

AIDS Adult Day Health Care Program

Standard/Quality	Degree of Compliance				Documentation/Citations	Citation Web Links
	Non-Compliant	Partially Compliant	Silent	Compliant		
All Settings: AIDS ADHCP					Note: The AIDS Adult Day Health Care Program model is a non-residential community-based model, and registrants are not restricted with respect to opportunities for employment, engagement in community life, and control of personal resources. "Guidelines for Adult Day Health Care Programs Caring for Persons Living with HIV/AIDS and Other High Need Populations (November, 2017)" will be updated by 3-17-19 to explicitly state expectations of all standards as referenced in this AIDS Adult Day Health Care Program crosswalk compliance chart. We will also include in our revisions to these Guidelines, regulations "42 CFR 441.301(c)(4)(vi)(F), which indicates that any modification of the additional conditions, under 42 CFR 441.301(c)(4)(vi)(C) and (D), must be supported by a specific assessed need and justified in the person-centered service plan. The expectations of these Standards will be incorporated into routine programmatic monitoring protocols. Furthermore, separate and distinct from routine programmatic monitoring, an initial on-site review of all program sites will be conducted by 03/31/20 to assess compliance with HCBS Standards.	Click here for Guidelines for Adult Day Health Care Programs
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS.			x		see above	
-- opportunities to seek employment/ work in			x		See above	
-- engage in community life			x		See above	
-- control personal resources			x		See above	
-- receive services in the community			x		See above	
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting.			x		See above	
--the options are identified and documented in the person-centered plan			x		See above	
--the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board.			x		See above	
3. Ensure an individual's rights of privacy.				x	NYCCR Title 10, Section 425.4(3) - Registrant Bill of Rights; and Title 10, Section 751.9 Patient Rights; "425.4(3) - ...provide each registrant with a copy of a Bill of Rights specific to operation of the adult day health care program. These rights include, but are not limited to : (i) confidentiality, including confidential treatment of all registrant records;" (Section Part 751.9 language mirrors Section 425.4)	Click here for Section 425.4 (3)
Ensure an individual's rights of dignity and respect.			x		See above response in cell 4F	Click here for Section 751.9
Ensure an individual's rights of freedom from coercion and restraint.			x		See above response in cell 4F	
4. Optimize and doesn't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact.			x		See above response in cell 4F	
5. Facilitate individual choice regarding services and supports, and who provides them.			x		See above reseponse in cell 4F	
Provider Owned or Controlled Settings:					None of the AIDS adult day health care program are residential. The vast majority	

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					or registrants live in their own home (not provider owned or controlled) and have tenancy rights via their lease. We will assure that, within the person-centered care planning process, that their housing status is assessed and addressed to assure compliance with HCBS Final Setting rule.	
6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services.					Not applicable	
The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.					Not applicable	
7. Each individual has privacy in their sleeping or living unit:					Not applicable	
-- units have entrance doors lockable by the individual with only appropriate staff having keys;					Not applicable	
-- individuals sharing units have a choice of roommates in that setting;					Not applicable	
-- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.					Not applicable	
8. Individuals have the freedom and support to:						
--control their own schedules and activities;				x	"Guidelines for Adult Day Health Care Programs Caring for Persons Living with HIV/AIDS and Other High Need Populations (November, 2017)" will be updated by 3/2022 to explicitly state expectations of "42 CFR 441.301(c)(4)(vi)(F), which indicates that any modification of the additional conditions, under 42 CFR 441.301(c)(4)(vi)(C) and (D), must be supported by a specific assessed need and justified in the person-centered service plan. Any deviation from the standards at 42 CFR 441.301(c)(4)(vi)(C) and (D) will be justified and documented in the Person-Centered Plan which will be updated no less frequently than every 6 months.	
--have access to food at any time.				x	See above response in cell 47F	
9. Individuals are able to have visitors of their choosing at any time.				x	See above response in cell 47F	
10. The setting is physically accessible to the individual.				x	See response at top of chart in cell 4F	
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under heightened scrutiny)	YES	NO	How Many?		List Heightened Scrutiny Sites - Use Additional Sheets If Necessary	
11. Are any settings in facilities that also provide inpatient institutional services?	x			1	Richmond Center for Rehabilitation and Healthcare AIDS ADHCP	
	NOTE: One AIDS ADHC program operates in space in a private non-profit nursing home. However, registrants of this program are <i>not</i> residents of the nursing home and are served in the same manner as registrants served in any of the programs located in freestanding clinic settings and are not isolated from the broader community.					
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?		x				
13. Do any of the settings serve to isolate individuals in receipt of Medicaid-funded HCBS from the broader community?		x				

HIV/AIDS Supportive Housing

Standard/Quality	Degree of Compliance				Documentation/Citations	Citation Web links
	Non-Compliant	Partially Compliant	Silent	Compliant		
All Settings:					All HIV/AIDS specific housing managed by DOH/ AIDS Institute is unlicensed/uncertified supportive housing that is provided through contractual arrangements. For the vast majority of these contractors tenants hold lease directly with a landlord in the community (not provider owned or controlled) and thus are setting presumed by New York to be compliant with the HCBS Final Setting Rule. To further ensure compliance, DOH/AIDS Institute will revise contract related documents and/or develop program guidance documents for all HIV supportive housing contracts managed by the AIDS Institute so that the language of such documents specifically references compliance with each of the HCBS standards listed in this compliance chart by 03/17/19. Programmatic monitoring protocols relative to compliance with the HCBS standards identified in this document will be developed and implemented by 03/31/20 as a part of routine contract monitoring for all supportive housing contracts managed by the AIDS Institute.	
1. Fully integrated into the broader community to the same degree of access as individuals not receiving Medicaid HCBS.			x		See above remediation plan	
-- opportunities to seek employment/ work in			x		See above	
-- engage in community life			x		See above	
-- control personal resources			x		See above	
-- receive services in the community			x		See above	
2. Selected by the individual among options including non-disability specific settings and an option for a private unit in a residential setting.			x		See above	
--the options are identified and documented in the person-centered service plan			x		See above	
--the options are based on the individual's needs, preferences, and for residential settings, resources available for room and board.			x		See above	
3. Ensure an individual's rights of privacy.			x		See above	
Ensure an individual's rights of dignity and respect.			x		See above	
Ensure an individual's rights of freedom from coercion and restraint.			x		See above	
4. Optimize and doesn't regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.			x		See above	
5. Facilitate individual choice regarding services and supports, and who provides them.			x		See above	
Provider Owned or Controlled Settings:						

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6. A specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services.			x		See above. For the Housing provider contractors that are determined to be provider-owned or controlled settings (e.g. hold a master lease with a landlord and sub-lease apartments to tenants, or own the apartments) a review of all lease/sub-lease agreements with tenants will be conducted, as well as a review of all program policies and procedures, and "house rules" to ascertain compliance with HCBS Setting Rule (Anticipated date – March 31, 2020) . Any indications of non-compliance will require a detailed explanation and a corrective action plan from the provider addressing the non-compliance (corrective action plans to be implemented June 30, 2019). If such tenancy agreements are determined to be less than fully compliant, a transition plan will be developed with the provider(s) to ensure complete compliance with the setting rule. The transition plan will incorporate all actions noted in reference to Standards #1 - #5 above. By 3/2022, where applicable, any deviations to the HCBS Standards at 42 CFR 441.301(c)(4)(vi)(A) through (D) will be on an individual case-by-case basis and supported and documented via a person-centered plan which may be developed in collaboration/consultation with community-based medical, behavioral health, and/or supportive service providers that the client has personally chosen to receive services from.	
The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.			x		See response above in 38F	
7. Each individual has privacy in their sleeping or living unit:						
-- units have entrance doors lockable by the individual with only appropriate staff having keys;			x		See response in 38F	
-- individuals sharing units have a choice of roommates in that setting;			x		See response in 38F	
-- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			x		See response in 38F	
8. Individuals have the freedom and support to:						
--control their own schedules and activities;			x		See response in 38F	
--have access to food at any time.			x		See response in 38F	
9. Individuals are able to have visitors of their choosing at any time.			x		See response in 38F	
10. The setting is physically accessible to the individual.			x		See response in 38F	
Heightened Scrutiny: (Note: if any site meets any of the below criteria then they fall under heightened scrutiny)	YES (Indicate How Many)		No		List Heightened Scrutiny Sites - Use Additional Sheets If Necessary	
11. Are any settings in facilities that also provide inpatient institutional services?			x			
12. Are any settings in facilities on the grounds of, or immediately adjacent to a public institution?			x			
13. Do any of the settings serve to isolate individuals in receipt of Medicaid-funded HCBS from the broader community?			x			