



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): _____

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 review the category descriptions below and check the box that aligns with the services your facility is able to provide.

Category 1

Target Group: ID, FE, PD
Acuity of Member Served: Low/Moderate, (Average Acuity Range: 0150 and above)
Staffing: owner only
Night Care: usually sleep staff
Behavioral/Medical Specialties: Possibly

Category 1 is inclusive of facilities that have a homelike setting serving members of all target groups. These facilities are owner-occupied adult family homes with 1-2 beds (certified) or 3-4 beds (licensed). Per license and certification standards, there are supports available to members at all times, though the homes do not have specific awake overnight staff schedules.

Category 2

CBRF >8 Beds

Target Group: FE and PD only
Acuity of Member Served: Low/Moderate, (Average Acuity Range: 0150 and above)
Staffing: large supervised setting
Night Care: awake staff
Behavioral/Medical Specialties: Usually

Category 2 is inclusive of CBRF facility types with more than 8 beds. These large supervised settings specialize in caring for members with physical disabilities and frail elders. The facilities are wheelchair accessible and often have access to necessary durable medical equipment (DME). Providers who do not have this access will work with their IDT to ensure members' needs are met appropriately. The regular staffing pattern of the facility includes awake overnight staff.

RCAC

Target Group: FE, PD
Acuity of Member Served: Low/Moderate, (Average Acuity Range: 0150 and above)
Staffing: up to 28 hours per week
Night Care: sleep or awake staff
Behavioral/Medical Specialties: Usually

Category 2 is also inclusive of RCAC services provided in a homelike, community-based setting where 5 or more adults reside in their own living units that are separate and distinct from each other. Persons who reside in the facility also receive the following services: supportive services (e.g., laundry, house cleaning), personal assistance (e.g., personal care), nursing services (e.g., wound care), and assistance in the event of an emergency (e.g., PERS and response). Provider is able to support up to 28 hours of assistance per week.

Category 3

Target Group: ID, FE, PD
Acuity of Member Served: Low/Moderate, (Average Acuity Range: 0150 and above)
Staffing: owner-staff
Night Care: sleep or awake staff
Behavioral/Medical Specialties: Usually

Category 3 is inclusive of facility types with low-moderate levels of supervision and include owner occupied AFHs offering specialty services, 3-4 bed corporate AFHs, and CBRF with 1-8 beds. These facilities provide support to members with mental health needs, behavioral support and/or medical support needs. Cares are provided by staff or a combination of the owner and staff. Category 3 providers serve intellectually disabled, frail elders, and physically disabled members. The facilities may or may not be wheelchair accessible and may have access to necessary durable medical equipment (DME). Providers who do not have this access will work with their IDT to ensure members' needs are met appropriately. The regular staffing pattern of the facility can include either awake or sleep overnight staff depending on the member need.

Category 4

Corp AFH - Sleep, CBRF 7-8 – Awake

Target Group: ID, FE, PD
Acuity of Member Served: Moderate, (Average Acuity Range: 0300 and above)
Night Care: sleep staff – corporate AFH; awake staff – CBRF 7-8 bed
Behavioral/Medical Specialties: Always
Staffing: Fluid staff, ability to accommodate member needs (occasional 1:1 and 2:1 staffing ratio if needed)

Category 4 is inclusive of facility types with moderate levels of supervision. These facilities serve intellectually disabled members with complex behavioral needs, frail elders, and physically disabled members with complex medical/clinical needs. The facilities are wheelchair accessible as needed and own and maintain necessary durable medical equipment (DME). The facility has the ability to provide fluid staffing ratios that can increase or decrease based on daily/weekly member needs including providing occasional/temporary 1:1 and 2:1 staffing levels and an ability to modify environments based on member need. There are staff at the facility trained to support complex behaviors through the utilization of a Behavioral Support Plan (BSP). Nursing (RN) oversight is available to address medical/clinical needs of members. The regular staffing pattern of the facility does not always include awake overnight staff.

CBRF > Than 8 Beds with Advanced Dementia Program

Target Group: FE, PD
Acuity of Member Served: Moderate/High, (Average Acuity Range: 0449 and above)
Night Care: awake staff
Behavioral/Medical Specialties: Always (Dementia specialty)
Staffing: Fluid staff, ability to accommodate member needs (1:1 and 1:2 staffing ratio if needed)

Category 4 also includes facilities serving members with advanced dementia within a specialized program. These facilities maintain higher staffing levels and have flexibility within staffing ratios to support the ebb and flows of member need/crisis, one or multiple staff that have 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, access to additional staff during emergency situations (i.e., on-call capabilities), effective assessment tools for individuals specific to advanced Alzheimer's disease or related dementia, effective proactive and positive behavior support planning, can establish a plan of care specific to individuals with advanced Alzheimer's disease and/or dementia. 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 specific to supporting health and safety during incidents of dangerous and challenging behaviors (i.e. verbal and/or physical aggression). Ability to modify the environment based on member's assessed needs. Ability to safeguard members that wander through use of delayed egress or alarmed doors.

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.

Category 5

Target Group: ID, FE, PD
Acuity of Member Served: High, (Average Acuity Range: 0449 and above)
Night Care: always awake staff
Behavioral/Medical Specialties: Always
Staffing: Fluid staff, ability to accommodate member needs (1:1, 2:1 staffing ratio 24/7 if needed)

Category 5 is inclusive of Corporate AFHs, CBRF with 5-6 beds, and have the greatest level of supervision. These facilities offer a higher staffing ratio due to their smaller size. Category 5 providers serve intellectually disabled members with complex behavioral needs and/or frail elders and physically disabled members with complex medical or clinical needs. The facilities are wheelchair accessible as needed and own and maintain necessary durable medical equipment (DME). The facility has the ability to provide fluid staffing ratios that can increase or decrease based on daily/weekly member needs including providing 1:1 and 2:1 staffing levels 24/7 and the ability to modify environments based on member need. There are staff at the facility trained to support complex behaviors through the utilization of a Behavioral Support Plan (BSP) and contract with, or have on staff, a Behavioral Specialist. Nursing (RN) oversight is available to address medical/clinical needs of members. Ability to continue to support a member during crisis situations even if there is an identified need for a change in provider or setting. The regular staffing pattern of the facility includes awake overnight staff.

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)?

Please provide a brief description of your current staffing pattern:

Yes No



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.