A&D Waiver Services Supplemental – Assisted Living Service

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Person Centered Compliance** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the POC/CCB will determine what services the person has. The surveyor will determine by reviewing the POC/CCB and talking with the Case Manager the exact services the person has. By so doing, the surveyor will take the appropriate supplemental Provider Survey Tool to complete the survey. The following is an example of that supplemental Provider Survey Tool for a person who is receiving: **Assisted Living Service**

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Waiver Services: Assisted Living Services **Waiver Assurances** **Recommended Probes**		**Discovery Mechanisms** **Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the surveyor. Guidelines are intended to help the surveyor to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.**		
Assisted Living Desired Outcome: *Assisted living service includes personal care services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic social and recreational programming, These services are provided in a home-like environment in a residential facility with 24 hour staff. Personalized care may be furnished to persons who reside in their own living units. Care must be furnished in a way which fosters the independence of each person to facilitate aging in place.*		**Spending Time With People** **(Initially during the conversation with the person using the Personal Outcome Measures®, then throughout the survey process.)** **Examples only: specific situations may change observations.**	**Conversations With People** **Selected Examples only: specific situations may change conversations with people.**	**Review of Documents** **Examples only: specific situations may change documents needing review.**
DOCUMENTATION	**ALS I.A.1 Documentation standards are maintained by the provider of services.** 1. Have the person's needs been documented in the POC/CCB? 2. Is there evidence of a completed Assisted Living Level of Service Evaluation form? 3. Is there evidence that this form has been integrated in the resident's	**Observe to ensure Ombudsman and APS phone numbers are posted.** **Observe to ensure that safety plans are posted.** **Determine if safety plans are readily available**	**Ask the staff about the documentation requirements for services provided.** **Ask the Case Manager if there are any documentation requirements for the services provided.**	**Review the POC to ensure documentation to verify the services outlined in the POC are being provided.** **Review the <u>Level of Service Assessment/Evaluation</u>**

	record 4. Is there evidence that person continues to require the level of service provided? 5. Does all data recorded by the service provider include the date of service and type of service delivered? 6. Is there evidence of a negotiated risk agreement, if applicable?			**for Assisted Living form to ensure that the correct level of services is consistent with what is being provided.** **Check any data record to discover if there is a negotiated risk assessment, if applicable.** **Review documents for detailed information sheets for that individual including who to call in an emergency, physician contact, and hospital preferences.**
Staff Provides personal care and hands-on services as necessary. Personal care services primarily involve hands-on assistance for aging adults and persons with disabilities. These services are provided in order to allow older adults or person with disabilities **in a home-like environment in a residential facility** and to carry out functions of **daily living, self-care, and mobility.**	**ALS I.B.1 Services are provided when necessary for the person in a home-like environment in a residential facility while receiving services of daily living, self-care, and mobility.** 1. Does the person receive services to maintain a safe environment that enhances independence while living in an apartment in the areas of self-care (eating, dressing, bathing, and elimination), daily living and mobility? 2. Are the Assisted Living Services provided in an environment that is similar to a person's home?	**Observe for any of the services being provided.** **Observe how the person ambulates in their apartment or outside of the apartment.** **Notice to see if any apparent environmental**	**Ask the person if they believe that living in the assisted living facility helps them to maintain their independence.** **If apartment is shared check to see if there**	**Review the POC/CCB to determine if there have been any falls due to mobility problems.** **Review the POC/CCB to determine if there have been any injuries to the person related to a lack of a safe environment.**

	2. Does the apartment offer private or shared living space? 3. Does apartment provide: • A bedroom. • A private bath; bathroom must be wheelchair accessible (note; a semi-private bath is allowable for facilities licensed before 2004) • A space separate from sleeping area • A kitchenette that contains: a refrigerator; a food preparation area; a microwave or stovetop for hot food preparation.	**hazards are present in the person's house.**	**is documentation that both residents agreed to share apartment**	
	4. Does the person receive services from the assisted living facility, as needed, for: • Bathing or partial bathing • Personal oral hygiene • Caring for his/her hair, including the clipping of the hair • Shaving • Hand and foot care • Care for intact skin • Personally apply desired cosmetics, and • Is the person able to maintain as much independence as desired with the least amount	**Observe the persons appearance as applicable to the probes.** **Watch for any instances of privacy violations with this assistance (open door to toilet, person in direct line of vision to others during services).**	**Ask the direct service staff what care services they provide.** **Ask the case manager what services are monitored and reviewed.** **Ask the person if the personal care services are adequate or too much.** **Ask the person if they**	**Review the CCB\POC to determine if any personal care or hands-on services are being provided to the person and are appropriate for the person.**

	of services necessary?		**feel they need additional hands-on or personal care to maintain their independence**	
Assistance with chores and housekeeping	**ALS I.C.1 Staff Provides assistance with chores if necessary.** 1. Does the person receive services to maintain their apartment, including taking out the garbage, cleaning, washing dishes and housekeeping?	**Observe the apartment for overall cleanliness.**	**Ask the person if they receive services to maintain the cleanliness and sanitation of their environment.** **Ask the support staff what types of chores they complete.**	**Review the POC/CCB to determine what services in completing chores are needed and provided.**
	ALS I.D.1 Staff Provides assistance with homemaking if necessary. 1. Does the person receive services from the assisted living facility for: • Meals or nutrition • Running essential errands • Correspondence and bill paying?	**Observe for any of the services being provided.** **Ask the person's permission to make a brief, non-intrusive tour of the apartment home.** **Observe for food items in the apartment: cabinets and refrigerator/freezer: ask for the person's permission before looking.** **Observe that food is stored and maintained properly.**	**Ask the person what services they receive to shop/make meals.** **Ask if a person runs errands for them to get groceries, household supplies and prescriptions.** **Ask the person what types of services they receive to read or respond to their correspondence and to pay their bills** **Ask the direct service staff what types of homemaking services they provide.**	**Review the POC/CCB to determine the services needed in homemaking.** **Review any documents that verify the services are being provided.**
Medication oversight	**ALS I.E.1 Staff Provides medication oversight** if necessary. 1. Does the person receive services to	**Observe for any of the services being provided.**	**Ask the person if they are able to take their medication independently.**	**Review the POC/CCB to determine what services the person needs to take their medicine.**

	take medicine? 2. If medications are to be managed for the individual at the Assisted Living are those medication records maintained, current and accurate; are errors recorded and errors reported via DA Incident Report website?		**Ask the person what services they need to take medication** **Ask the person if the services needed are provided by staff** **Ask the direct service staff what, if any, services are provided the person to take their medication,**	
Therapeutic social, recreational and companion services	**ALS I.F.1 therapeutic social and recreational programming and companion services are available** 1. Does the person receive services to make contact with others of similar age and interests if they want to participate? 2. Does the person attend activities directed towards recreational programming if they want to attend? 3. Does the person participate in activities of reading, television watching, games, etc.? 4. Does the person indicate they feel isolated?	**Observe for any involvement of the person in activities.**	**Ask the person about their interest level in making contact with others and in what types of settings.** **Ask the activities staff what types activities the person likes to participate.**	**Review the POC/CCB to determine what therapeutic social and recreational programming the person receives.**