



Department  
of Health

# Medical Respite Program Certification

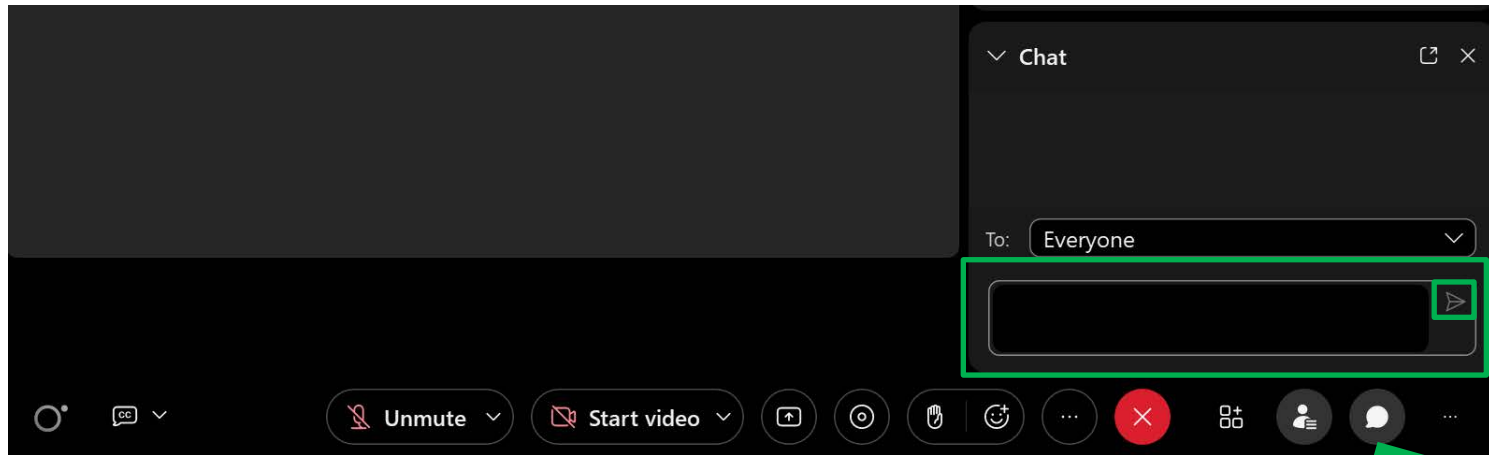
October 25, 2024

# Agenda

- Introductions
- NYSDOH-Certified Medical Respite
  - MRP Profile: Eligible Population, Payor, Staffing, Minimum Services
  - Medical Respite Trajectory: From Referral to Discharge
    - Eligibility Assessments
    - Service Plan Development and Monitoring
    - Care Coordination
  - Room and Board
  - Supervision
  - Recordkeeping
- Certification Process
- Open Question-and-Answer

# To ask a question...

Please use Webex chat function



# Medical Respite Team

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Health Program Administrator
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# NYSDOH Resources

For complete certification information, visit:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/sdh/respite.htm](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/respite.htm)

SEE ALSO:

Department of Health

[Individuals/Families](#)
[Providers/Professionals](#)
[Health Facilities](#)
[Health Data](#)
[About Us](#)
[Search](#)

**Medicaid Redesign Team (MRT)** You are Here: [Home Page](#) > [SDH and CBO](#) > Medical Respite Program

## Medical Respite Program

**Medical Respite Program** - SFY 2020-21 budget authorized DOH to create Medical Respite programs to provide care to homeless patients who are too sick to be on the streets or in a traditional shelter but not sick enough to warrant inpatient hospitalization. The SFY 2021-22 budget included provisions to further implement medical respite program by:

- a. Providing statutory framework/pathway for DOH to issue certification for medical respite programs.
- b. Allowing the department to set core standards for the operation and services provision by certified medical respite programs.

*The department has adopted new regulations to govern Medical Respite programs in NYS (Medical Respite Regulations - 10 NYCRR Part 1007).*

**A. Supplemental and Regulatory Guidance for Medical Respite Providers:**

1. Guidance on Referrals, Assessments, and Service Plans - ([Web](#)) - ([PDF](#))
2. Guidance on Staffing - ([Web](#)) - ([PDF](#)) - updated August 22, 2024
3. Guidance on Services - ([Web](#)) - ([PDF](#))
4. Guidance on Medication - ([Web](#)) - ([PDF](#))
5. Guidance on Discharge Planning - ([Web](#)) - ([PDF](#))
6. Guidance on Recipient Rights and Responsibilities - ([Web](#)) - ([PDF](#)) - updated August 22, 2024
7. Guidance on Medicaid Waiver Funded Medical Respite - ([Web](#)) - ([PDF](#))



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# Benefits of Medical Respite

- Medical respite programs (MRPs) serve as a gateway for essential services, such as nutrition assistance, connection to a primary care provider, and placement in safe and stable housing
- MRPs interrupt cycles of homelessness and rehospitalization, resulting in improved health outcomes and reduced costs for patients and hospitals. For example, recent studies have found that:
  - Patients discharged to MRPs experience subsequent reductions in
    - Emergency department usage by 1.8 visits per year; and
    - Hospital inpatient readmissions by 0.6 admissions per year
  - Each \$1.00 invested in medical respite offsets \$1.81 in hospital costs

# Medical Respite Providers in NYS

## Albany

- Interfaith Partnership for the Homeless

## Buffalo

- Buffalo City Mission

## New York City

- Comunilife
- Institute for Community Living
- NYC Health + Hospitals (in conjunction with Comunilife and Institute for Community Living)

## Schenectady

- Cara House



# Benefits of NYSDOH Certification

Certification provides opportunities for medical respite programs (MRPs) to:

- Receive technical assistance from NYSDOH
- Increase visibility through listing on NYSDOH medical respite webpage
- Participate in regional Social Care Network (SCN)
  - Apply for capacity-building funds
  - Receive payment for services provided to eligible NYS Medicaid managed care members



# NYSDOH- Certified Medical Respite

**SEE ALSO:**

[10 NYCRR Part 1007](#)

§1007.5 Required Services

§1007.6 Personnel

§1007.7 Eligibility and  
Admission

[Guidance on Referrals,  
Assessments, and Service  
Plans](#)

[Guidance on Medicaid  
Waiver-Funded Medical  
Respite](#)

[Guidance on Staffing](#)

[Guidance on Services](#)



# Recipient Eligibility\*

An eligible individual:

- Is at least 18 years old, unless the MRP has received a waiver from NYSDOH;
- Is homeless or at imminent risk of homelessness, as defined by HUD;
- Has a *qualifying medical or behavioral health condition*;
- Does not require a higher-intensity care setting, such as a skilled nursing facility, hospital or psychiatric inpatient or observation unit, residential drug treatment program, or ER;
- Can perform activities of daily living (ADLs) with no or *minimal assistance* **or** has a valid order for personal care services;
- Is *self-directing* (including having capacity to self-administer medication) **or** receives part-time supervision from an individual or agency that has assumed responsibility for making choices about the individual's ADLs **and** there is a plan in place to ensure the recipient will have adequate assistance with medication administration while at the MRP;
- Can self-preserve in an emergency (with or without reasonable accommodation); and
- Does not pose an imminent risk of safety to themselves, MRP staff, or other recipients.

\*See [Guidance on Referrals, Assessments, and Service Plans](#) for definition of terms and additional details.

# Payor

The MRP may fund services for recipients with:

- **Internal** resources; and/or
- **External** resources contributed by one or more of the following:
  - Hospital system;
  - Local government;
  - Charitable foundation;
  - Community-based organization (CBO);
  - Managed care organization (MCO); and/or
  - Regional Social Care Network (SCN), using Medicaid 1115 demonstration waiver funds.\*

*\*Recipients must meet additional criteria to qualify.*

# Staffing Requirements

- The MRP must have staff in each of the following roles\*:
  - **Administrator** to oversee program operations
  - **Program coordinator** to conduct eligibility assessments, develop and review service plans, and coordinate care
  - **Respite support worker** to address non-clinical needs (e.g., ADLs) and confer with recipients' clinical care teams
- The MRP must ensure that all staff:
  - Perform only tasks for which they are qualified in compliance with all applicable federal, state, and local laws, ordinance, rules, and guidance; and
  - Meet immunization and training requirements established by NYSDOH and the MRP

\*See [Guidance on Staffing](#) for minimum required qualifications.

# Staffing Requirements

The MRP must meet minimum staffing requirements 24 hours per day, 7 days per week, including:

- At least one staff person **on-site**
  - Must be an administrator, program coordinator, or respite support worker
- At least one manager **on-site or available by phone**
  - Must be an administrator or program coordinator
- Adequate respite support staff **on-site** to supervise all recipients
  - MRP must have a staff-to-recipient ratio that allows for consistent and timely delivery of services to all recipients
- Adequate clinical support **on-site or available via another arrangement** (e.g., telehealth, on-call) to prevent over-reliance on emergency medical services

# Minimum Required Services

Required services include:

- Eligibility assessments
- Development and monitoring of service plans
- Care coordination
- Room and board
- Supervision

} Recordkeeping

# Medical Respite Trajectory: From Referral to Discharge

**SEE ALSO:**

[10 NYCRR Part 1007](#)

§1007.5 Required Services

§1007.7 Eligibility and Admission

§1007.8 Discharge Planning

[Guidance on Referrals,  
Assessments, and Service Plans](#)

[Guidance on Services](#)

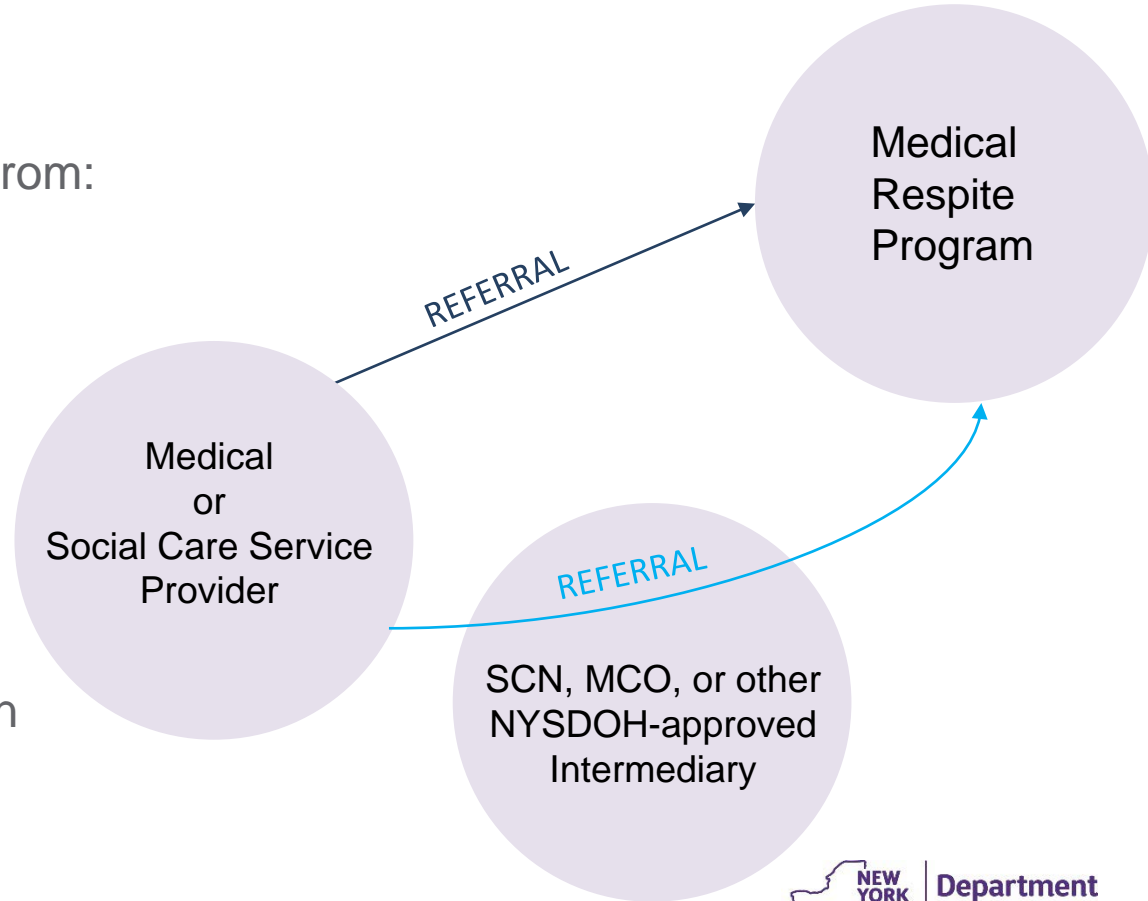
[Guidance on Discharge Planning](#)



# Referral

The MRP may receive a referral from:

- Primary care provider
- Other licensed provider
- Hospital system
- Skilled nursing facility
- Homeless shelter
- Community-based organization
- Managed care organization
- Social Care Network





# Referral

## Demographic Information

- Name
- Date of birth
- Social security number (if available)
- Copies of government-issued ID (if available)
- Health coverage status (including any pending applications)

## Medical Records

- Individual's diagnosis
- Pertinent medical history
- Results of diagnostic tests or screenings
- Current or recommended interventions

## Medical Orders

- Arrangements for 30-day supply of medication(s)
- Orders for personal care services (if applicable)
- Orders for home health care services (if applicable)
- Durable medical equipment or other supplies

## Eligibility Assessment

- Information to support conclusion that individual is homeless/at risk of homelessness
- Description of individual's physical limitations (if applicable) and reasonable accommodations required of MRP
- Confirmation that individual can perform ADLs with no or minimal assistance *or* provision of physician's order for personal care services.
- Confirmation that individual is self directing *or* confirmation that 1) the individual receives at least part-time supervision from a self-directing individual or entity and 2) there is a plan in place to ensure the recipient will have adequate assistance with medication administration
- Confirmation that the individual is not a threat of harm to self or others

# Eligibility Assessment

- Sometimes called **regulatory eligibility assessment**
- Purpose is to ensure that individual's needs do not exceed a particular MRP's resources, including availability of space for the individual's anticipated length of stay
- Eligibility assessment must be:
  - Conducted by qualified MRP staff or contractor (e.g., program coordinator)
  - Completed within **2 business days** of MRP receiving full referral and documentation
  - Reviewed and finalized by MRP administrator or manager/supervisor
- Results must be shared with **referring provider** and **payor**
  - If individual is found **eligible**, referring provider and MRP work together to arrange individual's transportation to MRP facility
  - If individual is found **ineligible**, referring provider\* sends referral to other MRPs

\*Or SCN, if applicable

# Eligibility Assessment

## Medical History & Clinical Needs

- Current diagnoses and overall physical, behavioral, and SUD status
- Medication and medication history from past two years, if known
- Expected care needs in the MRP
- Infectious disease risk, including immunization history
- History of substance use disorder
- History of mental health condition
- Any advance directives

## Psychosocial Evaluation

- Willingness and ability to comply with MRP rules
- Willingness and ability to share space within MRP
- Ability to self-direct and/or availability of representative to provide direction
- Ability to self-administer medications and/or availability of resources to assist with medication administration
- Risk of harm to self or others

## Physical Status

- Ability to perform ADLs with no or minimal assistance *or* valid order for personal care or home health services
- Wheelchair use or other physical disability and need for reasonable accommodation
- Risk factors that may require special attention from the MRP

## Housing Status & History

- Potential options for discharge from the MRP
- Current or pending housing applications, if any

## Access to Income & Social Benefits\*

- Documentation or pending applications for:
- Sources of income
  - Health coverage
  - Nutrition assistance
  - Housing supports

\*This information should not be considered as a factor when determining eligibility but should be included, if available, to prevent duplication of previous efforts.

# Service Plan

- MRP must develop service plan with the following individuals/entities, as applicable:
  - Recipient
  - Recipient's physician (primary care, follow-up provider after discharge)
  - Referring provider
  - Managed care organization
  - Health home
  - Social Care Network
- Service plan must be:
  - Developed **within 72 hours** of recipient's admission to MRP
  - Formally reviewed **at least every 14 days**
- MRP may adjust scope of service plan for recipients expected to stay **7 days or less**

# Service Plan

## Clinical

### Wellness checks

- Must occur at least 1x daily
- Must confirm that recipient:
  - Is responsive
  - Is eating, drinking, sleeping
  - Does not express unexpected physical/emotional discomfort
  - Is participating in activities as appropriate for clinical condition
  - Is able to manage physical/mental health and personal stress

### Recipient-specific needs, such as:

- Dietary restrictions
- Medication
- SUD treatment
- Physical therapy
- Paraprofessional services
- Dental services

## Social Service

- Applying for housing
- Applying for public benefits
- Obtaining government-issued ID
- Addressing recipient-specific needs (e.g., legal)

## Behavioral & Interpersonal

- Facilitation of family/caregiver interactions
- Supportive counseling
- Mental health therapy

## Care Coordination

- Liaising with entities involved in individual's care management (MCO, health home)
- Facilitating access to services, including arranging for:
  - Transportation to offsite medical/social service appointments
  - Telehealth services by qualified providers
  - Onsite services by qualified providers
- Preventing duplication of services
- Other care coordination activities identified in *Guidance on Services*

## Goals & Preferences

- Incorporating recipient goals even if recipient goals do not align with MRP goals
- Prioritizing recipient goals and preferences according to recipient's wishes

## Discharge Plan

- Discharge indicators
- Anticipated discharge disposition

# Care Coordination

## Care Coordination

- Orient recipient to MRP and daily routine
- Encourage recipient's participation in activities
- Document recipient's understanding of:
  - Admission agreement
  - Rights and responsibilities while residing at MRP
  - MRP rules for safe storage/handling of medications
- Establish system for recipients to participate in planning/improvements in MRP and present grievances

- Liaising with entities involved in individual's care management (SCN, MCO, health home)
- Facilitating access to services, including arranging for:
  - Transportation to offsite medical/social service appointments
  - Telehealth services by qualified providers
  - Onsite services by qualified providers
- Preventing duplication of services
- Other care coordination activities identified in *Guidance on Services*

# Discharge Planning

## Discharge Plan

- Discharge indicators
- Anticipated discharge disposition (e.g., discharge to supportive housing, discharge to shelter, family reunification)

- MRP must begin planning for discharge at time of recipient's admission
- **In general**, prior to discharging a recipient, the MRP must:
  - Provide 14 days' advance written notice of discharge\*, unless
    - Recipient meets criteria for *involuntary discharge*; or
    - Recipient's stay is expected to last less than 14 days (Anticipated discharge date must be provided at the time of admission)
  - Assist recipient in meeting all discharge indicators, including making a *good faith effort* to identify *safe and stable* housing\*

\*See [Guidance on Discharge Planning](#) for explanation of terms and exceptions.

# Discharge Notice & Discharge Summary

- MRP must use NYSDOH template
  - **Discharge notice** must include:
    - Discharge reason
    - Housing identified for recipient after discharge (including any homeless shelter or unsheltered homeless locations)
    - Appeal rights of the recipient, including:
      - Detailed instructions on how to appeal the discharge
      - Referrals for assistance or representation with the appeal
- MRP may develop its own template
  - **Discharge summary** must include:
    - Admitting diagnosis
    - Length of stay in the MRP
    - Ongoing medical problems or conditions\*
    - List of medications and refill information\*
    - Instructions for accessing community resources, including shelters or other housing options
    - List of follow-up appointments and contact information for treating providers\*
    - Special medical instructions\*
    - Primary points of contact for the recipient

*\*To the extent known*



# Room and Board

**SEE ALSO:**

[10 NYCRR Part 1007](#)

§1007.5 Required Services

§1007.10 Food Service

§1007.12 Physical Standards

[Guidance on Services](#)

[Guidance on Medication](#)



# Sleeping Areas

- Each recipient must have **24/7 access** to their assigned sleeping area
- Each sleeping area must:
  - Be assigned to a maximum of two recipients
  - Meet minimum size requirements
    - **Single occupancy** must be at least **80 square feet**
    - **Double occupancy** must be at least **60 square feet per recipient**
  - Meet minimum height requirements for partitions
    - Partitions **between sleeping areas** must be at least **4 feet high**
    - Partitions **between sleeping areas and non-sleeping areas** must be **ceiling high** and smoke-tight
- At least some sleeping areas should be accessible to people with disabilities

# Sleeping Areas

- Each sleeping area must *also*:
  - Open directly onto an exit corridor
  - Have secure storage for personal items, such as
    - **Double occupancy**: one locker per recipient
    - **Single occupancy**: one locker per recipient *or* sleeping area can be locked from outside
- Each **bed** must be at least **30 inches wide** and have:
  - Standard-size pillow
  - Mattress and mattress cover
  - Washable sheets that are clean and in good repair
    - Fresh sheets must be provided **at least one time per week** or as needed to maintain cleanliness, including freedom from odors

# Bathrooms

The MRP must:

- Have at least **one** toilet, sink, and shower/tub for **every four** recipients
  - At least some toilets, sinks, and showers/tubs should be accessible to people with disabilities
- Allow recipients **24/7 access** to bathrooms, including shower/tub areas with cold and hot ( $\geq 110^\circ$  F) water for bathing
- Provide recipients with an adequate supply of:
  - Fresh towels (**at least one time per week** or as needed to maintain cleanliness, including freedom from odors); and
  - Toiletries, including:
    - Soap
    - Toilet tissue
    - Menstrual products

# Food Service

- Meals and snacks must be:
  - Sufficient in quality and quantity (**3 meals** and **2 snacks** per day)
  - Offered at regularly scheduled times
  - Tailored to meet individual needs, including medical and religious dietary restrictions
  - **Served** onsite
    - Meals and snacks may be **prepared** onsite or by an external contractor
- Any kitchen and food preparation areas in the MRP must:
  - Be well-lighted and ventilated
  - Comply with all state and local codes and regulations (e.g., fire protection, safety, sanitation)

# Housekeeping

- The MRP facility must be:
  - Conducive to rest and recuperation
  - Clean and free of odors, vermin, rodents, trash
- The MRP operator must:
  - Provide housekeeping supplies/equipment on site
  - Maintain an adequate supply of clean towels and bed linens for recipient use
  - Arrange for staff or contractors to perform housekeeping tasks
- The MRP operator may require recipients to maintain their **personal** sleeping and living areas to the extent allowed by the recipients' medical condition, including:
  - Placing trash in receptacles
  - Wiping down sinks after use

# Required Amenities

The MRP must provide the following **at no cost to recipients**:

- Incoming and outgoing phone service
- High-speed internet
- Laundry facilities (onsite or nearby), including:
  - Washer
  - Dryer
  - Detergent
  - Reasonable accommodation for recipients who cannot do their own laundry
- Private meeting spaces for in-person or telehealth appointments

# Medication Storage

- MRP must provide:
  - Secure storage for recipient medications and self-injection supplies; and
  - Needle disposal boxes (if applicable).
- For **room-temperature** storage, MRP must instruct recipients to keep medication:
  - In secure storage within assigned sleeping area; or
  - On their person.
- For **cold storage**, MRP must provide either:
  - Option 1: secure compact refrigerators\* installed “as needed” in recipient sleeping areas; or
  - Option 2: secure full-size refrigerator\* designated for communal medication storage.

*\*See next slide for information about technical requirements.*



# Medication Cold Storage: Technical Requirements\*

**Option 1: Compact refrigerator** installed “as needed” in recipient’s sleeping area; must have:

- Refrigerator functionality **only**
- External push-button style combination lock (no locks with dials or wheels)
- Mechanism to prevent unauthorized removal from sleeping area
- Digital temperature control and built-in digital temperature display
- Demonstrated capacity to maintain temperatures between 36°F-46°F (2°C-8°C)

\*See [Guidance on Medication](#) for complete details.

**Option 2: Communal full-size refrigerator** designated for medication storage; must have:

- External lock **or** must be located in a room with a locking door
- Permanently installed lockboxes with push-button style combination locks that can be assigned to individual recipients
- Mechanism to prevent unauthorized removal (unless refrigerator is  $\geq$  750 pounds)
- Continuous temperature monitoring device
- Demonstrated capacity to maintain temperatures between 36°F-46°F (2°C-8°C)

# Medication Storage: Additional Considerations

- MRPs are *not* qualified to:
  - Hold medications on behalf of recipients; or
  - Administer medications to recipients.
- *Hold medications* means to take possession of, including to store, a recipient's medications in such a way as to remove physical control of the medications from the recipient.
  - Storing recipient medications that require refrigeration in a shared secure refrigerator does **not** constitute holding medications **if the MRP commits to assisting recipients with medication retrieval on demand, 24 hours per day, 7 days per week.**
- *Administer medications* means to apply medications to a recipient by injection, inhalation, ingestion, or any other means, or to direct a recipient through the process of applying medications to themselves or another person.
  - Offering a **self-directing** recipient purely physical support or general verbal reminders does **not** constitute administration of medications.



# Supervision

SEE ALSO:

[10 NYCRR Part 1007](#)

§1007.5 Required Services

[Guidance on Services](#)



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# Overview

- Maintaining knowledge of general whereabouts of each recipient
- Recording daily census
- Conducting daily wellness checks (as defined in recipient's service plan)
- Monitoring changes in recipient behavior or appearance that might warrant medical assessment or treatment
- Monitoring and guiding recipients in performing ADLs
- Facilitating recipients' retrieval of refrigerated medications (if stored in a shared refrigerator)
- Surveilling program facility, grounds, and activities of staff and recipients
- Monitoring emergency call systems (if applicable)
- Handling individual emergencies or need for assistance, including arranging for medical or other services
- Conducting and supervising evacuations and fire and evacuation drills
- Implementing the disaster and emergency plan
- Responding to, investigating, and reporting incidents

# Incident Reporting

Incident Type	Notify DOH	Submit Report to DOH
A recipient's whereabouts are unknown for more than 24 hours	First available working day	Within 5 working days
A recipient assaults or injures, or is assaulted or injured by, another recipient, staff, or someone else	Immediately	Within 24 hours
A recipient attempts or dies by suicide	Immediately	Within 24 hours
There is evidence of recipient abuse	Immediately	Within 24 hours
A recipient dies	Immediately	Within 24 hours
A recipient's behavior directly impairs the safety of self or others or substantially interferes with operation of the MRP	--	Within 5 working days
A recipient is involved in an incident (on or off MRP campus) that results in the recipient's need for medical attention	--	Within 5 working days
A felony may have been committed by or against a recipient	Immediately*	Within 24 hours

\*MRP must also notify law enforcement.

# Recordkeeping

**SEE ALSO:**

[10 NYCRR Part 1007](#)

§1007.4 General Provisions

§1007.14 Records



# Overview

- MRP records may be kept in electronic or paper format
- Records must be available for inspection at MRP facility unless NYSDOH has given written authorization for alternative storage location
  - **Recipient records** must be retained for **at least six years** following death or discharge of the recipient or longer if required by applicable law, regulation, or contract
  - **All other records** must be retained for **at least ten years**
- If ownership/operator of MRP changes, the new owner/operator must maintain all records (except for previous owner's financial records) at the MRP facility for the required timeframes

# Confidentiality

- The MRP must maintain the privacy, security, and confidentiality of information obtained through provision of medical respite services, including all information maintained in recipient records
- MRP staff may access recipient records only as needed to facilitate medical respite services or emergency medical services
- The MRP may only release information about the recipient to:
  - Recipient or their authorized representative
  - SCN, managed care organization, or other payor
  - Referral source
  - Health home, if applicable
  - Other individuals or entities as needed to coordinate care
- Release of information to any other parties requires the [recipient's written authorization](#)
- The MRP must have adequate protocols in place for maintaining confidentiality when transferring recipient information to authorized parties





# Recipient Records\*

- Personal data
- Names/addresses of emergency contacts
- Signed forms, including:
  - Consent to share information
  - Admissions agreement
  - Recipient's code of conduct
  - Facility rules
  - Medication storage and handling rules
  - Recipient rights
- Inventory of personal property held by MRP
- Referral
- Assessment(s)
- Reasonable accommodation requests/outcomes
- Medication regimen
- Service plan
- Record of services provided, including:
  - Copies of any applications submitted
  - Status of applications
  - Who applications were forwarded to upon recipient's discharge
- Relevant incident report(s)
- Discharge notice
- Discharge summary
- Documentation that the notice of discharge was timely provided
- Any discharge appeals/outcomes

*\*Additional recipient records may be required.*

# Other Records\*

- **Program records**, including:
  - Policies and procedures,
  - Agreements with contractors
  - Emergency plans
  - Records of evacuation drills
  - Up-to-date evacuation list
- **Food service records**, including
  - Menus
  - Food purchase receipts
- **Maintenance records** for physical plant
- **Staff records**, including
  - Personnel procedures
  - Job descriptions
  - Staffing schedules
  - Employee IDs
  - Payroll information
- **Inspection certificates** or reports issued by local and other State jurisdictions
- **Certification application** and documentation
- **Each version of:**
  - Admissions agreement
  - Recipient's code of conduct
  - Facility rules
  - Medication storage and handling rules
  - Recipient rights
- Medication disposal log
- Incident reports
- Chronological record of all incident reports
- Recipient grievances and outcomes
- Reasonable accommodation requests and outcomes
- Daily census reports
- Chronological admission and discharge register
- Record of all unauthorized absences and involuntary discharges

*\*Additional records may be required.*

# Certification

**SEE ALSO:**

[10 NYCRR Part 1007](#)

§1007.3 Certification

§1007.9 Quality

Improvement Activities

[Component One Instructions](#)



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# Overview

- Submit component one:
  - [Application for Certification](#)
  - [Physical Plant Description and Safety Plan](#)
  - [Checklist](#) and supporting documentation
- NYSDOH will review component one and notify MRP of any incomplete elements
  - MRP must supply missing element(s) **within 90 days** of receiving notification
- Schedule component two:
  - On-site inspection
    - Must take place **within 90 days** of MRP receiving NYSDOH approval for component one
    - Administrator must be present for inspection

NEW YORK STATE DEPARTMENT OF HEALTH  
MEDICAL RESPITE PROGRAM  
PHYSICAL PLANT DESCRIPTION AND SAFETY PLAN

**PART 1 | CONTACT INFORMATION**  
 Instructions. Provide all information requested below. The program operator is the entity responsible for the administrative and business functions of the medical respite program. The program facility is the physical space in which recipients obtain medical respite services. The physical plant is the infrastructure used to operate and maintain the facility (e.g., plumbing, heating, electrical, and fire safety systems).

**1.1 MEDICAL RESPITE PROGRAM OPERATOR**  
 Legal Name *(Enter the name of your organization exactly as it appears on your Certificate or Articles of Incorporation.)*  
 Doing Business As (DBA)/Assumed Name *(DBA/assumed name must be registered with the county clerk or NYS Department of State.)*

**1.2 MEDICAL RESPITE PROGRAM FACILITY**  
 Email Address  
 Street Address  
 City  
 Mailing Address *(if different from street address)*  
 City

**1.3 PRIMARY CONTACT FOR PHYSICAL PLANT**  
 Primary Contact Full Name  
 Email Address

**1.4 ADDITIONAL CONTACTS FOR PHYSICAL PLANT**  
 Additional Contact Full Name  
 Email Address  
 Additional Contact #2 Full Name *(if applicable)*  
 Email Address

NEW YORK STATE DEPARTMENT OF HEALTH  
MEDICAL RESPITE PROGRAM  
APPLICATION FOR CERTIFICATION

Type of Application *(Select one)*

Initial certification  
 Recertification  
 Change in program capacity  
 Current number of beds:  
 Proposed number of beds:  
 Change in population served  
 Current population:  
 Proposed population:  
 Transfer of program ownership  
 Legal name of current program operator:  
 Certificate number for current program:  
 Proposed date of transfer:

**PART 1 | BASIC INFORMATION**  
 Instructions. Provide all information requested below. The program operator is the entity responsible for the administrative and business functions of the medical respite program. The program facility is the physical space in which medical respite services are provided. Depending on how your program is organized, the operator and the facility may share the same address and contact information, or they may each have a different address and contact information.

**1.1 PROGRAM OPERATOR**  
 Legal Name *(Enter the name of your organization exactly as it appears on your Certificate or Articles of Incorporation.)*  
 Doing Business As (DBA)/Assumed Name *(DBA/assumed name must be registered with county clerk or NYS Department of State.)*  
 Federal Employer ID #  
 Full Name of Contact Person  
 Title of Contact Person  
 Email Address  
 Telephone Number *(Include extension if applicable)*  
 Fax Number  
 Street Address  
 City  
 Zip Code  
 County  
 Mailing Address *(if different from street address)*  
 City  
 Zip Code  
 County

# Application

- Basic Program Information
- Program Leadership
- Program Integrity
- Community Relationships
- Special Subpopulation
- Medical Services
- Program Policies/Procedures
  - Policies/procedures should reflect the MRP's actual practices, not just broad principles identified in regulations and guidance
  - More than one topic area may be addressed in the same policy/procedure
- Program Templates
  - NYSDOH continues to develop toolkit of **optional** templates

**COMPONENT ONE | CHECKLIST**  
 Submission Date: \_\_\_\_\_  
 Legal Name of Program Operator: \_\_\_\_\_

TYPE OF DOCUMENTATION	MUST BE SUBMITTED BY...
<input type="checkbox"/> Application for Certification	All applicants
<input type="checkbox"/> Certificate of Incorporation	All applicants
<input type="checkbox"/> Certificate of Assumed Name or filing receipt for Certificate of Assumed Name	Applicants that plan to operate under an assumed name (See section 1.1, page 1)
<input type="checkbox"/> Federal Tax ID form CP-575	All applicants (Must match federal employer ID # given in section 1.1, page 1)
<input type="checkbox"/> Corporate organizational chart	Applicants that have a parent organization or any subsidiaries (See section 2.1, page 3)
<input type="checkbox"/> Resume for medical respite program administrator	All applicants (See section 2.2, page 3)
<input type="checkbox"/> List of additional board members and/or corporate officers	Applicants that have more than 8 additional officers (See section 2.3, page 3-4)
<input type="checkbox"/> Statement(s) of moral character; and <input type="checkbox"/> Supporting documentation for statement(s) of moral character	Applicants that respond yes to one or more questions in section 2.4, page 5
<input type="checkbox"/> Description of community relationships	All applicants (See Part 3, page 5)
<input type="checkbox"/> Documentation to support plan for providing minimum required medical care	All applicants (See section 5.1, page 6)
<input type="checkbox"/> Internal policies and/or procedures related to: <ul style="list-style-type: none"> <li>• Eligibility assessment and service plan</li> <li>• Care coordination</li> <li>• Services</li> <li>• Medication</li> <li>• Discharge planning</li> <li>• Discharge appeals process</li> <li>• Staff</li> <li>• Infection control</li> <li>• Incident Reporting</li> <li>• Grievance and complaint process</li> <li>• Quality Improvement Program process</li> </ul>	All applicants (See Part 6, page 7)
<input type="checkbox"/> Forms* to be used for: <ul style="list-style-type: none"> <li>• Eligibility Assessment</li> <li>• Recipient Rights</li> <li>• Recipient Rules and Code of Conduct</li> <li>• Medication Rules</li> <li>• Admission Agreement</li> <li>• Service Plan</li> <li>• Discharge Summary</li> <li>• Complaint/Grievance Form</li> <li>• Recipient Transfer Form</li> <li>• Daily Census</li> <li>• Certificate of Interpretation</li> <li>• Certificate of Translation</li> </ul>	All applicants (See Part 6, page 7)
*Click <a href="#">here</a> to view currently available templates. Programs may adopt these templates, modify the templates to suit program needs, or make their own forms. Please attach copies of all forms listed above, even if the program plans to adopt the DOH template.	
<input type="checkbox"/> Proof of authorization to attest on behalf of the medical respite program	Applicants that have a signatory who is not an established corporate officer (See Part 7, page 6)

Updated August 2024 1 of 2

# Physical Plant Description & Safety Plan

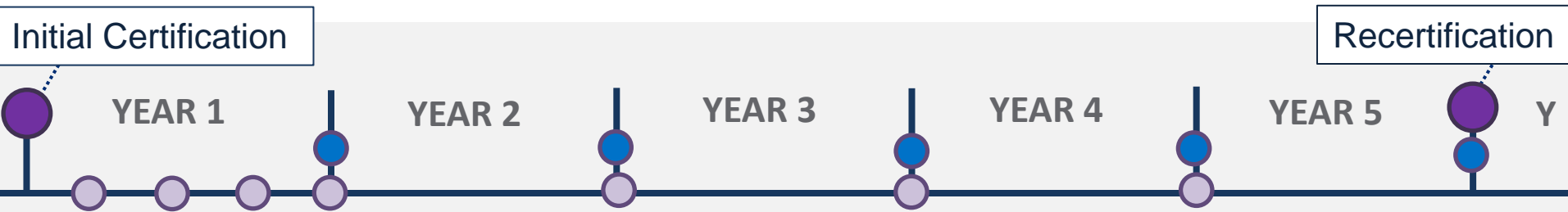
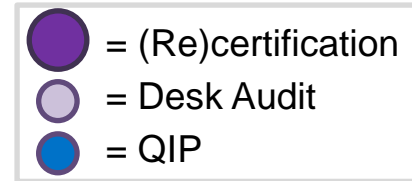
- Facility Contact Information
- Property Information
- Space Analysis
- Physical Environment
- Facility Features
- Emergency/Disaster Response Plan
  - See [sample plan](#) available in NYSDOH toolkit
  - Add procedures for all identified scenarios (p. 5)
- Fire Safety Compliance

Legal Name of Program Operator: \_\_\_\_\_

TYPE OF DOCUMENT	MUST BE SUBMITTED BY...
<input type="checkbox"/> Physical Plant Description and Safety Plan	All applicants
<input type="checkbox"/> Certificate of Occupancy	All applicants
<input type="checkbox"/> Deed, lease, or assignment of lease	All applicants
<input type="checkbox"/> Statement explaining how the operator has control over the facility and the operator's relationship with the landlord/leaseholder.	Applicants that are: <ul style="list-style-type: none"> <li>• Located in a leased facility; and</li> <li>• Operated by an entity that is <i>not</i> a party to the lease or a party to the assignment of lease for the facility (See section 2.1, page 2)</li> </ul>
<input type="checkbox"/> Supporting documentation for outstanding building code violations	Applicants that respond <b>yes</b> to section 2.2, page 2
<input type="checkbox"/> Detailed floor plans or architectural drawings	All applicants
<input type="checkbox"/> Copies of contracts for all facilities services (e.g., property management, security, pest control, trash removal, snow removal, high-speed internet, etc.)	All applicants
<input type="checkbox"/> Emergency/disaster response plan; must include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Evacuation floor plan with any areas of refuge identified</li> </ul>	All Applicants (See Part 5, page 5)
<input type="checkbox"/> Documentation of fire safety inspections, including: <ul style="list-style-type: none"> <li>• Fire alarm system</li> <li>• Sprinkler system</li> <li>• Fire suppression system</li> <li>• Fire extinguishers</li> <li>• Fire escape and/or approval for installation of new fire escape(s)</li> </ul>	All applicants
<input type="checkbox"/> Documentation of: <ul style="list-style-type: none"> <li>• Elevator inspection performed by a licensed entity; or</li> <li>• Approval for installation of new elevator</li> </ul>	As appropriate based on design of facility
<input type="checkbox"/> Documentation of readiness to provide food service, such as: <ul style="list-style-type: none"> <li>• Food service permit</li> <li>• Evidence of compliance with NYS Sanitary Code Part 14 (commercial kitchens)</li> <li>• Contract for food service</li> </ul>	All applicants
<input type="checkbox"/> Documentation of additional inspections for appliances/systems associated with the safety and security of this facility, such as: <ul style="list-style-type: none"> <li>• Backup battery or generator</li> <li>• Compactor/incinerator</li> <li>• HVAC system servicing</li> <li>• Boiler</li> <li>• Residential furnace servicing</li> <li>• Backflow prevention</li> </ul>	All applicants
<input type="checkbox"/> Water treatment permit (alternate to normal water supply during flooding emergencies)	As appropriate based on design of facility
<input type="checkbox"/> Component One Checklist (completed)	All applicants

# Cadence for Recertification, Audits, QIP

- NYSDOH will conduct **quarterly desk audits** during first year of certification
- NYSDOH will conduct **annual desk audits** from second year of certification onward (excluding years when MRP is due for recertification)
- MRP must conduct internal **annual quality improvement process (QIP)**, including:
  - Reviewing incident reports, recipient grievances and feedback, and MRP responses
  - Implementing revised policies and procedures to address identified problems
  - Assessing impact of revisions implemented
- MRP must **recertify every five years** and before making changes to:
  - Capacity (number of beds)
  - Population served
  - Ownership



# Open Question- and-Answer



# Resources

## Regulations

[10 NYCRR Part 1007](#)

## Guidance

[Referrals, Assessments, and Service Plans](#)

[Staffing](#)

[Services](#)

[Medication](#)

[Discharge Planning](#)

[Recipient Rights and Responsibilities](#)

[Medicaid Waiver Funded Medical Respite](#)

## Toolkit

[Recipient Rules and Code of Conduct](#)

[Certificate of Interpretation](#)

[Certificate of Translation](#)

[Emergency Preparedness and Response Plan](#)

[Authorization to Share Information – English](#)

[Authorization to Share Information – Spanish](#)

## Certification

[Component One Instructions](#)

[Checklist](#)

[Application for Certification](#)

[Physical Plant and Safety Plan](#)



[MRProgram@health.ny.gov](mailto:MRProgram@health.ny.gov)

[www.health.ny.gov/mrt/sdh](http://www.health.ny.gov/mrt/sdh)