



### 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 Social Adult Day Care (SADC) Home and Community Based Services (HCBS) Compliance website:

[https://health.ny.gov/health\\_care/managed\\_care/mltc/sadc/](https://health.ny.gov/health_care/managed_care/mltc/sadc/)



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: \_\_\_\_\_

Date of Last Annual Site Visit: \_\_\_\_\_

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:		
<b>Contract Type:</b> <i>What type of contracts does the site have?</i>	MAP:	
	Partial:	
	PACE:	
<b>Number of MLTC Plan Members Served at the Site by Contract Type</b>	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)? <b>If no, please provide an explanation in the comment field.</b>		
4 In the last year, has the MLTC Plan received complaints about this site? <b>If yes, please provide an explanation in the comment field.</b>		
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? <b>If yes, please provide an explanation in the comment field.</b> <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? <b>If no, please provide an explanation in the comment field.</b> <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? <b>If no, please provide an explanation in the comment field.</b> <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? <b>If no, please provide an explanation in the comment field.</b> <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? <b>If no, please provide an explanation in the comment field.</b> <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? <b>If no, please provide an explanation in the comment field.</b>		
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:	<a href="https://omig.ny.gov/medicaid-fraud/file-allegation">https://omig.ny.gov/medicaid-fraud/file-allegation</a>
To file a complaint with NYS DOH follow this link:	<a href="https://www.health.ny.gov/health_care/managed_care/mltc/mlt-complaint.htm">https://www.health.ny.gov/health_care/managed_care/mltc/mlt-complaint.htm</a>
To reach the NYSOFA Ombudsman in your county for advocacy and resources, follow this link:	<a href="https://aging.ny.gov/long-term-care-ombudsman-program">https://aging.ny.gov/long-term-care-ombudsman-program</a>

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

Details on process for annual SADC Certification with OMIG:	<a href="https://www.health.ny.gov/health_care/medicaid/redesign/sadc-certification-process-webinar-2015-05-18.htm">https://www.health.ny.gov/health_care/medicaid/redesign/sadc-certification-process-webinar-2015-05-18.htm</a>
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**Reporting Resources (Oversight Requirement Questions 8 & 9)**

Details on process for registration with the NYC Department for the Aging (NYC Based SADCs Only):	<a href="https://www.nyc.gov/site/dfta/community-partners/social-adult-day-care.page">https://www.nyc.gov/site/dfta/community-partners/social-adult-day-care.page</a>
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**Standard Clauses (Contract Requirement Question 3)**

For NYS requirements for Standard Clauses, follow this link:	<a href="https://www.health.ny.gov/health_care/managed_care/hmoipa/standard-clauses-revisions.htm">https://www.health.ny.gov/health_care/managed_care/hmoipa/standard-clauses-revisions.htm</a>
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**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>
<b>Physical Environment and Safety</b> 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>			
<b>Member Care</b> 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 member 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 member files document that service plans are developed within 30 days of admission?				
	8 Do the member files document that service plans are developed with input from the participant and/or caregiver?				
	9 Do the member files document maintenance and enhancement of daily living skills, transportation, caregiver assistance and/or case coordination and assistance?	<i>Please see <a href="#">9 NYCRR §6654.10</a> for additional information on nutrition requirements.</i>			
	10 Does the site adhere to nutrition standards?				
<b>Policies and Procedures</b> 9 NYCRR §6654.20(d)(2)(i)(a-i)	11 Does the site have policies addressing member eligibility?				
	12 Does the site have policies addressing member 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 member's rights?				
	16 Does the site have policies addressing service delivery?				
	17 Does the site have policies addressing program self-evaluation?				
	18 Does the site have policies addressing participant records?				
	19 Does the site have policies addressing emergency preparedness?				
<b>Emergency Preparedness</b> 9 NYCRR §6654.20 (d)(2)(vii)	20 Does the site have fire drills twice yearly?				
	21 Does the site have each member'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>
<b>Staff Health Status</b> 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 members?				
	5 Does the site require that staff have TB screenings conducted bi-annually?				
<b>Staff Training</b> 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, members' 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 member?					

**[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 person centered service plan?			
4 Does the site allow members' movement with no 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>			
5 Does the site offer options for the members 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			
6 Does the site provide for more than one meal option and private dining space if requested by a member?			
7 Is the site physically accessible to the members, including access to bathrooms and break rooms?			
8 Does the site ensure member information (medical, diet information, etc.) is kept private/confidential?			
9 Are health and personal care activities, including discussions of health or personal matters, conducted in private?			
10 Does site provide the opportunity and space for all members to do activities such as speaking on the telephone and visiting with others in private?			
11 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 members?  <i>Note: This is referring community integration activities, not SADC outings.</i>			
12 Does the site afford opportunities for member activities that focus on the needs and desires of the members served and an opportunity for member growth?  <i>Note: Please take note of how members may provide suggestions to the SADC. For example, does the SADC have a suggestion box or a member council?</i>			
13 Are activities adapted to members' needs and preferences?  <i>Note: Please ensure members are aware of activity adaptations <u>and</u> how to request them (ex. sign, information in the member's rights, etc.).</i>			

14	<p>Is public transportation available to/from the site?</p> <p><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 members to access the SADC and community.</i></p>			
15	<p>Is information regarding transportation available to members in a convenient manner such as member handbooks, handouts, or public postings?</p>			
16	<p>Are members given flexibility in when they take breaks/lunch times?</p> <p><i>Note: This includes having access to snacks and drinks throughout the day and at non-meal times.</i></p>			
17	<p>Does the site allow members to have visitors of their choosing at any time?</p>			
18	<p>Does the SADC support members to do the following?</p> <ul style="list-style-type: none"> <li>- Make their own decisions</li> <li>- Associate with others</li> <li>- Access their money</li> </ul> <p><i>Note: Accessing the member's money may mean having supports in place to assist the member if they want to access their own money or ensuring members are aware that they have the right to manage their own money and the SADC does not manage their money.</i></p>			
19	<p>Does the setting have enough staff to assist members, as needed?</p> <p><i>Note: The NYSOFA recommended staff to member ratio is 1:7. Ensure there is always at least one staff member available, not just volunteers.</i></p>			
20	<p>Does the SADC ensure staff are knowledgeable about the capabilities, interests, preferences, and needs of members?</p> <p><i>Note: Be sure to take note of HOW staff are trained. Ex. Is a staff meeting held daily?</i></p>			
21	<p>Does the site provide information to members about how to make a request for additional services or to make changes to their person centered service plan?</p>			
22	<p>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?</p> <p><i>Note: It is not sufficient to ensure training was given once via a training log, etc. but, rather verification that there is a policy or procedure ensuring all staff are regularly trained, as applicable, is required.</i></p>			
23	<p>Are SADC policies regularly reassessed for compliance and effectiveness, and amended as necessary?</p> <p><i>Note: All policies should already be updated to reflect HCBS Final Rule requirements and the PCP process.</i></p>			
24	<p>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 members receiving Medicaid HCBS?</p>			
25	<p>Do the members served at this site have the option to regularly interact with members of the community (not staff or volunteers) while attending the program?</p> <p><i>Note: This question is not referring to time spent at the daycare site or SADC group outings. This is asking if members are given the option to regularly participate in individualized community integration activities.</i></p>			
26	<p>Does the site allow members, 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?</p> <p><i>Note: The UAS-NY assessment will be utilized to determine if the consumer is "safe and competent." members who require support to be able to go outside or move about the building should have support to do so, as indicated in their person centered service plan.</i></p>			
27	<p>Are resources other than public transportation, including financial and staff resources, available for members during the time at the SADC to access the site and/or individualized activities that members may wish to attend in the community?</p> <p><i>Note: This is support for community integration activities not SADC outings or transportation for the member to attend the SADC.</i></p>			

28	<p>Does the site restrict members from receiving services or engaging in activities outside of the SADC?</p> <p><i>Note: Ensure members are able to receive/attend appointments during the SADC program hours and verify if Home Health Aides or other services may be rendered during SADC program hours. Also, ensure members may attend community integration activities. If a member has a specific modification documented in their PCSP this does not make the SADC not compliant.</i></p>			
29	<p>Does the site provide members with flexibility in their daily schedule and activities?</p> <p><i>Note: This is looking at if members can choose when to participate in an activity and if they can choose not to participate and instead do something else.</i></p>			
30	<p>Does the site ensure that one or more person's behavior supports do not impede on the rights of other members?</p> <p><i>Note: Ensure staff receive training on things like situation de-escalation, behavioral management, etc. An example of a behavior support could be a locked food cabinet, in this situation is there a work around for other members who would not require such a behavioral support to access the cabinet?</i></p>			
31	<p>Does the site allow members to choose which of the site's employees provide their services? Example: A member requests that all personal care services for her be conducted by female employees. Is that member's request met?</p> <p><i>Note: If the SADC has staff of all one gender there must be a process in place to ensure members attending or who are considering attending the SADC are made aware of this and that they will be unable to receive supports from employees of the other gender before they choose to go to the SADC</i></p>			
32	<p>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?</p>			
33	<p>Does the site allow members to choose with whom they spend their time while at the SADC?</p>			
34	<p>Do all documents indicate the member leads or directs the person-centered planning process independently or with assistance from their guardian or advocate?</p> <p><i>Note: Review all documents and language in the PCSP template to ensure it <u>only</u> indicates the member "leads" or "directs" the process. They should not indicate the process is done "in conjunction with" the member or that the member is "a part" of the process.</i></p>			
35	<p>Do members have the right to be free from all harm or abuse, use of restraints (chemical and physical), seclusion, neglect, and coercion?</p> <p><i>Note: All policy language should reflect this and should never be written so that any of these are allowable. (Ex. The member has a right to be free from "unnecessary" physical or chemical restraints...)</i></p>			

**[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.

The Yes/No response field contains two types of "No" responses: 1) No – Item Missing: To use when the item being assessed for compliance is not located in the SADC's PCSP template. 2) No – Item Named Incorrectly\*: Which is used when the item being assessed for compliance is in the SADC's PCSP template but, is not appropriately named to match DOH's SADC/SADS PCSP Template fields.

\*Note: The SADC PCSP template issued by DOH and NYSOFA to the SADC sites uses the term "participant" and this tool uses "member," both the terms are considered acceptable to describe the recipient of services. The SADC may also utilize a different term to describe the recipient of services in their PCSP template version and this does not cause an issue with compliance.

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).
PCSP Completion Information	1	Person Completing PCSP	The full legal name of the person completing the PCSP (i.e., first and last name).		
	2	Date of PCSP Completion	The date PCSP is being completed on.		
	3	Authorization Period End Date	The authorization period end date is 12 Months from the date the PCSP is completed.		
SADC Member Information	1	Member's 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	Address	Physical address for the member's current residency (home).		
	4	Member's Living Arrangements	Indicate if the member lives with others and if so, list the names and relationship with the member.		
	5	Phone Number	Member's phone number, including area code. Additional area for listing multiple numbers (ex. home and cell phone) is recommended.		
	6	Email	Member's email, if applicable.		
	7	Preferred Language	Language preferred by the member.		
	8	Gender	The member's assigned gender.		
	9	Gender Identity	The gender the member identifies as.		
	10	Insurance Company/ Managed Long-Term Care (MLTC) Plan	A place for the member's health insurance information.		
	11	Insurance/Medicaid ID	The member's Insurance or Medicaid ID.		
	12	Insurance/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	Secondary/Back-Up Care Manager Contact Information	Contact information for the member's back-up Care Manager. This should include at minimum the care manager's name and contact information – email and/or phone number.		
	14	Primary Care Physician (PCP) Contact Information	Contact information for the member's PCP. This should include at minimum the PCP's name and contact information – email and/or phone number.		
15	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			
16	Method of Transportation To/From SADC	A 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.			
17	Emergency Contact Information	Contact information for the member's emergency contact(s), caregiver, and/or guardian/legal representative. There should be room to list at least two emergency contacts, in case one individual cannot be reached. This must include at minimum the contact's name, relationship to the member, phone number and email address.			

Member's Health Information	1	Pertinent Diagnoses	<p>A place to include all relevant diagnoses that a member has. This space should be applicable to physical, mental health, behavioral health diagnoses.</p> <p><b>Important:</b> Diagnoses should include the diagnosis and any pertinent information on how it may impact the member.</p> <p><b>Ex.</b> Diabetes Mellitus Type II-insulin dependent at mealtimes. Dementia with wandering behaviors. Difficulty Swallowing (Dysphagia)-requires dietary modifications.</p>			
	2	Medications	<p>A place to list medications the member is taking. The template should have a place to list assistance needed for the member with taking medication.</p>			
	3	Allergies	<p>A 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.</p> <p><b>Ex.</b> Severe peanut allergy- requires Emergency Epi-Pen.</p>			
	4	Dietary Restrictions	<p>A place to include the member's dietary restrictions and/or needs.</p> <p><b>Important:</b> A place to indicate limitations on access to food must be available.</p> <p>A place to include nutritional preferences/special diet.</p>			
	5	Capacity for Independence	<p>A place to document the member's ability to communicate their needs. Additionally, does the template include space to describe why, if the response is "no"?</p>			
			<p>A place to document the member's ability to make their own decisions? Additionally, does the template include space to describe why, if the response is "no"?</p>			
<p>A place to document whether or not the member can be left alone and unsupervised? Additionally, does the template include space to describe why, if the response is "no"?</p>						
<p>A place to document whether the member has any pain and/or sensory needs? Additionally, does the template include space to describe what the needs are and what assistance is to be provided, if the response is "yes"?</p>						
6	Functional Assessment/Staff Intervention	<p>A place to address each activity of daily living (ADL): Mobility, transfers, toileting, continence, eating, medication self-administration, and supervision/monitoring. The template should include a place to document the level of care that should be provided and the assistive technology/device, for each ADL.</p> <p><b>Ex.</b> If a member utilizes a wheelchair or requires assistance eating.</p> <p><b>Ex2.</b> 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 <u>notifications to a visually impaired member or having a trail</u></p> <p>A place to indicate if the member has a preference for the gender of their Personal Care Assistant</p>				
Risk Management and Safeguards	1	Risks, Triggers, Known Responses, Measures in Place, and Safeguards	<p>A place to indicate all health and/or safety risks.</p>			
			<p>For every risk listed is there a place to record triggers?</p>			
			<p>For every risk listed is there a place to record known responses?</p>			
			<p>For every risk listed is there a place to record measures in place?</p>			
			<p>For every risk listed is there a place to record safeguards?</p>			
	1	Preferences	<p>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><b>Ex.</b> Fitness, group activities/outings, reading, music, etc.</p>			

<p><b>Preferences and Strengths/Needs</b></p>	<p>2</p>	<p>Strengths and Needs</p>	<p>A place to indicate the strengths and needs of the member.</p> <p><b>Ex.</b> 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><b>Ex 2.</b> Need– 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>			
<p><b>Goals and Activities</b></p>	<p>1</p>	<p>SADC Program Goals and Outcomes</p>	<p>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><b>Ex.</b> 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>			
	<p>2</p>	<p>SADC Program Goals and Outcomes: Actions and/or Steps</p>	<p>A Section to indicate the actions and/or steps needed for the member to achieve all listed goals and reach the desired outcome.</p>			
	<p>3</p>	<p>SADC Activity Preferences</p>	<p>A place 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><b>Ex.</b> 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>			
	<p>4</p>	<p>SADC Activity Supports (if applicable)</p>	<p>Section to indicate if there are any necessary supports or modifications that may need to be used.</p> <p><b>Ex.</b> A member in a wheelchair or someone who has difficulty standing, may need to do a modified version of yoga (maybe from a chair or wheelchair), or someone who is visually impaired may need extra-large BINGO cards or a magnifier.</p>			
	<p>5</p>	<p>Community Activities (aka Community Integration)</p>	<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><b>Note:</b> 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>			
	<p>6</p>	<p>Community Activities: Coordination/Supports Offered</p>	<p>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.</p>			
	<p>7</p>	<p>Work/Volunteer Interest</p>	<p>A place for the member's interest in working or volunteering. The template must include space to indicate if the member is unable to work or volunteer and why.</p> <p>A place to describe the work and/or volunteer opportunity the member is interested in pursuing including the frequency of the activity and any necessary supports the member needs to achieve their working/volunteering goals.</p>			

<b>Modification to Member Rights</b>	1	Modification for Member's Rights Under HCBS Final Rule	<p><i>A place to document modifications to the member's rights under the HCBS Final Rule:</i></p> <ul style="list-style-type: none"> <li>• Access to food.</li> <li>• Freedom and support to control their own schedule.</li> <li>• Freedom to have visitors of their choosing.</li> </ul> <p><i>Any modifications to those member rights must be documented and include a justification for these modifications.</i></p>			
	2	Other Member Rights	<p><i>A place to document modifications to the member rights not captured under the HCBS Final Rule section above. Any modifications to other member rights must be documented and include a justification for these modifications.</i></p>			
<b>PCSP Acknowledgement</b>	1	Acknowledgement of Person-Centered Planning (PCP) Process	<p><i>A general acknowledgement that the member and/or legal representative are agreeing to when they sign the form. This must acknowledge that the member leads 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, or indicate something other than the member "leading" or "directing" the PCP process.</i></p>			
	2	Member's and/or Legal Representative's Signature	<p><i>A field for the member, or their legal representative/guardian, to sign and acknowledge their agreement with the completed PCSP.</i></p>			
	3	Signature Date	<p><i>A field for the member, or their legal representative/guardian, to list the date they sign the completed PCSP.</i></p>			