

Suggested Social Adult Day Care (SADC) Site Evaluation Tool

Purpose: This is the New York State (NYS) Department of Health (DOH) created tool which is suggested for use by Managed Long Term Care (MLTC) Plans for initial and annual site visits to evaluate SADC facilities and ensure the site meets NYS and Federal Requirements.

To ensure compliance, if the MLTC Plan elects to use another tool, all aspects of this tool must be included.

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

The **General** information tab provides more detailed information on the site and the representatives completing the assessment.

The **Contract and Oversight** tab includes contract and oversight components.

The **Site Requirements** tab provides questions to evaluate the sites compliance with the Medicaid contract and compliance with State and Federal Regulations.

The **Member Checklist** tab includes requirements for reviewing Member files.

The **Staff Requirements** tab provides questions to evaluate the sites compliance with the Medicaid contract and compliance with State and Federal Regulations.

The **Staff and Volunteer Checklist** includes requirements for reviewing staff/volunteer files.

The **HCBS Final Rule** tab provides questions to evaluate the sites compliance with the HCBS Final Rule.

The **PCSP Template Review** tab includes a checklist for reviewers to use when evaluating person-centered service planning.

Instructions for Completing Each Tab:

| | |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Cover Page:</u> | Fill in the name, and address of the site under review as well as the date the site visit was conducted and MLTC plan information. |
| <u>General:</u> | Fill in all information regarding the representative completing the site visit and the site information. |
| <u>Contract and Oversight:</u> | Complete the responses for all yes/no questions related to the contract between the MLTC Plan and the SADC site and oversight of the site. |
| <u>Site Requirements:</u> | Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations. |
| <u>Member Checklist:</u> | For use by MLTC Plan when reviewing a member file. The plan should make copies of the table or the tab for each member file that is reviewed. |
| <u>Staffing Requirements:</u> | Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations. |
| <u>Staff and Volunteer Checklist:</u> | For use by MLTC Plan when reviewing a staff and volunteer files. The plan should make copies of the table or the tab for each staff/volunteer file that is reviewed. |
| <u>HCBS Final Rule:</u> | Complete the responses for all questions related to HCBS final rule guidance. |
| <u>PCSP Template Review:</u> | Review the questions related to the member's PCSP template to ensure it contains all required information. |

Please Note:

For any question regarding documentation that must exist on a site, it is recommended that the MLTCP retains copies as well in the event of an audit.

For more information on how to complete this evaluation tool, please refer to the user guide and video tutorial posted on the DOH website:

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm



Department
of Health

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: _____

Suggested SADC Site Evaluation Tool

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 Site 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: <i>What type of contracts does the site have?</i> | MAP: | |
| | Partial: | |
| | PACE: | |
| Number of MLTC Plan Members Served at the Site by Contract Type | MAP Members: | |
| | Partial Members: | |
| | PACE Members: | |

[Enter SADC Site Name on Cover Page]

Oversight Requirements

| Oversight Requirements | Yes/No | 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. <i>Note: See Reference below for more information on reporting to OMIG, DOH, or NYSOFA.</i> | | |
| 6 Did the SADC site complete certification with OMIG within the last year? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on completing SADC certification with OMIG.</i> | | |
| 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. <i>Note: See Reference below for more information on completing SADC certification with OMIG.</i> | | |
| 8 Did the SADC site complete registration with NYC DFTA within the last year? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on completing SADC registration with NYC DFTA.</i> | | |
| 9 Did the MLTC Plan obtain evidence of the SADC site registration with NYC DFTA being conducted within the last year? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on completing SADC certification with NYC DFTA.</i> | | |

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? <i>Note: See below Reference Section for link to NYS Standard Clauses</i> | | |
| 4 Does the executed contract contain requirements for SADC Contracts? <i>Note: See below Reference Section for SADC Contract Requirements</i> | | |

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 complaint with NYS DOH follow this link: | https://www.health.ny.gov/health_care/managed_care/mltc/mlt_complaint.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/sad_c_certification_process_webinar_2015-05-18.htm |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Reporting Resources (Oversight Requirement Questions 8 & 9)

| | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Details on process for registration with the NYC Department for the Aging (NYC Based SADCs Only): | https://www.nyc.gov/site/dfta/community-partners/social-adult-day-care.page |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Standard Clauses (Contract Requirement Question 3)

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|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

[Enter SADC Site Name on Cover Page]

Site Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20

| Standard | Question to Assess for Compliance | Guidance | Yes/No | Comments | If no, please describe remediation plan below. <i>*If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies)</i> |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Environment and Safety 9 NYCRR §6654.20 (d)(2)(vi) | 1 Does the site have sufficient space in facility to accommodate activities and services? | | | | |
| | 2 Are the buildings and equipment maintained and operational to prevent fires and other personal safety hazards? The maximum occupancy is not exceeded? | <i>It is recommended that the plan obtain a copy of the Certificate of Occupancy.</i> | | | |
| | 3 Does the site have the written notification to local fire jurisdiction of site's -physical location, and hours of operation? | <i>It is recommended that the plan obtain a copy of the written notification.</i> | | | |
| | 4 Does the site have sufficient insurance coverage? Including both personal and professional liability. | <i>It is recommended that the plan obtain a copy of the insurance coverage documents.</i> | | | |
| | 5 Is the site in compliance with the Americans with Disabilities Act (ADA) requirements for accessibility for persons with disabilities? | <i>If deficiencies are noted, they should be documented in writing or photographs. Any subsequent corrective actions should be documented in writing or photographs.</i> | | | |
| Participant Care 9 NYCRR §6654.20(d)(1)(ii)(b) 9 NYCRR §6654.20(d)(1)(iii)(a)(b) 9 NYCRR §6654.20(d)(1)(iv)(a)(4) | 6 Do the participant files document that there was an assessment completed prior to admission? | <i>A statistically valid sample size, approximate of 10% of enrollment at the site, of participant files may be reviewed to answer these questions.</i> | | | |
| | 7 Do the participant files document that service plans are developed within 30 days of admission? | | | | |
| | 8 Do the participant files document that service plans are developed with input from the participant and/or family? | | | | |
| | 9 Do the participants files document maintenance and enhancement of daily living skills, transportation, caregiver assistance and/or case coordination and assistance? | | | | |
| | 10 Does the site adhere to nutrition standards? | <i>Please see 9 NYCRR §6654.10 for additional information on nutrition requirements.</i> | | | |
| Policies and Procedures 9 NYCRR §6654.20(d)(2)(i)(a-i) | 11 Does the site have policies addressing participant eligibility? | | | | |
| | 12 Does the site have policies addressing participant admission and discharge? | | | | |
| | 13 Does the site have policies addressing participant centered service planning? | | | | |
| | 14 Does the site have policies addressing staffing plans? | | | | |
| | 15 Does the site have policies addressing participant rights? | | | | |
| | 16 Does the site have policies addressing service delivery? | | | | |
| | 17 Does the site have polices addressing program self-evaluation? | | | | |
| | 18 Does the site have policies addressing participant records? | | | | |
| | 19 Does the site have policies addressing emergency preparedness? | | | | |
| Emergency Preparedness 9 NYCRR §6654.20 (d)(2)(vii) | 20 Does the site have fire drills twice yearly? | | | | |
| | 21 Does the site have each participant's emergency contact person's information and physician's contact information? | | | | |
| | 22 Does the site have current, written Emergency Procedures? | | | | |

**[Enter SADC Site Name on Cover Page]
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/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? | | |

[Enter SADC Site Name on Cover Page]

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. <i>"If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies)</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? | <i>It is recommended that the plan obtain a copy of the staff list.</i> | | | |
| | 2 Does the site require that staff have health assessments conducted prior to contact with participants? | | | | |
| | 3 Does the site require that staff have health assessments conducted annually? | | | | |
| | 4 Does the site require that staff have TB screenings conducted prior to contact with participants? | | | | |
| | 5 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) | 6 Have staff received an orientation training regarding program provider, the community and the program itself (including an introduction to PACE, if applicable)? | | | | |
| | 7 Have staff received an orientation training regarding working with the elderly, participants' rights, safety, and accident prevention? | | | | |
| | 8 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? | | | | |
| | 9 Has annual safety training been provided regarding use of fire extinguishers? | | | | |
| | 10 Has annual safety training been provided regarding evacuation procedures, emergency situations, and emergency phone numbers? | | | | |
| | 11 Have staff received at least 6 hours of in-service training? | | | | |
| | 12 Has task appropriate training been provided to service staff including training for volunteers? | | | | |
| | 13 Have staff received at least 20 hours of group, individual or on-the-job training within three months of assignment to provide SADC services? | | | | |
| 14 Have staff received training on the individualized written service plan which has been developed by the program staff in conjunction with the participant? | | | | | |

**[Enter SADC Site Name on Cover Page]
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:

- If answering no to any question, please provide an explanation in the comment field.
- Copy this sheet and complete a sheet for each staff/volunteer file that is being reviewed.

| Staff/Volunteer | Information |
|-----------------|-------------|
| Name | |
| Title | |
| Date of Hire | |

| Required for All Staff and Volunteers Upon Hire | Yes/No | Comment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| 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? | | |
| Does the staff/volunteer file show proof of training on Participant Rights? | | |
| Does the staff/volunteer file show proof of training on Safety/Accident Prevention? | | |
| Required for All Staff and Volunteers Annually | Yes/No | Comment |
| Does the staff/volunteer file contain proof of at least 6 hours of training to minimally include use of fire extinguishers, written emergency procedures, evacuation situations and telephone numbers? | | |
| Does the staff/volunteer file contain proof of an Annual Health Assessment? | | |
| Does the staff/volunteer file contain proof of PPD skin test/CXR/Q? | | |
| Does the staff/volunteer file contain proof of CPR/AED training? | | |

Required for All Staff and Volunteers Prior to Contact with Members

Staff with equivalent training that can be documented are not required to repeat training. Acceptable equivalent training may include completion of personal care aide training program, home health aide training program, or nurse aide training program approved by NYS Department of Health (NYS DOH), or adult day care worker training program by Office for People with Developmental Disabilities (OPWDD).

Documentation of equivalent training must be maintained in personnel or training records.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Does the staff/volunteer file contain proof of orientation to personal care skills? | | |
| Does the staff/volunteer file contain proof of training on body mechanics? | | |
| Does the staff/volunteer file contain proof of training on behavior management? | | |
| Does the staff/volunteer file contain proof of training on socialization skills and activities? | | |
| Does the staff/volunteer file contain proof of training on supervision and monitoring? | | |
| Does the staff/volunteer file contain proof of training on family and family relationships? | | |
| Does the staff/volunteer file contain proof of training on mental health and mental illness? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for required hands on assistance with toileting/ care of incontinence? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for required hands on assistance with transfers and mobility? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for required hands on assistance with feeding? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for optional assistance with grooming and bathing? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for optional assistance with changing simple dressings? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for optional assistance with using adaptive/ assistive equipment? | | |
| Personal Care Skills- taught by an RN: Does the staff/volunteer file contain proof of training for optional assistance with self-administration of medications? | | |
| For the above questions that require the training taught by an RN, did the daycare obtain evidence that the RN was currently licensed and free from all exclusion lists? | | |
| Does the staff/volunteer file contain proof of a total of 20 hours within three months of hire? | | |

Other training related to staff responsibilities, program operations and professional development.

| | | |
|--------------------------------------------------------------------------------------------------|--|--|
| Does the staff/volunteer file contain proof of training on HIPAA Confidentiality? | | |
| Does the staff/volunteer file contain proof of training on HCBS Waiver Person Centered Planning? | | |

**[Enter SADC Site Name on Cover Page]
SADC Setting Characteristics**

| Question to Assess for Compliance | Response | If answering anything other than "None of the above," please provide additional information about the setting and explain how it overcomes institutional characteristics. |
|--------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Does the setting of the SADC have institutional characteristics? | | |

HCBS Standards

| Question to Assess for Compliance | Yes/No | Comments | If no, please describe remediation plan below <i>"If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies).</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 At some point in time were plan enrollees, (or their representative, if they have one), given options of HCBS sites they could choose from, including the SADC? | | | |
| 3 Are enrollees provided a choice regarding the site where they receive services when they sign their plan of care? | | | |
| 4 Are resources other than public transportation, including financial and staff resources, available for individuals, during the time at the SADC, to access the site and/or individualized activities that participants may wish to attend in the community? | | | |
| 5 Does the site support individuals to receive services or to engage in activities outside of the SADC? | | | |
| 6 Is the site integrated and support full access to the greater community, including opportunities to seek employment and work/volunteer in competitive integrated settings for individuals receiving Medicaid HCBS? | | | |
| 7 Does the site provide opportunities for regular meaningful activities in community settings with people who do not receive services, for the amount of time desired by participants? | | | |
| 8 Do the individuals served at this site regularly interact with members of the community (not staff or volunteers) while participating in program? <i>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.</i> | | | |
| 9 Does the site afford opportunities for individualized activities that focus on the needs and desires of the individuals served and an opportunity for individual growth? | | | |
| 10 Does the site allow individuals, who are known to be safe and competent (per UAS-NY assessment), the freedom to move about the setting, including the freedom to go outside as they choose? <i>Note: The UAS-NY assessment will be utilized to determine if the consumer is "safe and competent." Individuals who require support to be able to go outside or move about the building should have support to do so, as indicated in their care plan.</i> | | | |
| 11 Is public transportation available to/from the site? <i>Note: In a rural setting this may include STAR bus, taxi, Lyft/Uber, etc. Answering "no" does not necessarily indicate non-compliance as long as the program provides adequate transportation for individuals to access the community.</i> | | | |
| 12 Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings? | | | |
| 13 Are resources other than public transportation, including financial and staff resources, available for individuals during the time at the SADC to access the site and/or individualized activities that participants may wish to attend in the community? | | | |
| 14 Does the site allow individuals to receive services and engage in activities outside of the site? | | | |
| 15 Does the site ensure individual information (medical, diet information, etc.) is kept private/confidential? | | | |
| 16 Are individuals given flexibility in when they take breaks/lunch times? | | | |
| 17 Are activities adapted to individuals' needs and preferences? | | | |

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|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 18 | Are health and personal care activities, including discussions of health or personal matters, conducted in private? | | | |
| 19 | Does the staff interact and communicate with people respectfully and in a manner in which the person would like to be addressed at all times? | | | |
| 20 | Does site provide the opportunity and space for all individuals to do activities such as speaking on the telephone and visiting with others in private? <i>Note: Describe the current conditions, if they are impacted by COVID, and how policies and procedures ensure this standard is met under current and/or normal circumstances.</i> | | | |
| 21 | Are participants given freedom and support to control their own schedule and activities and have access to food and visitors at any time, with any modifications or restrictions made based on a participant's specific assessed need, and done on a time-limited basis after other positive interventions have failed, which is documented in the participant's plan of care? <i>Note: Describe the current conditions, if they are impacted by COVID, and how policies and procedures ensure this standard is met under current and/or normal circumstances.</i> | | | |
| 22 | Does the site ensure that one or more person's behavior supports do not impede on the rights of other individuals? | | | |
| 23 | Does the site provide individuals with flexibility in their daily schedule and activities? | | | |
| 24 | Does the site allow individuals' movement with none of the following barriers? - Gates - Locked doors - Fences - Other (Please specify in the "Comments" column.) <i>Note: Sites with locked entryway and exits or buzzer systems for security purposes, are considered compliant if there is someone at the door to allow members to enter and exit without restriction.</i> | | | |
| 25 | Does the site offer any options for the participants to meet physical environment goals and needs? - Indoor gathering space - Outdoor gathering space - Large group activity space - Small group activity space - Private space - Area for calming activities - Area for stimulating activities <i>Note: Describe the current conditions, if they are impacted by COVID, and how policies and procedures ensure this standard is met under current and/or normal circumstances.</i> | | | |
| 26 | Is the site physically accessible to the participants, including access to bathrooms and break rooms? | | | |
| 27 | Does the site provide for more than one meal option and private dining space if requested by an individual? | | | |
| 28 | Do the individuals have access to food at any time with snacks and water and/or beverage available during non-meal times? | | | |
| 29 | Does the site allow participants to choose with whom they spend their time while at the SADC? | | | |
| 30 | Does the site allow participants to have visitors of their choosing at any time? | | | |

| | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 31 | <p>Does the SADC support individuals to do the following?</p> <ul style="list-style-type: none"> - Make their own decisions - Associate with others - Access their money <p><i>Note: Accessing the individual's money means having supports in place to assist the individual if they want to access their own money.</i></p> | | | |
| 32 | Does the site allow individuals to choose which of the site's employees provide their services? Example: An individual requests that all personal care services for her be conducted by female employees. Is that individual's request met? | | | |
| 33 | Does the site afford individuals the opportunity to update or change their work/daily activities based on their preferences? | | | |
| 34 | Does the site have person-centered policies to ensure participants are supported in developing specific plans to support their needs and preferences? | | | |
| 35 | Does the SADC ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people? | | | |
| 36 | Does the site provide information to individuals about how to make a request for additional services or to make changes to their care plan? | | | |
| 37 | Do all staff (paid and unpaid) receive new hire training related to company policies, including HCBS specific policies and person-centered planning, practice and thinking? | | | |
| 38 | Are company policies regularly reassessed for compliance and effectiveness, and amended as necessary? | | | |
| 39 | Does the site have documentation that shows staff's adherence to policies such as HCBS specific training documentation and sign-in sheets for relevant activities? | | | |

[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). | |
|--------------------|-------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Member Information | 1 | Name | <i>The member's full legal name (i.e., first and last name).</i> | | | |
| | 2 | Date of Birth | <i>Member's completed date of birth listing month, day, and year.</i> | | | |
| | 3 | Phone Number | <i>Member's phone number, including area code. Additional area for listing multiple numbers (ex. home and cell phone) is recommended.</i> | | | |
| | 4 | Address | <i>Physical address for the member's current residency (home).</i> | | | |
| | 5 | Preferred Language | <i>Language preferred by the member.</i> | | | |
| | 6 | SADC Schedule | <i>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</i> | | | |
| | 7 | SADC Attendance Coordination | <i>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.</i> | | | |
| | 8 | Legal Representative / Guardian Contact Information | <i>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.</i> | | | |
| | 9 | Emergency Contact Information | <i>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.</i> | | | |
| | 10 | Primary Care Physician (PCP) Contact Information | <i>Contact information for the member's primary care physician (PCP). This should include at minimum the PCP's name and contact information – email and/or phone number.</i> | | | |
| | 11 | Managed Long-Term Care (MLTC) Plan | <i>There should be a place to indicate which MLTC plan the member is with. A place for the members health insurance information, if the member does not receive Medicaid may also be here but, is not required by Medicaid.</i> | | | |

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| | 12 | MLTC Plan Care Manager Contact Information | Contact information for the member's Care Manager at the MLTC plan. This should include at minimum the care manager's name and contact information – email and/or phone number. | | | |
| | 13 | Member's Gender | This should be the member's assigned gender. | | | |
| | 14 | Member's Gender Identity | The gender the member considers themselves as (identifies as). | | | |
| | 15 | Medicaid ID/CIN | This should be the member's Medicaid ID also known as a CIN number. | | | |
| Risk Management | 1 | Pertinent Diagnoses | There should be a place to include all relevant diagnoses that a member has. This space should be applicable to physical, mental health, behavioral health diagnoses. Important: Diagnoses should include the diagnosis and any pertinent information on how it may impact the participant. Ex. Diabetes Mellitus Type II-insulin dependent at mealtimes. Dementia with wandering behaviors. Difficulty Swallowing (Dysphagia)-requires dietary modifications. | | | |
| | 2 | Allergies | Place to list any allergies for medications, food, etc. The template should have a place to list specific allergies, explain the degree of severity and any interventions that are required if an allergic response occurs. Ex. Severe peanut allergy- requires Emergency Epi-Pen. | | | |
| | 4 | Dietary Restrictions | Does the template include the member's dietary restrictions and/or needs? Important: A place to indicate limitations on access to food must be available. | | | |
| | 5 | Modifications and/or Need for Assistive Devices | Place to indicate any adaptive or assistive device, modifications, and/or supports a member may need. Ex. If a member utilizes a wheelchair or requires assistance eating. Ex2. If a member is visually impaired, is there a place for the SADC to indicate how they are modifying sharing information, advise of community activities, etc. – For instance, reading notifications to a visually impaired member or having a brail version. | | | |
| | 6 | Health and Safety Risks | A place to indicate all health and/or safety risks. | | | |
| | 7 | Health and Safety Risks: Known Triggers | There should be a place to indicate any known triggers for every corresponding health and/or safety risk. | | | |
| | 8 | Competency Level | Place to indicate the member's level of competency (i.e., Can the member make decisions for him/herself? Does the member need supervision and/or assistance to navigate around the SADC facility? Can the member manage their own funds or is support required?) | | | |

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| Member Preferences | 1 | Likes and Dislikes | <p>There should be a section to indicate what the member likes or dislikes. The space should allow for open answers and cannot be limited to activities or offerings provided by the SADC.</p> <p>Ex. Fitness, group activities/outings, reading, music, etc.</p> | | | |
| | 2 | Strengths and Weaknesses | <p>There should be a place to indicate the strengths and weakness of the member.</p> <p>Ex. Strength – Member is a good communicator and advocates for their needs/wants to staff, such as vocalizing when they need help to walk to the bathroom or requesting a snack when they feel lightheaded.</p> <p>Ex 2. Weakness – Member gets easily frustrated when unable to perform fine motor tasks, such as moving a chess piece or picking up a pencil, will give up on activity quickly.</p> | | | |
| | 3 | SADC Program Goals and Outcomes | <p>The section should have a place to list all short-term and long-term goals the member has. The section should allow for inclusion of goals on a variety of topics (not limited). For example, healthcare and social goals. There must be a place to list the desired outcome for each goal.</p> <p>Ex. If a member has high cholesterol, the goal could be to provide them with specific meal options from their breakfast and lunch menus to ensure they avoid saturated fats and trans fats.</p> | | | |
| | 4 | SADC Program Goals and Outcomes: Actions and/or Steps | <p>Section to indicate the actions and/or steps needed for the member to achieve all listed goals and reach the desired outcome.</p> | | | |
| | 5 | SADC Staff Assistance Preferences | <p>A place to indicate any SADC staff member preference for assistance with daily activities and/or supports needed.</p> <p>Ex. If a female member would like a female staff member to assist them with utilizing the restroom.</p> | | | |
| | 6 | SADC Activity Preferences | <p>A way to indicate all SADC offered activities the member is interested in participating in. This should include space for indicating SADC individual or group outings the member is interested in attending.</p> <p>Ex. The member wants to participate in yoga on Tuesdays, which the SADC transports members to about 10 minutes away and BINGO on Wednesdays, which the SADC site hosts on-site.</p> | | | |
| Community Integration | 1 | Community Activities | <p>A place to indicate all individualized and personalized activities, in the greater community, that the member is interested in attending or doing. A way to indicate if a member is not interested in pursuing any community activities should also be available on the template. This should include the ability to list any work or volunteer opportunities.</p> <p>Note : Community activities do not include SADC individual, or group outings and the template should not limit the type, frequency, scope, or anything regarding what type of activity a member may choose to participate in.</p> | | | |

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| | 2 | Community Activities: Coordination/Supports Offered | <i>Each listed community activity should have a place to indicate how the member will be attending, including coordination done by the SADC site to ensure the member can attend, and any support being offered by the SADC site for the member to attend, if applicable. This would include things like transportation arrangement, timing/frequency of the activity, discussions with a guardian, support for managing money if it is required, etc.</i> | | | |
| Additional Information | 1 | Acknowledgement of Person-Centered Planning (PCP) Process | <i>The SADC PCSP Template should have a general acknowledgement that the member and/or legal representative are agreeing to when they sign the form. This should acknowledge that the member lead the PCP process and that they are agreeing to the information documented in it as being accurate and true. The acknowledgement should in no way limit or restrict the rights of the member.</i> | | | |
| | 2 | Acknowledgement of Community Integration | <i>There should be an acknowledgement related to Community Integration. This includes acknowledging the right of the member to integrate with and be a part of my community, separate from the Social Adult Day Care service they are choosing to receive. It also includes acknowledgement that options to integrate and be part of the community and decisions on goals or activities related to this are documented within the PCSP.</i> | | | |
| | 3 | Member's and/or Legal Representative's Signature | <i>A field for the member, or their legal representative/guardian, to sign and acknowledge their agreement with the completed PCSP.</i> | | | |
| | 4 | Signature Date | <i>A field for the member, or their legal representative/guardian, to list the date they sign the completed PCSP.</i> | | | |
| | 5 | SADC Name and Address | <i>The name of the SADC and the physical address of the site should be on the PCSP template.</i> | | | |