



**Department
of Health**

Social Adult Day Care

Suggested SADC Evaluation Tool Guide

January 1, 2026

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
2.1	Updated screenshots throughout with current Suggested SADC Site Evaluation Tool. Added links for SADC website and PCSP template. Removed Addendum	7/9/2024
3.0	Revised/Added questions to each tab in document. Combined PCSP Review tab into Member Checklist tab. Updated screenshots throughout document. Reordered version update numbers.	1/1/2026

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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) Evaluation Tool issued by the New York State Department of Health (the Department).

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 Evaluation Tool. Additionally, the guide has a screenshot of each tab, a section that provides background information on the tab, and 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 Information
4. Contract and Oversight
5. SADC Requirements
6. Member Checklist
7. Staff Requirements
8. Staff and Volunteer Checklist
9. HCBS Final Rule

Completion of the Evaluation Tool

- MLTC plans may utilize this suggested tool directly for conducting SADC reviews or as a resource which provides the minimum required items that must be reviewed.
 - The Department strongly encourages using the Suggested SADC Evaluation Tool to perform all SADC reviews. If an MLTC plan wishes to use a comparable evaluation tool, it must be submitted to the Department for review and approval.
- 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 SADC locations.

- The tool will be posted on the Department's [website](#), under the "MLTC Plan Resources for SADC Oversight" section, for MLTC plans to access and utilize.
- Follow guidance provided in the tool for questions to ensure adequate responses.
- 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 on how to copy a tab can be found in the [Copying a Checklist Tab](#) section below.
- Be sure to keep all completed tools and supporting documentation for the required 10 years and be prepared to furnish copies upon request from the Department, the Centers for Medicare and Medicaid Services (CMS), or any other regulatory agency.
 - Reminder: All completed tools should be submitted to the Department on an ongoing basis.

SADC Evaluation Tool Tabs

Instructions Tab

 Department of Health																	
Suggested Social Adult Day Care (SADC) Evaluation Tool																	
<p>Purpose: This is a New York State (NYS) Department of Health (the Department) created this tool which is suggested for use by Managed Long Term Care (MLTC) Plans for initial and annual SADC evaluations, to ensure the SADC meets NYS and Federal Requirements.</p> <p>To ensure compliance, if the MLTC Plan elects to use a different tool, all aspects of this tool must be included.</p> <p>The Cover Page is used to quickly reference the SADC information, date of visit, address, and MLTC plan that completed the assessment. The General information tab provides more detailed information on the SADC and the representatives completing the assessment. The Contract and Oversight tab includes contract and oversight components. The SADC Requirements tab provides questions to evaluate the SADC's 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 SADC's compliance with the Medicaid contract and compliance with State and Federal Regulations, related to staff requirements. The Staff and Volunteer Checklist includes requirements for reviewing staff/volunteer files. The HCBS Final Rule tab provides questions to evaluate the SADC's compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Final Rule.</p>																	
<p>Instructions for Completing Each Tab:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Cover Page:</td> <td>Fill in the name and address of the SADC under review, as well as the date the visit was conducted, and MLTC plan information.</td> </tr> <tr> <td>General:</td> <td>Fill in all information regarding the representative completing the SADC visit and the SADC information.</td> </tr> <tr> <td>Contract and Oversight:</td> <td>Complete the responses for all yes/no questions related to the contract between the MLTC Plan and the SADC and oversight of the SADC.</td> </tr> <tr> <td>SADC Requirements:</td> <td>Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations.</td> </tr> <tr> <td>Member Checklist:</td> <td>For use by the 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.</td> </tr> <tr> <td>Staffing Requirements:</td> <td>Complete the responses for all yes/no questions related to compliance with the Medicaid contract and compliance with State and Federal Regulations.</td> </tr> <tr> <td>Staff and Volunteer Checklist:</td> <td>For use by the MLTC Plan when reviewing staff and volunteer files. The plan should make copies of the table or the tab for each staff/volunteer file that is reviewed.</td> </tr> <tr> <td>HCBS Final Rule:</td> <td>Complete the responses for all questions related to HCBS Final Rule guidance.</td> </tr> </table>		Cover Page:	Fill in the name and address of the SADC under review, as well as the date the visit was conducted, and MLTC plan information.	General:	Fill in all information regarding the representative completing the SADC visit and the SADC information.	Contract and Oversight:	Complete the responses for all yes/no questions related to the contract between the MLTC Plan and the SADC and oversight of the SADC.	SADC 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 the 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 the MLTC Plan when reviewing 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.
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HCBS Final Rule:	Complete the responses for all questions related to HCBS Final Rule guidance.																
<p>Please Note:</p> <p>The MLTC plan must obtain and retain copies of all documentation for at least ten (10) years in the event of an audit.</p> <p>For more information on how to complete this evaluation tool, please refer to the user guide and video tutorial posted on the Department's SADC Compliance website: https://health.ny.gov/health_care/managed_care/mltc/sadc/</p>																	

About the Instructions Tab

This screen provides an overview of the Suggested SADC Evaluation Tool. It is comprised of three 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 Evaluation Tool.

- **Please Note:** Directs MLTC plans to additional resources for completing the tool and a reminder about document retention requirements.

Cover Page Tab



New York State Department of Health

Suggested Social Adult Day Care (SADC) Evaluation Tool

SADC Name: _____

SADC NPI: _____

SADC Physical Address: _____

SADC Visit Date: _____

MLTC Plan Name: _____

Version: 3.0 Initial Release: 9/16/2022 Current Version: 1/1/2026

About the Cover Page Tab

The Cover Page is used to quickly reference the SADC, date of visit, address, and MLTC plan who completed the evaluation.

- Completing the Cover Page Tab
 - All fields on the Cover Page Tab should be completed.
 - **Note:** If this is an initial evaluation to ensure compliance with a newly contracted SADC, please leave the SADC Visit Date field blank.
 - Entries made on the cover page in the SADC Name, SADC NPI, and MLTC Plan Name fields will automatically pull over to all other relevant fields in the workbook.
 - If plans have any questions regarding obtaining or verifying a National Provider Identifier (NPI) number for a SADC, please refer to [MLTC Policy 25.05: Enhanced MLTC Plan Oversight of Contracted SADCs](#).
 - The MLTC plan name field is a dropdown menu listing the names of existing MLTC plans.

General Information Tab

Suggested SADC Evaluation Tool		
General Information		
MLTC Plan		
MLTC Plan Representative Completing This Tool		
Name (First & Last):		
Title:		
Phone:		
Email:		
MLTC Plan Representing:	[Enter MLTC Plan Name on Cover Page]	
SADC		
SADC Point of Contact		
Name (First & Last):		
Title:		
Phone:		
Email:		
SADC Name:	[Enter SADC Name on Cover Page]	
SADC Information		
<i>Only complete applicable fields</i>		
SADC NPI:	[Enter SADC NPI on Cover Page]	
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(s):		
What type of contract(s) does the MLTC Plan have with the SADC?		
Number of MLTC plan Members Served at the SADC by Contract Type	MAP Members	
<i>Note: For SCA list the # of MAP and/or Partial Members Attending the SADC Under SCAs.</i>		
<i>Additionally, plans should note that if they have more than 5 members under a SCA, a MAP and/or Partial contract should be established.</i>	Partial Members	

About the General Information Tab

The General Information tab provides general demographic information regarding the SADC and contains three sections:

- MLTC Plan Representative Completing This Tool
- SADC Point of Contact
- SADC Information

Completing the General Information Tab

- Company/DBA Name: Enter the SADC name as filed with the New York State (NYS) Department of State. Doing Business As (DBA) names are common for privately owned companies.
- Contract Type: Select the appropriate dropdown selection based on the contract(s) the plan has with the SADC. The options are as follows:
 - MAP: Medicaid Advantage Plus
 - Partial: Partial Capitation
 - MAP and Partial: To be utilized when the plan has both a MAP and Partial contract with the SADC.
 - SCA: Single Case Agreement
 - Reminder: MLTC plans are still required to conduct initial and annual evaluations of SADCs where only a SCA exists.
- Number of MLTC Plan Members Served: Enter the number of enrolled members for the corresponding contract type.
 - **Note:** If the MLTC plan has more than 5 members under a SCA, a MAP and/or Partial contract should be established.

Contract and Oversight Tab

[Enter SADC Name on Cover Page] Oversight Requirements			
	Oversight Requirements	Yes/No	Comment
1	Does the SADC provide transportation to and from the SADC or contract with a vendor to provide the transportation? If no, please provide an explanation in the comment field.		
2	Does the SADC and/or vendor provide transportation for outside events?		
3	Does the SADC provide hot home delivered meals that are prepared at the SADC (e.g. meals on wheels)? If no, please provide an explanation in the comment field.		
4	Has the MLTC Plan been free of complaints about this SADC in the past year? If no, please provide an explanation in the comment field.		
5	In the last year, has the SADC been free of any suspected instances of Fraud, Waste and Abuse that were referred to OMIG, the Department, and/or NYSOFA? If no, please provide an explanation in the comment field. <i>Note: See Reference below for more information on reporting to OMIG, the Department, or NYSOFA.</i>		
6	Did the SADC complete certification to 9 CRR-NY 6654.20 requirements via the OMIG portal 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 to 9 CRR-NY 6654.20 via the OMIG portal.</i>		
7	Did the MLTC plan obtain evidence of the SADC certification to 9 CRR-NY 6654.20 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 to 9 CRR-NY 6654.20 via the OMIG portal.</i>		
8	Did the SADC complete registration with NYC Aging 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 registration with NYC Aging.</i>		

About the Contract and Oversight Tab

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

- **Oversight Requirements:** Evaluation items related to MLTC plan oversight of SADCs.
- **Contract Requirements:** Evaluation items specific to the contract(s) established between the MLTC plan and SADC.
- **References:** This section provides further guidance for the plan when completing the two previous sections. Additionally, it provides links and specific contract language that is required to be present in the contract between the MLTC plan and the SADC.

Completing the Contract and Oversight Tab

- All evaluation items get answered with a **Yes** or **No**.
- For certain evaluation items, if the response is **No**, additional details are required in the Comments section (Column F).

- For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate further details are needed.
- Please note Oversight Requirements questions 6 and 7, which relate to [MLTC Policy 15.01\(a\)](#), require all SADCs 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>.

SADC Requirements Tab

SADC Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20				
Standard	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>
Physical Environment and Safety 9 NYCRR §6654.20 (d)(2)(vi) MLTC Policy 25.05	1 Are the buildings and equipment maintained and operational to prevent fires and other personal safety hazards?			
	2 Did the SADC notify the local fire jurisdiction of SADC's physical location and hours of operation in writing? <i>Note: It is recommended that the plan obtain a copy of the written notification.</i>			
	3 Is the SADC in compliance with the Americans with Disabilities Act (ADA) requirements for accessibility for persons with disabilities?			
	4 Does the SADC have a valid (not expired) Certificate of Occupancy (COO) that reflects the correct ownership and physical location? <i>If yes, please provide the expiration date and maximum occupancy level in the Comments</i>			
	5 Did the MLTC plan obtain a copy of the valid COO? <i>Note: The COO must also reflect the correct ownership and physical location for the SADC.</i>			
	6 Do occupancy levels observed during the evaluation indicate that the SADC operates within compliance of the COO? Please provide the number of occupants observed in the Comments field. <i>Note: MLTC plans must observe occupancy levels during the on-site visit portion of the SADC evaluation and collect and review attendance (sign-in/out) records or similar evidence that indicate at minimum the member's name, date, and start and end times, to ensure compliance with maximum occupancy standards, per the valid COO.</i>			

About the SADC Requirements Tab

The SADC Requirements Tab evaluates components related to the SADC's physical location, as well as adherence to policy related to its operational use. The SADC Requirements Tab contains of four sections:

- **Physical Environment and Safety:** Reviews safety related aspects of the SADC's physical environment and associated documentation.
- **Member Care:** Reviews standards related to nutrition and associated documentation.
- **Policies and Procedures:** Reviews SADC policy and member attendance log requirements.
- **Emergency Preparedness:** Reviews emergency procedure requirements.

Completing the SADC Requirements Tab

- All evaluation items get answered with a **Yes** or **No**.
- Depending on the response, certain evaluation items will require additional details be added in the Comments section (Column F).
 - While comments are required for specified evaluation items, MLTC plans can provide additional comments, as needed.
- Any evaluation item with a **No** response is required to have a remediation plan detailed in the Remediation Plan section (Column G).
 - For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate the SADC is out of compliance and further details are needed.
 - **Note:** If remediation is required, the MLTC plan should obtain and retain remediation documentation (i.e. environmental pictures, updated documents and policies).
- Any evaluation item with a **Yes** response will see the Remediation Plan section greyed out as a visual cue that a plan is not required.

Member Checklist Tab

Member File Review Checklist				
Member File Guidance				
<p>To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of the enrolled members at the SADC).</p> <p>Instructions:</p> <ul style="list-style-type: none"> - If answering 'No' to any question, please provide an explanation in the comment field. - Please include the demographic information for the specific member record being reviewed in the "Member Demographics" section below. - Copy this tab and complete a tab for each member record that is being reviewed. 				
Member Demographics	Member CIN: Member Name: Member DOB:			
Section	Question to Assess for Compliance	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).
Required Documentation	1 Does the member file contain the initial assessment performed prior to admission to the program?			
	2 Does the member file contain the most recent MLTC plan PCSP that was shared by the MLTC Plan Care Manager?			
	3 If yes, please provide the completion date of the MLTC plan PCSP in the Comments field.			

Person Centered Service Plan (PCSP) Review				
Additional reference information in the PCSP User Guide for SADCs can be found at the following:		https://www.health.ny.gov/health_care/managed_care/mltc/sadc/library/resources/sadc_sads_pcsp_template_user_guide.pdf		
When answering the below questions please be sure to look solely at the SADC's member's most recent SADC PCSP. The goal is to determine if the SADC PCSP has been completed appropriately for all required items.				
<p>The Yes/No response field contains should be completed as follows:</p> <p>1) Yes - To be utilized when the field has been completed accurately.</p> <p>2) No - To be utilized when the field was completed inaccurately or incompletely.</p>				
<p><i>Note: The SADC/SADS PCSP template issued by the Department and NYSOFA uses the term "participant" and this evaluation tool uses "member," both the terms are considered acceptable to describe the recipient of services. The SADC may also utilize a different term to describe the recipient of services in the SADC PCSP template version being reviewed and this does not cause an issue with compliance.</i></p>				
Section	Question to Assess for Compliance	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).
PCSP Completion Information	4 Does the PCSP document the full name of the person who completed it?			
	5 Does the PCSP document the date it was completed?			
	6 If yes, provide the completion date in the Comments field.			
	7 Does the PCSP document the member's full legal name?			
	8 Does the PCSP document the member's date of birth?			
	9 Does the PCSP document the member's physical address?			
	10 Note: Physical address for the member's current residency (home)			
	11 Does the PCSP document whether the member lives with someone? If so, does it list the person living with the member is involved in the member's care and if yes, who they live with?			
	12 Does the PCSP document the member's phone number?			
	13 Does the PCSP document the member's email address?			
	14 Does the PCSP document the member's preferred language?			
	15 Does the PCSP document the member's gender?			
	16 Does the PCSP document the member's gender identity?			
	17 Does the PCSP document the member's MLTC plan?			
	18 Does the PCSP document the member's Insurance/Medicaid ID?			
	19 Does the PCSP document the member's care manager?			

About the Member Checklist Tab

The Member Checklist Tab evaluates documentation related to specific members receiving services at the SADC, including their Person Centered Service Plan (PCSP). The Department jointly with New York State Office for the Aging (NYSOFA) has released the [SADC/Social Adult Day Services \(SADS\) PCSP Template](#), as well as the [SADC/SADS PCSP Template User Guide](#). MLTC plans are required to review member files for compliance, document instances of non-compliance, and remediate those instances as a component of performing SADC oversight. The Member Checklist tab contains eleven sections broken into two components:

- **Member File Guidance**
 - **Member Demographics:** Consists of three demographic items related to the specific member whose documentation is being reviewed.
 - **Required Documentation:** Reviews documentation that is required as part of the members case file.
- **PCSP Review**
 - **PCSP Completion Information:** Evaluates information related to when the PCSP was completed, and the timing of completion.
 - **SADC Member Information:** Reviews demographic information required to be included as part of the PCSP.
 - **Members Health Information:** Reviews specific medical information related to the member, including diagnoses and medications/
 - **Personal Care Preferences:** Reviews member preferences related to how they receive personal care.
 - **Risk Management and Safeguards:** Ensures PCSP documents any specific risks to a member's health and wellbeing.
 - **Preferences and Strengths/Needs:** Evaluates items related to a member's specific preferences, as well as their needs and strengths.
 - **Goals and Activities:** Ensures the PCSP appropriately documents a member's personalized goals, as well as the activities that are of interest to the member.
 - **Modifications to Members Rights:** Ensures the PCSP has a space to appropriate document and justify any modifications to member freedoms.
 - **PCSP Acknowledgement:** Ensures the PCSP was appropriately signed by the member or their designated representative.

Completing the Member Checklist Tab

It is the expectation that MLTC plans will evaluate a statistically valid sample of their members at the SADC (approximately 10% of enrolled members).

- A copy of this tab should be made for each specific member whose documentation is being reviewed. Details on how to copy a tab can be found in the [Copying a Checklist Tab](#) section below.
- The three items in the Member Demographics section should be filled out with the corresponding information for the specific member under review.

- All evaluation items get answered with a **Yes** or **No**.
- Depending on the response, certain evaluation items will require additional details be added in the Comments section (Column F).
 - While comments are required for specified evaluation items, MLTC plans can provide additional comments, as needed.
- Any evaluation item with a **No** response is required to have a remediation plan detailed in the Remediation plan section (Column G).
 - For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate the SADC is out of compliance and further details are needed.
 - **Note:** If remediation is required, the MLTC plan should obtain and retain remediation documentation (i.e. updated policies/procedures or an updated PCSP template).
- Any evaluation item with a **Yes** response will see the Remediation Plan section greyed out as a visual cue that a plan is not required.

Staff Requirements Tab

Staffing Requirements from Title 9 New York Codes, Rules, and Regulations (NYCRR) §6654.20				
Standard	Question to Assess for Compliance	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).</i>
Staff Health Status 9 NYCRR §6654.20 (d)(2)(iv)(a)(3)	1 Did the SADC supply a copy of the list of current staff, including volunteers and their titles to the MLTC plan? If yes, provide the number of staff and number of volunteers separately, in the Comments			
	2 Does the SADC require that staff have health assessments conducted prior to contact with participants?			
	3 Does the SADC require that staff have health assessments conducted annually?			
	4 Does the SADC require that staff have TB screenings conducted prior to contact with members?			
	5 Does the SADC require that staff have TB screenings conducted bi-annually?			
Staff Training 9 NYCRR §6654.20 (d)(2)(iv)(c)(1) 9 NYCRR §6654.20 (d)(2)(iv)(c)(3) 9 NYCRR §6654.20 (d)(2)(iv)(d)(1) and (2)	6 Have staff received an orientation training regarding the SADC, the community, and SADC program?			
	7 Have staff received an orientation training regarding working with the elderly, members' rights, safety, and accident prevention?			
	8 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?			
	9 Has annual safety training been provided regarding use of fire extinguishers?			
	10 Has annual safety training been provided regarding evacuation procedures, emergency situations, and emergency phone numbers?			
	11 Have staff received at least 6 hours of in-service training?			
	12 Has task appropriate training been provided to service staff including training for volunteers?			
	13 Have staff received at least 20 hours of group, individual, or on-the-job training within three months of assignment to provide SADC services?			

About the Staff Requirement Tab

The Staff Requirements Tab evaluates compliance with policies related to staff employed by the SADC, as well as volunteers who are in contact with members. The Staff Requirements Tab contains two sections:

- **Staff Health Status:** Evaluation items related to employed staff and volunteers, as well

as required health assessments.

- **Staff Training:** Evaluation items related to required trainings.

Completing the Staff Requirement Tab

- All evaluation items get answered with a **Yes** or **No**.
- Depending on the response, certain evaluation items will require additional details be added in the Comments section (Column F).
 - While comments are required for specified evaluation items, MLTC plans can provide additional comments, as needed.
- Any evaluation item with a **No** response is required to have a remediation plan detailed in the Remediation Plan section (Column G).
 - For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate the SADC is out of compliance and further details are needed.
 - **Note:** If remediation is required, the MLTC plan should obtain and retain remediation documentation (i.e. updated documents and policies).
- Any evaluation item with a **Yes** response will see the Remediation Plan section greyed out as a visual cue that a plan is not required.

Staff and Volunteer Checklist Tab

Staff and Volunteer File Review Checklist Staff/Volunteer Checklist Guidance				
<p>To effectively evaluate compliance, the MLTC plan should review a statistically valid sample size, approximately 10% of all staff and volunteers at the SADC, and should include the director and all clinical staff.</p> <p>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 with equivalent training that can be documented are not required to repeat training. Acceptable equivalent training may include completion of personal care aide training program, home health aide training program, or nurse aide training program approved by the Department; or adult day care worker training program by Office for People with Developmental Disabilities (OPWDD). Documentation of equivalent training must be maintained in personnel or training records.</p> <p>Note: For all questions, if the response is "Yes", please provide the date of training (or acceptable equivalent training) in the Comments field.</p>				
Staff/Volunteer Demographics	Name Title Date of Hire	Question to Assess for Compliance	Yes/No	Comments
Required for All Staff and Volunteers Upon Hire	1 Does the staff/volunteer file contain an Initial Health Assessment?			If no, please describe remediation plan below. <i>*If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. updated policies/procedures or an updated PCSP template).</i>
	2 Does the staff/volunteer file contain an Initial PPD skin test/CXR/Q?			
	3 Does the staff/volunteer file show proof of orientation to provider, community, and program?			
	4 Does the staff/volunteer file show proof of training on Working with Older Adults?			
	5 Does the staff/volunteer file show proof of training on Participant Rights?			
	6 Does the staff/volunteer file show proof of training on Safety/Accident Prevention?			
Required for All Staff and Volunteers Annually	7 Does the staff/volunteer file contain proof of at least 6 hours of training to minimally include use of fire extinguishers, written emergency procedures, evacuation situations and telephone numbers?			
	8 Does the staff/volunteer file contain proof of an Annual Health Assessment?			
	9 Does the staff/volunteer file contain proof of PPD skin test/CXR/Q?			
	10 Does the staff/volunteer file contain proof of CPR/AED training?			
	11 Does the staff/volunteer file contain proof of orientation to personal care skills?			
	12 Does the staff/volunteer file contain proof of training on body mechanics?			

About the Staff and Volunteer Checklist

The Staff and Volunteer Checklist evaluates documentation related to staff employed by the SADC, as well as volunteers who have contact with members. MLTC plans are required to review staff and volunteer files for compliance, document instances of non-compliance, and

remediate those instances as a component of performing SADC oversight. The Staff and Volunteer Checklist contains four sections:

- **Staff/Volunteer Demographics:** Consists of three demographic items related to the specific staff member/volunteer whose documentation is being reviewed.
- **Required for All Staff and Volunteers Upon Hire:** Ensures staff/volunteer file appropriately documents health and training requirements necessary upon hire.
- **Required for All Staff and Volunteers Annually:** Reviews training requirements for staff/volunteers that need to be completed annually.
- **Required for All Staff and Volunteers Prior to Contact with Members:** Reviews trainings that are required to be completed before the staff/volunteer are able to be in contact with members.

Completing the Staff and Volunteer Checklist Tab

It is the expectation that MLTC plans will evaluate a statistically valid sample of staff/volunteers at the SADC (approximately 10% of staff & volunteers).

- A copy of this tab should be made for each specific staff/volunteer whose documentation is being reviewed. Details on how to copy a tab can be found in the [Copying a Checklist Tab](#) section below.
- The three items in the Staff/Volunteer Demographics section should be filled out with the corresponding information for the specific member under review.
- All evaluation items get answered with a **Yes** or **No**.
- All evaluation items with a **Yes** response will require the date of training (or acceptable equivalent training) be added in the Comments section (Column F).
 - While comments are required for specified evaluation items, MLTC plans can provide additional comments, as needed.
- Any evaluation item with a **No** response is required to have a remediation plan detailed in the Remediation Plan section (Column G).
 - For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate the SADC is out of compliance and further details are needed.
 - **Note:** If remediation is required, the MLTC plan should obtain and retain remediation documentation (i.e. proof of completed training).
- Any evaluation item with a **Yes** response will see the Remediation Plan section greyed out as a visual cue that a plan is not required.

HCBS Final Rule Tab

HCBS Final Rule Reference			
Additional guidance and reference information on SADC Compliance questions can be found at: https://www.health.ny.gov/health_care/managed_care/mltc/sadc/guidance_hcbs_comply_rev_ges.htm			
SADC Setting Characteristics			
Question to Assess for Compliance	Yes/No	Comments <i>If answering "Yes" please provide additional details about the SADC's location.</i>	If answering "Yes", please provide explain how the SADC overcomes the institutional characteristics.
1 Note: Setting is in a publicly or privately operated facility that currently provides inpatient institutional treatment (e.g., Nursing Facility, Intensive Care Facility/IID, Institutes for Mental Disease hospital, etc.), or has the effect of isolating members from the broader community.	<input type="checkbox"/>		
2 Note: CMS defined "public institution" as it relates to the HCBS Final Rule regulation, as "an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government".	<input type="checkbox"/>		
SADC Compliance			
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>
3 Does the site allow individuals' movement with none of the following barriers: gates, locked doors, fences?	<input type="checkbox"/>		
4 Note: SADCs with locked entryway and exits or buzzer systems for security purposes, are considered compliant if there is someone at the door to allow members to enter and exit without restriction.	<input type="checkbox"/>		
4 Does the SADC offer options for the members to meet physical environment goals and needs?	<input type="checkbox"/>		
5 Note: Consider the following example spaces: - Indoor gathering space - Outdoor gathering space - Large group activity space - Small group activity space - Private space - Area for calming activities - Area for stimulating activities	<input type="checkbox"/>		
5 Note: Members need to be aware of their right to have more than one meal option and how to request it. Therefore, simply indicating this right in a policy that is not provided or shared with the member is not compliant.	<input type="checkbox"/>		

About the HCBS Final Rule Tab

The HCBS Final Rule tab evaluates adherence to Home and Community Based Service (HCBS) regulations. 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 HCBS. The rule outlined new requirements, including the following:

- Person-centered planning and conflict of interest.
- Standards for all settings where HCBS are provided.

As SADC is a HCBS service, all MLTC plans are required to ensure that all contracted SADCs are compliant with the HCBS Settings Final Rule.

The HCBS Final Rule tab contains two sections:

- **SADC Setting Characteristics:** Evaluation items designed to assess whether the SADC has institutional characteristics.
- **SADC Compliance:** Evaluation items designed to ensure compliance with the HCBS Final Rule.

Completing the HCBS Final Rule Tab

- All evaluation items get answered with a **Yes** or **No**.
- Evaluation items in the SADC Setting Characteristics section with a SADC Setting Characteristics section with a **Yes** response will require additional details:
 - In Column E, plans must provide more specific details about the SADC's location.
 - In Column F, plans must explain how the SADC overcomes institutional characteristics.
- While comments are not required for any specific evaluation items on this tab, MLTC

plans can provide additional comments, as needed.

- Any evaluation item with a **No** response is required to have a remediation plan detailed in the Remediation Plan section (Column F).
 - For these items, the Yes/No column will turn **red** when **No** is selected as a visual cue to indicate the SADC is out of compliance and further details are needed.
 - Note:** If remediation is required, the MLTC plan should obtain and retain remediation documentation (i.e. updated documents and policies).
- Any evaluation item with a **Yes** response will see the Remediation Plan section greyed out as a visual cue that a plan is not required.

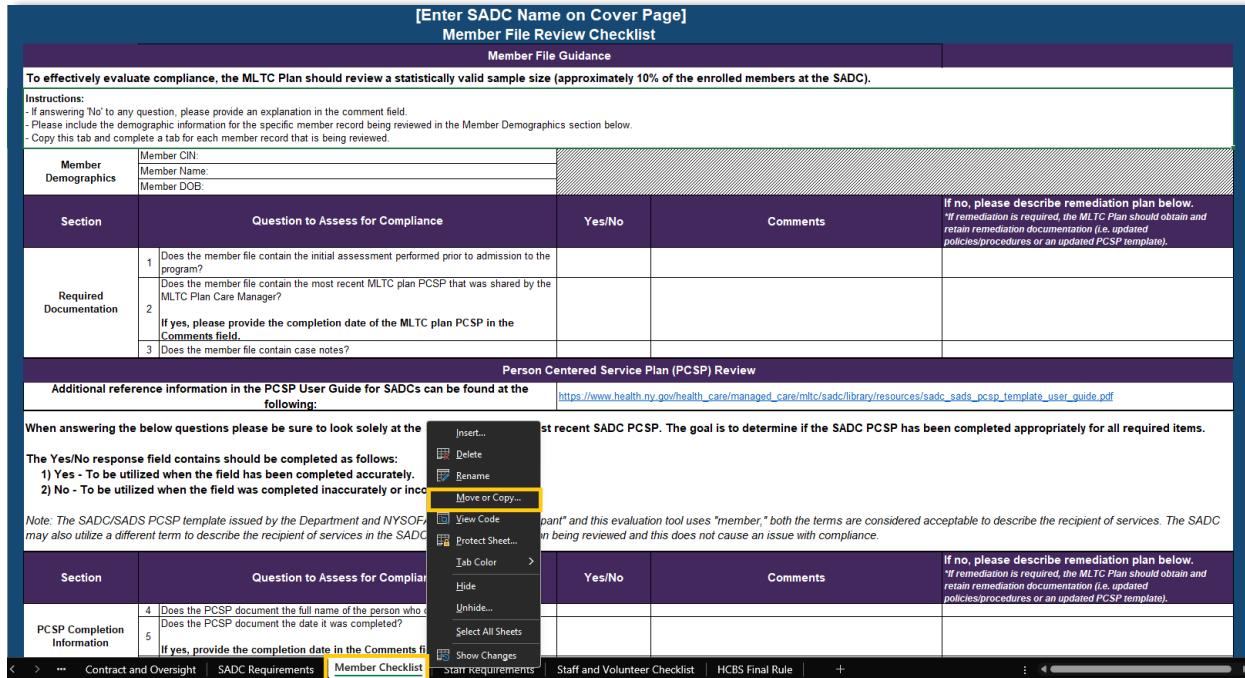
Copying a Checklist Tab

To copy a Tab, take the following steps:

- Right click on the **Member Checklist** or **Staff and Volunteer Checklist** tab along the bottom of the workbook (these are the two tabs that could require copying).

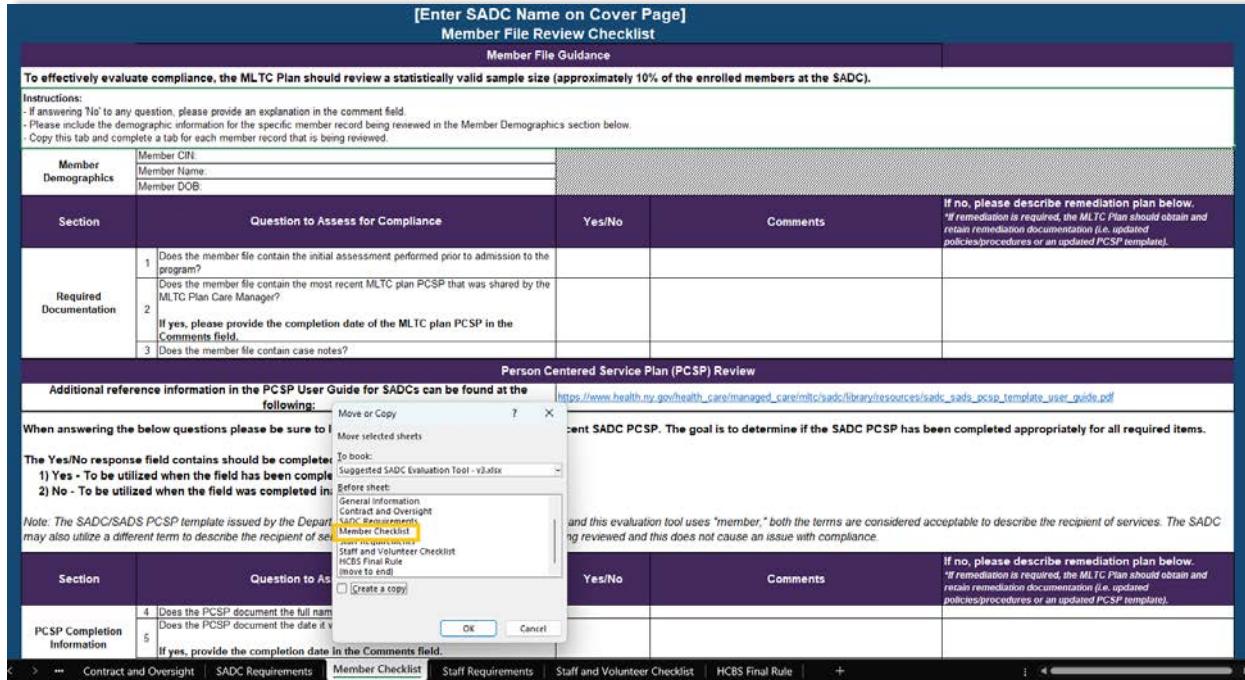
[Enter SADC Name on Cover Page] Member File Review Checklist				
Member File Guidance				
<p>To effectively evaluate compliance, the MLTC Plan should review a statistically valid sample size (approximately 10% of the enrolled members at the SADC).</p> <p>Instructions:</p> <ul style="list-style-type: none"> If answering 'No' to any question, please provide an explanation in the comment field. Please include the demographic information for the specific member record being reviewed in the Member Demographics section below. Copy this tab and complete a tab for each member record that is being reviewed. 				
Member Demographics	Member CIN: Member Name: Member DOB:	If no, please describe remediation plan below. <i>If remediation is required, the MLTC Plan should obtain and retain remediation documentation (i.e. updated policies/procedures or an updated PCSP template).</i>		
Section	Question to Assess for Compliance	Yes/No	Comments	
Required Documentation	1 Does the member file contain the initial assessment performed prior to admission to the program?			
	2 Does the member file contain the most recent MLTC plan PCSP that was shared by the MLTC Plan Care Manager?			
	3 If yes, please provide the completion date of the MLTC plan PCSP in the Comments field.			
Person Centered Service Plan (PCSP) Review				
<p>Additional reference information in the PCSP User Guide for SADCs can be found at the following: https://www.health.ny.gov/health_care/managed_care/mltc/sadc/library/resources/sadc_sads_pcsp_template_user_guide.pdf</p> <p>When answering the below questions please be sure to look solely at the SADC's member's most recent SADC PCSP. The goal is to determine if the SADC PCSP has been completed appropriately for all required items.</p> <p>The Yes/No response field contains should be completed as follows:</p> <ol style="list-style-type: none"> 1) Yes - To be utilized when the field has been completed accurately. 2) No - To be utilized when the field was completed inaccurately or incompletely. <p>Note: The SADC/SADS PCSP template issued by the Department and NYSOFA uses the term "participant" and this evaluation tool uses "member," both the terms are considered acceptable to describe the recipient of services. The SADC may also utilize a different term to describe the recipient of services in the SADC PCSP template version being reviewed and this does not cause an issue with compliance.</p>				
Section	Question to Assess for Compliance	Yes/No	Comments	
PCSP Completion Information	4 Does the PCSP document the full name of the person who completed it?			
	5 Does the PCSP document the date it was completed?			
<p>4 If yes, provide the completion date in the Comments field.</p>				
<p>< > ... Contract and Oversight SADC Requirements Member Checklist Staff Requirements Staff and Volunteer Checklist HCBS Final Rule +</p>				

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



The screenshot shows the 'Member Checklist' tab selected in the bottom navigation bar. A context menu is open over the 'Member Checklist' tab, with the 'Move or Copy...' option highlighted in yellow. The main content area displays the 'Member File Review Checklist' with sections for 'Member Demographics' and 'Required Documentation'.

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



The screenshot shows the 'Member Checklist' tab selected in the bottom navigation bar. A context menu is open over the 'Member Checklist' tab, with the 'Move or Copy...' option highlighted. A sub-menu 'Move selected sheets' is open, showing the 'Suggested SADC Evaluation Tool - v2.xlsx' file with the 'Member Checklist' tab selected. The main content area displays the 'Member File Review Checklist' with sections for 'Member Demographics' and 'Required Documentation'.

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

[Enter SADC Name on Cover Page]
Member File Review Checklist

Member File Guidance

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

Instructions:

- If answering 'No' to any question, please provide an explanation in the comment field.
- Please include the demographic information for the specific member record being reviewed in the Member Demographics section below.
- Copy this tab and complete a tab for each member record that is being reviewed.

Member Demographics	Member CIN: Member Name: Member DOB:	Question to Assess for Compliance	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).
Required Documentation	1 Does the member file contain the initial assessment performed prior to admission to the program? 2 Does the member file contain the most recent MLTC plan PCSP that was shared by the MLTC Plan Care Manager? 3 If yes, please provide the completion date of the MLTC plan PCSP in the Comments field. 4 Does the member file contain case notes?	1 Does the member file contain the initial assessment performed prior to admission to the program?			
		2 Does the member file contain the most recent MLTC plan PCSP that was shared by the MLTC Plan Care Manager?			
		3 If yes, please provide the completion date of the MLTC plan PCSP in the Comments field. 4 Does the member file contain case notes?			

Person Centered Service Plan (PCSP) Review

Additional reference information in the PCSP User Guide for SADCs can be found at the following: https://www.health.ny.gov/health_care/managed_care/mltc/sadc/library/resources/sadc_sads_pcsp_template_user_guide.pdf

When answering the below questions please be sure to look solely at the SADC's member's most recent SADC PCSP. The goal is to determine if the SADC PCSP has been completed appropriately for all required items.

The Yes/No response field contains should be completed as follows:

- 1) Yes - To be utilized when the field has been completed accurately.
- 2) No - To be utilized when the field was completed inaccurately or incompletely.

Note: The SADC/SADS PCSP template issued by the Department and NYSOFA uses the term "participant" and this evaluation tool uses "member," both the terms are considered acceptable to describe the recipient of services. The SADC may also utilize a different term to describe the recipient of services in the SADC PCSP template version being reviewed and this does not cause an issue with compliance.

Section	Question to Assess for Compliance	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).
PCSP Completion Information	4 Does the PCSP document the full name of the person who completed it? 5 Does the PCSP document the date it was completed? 6 If yes, provide the completion date in the Comments field.	4 Does the PCSP document the full name of the person who completed it?		
		5 Does the PCSP document the date it was completed?		
		6 If yes, provide the completion date in the Comments field.		

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

[Enter SADC Name on Cover Page]
Member File Review Checklist

Member File Guidance

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

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Person Centered Service Plan (PCSP) Review

Additional reference information in the PCSP User Guide for SADCs can be found at the following: https://www.health.ny.gov/health_care/managed_care/mltc/sadc/library/resources/sadc_sads_pcsp_template_user_guide.pdf

When answering the below questions please be sure to look solely at the SADC's member's most recent SADC PCSP. The goal is to determine if the SADC PCSP has been completed appropriately for all required items.

The Yes/No response field contains should be completed as follows:

- 1) Yes - To be utilized when the field has been completed accurately.
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Note: The SADC/SADS PCSP template issued by the Department and NYSOFA uses the term "participant" and this evaluation tool uses "member," both the terms are considered acceptable to describe the recipient of services. The SADC may also utilize a different term to describe the recipient of services in the SADC PCSP template version being reviewed and this does not cause an issue with compliance.

Section	Question to Assess for Compliance	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).
PCSP Completion Information	4 Does the PCSP document the full name of the person who completed it? 5 Does the PCSP document the date it was completed? 6 If yes, provide the completion date in the Comments field.	4 Does the PCSP document the full name of the person who completed it?		
		5 Does the PCSP document the date it was completed?		
		6 If yes, provide the completion date in the Comments field.		

Glossary

Acronym	Explanation / Definition
CMS	Centers for Medicare and Medicaid Services
DBA	Doing Business As
HCBS	Home and Community-Based Services
MAP	Medicaid Advantage Plus
MLTC	Managed Long Term Care
NPI	National Provider Identification
NYS	New York State
OMIG	Office of the Medicaid Inspector General
PCSP	Person Centered Service Plan
SADC	Social Adult Day Care
SCA	Single Case Agreement
The Department	The New York State Department of Health

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 SADC Website](#)
 - [SADC Compliance FAQs](#)
 - [MLTC Plan SADC Contracting and Oversight Roles and Responsibilities](#)
- [NYS DOH MLTC Policy Documents](#)
 - [MLTC Policy 25.05](#) Enhanced MLTC Plan Oversight of Contracted Social Adult Day Cares (SADCs)
 - [MLTC Policy 25.05 FAQs](#)
 - [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 Social Adult Day Care (SADC) Compliance Team for any further questions or concerns at:
HCBSSADCsiteAssessments@health.ny.gov.**