***

___ Ensure all questions/items noted on the disclosure form have been answered or noted as not applicable (N/A);

___ Ensure you have listed the correct “unit capacity” for the Alzheimer’s Unit/Program. If you are unsure of the current capacity, the most recent Alzheimer’s Special Care Unit directory can be located here:

<http://health.mo.gov/seniors/nursinghomes/licensecert.php>

___ Ensure you have attached the facility’s document or brochure containing information on selecting an Alzheimer’s special care program. If you wish to use the DHSS Long Term Care Ombudsman’s brochure titled “Guide to Selecting an Alzheimer’s Special Care Unit” you can access under the heading publications here:

<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>

___ Ensure that in the staff training component, you have described the staff training and continuing education practices for staff related to Alzheimer’s.

Please describe how, at the time of admission, a copy of the disclosure and brochure are provided by the facility to the resident/participant requiring services rendered by the Alzheimer's special care program, and the patient's next of kin, designee, or guardian.

Name _____ Signature/Date _____

Phone # _____ Email _____

Program/Facility ID# (completed by DHSS staff) _____

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.