

**Maryland Department of Health
Office of Health Care Quality
Alzheimer's Special Care Unit Disclosure Form**

Assisted Living Program			
Name of Assisted Living Program Click or tap here to enter text.			
Address Click or tap here to enter text.			
City Click or tap here to enter text.	State Click or tap here to enter text.	Zip Code Click or tap here to enter text.	County Click or tap here to enter text.
Assisted Living Manager Click or tap here to enter text.		Business Phone Click or tap here to enter text.	After Hours Phone Click or tap here to enter text.
Disclosure Form Completed By: Click or tap here to enter text.	Title Click or tap here to enter text.		Date Completed Click or tap to enter a date.

Purpose of Disclosure Form

An assisted living program that plans to operate an Alzheimer's Special Care Unit must submit this Disclosure Form to the Office of Health Care Quality (OHCQ) and receive written approval prior to operation. Using this form, the program must explain how the services of the unit will meet the specialized needs of individuals diagnosed with Alzheimer's disease or a related dementia. The program must also explain how the services of the unit differ from the services provided in the rest of the assisted living program.

Once OHCQ approves the Alzheimer's Special Care Unit, the Disclosure Form must be posted with the assisted living program's license. The program also must provide the Disclosure Form to anyone who requests information about the Alzheimer's Special Care Unit and to the family or resident's representative before a resident is admitted to the unit.

If substantive changes are made to the program, the licensee must submit an amended Disclosure Form to OHCQ for written approval. The regulations related to an Alzheimer's Special Care Unit can be found in [COMAR 10.07.14.30](#).

Care, Treatment, and Services

1. Provide a statement of philosophy or mission.
2. Describe how the services of the special care unit are different from services provided in the rest of the assisted living program.
3. Describe staff training and staff job titles, including the number of hours of dementia-specific training provided annually for all staff by job classification and a summary of training content.
4. Describe admission procedures, including screening criteria.
5. Describe assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary 6-month review.
6. Describe staffing patterns, including the ratio of direct care staff to resident for a 24- hour cycle, and a description of how the staffing pattern differs from that of the rest of the program.
7. Describe the physical environment and any unique design features appropriate to support the functioning of cognitively impaired individuals.
8. Describe activities, including frequency and type, how the activities meet the needs of residents with dementia, and how the activities differ from activities for residents in other parts of the program.

9. Describe the program's fee or fee structure for services provided by the Alzheimer's special care unit or program as part of the disclosure form that is required in COMAR 10.07.14.10.
10. Describe discharge criteria and procedures.
11. Describe any services, training, or other procedures that are over and above those that are provided in the existing assisted living program.
12. Describe end-of-life care options that are available to the residents of the Alzheimer's Special Care Unit.
13. Describe your quality assurance program.

Additional Information (Optional):