

ADDENDUM: HCBS SETTINGS FOR ASSISTED LIVING AND COMMUNITY RESIDENCE FACILITIES**RESIDENTIAL SETTINGS – USE ONLY IF INDIVIDUAL IS LIVING IN AN ASSISTED LIVING OR COMMUNITY RESIDENCE FACILITY.**

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

BENEFICIARY NAME

[Click here to enter beneficiary name.](#)

MA #

[Click here to enter Medicaid ID.](#)

I. Describe the home where the individual currently resides.

Ia. Type of home Assisted living residence
 Community residence facility

Ib. Name of Provider:

Ic. First date of residence:

Id. Address:

Ie. City, State, ZIP:

If. Individual lives: Alone With one other individual With two or more other individuals

Ig. If individual shares a room, individual was given a choice of a roommate(s): Yes No

Ih. Individual knows s/he can request a roommate change? Yes No

2. Describe the ability the individual has to choose and control a schedule that meets his/her wishes.

2a. Individual is able to make choices about his/her schedule for waking, bathing, eating, exercising, activities, etc. Yes No

2b. Individual has access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience. Yes No

3. Describe the ability the individual has to choose when and what to eat.

3a. Individual has the ability to make choices about when and what to eat. Yes No

3b. Individual can access snacks at any time. Yes No

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

4. Describe the ability the individual has to make private telephone calls/text/email at the individual's preference and convenience.
4a. Individual has access to a telephone or other technology devices to use for personal communication, in private at any time. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Describe the degree to which the setting is supportive of community integration.
5a. The setting is in the community among other private residences and retail businesses. <input type="checkbox"/> Yes <input type="checkbox"/> No
5b. The individual may have visitors at any time. <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Describe the degree to which the physical environment meets the needs of the individual.
6a. The setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting the individual's mobility in the setting or if present there are environmental adaptations such as a stair lift or elevator to ameliorate the obstruction. <input type="checkbox"/> Yes <input type="checkbox"/> No
6b. Individual has supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Describe the individual's access to the community.
7a. Individual can come and go at will. <input type="checkbox"/> Yes <input type="checkbox"/> No
7b. There is a curfew or other requirement for a scheduled return to the setting. <input type="checkbox"/> Yes <input type="checkbox"/> No
7c. Individual has access to public transportation. <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Describe the individual's sense of privacy.
8a. Individual expresses that he/she has privacy in his/her own room and in the bathroom. <input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Individual can close and lock the bedroom door. <input type="checkbox"/> Yes <input type="checkbox"/> No
8c. Staff or other residents always knock and receive permission prior to entering the individual's living space. <input type="checkbox"/> Yes <input type="checkbox"/> No

Individuals providing information for assessment <input type="checkbox"/> Individual <input type="checkbox"/> Other respondent (select name from list provided in Section I)
Please ensure this information is completed for all sections of the assessment.