



**Department
of Health**

Social Adult Day Care

Suggested Site Evaluation Tool Guide

May 31, 2023

New York Medicaid

Managed Long Term Care (MLTC)

Revision History		
Change No.	Description	Change Date
1.0	Initial Version	8/26/2022
1.1	Updated links to OMIG SADC Registration site and policy 15.01(a) - Revised.	12/21/2022
2.0	Update to add PCSP Template Review tab and addendum with PCSP template example.	5/31/2023

Archived

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Purpose

The purpose of this reference guide is to use as a resource to assist the Managed Long Term Care (MLTC) Plans with navigating the Suggested Social Adult Day Care (SADC) Site Evaluation Tool.

This reference guide provides the following:

- Screen shots of the different Tabs in the tool to be completed.
- Background information on each of the Tabs to be completed.
- Instructions on how to complete each Tab.
- Instructions for copying the Checklist Tabs found in the Evaluation tool

How to Use this Guide

This guide follows the same sequence as the Suggested SADC Site Evaluation Tool. Additionally, the guide has a screenshot of each tab, a section that provides background information on the tab, and a guidance to assist with completing the tab.

Please go to the appropriate section, based on your question and where you are in the tool.

Tool Organization

The SADC tool is organized into nine sections which include all evaluation questions that are required for completion. The evaluation questions are organized in tabs found along the bottom of the workbook.

Sections of the workbook include:

1. Instructions
2. Cover Page
3. General
4. Contract and Oversight
5. Site Requirements
6. Member Checklist
7. Staffing Requirements
8. Staff and Volunteer Checklist
9. HCBS Final Rule
10. PCSP Template Review

Completion of the Survey Tool

- MLTC Plans may utilize this suggested tool directly for conducting SADC site reviews or as a resource which provides the minimum required items that must be reviewed.
- This tool is intended to be utilized upon initially contracting with an SADC, to ensure initial compliance, and annually thereafter to ensure continued compliance.
- A separate tool must be completed for all physical SADC sites.
- The tool will be posted and stored on the DOH website, and the HCBS requirements section, for MLTC Plans to access and utilize.
- Follow provided guidance for questions to ensure adequate responses and completion of all fields and tabs is required, unless directed otherwise.

- Based on the number of members and staff/volunteers reviewed, the “Member Checklist” and “Staff and Volunteer Checklist” tabs need to be copied and filled out.
 - **Note:** Instructions are provided for copying tabs within this presentation.
- **IMPORTANT:** Be sure to keep all completed tools and supporting documentation for the required 7 years and be prepared to furnish copies upon request from DOH, the Centers for Medicare and Medicaid Services (CMS), or any other regulatory agency.

MLTC Plans who use a different evaluation tool must ensure that all items in the Suggested SADC Site Evaluation Tool are addressed in their tool.

Site Evaluation Tool Tabs

Instructions Tab



Suggested Social Adult Day Care (SADC) Site Evaluation Tool

Purpose: This is the New York State (NYS) Department of Health (DOH) created tool which is suggested for use by Managed Long Term Care (MLTC) Plans for initial and annual site visits to evaluate SADC facilities and ensure the site meets NYS and Federal Requirements.

To ensure compliance, if the MLTC Plan elects to use another tool, all aspects of this tool must be included.

The **Cover Page** is used to quickly reference the site, date of visit, address and MLTC plan who completed the assessment.
 The **General** information tab provides more detailed information on the site and the representatives completing the assessment.
 The **Contract and Oversight** tab includes contract and oversight components.
 The **Site Requirements** tab provides questions to evaluate the sites compliance with the Medicaid contract and compliance with State and Federal Regulations.
 The **Member Checklist** tab includes requirements for reviewing Member files.
 The **Staff Requirements** tab provides questions to evaluate the sites compliance with the Medicaid contract and compliance with State and Federal Regulations.
 The **Staff and Volunteer Checklist** includes requirements for reviewing staff/volunteer files.
 The **HCBS Final Rule** tab provides questions to evaluate the sites compliance with the HCBS Final Rule.

Instructions for Completing Each Tab:

Cover Page:	Fill in the name, and address of the site under review as well as the date the site visit was conducted and MLTC plan information.
General:	Fill in all information regarding the representative completing the site visit and the site information.
Contract and Oversight:	Complete the responses for all yes/no questions related to the contract between the MLTC Plan and the SADC site and oversight of the site.
Site Requirements:	Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations.
Member Checklist:	For use by MLTC Plan when reviewing a member file. The plan should make copies of the table or the tab for each member file that is reviewed.
Staffing Requirements:	Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations.
Staff and Volunteer Checklist:	For use by MLTC Plan when reviewing a staff and volunteer files. The plan should make copies of the table or the tab for each staff/volunteer file that is reviewed.
HCBS Final Rule:	Complete the responses for all questions related to HCBS final rule guidance.

Please Note:

For any question regarding documentation that must exist on a site, it is recommended that the MLTCP retains copies as well in the event of an audit.

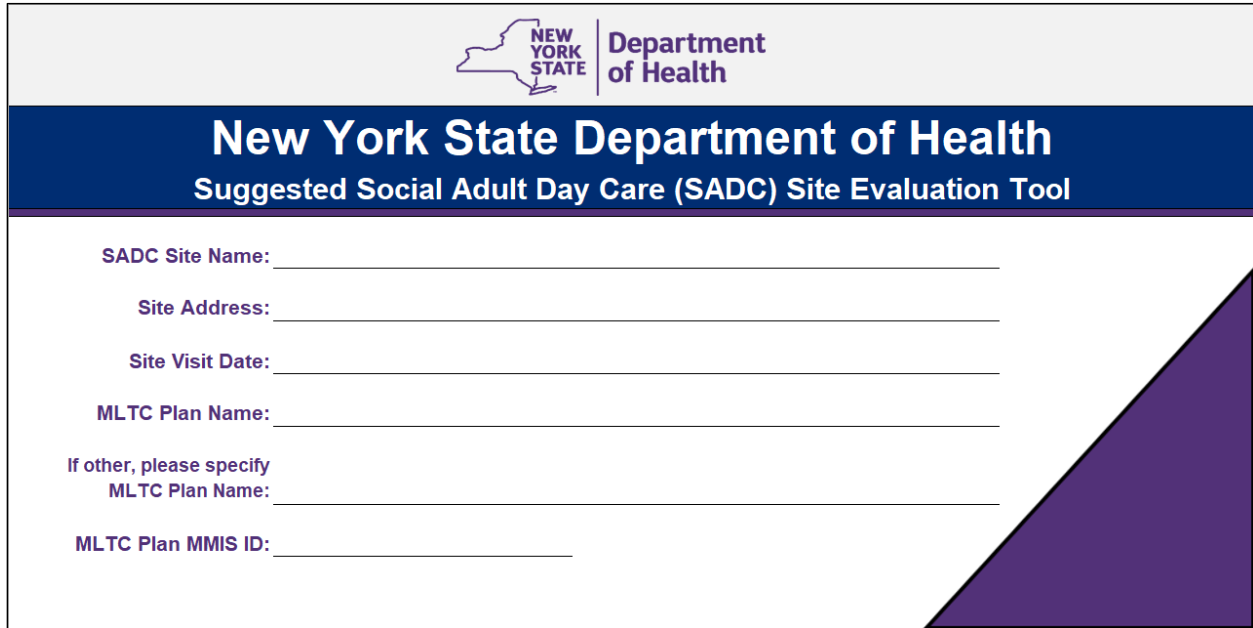
For more information on how to complete this evaluation tool, please refer to the user guide and video tutorial posted on the DOH website:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt50/mltc_policies.htm

About the Instructions Tab


This screen provides an overview of the Site Evaluation Tool. It is comprised of four sections:

- **Purpose:** Explains the reason for the evaluation tool and the intended audience.
- **Instructions for Completing the Tool:** Provides a brief overview of what is required to complete each of the tabs in the Site Tool.
- **Please Note:** Directs MLTC Plans to additional resources for completing the tool.
- **Tabs:** Covers the different sections of the tool that MLTC Plans must complete.

Cover Page Tab



The form is titled "New York State Department of Health Suggested Social Adult Day Care (SADC) Site Evaluation Tool". It contains several input fields for site information. A purple triangle is located in the bottom right corner of the form area.

 **Department
of Health**

New York State Department of Health
Suggested Social Adult Day Care (SADC) Site Evaluation Tool

SADC Site Name: _____

Site Address: _____

Site Visit Date: _____

MLTC Plan Name: _____

If other, please specify
MLTC Plan Name: _____

MLTC Plan MMIS ID: _____

About the Cover Page Tab

The Cover Page is used to quickly reference the site, date of visit, address and MLTC Plan who completed the assessment.

Completing the Cover Page Tab

- The MLTC Plan Representative enters the requested information specific to the SADC site on the Cover Page worksheet.
- The MLTC Plan name field is a dropdown menu filled with the names of existing MLTC Plans.
- If your **MLTC Plan name is not listed**, please select **“other”** from the dropdown list, and enter the MLTC Plan name in the subsequent field.
- Be sure to populate the applicable MMIS ID for the MLTC Plan and **double check** to ensure that it was entered correctly.

General Information Tab

General Information							
Managed Long Term Care (MLTC) Plan							
MLTC Plan Representative Completing This Tool							
Name (First & Last):							
Title:							
Phone:							
Email:							
Plan MMIS ID (Medicaid ID):	[Enter MLTC Plan MMIS ID on Cover Page]						
MLTC Plan Representing:	[Enter MLTC Plan Name on Cover Page]						
Social Adult Day Care (SADC)							
SADC Site Point of Contact							
Name (First & Last):							
Title:							
Phone:							
Email:							
SADC Site Name:	[Enter SADC Provider Name on Cover Page]						
Site Information							
<i>Only complete applicable fields</i>							
NPI:							
Company/DBA Name:							
Owner Name (First & Last):							
Owner Title:							
Owner Phone:							
Owner Email:							
Director Name (First & Last):							
Director Title:							
Director Phone:							
Director Email:							
Contract Type: <i>What type of contracts does the site have?</i>	<table border="1"> <tr> <td>MAP:</td> <td></td> </tr> <tr> <td>Partial:</td> <td></td> </tr> <tr> <td>PACE:</td> <td></td> </tr> </table>	MAP:		Partial:		PACE:	
MAP:							
Partial:							
PACE:							
Number of MLTC Plan Members Served at the Site by Contract Type	<table border="1"> <tr> <td>MAP Members:</td> <td></td> </tr> <tr> <td>Partial Members:</td> <td></td> </tr> <tr> <td>PACE Members:</td> <td></td> </tr> </table>	MAP Members:		Partial Members:		PACE Members:	
MAP Members:							
Partial Members:							
PACE Members:							

MLTC Plan Representative: Fill in the name, title and contact information for the MLTC Plan representative filling out the evaluation tool.

Plan MMIS ID (Medicaid ID): Will be pre-populated based on information already provided on the cover page.

MLTC Plan Representing: Pre-populated based on information already provided on the cover page.

SADC Site Point of Contact: Representative for the SADC site that coordinated with the MLTC Plan representative to complete the evaluation. The contact's name, title, and direct contact information are required.

The SADC site name is pre-populated based on information provided on the Cover Page.

NPI (National Provider Identifier): To verify or obtain an NPI, go to the National Plan and Provider Enumeration System (NPPES): <https://nppes.cms.hhs.gov/>.

Company/DBA Name: Enter the SADC name as filed with the NYS Department of State. DBAs are common for privately owned companies.

Owner's Name, Title, and Contact Information

Director's Name, Title, and Contact Information

Contract Type: Click the box next to each Contract Type to bring up the dropdown menu. Indicate **Yes** or **No** if the SADC site and MLTC Plan have a contract for that type.

Number of MLTC Plan Members at the Site by Contract Type: Indicate the number of members at the SADC site for each contract type that exists.

About the General Information Tab

The General Information tab is divided into three (3) sections:

- MLTC Plan Representative Completing the Tool
- SADC Site Point of Contact
- Site Information

Instructions for completing each section of the General Information tab is provided above with a separate screenshot of the tab.



Contact and Oversight Tab

Oversight Requirements		
Oversight Requirements	Response	Comment
1 Does the site provide transportation to and from the daycare?		
2 Does the site provide transportation for outside events?		
3 Does the site provide hot home delivered meals that are prepared at the site (e.g. meals on wheels)? If no, please provide an explanation in the comment field.		
4 In the last year, has the MLTC Plan received complaints about this site? If yes, please provide an explanation in the comment field.		
5 In the last year, does the site have any suspected instances of Fraud, Waste and Abuse that were referred to OMIG, DOH, or NYSOFA? If yes, please provide an explanation in the comment field. <i>Note: See Reference below for more information on reporting to OMIG, DOH, or NYSOFA.</i>		
6 Did the SADC site complete certification with OMIG within the last year? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on completing SADC</i>		
7 Did the MLTC Plan obtain evidence of the SADC site certification with OMIG being conducted within the last year? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on completing SADC certification with OMIG.</i>		

All questions require a selection of **Yes** or **No**, in the Response column.

Depending on the response, some questions will require the comment field (greyed area) to be completed and supporting documentation to be obtained.

Contract Requirements for the Contract Between MLTC Plan and SADC Site		
Contract Requirements	Response	Comment
1 Is there an executed (signed and dated by both parties) contract on file between MLTC Plan and the SADC Site? If no, please provide an explanation in the comment field.		
2 What is the Date of the Contract or the most recent amendment date?		
3 Does the executed contract contain NYS requirements for Standard Clauses? <i>Note: See below Reference Section for link to NYS Standard Clauses</i>		
4 Does the executed contract contain requirements for SADC Contracts? <i>Note: See below Reference Section for SADC Contract Requirements</i>		

References	
Reporting Resources (Oversight Requirement Question 5)	
To file an allegation with OMIG follow this link:	https://omig.ny.gov/medicaid-fraud/file-allegation
To file a complaint with NYS DOH follow this link:	https://www.health.ny.gov/health_care/managed_care/mltc/mltcomplaint.htm
To reach the NYSOFA Ombudsman in your county for advocacy and resources, follow this link:	https://aging.ny.gov/long-term-care-ombudsman-program
Reporting Resources (Oversight Requirement Questions 6 & 7)	
Details on process for annual SADC Certification with OMIG:	https://www.health.ny.gov/health_care/medicaid/redesign/sadc_certification_process_webinar_2015-05-18.htm
Standard Clauses (Contract Requirement Question 3)	
For NYS requirements for Standard Clauses, follow this link:	https://www.health.ny.gov/health_care/managed_care/hmoipa/standard_clauses_revisions.htm
SADC Contract Requirements (Contract Requirement Question 4)	
<p>Managed Long Term Care Contract</p> <p>Article VII § C.2 (a)</p> <p>Required Provisions</p> <p>2. Although there is not a specific license or certification, in order to be assured of Enrollee health and safety, all providers of Social Day Care services must meet the standards and requirements of 9 NYCRR 6654.20.</p> <p>a. Prior to entering into contract with a provider of Social Day Care services, and on an annual basis thereafter, the Contractor is required to conduct a site visit of each such provider in their network to review and assure compliance with:</p> <ul style="list-style-type: none"> i. 9 NYCRR 6654.20, ii. the terms of the contract between the provider and Contractor, and iii. all other standards required by law or regulation for the operation of said provider, including but not limited to laws, codes, and regulations regarding the facility' structure, labor requirements, and food quality. <p>b. Contracts between Contractor and any provider of Social Day Care Service must specify that said provider will:</p> <ul style="list-style-type: none"> i. adhere to and identify, in the contract between Contractor and said provider, all building laws, codes, and regulations applicable to the particular provider, ii. adhere to all laws, codes, and regulations applicable to the provision of food, iii. regularly report to the Contractor any issues related to appeals or grievances, and iv. participate in applicable quality assurance and performance improvement initiatives. 	

About the Contract and Oversight Tab

The Contract and Oversight tab includes contract and oversight components from the model contracts. It consists of three sections:

- **Oversight Requirements:** Consists of seven questions.
- **Contract Requirements:** Consists of five questions.
- **References:** This section does not require responses. However, it provides additional guidance for the plan when completing the two previous sections. Also providing, helpful links and specific contract language that is required to be present in the contract between the MLTC Plan and the SADC site.

Completing the Contract and Oversight Tab

- All questions get answered with a **Yes** or **No**.
- A comment providing a more detailed explanation may be required.
- Please note Oversight Requirements questions 6 and 7, which relate to [MLTC Policy 15.01\(a\)](#), require all SADC sites to register and certify with the Office of the Medicaid Inspector General (OMIG). The certification is required and **MUST** be done initially on contract with a MLTC Plan and annual thereafter, from the date of the prior certification.
 - The Certification must be completed electronically, via OMIG’s website: <https://apps.omig.ny.gov/sadc/sadccertification.aspx>.

Site and Staff Requirements Tabs

Site Requirements Tab:

Site Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20					
Standard	Question to Assess for Compliance	Guidance	Yes/No	Comments	If no, please describe remediation plan below. <i>*If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and</i>
Physical Environment and Safety 9 NYCRR §6654.20 (d)(2)(v)	1 Does the site have sufficient space in facility to accommodate activities and services?				
	2 Are the buildings and equipment maintained and operational to prevent fires and other personal safety hazards? The maximum occupancy is not exceeded?	<i>It is recommended that the plan obtain a copy of the Certificate of Occupancy.</i>			
	3 Does the site have the written notification to local fire jurisdiction of site’s -physical location, and hours of operation?	<i>It is recommended that the plan obtain a copy of the written notification.</i>			
	4 Does the site have sufficient insurance coverage? Including both personal and professional liability.	<i>It is recommended that the plan obtain a copy of the insurance coverage documents.</i>			
	5 Is the site in compliance with the Americans with Disabilities Act (ADA) requirements for accessibility for persons with disabilities?	<i>If deficiencies are noted, they should be documented in writing or photographs. Any subsequent corrective actions should be documented in writing or photographs.</i>			
Participant Care 9 NYCRR §6654.20(d)(1)(ii)(b) 9 NYCRR §6654.20(d)(1)(iii)(a)(b) 9 NYCRR §6654.20(d)(1)(v)(a)(4)	6 Do the participant files document that there was an assessment completed prior to admission?				
	7 Do the participant files document that service plans are developed within 30 days of admission?	<i>A statistically valid sample size, approximately of 10% of enrollment at the site, of participant files may be reviewed to answer these questions.</i>			
	8 Do the participant files document that service plans are developed with input from the participant and/or caregiver?				
	9 Do the participant files document maintenance and enhancement of daily living skills, transportation, caregiver assistance and/or case coordination and management?				
10 Does the site adhere to nutrition standards?					
Policies and Procedures 9 NYCRR §6654.20(d)(2)(i)(a-e)	11 Does the site have policies addressing participant eligibility?				
	12 Does the site have policies addressing participant admission and discharge?				
	13 Does the site have policies addressing participant service planning?				
	14 Does the site have policies addressing staffing plans?				
	15 Does the site have policies addressing participant rights?				
	16 Does the site have policies addressing service delivery?				
	17 Does the site have policies addressing program self-evaluation?				
	18 Does the site have policies addressing participant records?				
	19 Does the site have policies addressing emergency preparedness?				
Emergency Preparedness 9 NYCRR §6654.20 (d)(2)(vi)	20 Does the site have fire drills twice yearly?				
	21 Does the site have each participant’s emergency contact person’s information and physician’s contact information?				
	22 Does the site have current, written Emergency Procedures?				

For each assessment question, select **Yes** or **No** from the dropdown menu.

Selecting **No** will change the color of the cell to **red**. This is as a visual cue that the SADC is **out of compliance** with the standard.

The Comments field captures any details regarding compliance for each standard. You can add comments to either **Yes** or **No** responses.

For all **No** responses, describe how the SADC will remediate non-compliance for the standard and retain all remediation documentation (i.e., environmental pictures, updated documents, policies, etc.).

Selecting **Yes** will grey-out the remediation field. This is a visual cue that the cell is not applicable since no remediation is required for a Yes answer.

Staff Requirements Tab:

Staffing Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20					
Guidance					
When answering the below questions regarding Staff Health Status and Staff Training, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers employed at the SADC site. The sample should include the SADC site director and all clinical staff.					
Standard	Question to Assess for Compliance	Guidance	Yes/No	Comments	If no, please describe remediation plan below. If Not Applicable (NA), please explain. <i>If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e., environmental pictures, updated documents and policies).</i>
Staff Health Status 9 NYCRR §6654.20 (d)(2)(v)(a)(3)	1	Did the site supply a list of current staff, including volunteers and their titles?	<i>It is recommended that the plan obtain a copy of the staff list.</i>		
	1	Does the site require that staff have health assessments conducted prior to contact with participants?			
	2	Does the site require that staff have health assessments conducted annually?			
	3	Does the site require that staff have TB screenings conducted prior to contact with participants?			
Staff Training 9 NYCRR §6654.20 (d)(2)(v)(c)(1) 9 NYCRR §6654.20 (d)(2)(v)(c)(3) 9 NYCRR §6654.20 (d)(2)(v)(d)(1) and (2)	4	Does the site require that staff have TB screenings conducted bi-annually?			
	5	Have staff received an orientation training regarding program provider, the community and the program itself (including an introduction to PACE, if applicable)?			
	6	Have staff received an orientation training regarding working with the elderly, participants' rights, safety, and accident prevention?			
	7	Have staff and volunteers received training on basic social day care services regarding personal care skills, body mechanics, behavior management, family and relationships, mental health, and HIPAA privacy and security?			
	8	Has annual safety training been provided regarding use of fire extinguishers?			
	9	Has annual safety training been provided regarding evacuation procedures, emergency situations, and emergency phone numbers?			
	10	Have staff received at least 6 hours of in-service training?			
	11	Has task appropriate training been provided to service staff including training for volunteers?			
	12	Have staff received at least 20 hours of group, individual or on-the-job training within three months of assignment to provide SADC services?			
	13	Have staff received training on the individualized written service plan which has been developed by the program staff in conjunction with the participant?			

The Staff Requirements tab should be completed the same as the Site Requirements tab.

About the Site and Staff Requirement Tabs

- Both the Site Requirements and Staff Requirements tabs share the same layout, formatting, and functionality.
- The legal standard appears to the left of the criteria assessing for compliance.
- For selected criteria, there is a separate column that provides guidance to aid with conducting the assessment.

Member and Staff Checklist Tabs

Member Checklist Tab

Member File Review Checklist		
Guidance		
<p>To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).</p>		
<p>Instructions:</p> <ul style="list-style-type: none"> - If answering no to any question, please provide an explanation in the comment field. - Do not list any member identifying information on this form. - Copy this sheet and complete a sheet for each member file that is being reviewed. 		
Required Documentation	Contained in Member file?	Comment
Does the member file contain identifying information?		
Does the member file contain emergency contacts and family member contacts?		
Does the member file contain primary care contact?		
Does the member file contain the plan of care/person centered service plan?		
Does the member file contain the initial assessment performed prior to admission to the program?		
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?		
Additional Member Requirements	Contained in Member file?	Comment
Is there evidence that the SADC reviewed the plan of care/person centered service plan?		
What is the frequency that the SADC reviewed the plan of care/service plan?		
Does the SADC review the plan of care/service plan when there is a change in condition?		
Are the plan of care/service plan reviews compliant?		
Does the plan of care/service plan incorporate or indicate member specific needs or supports?		
Does the plan of care/service plan detail member specific preferences or wants?		
Is there evidence that the participant has had input into their plan of care/service plan?		
Is there evidence that the participant rights were explained with copies provided to member/caregiver?		
Does the member file contain the nutritional assessment?		
Does the member file contain the list of medications?		

About the Member Checklist Tab

- The MLTC Plan is required to review member files for compliance, document instances of non-compliance, and remediate those instances as a component of performing SADC site oversight.
- To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of the enrolled members at the SADC site.

Completing the Member Checklist Tab

- The Member Checklist tab can be copied and completed for each member file review (**instructions are included for copying worksheet/tabs at the end of this presentation**).
- All but one question requires a selection of **Yes** or **No**.
 - If answering **No** to any question, please provide an explanation in the comment field.
- For **“What is the frequency that the SADC reviewed the plan of care/service plan?”** the selection options are: Annually, Every 6 Months, and Quarterly.

Staff and Volunteer Checklist Tab

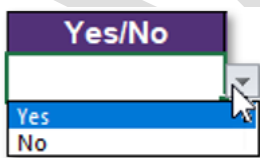
Staff and Volunteer File Review Checklist		
Guidance		
To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers at the SADC site, and should include the director and all clinical staff.		
Instructions: - If answering no to any question, please provide an explanation in the comment field. - Copy this sheet and complete a sheet for each staff/volunteer file that is being reviewed.		
Staff/Volunteer	Response	Comment
Name		
Title		
Date of Hire		
Required for All Staff and Volunteers Upon Hire		
Does the staff/volunteer file contain an Initial Health Assessment?		
Does the staff/volunteer file contain an Initial PPD skin test/CXR/Q?		
Does the staff/volunteer file show proof of orientation to provider, community, and program?		
Does the staff/volunteer file show proof of training on Working with Older Adults?		

About the Staff and Volunteer Checklist Tab

- This Tab consists of five sections:
 - Required Staff/Volunteer Identifying Information
 - Required Information Upon Hire
 - Required Information to be Collected Annually
 - Required Information Prior to Contact with Members
 - Information Regarding Staff/Volunteer Training Related to Responsibilities
- The MLTC Plan is required to review staff files for compliance, document instances of non-compliance, and remediate those instances as a component of performing SADC site oversight.
- To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size, approximately 10% of all staff and volunteers at the SADC site.
- This Tab can be copied and completed for each staff file reviewed.

Completing the Staff and Volunteer Checklist Tab

- For each assessment question, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- If answering **No** to any question, please provide remediation steps and an explanation in the comment field.



Copying the Member Checklist or Staff and Volunteer Checklist Tabs

To copy a Tab, take the following steps:

1. Right click on the **Member Checklist** or the **Staff and Volunteer Checklist** (these are the two tabs that need to be copied).

Member File Review Checklist		
Guidance		
To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).		
Instructions: - If answering no to any question, please provide an explanation in the comment field. - Do not list any member identifying information on this form. - Copy this sheet and complete a sheet for each member file that is being reviewed.		
Required Documentation	Contained in Member file?	Comment
Does the member file contain identifying information?		
Does the member file contain emergency contacts and family member contacts?		
Does the member file contain primary care contact?		
Does the member file contain the plan of care/service plan?		
Does the member file contain the initial assessment performed prior to admission to the program?		
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?		
Additional Member Requirements	Contained in Member file?	Comment
Is there evidence that the SADC reviewed the plan of care/service plan?		
What is the frequency that the SADC reviewed the plan of care/service plan?		
Does the SADC review the plan of care/service plan when there is a change in condition?		
Are the plan of care/service plan reviews compliant?		
Does the plan of care/service plan incorporate or indicate member specific needs or supports?		
Does the plan of care/service plan detail member specific preferences or wants?		
Is there evidence that the participant has had input into their plan of care/service plan?		
Is there evidence that the participant rights were explained with copies provided to member/caregiver?		
Does the member file contain the nutritional assessment?		
Does the member file contain the list of medications?		

... Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist

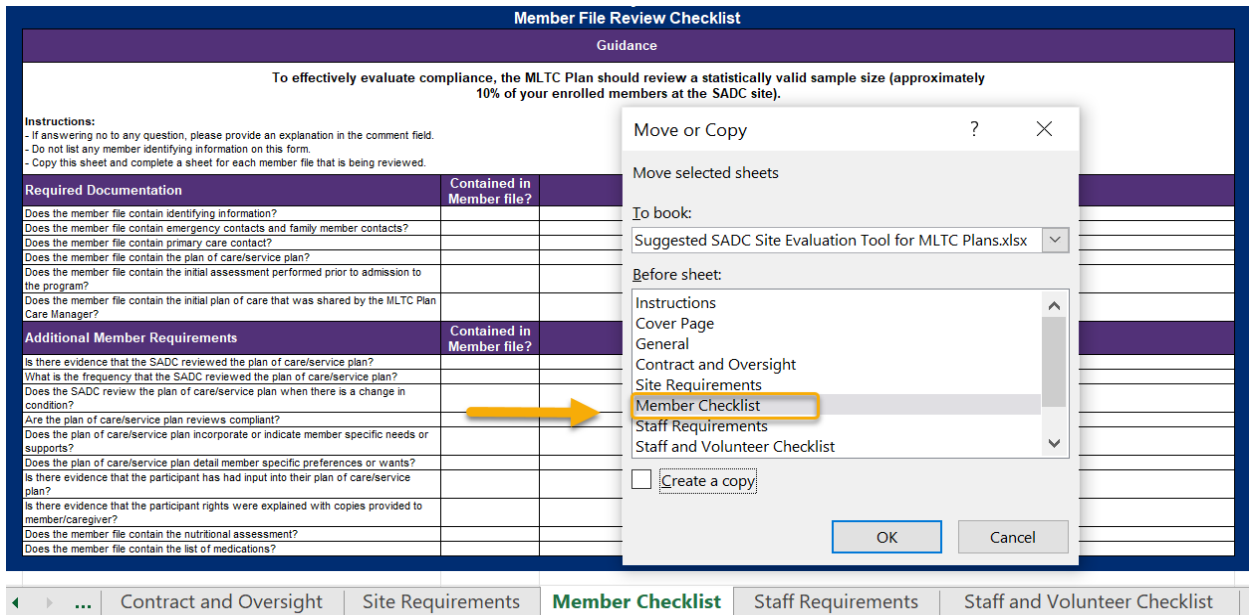
2. Next select the **Move or Copy** option to bring up the pull-down menu.

Member File Review Checklist		
Guidance		
To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).		
Instructions: - If answering no to any question, please provide an explanation in the comment field. - Do not list any member identifying information on this form. - Copy this sheet and complete a sheet for each member file that is being reviewed.		
Required Documentation	Contained in Member file?	Comment
Does the member file contain identifying information?		
Does the member file contain emergency contacts and family member contacts?		
Does the member file contain primary care contact?		
Does the member file contain the plan of care/service plan?		
Does the member file contain the initial assessment performed prior to admission to the program?		
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?		
Additional Member Requirements	Contained in Member file?	Comment
Is there evidence that the SADC reviewed the plan of care/service plan?		
What is the frequency that the SADC reviewed the plan of care/service plan?		
Does the SADC review the plan of care/service plan when there is a change in condition?		
Are the plan of care/service plan reviews compliant?		
Does the plan of care/service plan incorporate or indicate member specific needs or supports?		
Does the plan of care/service plan detail member specific preferences or wants?		
Is there evidence that the participant has had input into their plan of care/service plan?		
Is there evidence that the participant rights were explained with copies provided to member/caregiver?		
Does the member file contain the nutritional assessment?		
Does the member file contain the list of medications?		

Insert...
 Delete
 Rename
Move or Copy...
 View Code
 Protect Sheet...
 Tab Color >
 Hide
 Unhide...
 Select All Sheets

... Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist

3. Scroll down in the menu box to select the tab to be copied.



Member File Review Checklist

Guidance

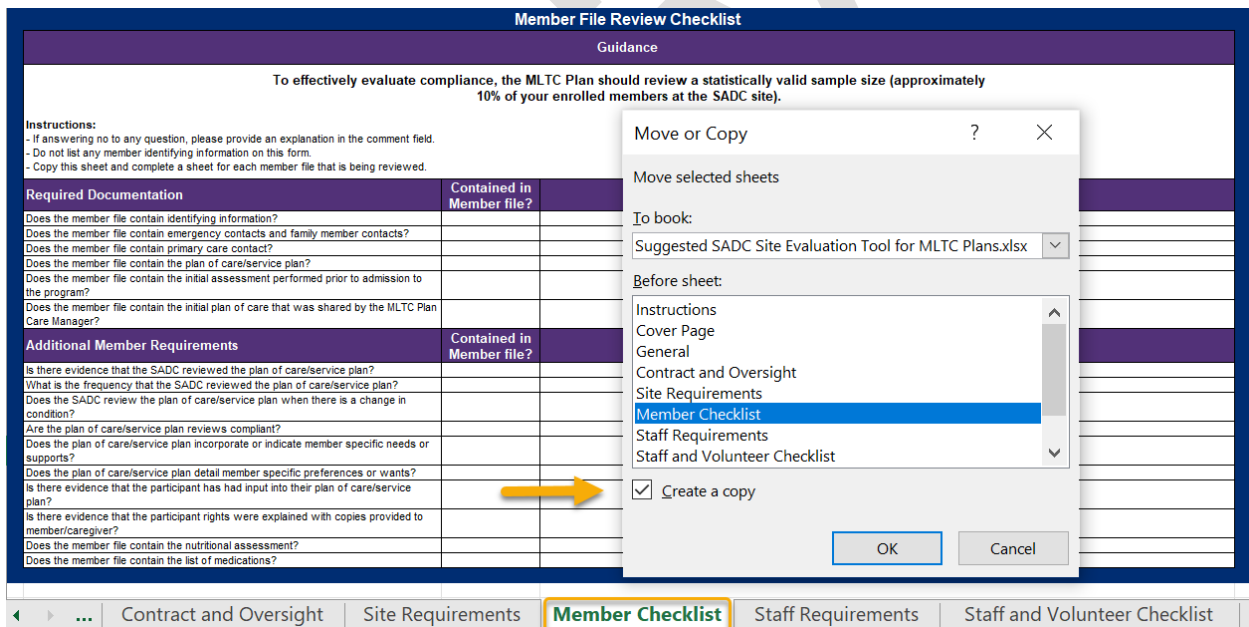
To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).

Instructions:
 - If answering no to any question, please provide an explanation in the comment field.
 - Do not list any member identifying information on this form.
 - Copy this sheet and complete a sheet for each member file that is being reviewed.

Required Documentation	Contained in Member file?
Does the member file contain identifying information?	
Does the member file contain emergency contacts and family member contacts?	
Does the member file contain primary care contact?	
Does the member file contain the plan of care/service plan?	
Does the member file contain the initial assessment performed prior to admission to the program?	
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?	
Additional Member Requirements	Contained in Member file?
Is there evidence that the SADC reviewed the plan of care/service plan?	
What is the frequency that the SADC reviewed the plan of care/service plan?	
Does the SADC review the plan of care/service plan when there is a change in condition?	
Are the plan of care/service plan reviews compliant?	
Does the plan of care/service plan incorporate or indicate member specific needs or supports?	
Does the plan of care/service plan detail member specific preferences or wants?	
Is there evidence that the participant has had input into their plan of care/service plan?	
Is there evidence that the participant rights were explained with copies provided to member/caregiver?	
Does the member file contain the nutritional assessment?	
Does the member file contain the list of medications?	

... Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist

4. Check the **Create a copy** box.



Member File Review Checklist

Guidance

To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).

Instructions:
 - If answering no to any question, please provide an explanation in the comment field.
 - Do not list any member identifying information on this form.
 - Copy this sheet and complete a sheet for each member file that is being reviewed.

Required Documentation	Contained in Member file?
Does the member file contain identifying information?	
Does the member file contain emergency contacts and family member contacts?	
Does the member file contain primary care contact?	
Does the member file contain the plan of care/service plan?	
Does the member file contain the initial assessment performed prior to admission to the program?	
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?	
Additional Member Requirements	Contained in Member file?
Is there evidence that the SADC reviewed the plan of care/service plan?	
What is the frequency that the SADC reviewed the plan of care/service plan?	
Does the SADC review the plan of care/service plan when there is a change in condition?	
Are the plan of care/service plan reviews compliant?	
Does the plan of care/service plan incorporate or indicate member specific needs or supports?	
Does the plan of care/service plan detail member specific preferences or wants?	
Is there evidence that the participant has had input into their plan of care/service plan?	
Is there evidence that the participant rights were explained with copies provided to member/caregiver?	
Does the member file contain the nutritional assessment?	
Does the member file contain the list of medications?	

... Contract and Oversight | Site Requirements | **Member Checklist** | Staff Requirements | Staff and Volunteer Checklist

- The duplicate tab will appear next to the original tab with the same name and the number two in parenthesis (shown below).

Member File Review Checklist		
Guidance		
To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of your enrolled members at the SADC site).		
Instructions: - If answering no to any question, please provide an explanation in the comment field. - Do not list any member identifying information on this form. - Copy this sheet and complete a sheet for each member file that is being reviewed.		
Required Documentation	Contained in Member file?	Comment
Does the member file contain identifying information?		
Does the member file contain emergency contacts and family member contacts?		
Does the member file contain primary care contact?		
Does the member file contain the plan of care/service plan?		
Does the member file contain the initial assessment performed prior to admission to the program?		
Does the member file contain the initial plan of care that was shared by the MLTC Plan Care Manager?		
Additional Member Requirements	Contained in Member file?	Comment
Is there evidence that the SADC reviewed the plan of care/service plan?		
What is the frequency that the SADC reviewed the plan of care/service plan?		
Does the SADC review the plan of care/service plan when there is a change in condition?		
Are the plan of care/service plan reviews compliant?		
Does the plan of care/service plan incorporate or indicate member specific needs or supports?		
Does the plan of care/service plan detail member specific preferences or wants?		
Is there evidence that the participant has had input into their plan of care/service plan?		
Is there evidence that the participant rights were explained with copies provided to member/caregiver?		
Does the member file contain the nutritional assessment?		
Does the member file contain the list of medications?		

Contract and Oversight | Site Requirements | **Member Checklist (2)** | Member Checklist | Staff Requirements | Staff an

HCBS Final Rule Tab

SADC Setting Characteristics			
Question to Assess for Compliance	Response		If answering anything other than "None of the above," please provide additional information about the setting and explain how it overcomes institutional
1 Does the setting of the SADC have institutional characteristics?			
HCBS Standards			
Question to Assess for Compliance	Yes/No	Comments	If no, please describe remediation plan below <i>"If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies).</i>
2 At some point in time were plan enrollees, (or their representative, if they have one), given options of HCBS sites they could choose from, including the SADC?			
3 Are enrollees provided a choice regarding the site where they receive services when they sign their plan of care?			
4 Are resources other than public transportation, including financial and staff resources, available for individuals, during the time at the SADC, to access the site and/or individualized activities that participants may wish to attend in the community?			
5 Does the site support individuals to receive services or to engage in activities outside of the SADC?			
6 Is the site integrated and support full access to the greater community, including opportunities to seek employment and work/volunteer in competitive integrated settings for individuals receiving Medicaid?			
7 Does the site provide opportunities for regular meaningful activities in community settings with people who do not receive services, for the amount of time desired by participants?			
8 Do the individuals served at this site regularly interact with members of the community (not staff or volunteers) while participating in program?			
9 Does the site afford opportunities for individualized activities that focus on the needs and desires of the individuals served and an opportunity for individual growth?			
10 Does the site allow individuals, who are known to be safe and competent (per UAS-NY assessment), the freedom to move about the setting, including the freedom to go outside as they choose? <i>Note: The UAS-NY assessment will be utilized to determine if the consumer is "safe and competent." Individuals who require support to be able to go outside or move about the building should have support to do so, as indicated in their care plan.</i>			
Is public transportation available to/from the site?			

About the HCBS Final Rule Tab

- The HCBS Settings Final Rule, a federal regulation effective March 17, 2014, set new standards to promote community involvement and independence for people who receive Medicaid-funded home and community-based services (HCBS).
- The rule set new requirements, including the following:
 - Person-centered planning and conflict of interest.
 - Standards for all settings where HCBS are provided.
 - Since SADC is a HCBS service, all MLTC Plans are required to ensure that all contracted SADC sites are compliant with the HCBS Settings Final Rule

Completing the HCBS Final Rule Tab

- For each standard, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- Selecting **No** will change the color of the cell to **red**. This is as a visual cue that the SADC is NOT in compliance with that standard. The cell color for **Yes** responses remains white with black text.
- Selecting **Yes** will grey-out the cell requesting a remediation plan. This is a visual cue that no remediation is necessary because it was indicated that the site was compliant.
- The comments field captures any details regarding non-compliance (or compliance) for each standard. You can add comments to either **Yes** or **No** responses. Comments are particularly helpful for **No** responses as they add context to the circumstances that prompt noncompliance.
- As mentioned above, the *If no, please describe remediation plan below...* field is only required for **No** responses.
- To help assess compliance for selected standards on the worksheet, there is additional guidance that appears directly below the standard (designated by **Note**)

Do the individuals served at this site regularly interact with members of the community (not staff or volunteers) while participating in program?

Note: This question is not only referring to time spent at the daycare site, other examples would be interacting with others at community events and outings, health care provider offices, stores, etc.

Person-Centered Service Plan (PCSP) Template Review Tab

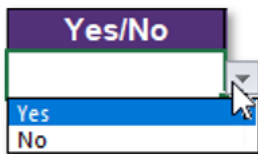
[Enter SADC Site Name on Cover Page]					
SADC Person Centered Service Plan (PCSP) Template Review					
Guidance					
When answering the below questions please be sure to be looking solely at the SADC's blank person centered service plan (PCSP) template. The goal is to identify if the template is sufficient and has space for all required items.					
Section	Item to Assess for Compliance	Guidance	Yes/No	Comments	If no, please describe remediation plan below. If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. updated policies/procedures or an updated PCSP template).
Member Information	1 Name	The member's full legal name (i.e., first and last name).			
	2 Date of Birth	Member's completed date of birth listing month, day, and year.			
	3 Phone Number	Member's phone number, including area code. Additional area for listing multiple numbers (ex. home and cell phone) is recommended.			
	4 Address	Physical address for the member's current residency (home).			
	5 Preferred Language	Language preferred by the member.			
	6 SADC Schedule	The scheduled days, time, and if applicable frequency (if applicable) of when the member attends the SADC. Ex. M, W, F from 8:00-4:00, every other week			
	7 SADC Attendance Coordination	Place to indicate how the member gets to and from the SADC. Ex. They receive pick-up from the SADC's transportation service, or a guardian drops them off.			
	8 Legal Representative / Guardian Contact Information	Place to indicate if a legal representative and/or guardian exists for this member and record at minimum their name and contact information – phone number.			
	9 Emergency Contact Information	Contact information for the member's emergency contact(s). There should be room to list at least two emergency contacts, in case one individual cannot be reached. This should include at minimum the contact's name and phone number.			

About the PCSP Template Review Tab

- The SADC must conduct the person-centered planning process for all members attending the SADC and this process incorporates development of the individual's PCSP, which addresses the physical health, behavioral health, social, and long-term support needs of the member.
- To comply with the HCBS Final Rule and other Federal and State guidelines, there is a set of minimum information which must be included in all SADC PCSPs.
- The PCSP Template Review tab was developed for the MLTC Plan to verify that their contracted SADC sites' PCSP templates contain space for at least this minimum information.

Completing the PCSP Template Checklist Tab

- The MLTC Plan representative should obtain a blank copy of the SADC site's PCSP template and assess that there are adequate sections, fields, and/or space for the minimum required information.
- For each assessment question, select **Yes** or **No** from the drop-down list. Any other text will prompt an error message as invalid.
- If answering **No** to any question, please provide remediation steps and an explanation in the comment field.



- Selecting **No** will change the color of the cell to red. This is as a visual cue that the SADC is NOT in compliance with that requirement. The cell color for **Yes** responses remains white with black text.
- Selecting **Yes** will grey-out the cell requesting a remediation plan. This is a visual cue that no remediation is necessary because it was indicated that the site was compliant.
- The comments field captures any details regarding non-compliance (or compliance) for each requirement. You can add comments to either **Yes** or **No** responses. Comments are particularly helpful for **No** responses as they add context to the circumstances that prompt non-compliance.
- As mentioned above, the If no, please describe remediation plan below. This field is only required for **No** responses.

Community Integration

- Please see below for clarification on HCBS Final Rule community integration guidelines, standard 42 CFR 441.301(c)(4)(i) of the Final Rule. The information below is based on guidance from the CMS that has been provided (see resources & references below).

42 CFR 441.301(c)(4)(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

- What is community integration?
 - Community integration must be person-centered, enhance independence, and provide opportunities for meaningful engagement in community life.
 - These activities must also fit within the framework established by each individual's PCSP and achieve the goals set forth in their PCSP and achieve the goals set forth in the PCSP.
- What is NOT community integration?
 - Off-site group activities without individual integration into the broader community.
 - Employment/volunteer work is not being “on the job” or “at work” when referring to attendance at agency-funded day programs or sheltered workshops.
 - Programs involving activities such as dances, parties, or holiday events which are restricted to individuals with disabilities who reside on campus or attend the provider agency's programs.
 - Group trips and activities that are not aligned with an individual's PCSP for meaningful engagement in community life.
- How can SADCs connect with the community in resourceful ways?
 - Build relationships with local businesses to create and reinforce inclusion on all fronts: social, recreational, employment.
 - Link an individual's unique interests (use the member's PCSP) with potential community connections; use these connections to inform choice.
 - Assist individuals to build upon their existing networks to develop natural supports.
 - Ensure that community activities are fluid, not “shift” dependent; are a natural outgrowth of interests identified in the PCSP and not just time-fillers.
 - Avoid siloing information. Share information about options (bulletin board, announcements, newsletter, etc.).
 - Capitalize on staff's knowledge of the community to open new doors to inclusion.
 - Incentivize staff through training, team building, and performance planning to provide the opportunity to enhance staff skills around developing strong community connections.
 - Recruit staff with different qualifications/less traditional backgrounds to help expand community integration activities/focus.

Resources & References:

- Themes Identified During CMS' Heightened Scrutiny Site Visits - November 2022
 - [Slides](#) (*slides 16-18 focus on Community Integration*)
 - [Webinar Video](#)
- [Assisting Providers in Ensuring Settings Facilitate Community Inclusion](#) - March 2018

PCSP Template Example

- At the end of this document is an addendum that contains a [PCSP Template Example](#) which is intended to serve as an example. The PCSP Template Example is in alignment with the questions from the PCSP Review Tab of the on-site tool.

Glossary

Glossary	
Acronym	Explanation / Definition
CMS	Centers for Medicare and Medicaid Services
DOH	Department of Health
HCBS	Home and Community-Based Services
MLTC	Managed Long Term Care
NY	New York
NYS	New York State
OMIG	Office of the Medicaid Inspector General
SADC	Social Adult Day Care

Archived

Additional Resources

For additional information please see the following resources:

- [NYCRR Title 9 Subtitle Y Chapter II Section 6654.20](#)
- [Office of the Aging: Social Adult Day Services](#)
- [CMS HCBS Settings Final Rule](#)
- [NYS DOH HCBS Settings Final Rule Website](#)
- [NYS DOH MLTC Policy Documents](#)
 - [MLTC Policy 21.05](#) Home and Community Based Services Social Adult Day Care Site Compliance
 - HCBS SADC Fact Sheet - ([Web](#)) - ([PDF](#)) - 12.03.2021
 - HCBS Compliance Assessment with Guiding Questions for MLTC plan SADC Site Assessors ([PDF](#)) - 12.28.2021
 - HCBS SADC Compliance Requirements for MLTC Service Area Expansions and Mergers ([PDF](#)) - 06.30.2022
 - [MLTC Policy 15.01\(a\)](#): REVISED Social Adult Day Care and MLTC: Implementation of New Social Adult Day Care Certification Process
 - [Social Adult Day Care \(SADC\) Certification](#) webinar (WMV, 10MB)
 - [SADC Certification](#)
 - [SADC Certification FAQ](#) 05.29.2015
 - [MLTC Policy 13.05](#): Social Daycare Services Q&A
- [NYS DOH Person-Centered Planning Library](#)

Please contact the NYS DOH MLTC Surveillance Team for any further questions or concerns at: MLTCSurvey@health.ny.gov

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Authorization Period: _____ Date Issued: _____

If you have a question or a problem regarding your services, call your Care/Case Manager:

_____ **[Care/Case Manager name]** _____ at **(xxx) xxx-xxxx**

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SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Member Information			
Use this section to document the member's demographic and caregiver/insurance information.			
Name		Date of Birth	
Address			
Phone Number		Preferred Language	
Email Address			
Gender		Gender Identity	
Legal Rep. / Guardian			
MLTC Care Manager		Other Care Manager	
Organization		Organization	
Contact Information		Contact Information	
Primary Care Physician			
PCP Contact Information			
Emergency Contact Information			
Medicaid/CIN #			
Primary Insurance		Secondary Insurance	
Enrollee ID		Enrollee ID	

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Relevant Physical / Mental / Behavioral Health Diagnoses	
Diagnosis	Impact on Participant
Diabetes Mellitus Type II	Insulin dependent at mealtimes

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Allergies		
Allergy	Severity	Required Interventions
Peanuts	Severe	Requires emergency Epi Pen when exposed to peanuts either directly or via the air.

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Dietary Restrictions / Needs	
Restriction / Need	Required Interventions
Limitations on Access to Food	

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Current / Projected Need for Modifications and/or Assistive Devices	
Modification / Device	Description of Need
Brail versions of SADC notifications	Member is visually impaired and unable to read print SADC correspondence.

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Health and Safety Risks		
Risk	Known Trigger(s)	Required Interventions

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SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Competency Level	
Known Issue	Required Intervention

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Likes	
Description	Member Input

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Dislikes	
Description	Member Input

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Strengths	
Description	Member Input

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Weaknesses	
Description	Member Input

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

SADC Program Goals / Objectives			
Topic	Goal/Objective	Description	Necessary Actions / Steps
Healthcare	Lower Cholesterol	Member has cholesterol level of 190 mg/dL and has a family history of heart disease.	Provide member with specific meal options from their breakfast and lunch menus to ensure they avoid saturated fats and trans fats.

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

SADC Activity Preferences	
Activity Interested in	Details
Bingo	Hosted weekly on Wednesday nights from 5:30-7:30pm. Transportation to and from the event is available.

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

SADC Staff Assistance Preferences	
Activity / Support	Preferred SADC Staff Member
Toileting	Member prefers that a female staff person assist in toileting.

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Community Activities	
Activity Interested in	Supports Needed

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

SADC Individualized Schedule				
Monday	Tuesday	Wednesday	Thursday	Friday

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Person-Centered Service Planning Process Information			
Meeting Date		Meeting Time	
Meeting Location			
Was this meeting held at a place and time of the person's choosing?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the person lead the meeting to the best of their ability?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the person choose who was at the meeting?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Title/Relationship	Agency	Date
	[e.g., Care/Case Manager]		
	[e.g., Provider]		
	[e.g., Provider]		
	[e.g., Informal Support]		
	[e.g., Informal Support]		

SADC Site Logo Here

SADC Site Name:

SADC Site Representative:

Site Address:

Date:

Social Adult Day Care (SADC) Person-Centered Service Plan (PCSP) Template

Acknowledgment:

I agree with what is written in this person-centered service plan and acknowledge that I, the recipient/enrollee, lead the person-centered planning process. I understand my rights and/or I have someone I trust who can help me with them. This includes the right to integrate with and be a part of my community, separate from the Social Adult Day Care service I am choosing to receive. I acknowledge that I was offered options to integrate with and be part of my community, and my decisions on goals or activities related to this are documented in this plan. I understand that my plan will be reviewed regularly, that I can ask for it to be reviewed sooner, and whom to speak to about having my plan reviewed and updated. I agree to this plan being shared with the people that need it to provide my services.

Enrollee/Recipient or Designated Representative Signature: _____

Date: _____