

# Bureau of Managed Long Term Care

## Overview for Managed Long Term Care (MLTC) Plans: Social Adult Day Care (SADC) Home and Community Based Services (HCBS) Compliance Process

Transcript - 12/10/2024

### 1 Presentation Transcript

#### 1.1 Slide One

- **Greg Frank 00:00:37.986 --> 00:01:45.220**

Good morning everyone, thank you for your time today.

My name is Greg Frank, and I am a member of the Social Adult Day Care Home and Community Based Services Compliance Team. Also presenting with me today are my colleagues from the SADC HCBS Compliance Team, Euella Francis and Bridget McCarthy.

We are here today to present an Overview of the HCBS Compliance Process for Managed Long Term Care Plans.

A quick note to mention before we get started. If attendees have any questions throughout the presentation, please add them in the chat and they will be reviewed by the State Department of Health

We are going to have Diane Kiernan who is the director of the Bureau of Managed long term care, with the state Department of Health say a few words. Diane, are you with us?

- **Heather Grimmer 00:01:45.220 --> 00:01:47.331**

I don't believe she is yet Greg.

- **Greg Frank 00:01:47.331 --> 00:01:49.527**

Okay, we can come back to that at the end then.

#### 1.2 Slide Two

- **Greg Frank 00:01:49.527 --> 00:03:02.473**

We will now look at today's agenda, which has five main sections:

We will begin with a review of MLTC Plan resources required for completing HCBS Compliance Review Activities.

Next, Bridget will provide an overview of the steps in the HCBS Compliance Review

Process, including the roles and responsibilities of MLTC Plans.

Euella will then discuss the main identified trends from the CY2024 reviews, along with best practices to bring SADC sites into compliance.

In the penultimate section, Bridget will review updates that were made to HCBS Compliance review questions for the CY2025 reviews.

And finally, I will provide information on some exciting new resources for MLTC plans and SADC sites that are available for CY2025. During this section, I will stop sharing the slide deck briefly to provide a brief demo of the SADC HCBS Compliance website. I just want to make sure everyone can hear me. I saw a couple of notes that came in, to say they couldn't hear me, so I was just wondering if Heather, if you can all hear me?

- **Heather Grimmer 00:03:02.473 --> 00:03:04.898**  
Yes Greg, we can hear you okay.

### 1.3 Slide Three

- **Greg Frank 00:03:04.898 --> 00:03:22.730**  
Our first section is related to MLTC plan resources for HCBS Compliance Activities.

### 1.4 Slide Four

- **Greg Frank 00:03:04.898 --> 00:05:21.199**

The HCBS Compliance review process is a collaborative effort between the Department and MLTC plans, who are responsible for direct oversight of SADC sites. To conduct comprehensive and timely HCBS compliance reviews, MLTC plans must have adequate resources to complete all required HCBS Compliance activities for SADC sites with whom they are contracted.

These activities, which Bridget will cover in more detail in the subsequent slides, include:

Coordinating with the Department to schedule the HCBS compliance review.

Gathering required supporting documentation from the SADC program and submitting to the Department.

Working with the SADC program to prepare for the HCBS compliance review.

Attending the HCBS compliance review and assisting SADC staff where necessary.

Developing an adequate remediation plan together with the contracted SADC program.

Oversight of SADC program implementation of the accepted remediation plan.

Gathering proof of remediation and providing to the Department upon request.

A change to be aware of when scheduling CY2025 reviews is that due to the logistical complexity of scheduling nearly 400 reviews across over a dozen MLTC plans, the Department will no longer be able to accommodate requests for alternate date/time options.

MLTC plans will now be required to choose from the date / time options provided by the Department.

We would like to note that the Department may schedule meetings with MLTC plans to discuss their resources for completing HCBS compliance review activities.

If a meeting is requested, MLTC plans should be prepared to describe their ability to complete HCBS compliance activities within the required timeframes.

## 1.5 Slide Five

- **Greg Frank 00:05:21.199 --> 00:05:33.276**

I will now pass it to Bridget McCarthy to provide an Overview of the HCBS Compliance Review Process.

## 1.6 Slide Six

- **Bridget McCarthy 00:05:33.276 --> 00:06:45.509**

Thank you very much, Greg. Alright, so the first step in our compliance reviews is scheduling and requesting supporting documentation. The very first thing you'll see is the department will send a scheduling request. It's usually about four to six weeks prior to the review.

The MLTC plan will work with the SADC to agree on a date and time and then the review is scheduled. Prior to the review, the department will request supporting documentation, and the documentation is due back after two weeks.

And once it's submitted, it is reviewed and if not all documentation is received or if additional documentation is needed or it's unacceptable, the department will follow up with the MLTC plan to make sure that we get acceptable documentation.

Please note that reviews for all SADC sites occur on an annual basis and the review may or may not be scheduled with the same MLTC plan each year.

## 1.7 Slide Seven

- **Bridget McCarthy 00:06:45.509 -->00:07:54.596**

Okay, some reminders and best practices around scheduling and requesting supporting documentation. Please ensure that the SADC understands the purpose and the requirements of the review and what is being verified. Contact the SADC to confirm the preferred date and time for the review and notify the department within three business days.

Obtain all required supporting documentation from the SADC and review it for compliance. Submit supporting documentation to the department by the requested due date. Respond timely to any further requests for information. Like I said, if we don't get everything or if things are not acceptable, we will contact and work with you to get the acceptable documentation. Please respond timely to those follow ups and communicate any challenges or questions you have at any point during the process, not just for scheduling but overall.

## 1.8 Slide Eight

- **Bridget McCarthy 00:07:54.596 --> 00:08:14.489**

Okay, prepping for the review.

Please arrange ahead of time for a translator if needed. Arrive at the SADC 30 min prior to the scheduled time. This allows you a chance to get settled, to connect to the Wi-Fi and join the Webex, and then confirm with the SADC representative that they are prepared and are aware of what will be asked.

## 1.9 Slide Nine

- **Bridget McCarthy 00:08:14.489 --> 00:09:09.539**

Okay, the compliance review meeting, there are a few steps to this. So, first the department, the MLTC plan and the SADC representatives will all join a Webex meeting. Introductions are made and the components of the visit are explained.

Then the department will ask a series of questions of the SADC rep and the MLTC rep should be there to assist. After the questions, there will be a walkthrough of the SADC site to verify compliance through observations and then we will wrap up and we will discuss any next steps.

And please note that the compliance review meetings generally take about 2 hours to complete.

## 1.10 Slide Ten

- **Bridget McCarthy 00:09:09.539 --> 00:10:25.529**

Okay, so if during the review there is a finding of a non-compliant issue, the Department will request the remediation plan.

So, what is a remediation plan? It is a corrective action plan established between the SADC and the MLTC plan which documents how the SADC will remediate any non-compliance identified during the HCBS compliance review.

So, there's a process for this as well. The first step being that finding of a non-compliant issue, and then the department requests the remediation plan from the MLTC plan. The MLTC plan and the SADC create a remediation plan and the MLTC plan will submit that to the department.

The department will review it to make sure that it is acceptable. Any remediation plan that doesn't address all areas of non-compliance or is otherwise deemed unacceptable will be returned and there will be some communication between the department and the MLTC plan to get an acceptable remediation plan.

And once we have the acceptable remediation plan, the department sends determination letters to all contracted MLTC plans.

## 1.11 Slide Eleven

- **Bridget McCarthy 00:10:25.529 --> 00:11:13.769**

A few reminders and best practices around remediation plans.

The MLTC plan should schedule a meeting with the SADC to discuss the areas of non-compliance and work with the SADC to develop an acceptable remediation plan. Acceptable remediation plans contain: approved actions to remediate each issue found not compliant, a target date for completing the specified actions and an SADC staff member who's responsible for implementing the specified action. Submit the completed remediation plan to the department by the due date.

Please note that remediation plans will be returned if all areas of non-compliance are not addressed or if the remediation plan is deemed unacceptable.

## 1.12 Slide Twelve

- **Bridget McCarthy 00:11:13.769 --> 00:12:23.039**

The last part our process. So, what is proof of remediation? It is documentation obtained by the MLTC plan that demonstrates that remediation efforts are conducted by the SADC that brings the site into full compliance. So, some examples of this are updated policies and procedures and updated PCSP template or evidence of resources for participants. And for proof of remediation, the first step is the MLTC obtains proof of remediation from the SADC. And in obtaining it and retaining it, you are also making sure that it is accurate, that it is acceptable documentation. Please be sure to do that. So, retain that proof of remediation documentation and the department will request it from the MLTC plan. The MLTC plan will submit it to the Department, and we will review the proof of remediation. If the proof of remediation is not acceptable, the department will follow up with the MLTC plan to resubmit, but once it is acceptable, that's the end of our process.

## 1.13 Slide Thirteen

- **Bridget McCarthy 00:12:23.039 --> 00:13:09.986**

So just a few reminders and best practices around proof of remediation. Retain proof of remediation for audit purposes and submit it to the department when it's requested. And please note that the department typically requests that the MLTC plan that attended the review work with the SADC to submit the proof of remediation, but all contracted plans with the SADC are responsible for ensuring that remediation actions took place are completed and then obtained and retained the proof of information.

## 1.14 Slide Fourteen

- **Bridget McCarthy 00:13:09.986 --> 00:13:16.493**

Okay, and with that, I am going to pass it over to Euella Francis who will discuss identified trends from 2025 and best practices going into 2025.

- **Euella Francis 00:13:16.493 --> 00:13:32.449**

Hey, thank you Bridget and Greg. Good morning, everyone. Welcome, welcome. I am

going to go through a few slides with you where we will be discussing as Bridget said, some of the identified trends for calendar year 2024.

### 1.15 Slide Fifteen

- **Euella Francis 00:13:32.449 --> 00:14:33.149**

So, the first trend that we identified was in the area of community integration. Before we discussed this trend, we are going to just see how CMS defines community integration. CMS defines Community integration as 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 to engage in community life, to control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

### 1.16 Slide Sixteen

- **Euella Francis 00:14:33.149 --> 00:16:00.929**

Okay community integration. So, community integration is, for the period of time, that the members are at the SADC, that all participants regardless of the health and safety needs are offered the opportunity to pursue their interests, and their goals through activities in their community with supports from the SADC. So, here are some examples of the ways that the SADC can support the participant to meet their community integration goals.

An example is a participant who is interested in reading joins a book club at the local library. The SADC supports the participants and their family in identifying transportation.

A participant with a health or safety risk has a family member picked them up from the SADC once a month to go out to lunch.

Or a participant who has a goal of improving their swimming skills is supported by the SADC by going to the local Y and the SADC supports the participants and their family in identifying transportation.

### 1.17 Slide Seventeen

- **Euella Francis 00:16:00.929 --> 00:16:39.479**

So, what should SADC staff do?

SADC staff should support participants interests in employment and volunteer opportunities outside the outside the facility. They should encourage participants to enjoy a community based club or group that they are interested in, and the SADC should coordinate individualized participants attendance at community events or activities in which participants express interest.

### 1.18 Slide Eighteen

- **Euella Francis 00:16:39.479 --> 00:17:53.639**

So here we have Viola and Viola has identified some trends in the last year, and Viola is also going to give us some of the best practices for being compliant with community integration. So, during the last review year, we.

We observed that there was NO evidence of community integration opportunities being offered or supported. We also noticed that participant goals were not aligned with community integration activities or vice versa. We also noticed that HCBS final rule standards were being copied directly into policy documents rather than being incorporated into SADC policies and procedures to describe how SADC implements the community integration.

We also noticed that policies and procedures related to supporting participants with health and or safety needs in accessing the community when not present or they were just not clear.

## 1.19 Slide Nineteen

- **Euella Francis 00:16:39.479 --> 00:19:22.049**

And next we're going to look at some best practices for implementing community integration.

So, one of the key ways of implementing community integration is supporting the participants. We support them by offering information about community events. We support them by offering information on employment, volunteer opportunities. We use the PCSP process to elicit a participant's community integration goals and interests, then that information is used to support the participant.

We help coordinate and document all necessary supports that that the participant needs and that includes who is assigned to assist the participant who is integrating in the community.

And another way we can do that is to ensure that all SADC policies and procedures specify how the HCBS final rule requirements regarding community integration are implemented at the SADC. So, we're supporting and we're telling how that is being done.

## 1.20 Slide Twenty

- **Euella Francis 00:19:22.049 --> 00:19:42.029**

Okay, the next identified trend is in the standard that the setting ensures of participants rights of privacy, dignity, and respect, and freedom from coercion and restraints.

## 1.21 Slide Twenty-One

- **Euella Francis 00:19:42.029 --> 00:20:19.379**

So, participants should have a choice in the activities in which they participate in their meal options, the staff member who renders service, including their personal cares. They should have a right to their privacy when having a visitor and when conducting a confidential conversation. They should have the freedom to handle their own money, choose who they spend their time with and access the community independently or with supports.

## 1.22 Slide Twenty-two

- **Euella Francis 00:20:19.379 --> 00:22:50.159**



Some of the identified trends in the standard of privacy, dignity, respect, and freedoms, we saw, before I go into that because this standard is often misunderstood, this slide provides examples of the identified trend.

So, the first identified trend was a participant's right to choose their preferred staff to assist with their needs was not clearly defined in program documentations, including policies and all PCSPs example the PCSP template did not document a participant's preference for staff to assist with needs or the person centered planning policies and the participant's rights documents did not advise participants of the right to choose a staff person of their preferences or how to go about requesting their preferred staff.

Another trend was that the participant rights documents contained wording that implies under some circumstances the use of restrained seclusion and coercion could be acceptable. We are still seeing the word unnecessary being included in SADC policy language, which implies that they could maybe time when restrains to seclusion and coercion would be used. The participants rights documents and the policies and procedures or needed information on a participant having access to their own funds and how participants were made aware of this right. So, a lot of the SADC right participants rights documents did not specifically mention that a participant has rights to access their own funds and there was no evidence that the participants themselves were notified that they have the right to access their own funds.

There were also some limitations on participants rights to have visitors and privacy for confidential conversations. Some SADC visitor policies have restrictions on participants having visitors at the SADC. Some sites did not have space for participants to meet privately with visitors or to have their private conversations.

## 1.23 Slide Twenty-Three

- **Euella Francis 00:22:50.159 --> 00:24:05.039**

And here are some best practices for privacy, dignity, respect, and freedoms. Again, Viola is here to help us with that. So, if necessary, update the participant's rights documents to ensure that all rights to privacy, dignity, respects, and freedoms are being documented.

Ensure that all participants are given a choice in who they spend their time with while at the SADC, make sure they have access and control over their own funds. Ensure participants have the choice to select a staff member who provides services and support.

Now, it is not necessarily speaking about a particular staff person, but the participant should have a choice to say, oh, they would prefer a male or a female person to provide personal care or someone who speaks a specific language.

Participants should also have the freedom to choose which activities they would like to participate in or not participate in.

## 1.24 Slide Twenty-Four

- **Euella Francis 00:24:05.039 --> 00:24:24.959**



Okay, the next standard setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including but not limited to daily activities, physical environments and with whom to interact.

### 1.25 Slide Twenty-Five

- **Euella Francis 00:24:24.959 --> 00:25:37.559**

Some identified trends and best practices. The physical space was cluttered and that made it very difficult for participants with wheelchairs and other assisted devices in moving about the facilities. How can we fix that? We arrange furniture within the facility to allow Participants with wheelchairs or other assistive devices to move throughout the freely throughout the facility.

There were barriers such as inoperable ramps or elevators were not working and that again it impeded participants movements throughout the facility. How do we fix that? We ensure ramps or elevators are in working order.

Participants were not always made aware of the right to come and go from the setting without restrictions. How do we fix that? We inform participants of the rights to come in and go from the setting without restrictions through clearly visible signage or other means.

### 1.26 Slide Twenty-Six

- **Euella Francis 00:25:37.559 --> 00:25:57.559**

And the standard that ensures individuals have the freedom and support to control their schedules and activities and have access to food at any time.

### 1.27 Slide Twenty-Seven

- **Euella Francis 00:25:57.559 --> 00:26:53.339**

Some identified trends and best practices. There were no snacks available for participants throughout the day. Best practice, make snacks available for participants.

There was no information to notify participants of availability of snacks throughout the day. So, in cases where there were snacks, participants were not informed about that.

So, we make snacks available, and we inform them of the availability of snacks throughout the day.

And modifications to these particular standards were not always documented. So, the SADC may report that there's a participant who identifies an exception for them and it is a valid exception, but it was not documented in the in the participant's PCSP. So, the best practice is to document any modification to this standard on the participant's PCSP.

### 1.28 Slide Twenty-Eight

- **Euella Francis 00:26:53.339 --> 00:27:15.613**

Okay, and with that, I will give the mic back over to Bridget who is going to take us through identified trends and best practices with the person centered service plans.

Thank you very much, Bridget over to you.

### 1.29 Slide Twenty-Nine

- **Bridget McCarthy 00:27:15.613 --> 00:28:01.079**

Thank you, Euella. Okay, so first to note on the MLTC plan PCSPs, MLTC plans are required to develop and maintain a comprehensive person centered service plan for participants that were created by the participant with the MLTC plan.

The PCSP is intended to be a living document, which means it is updated at least annually or more often when there is a change in the participant's circumstances or when the participant requests a change. PCSP should be shared with all relevant service providers, which includes the SADC program, so that the PCSP can be discussed with the participant and updated appropriately.

### 1.30 Slide Thirty

- **Bridget McCarthy 00:28:01.079 --> 00:28:34.709**

The definition here of the person centered service plan. The document must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports commensurate with the level of need of the individual and the scope of the services and supports available.

### 1.31 Slide Thirty-One

- **Bridget McCarty 00:28:34.709 --> 00:29:07.499**

Person centered service plans should demonstrate that the participant led the person centered planning process, and the focus is on what is important to the participant, not what is good for the participant determined by someone else.

Align goals with activities and community integration. Each goal should have an activity within the facility and or in the community and provide support for all participants to take part in their selected activities, including those with health and safety needs.

### 1.32 Slide Thirty-Two

- **Bridget McCarthy 00:29:07.499 --> 00:29:55.549**

So, some identified trends from 2024 for person centered service plans and person centered planning process. Documented goals and activities were not unique to the participants. Supports provided to the participant did not appropriately address the participant's needs. The participants health and safety needs and the corresponding supports to address the needs were not documented and the details and justification for any modifications to the participant's rights were not documented.

### 1.33 Slide Thirty-Three

- **Bridget McCarthy 00:29:55.549 --> 00:30:36.989**

Right, and best practices ensure the person centered service plans are participant driven and that goals and activities align with the participant's interests.

Providing a checklist of activities impedes the participant's ability to choose their own interests and is not acceptable documentation.

Prioritize what matters to the participant over what is deemed good for the participant determined by someone else.

The person centered service plan must be updated at least annually or sooner if there is a change in the participant's physical or mental health or if the participant requests a change.

Clearly define any supports needed for the participant to join in their selected activities and community integration goals and activities must be offered and accepted or declination documented.

### 1.34 Slide Thirty-Four

- **Bridget McCarthy 00:30:36.989 --> 00:31:38.909**

Okay, and some updates to our review questions for 2025. So, the verification questions for 2025, some of them in 2024 had multiple parts. So, we divided them into individual components to be assessed independently, so it doesn't change what we are reviewing, but it does change how we can report out on remediation.

So, I think a good example of this is the 2024 question. Does the setting support members to make their own decisions associate with others access their money with all one question? Now it is three questions.

Does the setting support members to make their own decisions on their daily schedules and activities? Does the setting support members to associate with whom they choose, and does the setting support members to access their money? So, when there's a finding of non-compliance in one of these areas, it will be much clearer which one.

### 1.35 Slide Thirty-Five

- **Bridget McCarthy 00:31:38.909 --> 00:32:37.897**

For the PCSP reviews, for calendar year 2025, we are in our 3rd year of reviews, we will now be doing a more comprehensive review of participants person centered service plans, including evaluating how the template was completed.

So, we are still asking questions on the person centered planning process, and whether it was conducted appropriately. So, an example would be, are the goals indicated on the PCSP personalized to the member?

And we are also reviewing that the template was completed fully and accurately. Does the PCSP document pertinent diagnosis, health issues and or conditions for the member? As an example.

Okay, and with that I will pass it back off to Greg. Thank you all.

### 1.36 Slide Thirty-Six

- **Greg Frank 00:32:37.897 --> 00:32:59.099**

I thank you Bridget. We are very excited to share some helpful new resources that were developed and are available for calendar year 2025.

### 1.37 Slide Thirty-Seven

- **Greg Frank 00:32:59.099 --> 00:34:26.429**

The Department of Health previously collaborated with the New York State office for the aging to develop a HCBS final rule compliant SADC SADS person centered service plan template. Earlier this year, as you can see in the image on the right, the personal care preference section on page three of the template has been updated to include kept questions to capture whether or not the SADC can accommodate a participant's personal care preference and importantly if not, if the participant was notified that the preference could not be accommodated, and they were given the option of choosing a different SADC based on the limitation to their rights.

I saw a comment come through earlier where someone was questioning what, if they did not have male staff member and that was the person's personal care preference. So, this would be the section within the PCSP where you would want to note, the fact that you would not be able to accommodate that if they were requesting a male staff member and then giving them the option to switch to an SADC that might be able to accommodate that.

One really important note that we wanted to provide is that our team is currently working to produce a SADC SADS PCSP template user guide. The intention of this document would be to be a companion to the PCSP template itself.

And would provide further guidance for SADCs on creating an HCBS final rule compliant service plan. The PCSP template along with many other helpful resources is currently located on the SADC HCBS compliant website, which will now go into a little further.

### 1.38 Slide Thirty-Eight

- **Greg Frank 00:34:26.429 --> 00:40:21.540**

So, on May 15th of this year, the Department of Health launched the SADC HCBS compliance website, you can see a screenshot of the homepage on the right, which we'll be giving a demo of in a second. The website was developed with the intention of being basically a one stop shop for resources, tools, and other information regarding SADC compliance with the HCBS final rule.

We strongly encourage MLTC plans and SADC sites to access this site frequently for information on newer updated policies, email notifications, upcoming trainings or events, and other timely information including announcements when new content is added to this website.

So, with that, I'm going to stop sharing the slide deck for one moment, and I am going to pull up the website, just one moment.

So hopefully you can all see this, the SADC HCBS compliance, website homepage. For those of you that have not previously accessed the website, there are three main sections you will see when landing on this homepage.

The main section which is the yellow box that you see is the announcements banner. Within this banner, you'll find important notes for newly released resources, upcoming trainings and other relevant timely information. So, this would be probably something you'd want to look at first when landing on this page to get any new timely information that we want you to be aware of.

Along the left side of the homepage, you will find important links broken out into three main categories. So, I'll just take a second to describe what's in those. The SADC HCBS documentation category, this provides links to the document library and archive, which has current and archived versions of HCBS compliant documentation respect.

So, if you click into those, there's a lot of good information and documentation that's relevant to HCBS compliance. There is also a contact a link to a contact us webpage. This webpage provides contact information for important stakeholder groups including NYSOFA, NYC Aging, the office of the Medicaid inspector general, and then also relevant groups within DOH, including SADC HCBS compliance team, the managed long term care surveillance team and the MLTC technical assistance center.

The second group along the left side is SADC administrative requirements. This provides links to the two main annual requirements for SADC programs, which are the annual certification through the OMIG portal, this is required of all SADCs every year.

And the second link is to the registration of New York City aging. This applies to SADC sites in New York City only. This registration is required upon first establishing SADC program or whenever there are structural changes to the program.

So those are quick links to be able to take care of your administrative requirements.

And then the final section along the left is helpful links, which provides links to stakeholder webpages, including the NYSOFA SADS homepage, the New York City aging SADC homepage, and then links to the DOH MLTC policies and MLTC homepage.

Along with a link to the CMS HCBS final rule web page. And then at the bottom you'll see the third main section of the website, which we'd like to call your attention to. There are boxes specifically for MLTC plans and four SADC sites.

They both contain many helpful resources to assist plans and in completing their oversight responsibilities and to assist SADC sites in complying with the HCBS final rule. I just wanted to take a minute to call out some of the important particularly important resources that have been added to this this year.

One of which under the four MLTC box is MLTC plan SADC contracting oversight roles and responsibilities. The purpose of this page is to provide MLTC plans with an overview of the roles and responsibilities for contracting with and providing oversight of SADC sites in New York.

This is a very thorough webpage that breaks down different categories of oversight roles and responsibilities for plans. So that would be something for plans to check out.

There is a similar document underneath for SADC sites, which is called SADC HCBS compliance review roles and responsibilities.

The purpose of that page is to provide an overview of the compliance review process and the roles and responsibilities for the Department of Health, MLTC plans, and sites within each phase of the review. A few other important resources that were created this year.

SADC HCBS community integration. The purpose of this webpage is to provide providers with guidance related to community integration requirements, and SADC should review this and ensure that their policies and procedures are aligned with the guidance provided.

Another resource is guidance on HCBS compliance questions. This goes through each question that our review team asks to determine HCBS compliance. This is actually in the process of being updated for calendar year 2025.

So, we will have an announcement on here when that updated version is released, and last but not least, there is an HCBS compliance review FAQ. It's a compilation of frequently asked questions for MLTC plans and sites related to HCBS settings final rule compliance.

And before I stop sharing, I just want to again really strongly encourage plans and sites to frequent this website and to review the resources available on it, especially when preparing for this upcoming year compliance reviews. So, with that, I'm going stop sharing and bring the slides back up for the final part of our presentation.

### 1.39 Slide Thirty-Nine

No commentary on this slide.

### 1.40 Slide Forty

No commentary on this slide.

### 1.41 Slide Forty-One

- **Greg Frank 00:40:21.540 --> 00:41:38.591**

And with that, we just wanted to say thank you for taking the time to attend today. The recording of the presentation and the slide deck will be added to the website that we were just looking at and we will share the link with all attendees. We will review any questions that were not be able to be responded to in the chat and we'll follow up with any relevant responses.

Any additional questions may be directed to the email box that you see [HCBSADCsiteassessments@health.NY.gov](mailto:HCBSADCsiteassessments@health.NY.gov).

So, we've now reached the end of our presentation. I just wanted to say thank you again

for attending. We look forward to collaborating with you and having a successful calendar year 2025 HCBS compliance review year. And I think Diane, you are with us now. I didn't know if you would like to say anything to close out.

## 1.42 Slide Forty-Two

- **Dianne Kiernan 00:41:38.591 --> 00:44:42.681**

Okay good afternoon, everybody. Thank you for bearing with us for those 20 minutes while we tried to figure out what the problem was and 300 and some of you transferred successfully over to this webinar. So, give yourself a pat on the back that you're technologically advanced to be able to leave one webinar through a chat and come to this one. It's very frustrating, of course, but we all got through it. We lost a few people in that transition.

I also want to reinforce for many of you who've been on this, we've been doing these kickoff webinars for maybe four years now, three years, which just seems unbelievable, and it's a requirement and the team may have already said this. It is a requirement because we have to report to CMS on HCBS monitoring activities.

And SADC oversight is one area of this very large report, so we will continue to do annual validations and verifications of the information that the team presented today.

I'm working through the plans to schedule these, these are remote visits at this point. At some point we may actually be on site. I know CMS will let us know when they are planning to do on sites. We thought we would have a few this summer.

But we anticipate at any point we will hear from CMS who may want to choose off of a list which SADC sites they want to walk into. So having compliance and understanding what the standards are in the compliance and taking the guidance and the feedback and using the approved templates, is really important because if someone does walk into your social adult daycare site, hopefully everyone who works there understands what compliance means and how to validate and verify that if CMS asks.

So, we go in the front door when we do these annual visits, but at some point, CMS could come knocking and they did tell us they would give us maybe a month's notice on what sites they visit. So, we've been kind of sitting on the edge of our seats for this.

And I want to thank you all again for transitioning and for the many questions that you've asked here and we do have a really good team, so continue to send any questions that you have to HCBS SADC mailbox, and I really look forward to 2025 to see the numbers of sites that are compliant because they've been doing this for three years, increase, with less remediation needed.

So, I'm really looking for the data to show that there's an understanding across the state of what HCBS compliance looks like. Thank you.

- **Greg Frank 00:44:42.681 00:45:00.036**

Yes, thank you Diane, and I think that concludes our presentation today, so thank you again for your time and take care, everyone. We'll talk to you all soon.