



# DHHS Unlicensed AFL Review Tool

[Name of LME/MCO]

PROVIDER NAME:											
FACILITY NAME:											
NAME OF REVIEWER(S):											
REVIEW DATE(S):											
ITEM:	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10
<b>Home Environment:</b>											
1.	Medical preparedness plan to be utilized in a medical emergency.										
2.	First aid supplies are available and accessible for use.										
3.	Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.										
4.	Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the individual's physical needs.										
5.	Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.										
6.	All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.										
7.	Individual privacy is assured.										
8.	Emergency information, first aid, CPR, and poison control protocol or numbers are posted or easily accessible for both staff and individuals to utilize.										
9.	Medications are stored in a secure area (as applicable).										
10.	Documentation of individual's ability to self-medicate (as applicable) is present.										
<b>Personnel:</b>											
11.	Criminal background check for any person(s) in the home providing services. (i.e., staff person assigned to work with the individual, back-up staff person, husband/wife of staff person assigned to work with the individual, that may provide caregiver services).										
12.	Back-up staffing plan for caregiver illness/emergency.										
<b>Training:</b>											
13.	Training on individual-specific needs.										
14.	CPR/First Aid.										
15.	Documentation requirements.										
16.	Medication administration and storage.										
17.	Crisis services.										
18.	Incident reporting.										
REVIEWER'S INITIALS:											

Total Met:	0	0	0	0	0	0	0	0	0	0	0
% Met:	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Not Met:	0	0	0	0	0	0	0	0	0	0	0
% Not Met:	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total N/A:	0	0	0	0	0	0	0	0	0	0	0

**COMMENTS: [For Record #1-10]**



# DHHS Unlicensed AFL Review Tool

[Name of LME/MCO]

<b>PROVIDER NAME:</b>											
<b>FACILITY NAME:</b>											
<b>NAME OF REVIEWER(S):</b>											
<b>REVIEW DATE(S):</b>											
ITEM:	REVIEW ITEM:	11	12	13	14	15	16	17	18	19	20
<b>Home Environment:</b>											
1.	Medical preparedness plan to be utilized in a medical emergency.										
2.	First aid supplies are available and accessible for use.										
3.	Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.										
4.	Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the individual's physical needs.										
5.	Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.										
6.	All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.										
7.	Individual privacy is assured.										
8.	Emergency information, first aid, CPR, and poison control protocol or numbers are posted or easily accessible for both staff and individuals to utilize.										
9.	Medications are stored in a secure area (as applicable).										
10.	Documentation of individual's ability to self-medicate (as applicable) is present.										
<b>Personnel:</b>											
11.	Criminal background check for any person(s) in the home providing services. (i.e., staff person assigned to work with the individual, back-up staff person, husband/wife of staff person assigned to work with the individual, that may provide caregiver services).										
12.	Back-up staffing plan for caregiver illness/emergency.										
<b>Training:</b>											
13.	Training on individual-specific needs.										
14.	CPR/First Aid.										
15.	Documentation requirements.										
16.	Medication administration and storage.										
17.	Crisis services.										
18.	Incident reporting.										
<b>REVIEWER'S INITIALS:</b>											

<b>Total Met:</b>	0	0	0	0	0	0	0	0	0	0	0
<b>% Met:</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Total Not Met:</b>	0	0	0	0	0	0	0	0	0	0	0
<b>% Not Met:</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Total N/A:</b>	0	0	0	0	0	0	0	0	0	0	0

**COMMENTS: [For Record #11-20]**



# DHHS Unlicensed AFL Review Tool

[Name of LME/MCO]

PROVIDER NAME:												SCORE				
FACILITY NAME:																
NAME OF REVIEWER(S):																
REVIEW DATE(S):																
ITEM:	REVIEW ITEM:	21	22	23	24	25	26	27	28	29	30	# MET	% MET	# NOT MET	% NOT MET	# N/A
<b>Home Environment:</b>																
1.	Medical preparedness plan to be utilized in a medical emergency.											0	0%	0	0%	0
2.	First aid supplies are available and accessible for use.											0	0%	0	0%	0
3.	Evidence that meals/food/water is available and provided, based on staff and/or self-report of individuals served, and is confirmed by visual inspection/observation.											0	0%	0	0%	0
4.	Transportation - including accessibility of emergency information for an individual. Vehicle has equipment to meet the individual's physical needs.											0	0%	0	0%	0
5.	Facility & grounds are safe, clean, and free from offensive odors/insects/rodents.											0	0%	0	0%	0
6.	All hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.											0	0%	0	0%	0
7.	Individual privacy is assured.											0	0%	0	0%	0
8.	Emergency information, first aid, CPR, and poison control protocol or numbers are posted or easily accessible for both staff and individuals to utilize.											0	0%	0	0%	0
9.	Medications are stored in a secure area (as applicable).											0	0%	0	0%	0
10.	Documentation of individual's ability to self-medicate (as applicable) is present.											0	0%	0	0%	0
<b>Personnel:</b>																
11.	Criminal background check for any person(s) in the home providing services. (i.e., staff person assigned to work with the individual, back-up staff person, husband/wife of staff person assigned to work with the individual, that may provide caregiver services).											0	0%	0	0%	0
12.	Back-up staffing plan for caregiver illness/emergency.											0	0%	0	0%	0
<b>Training:</b>																
13.	Training on individual-specific needs.											0	0%	0	0%	0
14.	CPR/First Aid.											0	0%	0	0%	0
15.	Documentation requirements.											0	0%	0	0%	0
16.	Medication administration and storage.											0	0%	0	0%	0
17.	Crisis services.											0	0%	0	0%	0
18.	Incident reporting.											0	0%	0	0%	0
<b>REVIEWER'S INITIALS:</b>																

<b>Total Met:</b>	0	0	0	0	0	0	0	0	0	0	0
<b>% Met:</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Total Not Met:</b>	0	0	0	0	0	0	0	0	0	0	0
<b>% Not Met:</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Total N/A:</b>	0	0	0	0	0	0	0	0	0	0	0

**COMMENTS: [For Record #21-30]**