



# Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

February 9, 2026

DAL: NH 26-04  
Subject: Adult Day Health Care Program Home  
and Community Based Settings  
Survey Report

Dear Nursing Home Administrator and Adult Day Health Care Administrator:

This letter is to notify you of an updated questionnaire for Adult Day Health Care Programs via a web-based survey which must be completed for each Adult Day Health Care Program operated by your facility. The survey is based on Title 10 of New York Codes, Rules and Regulations, Part 425 and the federal Home and Community Based Settings Final Rule at Title 42 of the Code of Federal Regulations, Section 441.530, and is used by the Department of Health ("Department") as a resource to determine and document your Adult Day Health Care Program's regulatory compliance.

The web-based survey must be completed by the Adult Day Health Care Program based on information from the previous calendar year and will be deployed annually. The Department will review the survey and conduct unannounced onsite visits to verify the accuracy of the survey responses.

The calendar year 2025 completed survey must be submitted, including the attestation component, within thirty (30) days of receipt of this notice. The link is <https://survey.alchemer.com/s3/8394057/ADHCP-Surveys>.

Thank you for your cooperation in timely submitting the completed survey and your continued efforts to provide quality care and services to Adult Day Health Care Program registrants. Any questions regarding the completion of the survey may be sent to [ADHCP.HCBS@health.ny.gov](mailto:ADHCP.HCBS@health.ny.gov).

Sincerely,

Stephanie E. Paton, RN, Director  
Division of Nursing Home and ICF/IID Surveillance

cc: Dr. Fish  
V. Deetz  
C. Rodat  
H. Hayes  
A. Cokgoren  
E. Lucantonio