



## ALF Monitoring Tool 2012

### Mental Health Providers Serving Residents in Limited Mental Health Assisted Living Facilities

Date of Audit: \_\_\_\_\_

Mental Health Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Staff Conducting Audit: \_\_\_\_\_

		Record 1 Compliance		Record 2 Compliance		Record 3 Compliance	
CITATION		YES	NO	YES	NO	YES	NO
<b>ELIGIBILITY AND ASSESSMENT</b>							
394.4574 (1)	Documentation shows that the individual meets the definition of a mental health resident (the individual receives SSDI; or SSI and Optional State Supplementation (OSS).						
394.4574(2)(d)	Is the documentation that the resident meets the definition of a mental health resident provided to the ALF administrator within 30 days of admission?						
394.4574(2)(a)	Has an assessment been completed by the resident's Mental Health Provider to document appropriateness for ALF placement?						
394.4574(2)(a)	Was the above assessment conducted by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse (or an individual who is supervised by one of these professionals)?						
394.4574 (2)(e)	Has the provider assigned a case manager to the resident? Note: If the resident refused case management services, there is documented evidence of refusal.						
N/A	Does the case manager visit the resident at least monthly? Note: During visits, the case manager should also meet with ALF administrator/ staff.						
<b>COOPERATIVE AGREEMENT</b>							
394.4574(2)(b)	The provider has a current copy of the Cooperative Agreement signed by the provider and the ALF-LMH administrator (Agreement may cover all residents; verify ALF-LMH licensure)						
394.4574(2)(b)	The Cooperative Agreement specifies directions for accessing emergency and after-hours care for the mental health resident(s).						



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CITATION		YES	NO	YES	NO	YES	NO
<b>COMMUNITY LIVING SUPPORT PLAN (CLSP)</b>							
394.4574(2)(c)	The provider has a copy of the Community Living Support Plan for each mental health resident in ALF-LMH? (The CLSP and the Cooperative Agreement may be in one document)						
394.4574 (2)(c)  58A-5.029 FAC	CLSP was prepared with and signed by: 1. The mental health resident (if refusal, documentation of refusal is found) 2. The mental health case manager 3. The ALF administrator, or the administrator's designee						
394.4574(2)(c) 429.02 (7) 429.075(3)  58A-5.029 FAC	The plan includes information about: 1. The specific needs of the resident 2. Specific services (including frequency and duration) to be provided by mental health provider 3. Other services/activities (including frequency and duration) to be provided by mental health provider 4. Obligations of the ALF to assist/facilitate resident attending appointments 5. Other services provided or arranged by ALF 6. Factors pertinent to the care, safety, and welfare including signs/symptoms that indicate immediate need for mental health services						
394.4574(2)(c)  58A-5.029(2) (c) (3) FAC	Was the CLSP completed and given to the ALF administrator within 30 days of admission, or within 30 days after ALF received the placement assessment (whichever is later)?						
394.4574(2)(e)	Is the CLSP updated annually?						