



Department
of Health

**Home and Community-Based
Services Final Rule Compliance
Assessment Training**

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DIVISION OF ADULT CARE FACILITY SURVEILLANCE**

DECEMBER 2024

OBJECTIVES

- Background that necessitates the Home and Community-Based Services Final Rule Compliance Assessment
- Who is required to complete the Compliance Assessment
- What is needed – pre-planning before starting the Compliance Assessment
- Section-by-Section review
- Due dates by Adult Care Facility licensure type
- Resources for assistance



BACKGROUND INFORMATION

Centers for Medicare and Medicaid evaluated New York State Providers for the compliance with both State and Federal Home and Community-Based Settings Person-Centered Care Regulations.

A report outlined non-compliant areas.

To remediate efficiently, Adult Care Facilities are asked to respond to a Drupal-based survey.

- The Drupal platform is used for Incident Reports.
- Responses will be analyzed for compliance and opportunities for education.



WHO IS REQUIRED TO COMPLETE?

- All providers are to access the Home and Community-Based Settings Compliance Assessment and complete the Attestation.
- If there is at least one (1) resident in the facility who receives Medicaid, the entire Assessment must be completed and submitted.
- The entire Compliance Assessment will be shared in this webinar.

PRE-PLANNING BEFORE ACCESSING THE SURVEY

- Each section of the Compliance Assessment is incorporated in this webinar.
- The Compliance Assessment is not asynchronous, meaning users cannot save their status and must submit all documents in one sitting.
- Facilities are encouraged to gather policy and procedure documents needed for response into an electronic folder for ease of reference and to make the Compliance Assessment submission process easier.

SECTION BY SECTION REVIEW OF THE COMPLIANCE ASSESSMENT SURVEY



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Home and Community Based Services Compliance Assessment

1	2	3	4	5	6	7	8	9
Background	Attestation	Section I - Accessibility	Section II - Access to the Greater Community (42 CFR §§ 441.301(c) (4)(ii)/ 441.710(a) (1) (ii)/441.530(ε (1)(ii))	Section III - Confidentiality and Privacy, and Dignity (42 CFR §§ 441.301(c) (4)(iii)/ 441.710(a) (1) (iii)/441.530(ε (1)(iii))	Section IV - Individuality and Autonomy (42 CFR §§ 441.301(c) (4) (iv)/441.710(ε (1)(iv))	Section V: Individual Choice (42 CFR 441.301(c) (4)(v) 441.710(a) (1) (v)/441.530(ε (1)(v))	Final Page	Complete

Please be advised this survey contains over 50 questions that sometimes require uploading files. You will not be able to save and return to this survey at a later time. Please ensure you have enough time to complete the survey in one sitting.

Legislation

The home and community-based settings requirements at 42 CFR §§ 441.301(c)(4), 441.710(a)(1), 441.530(a)(1), established a definition of home and community-based settings based on individual experience and outcomes, rather than one based solely on a setting's location, geography, or physical characteristics. The purpose of these requirements is to maximize the opportunities for residents who receive Medicaid-funded home and community-based services under Sections 1915(c), 1915(i), and 1915(k) of the Social Security Act, to receive such services in integrated settings and realize the benefits of community living, including opportunities to seek employment and work in competitive integrated settings.



Purpose

New York State Adult Care Facilities where one or more residents receives Medicaid-funded Home and Community Based Services must comply with the Final Rule. This assessment is not only part of the New York State remediation plan but may also assist facilities in assessing compliance with recently established adult care facility regulations.

Within each section of this assessment there are questions that the Adult Care Facility must address and support through Residency or Admission Agreements (as well as any addenda), marketing material, policies and procedures, Resident and Family Orientation, Staff Training, and community outreach efforts, photographs or video, and other materials. Through this assessment, the facility will be able to gauge its level of community integration, support of individual autonomy and initiative, protection of confidentiality and person-centeredness, and compliance with other minimum aspects of the Home and Community Based Settings requirements. Please be advised that these reflect the minimum standards for a successful Home and Community Based Services Person-Centered Program.

Thank you for your efforts to ensure New York State adult care facilities are premier destinations for safe and respectful care.



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This Adult Care Facility:

- has a resident who has active Medicaid Insurance
- does NOT have a resident who has active Medicaid Insurance

While all Adult Care Facilities are encouraged to complete this survey in its entirety, Adult Care Facilities with at least one Medicaid-enrolled resident must complete this survey in its entirety.

Name of Facility

Operating Certificate #

Attestation

Sign above

Signee Name

Signee Email



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SECTION 1 - ACCESSIBILITY

1. The facility is physically accessible, including access to bathrooms and breakrooms. Appliances, equipment, and tables/desks and chairs are at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., that limit individuals' mobility or access.

Yes

No

2. The facility is free of gates, Velcro, locked doors, fences, and/or other barriers to prevent residents' entry to or exit from any public areas of the setting.

Yes

No

3. The facility's physical environment supports a variety of individual goals and needs including, but not limited to, indoor and outdoor gathering spaces to accommodate larger group activities as well as solitary activities, and stimulating and calming activities.

Yes

No

SECTION 1 – ACCESSIBILITY (CONT.)

4. The facility allows residents to choose with whom to engage in activities whether inside or outside the facility and does not assign specific interactive groups.

Yes

No


5. The facility allows residents to have a meal or snack at the time and place of their selection, that preserves dignity and respect. For example, the facility provides full access to a dining area with comfortable seating and an opportunity to converse with others that ensures the residents are treated age appropriately.

Yes

No

For questions 1-5 upload document(s) here that provide evidence for each of these questions.

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SECTION 2—ACCESS TO THE GREATER COMMUNITY

1. The facility provides opportunities for regular and meaningful work, volunteer or educational non-work opportunities within the greater community as desired by the individual; individualized schedules tailored to the resident's individual goals and desires that promote opportunities for individual growth; and knowledge, access and facilitation to age-appropriate activities within the greater community.

Yes

No

2. The facility encourages interaction with the public through activities.

Yes

No



SECTION 2—ACCESS TO THE GREATER COMMUNITY

3. The facility assures that tasks and activities are comparable to tasks and activities for people of similar ages regardless of their insurer.

Yes

No

4. The facility allows individuals freedom to move about both indoors and outdoors, as opposed to being restricted to one room or area.

Yes

No

4a. My facility is a Special Needs Assisted Living Residence and/or Memory Care Unit.

Yes

No

5. The facility is located among other residences, public enterprises, private and retail businesses, restaurants, medical care, etc.

Yes

No



SECTION 2—ACCESS TO THE GREATER COMMUNITY

6. The facility encourages visitors from the greater community, aside from facility staff, and there is evidence that visitors are received regularly.

- Yes
- No

7. Visiting hours are unrestricted.

- Yes
- No

8. Residents may come and go as they please.

- Yes
- No

9. The facility provides an opportunity for residents to have an account at a recognized banking institution. (Note, this is not to be confused with a Personal Needs Allowance account.)

- Yes
- No



SECTION 2-ACCESS TO THE GREATER COMMUNITY

10. Public transit and/or public transportation resources (e.g., taxis, ride share) are available within the greater community.

- Yes
- No

10a. The facility provides individuals with contact information, access to, and training on use of the public transit system, if available, and/or other forms of public transportation common within the greater community, and transportation schedules and contact information is conveniently available to residents. Please upload a photo or other evidence of available transportation schedules and contact information.

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For questions 1-10, upload document(s) here that provide evidence for each of these questions

No file chosen

? Upload requirements



SECTION 3-CONFIDENTIALITY, PRIVACY, & DIGNITY

1. All resident information is kept private, confidentiality policy/practices are observed, and there are no resident schedules or dietary information posted within an open area, and facility staff do not talk to others about residents and do not talk about the resident in front of the resident as if they are not present.

Yes

No

2. The facility provides in private, as appropriate, assistance with personal appearance to residents who need and/or desire such assistance.

Yes

No



SECTION 3-CONFIDENTIALITY, PRIVACY, & DIGNITY

3. The facility assures that staff interact and communicate with residents respectfully and in a way that the resident requests to be addressed during provision of assistance and during the regular course of daily activities.

Yes

No

4. The facility requires informed consent from appropriate parties prior to the implementation of any restrictions, and such restrictions are documented within the person-centered plan.

Yes

No

5. The facility ensures that each resident's supports and plans to address behavioral needs are person-centered and as such different from resident to resident.

Yes

No




SECTION 3-CONFIDENTIALITY, PRIVACY, & DIGNITY

6. The facility provides a secure location for the residents to store their personal belongings.

- Yes
- No

For questions 1-6 upload document(s) here that provide evidence for each of these questions

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SECTION 4 – INDIVIDUALITY AND AUTONOMY

1. The facility provides for an alternative meal and/or private dining if requested by the individual.

Yes

No

2. Residents have access to food at any time.

Yes

No

3. The facility conspicuously posts and provides upon request information on resident's rights.

Yes

No



SECTION 4 – INDIVIDUALITY AND AUTONOMY

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Yes

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SECTION 4 – INDIVIDUALITY AND AUTONOMY

4. The facility provides an opportunity for residents to engage in tasks and activities that associate with their individual skills, abilities, and desires.

- Yes
- No

5. The facility affords residents the opportunity to update regularly and periodically and/or modify their preferences.

- Yes
- No

6. The facility ensures residents are supported to make decisions and exercise autonomy to the greatest extent possible.

- Yes
- No

SECTION 4 – INDIVIDUALITY AND AUTONOMY

7. Residents are able and supported to engage in legal activities such as voting or attending community committee meetings.

- Yes
- No

8. The facility provides an opportunity for residents to engage in tasks and activities that associate with their individual skills, abilities, and desires.

- Yes
- No

9. The facility reflects the individual's needs and preferences and its available programming is clearly outlined in the admission material.

- Yes
- No



SECTION 4 – INDIVIDUALITY AND AUTONOMY

10. The facility provides information to residents about how to request additional home and community-based services or to make changes to their current home and community based services.


- Yes
- No

11. Residents have their own bedroom/s or share a room with a roommate of choice.

- Yes
- No

For questions 1 - 11 upload document(s) here that provide evidence for each of these questions

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SECTION 5 – INDIVIDUAL CHOICE

1. The resident was provided a choice regarding the services, provider and facility, and the opportunity to tour the facility as well as to discuss and understand their options prior to admission.

Yes

No

2. The facility affords residents the opportunity to update regularly and periodically and/or modify their preferences.

Yes

No

3. Individual residents may regularly access the community and can describe how such access is facilitated, including whether they may independently facilitate such access and/or who among the facility staff facilitate such access.

Yes

No



SECTION 5 – INDIVIDUAL CHOICE

4. The facility ensures the resident is supported in developing plans to support their individual needs and preferences.

- Yes
- No

5. Facility staff are knowledgeable about the capabilities, interests, preference and needs of residents and this information is documented?

- Yes
- No

6. Residents who would like to work are provided support in pursuing available employment options.

- Yes
- No

7. Each resident has their own bedroom or shares a room with a roommate of choice.

- Yes
- No



SECTION 5 – INDIVIDUAL CHOICE

8. The individual has access to make private telephone calls/text/email at the individual's preference and convenience.


- Yes
- No

9. Individuals are free from coercion. The resident has information about how to file a grievance or complaint and the freedom to participate in the facility's Resident Council.

- Yes
- No

For questions 1-9 upload document(s) here that provide evidence for each of these questions.

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CONCLUSION

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This concludes the survey questions. Thank you for your participation. If you have any questions, please email acfhcbs@health.ny.gov. The Department of Health will review your submission and outreach the facility if there are any questions.



DUE DATES & RESOURCES

Assisted Living Programs – are due in 2 weeks.

All other licensure and certification types have 3 weeks.

Questions? Write to ACFHCBS@health.ny.gov

Thank you in advance for your collaboration and compliance.
We are looking forward to achieving the 100% compliance with
this Assessment.



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