

VNSNY CHOICE Social Adult Day Care Site Visits

Requirements for Conducting Site Visits

Background

- Under the benefits offered to members enrolled in VNSNY CHOICE’s Managed Long Term Care Plan (“MLTC”) and Dual Medicaid Advantage Plus (“Total”). VNSNY CHOICE offers its eligible members the ability to receive social day care services from social adult day care service providers (“SADCs”) as a substitute for in-home personal care services and in order to offer these members a structured comprehensive program that provides socialization, supervision, monitoring, personal care and nutrition in a protective setting.
- VNSNY CHOICE must annually perform site assessment visits for each of its SADCs pursuant to contract with New York MLTC Medicaid contract, and must also conduct credentialing site visits with subsequent recredentialing visits every three years for each SADC pursuant to the New York State Office for the Aging (“SOFA”) regulations (each visit, a “Site Visit”). Annual visits and credentialing obligations require submission of several of the same documents, many of which have already been collected as part of the credentialing and recredentialing process. The Annual Site Visit Documentation Checklist provided on the following pages streamlines collection of some of these documents to avoid repeated requests and collections.
- This VNSNY CHOICE Social Adult Day Care Site Visit Survey (the “Site Visit Survey”) complies with all statutory, regulatory, sub-regulatory and contractual requirements applicable to the credentialing, recredentialing and monitoring of SADCs participating in the VNSNY CHOICE provider network, and guides each CHOICE staffer making a Site Visit (a “Site Visitor”) with respect to appropriate documentation and standards necessary to apprise compliance for each SADC visited.
- These instructions, in conjunction with the Site Visit Survey, are intended to guide Site Visitors in preparing for and conducting Site Visits to ensure compliance with all applicable legal requirements.
- All Site Visitors must be trained to VNSNY CHOICE’s Fraud, Waste and Abuse policies by the Special Investigations Unit.

Instructions

Document Collection

1. At least 10 days before the Site Visit, contact Provider Services to obtain copies of documents listed as Documents Maintained by Provider Services on the Document Collection Checklist on the following page.
 - a. Upon receipt of documents, review each document for an expiration date.
 - b. If the document has expired, please request an updated document from the SADC pursuant to the procedures set forth below.
 - c. In the event that the Site Visit occurs in conjunction with an initial credentialing visit, as indicated by Provider Services, request *all* documents from Provider Services, including those listed as Documents To Be Obtained from SADC in Advance of Site Visit on the Document Collection Checklist on the following page.
 - d. If Provider Services does *not* have a copy of any documents listed on the Document Collection Checklist, please request these documents from the SADC pursuant to the procedures set forth below.
2. At least 5 days before the Site Visit, contact the SADC via phone and email to obtain copies of the documents listed as Documents To Be Obtained from SADC in Advance of Site Visit on the Document

Collection Checklist on the following page, as well as any missing or outdated documents from the Provider Services Document Collection Checklist.

- a. If the SADC fails to provide the required document(s), contact the SADC again to request the document(s) at least 3 days before the Site Visit.
- b. If the SADC is unable to provide the required document(s) in advance of the SADC Site Visit, request the document(s) again at the time of the Site Visit.
3. Bring copies, either paper or electronic, of all documents collected before the Site Visit for reference during the Site Visit.
4. Certain documents, identified as Documents To Be Obtained During Site Visit on the Document Checklist, must be collected at the time of the Site Visit. As part of your initial contact with the SADC, provide the SADC with this list of documents and communicate your expectation to collect and evaluate the documents as part of your Site Visit.
5. For items regarding member records for annual visits and recredentialing applications, review five randomly chosen VNSNY CHOICE member records. The same five records may be used for all questions. If site has fewer than five VNSNY CHOICE members, review all members' records. For initial credentialing applications, review blank member record forms.

Documentation of Findings

1. Use the Site Visit Survey to guide your Site Visit, documenting the answers to each question and taking notes when applicable.
2. Where indicated in the Site Visit Survey, and if you wish to document additional findings during your Site Visit, please document in the best way possible.

Site Visit Follow-Up Items and Referrals:

1. Any identified Fraud, Waste and Abuse issues must be referred to the Special Investigations Unit at [212-760-3274] immediately upon completion of the Site Visit Survey, consistent with VNSNY CHOICE's Special Investigations Unit and Fraud, Waste and Abuse Policy.
2. Provider Services or Credentialing will determine how many days that a SADC will have after the Site Visit to provide a copy of any requested documentation to VNSNY CHOICE, if not already provided.

Annual SADC Site Visit Documentation

Document Checklist

Documents Maintained by Provider Services

1. At least 10 days before the SADC Site Visit, contact Provider Services to obtain copies of the following documents:

- SADC Policies and Procedures addressing:
 - Participant eligibility
 - Participant service plan (care plan)
 - Services delivery (services offered at the SADC)
 - Records and recordkeeping (including administrative and member records and confidentiality)
 - Admission and discharge
 - Program self-evaluation
 - Nutrition program
 - Organizational structure and staff functions
 - Orientation and training
- Completed Disclosure of Ownership and Interest Control Statement.
- Copy of OMIG Certification Confirmation Notice
- Signed Attestation of Health Assessment Form
- Copy of current Certificate of Occupancy
- Copy of any materials showing the content of orientation training and any other trainings that are provided to staff (training manual, outlines, presentations, *etc.*)
- Participant Bill of Rights
- Blank participant assessment form (including medication form)
- Blank participant care plan form
- Blank participant attendance form
- Blank transportation documentation form (if transportation is provided)
- Sheet detailing emergency contact information
- Emergency preparedness program (fire, flood, choking, fainting)

Upon receipt of documents from Provider Services, review each document for an expiration date and if the document has expired, or if any documents are missing, please request the updated document from the SADC.

Documents To Be Obtained from SADC in Advance of Site Visit

2. At least 5 days before the SADC Site Visit, contact the SADC to obtain copies of the following documents:
- Copies of current insurance certificates for General and workers' compensation insurance (certificate of insurance must list VNSNY CHOICE, 1250 Broadway, New York, NY as the certificate holder).
 - Copies of current insurance certificates for Automotive liability insurance (if transportation is provided).
 - Copy of any materials showing the content of any new trainings introduced over the past year that are provided to staff, as applicable (training manual, outlines, presentations, *etc.*)
 - One year of training attendance sheets
 - Current activity attendance roster

- Current calendar of events
- Current transportation log (if transportation services offered)
- Copies of contracts with third party vendors
- Copy of each of the following, if applicable:
 - The current license of the Nutritionist or RN who provides oversight of the SADC's menu
 - Proof of current participation in the USDA Child and Adult Care Food Program (CACFP)
 - Proof of current participation in NYC DFTA Home Delivered Meals Program
 - Copy of the SADC's current menu(s)

Documents To Be Obtained During Site Visit

3. At the time of the SADC Site Visit, collect the following documents:

- Five randomly chosen Individual Assessments
- Five randomly chosen Individual Service Plans
- De-Identified health records of staff or attestation from supervisor on-site documenting annual assessment of staff health records and bi-annual ppd skin tests.

VNSNY CHOICE Social Adult Day Care Site Visit Survey

Provider Name: _____

Address: _____

Telephone No.: _____

Contact Person and Title: _____

Email address: _____

Survey type: Initial Annual Visit
 Recredentialing

General Information

How long in operation? _____ years / months Total number of participants served daily per session: _____

Days and hours of operation: _____ Daily attendance log provided? Yes No

Number of sessions per day: _____

Services

1. Program provided individual assessment(s)? Yes No
2. Program provided individual service plan(s)? Yes No
3. Program provided emergency contact information? Yes No
4. Is specialized care provided for people with memory loss / dementia / Alzheimer's? Brief description of specialized care: _____
 If site serves Alzheimer's patients:
 - Is there a quiet room for that population? Yes No N/A
 - Are all exits secured, locked and monitored? Yes No N/A
5. Is there staff on site responsible for providing personal care? Yes No
 If yes, what type of personal care assistance?
 Toileting Ambulation Transferring Feeding/Eating Dressing Grooming
 Others (please specify): _____
6. Is there a current calendar of events? Yes No
7. Program provides meals and snacks for participants? Yes No
 Nutritionist oversees menu? Yes No
 Participates in USDA Child and Adult Care Food Program Yes No
 Gets meals from DFTA Home Delivered Meals program or other county/government-sponsored agency? Yes No (if yes, collect contract/address)
8. Are transportation services offered? Yes No
 If yes, which services? _____
 If yes, transportation log provided? Yes No
9. Policies and Procedures provided? Yes No
10. Contracts available for all third party vendors? Yes No N/A

Accessibility

Take at least one picture to demonstrate compliance with each of the following standards.

11. Building
 - a. Doors/entrance (main entrance, or alternate public entrance, with at least 32" clear opening; door handle easily operated; kick plate 12" high for manual doors) Yes No

12. Parking Lot (if applicable) Yes No
 Yes No
- a. Spaces reserved for people with disabilities, pedestrian ramps at sidewalks and drop-offs (96" wide, with adjoining access aisles 96" wide; sign installed 5–7" above grade with access symbol; aisle connect to pedestrian route at least 36" wide)
- b. If passenger pick-up/drop-off zone, at least one passenger loading zone 20' long with 5' access Yes No
- c. Accessible routes from lot have curb cuts or curb ramps (flush with surrounding grade; at least 36" wide) Yes No
13. Program Rooms (routes at least 36" wide; 5' circle or T-shaped space for wheelchair to reverse direction) Yes No
14. Restroom Yes No
- a. At least one wheelchair-accessible stall with grab bars Yes No
- b. At least one lavatory with a rim no higher than 34", at least 29" from floor to bottom of lavatory apron Yes No
- c. Faucet, soap dispenser and hand dryers within reach and usable with a closed fist Yes No
- d. Mirror mounted with the bottom edge of the reflecting surface 40" from the floor or lower Yes No
15. Elevators (as applicable) Yes No
- a. Buttons or controls in hallway no higher than 42" Yes No
- b. Raised and Braille signs on door jambs on every floor and on controls inside cab Yes No
16. Lifts (as applicable) Yes No
- a. Lift operable without assistance (at least 30"x 48" clear space to reach controls; controls between 15"–48" high) Yes No
17. Free of Clutter Yes No
18. Clear Paths (accessible routes at least 36" wide; all obstacles cane-detectable) Yes No

Appearance & Security

If you check 'no' for any of the following items, please explain in the notes section below.

19. Clean and odor-free Yes No
20. Food area appears to be sanitary Yes No
21. Furniture appears sturdy, comfortable Yes No
22. Adequate seating and space to accommodate program activities and services? Yes No
23. Participants' records secured Yes No (Take a picture)
24. Program provides a secure and safe facility Yes No
25. Documentation of semi-annual fire drills Yes No
26. Emergency exit signs Yes No (Take pictures)
27. Fire extinguishers? Yes No Tag Date Expired
28. Participant Bill of Rights posted in a public place that is clearly visible to participants, their families and staff, including the addresses and telephone numbers of the area agency on aging and SOFA? Yes No (Take a picture)
29. Program provided Certificate of Occupancy? (Take a picture if a copy not already provided) Yes No

30. Emergency preparedness program (fire, flood, choking, fainting) Yes No

Environment

- 31. Did you feel welcome? Yes No
- 32. Were the center services and activities properly explained? Yes No
- 33. Did the staff and participants seem cheerful and comfortable? Yes No
- 34. Is the staff present and supervising participants? Yes No

Staffing

- 35. What is the composition of the staff? _____
- 36. What kind of training does staff receive? (collect a copy of training manual / other training materials, if not already provided) _____
 - a. Orientation training documentation? Yes No
 - b. Annual retraining/in-service documentation? Yes No
- 37. Staff licensure and certifications on site? Yes No
- 38. At least two staff members on site? Yes No
- 39. Staff / Participant Ratio: _____
- 40. Staff's health status assessed annually? Yes No
- 41. Staff receives bi-annual ppd skin test? Yes No

Notes

Site Visit Certification: I certify that the information provided on this Site Visit Survey (and any attachments) is true and accurate, and that the surveying process was conducted consistent with the site visit instructions and all applicable policies and procedures.

Site Visit Surveyor Signature & Date

Printed Name

Title

Findings:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Requires CAP	<input type="checkbox"/> Terminate
<p>Supervisor Certification: I have reviewed this Site Visit Survey and agree with the determinations of the Site Visit Surveyor. To the extent applicable, I will make referrals for any necessary corrective actions, including, but not limited to, termination of the SADC provider.</p>			
Supervisor Signature & Date		Printed Name	Title