



Residential Category Realignment Request Form

Residential category descriptions were determined using the information provided at the time of contracting. Category definitions coincide with the certificate or license associated with the specific location. In addition, category descriptions take into consideration the level of staffing, staff training, the member populations served, the ability to support behavioral and medical needs, whether durable medical equipment is provided, and any other specialty services a provider is able to support. Providers may request a review of their category assignment if there is reason to believe their services better meet the definition in another category.

****Submit this request form and all supporting documentation to ProviderRelations@inclusa.org****

Provider Information

Date: _____

Provider Name: _____

Facility Name: _____

Address: _____

City, State, ZIP: _____

Contact Person: _____

Title: _____

Phone: _____

Facility Fax: _____

Email: _____

License/Certification Type (choose one): Choose an item. _____

Bed Capacity: _____

Category Assignment

As you review the category descriptions below, include information regarding your facility that supports this request for change. Examples include: the services and supports available at your facility, a description of the level of care you are able to provide, the staffing pattern (sleep and/or awake overnight staffing), and the member populations your location is trained to serve. Any additional information regarding special training should also be included. You may provide any supplemental materials if it will assist in making this decision.

Please check the category that is currently assigned to your facility.

Category 1

Category 2

Category 3

Category 4

Category 5

Please check the box below in the Category Outline that aligns with the services your facility is able to provide. If additional information is needed regarding each category description, please review the Residential Provider Category Descriptions document on Inclusa's [Provider Learning Management System](#) (LMS). Note: You will need to create a login on your first visit to the LMS. See the [LMS User Guide](#) for more about how to sign up. If you need assistance, contact Tracy Clements at tracy.clements@inclusa.org or (608) 785-3651.

Category Outline

 **Adult Family Home (AFH)-Owner Occupied- Certified (1-2 Bed)/ Licensed (3-4 Bed)**

- Category 1
- Category 3

 **Adult Family Home (AFH) –Corporate– Certified (1-2 Bed)/ Licensed (3-4 Bed)**

- Category 3
- Category 4 (Licensed Only)
- Category 5

 **Community Based Residential Facility (CBRF) 5-8 Bed**

- Category 3 (5-8 Bed CBRF)
- Category 4 (7-8 Bed CBRF)
- Category 5 (5-6 Bed CBRF)

 **Community Based Residential Facility (CBRF) >8 Bed**

- Category 2 (Usually Classified as Assisted Living)
- Category 4 - Advanced Dementia Program (Usually Classified as Memory Care)

NOTE: If you are requesting a change to a Category 4 assignment and are able to support an Advance Dementia Care program, please complete the **Advanced Dementia Provider Assessment Tool** on the last page of this form.

 **Residential Care Apartment Complex (RCAC)**

- Category 2

Facility Information

Facility Security

- Facility is alarmed
- Wander Guard system
- Delayed egress

Additional narrative about the home/facility (if applicable):

Member Characteristics

Target Group Served (check all that apply):

- Elderly
- Physically Disabled
- Intellectually Developmentally Disabled
- Mental Illness

Ability to Accommodate the Following Member Behaviors/Characteristics (check all that apply):

- Self-injurious behavior
- Physically aggressive
- Offensive language
- Memory impairment
- Wandering/elopement risk
- Languages spoken other than English/specify: _____
- Substance use/abuse
- Other behaviors/specify: _____

Personal Care

Bathing (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides bathing as often as needed or requested by member
- Has roll-in shower

Grooming (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides grooming upon request of member
- Provides grooming only during specific times of day



Dressing (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides dressing upon request of member
- Provides dressing only during specific times of day

Toileting (check all that apply):

- Able to accommodate members needing assistance with use of incontinence products
- Able to accommodate persons incontinent of bladder
- Able to accommodate persons incontinent of bowel
- Able to accommodate excessive care needs related to toileting (laundering, cleaning, etc.)
- Able to accommodate members with high care needs (supervision, hands-on assistance, fecal smearing, etc.).

Able to accommodate the following (check all that apply):

- Commodes
- Ostomy
- Catheter
- Bowel/Bladder Programs
- Other/specify: _____

Nutritional Services (check all that apply):

- Provides supervision and set-up with meals as needed
- Provides hands-on assistance with eating as needed
- Provides feeding for members as needed
- Able to accommodate special diet requirements (diabetic, low sodium, etc.)
- Able to accommodate mechanical diets (soft, pureed, thicket, etc.)
- Able to accommodate tube feeding

Mobility/Accessibility (check all that apply):

- Home/facility is handicap accessible per ADA Specifications
- Please specify: _____
- Able to accommodate moderate assistance with mobility (walkers, canes, grab bars, etc.)
- Able to accommodate individuals needing transfer assistance (one person assists)
- Able to accommodate individuals needing two-person assists for transfers (non-weight bearing)
- Home/facility has a Hoyer/mechanical lift

Able to accommodate the following equipment (check all that apply):

- Wheelchairs
- Hoyer/mechanical lifts
- Transfer board/trapeze
- Other/specify: _____

Supervision (check all that apply):

- Provides overnight awake supervision
- Provides overnight sleep staff

Do you have paid regular staff (not including respite or substitute care)?

Yes No

Please provide a brief description of your current staffing pattern:

Medical and Health Care Services

Health Monitoring (check all that apply):

- RN on site and available
- Consult RN on call
- Corporate RN

Medication Management (check all that apply):

- Provides set-up and cueing of medication administration as needed
- Provides full services of medication administration if needed
- Able to accommodate oral medications
- Able to accommodate injectable medication needs
- Able to accommodate inhaled medications
- Able to accommodate topical medications
- Able to administer injectable medications

Specialized Nursing Services

Provides the following nursing services (check all that apply):

- Oxygen/nebulizer
- Ventilator/Respiratory care
- Suction/Trachea care
- Tube feeding (G or J tubes)
- Catheter care
- Catheter changes
- IV fluids/Medications
- Wound care
- Blood sugar monitoring
- Sliding scale diabetic needs
- Fluid monitoring
- Ostomy care
- Other/specify: _____

Other

Transportation (check all that apply):

- Arranges and pays for transportation
- Provides transportation
- Home/Facility has a wheelchair equipped vehicle

****Submit this request form and all supporting documentation to ProviderRelations@inclusa.org****



Advanced Dementia Provider Assessment Tool

****Complete this section only if you are requesting a change to a Category 4 assignment and are able to support an Advanced Dementia Care Program****

Purpose

To assist with identifying providers that offer specific support and services to members who have needs related to advanced dementia which include, but are not limited to: high levels of physical aggression (to peers and staff), self-injurious behaviors, property destruction, elopement/wandering, and/or other behaviors that may be connected to stages of dementia which, if not supported appropriately, may lead to:

- Health and safety risks
- Possible institutionalization
- Loss of independence
- Decrease in quality of life
- Barriers to an outcome

There are specific programmatic and structural emphasis that lead to increased success in supporting members with dementia related behavioral needs. The categories and subsets below are not all inclusive, but make up the elements often required to properly support individuals with advanced dementia:

Staffing:

- Flexibility within staffing ratio to support ebb and flows of member need/crisis.
- Ability to match staff specifically to individual member need.
- One or multiple staff that has five years or more experience and/or training around Alzheimer's disease and/or dementia care.
- Flexibility of management staff to work on site during different shifts providing oversight to direct line staff in an effort to support consistency of behavioral interventions.
- Access to additional staff during emergency situations (i.e., on-call capabilities).
- Established longevity within current staff at a program or additional experience requirements when hiring new staff.

Programmatic:

- Effective assessment tools specific to Alzheimer's disease or related dementia.
- Effective proactive and positive behavior support planning.
- Effective process for establishing a plan of care and/or a behavioral support plan for individuals with advanced Alzheimer's disease and/or Dementia care.
- Effective documentation and data collection systems.
- Effective internal and external communication strategies.
- Ability to continue to support a member during crisis situations even if there is an identified need for a change in provider or setting.

Training:

- Overall training plan and schedule that supports an understanding of specific behaviors, Alzheimer's disease and/or Dementia care, de-escalation, and providing staff coping skills to decrease burn out.
- Training specific to supporting health and safety during incidents of dangerous and challenging behaviors (i.e. verbal and/or physical aggression). This would occur minimally during staff orientation and annually.
- Training of individuals specific to resident rights.

Ability to modify the environment based on member-specific assessed needs. Examples include, but are not limited to:

- Ability to safeguard members that wander through use of delayed egress or alarmed doors.
- Create a calming environment low-moderate stimulation (calming music).
- Use large clocks and large signs.
- Decrease shadowy lighting, reflective surfaces, and pattern wallpaper.
- Other home modifications to support health and safety as needed.