

ADDENDUM: HCBS SETTINGS FOR ASSISTED LIVING AND COMMUNITY RESIDENCE FACILITIES**RESIDENTIAL SETTINGS – USE ONLY IF INDIVIDUAL IS LIVING IN AN ASSISTED LIVING OR COMMUNITY RESIDENCE FACILITY, AND IS APPLYING FOR OR RECERTIFYING FOR EPD WAIVER OR 1915(I) STATE PLAN SERVICES**

For the following section, indicate any relevant information regarding assisted living and community residential facilities. For potential issues with the physical space where the individual resides, please provide detailed comments. The information contained in this section is not used to determine level of need for Medicaid services but may affect an individual's ability to participate in certain programs.

1. Describe the home where the individual currently resides.	
1a. Type of home <input type="checkbox"/> Assisted living residence <input type="checkbox"/> Community residence facility	
1b. Name of Provider:	1c. First date of residence:
1d. Address:	1e. City, State, ZIP:
1f. Individual lives: <input type="checkbox"/> Alone <input type="checkbox"/> With one other individual <input type="checkbox"/> With two or more other individuals	
1g. If individual shares a room, individual was given a choice of a roommate(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
1h. Individual knows s/he can request a roommate change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Describe the ability the individual has to choose and control a schedule that meets his/her wishes.	
2a. Individual is able to make choices about his/her schedule for waking, bathing, eating, exercising, activities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. Individual has access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Describe the ability the individual has to choose when and what to eat.	
3a. Individual has the ability to make choices about when and what to eat. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3b. Individual can access snacks at any time. <input type="checkbox"/> Yes <input type="checkbox"/> No	

3c. Individual can eat privately if desired. Yes No

4. Describe the ability the individual has to make private telephone calls/text/email at the individual's preference and convenience.

4a. Individual has access to a telephone or other technology device to use for personal communication in private at any time. Yes No

5. Describe the degree to which the setting is supportive of community integration.

5a. The setting is in the community among other private residences, retail businesses. Yes No

5b. The individual may have visitors at any time. Yes No

6. Describe the degree to which the physical environment meets the needs of the individual.

6a. The setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting the individual's mobility in the setting or if present there are environmental adaptations such as a stair lift or elevator to ameliorate the obstruction. Yes No

6b. Individual (if in need of supports to move about the setting as s/he chooses) has supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc. Yes No

7. Describe the individual's access to the community.

7a. Individual can come and go at will. Yes No

7b. There is a curfew or other requirement for a scheduled return to the setting. Yes No

7c. Individual has access to public transportation, if desired. Yes No

8. Describe the individual's sense of privacy.

8a. Individual expresses that he/she has privacy in his/her own room and in the bathroom. Yes No

8b. Individual can close and lock the bedroom door. Yes No

8c. Staff or other residents always knock and receive permission prior to entering the individual's living space. Yes No

Individuals providing information for assessment Individual
 Other respondent (include information on relationship to the individual)

Please ensure this information is completed for all sections of the assessment.

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