Home (/pubpal/builder/)

Home and Community Based Services Compliance Assessment

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

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.

Next Page >

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Press Releases, Reports & Publications (https://health.ny.gov/press/)

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Employment Opportunities (https://health.ny.gov/employment/)

Laws & Regulations (https://health.ny.gov/regulations/)

Publications and Educational Material (https://health.ny.gov/publications/4208/)

Forms (https://health.ny.gov/forms/)

Related Sites (https://health.ny.gov/related/)

A to Z en Español (https://health.ny.gov/es/)

Events

Meetings, Hearings and Special Events (https://health.ny.gov/events/meetings/)

Webcasts (https://health.ny.gov/events/webcasts/)

Other Events (https://health.ny.gov/events/)

Current Issues

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(https://health.ny.gov/regulations/medical_marijuana/)

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cancer-programs)

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(https://health.ny.gov/health_care/medicaid/program/update/notices.h

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Home (/pubpal/builder/)

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(a) (1)(ii))	Section III - Confidentiality, Privacy, and Dignity (42 CFR §§ 441.301(c)(4) (iii)/ 441.710(a) (1) (iii)/441.530(a) (1)(iii))	Section IV – Individuality and Autonomy (42 CFR §§ 441.301(c)(4) (iv)/441.710(a) (1) (iv)/441.530(a) (1)(iv))	Section V: Individual Choice (42 CFR 441.301(c)(4)(v) 441.710(a)(1) (v)/441.530(a) (1)(v))	Final Page	Complete
This Adult Care	Facility:							
○ has a resident w	ho has active Medi	caid Insurance						
O does NOT have	a resident who has	active Medicaid Ir	surance					
While all Adult Care survey in its entirety		uraged to complete	e this survey in its en	ntirety, Adult Care Fa	acilities with at least	one Medicaid-enroll	ed resident <u>must</u> co	omplete this
Name of Facility								

123-A-456 Attestation

Operating Certificate #



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Signee Name

Signee Email

Signee Email	
Confirm email	
< Previous Page	Next Page >

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A to Z en Español (https://health.ny.gov/es/)

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Laws & Regulations (https://health.ny.gov/regulations/)

Publications and Educational Material (https://health.ny.gov/publications/4208/)

Forms (https://health.ny.gov/forms/)

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Events

Meetings, Hearings and Special Events (https://health.ny.gov/events/meetings/)

Other Events (https://health.ny.gov/events/)

Webcasts (https://health.ny.gov/events/webcasts/)

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Regulated Marijuana (https://health.ny.gov/regulations/regulated_marijuana/)

Addressing the Opioid Epidemic in New York State (https://health.ny.gov/community/opioid_epidemic/)

Drinking Water Response Activities

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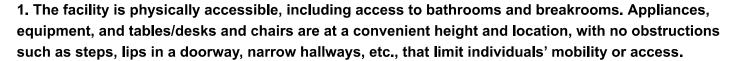
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Home (/pubpal/builder/)

Home and Community Based Services Compliance Assessment

1	2	3	4	5	6	7	8	9
Background	Attestation	Section I -	Section II -	Section III	Section IV	Section V:	Final Page	Complete
		Accessibilit	Access to	-	_	Individual		
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			441.301(c)	441.301(c)	441.301(c)	(1)		
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			(1)(ii))	(1)(iii))	(1)(iv))			



- Yes
- O 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
- O No

• • •	Home and Community Based Services Compliance Assessment Survey Builder ament supports a variety of individual goals and needs including, but or gathering spaces to accommodate larger group activities as well as and calming activities.
YesNo	
4. The facility allows residents to the facility and does not assign	o choose with whom to engage in activities whether inside or outside specific interactive groups.
YesNo	
preserves dignity and respect. F	o have a meal or snack at the time and place of their selection, that for example, the facility provides full access to a dining area with ortunity to converse with others that ensures the residents are treated
Yes	
○ No	
For questions 1-5 upload document(s	s) here that provide evidence for each of these questions.
Choose File No file chosen	
1 Upload requirements	
< Previous Page Next Page >	

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(https://health.ny.gov/regulations/)

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Publications and Educational Material (https://health.ny.gov/publications/4208/)

Freedom of Information Law (FOIL) (https://health.ny.gov/regulations/foil/)

Forms (https://health.ny.gov/forms/)

Related Sites (https://health.ny.gov/related/)

Health Topics A to Z (https://health.ny.gov/healthaz/)

A to Z en Español (https://health.ny.gov/es/)

Events

Meetings, Hearings and Special Events (https://health.ny.gov/events/meetings/)

Webcasts (https://health.ny.gov/events/webcasts/)

Other Events (https://health.ny.gov/events/)

Current Issues

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Addressing the Opioid Epidemic in New York State (https://health.ny.gov/community/opioid_epidemic/)

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Medicaid Redesign

(https://health.ny.gov/health_care/medicaid/redesign/)

Medical Marijuana Program

(https://health.ny.gov/regulations/medical_marijuana/)

New York State Breast Cancer Programs

(https://www.ny.gov/programs/new-york-state-breast-

cancer-programs)

Notice to Medicaid Recipients

 $(https://health.ny.gov/health_care/medicaid/program/update/notices.h$

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English

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Español (Spanish)

(https://health.ny.gov/contact/translate.htm#spanish)

中文 (Chinese)

(https://health.ny.gov/contact/translate.htm#chinese)

Русский (Russian)

(https://health.ny.gov/contact/translate.htm#russian)

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(https://health.ny.gov/contact/translate.htm#italian)

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Home (/pubpal/builder/)

Home and Community Based Services Compliance Assessment

1	2	3	4	5	6	7	8	9
Background	Attestation	Section I -	Section II -	Section III	Section IV	Section V:	Final Page	Complete
		Accessibility	Access to	-	_	Individual		
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			441.301(c)	441.301(c)	441.301(c)	(1)		
			(4)(ii)/	(4)(iii)/	(4)	(v)/441.530(a		
			441.710(a)	441.710(a)	(iv)/441.710((1)(v))		
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			(1)(ii))	(1)(iii))	(1)(iv))			

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
- O No
- 2. The facility encourages interaction with the public through activities.
- Yes
- \bigcirc No

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

○ 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.

Choose File | No file chosen

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Q Upload requirements

< Previous Page

Next Page >

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Grants & Funding Opportunities (https://health.ny.gov/funding/)

Laws & Regulations (https://health.ny.gov/regulations/)

(https://health.ny.gov/employment/)

Press Releases, Reports & Publications (https://health.ny.gov/press/)

Publications and Educational Material (https://health.ny.gov/publications/4208/)

Freedom of Information Law (FOIL)

Forms (https://health.ny.gov/forms/)

(https://health.ny.gov/regulations/foil/)

Related Sites (https://health.ny.gov/related/)

Health Topics A to Z (https://health.ny.gov/healthaz/)

A to Z en Español (https://health.ny.gov/es/)

Events

Meetings, Hearings and Special Events (https://health.ny.gov/events/meetings/) Webcasts (https://health.ny.gov/events/webcasts/)

Other Events (https://health.ny.gov/events/)

Current Issues

1-866-NY-QUITS - NYS Smokers' Quit Line

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Addressing the Opioid Epidemic in New York State (https://health.ny.gov/community/opioid_epidemic/)

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Medicaid Redesign

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Medical Marijuana Program

(https://health.ny.gov/regulations/medical_marijuana/)

New York State Breast Cancer Programs

(https://www.ny.gov/programs/new-york-state-breast-

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Home (/pubpal/builder/)

Home and Community Based Services Compliance Assessment

1	2	3	4	5	6	7	8	9
Background	Attestation	Section I -	Section II -	Section III	Section IV	Section V:	Final Page	Complete
		Accessibility	Access to	-	_	Individual		
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			(4)(ii)/	441.301(c)	(4)	(v)/441.530(a		
			441.710(a)	(4)(iii)/	(iv)/441.710((1)(v))		
			(1)	441.710(a)	(1)			
			(ii)/441.530(a	(1)	(iv)/441.530(
			(1)(ii))	(iii)/441.530((1)(iv))			
				(1)(iii))				

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
- O No

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

- Yes
- No

_	Home and Community Based Services Compliance Assessment Survey Builder interact and communicate with residents respectfully and in a way that ressed during provision of assistance and during the regular course of
Yes	
○ No	
	consent from appropriate parties prior to the implementation of any ns are documented within the person-centered plan.
Yes	
○ No	
_	resident's supports and plans to address behavioral needs are ferent from resident to resident.
Yes	
○ No	
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
Choose File No file chosen	
1 Upload requirements	
< Previous Page Next Page >	

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Events

Meetings, Hearings and Special Events (https://health.ny.gov/events/meetings/) Webcasts (https://health.ny.gov/events/webcasts/)

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Notice to Medicaid Recipients

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(https://health.ny.gov/regulations/regulated marijuana/)

Regulated Marijuana

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1	2	3	4	5	6	7	8	9
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		Accessibility	Access to	-	_	Individual		
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			Greater	Privacy,	and	CFR		
			Community	and Dignity	Autonomy	441.301(c)		
			(42 CFR	(42 CFR	(42 CFR	(4)(v)		
			§§	§§	§§	441.710(a)		
			441.301(c)	441.301(c)	441.301(c)	(1)		
			(4)(ii)/	(4)(iii)/	(4)	(v)/441.530(a		
			441.710(a)	441.710(a)	(iv)/441.710((1)(v))		
			(1)	(1)	(1)			
			(ii)/441.530(ε	(iii)/441.530((iv)/441.530(
			(1)(ii))	(1)(iii))	(1)(iv))			

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

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
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.
with their individual skills, abilities, and desires.
with their individual skills, abilities, and desires. Yes
with their individual skills, abilities, and desires. Yes No No The facility reflects the individual's needs and preferences and its available programming is clearly
with their individual skills, abilities, and desires. Yes No No The facility reflects the individual's needs and preferences and its available programming is clearly outlined in the admission material.
with their individual skills, abilities, and desires. Yes No No The facility reflects the individual's needs and preferences and its available programming is clearly outlined in the admission material. Yes
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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 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.
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For questions 1 - 11 upload document(s) here that provide evidence for each of these questions

Choose File No file chosen

② Upload requirements

< Previous Page

Next Page >

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Forms (https://health.ny.gov/forms/)

Related Sites (https://health.ny.gov/related/)

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(https://health.ny.gov/contact/translate.htm#italian)

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			(ii)/441.530(a	(iii)/441.530(i	(iv)/441.530(
			(1)(ii))	(1)(iii))	(1)(iv))			

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

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

O No

- \bigcirc 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

5/10/24, 7:26 AM

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Events

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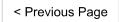
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Home (/pubpal/builder/)

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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.



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A to Z en Español (https://health.ny.gov/es/)

Events

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(https://health.ny.gov/contact/translate.htm#korean)

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