Social Adult Day Care (SADC)

**Suggested Site Evaluation Tool
for Managed Long-Term Care (MLTC) Plans**

September 16, 2022

Agenda

➢ Overview and Purpose

➢ Tool Organization

➢ Completing the Tool
- Cover Page
- General Information
- Contract and Oversight
- Site and Staff Requirements
- Member Checklist
- Staff and Volunteer Checklist
- HCBS Final Rule

➢ Instructions for Copying a Checklist Tabs

➢ Questions and Answer (Q&A)

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Overview and Purpose

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Overview and Purpose of the Tool

- The New York State (NYS) Department of Health (DOH) requires all Managed Long-Term Care (MLTC) Plans to annually evaluate their contracted SADC sites for compliance with State and Federal standards.

- This includes, 9 NYCRR §6654.20, the Medicaid Advantage Plus (MAP) and MLTC Partial Capitation (Partial) model contracts, and requirements under the Home and Community-Based Services (HCBS) Settings Final Rule.

- The Suggested SADC Site Evaluation Tool is a Microsoft Excel workbook created as a resource for MLTC Plans to ensure and document SADC site compliance with all requirements.

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

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Tool Organization

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Tool Organization

The SADC tools is organized into nine sections which include all evaluation questions that are required for completion.

- The evaluation questions are organized in tabs found along the bottom of the workbook.

- Sections of the workbook include:
  - Instructions
  - Cover Page
  - General
  - Contract and Oversight
  - Site Requirements
  - Member Checklist
  - Staffing Requirements
  - Staff and Volunteer Checklist
  - HCBS Final Rule

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When you open the Excel workbook, the evaluation questions are organized in the worksheet tabs found along the bottom of the workbook.

Completion of the Tool

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Completion of the Survey Tool

- This tool is intended to be utilized upon initially contracting with an SADC, and annually thereafter.

- A separate tool must be completed for all physical SADC sites each MLTC Plan contracts with.

- The tool will be posted and stored on the DOH website, and the HCBS requirements section, for MLTC Plans to access and utilize.

- Follow provided guidance for questions to ensure adequate responses.

- Based on the number of members and staff/volunteers reviewed, the "Member Checklist" and "Staff and Volunteer Checklist" tabs need to be copied and filled out.
  (Note: Instructions are provided for copying tabs within this presentation.)

- **IMPORTANT:** Completion of all fields and tabs is required, unless directed otherwise.

Be sure to keep the completed tools and supporting documentation for the required 7 years and be prepared to furnish copies upon request from DOH, CMS, and other regulatory agencies.

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Completion of the Tool: Cover Page

September 2022

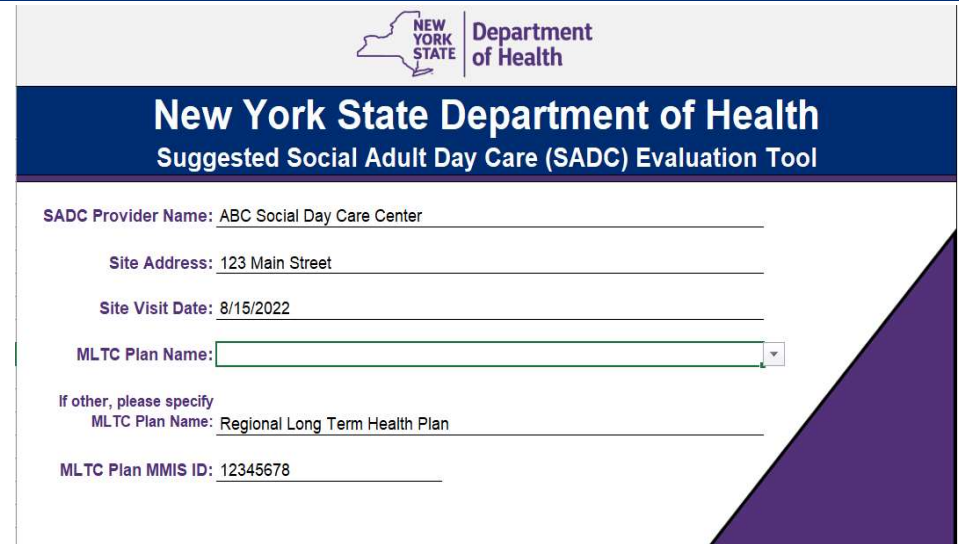NEW YORK STATE | Department of Health

Cover Page

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

Please note the following:

- The MLTC Plan Representative enters the requested information specific to the SADC site on the Cover Page worksheet.

- The MLTC Plan Name field is a dropdown menu filled with the name of existing MLTC Plans.
  - Note the green highlighted box with the drop down arrow.

- If your **MLTC Plan name** is **not listed**, **please select "other"** from the dropdown list and enter the MLTC Plan Name in the subsequent field.

- Be sure to populate the applicable MMIS ID for the MLTC Plan and **double check** to ensure that it was entered correctly.

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Suggested Social Adult Day Care (SADC) Evaluation Tool

SADC Provider Name: ABC Social Day Care Center
Site Address: 123 Main Street
Site Visit Date: 8/15/2022
MLTC Plan Name:
If other, please specify MLTC Plan Name: Regional Long Term Health Plan
MLTC Plan MMIS ID: 12345678

Field Name	Description
SADC Provider Name	Enter the full name of the specific SADC location.
Site Address	Address of the site's geographic location.
Site Visit Date	When entering the date of the scheduled site visit, the workbook will automatically convert the date into the correct format.
MLTC Plan Name:	Select from the drop-down list of providers. If you don't see your MLTC plan listed, enter your plan name in the field below.
If other, please specific MLTC Plan Name:	If your MLTC Plan was not listed in the drop-down list above, enter your MLTC Plan organization name.
MLTC Plan MMIS ID	Enter your 8-digit MMIS ID associated with the Managed Care Plan. Refer to the MMIS Lookup for more information on the MMIS ID.

Completion of the Tool: General Information

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General Information

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

1. MLTC Plan Representative Completing the Tool

2. SADC Site Point of Contact

3. Site Information

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SADC 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):	
MLTC Plan Representing:	

SADC Site Point of Contact	
Name (First & last):	
Title:	
Phone:	
Email:	
SADC Site Name:	

Site Information		
Only complete applicable fields		
NPI:		
Company/DBA Name:		
Owner Name (First & Last):		
Owner Title:		
Owner Phone:		
Owner Email:		
Director Name (First & Last):		
Director Title:		
Director Phone:		
Director Email:		
Contract Type: *What type of contracts does the site have?*	MAP:	
	Partial:	
	PACE:	
Number of MLTC Plan Members Served at the Site by Contract Type	MAP Members:	
	Partial Members:	
	PACE Members:	

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MLTC Plan Representative Completing This Tool

The General Information tab is used to record the name, title and contact information for the MLTC Plan representative filling out the evaluation tool.

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

- **MLTC Plan Representing** is also pre-populated based on information already provided on the cover page.

Suggested SADC Site Evaluation Tool
General Information

Managed Long Term Care (MLTC) Plan	
MLTC Plan Representative Completing This Tool	
Name (First & Last):	John Doe
Title:	Program Manager
Phone:	518-555-5556
Email:	jd2@email.com
Plan MMIS ID (Medicaid ID):	12345678
MLTC Plan Representing:	Regional Long Term Health Plan

Field Name	Description
Name	This is the name of the individual conducting the survey and completing the Evaluation Tool.
Title	Job title of the individual completing the Evaluation Tool.
Phone	Enter the best number to reach the individual completing the Evaluation Tool.
Email	Enter the best email address of the individual completing Evaluation Tool.
Plan MMIS ID (Medicaid ID)	This field is pre-populated based on the data entered in the Cover Page (see image above).
MLTC Plan Representing	This field is pre-populated based on the data entered in the Cover Page (see image above).

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SADC Point of Contact

SADC Site Point of Contact refers to the representative for the SADC site that coordinated with the MLTC Plan representative to complete the evaluation.

- The contact's name, title, and direct contact information are required.
- The SADC site name is pre-populated based on information provided on the Cover Page.

Social Adult Day Care (SADC)

SADC Site Point of Contact

Name (First & Last):	Jane Doe
Title:	SADC Director
Phone:	518-555-5555
Email:	jd1@email.com
SADC Site Name:	ABC Social Day Care

Field Name	Description
Name	This is the name of the SADC Site Director (or contact) who the MLTC Plan Representative consulted during the administration of this Evaluation Tool.
Title	Job title of the SADC Director or Contact.
Phone	Enter the number of the SADC Director or Contact.
Email	Enter email address of the SADC Director or Contact.
SADC Site Name	This field is pre-populated based on the data entered in the Cover Page (see image above).

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Site Information

The Site Information section includes the below elements associated with the SADC.

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

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

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

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

- **Contract Type**
  - Indicate Yes/No via the dropdown menu if the SADC and MLTC Plan have a contract for each type listed.

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

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Site Information	
Only complete applicable fields	
NPI:	12345678
Company/DBA Name:	ABC Social Day Care Center
Owner Name (First & Last):	Bob Jones
Owner Title:	President
Owner Phone:	555-555-0102
Owner Email:	robert.jones@email.com
Director Name (First & Last):	Lucy Smith
Director Title:	SADC Director
Director Phone:	555-555-0101
Director Email:	lucy.smith@email.com

Contract Type: *What type of contracts does the site have?*	**MAP:**	Yes
	Partial:	No
	PACE:	Yes
Number of MLTC Plan Members Served at the Site by Contract Type	**MAP Members:**	35
	Partial Members:	
	PACE Members:	15

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Completion of the Tool: Contract & Oversight

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Contract and Oversight

This section includes contract and oversight components from the model contracts.

- It consists of three sections:
  - Oversight Requirements
  - Contract Requirements
  - Reference Section

- Oversight Requirements: 7 Questions

- Contract Requirements: 5 Questions

- All questions require a selection of **Yes** or **No** response.

- Depending on the response, some questions will require the comment field to be completed and possibly supporting documentation will need to be obtained.

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Oversight Requirements		
Oversight Requirements	**Response**	**Comment**
1 Does the site provide transportation to and from the daycare?		
2 Does the site provide transportation for outside events?		
3 Does the site provide hot home delivered meals that are prepared at the site (e.g. meals on wheels)? **If no, please provide an explanation in the comment field.**		
4 In the last year, has the MLTC Plan received complaints about this site? **If yes, please provide an explanation in the comment field.**		
5 In the last year, does the site have any suspected instances of Fraud, Waste and Abuse that were referred to OMIG, DOH, or NYSOFA? **If yes, please provide an explanation in the comment field.** *Note: See Reference below for more information on reporting to OMIG, DOH, or NYSOFA.*		
6 Did the SADC site complete certification with OMIG within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC*		
7 Did the MLTC Plan obtain evidence of the SADC site certification with OMIG being conducted within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC certification with OMIG.*		
Contract Requirements for the Contract Between MLTC Plan and SADC Site		
Contract Requirements	**Response**	**Comment**
1 Is there an executed (signed and dated by both parties) contract on file between MLTC Plan and the SADC Site? **If no, please provide an explanation in the comment field.**		
2 What is the Date of the Contract or the most recent amendment date?		
3 Does the executed contract contain NYS requirements for Standard Clauses? *Note: See below Reference Section for link to NYS Standard Clauses*		
4 Does the executed contract contain requirements for SADC Contracts? *Note: See below Reference Section for SADC Contract Requirements*		
References		
Reporting Resources (Oversight Requirement Question 5)		
To file an allegation with OMIG follow this link:	https://omig.ny.gov/medicaid-fraud/file-allegation	

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Oversight Requirement Questions 6 & 7

Oversight Requirements questions 6 and 7 relate to MLTC Policy 15.01(a), which requires all SADC sites to register and certify annually with the Office of the Medicaid Inspector General (OMIG).

- Certification must be done:
  - Initially when contracting with a MLTC Plan.
  - Within 1 year of the prior certification.

- The certification must be completed electronically, via OMIG's website.
  - https://www.omig.ny.gov/sadc-certification

- Additional details and information can be found on DOH's website.
  - https://www.health.ny.gov/health_care/medicaid/redesign/sadc_certification_process_webinar_2015-05-18.htm

	Oversight Requirements	Response
6	Did the SADC site complete certification with OMIG within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC*	
7	Did the MLTC Plan obtain evidence of the SADC site certification with OMIG being conducted within the last year? **If no, please provide an explanation in the comment field.** *Note: See Reference below for more information on completing SADC certification with OMIG.*	

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Reference Section

The reference section includes helpful links and specific contract language that is required to be present in the MLTC contract with the SADC site.

- There are no questions to be completed in this section, rather it provides additional guidance for the plan when completing the oversight and contract requirements in the sections above.

- The specific questions for which more information is provided, are listed in the headings.

References
Reporting Resources (Oversight Requirement Question 5)

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

Reporting Resources (Oversight Requirement Questions 6 & 7)

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

Standard Clauses (Contract Requirement Question 3)

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

SADC Contract Requirements (Contract Requirement Question 4)

Managed Long Term Care Contract
Article VII § C.2 (a)
Required Provisions
2. Although there is not a specific license or certification, in order to be assured of Enrollee health and safety, all providers of Social Day Care services must meet the standards and requirements of 9 NYCRR 6654.20.
   a. Prior to entering into contract with a provider of Social Day Care services, and on an annual basis thereafter, the Contractor is required to conduct a site visit of each such provider in their network to review and assure compliance with:
      i. 9 NYCRR 6654.20,
      ii. the terms of the contract between the provider and Contractor, and
      iii. all other standards required by law or regulation for the operation of said provider, including but not limited to laws, codes, and regulations regarding the facility' structure, labor requirements, and food quality.
   b. Contracts between Contractor and any provider of Social Day Care Service must specify that said provider will:
      i. adhere to and identify, in the contract between Contractor and said provider, all building laws, codes, and regulations applicable to the particular provider,
      ii. adhere to all laws, codes, and regulations applicable to the provision of food,
      iii. regularly report to the Contractor any issues related to appeals or grievances, and
      iv. participate in applicable quality assurance and performance improvement initiatives.

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Completion of the Tool:
Site & Staff Requirements

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Site and Staff Requirements

Title 9 NYCRR §6654.20 requirements are divided into two separate worksheets: **Site** and **Staff**.

Both the Site Requirements and Staff Requirements tabs share the same layout, formatting, and functionality.

- The legal standard appears to the left of the criteria assessing for compliance.

- For selected criteria, there is a separate column that provides guidance to aid the assessment.

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

Standard		Question to Assess for Compliance	Guidance	Yes/No
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?	*It is recommended that the plan obtain a copy of the Certificate of Occupancy.*	
	3	Does the site have the written notification to local fire jurisdiction of site's -physical location, and hours of operation?	*It is recommended that the plan obtain copy of the written notification.*	Yes No
	4	Does the site have sufficient insurance coverage? Including both personal and professional liability.	*It is recommended that the plan obtain a copy of the insurance coverage documents.*	
	5	Is the site in compliance with the Americans with Disabilities Act (ADA) requirements for accessibility for persons with disabilities?	*If deficiencies are noted, they should be documented in writing or photographs. Any subsequent corrective actions should be documented in writing or photographs.*	

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Site and Staff Requirements Continued

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

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

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

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

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. environmental pictures, updated documents and policies).*
Yes	Facility has sufficient space for current activities and services.	
No	Missing the correct number of fire exinguishers.	Site will obtain needed extinguishers and work with the local fire marshal on proper placement. Will then keep on file copies (with environmental photos) of the evidence of compliance from the insurance company.
Yes	Including a copy of the written notification.	
Yes	Including copies of the insurance documents.	

September 2022

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Completion of the Tool: Member Checklist

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Member Checklist

As part of SADC site oversight, the MLTC Plan is required to review member files for compliance, document instances of non-compliance and remediate those instances.

- To effectively evaluate compliance, a statistically valid sample size, approximately 10% of the enrolled members at the SADC site, should be reviewed.

- The worksheet/tab can be copied and completed for each member file reviewed.
  - Instructions are included for copying worksheet/tabs at the end of this presentation.

- All but one question requires a selection of **Yes** or **No**. The question that does not asks about the frequency of service plan review.

- If answering **No** to any question, please provide an explanation in the comment field.

September 2022

ABC Social Day Care Center
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?	Yes	
Does the member file contain emergency contacts and family member contacts?	Yes	
Does the member file contain primary care contact?	No	
Does the member file contain the plan of care/service plan?	Yes	
Does the member file contain the initial assessment performed prior to admission to the program?	Yes	
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?	Yes	

Additional Member Requirements	Contained in Member file?	Comment
Is there evidence that the SADC reviewed the plan of care/service plan?	Yes	
What is the frequency that the SADC reviewed the plan of care/service plan?	Every 6 months	
Does the SADC review the plan of care/service plan when there is a change in condition?	Yes	
Are the plan of care/service plan reviews compliant?	Yes	
Does the plan of care/service plan incorporate or indicate member specific needs or supports?	Yes	
Does the plan of care/service plan detail member specific preferences or wants?	Yes	
Is there evidence that the participant has had input into their plan of care/service plan?	Yes	
Is there evidence that the participant rights were explained with copies provided to member/caregiver?	Yes	
Does the member file contain the nutritional assessment?	Yes	
Does the member file contain the list of medications?	Yes	

Do Not list any member identifiable information on this checklist tab.

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Completion of the Tool: Staff & Volunteer Checklist

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Staff and Volunteer File Review Checklist

As part of SADC site oversight, the MLTC Plan is required to review staff files for compliance, document instances of non-compliance, and remediate those instances.

- To effectively evaluate compliance, a statistically valid sample size, approximately 10% of the staff and volunteers at the SADC site, should be reviewed.

- The worksheet/tab can be copied and completed for each staff file reviewed.
  [See slides 33-40 for instructions]

- If answering **No** to any question, please provide remediation steps and an explanation in the comment field.

September 2022

Staff and Volunteer File Review Checklist
Guidance

To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximate of 10% of all staff and volunteers at the SADC site. This sample should include the director and all clinical staff. This checklist can be copied and used to track requirements for each staff member and volunteer file under review.

If answering no to any question, please provide an explanation in the comment field.

Staff/Volunteer	Response	Comment
Name		
Title		
Date of Hire		
The following items are required for all staff and volunteers upon hire		
Does the staff/volunteer file contain an Initial Health Assessment?		
Does the staff/volunteer file contain an Initial PPD skin test/CXR/Q?		
Does the staff/volunteer file show proof of orientation to provider, community and program?		
Does the staff/volunteer file show proof of training on Working with Older Adults?		
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?		
The following items are required for all staff and volunteers annually		
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?		
The following items are required for all staff and volunteers prior to contact with participants		
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;		

Instructions | Cover Page | General | Contract and Oversight | Site Requirements | Member Checklist | Staff Requirements | **Staff and Volunteer Checklist** | HCBS

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Completion of the Tool: HCBS Final Rule

September 2022

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Background on the HCBS Settings Final Rule

The HCBS Settings Final Rule, a federal regulation effective March 17, 2014, set new standards to promote community involvement and independence for people who receive Medicaid-funded home and community-based services (HCBS).

The rule set new requirements, including the following:

- Person-centered planning and conflict of interest.
- Standards for all settings where HCBS are provided.

Since SADC is a HCBS service, all MLTC Plans are required to ensure that all contracted SADC sites are compliant with the HCBS Settings Final Rule.

September 2022

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HCBS Settings Final Rule Standards

All HCBS settings, including SADC sites, must ensure the following:

- The setting is integrated in and supports the individual having full access to the greater community.

- The setting is selected from among options by the individual (and their representative if they have one).

- Ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

- Optimize autonomy and independence in making life choices.

- Facilitate choices and options for an individual's services and who provides them.

September 2022

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HCBS Final Rule Tab Sections

The following sections exist on the HCBS Settings Final Rule verification tab:

- SADC Setting Characteristics
- HCBS Standards

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** *If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies).*
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?			

September 2022

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SADC Setting Characteristics

The first section has only one question, asking if the setting of the SADC has institutional characteristics.

In order to respond to the question, select a response from the pull-down menu:

- Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.
  - May include (but not limited to): hospitals, skilled nursing facilities, inpatient mental health treatment centers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), etc.
- Setting is in a building on the grounds of, or adjacent to, a public institution.
  - CMS defined "public institution" as it relates to the HCBS Settings Final Rule regulation, as "an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government".
- None of the above.
  - The SADC setting has none of the above characteristics.

September 2022

Question to Assess for Compliance
1 Does the setting of the SADC have institutional characteristics?

Response
Setting is in a publicly or privately operated facility that provides inpatient inst
Setting is in a building on the grounds of, or adjacent to, a public institution.
None of the above.

Response	
Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.	If answering anything other than "None of the above," please provide additional information about the setting and explain how it overcomes institutional characteristics.

HCBS Standards

The remaining questions in the second section assess compliance to HCBS setting standards.

- In order to respond to each question, select a **Yes** or **No** response from the dropdown menu.

- Selecting **No** will change the color of the cell to **red**. This is as a visual cue that the SADC is <u>out of compliance</u> with the standard.
  - Details on the remediation plan must be entered for all non-compliant standards.

- In order to help assess compliance for selected standards on the worksheet, there is additional guidance that appears directly below the standard (designated by **Note**).

HCBS Standards			
Question to Assess for Compliance	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. environmental pictures, updated documents and policies).
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?	Yes	The site has volunteer and employment agreements with several community non-profits and the library.	
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?	No	The site does not include any organied day trips or access for members to spend the day outside the facility.	The site is hiring an activities coordinator who will organize day trips and transportation to the downtown area.

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.

September 2022

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Instructions for Copying a Checklist Tab

September 2022

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Copying and Renaming a Checklist Tab

MLTC Plans may need additional copies of the checklists within the tool, depending on the number of members, staff, and volunteer records they are reviewing for the SADC Site.

These instructions apply to creating new tabs for both the Staff/Volunteer and the Membership Checklists.

- The steps to do so are as follows:
    1. Right click on the tab to be copied.
    2. From the dropdown menu select "Move or Copy".
    3. Move cursor to select Member Checklist.
    4. Select the "Create a Copy" checkbox, then click "OK".
- Optionally, as needed, you can delete or rename any created Checklist tab.

- In addition to the information provided here, users can also refer to the Microsoft Help and/or Online Resources to detail how to create additional tabs in an Excel document.

September 2022

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Copying and Renaming a Checklist Tab

Go to the tab you are looking to copy.

September 2022

Copying and Renaming a Checklist Tab

Step 1: Right click on the tab to be copied.

September 2022

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Copying and Renaming a Checklist Tab

Step 2: From the dropdown menu select "Move or Copy".

September 2022

Copying and Renaming a Checklist Tab

Step 3: Move cursor to select "Member Checklist".

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Copying and Renaming a Checklist Tab

Step 4: Select the "Create a Copy" checkbox, then click "OK".

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Copying and Renaming a Checklist Tab

Result: Now, you have a second Checklist tab to record information for additional members. Follow the same steps to create additional Staff and Volunteer Checklist tabs.

September 2022

Copying and Renaming a Checklist Tab

Optionally, as needed, you can delete or rename any created Checklist tab by right clicking the tab and selecting Rename or Delete.

September 2022

Q & A

September 2022

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Resources

For additional information please see the following resources:

➢ **NYCRR Title 9 Subtitle Y Chapter II Section 6654.20**
https://govt.westlaw.com/nycrr/Document/I4fb189e6cd1711dda432a117e6e0f345?transitionType=Default&contextData=(sc.Default)#coid_website_startContent

➢ **Office of the Aging: Social Adult Day Services**
https://aging.ny.gov/social-adult-day-services-sads

➢ **CMS HCBS Settings Final Rule**
https://www.health.ny.gov/health_care/medicaid/redesign/docs/hcbs_final_rule.pdf

➢ **NYS DOH HCBS Settings Final Rule Website**
https://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm

➢ **NYS DOH MLTC Policy Documents**
https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policies.htm

➢ **NYS DOH Person-Centered Planning Library**
https://www.health.ny.gov/health_care/medicaid/redesign/person-centered_planning/index.htm

September 2022

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Tool & Guide

➢ **Suggested SADC Site Evaluation Tool**

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/2022/docs/2022-08-26_sadc_eval_tool.xlsx

➢ **User Manual for the Tool**

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/mltc_policy/2022/docs/2022-08-26_guide_sadc_eval_tool.pdf

September 2022

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Questions?

Please contact NYS DOH, MLTC Surveillance Team

Email: MLTCSurvey@health.ny.gov

September 2022

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