



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
ALZHEIMER'S SPECIAL CARE SERVICES DISCLOSURE

PURPOSE

Long-term care facilities which provide or offer to provide care for persons with Alzheimer's disease by means of a special care unit or program are mandated by section 198.510, RSMo, to disclose information to the Division of Regulation and Licensure about those elements of their program which distinguishes the unit or program as being especially suitable for persons with Alzheimer's or other dementias. This disclosure form, along with a document or brochure containing information on selecting an Alzheimer's special care program, must be submitted to the Division of Regulation and Licensure as part of the licensure application. Facilities are also required to disclose the same information to residents, their next of kin, designee or guardian at the time of admission.

IDENTIFYING INFORMATION (PLEASE TYPE OR PRINT)

FACILITY NAME			TELEPHONE NUMBER
ADDRESS			TYPE OF LICENSE
CITY	STATE	ZIP CODE	UNIT CAPACITY

PERSON IN CHARGE OF PROGRAM OVERSIGHT

PROGRAM PHILOSOPHY

BRIEFLY DESCRIBE THE PHILOSOPHY OF THE SPECIAL CARE PROGRAM.

ADMISSION & DISCHARGE INFORMATION

ITEMS IN THE CHECKLIST ARE CHARACTERISTICS OF SOME SPECIAL CARE PROGRAMS AND DO NOT NECESSARILY REPRESENT REGULATORY REQUIREMENTS.

A. CHECK THE FOLLOWING ADMISSIONS CRITERIA AND PROCEDURES THAT APPLY TO THE SPECIAL CARE PROGRAM:

Medical Confirmation of Alzheimer's or Related Dementia
 Pre-admission Family Interview
 Tour of the Special Care Program, Explanation of Unique Features
 Pre-admission Observation
 Additional Admission Criteria (include any other diagnostic or functional capacity requirements; ability to ambulate, etc.)

B. CHECK THE FOLLOWING DISCHARGE AND/OR TRANSFER CRITERIA AND THAT APPLY TO RESIDENTS IN THE PROGRAM:

No Longer Ambulatory
 Specialized Nursing Procedures Required
 Unable to Feed Self
 Unable to Benefit from Therapeutic Programming
 Additional Criteria:

C. DESCRIBE ANY SPECIALIZED SERVICES AVAILABLE TO ASSIST WITH TRANSFER AND DISCHARGE PLANNING FOR SPECIAL PROGRAM PARTICIPANTS:

ASSESSMENT

A. DESCRIBE HOW THE PROCESS FOR EVALUATING SPECIAL CARE PROGRAM PARTICIPANTS AND DEVELOPING A PLAN OF CARE MAY DIFFER FROM PROCEDURES FOLLOWED ELSEWHERE IN THE FACILITY.

B. EXPLAIN HOW THE FACILITY ENSURES THAT STAFF CARRY OUT THE PLAN FOR SPECIAL CARE PROGRAM PARTICIPANTS AND HOW THE PLAN OF CARE CHANGES IN RESPONSE TO THE PARTICIPANT'S CONDITION.

STAFF TRAINING

A. DO STAFF WHO WORK WITH THE SPECIAL CARE PROGRAM RECEIVE SPECIALIZED TRAINING NOT PROVIDED TO STAFF IN THE REST OF THE FACILITY?

YES NO

B. IF SO, INDICATE HOW MANY HOURS ANNUALLY (HOURS PER YEAR) SPECIALIZED TRAINING BY TYPE OF STAFF.

RN's & L.P.N.s: **C.N.A.s:** **SUPPORT:** **VOLUNTEERS:**

C. LIST THE TOPICS OF THIS SPECIALIZED TRAINING PROVIDED TO STAFF IN THE SPECIAL CARE UNIT:

PHYSICAL ENVIRONMENT & RESIDENT SAFETY

ITEMS IN THE CHECKLIST BELOW ARE CHARACTERISTICS OF SOME SPECIAL CARE PROGRAMS AND DO NOT NECESSARILY REPRESENT REGULATORY REQUIREMENTS.

Indicate any of the program's physical design and security features designed to safeguard individuals with Alzheimer's and dementia and enhance their lives:

- Door Alarms
- Wander Guard
- Enclosed Courtyard
- Door Locks
- Lockout Elevators

OTHER FEATURES:

RESIDENT ACTIVITIES

LIST THE TYPES AND FREQUENCY OF ACTIVITIES OFFERED BY THE SPECIAL CARE PROGRAM, WHICH ARE DIFFERENT THAN THOSE OFFERED IN THE REST OF THE FACILITY:

FAMILY INVOLVEMENT

ITEMS IN THE CHECKLIST BELOW ARE CHARACTERISTICS OF SOME SPECIAL CARE PROGRAMS AND DO NOT NECESSARILY REPRESENT REGULATORY REQUIREMENTS.

Indicate those features available to family members of residents in the program:

- Alzheimer's Family Support Group
- Support Staff Assigned to Work with Family Members
- Respite Care
- Educational Materials on Alzheimer's and Other Dementia's

OTHER FEATURES:

PROGRAM COSTS

A. HOW DOES THE COST FOR PARTICIPANTS IN THE SPECIAL CARE PROGRAM DIFFER FROM THE COST FOR OTHER RESIDENTS IN THE FACILITY?

B. IF THERE IS AN ADDITIONAL COST FOR PARTICIPANTS IN THE SPECIAL CARE PROGRAM, WHAT ADDITIONAL SERVICES ARE PROVIDED?

C. PLEASE INDICATE ANY OTHER OPTIONAL SERVICES AVAILABLE ONLY TO SPECIAL CARE PROGRAM PARTICIPANTS AT AN ADDITIONAL COST.

D. DOES THE FACILITY HAVE DESIGNATED MEDICAID BEDS AVAILABLE IN THE SPECIAL CARE PROGRAM?

YES NO