NEW YORK STATE OF OPPORTUNITY. | Department of Health

ADHCP HCBS Self Assessment

New York State Department of Health Survey Assessment for Adult Day Health Care

**Thank you for responding to the following questions to evaluate compliance status with
the CMS HCBS "Final Rule." Responses will be used by the Department to develop training,
education and guidance documents to assist providers in achieving compliance with the Final Rule.**

**The format for Survey Monkey is extremely user friendly.   Answer each question and support your
answer with a short statement in addition to sending supporting documentation and/or
photographs to ADHCP.HCBS@health.ny.gov. Be sure to include in the subject line the program
name and the question number(s) being addressed.**

Your response is required by June 30, 2019.

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ADHCP HCBS Self Assessment

Contact and Demographics

Please provide the following information regarding your ADHCP. Do not skip any questions.

* 1. Program Name

* 2. Program ID Number (i.e., ADXXXXA)

* 3. Operator

* 4. ADHCP Director Name

* 5. ADHCP Director Email

* 6. ADHCP Director Phone Number

* 7. Location of the ADHCP (Choose One)

○ In the nursing home

○ On the campus of, but not in, the nursing home.

○ Offsite

* 8. Address where the ADHCP is physically located

* 9. Number of NYSDOH-approved registrant slots in the program

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ADHCP HCBS Self Assessment

ADHCP Community Integration

CMS HCBS Standard: The setting is integrated in and supports full access to the greater community.

* 10. 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 registrants?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

* 11. Do the individuals served at this site regularly interact with members of the community (not staff or volunteers)?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[text box]

* 12. Does the site afford opportunities for individualized activities that focus on the needs and desires of the individuals served and an opportunity for individual growth?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[text box]

* 13. Does the site allow individuals who are known to be safe and competent the freedom to move about the setting, including the freedom to go outside as they chose?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[text box]

* 14. Is public transportation available to/from the site?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 15. Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 16. Are resources other than public transportation available for individuals to access the site and/or individualized activities that registrants may wish to attend in the community?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

* 17. Does the site restrict individuals to receive services or to engage in activities outside of the setting?

◯ Yes

◯ No

If "Yes" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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ADHCP HCBS Self Assessment

Registrant Choice of Setting

CMS HCBS Standard: The setting is selected by the individual from among setting options.

* 18. At some point in time were registrants (or their representative if they have one) given options of HCBS service settings they could choose from, including the ADHCP?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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ADHCP HCBS Self Assessment

Registrant Rights

CMS HCBS Standard: The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.

* 19. Does the site ensure individual information (medical, diet information, etc.) is kept private/confidential?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 20. Are individuals given flexibility in when they take breaks/lunch times?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 21. Are activities adapted to individuals' needs and preferences?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 22. Are health and personal care activities, including discussions of health or personal matters, conducted in private?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
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* 23. 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?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
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* 24. Does site provide the opportunity for all individuals to have the space in order to speak on the telephone and visit with others in private?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
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* 25. Are registrants given freedom and support to control their own schedule and activities and have access to food and visitors at any time, with any modifications or restrictions made based on a registrant's specific assessed need, and done on a time-limited basis after other positive interventions have failed, which is documented in the registrant's care plan?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

* 26. Does the setting ensure that one or more person's behavior supports do not impede on the rights of other individuals?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

* 27. Does the site have a secure place for registrants to store personal belongings?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

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Registrant Life Choices

CMS HCBS Standard: The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

* 28. Does the site have any of the following barriers preventing individuals' movement?

-Gates
-Locked doors
-Fences
-Other (please specify: _____

◯ Yes

◯ No

If "Yes" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[   ]

* 29. Does the site afford the opportunity for tasks and activities that match to the following attributes for individuals?
-desires/goals
-age
-skills
-abilities

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[   ]

* 30. Is the site physically accessible to the registrants, including access to bathrooms and break rooms?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 31. Does the site provide for an alternative meal and/or private dining if requested by the individual?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 32. Do the individuals have access to food at any time?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 33. Does the site allow registrants to choose with whom they spend their time with while at the setting?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

* 34. Does the site allow registrants to have visitors of their choosing at any time?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

* 35. Does the site support registrants to do the following?
  -Associate with others
  -Practice their religion
  -Make personal decisions

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

[ ]

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Registrant Choice of Services

CMS HCBS STANDARD: The setting facilitates individual choice regarding services and supports, and who provides them.

* 36. Does the site allow individuals to choose which of the site's employees provide his/her services? Example: An individual request that all personal care services for her be conducted by female employees. Is that individual's request met?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 37. Does the site allow prospective individuals the opportunity to tour the site?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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* 38. Does the site afford individuals the opportunity to update or change their work/daily activities based on their preferences?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[text box]
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* 39. Does the site have person-centered policies to ensure individuals are supported in developing specific plans to support his/her needs and preferences?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[text box]
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* 40. Does the site provide information to individuals about how to make a request for additional services or changes to their registrant care plans?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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[text box]
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Additional Required Information

* 41. 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?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

* 42. Do all staff (paid and unpaid) receive continued education related to company policies?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

* 43. Are company policies regularly reassessed for compliance and effectiveness and amended as necessary?

◯ Yes

◯ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

* 44. Does the site have documentation indicative of staff's adherence to policies, such as HCBS specific training documentation and sign-in sheets for relevant activities?

○ Yes

○ No

If "No" explain below or send supporting documentation and/or photos to ADHCP.HCBS@health.ny.gov

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ADHCP HCBS Self Assessment

Your Survey has been completed

Thank You!!