

# NCW Memory Care/Secured Unit Checklist

This checklist should only be submitted when a rights modification is needed due to documented wandering or exit seeking behaviors that have proven impossible to successfully manage in a less restrictive setting. Evidence must be provided.

Client's Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ CMA: \_\_\_\_\_

1. This request is for:  A new applicant, not yet enrolled in NCW  
Anticipated NCW enrollment date: \_\_\_\_\_  
Was he/she in a memory care/secured unit at the time of application?  
 Yes  No
- An enrolled client moving to memory care/secured unit from another setting  
What type of setting have they been living in before now?  
\_\_\_\_\_  
Specify the timing:  Mid-care plan  Annual review
- Other (please specify): \_\_\_\_\_
2. Does this individual have sufficient mental capacity to make an informed decision to agree to memory care/secured unit placement?  
 Yes  No (If no, a representative must be identified in #4)
3. Does this individual's physician believe mental capacity will decrease over time?  
 No  Yes (If yes, a representative must be identified in #4)
4. If the answer to question #2 is "No" and/or the answer to #3 is "Yes," does this individual have a representative who is willing to approve this placement? (Obtain a statement from this individual explicitly approving placement in a locked memory care unit.)  
 Yes (Name & Relationship: \_\_\_\_\_)  
 No (Request will be denied if no representative is available.)  
 N/A
5. If question #4 is required and the answer is "Yes," does the representative plan to remain involved throughout the duration of NCW enrollment to continue to make decisions on behalf of this individual? (Obtain a statement confirming their intent to remain involved.)  
 N/A  Yes  No (If no, request will be denied)
6. Attach all of the following records/items and fax them together with this completed form to the NCW program office (801)323-1586.
- A completed LOC Determination Form (must indicate disorientation to person, place and/or time) or if the last MDS-HC is outdated, the results of a more recent cognitive assessment (mini mental, MoCA, etc)
  - A written description of the specific behaviors exhibited by this client that have endangered the client or others, records of incidents that have occurred, clinical diagnoses and any other justification to support the restrictive placement
  - Written documentation of less restrictive interventions tried and how these interventions failed before now. (Examples might include attempts to physically/verbally redirect, using a WanderGuard, door alarms, a med reminder system, constant supervision, a less restrictive setting, etc.) OR an explanation describing long term placement in this setting already and a detailed description of how moving would be detrimental to health and safety
  - A description of the client's stated goals/wishes for community integration and a written plan for how to achieve their stated goals/wishes. Include the frequency and who will be responsible to assist with accessing the greater community OR an explanation for why community access will not occur (Client's preferences? Or extreme disorientation causing health decline if they exit their "home" environment? Etc.)
  - When a representative is listed in question #4, obtain a written statement from the representative explicitly approving the restrictive placement and affirming their intent to remain involved with this client throughout NCW enrollment in order to make decisions on the client's behalf

\_\_\_\_\_(Case Manager Name) \_\_\_\_\_ (Date)

\_\_\_\_\_(Case Manager Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_(NCW Approval Signature) \_\_\_\_\_ (Date)