



Minnesota Department of **Human Services**

HCBS Customized Living Provider Self-Assessment

Thank you for completing this provider self-assessment!

Instructions:

- 1) Complete and submit a separate assessment for each housing with services establishment in which customized living services are provided.
- 2) Staff completing the survey should have knowledge of the customized living services provided within the housing with services establishment.
- 3) Submit all provider self-assessments electronically on or before May 15, 2015
- 4) Additional instructions are available at (insert hyperlink). These instructions will be updated periodically to reflect questions and comments received.
- 5) Responses should be as accurate as possible. Immediate compliance with the new federal requirements is not required. The state will offer a transition period for providers who are not yet, but intend to, comply with the new requirements.
- 6) Address questions to the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

Purpose of Provider Self-Assessment

Centers for Medicare and Medicaid Services (CMS) issued a new rule (rule) governing home and community-based services (HCBS) waiver services effective March 17, 2014. The rule defines settings in which HCBS services may be delivered, settings that are not HCBS and settings that are presumed not to be HCBS. Minnesota submitted a transition plan to CMS indicating how it will come into compliance with the new rule.

The rule and the Minnesota transition plan require an assessment of all provider-owned and controlled settings to determine the level of compliance with the new requirements. CMS requires states to follow-up with on-site monitoring and to assure on-going compliance. Completion of this provider self-assessment is the first step in the process.

The provider self-assessment is designed to:

- 1) Provide the state with information that will be used to develop measurable criteria for settings where HCBS services are being delivered.
- 2) Help providers understand changes needed to comply with the rules.
- 3) Identify sites that may not be currently in compliance with the rules.
- 4) Identify settings that are presumed not to be HCBS for which additional work with CMS must be done.

Definitions (for purposes of this assessment):

Customized Living Plan refers to the customized living plan developed by the lead agency
Person(s) refers to the individual (s) receiving services.

Plan refers to plans developed by the lead agency certified assessor or case manager. Any modification of rule requirements must be supported by an assessed need and contain required documentation in the person-centered service plan developed by the county, tribe or health plan.

Provider Plan: Plan developed by the provider consistent with and required to implement the ISP, CSP, CSSP Customized Living or other plan developed by a lead agency or to meet any other licensing requirements.

Navigation

A toolbar at the bottom of each page will help you as you complete the assessment.

1. Please disable any pop-up blockers when completing this assessment.
2. To move between pages, use the **BACK** and **NEXT** buttons at the bottom of each page. **DO NOT USE THE BACK BUTTON ON YOUR WEB BROWSER!**
3. To reset your responses on a current page, use the **RESET** button at the bottom of the page.
4. Use the **SAVE** button to return to the assessment on the same computer at a later time.
5. Use the **PRINT** button (found on the last page of the assessment) to print the completed responses for the assessment.
6. When you have completed the assessment, click the **SUBMIT** button at the bottom of the last page to return your completed responses to DHS.

Demographic information

Q1(a) **Provider information: Please enter the following:**

Name of enrolled provider:

Q1(b)

Provider NPI/UMPI (10 digit number)

Q2(a) **Housing with Services Establishment (Provider practice address)**

Name of Housing with Services Establishment (if any)

Q2(b)

Street address of housing of services establishment

Q2(c)

P.O. Box, if any

Q2(d)

City

Q2(e)

State

Q2(f)

ZIP Code

Q2(g)

HFID of Housing with Services Establishment

<http://www.health.state.mn.us/divs/fpc/directory/providerselect.cfm>

Q2(h)

Taxonomy code if you have assigned to this specific to this location, if applicable.
(Does not apply to providers using an UMPI)

Q2(i)

Provider FEIN

Q2(j)

Provider phone number (phone number associated with this NPI or UMPI with
Provider Enrollment)

Q2(k)

Telephone number for the enrolled provider representative at this Housing with
Services Establishment

Q3(a) **Information for this assessment was provided by the following person (This individual has personal knowledge of the customized living services provided in this HWS establishment due to on-going contact)**

Name

Q3(b)

Title

Q4

How frequently is this person on site?

--Click Here-- ▼

- Daily
- Weekly
- Monthly
- Quarterly
- Annually

Q5(a)

DHS should contact the following person with any follow up questions:

Name (if different from above)

Q5(b)

Title (if different from above)

Q5(c)

Telephone Number

Q5(d)

Email address

Housing with Services Establishment

Q6(a) Please answer each question about your Housing with Services Establishment:

	Yes	No
Is this housing with services in a building that also provides licensed services as a hospital, nursing facility, Intermediate Care Facility for individuals with intellectual disabilities (ICF/IDD) or Institution for Mental Diseases (IMD)?	<input type="radio"/>	<input type="radio"/>

Q6(b)	<input type="radio"/>	<input type="radio"/>
Is this housing with services in a building, on the grounds of or immediately adjacent to a publicly owned and operated hospital, nursing facility, ICF/DD or IMD?		

Q7(a) Please answer each question about your Housing with Services Establishment:

	Yes	No	Do not know
Does funding for this housing limit it to people with disabilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does funding for this housing require that 80% of residents be seniors be at least 55 years of age or older?			

Q7(c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does funding for this housing require that 80% of residents be either seniors at least 55 years of age or older or people with disabilities?			

Q7(d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there other residences within a 3 block radius of this Housing with Services Establishment?			

Q8(a) **Please indicate the capacity of this Housing with Services Establishment by answering the questions below. (We are looking for an unduplicated count intended to provide information on the overall housing capacity of the HWS establishment. Please do not count any bedroom more than once.**

Also, please enter an exact number rather than a range.

- | | | |
|-------|---|----------------------|
| Q8(b) | Number of apartments with <i>two or more</i> bedrooms | <input type="text"/> |
| Q8(c) | Number of apartments with <i>one</i> bedroom | <input type="text"/> |
| Q8(d) | Number of studio or efficiency apartments | <input type="text"/> |
| Q8(e) | Number of private bedrooms | <input type="text"/> |
| | Number of shared bedrooms | <input type="text"/> |

Q9 **Do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this building?**

- Yes
- No

Q10 **To how many people do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this building?**

The following questions are about CUSTOMIZED LIVING SERVICES that are paid for by the Elderly, Community Alternatives for Disabled Individuals or Brain Injury Waivers.

Many customized living providers offer more than one service delivery model within a single registered Housing with Services Establishment under one enrollment with DHS. As responses to questions in this assessment will often vary depending on the service delivery model, respond separately for each service delivery model within your building, even if they are all enrolled as one customized living provider.

The following are some indicators that there may be different service delivery models within a housing with services or licensed lodging establishment:

- Provider responses vary by program (It all depends)**
- Established private pay rates are different**
- Different licensure, registration, certification or designations apply.**
- Serves different populations**
- Different policies and procedures**
- Different staffing patterns, job descriptions**

Q11 Do you provide more than one service delivery model of customized living within this Housing with Services Establishment?

Yes

No

Q12(a) **Please list the name of each service delivery model. (If there is no formal name, please name each program for purposes of completing this assessment.)**

Name of Service Delivery Model #1

Q12(b) Name of Service Delivery Model #2

Q12(c) Name of Service Delivery Model #3

Q12(d) Name of Service Delivery Model #4

Q12(e) Name of Service Delivery Model #5

Q12(f) Name of Service Delivery Model #6

You will be answering a set of questions for each service delivery model listed above.

Answer the following questions for {Q12a}

Q13 How many total people do you serve in {Q12a} (regardless of funding source)?

Q14 How many people in {Q12a} are receiving customized living through EW, CADI or BI?

Q15 All customized living providers have a home care license. Please check all additional licenses, registration or designation, if any, which apply to {Q12a}:

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q16(a) Provide an unduplicated count of all people served in {Q12a} this question. Please estimate the % of people currently served based on their primary disability or condition:

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q16(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q16(c) Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|--------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q16(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(j) | <i>(please specify below)</i> | | | | |

Q17(a)	Does {Q12a} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q17(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q17(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q17(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q18(a)	Please answer the following questions for {Q12a}:	Yes	No
	Is {Q12a} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q18(b)	Do people in {Q12a} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12a}

- Q19 **Does each person in {Q12a} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
- No
- Q20 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
- No
- Q21 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
- No
- Q22 **Does each person have access to a washer and dryer available within the building?**
- Yes
- No
- Q23 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
- No

Q24(a) **Does each person in {Q12a} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12a}	<input type="checkbox"/>	<input type="checkbox"/>
Q24(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q24(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q25 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q26 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q27 **Does each person in {Q12a} have a private bedroom?**

- Yes
- No

Q28

Does {Q12a} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12a}

- Q29 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q30 **Does each person have a key (or fob) to open the outside door of their home and/or apartment building unless specified in their plan?**
- Yes
 No
- Q31 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q32 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q33 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q34

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q35(a) **Does each person in {Q12a} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(g)	All other common areas of the {Q12a}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q35(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12a}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q36(a)	Does {Q12a} make the following component services available (if included in the person's customized living plan):	Yes		No
	Individual transportation	<input type="radio"/>		<input type="radio"/>
Q36(b)	Group transportation	<input type="radio"/>		<input type="radio"/>
Q36(c)	Assistance in arranging transportation	<input type="radio"/>		<input type="radio"/>
Q36(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q36(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q36(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q36(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q36(h)	Assistance with grocery shopping	<input type="radio"/>		<input type="radio"/>
Q36(i)	Individual assistance with food preparation	<input type="radio"/>		<input type="radio"/>

Answer the following questions for {Q12a}

The following address person-centered choices required in the federal rules

Q37(a) Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies should explicitly address each area to assure consumer choice.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12a}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q37(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q37(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q37(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q37(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q37(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12a}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q38(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q38(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38(k) When they go to bed and get up



Q38(l) When and how they bathe



Q38(m) Social activities



Q38(n) Community activities



Answer the following questions for {Q12a}

Consumer satisfaction

- Q40 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q41 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Answer the following questions for {Q12b}

Q42 How many total people do you serve in {Q12b} (regardless of funding source)?

Q43 How many people in {Q12b} are receiving customized living through EW, CADI or BI?

Q44 All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to {Q12b}:

(Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q45(a) Provide an unduplicated count of all people served in {Q12b} for this question. Please estimate the % of people currently served based on their primary disability or condition:

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q45(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q45(c) Chronic health conditions
- Q45(d) Dementias or memory losses
- Q45(e) Developmental disabilities
- Q45(f) HIV/AIDS
- Q45(g) Mental illnesses
- Q45(h) Physical disabilities (including but not limited to mobility challenges)
- Q45(i) Other
- Q45(j) *(please specify below)*

Q46(a)	Does {Q12b} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q46(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q46(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q46(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q47(a)	Please answer the following questions for {Q12b}:	Yes	No
	Is {Q12b} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q47(b)	Do people in {Q12b} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12b}

- Q48 **Does each person in {Q12b} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
- No
- Q49 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
- No
- Q50 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
- No
- Q51 **Does each person have access to a washer and dryer available within the building?**
- Yes
- No
- Q52 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
- No

Q53(a) **Does each person in {Q12b} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12b}	<input type="checkbox"/>	<input type="checkbox"/>
Q53(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q53(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q54 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q55 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q56 **Does each person in {Q12b} have a private bedroom?**

- Yes
- No

Q57

Does {Q12b} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12b}

- Q58 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q59 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q60 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q61 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q62 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q63

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q64(a) **Does each person in {Q12b} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(g)	All other common areas of the {Q12b}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q64(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12b}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

		Yes	No
Q65(a)	Does {Q12b} make the following component services available (if included in the person's customized living plan):		
	Individual transportation	<input type="radio"/>	<input type="radio"/>
Q65(b)	Group transportation	<input type="radio"/>	<input type="radio"/>
Q65(c)	Assistance in arranging transportation	<input type="radio"/>	<input type="radio"/>
Q65(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q65(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q65(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q65(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q65(h)	Assistance with grocery shopping	<input type="radio"/>	<input type="radio"/>
Q65(i)	Individual assistance with food preparation	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12b}

The following address person-centered choices required in the federal rules

Q66(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.**

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12b}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q66(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q66(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q66(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q66(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q66(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12b}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q67(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q67(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q67(k) When they go to bed and get up



Q67(l) When and how they bathe



Q67(m) Social activities



Q67(n) Community activities



Answer the following questions for {Q12b}

Consumer satisfaction

- Q69 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q70 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Answer the following questions for {Q12c}

Q71 **How many total people do you serve in {Q12c} (regardless of funding source)?**

Q72 **How many people in {Q12c} are receiving customized living through EW, CADI or BI?**

Q73 **All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to {Q12c}:**

(Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q74(a) **Provide an unduplicated count of all people served in {Q12c} for this question. Please estimate the % of people currently served based on their primary disability or condition:**

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q74(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|--------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q74(c) | Chronic health conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q74(j) | <i>(please specify below)</i> | | | | |

Q75(a)	Does {Q12c} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q75(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q75(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q75(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q76(a)	Please answer the following questions for {Q12c}:	Yes	No
	Is {Q12c} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q76(b)	Do people in {Q12c} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12c}

- Q77 **Does each person in {Q12c} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
 No
- Q78 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
 No
- Q79 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q80 **Does each person have access to a washer and dryer available within the building?**
- Yes
 No
- Q81 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
 No

Q82(a) **Does each person in {Q12c} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12c}	<input type="checkbox"/>	<input type="checkbox"/>
Q82(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q82(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q83 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q84 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q85 **Does each person in {Q12c} have a private bedroom?**

- Yes
- No

Q86

Does {Q12c} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12c}

- Q87 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q88 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q89 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q90 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q91 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q92

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q93(a) **Does each person in {Q12c} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(g)	All other common areas of the {Q12c}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q93(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12c}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

		Yes	No
Q94(a)	Does {Q12c} make the following component services available (if included in the person's customized living plan):		
	Individual transportation	<input type="radio"/>	<input type="radio"/>
Q94(b)	Group transportation	<input type="radio"/>	<input type="radio"/>
Q94(c)	Assistance in arranging transportation	<input type="radio"/>	<input type="radio"/>
Q94(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q94(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q94(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q94(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q94(h)	Assistance with grocery shopping	<input type="radio"/>	<input type="radio"/>
Q94(i)	Individual assistance with food preparation	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12c}

The following address person-centered choices required in the federal rules

Q95(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.**

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12c}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q95(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q95(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q95(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q95(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q95(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12c}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q96(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q96(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q96(k) When they go to bed and get up



Q96(l) When and how they bathe



Q96(m) Social activities



Q96(n) Community activities



Answer the following questions for {Q12c}

The following are related to personal privacy, security and respect.

Q97(a) Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

	Currently implemented	Will be implemented by January 1, 2017	Do not know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other residents or visitors in shared living or public areas.			
Q97(b) All incidents of lost or stolen property are documented and investigated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q97(c) Each person receives help with toileting and personal care in private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q97(d) The type, amount and process for staff sharing of information assures the privacy and respect of each person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q97(e) Staff treat each person with respect in interpersonal communications, e.g. people addressed by their proper or preferred name or by "you" (the appropriate second person pronoun and Staff always talk with, rather than about people when they are present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12c}

Consumer satisfaction

- Q98 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q99 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Answer the following questions for {Q12d}

Q100 How many total people do you serve in {Q12d} (regardless of funding source)?

Q101 How many people in {Q12d} are receiving customized living through EW, CADI or BI?

Q102 **All customized living providers have a home care license. Please check all additional licenses, registration or designation, if any, which apply to {Q12d}:**

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q103(a) **Provide an unduplicated count of all people served in {Q12d} for this question. Please estimate the % of people currently served based on their primary disability or condition:**

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q103(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q103(c) Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q103(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q103(j) | <i>(please specify below)</i> | | | | |

Q104(a)	Does {Q12d} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q104(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q104(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q104(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q105(a)	Please answer the following questions for {Q12d}:	Yes	No
	Is {Q12d} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q105(b)	Do people in {Q12d} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12d}

- Q106 **Does each person in {Q12d} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
 No
- Q107 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
 No
- Q108 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q109 **Does each person have access to a washer and dryer available within the building?**
- Yes
 No
- Q110 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
 No

Q111(a) **Does each person in {Q12d} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12d}	<input type="checkbox"/>	<input type="checkbox"/>
Q111(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q111(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q112 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q113 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q114 **Does each person in {Q12d} have a private bedroom?**

- Yes
- No

Q115

Does {Q12d} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12d}

- Q116 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q117 **Does each person have a key (or fob) to open the outside door of their home and/or apartment building unless specified in their plan?**
- Yes
 No
- Q118 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q119 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q120 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q121

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q122(a) **Does each person in {Q12d} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(g)	All other common areas of the {Q12d}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q122(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12d}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q123(a)	Does {Q12d} make the following component services available (if included in the person's customized living plan):	Yes	No
	Individual transportation	<input type="radio"/>	<input type="radio"/>
Q123(b)	Group transportation	<input type="radio"/>	<input type="radio"/>
Q123(c)	Assistance in arranging transportation	<input type="radio"/>	<input type="radio"/>
Q123(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q123(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q123(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q123(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q123(h)	Assistance with grocery shopping	<input type="radio"/>	<input type="radio"/>
Q123(i)	Individual assistance with food preparation	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12d}

The following address person-centered choices required in the federal rules

Q124(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.**

Policies should explicitly address each area to assure consumer choice.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12d}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q124(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q124(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q124(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q124(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q124(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12d}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q125(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q125(k) When they go to bed and get up



Q125(l) When and how they bathe



Q125(m) Social activities



Q125(n) Community activities



Answer the following questions for {Q12d}

Consumer satisfaction

- Q127 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q128 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Answer the following questions for {Q12e}

Q129 **How many total people do you serve in {Q12e} (regardless of funding source)?**

Q130 **How many people in {Q12e} are receiving customized living through EW, CADI or BI?**

Q131 **All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to {Q12e}:**

(Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q132(a) **Provide an unduplicated count of all people served in {Q12e} for this question. Please estimate the % of people currently served based on their primary disability or condition:**

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q132(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q132(c) | Chronic health conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q132(j) | <i>(please specify below)</i> | | | | |

Q133(a)	Does {Q12e} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q133(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q133(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q133(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q134(a)	Please answer the following questions for {Q12e}:	Yes	No
	Is {Q12e} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q134(b)	Do people in {Q12e} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12e}

- Q135 **Does each person in {Q12e} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
- No
- Q136 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
- No
- Q137 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
- No
- Q138 **Does each person have access to a washer and dryer available within the building?**
- Yes
- No
- Q139 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
- No

Q140(a) **Does each person in {Q12e} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12e}	<input type="checkbox"/>	<input type="checkbox"/>
Q140(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q140(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q141 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q142 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q143 **Does each person in {Q12e} have a private bedroom?**

- Yes
- No

Q144

Does {Q12e} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12e}

- Q145 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
 Yes
 No
- Q146 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
 Yes
 No
- Q147 **Does each person have access to a telephone in a private area?**
 Yes
 No
- Q148 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
 Yes
 No
- Q149 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
 Yes
 No

Q150

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q151(a) **Does each person in {Q12e} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(g)	All other common areas of the {Q12e}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q151(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12e}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q152(a)	Does {Q12e} make the following component services available (if included in the person's customized living plan):	Yes		No
	Individual transportation	<input type="radio"/>		<input type="radio"/>
Q152(b)	Group transportation	<input type="radio"/>		<input type="radio"/>
Q152(c)	Assistance in arranging transportation	<input type="radio"/>		<input type="radio"/>
Q152(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q152(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q152(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q152(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q152(h)	Assistance with grocery shopping	<input type="radio"/>		<input type="radio"/>
Q152(i)	Individual assistance with food preparation	<input type="radio"/>		<input type="radio"/>

Answer the following questions for {Q12e}

The following address person-centered choices required in the federal rules

Q153(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.**

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12e}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q153(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q153(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q153(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q153(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q153(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12e}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q154(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q154(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q154(k) When they go to bed and get up



Q154(l) When and how they bathe



Q154(m) Social activities



Q154(n) Community activities



Answer the following questions for {Q12e}

The following are related to personal privacy, security and respect.

Q155(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person’s plan.**

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

	Currently implemented	Will be implemented by January 1, 2017	Do not know
Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other residents or visitors in shared living or public areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q155(b) All incidents of lost or stolen property are documented and investigated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q155(c) Each person receives help with toileting and personal care in private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q155(d) The type, amount and process for staff sharing of information assures the privacy and respect of each person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q155(e) Staff treat each person with respect in interpersonal communications, e.g. people addressed by their proper or preferred name or by “you” (the appropriate second person pronoun); and Staff always talk <i>with</i> , rather than <i>about</i> people when they are present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12e}

Consumer satisfaction

- Q156 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q157 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Answer the following questions for {Q12f}

Q158 **How many total people do you serve in {Q12f} (regardless of funding source)?**

Q159 **How many people in {Q12f} are receiving customized living through EW, CADI or BI?**

Q160 **All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to {Q12f}:**

(Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q161(a) **Provide an unduplicated count of all people served in {Q12f} for this question. Please estimate the % of people currently served based on their primary disability or condition:**

	Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q161(b) Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q161(c) | Chronic health conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q161(j) | <i>(please specify below)</i> | | | | |

Q162(a)	Does {Q12f} provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q162(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q162(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q162(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q163(a)	Please answer the following questions for {Q12f}:	Yes	No
	Is {Q12f} in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q163(b)	Do people in {Q12f} live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12f}

- Q164 **Does each person in {Q12f} have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
- No
- Q165 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?**
- Yes
- No
- Q166 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
- No
- Q167 **Does each person have access to a washer and dryer available within the building?**
- Yes
- No
- Q168 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?**
- Yes
- No

Q169(a) **Does each person in {Q12f} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate if the area on the grid is *physically accessible* and if the policy supports unrestricted use by checking the appropriate boxes:

		Physically Accessible	Policy supports unrestricted use
	All common areas of the {Q12f}	<input type="checkbox"/>	<input type="checkbox"/>
Q169(b)	All common areas of the Housing with Services Establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q169(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q170 **Does each person have private phone service available to them (if they pay for it)?**

- Yes
- No

Q171 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

- Yes
- No

Q172 **Does each person in {Q12f} have a private bedroom?**

- Yes
- No

Q173

Does {Q12f} have policies supporting choice of roommates and document roommate preferences in the person's provider plan?

Yes

No

Answer the following questions for {Q12f}

- Q174 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q175 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q176 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q177 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q178 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q179

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q180(a) **Does each person in {Q12f} have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(g)	All other common areas of the {Q12f}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q180(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions for {Q12f}

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q181(a)	Does {Q12f} make the following component services available (if included in the person's customized living plan):	Yes		No
	Individual transportation	<input type="radio"/>		<input type="radio"/>
Q181(b)	Group transportation	<input type="radio"/>		<input type="radio"/>
Q181(c)	Assistance in arranging transportation	<input type="radio"/>		<input type="radio"/>
Q181(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q181(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>		<input type="radio"/>
Q181(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q181(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>		<input type="radio"/>
Q181(h)	Assistance with grocery shopping	<input type="radio"/>		<input type="radio"/>
Q181(i)	Individual assistance with food preparation	<input type="radio"/>		<input type="radio"/>

Answer the following questions for {Q12f}

The following address person-centered choices required in the federal rules

Q182(a) **Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.**

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from {Q12f}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q182(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q182(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q182(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q182(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q182(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions for {Q12f}

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q183(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q183(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q183(k) When they go to bed and get up



Q183(l) When and how they bathe



Q183(m) Social activities



Q183(n) Community activities



Answer the following questions for {Q12f}

Consumer satisfaction

- Q185 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q186 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

Customized Living Questionnaire

Q187 **How many total people do you serve in this customized living program (regardless of funding source)?**

Q188 **How many people in this customized living program are receiving customized living through EW, CADI or BI?**

Q189 **All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to this customized living program:**

(Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q190(a) **Provide an unduplicated count of all people served in this customized living program for this question. Please estimate the % of people currently served based on their primary disability or condition:**

		Do not currently serve this population	Less than 25% of those served	Between 25% & 75% of those served	Greater than 75% of those served
	Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(b)	Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(c)	Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(d)	Dementias or memory losses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(e)	Developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(f)	HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(g)	Mental illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(h)	Physical disabilities (including but not limited to mobility challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(i)	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(j)	<i>(please specify below)</i>				

Q191(a)	Does this customized living program provide:	Yes	No
	24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?	<input type="radio"/>	<input type="radio"/>
Q191(b)	24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?	<input type="radio"/>	<input type="radio"/>
Q191(c)	24 hour staff oversight to meet other health needs of people?	<input type="radio"/>	<input type="radio"/>
Q191(d)	A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)?	<input type="radio"/>	<input type="radio"/>
Q192(a)	Please answer the following questions for this customized living program:	Yes	No
	Is this customized living program in a distinct area or physically separated from other program/areas of the housing with services	<input type="radio"/>	<input type="radio"/>
Q192(b)	Do people in this customized living program live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/ apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)	<input type="radio"/>	<input type="radio"/>

Customized Living Questionnaire

- Q193 **Does each person in this customized living program have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes
 No
- Q194 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q195 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q196 **Does each person have access to a washer and dryer available within the building?**
- Yes
 No
- Q197 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. locks requiring entry code, doors that people are unable to open without human assistance)?**
- Yes
 No

Q198(a)	Does each person in this customized living establishment have access to and unrestricted use of each of the following unless specified in their plan? Please indicate:	Area is Physically Accessible	Policy supports unrestricted use
	All common areas of this customized living establishment	<input type="checkbox"/>	<input type="checkbox"/>
Q198(b)	All common areas of the housing with services establishment?	<input type="checkbox"/>	<input type="checkbox"/>
Q198(c)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>

Q199 **Does each person have private phone service available to them (if they pay for it)?**
 Yes
 No

Q200 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**
 Yes
 No

Q201 **Does each person in this customized living program have a private bedroom?**
 Yes
 No

Q202 **Does this customized living program have policies supporting choice of roommates and document roommate preferences in the person's provider plan?**
 Yes
 No

Customized Living Questionnaire

- Q203 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q204 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes
 No
- Q205 **Does each person have access to a telephone in a private area?**
- Yes
 No
- Q206 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes
 No
- Q207 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes
 No

Q208

Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

Yes

No

Q209(a) **Does each person in this customized living program have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		Feature Exists	Physically Accessible	Policy supports unrestricted use
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(g)	All other common areas of this customized living program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customized Living Questionnaire

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q210(a)	Does this customized living program make the following component services available (if included in the person's customized living plan):	Yes	No
	Individual transportation	<input type="radio"/>	<input type="radio"/>
Q210(b)	Group transportation	<input type="radio"/>	<input type="radio"/>
Q210(c)	Assistance in arranging transportation	<input type="radio"/>	<input type="radio"/>
Q210(d)	Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q210(e)	Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q210(f)	Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q210(g)	Group support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>
Q210(h)	Assistance with grocery shopping	<input type="radio"/>	<input type="radio"/>
Q210(i)	Individual assistance with food preparation	<input type="radio"/>	<input type="radio"/>

Customized Living Questionnaire

The following address person-centered choices required in the federal rules

Q211(a) Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from customized living program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Customized Living Questionnaire

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
Q212(a)	Each person's choice of:			
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(e)	Possessions and personal furnishings within their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q212(k) When they go to bed and get up



Q212(l) When and how they bathe



Q212(m) Social activities



Q212(n) Community activities



Customized Living Questionnaire

Consumer satisfaction

- Q214 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**
- Yes
 - No
- Q215 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**
- Yes
 - No

For your records, we highly recommend that you print your assessment responses.

Please click the Print button at the bottom of the page before moving on to the final page.

After you have printed this assessment,
click the SUBMIT button to complete the assessment process.

Please respond to this assessment by [May 15, 2015](#).

Thank you for completing this assessment!
We appreciate your assistance.