

Day Facility Final Rule Assessment (Pilot Group)

PROVIDER INFORMATION

Provider Name _____ Phone Number _____
 EIN/TIN _____ E-mail Address _____
 NPI _____ Website _____
 DHHS Provider Number _____
 Address _____
 City _____ State _____ Zip _____

Person(s) Completing Assessment

Name(s) _____ Title _____
 Phone Number _____ E-mail Address _____

Setting Information

Name of Facility/Program _____
 Physical Address _____
 City _____ State _____ Zip _____
 Phone Number _____ E-mail Address _____

Setting Type

- | | | |
|--|---|---|
| <input type="checkbox"/> DDSN Day Facility | <input type="checkbox"/> Residential – SLP I | <input type="checkbox"/> Residential – CTH II |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Residential – SLP II | <input type="checkbox"/> Residential – CRCF |
| <input type="checkbox"/> DMH Community Program | <input type="checkbox"/> Residential – CTH I | |

Does this setting provide Medicaid Waiver Services? YES NO

Services Offered at this Setting (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Attendant Care | <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Adult Companion Services | <input type="checkbox"/> Career Preparation Services | <input type="checkbox"/> Health Education for Consumer Directed Care |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Case Management | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> Adult Day Health Care Nursing | <input type="checkbox"/> Community Services | <input type="checkbox"/> Incontinence Supplies |
| <input type="checkbox"/> Adult Day Health Care Transportation | <input type="checkbox"/> Companion | <input type="checkbox"/> In-Home Respite Care |
| <input type="checkbox"/> Adult Dental | <input type="checkbox"/> Customized Goods & Services | <input type="checkbox"/> In-Home Support |

- Adult Vision
- Attendant Care
- Audiology Services
- Behavior Support Services
- Medical Equipment, Assistive Technology and Appliances
- Nursing Home Transition Services
- Nursing Services
- Nutritional Supplements
- Nutritional Supplies
- Occupational Therapy
- Peer Guidance for Consumer Directed Care
- Peer Support Services
- Personal Care I
- Personal Care II
- Specialized Medical Supplies, Medical Equipment, and Assistive Technology
- Day Activity Services
- Early Intensive Behavioral Intervention
- Employment Services
- Enhanced Environmental Modifications
- Personal Emergency Response System
- Physical Therapy
- Prescription Drugs
- Prevocational Services
- Private Duty Nursing
- Private Vehicle Modifications
- Psychological Services
- Residential Habilitation
- Respite Care
- Institutional Respite Care
- Limited Durable Medical Equipment
- Medicaid Waiver Nursing
- Medical Day Care
- Respite in CRCF
- Service Plan Development
- Speech and Hearing Services
- Support Center Services
- Waiver Case Management
- Wraparound Para-Professional Services