## Identifying Information

Assisted Living Name:
_____

Address:
_____

_____

Name and title of Assisted Living Representative(s):
_____
_____
_____

Name and title of Waiver Representative(s):
_____

How is this assisted living owned?

□ Privately □ Corporate □ Publicly

How many apartments are in this assisted living? _____

How many apartments are Medicaid Waiver apartments? _____

What is the licensed number of beds? _____

What is the current census? _____

If "memory care" is provided, which applies?

- The entire assisted living is considered a special care unit.
  □ Yes □ No
- Memory care is provided in a separate and distinct area of the assisted living.
  □ Yes □ No

# Home and Community Based Qualities in Assisted Living

DHHS Division of Medicaid and Long Term Care

| **Location/Staffing** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Is this assisted living in a building that is also a hospital or nursing home? | ☐ | ☐ | ☐ |
| 2. Is this assisted living in a building on the same grounds as or adjacent to a hospital or nursing home? | ☐ | ☐ | ☐ |
| a. Is the assisted living administrator also the nursing home/hospital administrator? | ☐ | ☐ | ☐ |
| b. Do assisted living individuals share activities with residents of the nursing facility? | ☐ | ☐ | ☐ |

If "Yes" to any of the above, please explain:

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| **Building Access** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Are the individuals able to independently enter and leave the building at any time? | ☐ | ☐ | ☐ |
| 2. Are the individuals able to choose to come and go without a required scheduled return? | ☐ | ☐ | ☐ |
| 3. Are the individuals able to have visitors at a time of their choosing? | ☐ | ☐ | ☐ |
| 4. Are visitors allowed to stay overnight without restrictions? | ☐ | ☐ | ☐ |
| 5. Are the apartments and common areas free from physical barriers? | ☐ | ☐ | ☐ |

If "No" to any of the above, please explain:

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| **Privacy** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Do staff protect information about the individuals' care by not posting their information and/or discussing their services in public? | ☐ | ☐ | ☐ |
| 2. Are the individuals' privacy protected during medication distribution? | ☐ | ☐ | ☐ |
| 3. Do individuals have a means of private conversation, including the use of a facility phone or computer in a private area, for those without their own means of communication? | ☐ | ☐ | ☐ |
| 4. Do ALF policies indicate that the individuals are treated with respect, have privacy and are free from coercion and restraint? | ☐ | ☐ | ☐ |

If "No" to any of the above, please explain:

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# Home and Community Based Qualities in Assisted Living

DHHS Division of Medicaid and Long Term Care

| **Choices:** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Do the individuals choose their meal times? | ☐ | ☐ | ☐ |
| 2. Do the individuals have a choice of entrees? | ☐ | ☐ | ☐ |
| 3. Do the individuals have a choice in where they sit in the dining room? | ☐ | ☐ | ☐ |
| 4. Are individuals able to eat privately, if they choose? | ☐ | ☐ | ☐ |
| 5. Are individuals able to access snacks whey they choose? | ☐ | ☐ | ☐ |
| 6. Are the individuals able to cook for themselves, if they choose? | ☐ | ☐ | ☐ |
| 7. Are the individuals able to do their own laundry, if they choose? | ☐ | ☐ | ☐ |
| 8. Are the individuals able to choose their own pharmacy? | ☐ | ☐ | ☐ |
| 9. Are the individuals able to choose their own doctor? | ☐ | ☐ | ☐ |
| 10. Are the individuals able to choose their own dentist? | ☐ | ☐ | ☐ |
| 11. Are the individuals able to choose their own therapist? | ☐ | ☐ | ☐ |
| 12. Are the individuals able to access and control their personal funds? | ☐ | ☐ | ☐ |
| 13. Are the individuals able to choose their own banking services? | ☐ | ☐ | ☐ |
| 14. Do the individuals choose their wake/sleep times? | ☐ | ☐ | ☐ |
| 15. Do the individuals choose their bath times and frequency? | ☐ | ☐ | ☐ |
| 16. Are a range of activities available for individuals in the setting? | ☐ | ☐ | ☐ |
| 17. Do the individuals participate only in activities of their choosing? | ☐ | ☐ | ☐ |

If “No” to any of the above, please explain:

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# Home and Community Based Qualities in Assisted Living

DHHS Division of Medicaid and Long Term Care

| **Apartments** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Does the assisted living follow the HCBS policy which provides for multiple occupancy only on an exceptional basis? | ☐ | ☐ | ☐ |
| 2. Are the individuals able to furnish and decorate their apartments as they choose? | ☐ | ☐ | ☐ |
| 3. Does the lease agreement/resident service agreement identify a specific apartment? | ☐ | ☐ | ☐ |
| 4. Are the apartment doors lockable by the individual, with only appropriate staff having keys to the doors as needed? | ☐ | ☐ | ☐ |
| 5. Are apartments for Medicaid individuals distributed throughout the assisted living? | ☐ | ☐ | ☐ |

If "No" to any of the above, please explain:

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| **Community Access** | **Yes** | **No** | **N/A** |
|---|---|---|---|
| 1. Do the individuals access and participate in community activities of their choosing? | ☐ | ☐ | ☐ |
| 2. Do the individuals know of or do they have access to materials to learn of activities occurring in the community? | ☐ | ☐ | ☐ |
| 3. Do the individuals have access to public transportation? | ☐ | ☐ | ☐ |
| 4. Where public transportation is limited, are there other resources for individuals to access the broader community? | ☐ | ☐ | ☐ |

If "No" to any of the above, please explain:

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Please consider sharing a best practice of which the assisted living is proud:

**Comments from the Waiver Representative:**

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**Waiver Representative Signature** **Date**

**Comments from the Assisted Living Representative**

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**Assisted Living Representative Signature** **Date**