# Social Adult Day Care

## Suggested Site Evaluation Tool Guide

**May 31, 2023**

New York Medicaid

# Managed Long Term Care (MLTC)

| Revision History | | |
|---|---|---|
| Change No. | Description | Change Date |
| 1.0 | Initial Version | 8/26/2022 |
| 1.1 | Updated links to OMIG SADC Registration site and policy 15.01(a) - Revised. | 12/21/2022 |
| 2.0 | Update to add PCSP Template Review tab and addendum with PCSP template example. | 5/31/2023 |

# Table of Contents

# Purpose

The purpose of this reference guide is to use as a resource to assist the Managed Long Term Care (MLTC) Plans with navigating the Suggested Social Adult Day Care (SADC) Site Evaluation Tool.

This reference guide provides the following:

- Screen shots of the different Tabs in the tool to be completed.
- Background information on each of the Tabs to be completed.
- Instructions on how to complete each Tab.
- Instructions for copying the Checklist Tabs found in the Evaluation tool

# How to Use this Guide

This guide follows the same sequence as the Suggested SADC Site Evaluation Tool. Additionally, the guide has a screenshot of each tab, a section that provides background information on the tab, and a guidance to assist with completing the tab.

Please go to the appropriate section, based on your question and where you are in the tool.

# Tool Organization

The SADC tool is organized into nine sections which include all evaluation questions that are required for completion. The evaluation questions are organized in tabs found along the bottom of the workbook.

Sections of the workbook include:

1. Instructions
2. Cover Page
3. General
4. Contract and Oversight
5. Site Requirements
6. Member Checklist
7. Staffing Requirements
8. Staff and Volunteer Checklist
9. HCBS Final Rule
10. PCSP Template Review

# Completion of the Survey Tool

- MLTC Plans may utilize this suggested tool directly for conducting SADC site reviews or as a resource which provides the minimum required items that must be reviewed.
- This tool is intended to be utilized upon initially contracting with an SADC, to ensure initial compliance, and annually thereafter to ensure continued compliance.
- A separate tool must be completed for all physical SADC sites.
- The tool will be posted and stored on the DOH website, and the HCBS requirements section, for MLTC Plans to access and utilize.
- Follow provided guidance for questions to ensure adequate responses and completion of all fields and tabs is required, unless directed otherwise.

- Based on the number of members and staff/volunteers reviewed, the "Member Checklist" and "Staff and Volunteer Checklist" tabs need to be copied and filled out.
    - **Note:** Instructions are provided for copying tabs within this presentation.
- **IMPORTANT:** Be sure to keep all completed tools and supporting documentation for the required 7 years and be prepared to furnish copies upon request from DOH, the Centers for Medicare and Medicaid Services (CMS), or any other regulatory agency.

> **MLTC Plans who use a different evaluation tool <u>must ensure</u> that all items in the Suggested SADC Site Evaluation Tool are addressed in their tool.**

# Site Evaluation Tool Tabs

## Instructions Tab



## About the Instructions Tab

This screen provides an overview of the Site Evaluation Tool. It is comprised of four sections:

- **Purpose:** Explains the reason for the evaluation tool and the intended audience.
- **Instructions for Completing the Tool:** Provides a brief overview of what is required to complete each of the tabs in the Site Tool.
- **Please Note:** Directs MLTC Plans to additional resources for completing the tool.
- **Tabs:** Covers the different sections of the tool that MLTC Plans must complete.

## Cover Page Tab

### New York State Department of Health
#### Suggested Social Adult Day Care (SADC) Site Evaluation Tool

SADC Site Name: _____

Site Address: _____

Site Visit Date: _____

MLTC Plan Name: _____

If other, please specify
MLTC Plan Name: _____

MLTC Plan MMIS ID: _____

### About the Cover Page Tab

The Cover Page is used to quickly reference the site, date of visit, address and MLTC Plan who completed the assessment.

### Completing the Cover Page Tab

- The MLTC Plan Representative enters the requested information specific to the SADC site on the Cover Page worksheet.
- The MLTC Plan name field is a dropdown menu filled with the names of existing MLTC Plans.
- If your **MLTC Plan name is not listed**, **please select "other"** from the dropdown list, and enter the MLTC Plan name in the subsequent field.
- Be sure to populate the applicable MMIS ID for the MLTC Plan and **double check** to ensure that it was entered correctly.

## General Information Tab

| General Information | | |
|---|---|---|
| **Managed Long Term Care (MLTC) Plan** | | |
| **MLTC Plan Representative Completing This Tool** | | |
| Name (First & Last): | | |
| Title: | | |
| Phone: | | |
| Email: | | |
| Plan MMIS ID (Medicaid ID): | [Enter MLTC Plan MMIS ID on Cover Page] | |
| MLTC Plan Representing: | [Enter MLTC Plan Name on Cover Page] | |
| | | |
| **Social Adult Day Care (SADC)** | | |
| **SADC Site Point of Contact** | | |
| Name (First & Last): | | |
| Title: | | |
| Phone: | | |
| Email: | | |
| SADC Site Name: | [Enter SADC Provider Name on Cover Page] | |
| **Site Information** | | |
| *Only complete applicable fields* | | |
| NPI: | | |
| Company/DBA Name: | | |
| Owner Name (First & Last): | | |
| Owner Title: | | |
| Owner Phone: | | |
| Owner Email: | | |
| Director Name (First & Last): | | |
| Director Title: | | |
| Director Phone: | | |
| Director Email: | | |
| **Contract Type:** *What type of contracts does the site have?* | MAP: | |
| | Partial: | |
| | PACE: | |
| **Number of MLTC Plan Members Served at the Site by Contract Type** | MAP Members: | |
| | Partial Members: | |
| | PACE Members: | |

**MLTC Plan Representative:** Fill in the name, title and contact information for the MLTC Plan representative filling out the evaluation tool.

**Plan MMIS ID (Medicaid ID):** Will be pre-populated based on information already provided on the cover page.

**MLTC Plan Representing:** Pre-populated based on information already provided on the cover page.

**SADC Site Point of Contact:** Representative for the SADC site that coordinated with the MLTC Plan representative to complete the evaluation. The contact's name, title, and direct contact information are required.

The SADC site name is pre-populated based on information provided on the Cover Page.

**NPI (National Provider Identifier):** To verify or obtain an NPI, go to the National Plan and Provider Enumeration System (NPPES): https://nppes.cms.hhs.gov/.

**Company/DBA Name:** Enter the SADC name as filed with the NYS Department of State. DBAs are common for privately owned companies.

**Owner's Name, Title, and Contact Information**

**Director's Name, Title, and Contact Information**

**Contract Type:** Click the box next to each Contract Type to bring up the dropdown menu. Indicate **Yes** or **No** if the SADC site and MLTC Plan have a contract for that type.

**Number of MLTC Plan Members at the Site by Contract Type**: Indicate the number of members at the SADC site for each contract type that exists.

◄ ► | Instructions | Cover Page | **General** | Contract and Oversight

### About the General Information Tab

The General Information tab is divided into three (3) sections:

- MLTC Plan Representative Completing the Tool
- SADC Site Point of Contact
- Site Information

Instructions for completing each section of the General Information tab is provided above with a separate screenshot of the tab.

# Contact and Oversight Tab

## Oversight Requirements

| | Oversight Requirements | Response | Comment |
|---|---|---|---|
| 1 | Does the site provide transportation to and from the daycare? | | |
| 2 | Does the site provide transportation for outside events? | | |
| 3 | Does the site provide hot home delivered meals that are prepared at the site (e.g. meals on wheels)? **If no, please provide an explanation in the comment field.** | | |
| 4 | In the last year, has the MLTC Plan received complaints about this site? **If yes, please provide an explanation in the comment field.** | | |
| 5 | In the last year, does the site have any suspected instances of Fraud, Waste and Abuse that were referred to OMIG, DOH, or NYSOFA? **If yes, please provide an explanation in the comment field.** *Note: See Reference below for more information on reporting to OMIG, DOH, or NYSOFA.* | | All questions require a selection of **Yes** or **No**, in the Response column. Depending on the response, some questions will require the comment field (greyed area) to be completed and supporting documentation to be obtained. |
| 6 | Did the SADC site complete certification with OMIG within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC* | | |
| 7 | Did the MLTC Plan obtain evidence of the SADC site certification with OMIG being conducted within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC certification with OMIG.* | | |

## Contract Requirements for the Contract Between MLTC Plan and SADC Site

| | Contract Requirements | Response | Comment |
|---|---|---|---|
| 1 | Is there an executed (signed and dated by both parties) contract on file between MLTC Plan and the SADC Site? **If no, please provide an explanation in the comment field.** | | |
| 2 | What is the Date of the Contract or the most recent amendment date? | | |
| 3 | Does the executed contract contain NYS requirements for Standard Clauses? *Note: See below Reference Section for link to NYS Standard Clauses* | | |
| 4 | Does the executed contract contain requirements for SADC Contracts? *Note: See below Reference Section for SADC Contract Requirements* | | |

## References

### Reporting Resources (Oversight Requirement Question 5)

| | |
|---|---|
| **To file an allegation with OMIG follow this link:** | https://omig.ny.gov/medicaid-fraud/file-allegation |
| **To file a compliant with NYS DOH follow this link:** | https://www.health.ny.gov/health_care/managed_care/mltc/mltcomplaint.htm |
| **To reach the NYSOFA Ombudsman in your county for advocacy and resources, follow this link:** | https://aging.ny.gov/long-term-care-ombudsman-program |

### Reporting Resources (Oversight Requirement Questions 6 & 7)

| | |
|---|---|
| **Details on process for annual SADC Certification with OMIG:** | https://www.health.ny.gov/health_care/medicaid/redesign/sadc_certification_process_webinar_2015-05-18.htm |

### Standard Clauses (Contract Requirement Question 3)

| | |
|---|---|
| **For NYS requirements for Standard Clauses, follow this link:** | https://www.health.ny.gov/health_care/managed_care/hmoipa/standard_clauses_revisions.htm |

### SADC Contract Requirements (Contract Requirement Question 4)

**Managed Long Term Care Contract**
**Article VII § C.2 (a)**
**Required Provisions**
2. Although there is not a specific license or certification, in order to be assured of Enrollee health and safety, all providers of Social Day Care services must meet the standards and requirements of 9 NYCRR 6654.20.

a. Prior to entering into contract with a provider of Social Day Care services, and on an annual basis thereafter, the Contractor is required to conduct a site visit of each such provider in their network to review and assure compliance with:

i. 9 NYCRR 6654.20,
ii. the terms of the contract between the provider and Contractor, and
iii. all other standards required by law or regulation for the operation of said provider, including but not limited to laws, codes, and regulations regarding the facility' structure, labor requirements, and food quality.

b. Contracts between Contractor and any provider of Social Day Care Service must specify that said provider will:

i. adhere to and identify, in the contract between Contractor and said provider, all building laws, codes, and regulations applicable to the particular provider,
ii. adhere to all laws, codes, and regulations applicable to the provision of food,
iii. regularly report to the Contractor any issues related to appeals or grievances, and
iv. participate in applicable quality assurance and performance improvement initiatives.

## About the Contract and Oversight Tab

The Contract and Oversight tab includes contract and oversight components from the model contracts. It consists of three sections:

- **Oversight Requirements:** Consists of seven questions.
- **Contract Requirements:** Consists of five questions.
- **References:** This section does not require responses. However, it provides additional guidance for the plan when completing the two previous sections. Also providing, helpful links and specific contract language that is required to be present in the contract between the MLTC Plan and the SADC site.

## Completing the Contract and Oversight Tab

- All questions get answered with a **Yes** or **No**.
- A comment providing a more detailed explanation may be required.
- Please note Oversight Requirements questions 6 and 7, which relate to MLTC Policy 15.01(a), require all SADC sites to register and certify with the Office of the Medicaid Inspector General (OMIG). The certification is required and **MUST** be done initially on contract with a MLTC Plan and annual thereafter, from the date of the prior certification.
  - The Certification must be completed electronically, via OMIG's website: https://apps.omig.ny.gov/sadc/sadccertification.aspx.

# Site and Staff Requirements Tabs

## Site Requirements Tab:



For each assessment question, select **Yes** or **No** from the dropdown menu.

Selecting No will change the color of the cell to **red**. This is as a visual cue that the SADC is **out of compliance** with the standard.

The Comments field captures any details regarding compliance for each standard. You can add comments to either **Yes** or **No** responses.

For all **No** responses, describe how the SADC will remediate non-compliance for the standard and retain all remediation documentation (i.e., environmental pictures, updated documents, policies, etc.).

Selecting **Yes** will grey-out the remediation field. This is a visual cue that the cell is not applicable since no remediation is required for a Yes answer.

## Staff Requirements Tab:

| Staffing Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20 | | | | | | |
|---|---|---|---|---|---|---|
| **Guidance** | | | | | | |
| When answering the below questions regarding Staff Health Status and Staff Training, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers employed at the SADC site. The sample should include the SADC site director and all clinical staff. | | | | | | |
| **Standard** | | **Question to Assess for Compliance** | **Guidance** | **Yes/No** | **Comments** | **If no, please describe remediation plan below. If Not Applicable (NA), please explain.** *If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies).* |
| **Staff Health Status** 9 NYCRR §6654.20 (d)(2)(iv)(a)(3) | 1 | Did the site supply a list of current staff, including volunteers and their titles? | *It is recommended that the plan obtain a copy of the staff list.* | | | |
| | 1 | Does the site require that staff have health assessments conducted prior to contact with participants? | | | | |
| | 2 | Does the site require that staff have health assessments conducted annually? | | | | |
| | 3 | Does the site require that staff have TB screenings conducted prior to contact with participants? | | | | |
| | 4 | Does the site require that staff have TB screenings conducted bi-annually? | | | | |
| **Staff Training** 9 NYCRR §6654.20 (d)(2)(iv)(c)(1) 9 NYCRR §6654.20 (d)(2)(iv)(c)(3) 9 NYCRR §6654.20 (d)(2)(iv)(d)(1) and (2) | 5 | Have staff received an orientation training regarding program provider, the community and the program itself (including an introduction to PACE, if applicable?) | | | | |
| | 6 | Have staff received an orientation training regarding working with the elderly, participants' rights, safety, and accident prevention? | | | | |
| | 7 | Have staff and volunteers received training on basic social day care services regarding personal care skills, body mechanics, behavior management, family and relationships, mental health, and HIPAA privacy and security? | | | | |
| | 8 | Has annual safety training been provided regarding use of fire extinguishers? | | | | |
| | 9 | Has annual safety training been provided regarding evacuation procedures, emergency situations, and emergency phone numbers? | | | | |
| | 10 | Have staff received at least 6 hours of in-service training? | | | | |
| | 11 | Has task appropriate training been provided to service staff including training for volunteers? | | | | |
| | 12 | Have staff received at least 20 hours of group, individual or on-the-job training within three months of assignment to provide SADC services? | | | | |
| | 13 | Have staff received training on the individualized written service plan which has been developed by the program staff in conjunction with the participant? | | | | |

> The Staff Requirements tab should be completed the same as the Site Requirements tab.

## About the Site and Staff Requirement Tabs

- Both the Site Requirements and Staff Requirements tabs share the same layout, formatting, and functionality.
- The legal standard appears to the left of the criteria assessing for compliance.
- For selected criteria, there is a separate column that provides guidance to aid with conducting the assessment.

# Member and Staff Checklist Tabs

## Member Checklist Tab

| Member File Review Checklist | | |
|---|---|---|
| **Guidance** | | |
| **To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).** | | |
| **Instructions:**<br>- If answering no to any question, please provide an explanation in the comment field.<br>- Do not list any member identifying information on this form.<br>- Copy this sheet and complete a sheet for each member file that is being reviewed. | | |
| **Required Documentation** | **Contained in Member file?** | **Comment** |
| Does the member file contain identifying information? | | |
| Does the member file contain emergency contacts and family member contacts? | | |
| Does the member file contain primary care contact? | | |
| Does the member file contain the plan of care/person centered service plan? | | |
| Does the member file contain the initial assessment performed prior to admission to the program? | | |
| Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager? | | |
| **Additional Member Requirements** | **Contained in Member file?** | **Comment** |
| Is there evidence that the SADC reviewed the plan of care/person centered service plan? | | |
| What is the frequency that the SADC reviewed the plan of care/service plan? | | |
| Does the SADC review the plan of care/service plan when there is a change in condition? | | |
| Are the plan of care/service plan reviews compliant? | | |
| Does the plan of care/service plan incorporate or indicate member specific needs or supports? | | |
| Does the plan of care/service plan detail member specific preferences or wants? | | |
| Is there evidence that the participant has had input into their plan of care/service plan? | | |
| Is there evidence that the participant rights were explained with copies provided to member/caregiver? | | |
| Does the member file contain the nutritional assessment? | | |
| Does the member file contain the list of medications? | | |

### *About the Member Checklist Tab*

- The MLTC Plan is required to review member files for compliance, document instances of non-compliance, and remediate those instances as a component of performing SADC site oversight.
- To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of the enrolled members at the SADC site.

### *Completing the Member Checklist Tab*

- The Member Checklist tab can be copied and completed for each member file review (**instructions are included for copying worksheet/tabs at the end of this presentation**).
- All but one question requires a selection of **Yes** or **No**.
  - If answering **No** to any question, please provide an explanation in the comment field.

- For **"What is the frequency that the SADC reviewed the plan of care/service plan?"** the selection options are: Annually, Every 6 Months, and Quarterly.
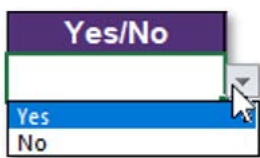
## Staff and Volunteer Checklist Tab

| Staff and Volunteer File Review Checklist | | |
|---|---|---|
| **Guidance** | | |
| To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers at the SADC site, and should include the director and all clinical staff. | | |
| **Instructions:**<br>- If answering no to any question, please provide an explanation in the comment field.<br>- Copy this sheet and complete a sheet for each staff/volunteer file that is being reviewed. | | |
| **Staff/Volunteer** | **Response** | **Comment** |
| Name | | |
| Title | | |
| Date of Hire | | |
| **Required for All Staff and Volunteers Upon Hire** | | |
| Does the staff/volunteer file contain an Initial Health Assessment? | | |
| Does the staff/volunteer file contain an Initial PPD skin test/CXR/Q? | | |
| Does the staff/volunteer file show proof of orientation to provider, community, and program? | | |
| Does the staff/volunteer file show proof of training on Working with Older Adults? | | |

### About the Staff and Volunteer Checklist Tab

- This Tab consists of five sections:
  - Required Staff/Volunteer Identifying Information
  - Required Information Upon Hire
  - Required Information to be Collected Annually
  - Required Information Prior to Contact with Members
  - Information Regarding Staff/Volunteer Training Related to Responsibilities

- The MLTC Plan is required to review staff files for compliance, document instances of non-compliance, and remediate those instances as a component of performing SADC site oversight.
- To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers at the SADC site.
- This Tab can be copied and completed for each staff file reviewed.

### Completing the Staff and Volunteer Checklist Tab

- For each assessment question, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- If answering **No** to any question, please provide remediation steps and an explanation in the comment field.



### Copying the Member Checklist or Staff and Volunteer Checklist Tabs

To copy a Tab, take the following steps:

1. Right click on the **Member Checklist** or the **Staff and Volunteer Checklist** (these are the two tabs that need to be copied).

### Member File Review Checklist

**Guidance**

To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).

Instructions:
- If answering no to any question, please provide an explanation in the comment field.
- Do not list any member identifying information on this form.
- Copy this sheet and complete a sheet for each member file that is being reviewed.

| Required Documentation | Contained in Member file? | Comment |
|---|---|---|
| Does the member file contain identifying information? | | |
| Does the member file contain emergency contacts and family member contacts? | | |
| Does the member file contain primary care contact? | | |
| Does the member file contain the plan of care/service plan? | | |
| Does the member file contain the initial assessment performed prior to admission to the program? | | |
| Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager? | | |

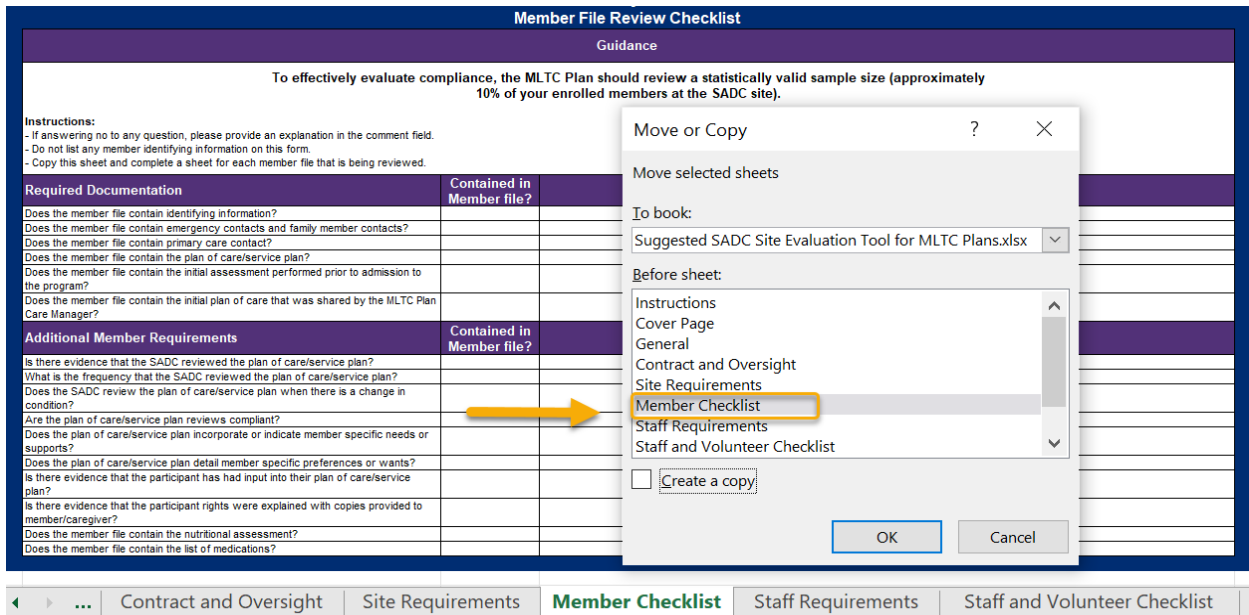| Additional Member Requirements | Contained in Member file? | Comment |
|---|---|---|
| Is there evidence that the SADC reviewed the plan of care/service plan? | | |
| What is the frequency that the SADC reviewed the plan of care/service plan? | | |
| Does the SADC review the plan of care/service plan when there is a change in condition? | | |
| Are the plan of care/service plan reviews compliant? | | |
| Does the plan of care/service plan incorporate or indicate member specific needs or supports? | | |
| Does the plan of care/service plan detail member specific preferences or wants? | | |
| Is there evidence that the participant has had input into their plan of care/service plan? | | |
| Is there evidence that the participant rights were explained with copies provided to member/caregiver? | | |
| Does the member file contain the nutritional assessment? | | |
| Does the member file contain the list of medications? | | |

| ‹ | › | ... | Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist |

2. Next select the **Move or Copy** option to bring up the pull-down menu.



### Member File Review Checklist

**Guidance**

To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).

Instructions:
- If answering no to any question, please provide an explanation in the comment field.
- Do not list any member identifying information on this form.
- Copy this sheet and complete a sheet for each member file that is being reviewed.

| Required Documentation | Contained in Member file? | |
|---|---|---|
| Does the member file contain identifying information? | | |
| Does the member file contain emergency contacts and family member contacts? | | |
| Does the member file contain primary care contact? | | |
| Does the member file contain the plan of care/service plan? | | |
| Does the member file contain the initial assessment performed prior to admission to the program? | | |
| Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager? | | |

Menu options shown:
- Insert…
- Delete
- Rename
- Move or Copy…
- View Code
- Protect Sheet…
- Tab Color ›
- Hide
- Unhide…
- Select All Sheets

| Additional Member Requirements | Contained in Member file? | |
|---|---|---|
| Is there evidence that the SADC reviewed the plan of care/service plan? | | |
| What is the frequency that the SADC reviewed the plan of care/service plan? | | |
| Does the SADC review the plan of care/service plan when there is a change in condition? | | |
| Are the plan of care/service plan reviews compliant? | | |
| Does the plan of care/service plan incorporate or indicate member specific needs or supports? | | |
| Does the plan of care/service plan detail member specific preferences or wants? | | |
| Is there evidence that the participant has had input into their plan of care/service plan? | | |
| Is there evidence that the participant rights were explained with copies provided to member/caregiver? | | |
| Does the member file contain the nutritional assessment? | | |
| Does the member file contain the list of medications? | | |

| ‹ | › | ... | Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist |

3. Scroll down in the menu box to select the tab to be copied.



4. Check the **Create a copy** box.

5. The duplicate tab will appear next to the original tab with the same name and the number two in parenthesis (shown below).



## HCBS Final Rule Tab



## About the HCBS Final Rule Tab

- The HCBS Settings Final Rule, a federal regulation effective March 17, 2014, set new standards to promote community involvement and independence for people who receive Medicaid-funded home and community-based services (HCBS).
- The rule set new requirements, including the following:
  - Person-centered planning and conflict of interest.
  - Standards for all settings where HCBS are provided.
  - Since SADC is a HCBS service, all MLTC Plans are required to ensure that all contracted SADC sites are compliant with the HCBS Settings Final Rule

## Completing the HCBS Final Rule Tab

- For each standard, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- Selecting **No** will change the color of the cell to **red**. This is as a visual cue that the SADC is NOT in compliance with that standard. The cell color for **Yes** responses remains white with black text.
- Selecting **Yes** will grey-out the cell requesting a remediation plan. This is a visual cue that no remediation is necessary because it was indicated that the site was compliant.
- The comments field captures any details regarding non-compliance (or compliance) for each standard. You can add comments to either **Yes** or **No** responses. Comments are particularly helpful for **No** responses as they add context to the circumstances that prompt noncompliance.
- As mentioned above, the *If no, please describe remediation plan below...* field is only required for **No** responses.
- To help assess compliance for selected standards on the worksheet, there is additional guidance that appears directly below the standard (designated by **Note**)

> Do the individuals served at this site regularly interact with members of the community (not staff or volunteers) while participating in program?
>
> Note: This question is not only referring to time spent at the daycare site, other examples would be interacting with others at community events and outings, health care provider offices, stores, etc.

## Person-Centered Service Plan (PCSP) Template Review Tab

| | | **[Enter SADC Site Name on Cover Page]** | | | |
|---|---|---|---|---|---|
| | | **SADC Person Centered Service Plan (PCSP) Template Review** | | | |
| | | **Guidance** | | | |
| | | When answering the below questions please be sure to be looking solely at the SADC's blank person centered service plan (PCSP) template. The goal is to identify if the template is sufficient and has space for all required items. | | | |
| **Section** | **Item to Assess for Compliance** | **Guidance** | **Yes/No** | **Comments** | **If no, please describe remediation plan below.** *\*If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. updated policies/procedures or an updated PCSP template).* |
| | 1  Name | The member's full legal name (i.e., first and last name). | | | |
| | 2  Date of Birth | Member's completed date of birth listing month, day, and year. | | | |
| | 3  Phone Number | Member's phone number, including area code. Additional area for listing multiple numbers (ex. home and cell phone) is recommended. | | | |
| | 4  Address | Physical address for the member's current residency (home). | | | |
| | 5  Preferred Language | Language preferred by the member. | | | |
| | 6  SADC Schedule | The scheduled days, time, and if applicable frequency (if applicable) of when the member attends the SADC. **Ex.** M, W, F from 8:00-4:00, every other week | | | |
| | 7  SADC Attendance Coordination | Place to indicate how the member gets to and from the SADC. **Ex.** They receive pick-up from the SADC's transportation service, or a guardian drops them off. | | | |
| | 8  Legal Representative / Guardian Contact Information | Place to indicate if a legal representative and/or guardian exists for this member and record at minimum their name and contact information – phone number. | | | |
| **Member Information** | 9  Emergency Contact Information | Contact information for the member's emergency contact(s). There should be room to list at least two emergency contacts, in case one individual cannot be reached. This should include at minimum the contact's name and phone number. | | | |

### About the PCSP Template Review Tab

- The SADC must conduct the person-centered planning process for all members attending the SADC and this process incorporates development of the individual's PCSP, which addresses the physical health, behavioral health, social, and long-term support needs of the member.
- To comply with the HCBS Final Rule and other Federal and State guidelines, there is a set of minimum information which must be included in all SADC PCSPs.
- The PCSP Template Review tab was developed for the MLTC Plan to verify that their contracted SADC sites' PCSP templates contain space for at least this minimum information.

### Completing the PCSP Template Checklist Tab

- The MLTC Plan representative should obtain a blank copy of the SADC site's PCSP template and assess that there are adequate sections, fields, and/or space for the minimum required information.
- For each assessment question, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- If answering **No** to any question, please provide remediation steps and an explanation in the comment field.
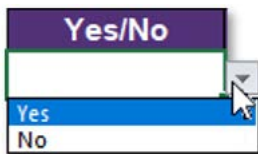


- Selecting No will change the color of the cell to red. This is as a visual cue that the SADC is NOT in compliance with that requirement. The cell color for Yes responses remains white with black text.
- Selecting **Yes** will grey-out the cell requesting a remediation plan. This is a visual cue that no remediation is necessary because it was indicated that the site was compliant.
- The comments field captures any details regarding non-compliance (or compliance) for each requirement. You can add comments to either **Yes** or **No** responses. Comments are particularly helpful for **No** responses as they add context to the circumstances that prompt non-compliance.
- As mentioned above, the If no, please describe remediation plan below. This field is only required for **No** responses.

### Community Integration

- Please see below for clarification on HCBS Final Rule community integration guidelines, standard 42 CFR 441.301(c)(4)(i) of the Final Rule. The information below is based on guidance from the CMS that has been provided (see resources & references below).

**42 CFR 441.301(c)(4)(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.**

- What is community integration?
  - Community integration must be person-centered, enhance independence, and provide opportunities for meaningful engagement in community life.
  - These activities must also fit within the framework established by each individual's PCSP and achieve the goals set forth in their PCSP and achieve the goals set forth in the PCSP.

- What is NOT community integration?
  - Off-site group activities without individual integration into the broader community.
  - Employment/volunteer work is not being "on the job" or "at work" when referring to attendance at agency-funded day programs or sheltered workshops.
  - Programs involving activities such as dances, parties, or holiday events which are restricted to individuals with disabilities who reside on campus or attend the provider agency's programs.
  - Group trips and activities that are not aligned with an individual's PCSP for meaningful engagement in community life.

- How can SADCs connect with the community in resourceful ways?
  - Build relationships with local businesses to create and reinforce inclusion on all fronts: social, recreational, employment.
  - Link an individual's unique interests (use the member's PCSP) with potential community connections; use these connections to inform choice.
  - Assist individuals to build upon their existing networks to develop natural supports.
  - Ensure that community activities are fluid, not "shift" dependent; are a natural outgrowth of interests identified in the PCSP and not just time-fillers.
  - Avoid siloing information. Share information about options (bulletin board, announcements, newsletter, etc.).
  - Capitalize on staff's knowledge of the community to open new doors to inclusion.
  - Incentivize staff through training, team building, and performance planning to provide the opportunity to enhance staff skills around developing strong community connections.
  - Recruit staff with different qualifications/less traditional backgrounds to help expand community integration activities/focus.

**Resources & References:**

- Themes Identified During CMS' Heightened Scrutiny Site Visits - November 2022
  - Slides *(slides 16-18 focus on Community Integration)*
  - Webinar Video

- Assisting Providers in Ensuring Settings Facilitate Community Inclusion - March 2018

## PCSP Template Example

- At the end of this document is an addendum that contains a PCSP Template Example which is intended to serve as an example. The PCSP Template Example is in alignment with the questions from the PCSP Review Tab of the on-site tool.

# Glossary

| Glossary | |
|---|---|
| **Acronym** | **Explanation / Definition** |
| CMS | Centers for Medicare and Medicaid Services |
| DOH | Department of Health |
| HCBS | Home and Community-Based Services |
| MLTC | Managed Long Term Care |
| NY | New York |
| NYS | New York State |
| OMIG | Office of the Medicaid Inspector General |
| SADC | Social Adult Day Care |

# Additional Resources

## For additional information please see the following resources:

- NYCRR Title 9 Subtitle Y Chapter II Section 6654.20

- Office of the Aging: Social Adult Day Services

- CMS HCBS Settings Final Rule

- NYS DOH HCBS Settings Final Rule Website

- NYS DOH MLTC Policy Documents

  - MLTC Policy 21.05 Home and Community Based Services Social Adult Day Care Site Compliance

    - HCBS SADC Fact Sheet - (Web) - (PDF) - 12.03.2021
    - HCBS Compliance Assessment with Guiding Questions for MLTC plan SADC Site Assessors (PDF) - 12.28.2021
    - HCBS SADC Compliance Requirements for MLTC Service Area Expansions and Mergers (PDF) - 06.30.2022

  - MLTC Policy 15.01(a): REVISED Social Adult Day Care and MLTC: Implementation of New Social Adult Day Care Certification Process

    - Social Adult Day Care (SADC) Certification webinar (WMV, 10MB)
    - SADC Certification
    - SADC Certification FAQ 05.29.2015

  - MLTC Policy 13.05: Social Daycare Services Q&A

- NYS DOH Person-Centered Planning Library

**Please contact the NYS DOH MLTC Surveillance Team for any further questions or concerns at: MLTCSurvey@health.ny.gov**

SADC Site Name:                                               SADC Site Representative:

Site Address:                                                    Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Authorization Period: _____  Date Issued: _____

**If you have a question or a problem regarding your services, call your Care/Case Manager:**

_____[**Care/Case Manager name**]_____ at **(xxx) xxx-xxxx**

SADC Site Name:                                                        SADC Site Representative:

Site Address:                                                          Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Member Information | | | |
|---|---|---|---|
| Use this section to document the member's demographic and caregiver/insurance information. | | | |
| **Name** | | **Date of Birth** | |
| **Address** | | | |
| **Phone Number** | | **Preferred Language** | |
| **Email Address** | | | |
| **Gender** | | **Gender Identity** | |
| **Legal Rep. / Guardian** | | | |
| **MLTC Care Manager** | | **Other Care Manager** | |
| **Organization** | | **Organization** | |
| **Contact Information** | | **Contact Information** | |
| **Primary Care Physician** | | | |
| **PCP Contact Information** | | | |
| **Emergency Contact Information** | | | |
| **Medicaid/CIN #** | | | |
| **Primary Insurance** | | **Secondary Insurance** | |
| **Enrollee ID** | | **Enrollee ID** | |

SADC Site Name:                                                  SADC Site Representative:

Site Address:                                                    Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Relevant Physical / Mental / Behavioral Health Diagnoses | |
|---|---|
| **Diagnosis** | **Impact on Participant** |
| Diabetes Mellitus Type II | Insulin dependent at mealtimes |
|  |  |
|  |  |

SADC Site Name:                                          SADC Site Representative:

Site Address:                                            Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Allergies | | |
|---|---|---|
| **Allergy** | **Severity** | **Required Interventions** |
| Peanuts | Severe | Requires emergency Epi Pen when exposed to peanuts either directly or via the air. |
| | | |
| | | |

SADC Site Name:                                                  SADC Site Representative:

Site Address:                                                     Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Dietary Restrictions / Needs | |
| --- | --- |
| **Restriction / Need** | **Required Interventions** |
|  |  |
|  |  |
|  |  |
| **Limitations on Access to Food** | |
|  | |

SADC Site Name:                                                    SADC Site Representative:

Site Address:                                                            Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Current / Projected Need for Modifications and/or Assistive Devices | |
|---|---|
| **Modification / Device** | **Description of Need** |
| Brail versions of SADC notifications | Member is visually impaired and unable to read print SADC correspondence. |
| | |
| | |

SADC Site Name:                                                            SADC Site Representative:

Site Address:                                                                   Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Health and Safety Risks | | |
|---|---|---|
| **Risk** | **Known Trigger(s)** | **Required Interventions** |
|  |  |  |
|  |  |  |
|  |  |  |

SADC Site Name:                                                                              SADC Site Representative:

Site Address:                                                                                      Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Competency Level | |
|---|---|
| **Known Issue** | **Required Intervention** |
| | |
| | |
| | |

SADC Site Name:                                         SADC Site Representative:

Site Address:                                           Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Likes | |
|---|---|
| **Description** | **Member Input** |
| | |
| | |
| | |

SADC Site Name:                                                          SADC Site Representative:

Site Address:                                                                  Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Dislikes | |
|---|---|
| **Description** | **Member Input** |
|  |  |
|  |  |
|  |  |

SADC Site Name:                                              SADC Site Representative:

Site Address:                                                Date:

## Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Strengths | |
|---|---|
| **Description** | **Member Input** |
|  |  |
|  |  |
|  |  |

SADC Site Name:                                                                          SADC Site Representative:

Site Address:                                                                               Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Weaknesses | |
|---|---|
| **Description** | **Member Input** |
| | |
| | |
| | |

SADC Site Name:                                                SADC Site Representative:

Site Address:                                                  Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| SADC Program Goals / Objectives | | | |
|---|---|---|---|
| **Topic** | **Goal/Objective** | **Description** | **Necessary Actions / Steps** |
| Healthcare | Lower Cholesterol | Member has cholesterol level of 190 mg/dL and has a family history of heart disease. | Provide member with specific meal options from their breakfast and lunch menus to ensure they avoid saturated fats and trans fats. |
| | | | |
| | | | |

SADC Site Name:

Site Address:

SADC Site Representative:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| SADC Activity Preferences | |
|---|---|
| **Activity Interested in** | **Details** |
| Bingo | Hosted weekly on Wednesday nights from 5:30-7:30pm. Transportation to and from the event is available. |
| | |
| | |

SADC Site Name:                                                    SADC Site Representative:

Site Address:                                                         Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| SADC Staff Assistance Preferences | |
|---|---|
| **Activity / Support** | **Preferred SADC Staff Member** |
| Toileting | Member prefers that a female staff person assist in toileting. |
| | |
| | |

SADC Site Name:                                                                 SADC Site Representative:

Site Address:                                                                      Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Community Activities | |
| --- | --- |
| **Activity Interested in** | **Supports Needed** |
|  |  |
|  |  |
|  |  |

SADC Site Name:                                    SADC Site Representative:

Site Address:                                      Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| SADC Individualized Schedule | | | | |
|---|---|---|---|---|
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SADC Site Name:                                     SADC Site Representative:

Site Address:                                       Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

| Person-Centered Service Planning Process Information | | | |
|---|---|---|---|
| **Meeting Date** | | **Meeting Time** | |
| **Meeting Location** | | | |
| Was this meeting held at a place and time of the person's choosing? | | | Yes ☐  No ☐ |
| Did the person lead the meeting to the best of their ability? | | | Yes ☐  No ☐ |
| Did the person choose who was at the meeting? | | | Yes ☐  No ☐ |
| **Name** | **Title/Relationship** | **Agency** | **Date** |
| | [e.g., Care/Case Manager] | | |
| | [e.g., Provider] | | |
| | [e.g., Provider] | | |
| | [e.g., Informal Support] | | |
| | [e.g., Informal Support] | | |

SADC Site Name:                                                          SADC Site Representative:

Site Address:                                                            Date:

## Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

**Acknowledgment:**

I agree with what is written in this person-centered service plan and acknowledge that I, the recipient/enrollee, lead the person-centered planning process. I understand my rights and/or I have someone I trust who can help me with them. This includes the right to integrate with and be a part of my community, separate from the Social Adult Day Care service I am choosing to receive. I acknowledge that I was offered options to integrate with and be part of my community, and my decisions on goals or activities related to this are documented in this plan. I understand that my plan will be reviewed regularly, that I can ask for it to be reviewed sooner, and whom to speak to about having my plan reviewed and updated. I agree to this plan being shared with the people that need it to provide my services.

**Enrollee/Recipient or Designated Representative Signature:** _____


**Date:** _____