

BAAS POLICY RELEASE (PR)	
PR NUMBER:	24-20
TO:	All BAAS Staff, Residential Care Facilities and Independent Living Facilities
FROM THE OFFICE OF:	Bureau Chief of Adult and Aging Services (BAAS), Wendi Aultman
SIGNATURE:	
SUBJECT:	Revision of BAAS Form 3540, Standard Disclosure Summary
EFFECTIVE DATE:	Upon Release

SUMMARY

This Policy Release (PR) releases revisions to BEAS Form 3540, *Standard Disclosure Summary*.

BACKGROUND

Due to the recent Bureau name change from Bureau of Elderly and Adult Services to Bureau of Adult and Aging Services, administrative rule He-E 605.04 *Completion of the Standard Disclosure Summary*, was edited through the editorial process to reflect the change. BEAS Form 3540, Standard Disclosure Summary, is incorporated by reference in to He-E 605.04.

POLICY AND PROCEDURE

No policy is being changed by the release of this PR.

DESCRIPTION OF REVISIONS MADE TO FORMS

The following changes have been made to BEAS Form 3540:

BEAS Form 3540, *Standard Disclosure Summary*

- *Is now retitled as BAAS Form 3540, Standard Disclosure Summary;*
- Now available in Spanish; and
- General updates pertaining to formatting, grammar, readability, and appearance.

IMPLEMENTATION

This policy is effective upon release of this PR. All prior versions must be recycled, and the revised version used immediately.

The revised version of BAAS Form 3540 as well as the Spanish translated version BAAS Form 3540(Sp) will be available electronically on the DHHS website at www.dhhs.nh.gov/forms-documents-0.

BAAS Forms 3540, *Standard Disclosure Summary*, its Spanish translation BAAS Form 3540(Sp), and the associated instructions BAAS Form 3540(i) will be available internally, for Department staff only, on the (N:) drive upon release of this PR.

FORMS INSTRUCTIONS

Remove and Destroy

Insert/Replace

BEAS 3540, <i>Standard Disclosure Summary</i> , PR #22-05	BAAS 3540, <i>Standard Disclosure Summary</i> , PR #24-20
None	BAAS 3540(Sp), <i>Standard Disclosure Summary</i> , PR #24-20
None	BAAS 3540(i), <i>Standard Disclosure Summary</i> , PR #24-20

DISTRIBUTION

This PR will be distributed according to the electronic distribution list for BAAS policy releases and will be available internally on the DHHS (N:) drive for staff to access and on the DHHS website at [Bureau of Adult and Aging Services \(BAAS\) General Memos \(GM\) and Policy Releases \(PR\) | New Hampshire Department of Health and Human Services \(nh.gov\)](#) for public access.

Standard Disclosure Summary

Here is a summary of associated costs for covered services vs. additional services, total cost for services, and a breakdown of payment for services at the residential care facility. If your disclosure requires changes, you will receive a notice regarding changes to the terms of your Admission Agreement, 30 days prior to the change(s) taking effect.

Please see the Admission Agreement for more information.

This form was completed on _____

Advance and Security Payments

Advance Payment: \$ _____

Please see the refunding of advanced payments policy, in accordance with NH RSA 161-J:4(f).

Security Payment: \$ _____

Please see the return of security deposits policy, in accordance with NH RSA 540-A6.

Other Service Costs

Please see the completed table on the following pages for a breakdown of services selected and services that are available at extra cost. These costs may change based on your individual choice in services each month.

Other Service Cost: \$ _____

Private Pay Residents

Rate: \$ _____ per Day Week Month Year

or (specify): _____

Choices For Independence Waiver Participants

You are being admitted as a *Choices for Independence (CFI) Waiver* resident of _____. The *CFI Waiver* is a NH Medicaid Home and Community Based Services Waiver program.

- According to the Federal Medicaid rule, 42 CFR 441.310(a)(2), you will be required to pay for your room and board. This amount comes from your sources of allowable income minus your allowable expenses.
- It is necessary for _____ to receive documentation or statements verifying your Social Security benefits, pension income, and other income so that our Accounting Department can calculate the amount that you are required to pay the facility.
- The calculations above will determine your monthly rate.

Personal Needs Allowance: \$ _____

To understand more about your personal needs allowance and how these amounts are calculated, please consult with your local DHHS District Office.

Meals

Residents of _____ are offered three meals a day in addition to snacks including breakfast, lunch, and dinner.

_____ will supply special diets for medical conditions, when the diet is prescribed by the primary attending physician, in accordance with 42 CFR 483.35(e).

Special Diet Required? Yes or No

If Yes, Prescribing Physician Name: _____

**In the box below, indicate the specific diet name (if any)
 and the details of the diet:**

Services

The table below is used to calculate your costs for services at _____. Some services are included in the base rate of care or in your monthly room and board payment. Some services are available at an extra cost to you.

Service Category	Type of Service (See attached for a definition of each type of service.)	Shared Service / Amenity	Private Service	Included in Base Rate	Available at Extra Cost
Medical Care	Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic nursing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	Assistance with Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Care Continued	Assistance with Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specialized Support for Residents Living with Memory Impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housekeeping Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Amenity	Mail Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In-Room Emergency Call System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone Hookup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Furnished Living Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internet Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Window Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathtub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toilet and Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Television in Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	Hair Dressing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On-Site Clubs and Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leisure Excursions and Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping Trips – Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Category	Type of Service (See attached for a definition of each type of service.)	Shared Service / Amenity	Private Service	Included in Base Rate	Available at Extra Cost
Therapy	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speech / Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Coverage

The following staff are available for resident's needs at _____.

If Staff are available 'On-Site', this means that they are awake, alert, and on duty at _____.

If staff are 'on call', this means the staff members are not present at _____ but can be reached to come into work if requested by management.

Staff:	Contact Information:
Licensed Nurse	On Site:
	On Call:
Licensed Nursing Assistant	On Site:
	On Call:
Personal Care Worker	On Site:
	On Call:
Housekeeping Staff	On Site:
	On Call:
Building Maintenance Staff	On Site:
	On Call:

Transportation

Please see the complete transportation policy in the *Residential Services Agreement*.

Type of Transportation Provided: _____ Frequency: _____

In the box below, indicate the transportation details:

Signatures

Printed Name of Potential Resident

Signature

Date

Printed Name of Legal Representative

Signature

Date

Printed Name of Facility Staff and Title

Signature

Date