

Become familiar with NYS Regulations for Social Adult Day Services (SADS)

Programs:
9 NYCRR 6654.20

And

Learn about other programs and their operations

And

Determine if you will operate a **“For Profit”** or **“Not-for-Profit”** program.

Identify a location; keep your options open. Does the area need a SADS program or is the market already saturated? Does a demographic analysis support this location?

Identify what MLTC’s operate in this area. Do they agree there is a need? Are they open to establishing new contracts? Learn about the MLTC contracting/billing/payment practices

Will the facility meet local government requirements related to Zoning? Fire/Safety Codes? ADA/Health/Food Service Requirements?

Is square footage sufficient for the population you will serve and the program you will design? Does the space have a sufficient number of bathrooms? Parking? What kind of food preparation facilities exist? Any renovations required to meet DOH regulations?

Network with other service providers such as Area Agency on Aging, Medical Model Adult Day, Homecare and Companion Care Agencies, Medical Providers including PT, OT, Podiatry, etc., Meals on Wheels, MLTC’s, Houses of Worship, etc. for input and to gain their respect as possible referral source

Determine Sources of Funding:

- Private Pay Fees*
- MLTC Contract Fees*
- Special client group (eg. Veterans, Alzheimer’s, Developmentally Disabled, etc.) contract
- AAA (EISEP; CSE)
- Government or Foundation Grants
- Scholarships by civic groups (Rotary, Kiwanis, etc.)

- Fundraising
- In-Kind contributions
- Volunteers

Notes concerning fees:

- *Ensure diverse funding stream
- *Monthly tuition gives better cash flow
- *MMLTC claims take time to process

Develop a business plan* that includes (at a minimum) Start-Up Costs and a financial plan (budget for revenue and expenses) for Years 1-3.

*Community Colleges often have linkage to US Small Business Administration offices; special programs are often available for women/minority owned businesses.

*Determine what funding or in-kind support is available through AAA, grants, etc.

*Personnel Services are generally the largest expense; must include all Federal and State Employment Law payroll requirements

*Identify all the OTPS costs that you will have including items such as rent, utilities, office and program supplies, food supplies, insurance, training and conference costs, dues, memberships, etc.

*Outreach/Marketing are key to generating enrollment; consider offering free visit day

Recommendations:

- >**Start small—phase in staff and days of operation. Use consultants or temp staff as needed to fill the gaps**
- >**Turn over rate is high; initial enrollments take time to get to “critical mass”; plan for it!**
- >**Determine what fees you will charge based on the actual cost of running the program**

Draft Policies and Procedures to reflect compliance with all areas of NYS Regulations

Include Policies and Procedures related to all optional services that you might offer such as:
--transportation
--trips in the community
--caregiver support*
--companion to MD appointments
--showers, etc.
*Many enrollments occur because a family member initially attended a caregiver support program

Design all program forms and documents for outreach, enrollment, etc.

Identify KEY Contractors such as:

- Food Services (to comply with 9 NYCRR 6654.20 and 9 NYCRR 6654.10 (e) (g-l) and 6654.11 (c-e) or the federally funded USDA Child and Adult Care Food Program (CACFP)
- Registered Nurse (for training)
- Transportation Vendor

ANNUAL REQUIREMENTS FOR SOCIAL ADULT DAY SERVICES PROGRAMS: FREQUENTLY ASKED QUESTIONS (FAQ)

- 1. If a program doesn't serve individuals whose enrollment is paid for by Medicaid dollars (eg. Medicaid Managed Long Term Care (MLTC)), does it still have to complete the annual program certification required by the NYS Office of the Medicaid Inspector General (OMIG)?**

No. Only programs that contract with a Medicaid Managed Long Term Care program to provide SADS to MLTC enrollees are required to complete the annual OMIG certification.

- 2. Are the New York State Regulations for social model adult day (SADS) programs part of New York State Law?**

Yes. The New York State (NYS) Regulations are found in Title 9 of NYS Elderlaw. They can be found in NYS Elderlaw Title 9 of the New York Codes Rules and Regulations (NYCRR) section 6654.20.

- 3. Are all SADS programs in NYS required to follow Title 9, NYCRR 6654.20?**

No. Only those SADS programs that receive Medicaid dollars from any source or are funded (completely or partly) by federal Older American Act (OAA) dollars through the NYS or Area Agencies on Aging are required to follow Title 9, NYCRR 6654.20.

- 4. Are there specific training topics that must be reviewed annually with all SADS staff?**

Yes. On an annual basis staff must have training in the use of fire extinguishers, written procedures concerning evacuation and emergency situations, and emergency telephone numbers. Annually, all staff must be provided with at least six hours of in-service training to develop, review or expand skills or knowledge.

- 5. Is a program required to maintain documentation related to staff training?**

Yes. Documentation must be maintained to demonstrate that staff training covered specific required topics as well as additional topics determined by the program director; that the training cumulatively totaled the number of hours required for new staff and annually for all staff; that the training was delivered by a registered nurse, social worker and/or other appropriate professional with at least a bachelor's degree or four years professional experience in an area related to delivery of human services or education; and that there was an evaluation of each person's competency as relates to the training topics.

- 6. Do all staff employed by a SADS program have to have an annual health assessment?**

All staff who may or will have direct contact with participants, including the Director, must have an annual health assessment prior to the beginning of contact with participants.

- 7. Does a doctor (MD) have to complete the annual health assessment?**

The annual health evaluation may be completed by an MD or Physician's Assistant (PA) or a Registered Nurse (RN) who is part of an Occupational Health program.

- 8. Does the documentation of the Annual Health Assessment have to include detailed medical information and diagnoses?**

No. The annual health assessment must certify that the individual is free from any health impairment that is of potential risk to others or that may interfere with the performance of his/her duties in the SADS program. At a minimum, the health care professional could sign a statement (attached to the individual's job description) attesting to the fact that the individual is free from any health impairment that is of potential risk to others or that may interfere with the performance of his/her duties in the SADS.

9. Do all staff have to have a Mantoux skin test for tuberculosis (PPD) annually?

No. All staff who will have contact with participants must have a tuberculosis test (PPD) prior to employment and no less than every two years (bi-annually) thereafter.

10. Is the PPD test the only acceptable test for tuberculosis?

No. Since the regulations were written another acceptable test has been developed. It is a simple blood test called the QuantiFERON TB Gold Test (QFT-G).

11. If a prospective staff member has a positive Tuberculosis PPD test, can they be employed by the SADS program?

Once a person has been exposed to Tuberculosis (TB) they will test positive on the TB PPD test. In this case, a doctor may order a chest xray that can be used to demonstrate that the individual does not have active tuberculosis and therefore that the individual is free from a contagious disease that would prevent them from working in the SADS program.

12. Is the Annual Program Self-Evaluation the same as On-Going Monitoring?

No. The Annual Program Self-Evaluation is a "point in time" evaluation of the program's administrative, program and fiscal operations and includes input from participants and caregivers. On-going monitoring refers to the multiple and diverse systems the program puts in place (eg. Staff meetings, reports, etc.) to ensure that program managers are continually reviewing all aspects of operations in order to ensure compliance and adequate program oversight. The Annual Program Evaluation incorporates many elements of the on-going monitoring systems.

13. How is the Annual Program Self-Evaluation completed and by whom?

The Annual Program Self-Evaluation must evaluate all elements of Administrative, Program and Fiscal operations and must include feedback from participants and caregivers. Each program should have a written Policy and Procedure describing how and when the annual program self-evaluation will be done, as well as who will be involved and what will happen with the results.

14. If a program surveys its participants and caregivers once each year, does this satisfy the requirement for an Annual Program Self-Evaluation?

No, since the participant and caregiver survey (or similar way of gathering feedback) is only one part of the Annual Program Evaluation.

15. Is there a specific time of year when the Annual Program Evaluation must be completed?

There is not a specific time of year when the Annual Program Evaluation must be completed, however, it must be completed annually AND it must be completed before submitting the annual certification required by the NYS Office of the Medicaid Inspector General.

**ELIGIBILITY, ASSESSMENT and CARE PLANNING: CRITICAL FIRST STEPS FOR SOCIAL ADULT DAY SERVICES PROGRAMS:
FREQUENTLY ASKED QUESTIONS (FAQ)**

1. Where will I find the requirements for participant eligibility?

The New York State (NYS) Regulations for Social Model Adult Day Programs (NYCRR Section 6654.20) include a section on participant eligibility that clearly defines who is eligible to attend a social model adult day services (SADS) program.

2. After our program completes an intake call from a Medicaid Managed Long Term care vendor that is referring the individual to our SADS program, is the individual automatically eligible to attend?

No. Before any individual can be accepted into a SADS program, the program itself must complete a comprehensive assessment. This assessment will determine if the individual is eligible for the SADS program and if the program has the capability (staffing pattern, staff training, etc.) to provide appropriate support to this individual.

3. If our program determines that someone is not eligible and/or that the program doesn't have the capacity to appropriately serve this individual, what should the program do?

According to the NYS Regulations for SADS, the program must refer the individual to alternative, appropriate services.

4. If an individual has been served in a SADS program but their condition and needs have changed, and their needs can no longer be met in the SADS program, what should the program do?

It is important that each program write specific policies and procedures that define their capabilities and the limitations of their ability to serve individuals. At intake and during the initial assessment, individuals should be made aware of the program's policies and procedures in this regard. Programs must discharge any individual whose needs exceed the program's ability to provide appropriate service. The program has a responsibility to refer this individual to another, appropriate level or service modality. The program must also document the steps it takes to assist the individual.

5. Can an individual be accepted into a SADS program if they don't have a functional impairment, never need anyone's help in completing their activities of daily living, and have no evidence of cognitive or psycho-social impairment?

No. Only those individuals who have a functional impairment requiring the assistance of another person or have a need for supervision due to cognitive or psycho-social impairment are eligible to attend a SADS program

6. Does a program have to use the NYS Compass/Minimum Data Set for the assessment of SADS applicants?

No. The Compass/Minimum Data Set is mandated only for programs that receive funding from NYS or an Area Agency on Aging. However, the program must use an assessment tool that is comprehensive and gives a clear picture of whether or not the individual meets the eligibility standard for SADS and whether the individual can be appropriately served by the SADS program. The assessment must also provide the staff with an understanding of the individual's living situation, support system, and bio-psycho-social history since all of these elements together are critical to developing an individual, person-centered care plan.

7. If a Medicaid Managed Long Term Care (MMLTC) vendor shares its assessment of a member, does the SADS program still have to complete a comprehensive assessment?

Yes. The SADS program must complete its own comprehensive assessment and it cannot simply accept another vendor's assessment. Likewise, the SADS program cannot simply accept the assessment of a homecare agency, Area Agency on Aging, or any other program.

8. When does a SADS program have to complete a Care Plan (Service Plan)?

The SADS program must complete an individual assessment prior to accepting an individual for enrollment in the SADS program. Once the individual is deemed eligible and is accepted into the program, a person-centered care plan must be developed within thirty (30) days of enrollment.

9. How often does a program have to complete a Care Plan (Service Plan)?

The SADS program must complete a new care plan whenever there is a significant change (hospitalization, return from extended absence, etc.) in the individual's life. It must also complete a new care plan annually.

10. Who should be involved in the Care Plan?

As much as possible, the new participant should be involved in the development and/or review of the care plan. When this is not possible, the primary responsible caregiver should be involved. After the care plan is drafted, the individual and/or caregiver (as appropriate based on functional capacity) should sign-off on the care plan to indicate that they have reviewed and approved the care plan.

11. How often does a program have to complete an assessment?

The SADS program must complete an assessment prior to accepting an individual for enrollment. The individual care plan is then written within thirty days of enrollment. Annually, the program must update the individual assessment in order to update the care plan. If the participant has a significant change (see above) the assessment is updated and a new care plan is written as needed. All care plans must be based on the individual assessment.

12. Where should the assessment be completed?

Ideally, the assessment should be completed in the home since this provides the best understanding of individual's personal living situation, family supports, etc. However, if that is not possible, it should be completed in the program with the prospective participant and/or responsible caregiver as indicated.

13. What services must all SADS programs provide?

All SADS program must provide the four (4) core services (Socialization, Supervision and Monitoring, Personal Care, and Nutrition) according to the regulations. SADS programs may also choose to provide a broad range of optional, non-medical services such as transportation, caregiver assistance, etc. The SADS program must have written policies and procedures describing how each of the services it provides will be offered and by whom. SADS programs are not legally allowed to directly provide any medical services as part of the program. However, through formal written agreements they may allow outside medical providers to come into the center to provide services in a separate space (example: a room is rented to a podiatrist who schedules her appointments with various clients that attend the SADS program. For their convenience, the podiatrist provides the foot-care services while the participant is at the program).

NOTE: Programs should be very careful to establish clear contracts with careful descriptions of the nature of the working relationship so as to avoid potential liability, practicing without a medical license, etc.