

## PROVIDER MEETING SPACE PLAN TEMPLATE

**Instructions:** Pursuant to 18 NYCRR § 487.13, as amended on 1/29/20, and Dear Administrator Letter # 20-07, the Department may request that Transitional Adult Homes submit a Provider Meeting Space Plan meeting the requirements of 18 NYCRR § 487.13(i). Provider Meeting Space Plans must be submitted by email to [transitionalah@health.ny.gov](mailto:transitionalah@health.ny.gov) within 30 calendar days of the date on which the Department sent such request, pursuant to 18 NYCRR § 487.13(j). This form is a template for a Provider Meeting Space Plan.

### Section A: Identifying Information

Transitional Adult Home: \_\_\_\_\_

### Section B: Provider Meeting Space

1. Identify the location of the space proposed for resident meetings with providers referenced in 18 NYCRR §487.13(h). Provide enough detail such that the space is identifiable, including the room number, if any. Include the floor on which such space is located, which must not be in the basement:

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2. Provide the square footage of the proposed space, which must be no less than 160 square feet:

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3. Confirm that the proposed space is adequately lighted and ventilated and meets the temperature requirements of 18 NYCRR § 487.11(m).

Yes

4. Confirm that the proposed space has a door that closes to ensure conversations held within the space are private and that outside disruptions are minimized.

Yes

5. Confirm that the proposed space is not an occupied or reserved resident room.

Yes

6. Confirm that the proposed space is not space used primarily for storage.

Yes

7. Confirm that the proposed space is not under surveillance by adult home staff.

Yes

**Section C: Certification**

I certify that the information stated above is true and accurate.

Name of Administrator: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

Date Signed: \_\_\_\_\_