**Instructions:**

To complete the first phase of the Social Adult Day Care (SADC) Home and Community-Based Services (HCBS) Final Rule compliance project, please respond to the questions below with only a “Yes” or a “No” in that column. Managed Care staff should complete the sections beginning on page one below, with SADC providers completing questions starting on page four. If you answer “No” to a question, thereby potentially demonstrating a lack of HCBS Rule compliance, please provide a brief explanation as to why in the far-right “Comments” column and any remediation efforts in progress. If you answer “Yes”, provide a brief explanation in Comments as to how you demonstrate compliance.

**Required Supporting Documentation:** In addition, we have identified (10) items that require supporting documentation if you answer “Yes”. These items are noted in the “Guidance and Supporting Documentation” column with an indicator of “**Supporting Documentation Required.”**

**For all items requiring supporting documentation please ensure that in the field provided under the “Guidance and Supporting Documentation” column (starting on page 2), please write the title of the document(s) and the specific page number(s) for where the relevant information can be found within the document so it can easily be located in the zip file.**

**Submitting:** Managed Care Plans must **log into HCS** and submit this completed Self-Assessment and all supporting documentation in one ZIP FILE to the HCS secure mailbox (HCBS SADC Site Assessments).

**Questions:** For any questions on this self-assessment, please contact NYSDOH via email at (HCBSSADCSiteAssessments@health.ny.gov). This is for questions only; all documentation must be sent through HCS secure mailbox as stated above.

**Managed Care Plan: General Information, Heightened Scrutiny Prong, and Questions #1 - #5 are to be Completed by Managed Care Plan Staff Only**

| General Information (Completed by Managed Care Plan in alignment with PNDS information) |
| --- |
| **Information Requested (MCO)** | **Response** | **Guidance** |
| **Date of Assessment Completion** | Click or tap to enter a date. | Enter date completed by Managed Care staff. |
| **Plan Name (MCO)** | Click here and enter the MCO Plan Name. | Enter the name of Managed Care Plan. |
| **Medicaid Provider Identification Number (MCO)** | Click here and enter the 8-digit MMIS ID associated with the Managed Care Plan. | Enter the 8-digit MMIS ID associated with the Managed Care Plan. |
| **Staff Reviewer Name (MCO)** | Click here enter the full name of the MCO Staff Reviewer. | Full name of the MCO Staff Reviewer.  |
| **Email Address (MCO)** | Click here and enter the email address for the MCO point of contact. | Enter email address for the point-of-contact for this self-survey process. |
| **Phone Number (MCO)** | Click here and enter the area code and phone number for the MCO point of contact.  | Enter the best number(s) for the point-of-contact for this self-survey process. |
| **Site Name (SDC)** | Click here and enter the site name for the SDC site being assessed. | Enter the site name for the SADC site being assessed.  |
| **SDC’s Managed Care Plan Facility ID**  | Click here and enter the SDC’s Managed Care Plan Facility ID for the SDC being assessed. | Refers to the Managed Care Plans internal ID for the SADC being assessed.  |
| **National Provider Identifier (SDC)** | Click here and enter the 10-digit National Provider Identifier (NPI) of the SDC site. | The National Provider Identifier (NPI) is a unique identification number for covered health care providers. Enter the NPI number for the SADC. |
| **SADC Site Address**  | Address Line 1: Enter the physical address of the SDC site in this line. | Address Line 2: If applicable, enter any apt, building, suite, or unit numbers in this line. | City | State | Zip | Enter the physical address of the SADC Site. Be sure to enter the appropriate information in each field (Address1, Address2, City, State, Zip) |
| **Services Provided** | Social Adult Day Care  |  |

**Heightened Scrutiny Prong:**

Managed Care staff fill in which of the three “prongs” below are indicated by the SDC setting assessed, or “none of the above” if none are applicable. This is done *after* the completed self-assessment is 1) reviewed by Managed Care staff for isolating characteristics (e.g., all services and activities take place on site and there are limited-to-no opportunities for individuals to access activities in the community as described in the person-centered plans) and 2) the location of the site has been verified by Managed Care staff using Google Maps or a similar platform.

|  |
| --- |
| Heightened Scrutiny Prong (Completed by Managed Care Plan Only) |
| **Prong** | **Description** | **Guidance** |
| **Prong 1** | Setting is in a publicly or privately operated facility that provides inpatient institutional treatment. | Read through the Prong descriptions (to the left) and then select the appropriate Prong in the Response picklist below. |
| **Prong 2** | Setting is in a building on the grounds of, or adjacent to, a public institution. |
| **Prong 3** | Setting has the effect of isolating individuals from the broader community based on responses.  |
| **None of the above** | Select “none of the above” if Prongs 1-3 are not applicable. |
| **Response >>>>** | Click here and select the appropriate Prong from the picklist. | **<<<< Response** |

| Self-Assessment Questions #1-5 (Completed by Managed Care Plan) |
| --- |
| **CMS HCBS Standard** | **Question to Assess for Compliance** | **Yes/No** | **Guidance and Supporting Documentation** | **Comments** |
| The setting is selected by the individual from among settings options | 1. At some point in time were participants,’ (or their representative, if they have one), given options of HCBS service settings they could choose from, including the SDC? | Choose an item. |  | Click or tap here to enter text. |
| The setting facilitates individual choice regarding services and supports, and who provides them | 2. Are individuals provided a choice regarding the site where they receive services when they sign their plan of care? | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community | 3. Does the site allow individuals, who are known to be safe and competent, the freedom to move about the setting, including the freedom to go outside as they choose? *Note: The plan will be doing the UASNY assessment and would be the entity determining if the consumer is “safe and competent,” sharing results with the SDC provider. 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.* | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community | 4. Are resources other than public transportation, including financial and staff resources, available for individuals, during the time at the SDC, to access the site and/or individualized activities that participants may wish to attend in the community? | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community | 5. Does the site support individuals to receive services or to engage in activities outside of the setting? | Choose an item. |  | Click or tap here to enter text. |

**Social Day Care Provider Questions #1 - #34 are to be Completed by the Social Day Care Provider Only**

| General Information (Completed by SDC Provider Only) |
| --- |
| **Information Requested (SDC)** | **Response** | **Guidance** |
| **Date of Assessment Completion** | Click or tap to enter a date. | Enter date completed by Social Day Care Provider staff. |
| **Site Name (SDC)** | Click here and enter the site name for the SDC site being assessed. | Enter the site name for the SDC site being assessed. |
| **FEIN Number** | Click here and enter the Federal Employer Identification number associated with the SDC site. | Federal Employer Identification Number (FEIN) or Social Security Number (SSN) [Please use whichever identifier is used on your 1099 Tax Form] (no dashes).  |
| **Name of SDC Provider Staff Completing Form** | Click here and enter the full name of the SDC provider staff completing this form. | Please enter first and last name here. In addition, please ensure that all information entered in this Self-assessment is true and accurate to the best of their knowledge.  |
| **Email Address (SDC)** | Click here and enter the email address for the SDC provider staff member completing this form or a SDC provider contact. | Enter best email address to reach point of contact. |
| **Phone Number (SDC)** | Click here and enter the area code and phone number for the SDC provider staff completing this form or a SDC provider point of contact. | Enter area code and phone number of SDC staff completing form. |
| **SDC’s Managed Care Plan Facility ID** | Click here and enter the SDC’s Managed Care Plan Facility ID for the SDC being assessed. | Refers to the Managed Care Plans internal ID for the SDC being assessed. |
| **National Provider Identifier (SDC)** | Click here and enter the 10-digit National Provider Identifier (NPI) of the SDC site. | The National Provider Identifier (NPI) is a unique identification number for covered health care providers. Enter the NPI number for the SDC. |
| **Site Address** | Address Line 1: Enter the physical address of the SDC site. | Address Line 2: If applicable, enter any apt, building, suite, or unit numbers in this line. | City | State | Zip | Enter the physical address of the SDC Site. Be sure to enter the appropriate information in each field (Address1, Address 2, City, State, Zip) |
| **Number of HCBS Waiver Clients Served at the Setting** | Click or tap here to enter the number of HCBS Waiver Clients Served at the setting. |  |
| **Services Provided** | Social Adult Day Care  |  |

**Heightened Scrutiny Prong:**

SDC provider staff fill in which of the three “prongs” below are applicable to the SDC setting being assessed, or “none of the above” if none are applicable.

|  |
| --- |
| Heightened Scrutiny Prong (Completed by Managed Care Plan Only) |
| **Prong** | **Description** | **Guidance** |
| **Prong 1** | Setting is in a publicly or privately operated facility that provides inpatient institutional treatment. | Read through the Prong descriptions (to the left) and then select the appropriate Prong in the Response picklist below. |
| **Prong 2** | Setting is in a building on the grounds of, or adjacent to, a public institution. |
| **Prong 3** | Setting has the effect of isolating individuals from the broader community based on responses.  |
| **None of the above** | Select “none of the above” if Prongs 1-3 are not applicable. |
| **Response >>>>** | Click here and select the appropriate Prong from the picklist. | **<<<< Response** |

| Self-Assessment Questions #1-34 (Completed by SAD Provider) |
| --- |
| **CMS HCBS Standard** | **Question to Assess for Compliance** | **Yes/No** | **Guidance and Supporting Documentation** | **Comments** |
| The setting is integrated in and supports full access to the greater community. | 1. Setting is integrated and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work/volunteer in competitive integrated settings? | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 2. 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? | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 3. 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.* | Choose an item. | **Supporting Documentation Required:****Example:** Provide an activity calendar of events, ideally it would contain community events and show how often these events occur, and/or a policy showing that individuals deemed competent by the plan are able to go out into the community on their own, perhaps for lunch or to run an errand. It is acceptable if these are recently created documents.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found. | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 4. 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? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation of the individuals’ services and support planning process showing how the individual is able to discuss with staff if something changes and they want to work at or towards some other goal(s). And how does the individual know this is okay, does staff check-in on a weekly/monthly basis with individuals? (Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found. | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 5. Does the site allow individuals, who are known to be safe and competent (per plan assessment), the freedom to move about the setting, including the freedom to go outside as they choose? ***Note:*** *The plan will be doing the UASNY assessment and would be the entity determining if the consumer is “safe and competent,” sharing results with the SDC provider. 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.* | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 6. Is public transportation available to/from the site?***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.* | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 7. Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation showing how you assist individuals in figuring out transportation such as the bus, Starbus, taxi, metro, etc. Are there maps hanging up? Bus times? Is there a communal computer where participants could look it up? (If so, grab a photo and send it).(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 8. Are resources other than public transportation, including financial and staff resources, available for individuals during the time at the SDC to access the site and/or individualized activities that participants may wish to attend in the community?  | Choose an item. |  | Click or tap here to enter text. |
| The setting is integrated in and supports full access to the greater community. | 9. Does the site restrict individuals from receiving services or engaging in activities outside of the setting?  | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 10. Does the site ensure individual information (medical, diet information, etc.) is kept private/confidential? | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 11. Are individuals given flexibility in when they take breaks/lunch times? | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 12. Are activities adapted to individuals' needs and preferences? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation showing how you create activities to ensure individuals with various abilities may participate, including individuals with physical or developmental needs? This may be a sign-in sheet for a client/recipient council meeting where their ideas and preferences are noted.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 13. Are health and personal care activities, including discussions of health or personal matters, conducted in private? | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 14. 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? | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 15. 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? *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.* | Choose an item. |  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 16. 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? ***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*. | Choose an item. | **Supporting Documentation Required:****Examples:** * Provide a copy of aCare Plan or Person-Centered Plan (PCP) and evidence that if anyone is getting support with managing their schedule, activities, or access to food and visitors, (i.e., is not able to do this on their own) this is documented in their Person-Centered Plan/Care Plan, previous interventions where documented, the intervention is time limited and there is a plan to support the individual to regain the independence to manage these things.
* If documentation shows evidence of blanket rules or policies limiting individuals from controlling their own schedule, access to food, visitors or creating a rigid time schedule for individuals to follow without flexibility built in, consider writing a policy to remediate this and submit it.
* Other evidence should be provided that the Program Director or assigned staff person create times to discuss the ongoing needs and preferences of the individuals attending the program.

(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. | 17. Does the setting ensure that one or more person's behavior supports do not impede on the rights of other individuals?  | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 18. Does the site provide individuals with flexibility in their daily schedule and activities? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation that shows how the program responds when an individual asks to go on an outing or to the store. This may be a staffing schedule that shows staff scheduled for “free time” multiple times per week to be available for such things on a regular basis.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 19. Does the site have any of the following barriers used to prevent individuals' movement?-Gates-Locked doors-Fences-Other (please specify in the “Comments” column) | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 20. 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***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.* | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 21. Is the site physically accessible to the participants, including access to bathrooms and break rooms? | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 22. Does the site provide for more than one meal option and private dining space if requested by an individual? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation that demonstrates individuals are able to get a sandwich or similar food item if they are not interested in the main meal choice, such as a copy of a meal menu that makes that obvious.If there is an alternative location for individuals to eat their lunch/snack send a photo.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 23. Do the individuals have access to food at any time with snacks and water and/or beverage available during non-meal times? | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 24. Does the site allow participants to choose with whom they spend their time while at the setting? | Choose an item. |  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 25. Does the site allow participants to have visitors of their choosing at any time?  | Choose an item. | **Supporting Documentation Required:****Example:** Provide a copy of the visitor policy which should **not** include visiting hours and restrictions, and should show how staff support individuals access to visitors.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. | 26. Does the setting support individuals to do the following?-Make their own decisions-Associate with others-Access their money | Choose an item. |  | Click or tap here to enter text. |
| 5. The setting facilitates individual choice regarding services and supports, and who provides them. | 27. 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? | Choose an item. |  | Click or tap here to enter text. |
| The setting facilitates individual choice regarding services and supports, and who provides them. | 28. Does the site afford individuals the opportunity to update or change their work/daily activities based on their preferences? | Choose an item. |  | Click or tap here to enter text. |
| The setting facilitates individual choice regarding services and supports, and who provides them. | 29. Does the site have person-centered policies to ensure participants are supported in developing specific plans to support their needs and preferences? | Choose an item. | **Supporting Documentation Required:****Example:** Provide a copy of a policy and a Care Plan/Person-Centered Plan that shows how the staff engage with individuals to ensure they are doing things they wish to be doing, are meeting their needs and preferences as described in their plan, and how often plans are reviewed.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| The setting facilitates individual choice regarding services and supports, and who provides them. | 30. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people? | Choose an item. |  | Click or tap here to enter text. |
| The setting facilitates individual choice regarding services and supports, and who provides them. | 31. Does the site provide information to individuals about how to make a request for additional services or to make changes to their care plan? | Choose an item. | **Supporting Documentation Required:****Example:** Provide documentation that shows how individuals know who to talk to if they want to do something new, wish to do a different activity, are having a problem, or they have to easily request help from a staff person, perhaps a social worker, nurse or case manager.(Enter title of documents and page numbers)If answering yes, click and enter the title of the document(s) and the specific page number(s) where relevant information can be found.  | Click or tap here to enter text. |
| Additional Information | 32. 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? | Choose an item. |  | Click or tap here to enter text. |
| Additional Information | 33. Are company policies regularly reassessed for compliance and effectiveness, and amended as necessary? | Choose an item. |  | Click or tap here to enter text. |
| Additional Information | 34. 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? | Choose an item. |  | Click or tap here to enter text. |