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

- ☐ DDSN Day Facility
- ☐ Adult Day Health Care
- ☐ DMH Community Program
- ☐ Residential – SLP I
- ☐ Residential – SLP II
- ☐ Residential – CTH I
- ☐ Residential – CTH II
- ☐ Residential – CRCF

Does this setting provide Mediciad Waiver Services? ☐ YES ☐ NO

Services Offered at this Setting (check all that apply)

- ☐ Adult Attendant Care
- ☐ Adult Companion Services
- ☐ Adult Day Health Care
- ☐ Adult Day Health Care Nursing
- ☐ Adult Day Health Care Transportation
- ☐ Adult Dental
- ☐ Care Coordination
- ☐ Career Preparation Services
- ☐ Case Management
- ☐ Community Services
- ☐ Companion
- ☐ Customized Goods & Services
- ☐ Environmental Modifications
- ☐ Health Education for Consumer Directed Care
- ☐ Home Delivered Meals
- ☐ Incontinence Supplies
- ☐ In-Home Respite Care
- ☐ 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