

NEW YORK STATE OFFICE FOR THE AGING

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Andrew M. Cuomo, Governor

Corinda Crossdale, Director

An Equal Opportunity Employer

PROGRAM INSTRUCTION

Number 15-PI-12

Supersedes 95-TAM-05

Expiration Date

DATE: July 29, 2015

TO: Area Agency on Aging Directors

SUBJECT: Social Adult Day Services Monitoring Requirements

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ACTION REQUESTED: Effective immediately all area agencies on aging must implement revised monitoring requirements for social adult day services programs. This Program Instruction replaces 95-TAM-05. Local offices need to review and revise existing monitoring tools and procedures used to assess directly provided and contracted social adult day services in accordance with the requirements included in this transmittal. Area agencies may have additional local requirements for social adult day services and may incorporate those requirements into revised monitoring tools and procedures.

RESPONSE DUE DATE:

PURPOSE: The purpose of this Program Instruction is to transmit a copy of the minimum social adult day services specific requirements that must be monitored in accordance with the program monitoring requirements of the New York State Office for the Aging and to advise area agencies of technical changes to monitoring service requirements for social adult day programs contained in 95-TAM-05. The administrative and service requirements are included in 9 NYCRR §6654.20 Services – Social Adult Day Care Programs.

To assist area agencies fulfill monitoring responsibilities the attached guide, *Social Adult Day Services Monitoring Guide*, includes tools and instructions for the monitoring

process. A Monitoring Tool and Worksheets are to be completed annually during the AAA SADS monitoring process and submitted to NYSOFA along with the SADS' Annual Self-Evaluation and if available, a copy of the completed SADC self-certification available at the Office of the Medicaid Inspector General's website. Documents should be sent to SADSMonitoring@aging.ny.gov within 45 days of the on-site monitoring visit.

Area agencies are strongly encouraged to use the forms that are in this guide. Area agencies that choose to design their own forms must use forms that contain all the specific content elements in the guide. Some area agencies may require social adult day services to meet standards that go beyond the scope of the identified state standards. Such local requirements should be incorporated into local monitoring tools and procedures that contain the specific content elements in this guide.

Area agencies on aging that have a contract with an agency that provides social adult day services at more than one site must provide an on-site monitoring visit to each site at least annually. If one report is generated for the contract it must contain information regarding the findings at each site, and specific dates monitored.

BACKGROUND: In March 1994, the State Office promulgated regulations with which area agencies must assure compliance if they provide social adult day services either directly or by contract. (ref: 94-PI-09) As with all regulations promulgated by this office, area agencies are responsible for ensuring that their contractors are in compliance with those regulations.

Following implementation of regulations for social adult day care programs, the State Office issued 95-TAM-05 to assist area agencies with their monitoring responsibilities of these programs. The issuance included a program specific monitoring guide that area agencies could elect to use.

Since that time, the use and availability of social adult day services has increased statewide. As a result, the State Office is changing its policy to require the monitoring of social adult day services based on specific program standards as required in the regulation for social adult day care. This action is intended to enable consistent monitoring practices statewide for programs receiving funds administered by NYSOFA. NYSOFA strongly encourages area agencies on aging that fund social adult day services solely with local funds to meet the regulatory and monitoring requirements.

SUMMARY: The enclosed guide, *Social Adult Day Services Monitoring Guide* contains all of the administrative and service standards for social adult day services that must be monitored by area agencies. These standards are included in 9 NYCRR §6654.20. Services required to be provided and those that are optional are clearly marked as such. Optional services, if provided, must also be monitored in accordance with the regulations and this Program Instruction. Generally, the monitoring tool follows the order of the regulations. If an area agency elects to change or alter the format of the form, they must make sure that their local form includes all of the specific content

elements on the forms included in the guide.

While most of the content elements on the Social Adult Day Services Monitoring Tool are the same as those elements previously issued in 95-TAM-05, technical changes and corrections have been made, including the incorporation of worksheets to capture data on personal care services, staff training and health status requirements.

Additional program and fiscal monitoring requirements include contract/program objectives (e.g. clients served, units of service, actual cost per unit and reasonableness, and extent of target populations being served), and state and federal requirements according to 99-PI-20. Social Adult Day Services nutrition services must be monitored according to 90-PI-26 unless the program participates in the Child and Adult Care Food Program administered by the New York State Department of Health.

Area agencies on aging must maintain documentation of the results and follow up activities of monitoring including summary of findings, plans of correction, and evidence of compliance. Area agencies on aging must provide monitoring documentation to NYSOFA as requested, including during the Annual Evaluation visit.

The following Social Adult Day Monitoring Guide and Attachments listed below, together known as the “SADS Monitoring Packet” are to support the Area Agency on Aging Social Adult Day Monitoring Activities:

- Attachment A – SADS Regulations**
- Attachment B – Policy and Procedures for SADS Monitoring**
- Attachment C – SADS Program Personal Care Worksheet**
- Attachment D – SADS Program Training and Health Status Worksheet**
- Attachment E – SADS Monitoring Tool**
- Attachment F – Sample Participant File Review Sheet**
- Attachment G – COMPASS Form 2014**
- Attachment H – Sample Care Plan**
- Attachment I – Sample Activity Calendars**
- Attachment J – SADS Nutrition Requirements**
- Attachment K – Adequate Staffing in SADS**
- Attachment L – Equal Access**
- Attachment M – Sample Participant Daily Record**

PROGRAMS AFFECTED:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1 | <input type="checkbox"/> Title III-C-2 |
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> CSE |
| <input type="checkbox"/> WIN | <input type="checkbox"/> Energy | |
| <input type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input type="checkbox"/> Title V |
| <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP | |

X ☐ Other: SADS

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Social Adult Day Services

Monitoring Guide

July 2015



Social Adult Day Services Monitoring Guide

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Attachments

- Attachment A: Social Adult Day Care Program Regulations
NYCRR Title 9 Subtitle Y Chapter II Section 6654.20
- Attachment B: SADS Monitoring Procedures
- Attachment C: SADS Program Personal Care Worksheet

Attachment D: SADS Program Training and Health Status Worksheet
Attachment E: Social Adult Day Services Monitoring Tool
Attachment F: Participant File Review Sheet
Attachment G: Sample COMPASS Assessment Tool
Attachment H: Sample Service Plan
Attachment I: Sample Activities Calendars
Attachment J: SADS Nutrition Requirements
Attachment K: Adequate Staffing in SADS
Attachment L: Equal Access Requirements
Attachment M: Sample Daily Participant Record

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Social Adult Day Services Monitoring Guide

Introduction

This Monitoring Tool Guide is designed to provide step by step instructions on conducting program monitoring of social adult day services programs (SADS). Procedures for conducting program monitoring are contained in **Attachment B**. The Social Adult Day Services Monitoring Tool is **Attachment E** and required Worksheets can be found in **Attachments C and D**. Social adult day services, also known as social adult day care programs, are structured, comprehensive programs which provide functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.

The Social Adult Day Services Monitoring Tool (referred to as the *monitoring tool*) and accompanying Worksheets are designed to determine whether social adult day services (SADS) are in compliance with the standards set forth in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20¹ (referred to as the *regulation*, **Attachment A**). In addition to the services required to be provided, the regulation includes descriptions of optional services. These are clearly marked as **OPTIONAL** in the monitoring tool. If a program provides one or more of the optional services, such service is to be evaluated as to whether it complies with the applicable standard.

The monitoring tool needs to be completed annually for each SADS program² (**Attachment E**). **A Monitoring Tool and Worksheets are to be completed annually during the AAA SADS monitoring process and submitted to NYSOFA along with the SADS' Annual Self-Evaluation and if available, a copy of the completed SADC self-certification available at the Office of the Medicaid Inspector**

¹ Attachment A: NYCRR Title 9 Subtitle Y Chapter II Section 6654.20

² Attachment B: SADS Monitoring Procedures

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General's website. Documents should be sent to SADSMonitoring@aging.ny.gov within 45 days of the on-site monitoring visit. The monitoring tool will indicate if a program has demonstrated compliance with the requirements and if it has maintained appropriate documentation onsite to support they are in compliance. The Social Adult Day Services Personal Care Worksheet (**Attachment C**) and the Social Adult Day Services Training and Health Status Worksheet (**Attachment D**) are also completed as a component of the monitoring tool. **Attachments F-H** which are referred to in these instructions, provide additional guidance to assist in completion of the monitoring tool. For each step in completing the tool, a chart is provided detailing the regulatory requirements and the documentation the reviewer can use to determine whether or not the requirement is being met.

Step 1: Complete Social Adult Day Services Personal Care Worksheet³ (Attachment C)

The Social Adult Day Services Personal Care Worksheet assists in identifying the level of personal care services provided by the program. The information is used to determine appropriateness of service delivery policies and procedures, participant service plans and staff training.

Complete the chart in the Social Adult Day Services Personal Care Worksheet. Place a check mark to indicate the highest level of personal care provided to the participants. This worksheet is completed just prior to completing the Social Adult Day Services Monitoring Tool (Attachment E).

Purpose	Documentation and key elements
Determining Levels of Personal Care provided by the program	<ul style="list-style-type: none">• Services delivery policy and procedures• Participant files, staff job descriptions and training records

³ Attachment C: Social Adult Day Services Personal Care Worksheet

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Attachment C: Social Adult Day Services Personal Care Worksheet

This worksheet must be used in conjunction with the Social Adult Day Services Training and Health Status Worksheet and the Social Adult Day Services Monitoring Tool.

NYSOFA regulation requires social adult day services to provide some hands-on personal care in toileting (including care of incontinence), mobility, transfers and eating.

OPTIONAL

A program may opt to: 1) provide total assistance with toileting (including care of incontinence), mobility, transfers and eating; and 2) provide some or total assistance with grooming, bathing, changing simple dressings, using supplies, adaptive/assistive equipment and self-administration of medications.

Complete the following chart. Place a check mark to indicate the highest level of personal care assistance provided to the participants.

Activities of Daily Living	No Assistance	Supervision and Verbal Cueing, set-up only	Minimal Physical Assistance	Moderate Physical Assistance	Total Physical Assistance
Toileting					
Continence care					
Mobility-ambulating					
Mobility- wheelchair					
Transfers					
Eating-feeding					

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Activities of Daily Living	No Assistance	Supervision and Verbal Cueing, set-up only	Minimal Physical Assistance	Moderate Physical Assistance	Total Physical Assistance
Grooming-hair or shaving					
Bathing/showers					
Nail care					
Changing simple dressings					
Using supplies, adaptive/assistive equipment					
Self- administration of medication					

You have completed 1 of 26 steps

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Step 2: Complete Social Adult Day Services Training and Health Status Worksheet ⁴(Attachment D)

The **Social Adult Day Services Training and Health Status Worksheet** will assist in determining the health status and training of paid and unpaid staff.

Complete the chart in the **Social Adult Day Services Training and Health Status Worksheet**. Enter the names of paid and non-paid staff across the top row of the chart. Requirements are in left hand column. Enter the completion date and source of documentation for each paid and non-paid staff member. Enter “incomplete” if the documentation is not complete. Enter “none” if documentation is not available.

Health requirements	Documentation and key elements
<ul style="list-style-type: none">• Health assessment (free from health impairment that is of potential risk to others or that may interfere with the performance of his or her duties)<ul style="list-style-type: none">○ upon employment prior to contact with participants and annually• PPD (Mantoux)<ul style="list-style-type: none">○ upon employment and every two years	<ul style="list-style-type: none">• Health assessment records in personnel files may include physical examination records, health assessment documents or job descriptions that have been signed and approved via a health assessment that the individual is free from health impairment that is of potential risk to others or that may interfere with the performance of his or her duties• PPD (Mantoux) records, or for positive results a negative chest x-ray report
Training requirements	Documentation and key elements
<ul style="list-style-type: none">• Upon employment: orientation to provider, program and community; working with	<ul style="list-style-type: none">• Staff training records, personnel files, program staff training manual, documents that include attendance, time/length of training, training content, qualifications

⁴ Attachment D: Social Adult Day Services Training and Health Status Worksheet

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<p>older adults; participants rights, and safety/accident prevention</p> <ul style="list-style-type: none">• Prior to contact with participants: orientation to personal care, body mechanics and behavior management• Annually: use of fire extinguishers and emergency procedures, CPR/AED• Within three months of employment totaling at least 20 hours: personal care skills taught by a RN, socialization and activities, supervision and monitoring, family relations and mental health	<p>of instructor and competency (quizzes or tests, skill list check off sheets)</p> <ul style="list-style-type: none">• The instructor for personal care skills must be a registered nurse. The training of skills should be consistent with the level of personal care skills provided by the program as identified in Step 1, the Social Adult Day Services Personal Care Worksheet
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Attachment D: SADS PROGRAM TRAINING AND HEALTH STATUS WORKSHEET

This worksheet must be completed just prior to completing the Social Adult Day Services Monitoring Tool.

Name of Paid/ Unpaid Staff:					
Title					
Date of Employment					
The following items are required for all paid and unpaid staff upon hire.					
Initial Health Assessment					
Initial PPD skin test					
Orientation to provider, community and program					
Working with Older Adults					
Participant Rights					
Safety/Accident Prevention					
The following items are required for all paid and unpaid staff annually.					
Annual: at least six hours of training to minimally include all items in this section					
Annual: use of fire extinguishers					

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Name of Paid/ Unpaid Staff:					
Annual: written emergency procedures, evacuation, situations and telephone numbers					
CPR/AED annually					
The following items are required for all paid and unpaid staff annually.					
Annual Health Assessment. A PPD skin test every two years					
The following items are required for all paid and unpaid staff <u>prior</u> to contact with participants.					
Orientation to personal care skills					
Body Mechanics					
Behavior Management					
<p>The following items are required for all paid and unpaid staff that may have interaction with the participants. 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 NYS Department of Health; or adult day care worker training program by Office for People With Developmental Disabilities. Documentation of equivalent training must be maintained in personnel or training records.</p>					
Socialization skills and activities					
Supervision and monitoring					

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Name of Paid/ Unpaid Staff:					
Personal Care Skills, taught by an RN, for required hands on assistance with toileting /care of incontinence					
Personal Care Skills, taught by an RN, for required hands on assistance with transfers and mobility					
Personal Care Skills, taught by an RN, for required hands on assistance with feeding					
Personal Care Skills, taught by an RN, for optional assistance with grooming and bathing					
Personal Care Skills, taught by an RN, for optional assistance with changing simple dressings					
Personal Care Skills, taught by an RN, for optional assistance with using adaptive/assistive equipment					

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Name of Paid/ Unpaid Staff:					
Personal Care Skills, taught by an RN, for optional assistance with self-administration of medications					
Family and family relationships					
Mental health and mental illness					
Total of twenty hours within three months of hire					
Other training related to staff responsibilities, program operations and professional development.					
Other:					
Other:					
Other:					
Other:					
Other:					

You have completed 2 of 26 steps

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Social Adult Day Services Monitoring Tool ⁵(Attachment E)

Steps 3-Step 26: Provides instruction on completing the Social Adult Day Services Monitoring Tool (Attachment E)

Note: For Steps 4 through Step 13, a Participant File Review Worksheet⁶ (Attachment F) may be helpful in completion of the corresponding sections of the monitoring tool. A review of six (6) active participant files and two (2) files of participants who have been discharged is required to measure compliance with program requirements as set forth in regulation. One set of active participant worksheets and one set of discharged participant worksheets are contained in the following pages. A complete set of Participant File Review Worksheets (8) are provided for the reviewer's convenience in Attachment F.

Step 3. Document Basic Information and Program Description

Enter the date of the monitoring and the name of the program on the top of page one of the monitoring tool. Enter the information required for the Program Description:

Information	Documentation and key elements
<ul style="list-style-type: none">• Sponsor and year established• Location• Operating schedule• Population served• Capacity, enrollment and average participants per day	<ul style="list-style-type: none">• Program description in policy and procedures manual• Annual reports• Marketing documents• Website
<ul style="list-style-type: none">• Payment and funding sources• Date and results of last monitoring/self-certification	<ul style="list-style-type: none">• Fee schedules• If applicable, OMIG Self-Certification documents

You have completed 3 of 26 steps

⁵ Attachment E: Social Adult Day Services Monitoring Tool

⁶ Attachment F: Participant File Review Sheet

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Attachment F: Participant File Review Worksheet: Review documents in participant files for completeness, signatures and dates and record in each category below.

Active Participant File (6 files) Review: Admission/Discharge, Assessment, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #</u> initials or identifying number and three questions	<u>Admission/ Discharge</u>	<u>Assessment and Service Plan</u>	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
P#: Initials or Identifying #: Meets eligibility Criteria- Yes or No Evidence that participant and/or caregiver had input into service plan - Yes or No Evidence that participants' rights were explained and provided to participants and/or caregiver - Yes or No						

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Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)

<u>Participant #</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P#: Initials or Identifying #:				

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Discharged Participant File (2 files) Review: Requirements, Documentation

<u>Discharged Participant #</u> initials or identifying number	Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate	Documentation	Comments
P#: Initials or Identifying #:			

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Step 4. I. Required Program Standards: Services

Section A - Admissions and Discharge: Review at least six (6) active participant files and two (2) discharged files and use the Active Participant File Review Worksheet and Discharged Participant File Review Worksheet (Attachment F) to record findings to assist in the completion of the monitoring tool. If requirement is met in all the files reviewed enter **Yes** in the first column, or if the requirement is not met by all files enter **No** in the first column. In the second column identify documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting the requirements or if corrective actions are required: ***all documents are in participant files and all requirements met, documents incomplete, only two of six files met requirements.*** Supplemental documentation may be located in the program's policies and procedures on participant eligibility and admissions and discharge.

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Participant Eligibility<ul style="list-style-type: none">○ Functionally impaired (defined as needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment)○ Will benefit from participation in the program○ Needs can be met and managed by the program	<ul style="list-style-type: none">• Participant files<ul style="list-style-type: none">○ Assessments○ Service plans○ Intake forms○ Case notes, including records of conversations with family○ Documentation of response to program services○ Eligibility policies and procedures• Incident reports
<ul style="list-style-type: none">• Assessment⁷ (Attachment G)<ul style="list-style-type: none">○ Includes an assessment of an individual's functional capacities and impairment○ Completed prior to admission	<ul style="list-style-type: none">• Participant files<ul style="list-style-type: none">○ Assessments and reassessments• Admission policies and procedures

⁷ Attachment G: Sample COMPASS Assessment Tool

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<ul style="list-style-type: none">• Discharge<ul style="list-style-type: none">○ Individuals who can no longer be served safely or adequately are discharged	<ul style="list-style-type: none">• Participant files<ul style="list-style-type: none">○ Assessments○ Service plans○ Case notes○ Documentation of response to program services○ Incident reports• Discharge policies and procedures
<ul style="list-style-type: none">• Discharge Arrangements<ul style="list-style-type: none">○ Assists, if appropriate, discharged participants in making other arrangements	<ul style="list-style-type: none">• Participant files<ul style="list-style-type: none">○ Case notes○ Documentation of response to program services○ Incident reports• Discharge policies and procedures

You have completed 4 of 26 steps

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Step 5: I. Required Program Standards: Services

Section B - Service Plan⁸ (Attachment H): Service plans may also be referred to as care plans. Review at least six (6) active participant files for service or care plans. If requirement is met in all (6) six files enter **Yes** in the first column, or if the requirement is not met in all six files enter **No** in the first column. In the second column identify documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting the requirements or if corrective actions are required: ***all documents available and meet requirements, documents incomplete, only two of six files met requirements.*** Supplemental documentation may be located in the program's service plans policies and procedures.

Requirement	Documentation and key elements
<ul style="list-style-type: none">Each participant only receives services in accordance with an individualized written service plans	<ul style="list-style-type: none">Participant files<ul style="list-style-type: none">Service plans<ul style="list-style-type: none">Individualized to each participant (i.e. not all participants' service plans should look the same)Service plan policies and procedures
<ul style="list-style-type: none">Service plans<ul style="list-style-type: none">Developed by program staffDeveloped in conjunction and/or consultation with the participant and if applicable, the participant's authorized representative and/or the informal caregiver	<ul style="list-style-type: none">Participant files<ul style="list-style-type: none">Service plans should be dated and signed by program staffService plans have participant and/or caregiver input (i.e. service plan signed by participant and/or caregiver, case note indicating case conference was held in person or on the phone with the participant and/or caregiver, copy of a letter inviting

⁸ Attachment H: Sample Care Plan

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	<p>participant and or caregiver to a case conference, or transmitting a copy of the service plan to the participant and/or caregiver</p> <ul style="list-style-type: none"> • Service plan policies and procedures
<ul style="list-style-type: none"> • Completed within 30 days from admission 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Service plans or care plans should be completed and dated within 30 days from admission (calendar days not days of attendance) • Service plan policies and procedures
<ul style="list-style-type: none"> • Review of Service Plans <ul style="list-style-type: none"> ○ As necessary ○ At least annually 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Service plans or care plans are reviewed and updated when there are changes in the participant (i.e. change in psycho-social or functional status, changes in response to program, or absences from program due to illness, hospitalization, vacations) ○ Service plans or care plans are reviewed and updated at least annually • Service plan policies and procedures
<ul style="list-style-type: none"> • Service plans based on the assessment and needs of the participant 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Assessments and reassessments ○ Service plans • Case notes Service plan policies and procedures • Observations (i.e. if a participant requires assistance with toileting or feeding it should be on the service plan)
<ul style="list-style-type: none"> • To the maximum extent possible, the service plan shall seek to attain and maintain the highest practicable physical, mental, and psychosocial well- 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Assessments and reassessments ○ Service plans ○ Case notes

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being of the participant, including an optimal capacity for independence and care	<ul style="list-style-type: none"> • Service plan policies and procedures • Observations (i.e. participant is encouraged to actively participate in exercises, cognitive activities, communicating with peers and self-care)
<ul style="list-style-type: none"> • To the maximum extent possible, the service plan shall encourage the participant to use his/her existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacity 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Assessments and reassessments ○ Service plans ○ Case notes (if available) • Service plan policies and procedures • Observations (i.e. participant is encouraged to participate in activities that utilize their skills, social history, and opportunities to experience success)
<ul style="list-style-type: none"> • Individual outcomes are specified in service plans 	<ul style="list-style-type: none"> • Participant files <ul style="list-style-type: none"> ○ Service plans include expected outcomes in response to staff implementing the service plan ○ Service plan policies and procedures

You have completed 5 of 26 steps

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Step 6: I. Required Program Standards: Services

Required Core Services

Section C1 - Socialization: Individual and group activities programming: Review at least four monthly activities calendars⁹ (i.e.: one from each season, **Attachment I**). If requirement is met in all the calendars reviewed enter **Yes** in the first column, or if the requirement is not met by all four enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting the requirements or if corrective actions are required: ***calendars complete and reflect a choice of activities, incomplete calendars or no calendars available, only two of four months met requirements.*** Supplemental documentation may be located in the program's policies and procedures for services delivery.

Requirement	Documentation and key elements
<ul style="list-style-type: none">Planned structured activities that<ul style="list-style-type: none">To the extent possible utilizes participants skillsResponds to the participant's interestsResponds to the participant's capabilitiesResponds to the participant's needsMinimizes impairments in capacity to engage in those activities	<ul style="list-style-type: none">Activities calendars<ul style="list-style-type: none">Programming is appropriate for functionally impaired individuals and activities are modified for the population served by the program (i.e. physically frail participants, participants with dementia, participants with young onset dementia)Participants' interests are recognized by offering choices of activitiesObservation<ul style="list-style-type: none">Programming minimizes individual participants' impairments in capacity to engage in activities (i.e. individuals with

⁹ Attachment I: Sample activities calendars

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	<p>sensory deficits strategically placed in group settings)</p> <ul style="list-style-type: none"> • Service delivery policy and procedures
<ul style="list-style-type: none"> • Programming includes <ul style="list-style-type: none"> ○ Social activities ○ Intellectual/cognitive activities ○ Cultural activities ○ Educational activities ○ Physical group activities 	<ul style="list-style-type: none"> • Activities calendars <ul style="list-style-type: none"> ○ Social: opportunities to socialize, communicate with peers, celebrate ○ Intellectual: opportunities to utilize mathematical and language skills, reminisce, participate in creative art therapies (i.e. music, painting, poetry, drama, dance) ○ Cultural: opportunities to participate in a variety of programming that celebrates nature, the arts, ethnicity and spirituality ○ Educational: opportunities to learn about nutrition, health care, current events ○ Physical: opportunities to maintain or regain maximum functioning with physical exercise that promotes range of motion, balance, and endurance (i.e. movement to music, dancing, armchair exercises, tai chi, yoga) • Service delivery policy and procedures
<p>Observation: Observe at least three activities at the program. If requirement is met during all the activities observed enter Yes in the first column, or if the requirement is not met by all three enter No in the first column. In the second column identify observation(s) and documentation that substantiates that the requirement is met. Provide comments in the final column on the right. Comments may include <i>participants seemed to be engaged, smiling and actively participating in activity; participants using mental or physical abilities during activity, staff actively encouraging and engaging participants, two out of six participants not engaged in any activity</i>, to indicate if meeting requirements or corrective actions required. Supplemental documentation may be located in the program's policies and procedures for services delivery and in the participants' files/service plans.</p>	

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<ul style="list-style-type: none">• Program<ul style="list-style-type: none">○ Encourages participant interaction○ Seeks to establish, maintain or improve a sense of usefulness○ Stimulates a desire to use one's physical and mental abilities to the fullest○ Promotes a sense of self-respect	<ul style="list-style-type: none">• Observations<ul style="list-style-type: none">○ Observe participants response to programming: interactions between participants, sense of usefulness and self-respect (i.e. smiles, sense of accomplishment and success) and active participation using physical and mental abilities• Service delivery policy and procedures• Participant files<ul style="list-style-type: none">○ Service plans○ Daily Participant Record (Attachment M)
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You have completed 6 of 26 steps

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Step 7: I. Required Program Standards: Services

Required Core Services

Section C2 - Supervision and Monitoring: Includes protecting the welfare of participants and providing ongoing encouragement and assistance for the participant to actively participate in programming. Observe the staff interactions with participants. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: **staff are observant of participants' whereabouts; participants are left unattended – correction action needed, no assistance provided during activities, staff anticipate participants' needs.** Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans.

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Staff is observant and aware<ul style="list-style-type: none">○ Participants' whereabouts○ Activities○ Current needs	<ul style="list-style-type: none">• Observation<ul style="list-style-type: none">○ Staff maintain field of vision with all participants, wandering behaviors are controlled with a security system or with staff supervision○ Staff physically set-up for activities to allow for participants that need assistance○ Staff anticipate, observe and meet the needs of participants, particularly those who have communication impairments (i.e. individuals unable to express their needs)

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	<ul style="list-style-type: none"> • Service delivery policies and procedures • Participants' files/service plans
<ul style="list-style-type: none"> • Staff <ul style="list-style-type: none"> ○ Protects the safety and welfare of participants ○ Provides ongoing encouragement and assistance as necessary 	<ul style="list-style-type: none"> • Observation <ul style="list-style-type: none"> ○ Staff anticipate, observe and meet the needs of participants, particularly those who require assistance with transfers and mobility, and/or are cognitively impaired (i.e. individuals who are unable to identify and express their needs) ○ Staff provides encouragement and assistance to participants as needed so they can actively participate in program activities to the maximum extent of their mental and physical abilities • Service delivery policies and procedures • Participants' files/service plans <ul style="list-style-type: none"> ○ Daily Participant Record (Attachment M)

You have completed 7 of 26 steps

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Step 8: I. Required Program Standards: Services

Required Core Services and Optional Services

Sections C3.1 (Required) and C3. 2 (Optional) - Personal Care Services: NYSOFA interprets assistance with personal care to include hands on assistance. Review the completed SADS Personal Care Worksheet. Observe staff interactions with participants. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***assistance with toileting provided, no assistance with toileting - must be independent in ambulation, no supplies for incontinence, staff follow toileting schedules.*** Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans. If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

Requirement	Documentation and key elements
<ul style="list-style-type: none"> • Program provides some assistance with <ul style="list-style-type: none"> ○ Toileting, including incontinence care ○ Mobility ○ Transfers ○ Eating 	<ul style="list-style-type: none"> • Services delivery policy and procedures • Participant files <ul style="list-style-type: none"> ○ Daily Participant Record (Attachment M) • Staff job descriptions • Training records
OPTIONAL Requirement	Documentation and key elements
<ul style="list-style-type: none"> • Program provides total assistance with <ul style="list-style-type: none"> ○ Toileting, including incontinence care ○ Mobility ○ Transfers ○ Eating 	<ul style="list-style-type: none"> • Services delivery policy and procedures • Participant files/service plans <ul style="list-style-type: none"> ○ Daily Participant Record (Attachment M) • Staff job descriptions • Training records

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	<ul style="list-style-type: none">• Observation of participant staff interactions
OPTIONAL Requirement	Documentation and key elements
<ul style="list-style-type: none">• Program provides some or total assistance with<ul style="list-style-type: none">○ Dressing○ Bathing/showers○ Self-administration of medication○ Routine skin care○ Changing simple dressings○ Use of supplies, adaptive and assistive equipment	<ul style="list-style-type: none">• Services delivery policy and procedures• Participant files<ul style="list-style-type: none">○ Daily Participant Record (Attachment M)• Staff job descriptions• Training records• Observation of participant staff interactions

You have completed 8 of 26 steps

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Step 9: I. Required Program Standards: Services

Required Core Services

Section C4 - Nutrition: Provision of qualified meals¹⁰ (**Attachment J**), snacks and fluids. Review the menus, snack and fluid schedules, and other nutrition documents. Observe the noon meal being served to participants. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation(s) and observations that substantiate that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***fluids offered/not offered, nutritious snacks provided or no snacks provided, meal enjoyed by participants, participants complaining about meals***. Supplemental documentation may be located in the program's policies and procedures for services delivery and participants' files/service plans.

Requirement	Documentation and key elements
<ul style="list-style-type: none">Program provides nutritious meals at normal meal times as well as snacks and liquids at appropriate times during the day	<ul style="list-style-type: none">Services delivery policy and proceduresMenus, Posted daily scheduleObservation of meals, snacks and fluidsParticipant files<ul style="list-style-type: none">Daily Participant Record (Attachment M)
<ul style="list-style-type: none">Qualified meals provided by the program comply with NYSOFA standards for the nutrition program for the elderly or the Child and Adult Food Care ProgramMeals prepared by participants for a planned activity, to the extent possible, are consistent with the NYSOFA nutrition standards for the elderly	<ul style="list-style-type: none">Services delivery policy and proceduresMenus/ContractsActivities calendarsAgreement by New York State Department of Health as to program participation in the Child and Adult Food Care Program

You have completed 9 of 26 steps

¹⁰ Attachment J: SADS Nutrition Requirements

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Step 10: I. OPTIONAL Services Standards

Section D1 - Maintenance and Enhancement of Daily Living Skills: Providing assistance to participants to maintain their self-care skills. Review the program's policies and procedures for services delivery and participants' files/service plans. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter *No* in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***has a habilitation specialist on staff, has an occupational therapist consultant, lack of documentation of services in participant files*** If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

OPTIONAL Requirement	Documentation and key elements
<ul style="list-style-type: none">• Providing activities and training which assists participants to learn or relearn self-care skills<ul style="list-style-type: none">○ Instrumental activities of daily living (use of transportation, laundry, shopping, cooking, using a telephone and handling personal business and finance)○ Self-care skills (grooming, washing, dental hygiene)○ Use of supplies○ Adaptive/assistive equipment○ Other appropriate skills	<ul style="list-style-type: none">• Services delivery policy and procedures• Participant files/service plans<ul style="list-style-type: none">○ Daily Participant Record (Attachment M)• Staff job descriptions• Training records• Contracts with consultants• Activities calendars

You have completed 10 of 26 steps

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Step 11: I. OPTIONAL Services Standards

Section D2 - Transportation: Providing or arranging for participants to get from their home to the program and back with vehicles, drivers and escorts (if available). Review the program's policies and procedures for services delivery and participants' files/service plans. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting the requirements or if corrective actions are required: ***directly provides/has own vehicles, contracts out for transportation, provides coordination of transportation, and/or policies and procedures for transportation services is missing.*** If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

OPTIONAL Requirement	Documentation and key elements
<ul style="list-style-type: none">• Transportation between the home and program• Assisted transportation between the home and program	<ul style="list-style-type: none">• Services delivery policy and procedures• Participant files/service plans<ul style="list-style-type: none">○ Daily Participant Record (Attachment M)• Contracts with providers

You have completed 11 of 26 steps

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Step 12: I. OPTIONAL Services Standards

Section D3. - Caregiver Assistance: If offered, caregiver assistance shall meet the requirements. Review the program's policies and procedures for services delivery, participants' files/service plans and case notes. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***uses case notes to document supports to caregivers, uses a caregiver assessment tool, case notes incomplete or missing.*** If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

OPTIONAL Requirement	Documentation and key elements
<ul style="list-style-type: none">Facilitates caregiver support, understanding conditions of participant, the service plan and how to maximize participant skills at home	<ul style="list-style-type: none">Services delivery policy and proceduresParticipant files/service plans/case notesReferrals to service providers (i.e. Alzheimer's Association)
<ul style="list-style-type: none">Assistance for informal caregiver including support groups, respite and other related assistance	<ul style="list-style-type: none">Services delivery policy and proceduresParticipant files/service plans/case notesReferrals to service providers (i.e. Alzheimer's Association)Support group flyers

You have completed 12 of 26 steps

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Step 13: I. OPTIONAL Services Standards

Section D3. - Case Coordination and Assistance: If offered, case coordination and assistance shall meet the requirements. Review the program's policies and procedures for services delivery, participants' files/service plans and case notes. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***uses case notes/does not use case notes to document supports to participants and/or caregivers, uses a caregiver assessment tool.*** If the program does not provide the **OPTIONAL** service enter *N/A* in the first column.

OPTIONAL Requirement If offered, required components	Documentation and key elements
<ul style="list-style-type: none"> Program establishes and maintains effective linkages 	<ul style="list-style-type: none"> Services delivery policy and procedures Participant files/service plans/case notes Communication among service providers (i.e. home care)
<ul style="list-style-type: none"> Program coordinates services, makes and accepts referrals to and from other service providers 	<ul style="list-style-type: none"> Services delivery policy and procedures Participant files/service plans/case notes Referrals to service providers (i.e. Alzheimer's Association, home care, transportation) Intake forms
OPTIONAL component	Documentation and key elements
<ul style="list-style-type: none"> Advises and assists participants and caregivers in relation to benefits, entitlements and other information 	<ul style="list-style-type: none"> Services delivery policy and procedures Assessments Participant files/service plans/case notes Applications for benefits

You have completed 13 of 26 steps

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Step 14: II. Required Program Standards: Administrative

Section A. Policies and Procedures: Policies and procedures shall meet all the requirements. Review all the program's written policies and procedures and review corresponding documentation to determine if the policies and procedures are being followed. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***no written policy, policy and procedures not being followed as intended, incomplete policy, policies reviewed annually.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">Written policies and procedures on file for review	<ul style="list-style-type: none">Policy and procedure manual (if available)
<ul style="list-style-type: none">Participant eligibility	<ul style="list-style-type: none">Participant eligibility policy and procedures, including<ul style="list-style-type: none">Functionally impaired (defined as needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment)Will benefit from participation in the programNeeds can be met and managed by the programParticipant files/assessment
<ul style="list-style-type: none">Admission and discharge	<ul style="list-style-type: none">Admission and discharge policy and procedures<ul style="list-style-type: none">Includes an assessment of an individual's functional capacities and impairment completed prior to admission

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	<ul style="list-style-type: none"> ○ Discharge: individuals who can no longer be served safely or adequately are discharged ○ Discharge Arrangements: assists, if appropriate, discharged participants in making other arrangements • Participant files/case notes
<ul style="list-style-type: none"> • Service plan 	<ul style="list-style-type: none"> • Service plan policy and procedures <ul style="list-style-type: none"> ○ Each participant only receives services in accordance with an individualized written service plan ○ Developed by program staff ○ Developed in conjunction and/or consultation with the participant and if applicable, the participant's authorized representative and/or the informal caregiver ○ Completed within 30 days from admission ○ Review of Service Plans as necessary and at least annually ○ Service plans based on the assessment and needs of the participant ○ To the maximum extent possible, the service plan shall seek to attain and maintain the highest practicable physical, mental, and psychosocial well-being of the participant, including an optimal capacity for independence and self-care ○ To the maximum extent possible, the service plan shall encourage the participant to use his/her existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacity

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	<ul style="list-style-type: none"> ○ Individual outcomes are specified in service plans • Participant files/service plan
<ul style="list-style-type: none"> • Staffing plan, paid and non-paid staff 	<ul style="list-style-type: none"> • Staffing plan policy and procedures <ul style="list-style-type: none"> ○ Adequate number of staff to perform all the functions in the regulation and to ensure the health, safety and welfare of the participants ○ During the program day there at least two program staff, one of whom is a paid staff with the participants at all times • Staff and non-paid staff work schedules, time sheets
<ul style="list-style-type: none"> • Participant's rights 	<ul style="list-style-type: none"> • Participant's rights policy and procedures • Participant files, acknowledgement by participant and/or caregiver that they received a copy of the participant rights • Participants rights posted in program area
<ul style="list-style-type: none"> • Services delivery 	<ul style="list-style-type: none"> • Services delivery policy and procedures includes core services and if offered, optional services
<ul style="list-style-type: none"> • Program self-evaluation 	<ul style="list-style-type: none"> • Program self-evaluation policy and procedures • Annual self-evaluation that includes administrative, fiscal and program operations, including feedback from participants and caregivers
<ul style="list-style-type: none"> • Records 	<ul style="list-style-type: none"> • Records policy and procedures <ul style="list-style-type: none"> ○ Administrative and financial records ○ Participant personal records: identifying information, emergency information and medical information that includes physician name, diagnosis and medications ○ Services records: assessment, service plan and documentation of delivery of services- Daily Participant Record (Attachment M)

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	<ul style="list-style-type: none">○ All information is treated confidentially: information is not released or disclosed except as authorized by Federal or State laws and regulations, or pursuant to court order
<ul style="list-style-type: none">• Emergency preparedness	<ul style="list-style-type: none">• Location and confidentiality of records• Emergency preparedness policy and procedures includes conducting two fire drills annually and maintaining emergency participant files<ul style="list-style-type: none">○ Identifiable information○ Physician's name○ Physician's telephone number○ Family members name○ Family members telephone number• Training records

You have completed 14 of 26 steps

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Step 15: II. Required Program Standards: Administrative

Section B - The Program Self-Evaluation: The Program Self-Evaluation shall meet all the requirements. Review the program's self-evaluation. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***no self-evaluation completed, conducts satisfaction surveys, self-evaluation not completed every year, comprehensive self-evaluation conducted annually/biannually.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Written self-evaluation on file for review	<ul style="list-style-type: none">• Self-evaluation
<ul style="list-style-type: none">• Completed annually	<ul style="list-style-type: none">• Self-evaluation
<ul style="list-style-type: none">• Components<ul style="list-style-type: none">○ Administrative○ Fiscal○ Program operations○ Feedback from participants and caregivers	<ul style="list-style-type: none">• Self-evaluation<ul style="list-style-type: none">○ Administrative may include a review of policies and procedures, job descriptions, health and training records○ Fiscal may include a review of fee schedules, statement on most recent fiscal audit○ Program operations may include a review of participant files for assessment and services plan, review of incident reports, seasonal activities, seasonal menus○ Feedback from participants and caregivers may include a summary of likes and dislikes and recommended changes based on results of a satisfaction survey○ Corrective action taken or made, if applicable

You have completed 15 of 26 steps

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Step 16: II. Required Program Standards: Administrative

Section C. Records: Administrative documents are documents that are required to be maintained by the program. Identify the content and location of records maintained by the program. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***no system for recordkeeping, no documentation of delivery of services, all participant information stored in locked cabinet.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Administrative and financial records	<ul style="list-style-type: none">• Identify types of administrative and financial records and where they are kept
<ul style="list-style-type: none">• Participant personal records<ul style="list-style-type: none">○ Identifying information○ Emergency information○ Medical information that includes physician name, diagnosis and medications	<ul style="list-style-type: none">• Identify there are personal records of participants that include identifying, emergency and medical information which includes physician name, diagnosis and medications, and where records are kept
<ul style="list-style-type: none">• Services records<ul style="list-style-type: none">○ Assessment○ Service plan○ Documentation of delivery of services	<ul style="list-style-type: none">• Identify there are the required service records and where they are kept
<ul style="list-style-type: none">• All information is treated confidentially<ul style="list-style-type: none">○ Information is not released or disclosed except as authorized by Federal or State laws and regulations, or pursuant to court order.	<ul style="list-style-type: none">• Records policy and procedure• Participant/caregiver admission agreements (if available)• Training records

You have completed 16 of 26 steps

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Step 17: II. Required Program Standards: Administrative

Section D1. - Staffing- General Requirements¹¹ (Attachment K): Identify the number of participants, paid and non-paid staff in the program area. Review the policy and procedure for the staffing plan. Review attendance sheets, sign-in/sign out sheets and time sheets. Review the completed SADS Program Training and Health Status Worksheet. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: **sufficient staff at meal times, not enough staff to supervise participants, health assessment on file for three of six staff – need to ensure other three staff have health assessments completed, adequate staff to provide assistance and encouragement throughout activities.**

Requirement	Documentation and key elements
<ul style="list-style-type: none">Adequate number of staff to perform all the functions in the regulation and to ensure the health, safety and welfare of the participants	<ul style="list-style-type: none">Record participant to staff ratio
<ul style="list-style-type: none">During the program day there at least two program staff, one of whom is a paid staff with the participants at all times	<ul style="list-style-type: none">Review staff sign-in/sign-out sheets and/or time cardsReview staffing plan policy and procedures
<ul style="list-style-type: none">Each paid or unpaid staff person has an annual health status assessment maintained on file	<ul style="list-style-type: none">Personnel filesTraining and Health Status Worksheet, Attachment D
<ul style="list-style-type: none">New paid and unpaid staff have a health status assessment prior to contact with participants to ensure that they are free from any health	<ul style="list-style-type: none">Personnel filesTraining and Health Status Worksheet, Attachment D

¹¹ Attachment K: Adequate Staffing in Social Adult Day Services

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impairment that is a potential risk to others or may interfere with performance of duties	
<ul style="list-style-type: none">• New paid and unpaid staff are screened for tuberculosis with a PPD (Mantoux) skin test or for positive results a negative chest x-ray documented by a physician. Staff are screened every two years.	<ul style="list-style-type: none">• Personnel files• Social Adult Day Services Training and Health Status Worksheet, Attachment D

You have completed 17 of 26 steps

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Step 18: II. Required Program Standards: Administrative

Section D.2.a. Staffing Personnel- Director: The Director must meet all requirements. The personnel file of the Director must include documentation to substantiate the requirements are met. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***has six years of experience working with older adults with dementia, has a bachelor's degree in Creative Art Therapy, no experience working in human services.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Paid Director with appropriate educational qualifications and work experience to ensure that activities and services are provided appropriately	<ul style="list-style-type: none">• Personnel file• Resume• Job description
<ul style="list-style-type: none">• Director is granted authority and responsibility necessary to manage and implement the program	<ul style="list-style-type: none">• Job description
<ul style="list-style-type: none">• Director manages the program so that it complies to all applicable local, State and Federal laws and regulations	<ul style="list-style-type: none">• Job description
<ul style="list-style-type: none">• Director submits reports as necessary	<ul style="list-style-type: none">• Job description
<ul style="list-style-type: none">• Director is responsible for establishing and following written policies and procedures	<ul style="list-style-type: none">• Job description

You have completed 18 of 26 steps

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Step 19: II. Required Program Standards: Administrative

Section D.2.b. - Staffing Personnel- Service Staff: Service staff must meet the requirement. Review the job description for paid and unpaid service staff. If requirement is met enter **Yes** in the first column, or if the requirement is not met enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***service staff review participant service plans monthly, service staff unaware of service plans.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Service staff is responsible for carrying out the individualized service plans for participants	<ul style="list-style-type: none">• Job descriptions• Minutes of staff meetings or case conferences• Observe service staff interacting with participants to determine if participants are receiving services as indicated in the individualized service plan• Interview service staff on how they are made aware of the individualized service plans

You have completed 19 of 26 steps

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Step 20: II. Required Program Standards: Administrative

Section E. - Unpaid Staff: Administrative training may include volunteers, student interns, and work study placements. Unpaid staff must meet the requirements. Review the job descriptions, training records, personnel files for unpaid staff. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***unpaid staff supplement paid staff, unpaid staff lead specific activities, incomplete training records.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">Unpaid staff are trained in accordance with the tasks they are assigned and may occasionally perform	<ul style="list-style-type: none">Job descriptionsTraining recordsSocial Adult Day Services Training and Health Status Worksheet, Attachment D
<ul style="list-style-type: none">Unpaid staff who may or will have contact with the participants meet the same requirements as do service staff under regulation including the health assessment	<ul style="list-style-type: none">Personnel filesTraining recordsSocial Adult Day Services Training and Health Status Worksheet, Attachment D

You have completed 20 of 26 steps

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Step 21: II. Required Program Standards: Administrative

Section F. - Training: must include paid staff and unpaid staff (i.e. staff volunteers, student interns, and work study placements). Review the SADS Program Training and Health Status Worksheet that you completed in Step 2. If all paid and unpaid staff have met all requirements **Yes** in the first column, or if all paid and unpaid staff have not met the requirements enter **No** in the first column. In the second column identify the documentation(s) that substantiate that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***unpaid staff do not receive training, no documentation of trainings, four of seven staff have completed all required training.***

Requirement	Documentation and key elements
<ul style="list-style-type: none"> • Orientation to the program provider, the community and the program 	<ul style="list-style-type: none"> • Training records • Training and Health Status Worksheet, Attachment D
<ul style="list-style-type: none"> • Training on <ul style="list-style-type: none"> ○ Working with older adults ○ Participants' rights ○ Safety ○ Accident prevention 	<ul style="list-style-type: none"> • Training records <ul style="list-style-type: none"> ○ Curriculum and handouts ○ Attendance sheets ○ Qualifications of instructor ○ Competency <ul style="list-style-type: none"> ▪ Quizzes, skill check off lists, certificates • Social Adult Day Services Training and Health Status Worksheet, Attachment D
<ul style="list-style-type: none"> • Six hours of in-service training annually 	<ul style="list-style-type: none"> • Training records <ul style="list-style-type: none"> ○ Curriculum and handouts ○ Attendance sheets ○ Qualifications of instructor ○ Competency

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	<ul style="list-style-type: none"> ▪ Quizzes, skill check off lists, certificates • Social Adult Day Services Training and Health Status Worksheet, Attachment D
<ul style="list-style-type: none"> • Annual training <ul style="list-style-type: none"> ○ Use of fire extinguishers ○ Written procedures on <ul style="list-style-type: none"> ▪ Evacuation ▪ Emergency situations 	<ul style="list-style-type: none"> • Training records <ul style="list-style-type: none"> ○ Curriculum and handouts ○ Attendance sheets ○ Qualifications of instructor ○ Competency ○ Quizzes, skill check off lists, certificates • Social Adult Day Services Training and Health Status Worksheet, Attachment D
<ul style="list-style-type: none"> • Program provides training to staff paid and unpaid appropriate to tasks assigned 	<ul style="list-style-type: none"> • Training records <ul style="list-style-type: none"> ○ Curriculum and handouts ○ Attendance sheets ○ Qualifications of instructor ○ Competency (i.e. bus drivers) ○ Quizzes, skill check off lists, certificates • Social Adult Day Services Training and Health Status Worksheet, Attachment D • Social Adult Day Services Personal Care Worksheet, Attachment C
<ul style="list-style-type: none"> • Program maintains appropriate documentation of all training provided to staff and documentation of equivalent training 	<ul style="list-style-type: none"> • Training records <ul style="list-style-type: none"> ○ Curriculum and handouts ○ Attendance sheets ○ Qualifications of instructor ○ Competency (i.e. bus drivers) ○ Quizzes, skill check off lists, certificates • Social Adult Day Services Training and Health Status Worksheet, Attachment D

You have completed 21 of 26 steps

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Step 22: II. Required Program Standards: Administrative

Section G. - OPTIONAL- Consultants: Consultants are arranged for by the program to provide a variety of services including staff training, professional supervision, caregiver services, specialized therapeutic activities programming, and activities to promote participant wellness and independent functioning. Review contracts and Memorandum of Understanding agreements for consultants. If the program has consultant and the qualification of the consultants is documented enter **Yes** in the first column, or if they use consultants and do not have agreements or qualifications on file enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if meeting requirements or corrective actions required: ***consultants for art and music therapy, RN consultant for training, no documentation of consultants.*** Enter N/A in the first column if the program does not have consultants.

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Arrange for qualified consultants to assist in education, staff training and other appropriate tasks	<ul style="list-style-type: none">• Consultant agreement<ul style="list-style-type: none">▪ Contracts▪ Memorandum of Understandings▪ Certificates, licenses, diplomas

You have completed 22 of 26 steps

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Step 23: II. Required Program Standards: Administrative

Section H. - Physical Environment and Safety¹²: Attachment L provides you with information on access requirements that are required for programs that receive State and Federal funding, even if the program received the funding indirectly from a State or Federal contracted agency. For the purpose of this monitoring tool, only the requirements in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 are assessed. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation and observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***program has preventative maintenance schedule, program has designated dining and activity areas, handrail needs immediate repair.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">Facility is large enough to accommodate program activities	<ul style="list-style-type: none">Observation and Description of facility activity areas.
<ul style="list-style-type: none">Building and equipment is maintained and operated to prevent fire and hazards to participant safety	<ul style="list-style-type: none">Preventative maintenance schedules or safety inspection recordsDementia capable<ul style="list-style-type: none">Security systemsRamps, hand rails, grab bars, signage, lightingHeating and cooling systemsFood service handlers training certificatesFire inspectionsEvidence of corrective actions, if applicable
<ul style="list-style-type: none">Written notification of program existence and hours of operation to local fire department	<ul style="list-style-type: none">Letter to local fire department

¹² Attachment L: Equal access requirements

You have completed 23 of 26 steps

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Step 24: II. Required Program Standards: Administrative

Section I. - Emergency Preparedness: Administrative Emergency Preparedness should address potential health and safety emergency situations of participants, building emergencies and weather related emergencies. Review emergency preparedness documents such as evacuation maps, posting of current emergency numbers and policies and procedures. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***no records of fire drills, reviews incident reports regularly.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Maintains current written procedures for handling emergencies	<ul style="list-style-type: none">• Emergency procedures for participant emergency<ul style="list-style-type: none">○ Falls○ Choking○ Fainting○ Elopement, wandering resulting in getting lost○ Bus accidents○ Communicable disease• Emergency procedures for building emergency<ul style="list-style-type: none">○ Fire○ Flood○ Chemicals○ Heat and cold air○ Bomb threats, guns, lock down situations• Emergency procedures for weather related emergencies

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	<ul style="list-style-type: none">○ Snow storms○ Hurricanes• Emergency closure procedures
<ul style="list-style-type: none">• Emergency participant files<ul style="list-style-type: none">○ Identifiable information○ Physician's name○ Physician's telephone number○ Family members name○ Family members telephone number	<ul style="list-style-type: none">• Emergency participant files, should be portable and easy to obtain and take during community outings and evacuations
<ul style="list-style-type: none">• Conducts two fire drills per year	<ul style="list-style-type: none">• Fire drill records<ul style="list-style-type: none">○ Date and time of drill○ Participants in attendance○ Paid and unpaid staff on duty and present at the time of the fire drill○ Results, length of time to evacuate to safe area○ Follow-up if needed (i.e. staff training, participant behavioral considerations)

You have completed 24 of 26 steps

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Step 25: II. Required Program Standards: Administrative

Section J. - Insurance: Review insurance documents for personal and appropriate professional liability insurance for business operations. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***has comprehensive insurance, insurance expired.***

Requirement	Documentation and key elements
<ul style="list-style-type: none">• Sufficient insurance coverage	<ul style="list-style-type: none">• Certificates of insurance that include personal and professional liability• Vehicle insurance• Umbrella coverage

You have completed 25 of 26 steps

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Step 26: II. Required Program Standards: Administrative

Section K. - Participants' Rights: Administrative participant's rights include but are not limited to the six rights in the regulation. If requirements are met enter **Yes** in the first column, or if the requirements are not met enter **No** in the first column. In the second column identify the documentation observations that substantiates that the requirement is met.

Provide comments in the final column on the right. Comments may include the following to indicate if the program is meeting requirements or corrective actions required: ***participants' rights are provided to participants and documented in file, participants' rights are posted in program area, no documentation of receiving participants' rights by participant and/or caregiver.***

Requirement	Documentation and key elements
<ul style="list-style-type: none"> Provides a copy of participants' rights and an explanation of rights to participants and caregivers at the time of admission 	<ul style="list-style-type: none"> Participant files/case notes/signed copy in file Participants' rights policies and procedure
<ul style="list-style-type: none"> Protects and promotes the following rights <ul style="list-style-type: none"> Participants are treated with dignity and respect Participants are not subjected to verbal, sexual, mental, physical or financial abuse, corporal punishment or involuntary work or service Participants are not subjected to chemical or physical restraints Participants are not subjected to coercion, discrimination or reprisal Participants are free to make personal choice in regards to accepting or refusing services and/or activities 	<ul style="list-style-type: none"> Participants' rights policies and procedure Orientation and training records Observation of interactions with staff Social Adult Day Services Training and Health Status Worksheet, Attachment D Participant files/complaints Personnel files/disciplinary action for staff

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<ul style="list-style-type: none">○ Participants' personal information is kept confidential	
<ul style="list-style-type: none">• Posts participants' rights and contact information on Area Agency on Aging and NYSOFA in the program area visible to participants, families and program staff	<ul style="list-style-type: none">• Participants' rights are posted in program area, at eye level and with contact information for AAA and NYSOFA.

You have completed 26 of 26 steps

Attachment A

OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK
TITLE 9. EXECUTIVE DEPARTMENT
SUBTITLE Y. NEW YORK STATE OFFICE FOR THE AGING
CHAPTER II. OLDER AMERICANS, COMMUNITY SERVICES, AND EXPANDED IN-HOME SERVICES
FOR THE ELDERLY PROGRAMS
PART 6654. SERVICES

Current through August 31, 2012

* Section 6654.20.* Social adult day care programs.

(a) Purpose. The purpose of this section is to establish minimum requirements for the administration and operation of social adult day care programs as described in this section and for the oversight and other responsibilities of area agencies on aging.

(b) Definitions. For the purposes of this section:

(1) Social adult day care program or program means a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.

(2) Participant means an adult individual who is eligible for and is receiving social adult day services in accordance with this section.

(3) Functionally impaired means needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment.

(c) Area agency on aging responsibilities.

(1) In carrying out oversight and other responsibilities related to social adult day care programs, including the purchase of services, the area agency on aging will comply with Chapter II of this Subtitle, except as otherwise provided in this Part.

(2) Consistent with this section, an area agency on aging may establish additional requirements for social adult day care programs operating under this section.

(3) The area agency on aging shall ensure that providers carry out this section in accordance with the applicable provisions of the Federal Americans with Disabilities Act.

(4) An area agency on aging shall apply these requirements to social adult day care programs, as described in this section, that are provided under contracts entered into or renewed on or after six months from the effective date of these amendments establishing minimum standards for social adult day care programs.

(d) Program standards. All social adult day care program providers which receive funding from an area agency on aging and all area agencies on aging which directly operate a social adult day care program shall meet the following services and administration standards.

(1) Services standards.

(i) Participant eligibility. A social adult day care program shall serve only individuals who are functionally impaired and will benefit from participation in the program.

(ii) Admission and discharge.

(a) The program shall serve only individuals whose social adult day care needs can be met and managed by the program.

(b) The program shall admit an individual only after an assessment of the individual's functional capacities and impairments has been completed.

(c) The program shall discharge and, if appropriate, assist in making other arrangements for a participant who can no longer be safely or adequately served by the program.

(iii) Service plan.

(a) Each participant shall receive services only in accordance with an individualized written service plan which has been developed by the program staff in conjunction with the participant and, if applicable, the participant's authorized representative. To the extent possible, if applicable, the plan shall be developed in consultation with the participant's informal caregiver(s).

(b) A service plan shall be developed no later than 30 days after a participant's admission to the program and reviewed as necessary or at least once annually.

(c) The service plan shall be based on the assessment and shall be consistent with the needs of the participant.

- (d) To the maximum extent possible, each service plan:
 - (1) shall seek to attain and maintain the highest practicable physical, mental, and psychosocial well being of the participant, including an optimal capacity for independence and self care; and
 - (2) shall encourage the participant to use his/her existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacity.
- (e) The service plan shall specify the individual participant outcomes expected from the provision of social adult day care services.
- (iv) Services.
 - (a) Required services. Consistent with the needs of the participant, all programs shall provide the following services:
 - (1) Socialization which:
 - (i) means planned and structured activities which utilize the participant's skills to the extent possible; respond to the participant's interests, capabilities, and needs; and minimize any impairments in capacity to engage in those activities;
 - (ii) includes social, intellectual, cultural, educational, and physical group activities; and
 - (iii) encourages and stimulates the participant to interact with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect.
 - (2) Supervision and monitoring which:
 - (i) means observation and awareness of the participant's whereabouts, activities, and current needs during attendance at the program; and
 - (ii) protects the safety and welfare of the participant and provides ongoing encouragement and assistance to the participant.
 - (3) Personal care which:
 - (i) shall include some assistance for the participant with toileting, mobility, transfer, and eating;
 - (ii) may include total assistance to the participant with toileting, mobility, transfer, and eating; and
 - (iii) may include some assistance or total assistance to the participant with:
 - (A) dressing;
 - (B) bathing;
 - (C) grooming;
 - (D) self administration of medication, including prompting the participant as to time, identifying the medication, bringing the medication and any necessary supplies or equipment to the participant, opening the container, positioning the participant for medication and administration, and disposing of used supplies and materials;
 - (E) routine skin care;
 - (F) changing simple dressings; or
 - (G) using supplies and adaptive and assistive equipment.
 - (4) Nutrition.
 - (i) Nutrition means providing nutritious meals for participants who are attending the program at normal meal times and includes offering snacks and liquids for all participants at appropriate times.
 - (ii) Meals shall be consistent with standards set forth in this Part for a nutrition program for the elderly site and as established by the office, unless:
 - (A) participant meals are brought by the participant; or
 - (B) the program participates in the USDA Child and Adult Care Food Program.
 - (iii) If meals are prepared by participants and/or staff as part of a planned activity of the program, such meals to the extent possible shall be consistent with standards set forth in this Part for a nutrition program for the elderly site and as established by the office.
 - (b) Optional services. Consistent with the needs of the participant, programs may provide the following services:
 - (1) Maintenance and enhancement of daily living skills which shall include, where appropriate, activities which supplement, maintain, and/or enhance the participant's own daily living skills; and/or training which assists the participant to learn or relearn self-care skills, if possible. Participant skills which may be addressed include:
 - (i) instrumental activities of daily living including use of transportation, doing laundry, shopping, cooking, using a telephone, and handling personal business and finance;
 - (ii) self-care skills such as grooming, washing, and dental hygiene;
 - (iii) use of supplies and adaptive and assistive equipment; or
 - (iv) other appropriate related skills.
 - (2) Transportation between the home and the program.

- (3) Caregiver assistance which shall include:
 - (i) facilitating informal caregiver support of the participant;
 - (ii) fostering understanding of the condition of the participant, the contents of the service plan, and how to maximize at home the use of skills learned or relearned in the program;
 - (iii) identifying sources of assistance to the informal caregiver and facilitating access to that assistance, including participation in support groups;
 - (iv) facilitating respite; and
 - (v) other related assistance.
- (4) Case coordination and assistance, which:
 - (i) shall include establishing and maintaining effective linkages, coordinating with, and, as appropriate, making referrals to and accepting participants from other services providers; and
 - (ii) may include advising and assisting participants and their caregivers, if any, in relation to benefits, entitlements, and other information and assistance.
- (2) Administration standards.
 - (i) Policies and procedures. Each social adult day care program shall establish, follow, and have on file for review by the area agency on aging or the office written policies and procedures consistent with this section regarding the operation of the program including but not limited to:
 - (a) participant eligibility;
 - (b) admission and discharge;
 - (c) service plan;
 - (d) staffing plan, including paid and volunteer staff;
 - (e) participants' rights;
 - (f) services delivery;
 - (g) program self evaluation;
 - (h) records; and
 - (i) emergency preparedness.
 - (ii) Program self evaluation. The program shall:
 - (a) conduct a self evaluation of its administrative, fiscal, and program operations, including feedback from participants and caregivers, at least annually; and
 - (b) maintain a copy of the self evaluation on file for review by the area agency on aging or the office.
 - (iii) Records. The program shall:
 - (a) maintain the following information on file:
 - (1) administrative and financial records;
 - (2) participant personal records, including identifying, emergency, and medical information including physician name, diagnosis, and medications; and
 - (3) services records, including the individual assessment, the service plan, and documentation of the delivery of services; and
 - (b) treat all information as confidential and shall not disclose or release information except as authorized by Federal or State laws and regulations, or pursuant to court order.
 - (iv) Staffing.
 - (a) General requirements.
 - (1) The program shall have an adequate number of qualified staff, which may include volunteers, to perform all of the functions prescribed in this Part and to ensure the health, safety, and welfare of participants.
 - (2) The program shall have at least two staff, one of whom shall be a paid staff person, with the participants during the program day.
 - (3) Health status. The program shall ensure that:
 - (i) the health status of each staff person who may or will have contact with participants, including the program director, is assessed and documented annually and that the health status of each new staff person is assessed and documented prior to the beginning of contact with the participant to ensure that he or she is free from any health impairment that is of potential risk to others or that may interfere with the performance of his or her duties; and
 - (ii) each staff person who may or will have contact with participants has a ppd (Mantoux) skin test for tuberculosis prior to employment and no less than every two years thereafter for negative findings or more frequently as determined by the Director of the State Office for the Aging.
 - (b) Personnel.
 - (1) Director. Each social adult day care program shall have a paid director.

(i) Qualifications. The director shall be a qualified individual with appropriate educational qualifications and work experience to ensure that activities and services are provided appropriately and in accordance with participants' needs.

(ii) Duties. The director shall:

(A) have the authority and responsibility necessary to manage and implement the program;

(B) ensure compliance and conformity with all applicable local, State, and Federal laws and regulations;

(C) submit program reports, as necessary; and

(D) be responsible for policies and procedures as required by this Part.

(2) Services staff. Services staff shall:

(i) be responsible for carrying out the individualized service plan for participants; and

(ii) complete training as required by this section.

(3) Volunteers.

(i) As determined by the program director, the program shall provide training for volunteers which is appropriate for the tasks to which they are assigned. In making this determination, the program director shall consider whether such volunteer may on occasion be asked or required to perform tasks related to the health, safety, or welfare of participants.

(ii) All volunteers who may or will have contact with participants are subject to the requirements of this section, including the assessment of health status required in this paragraph.

(c) Training requirements for all staff.

(1) Except as otherwise provided in this section, the program shall provide all staff with:

(i) an orientation to the program provider, the community, and the program itself;

(ii) training on working with the elderly, participants' rights, safety, and accident prevention;

(iii) at least six hours of in-service training annually to develop, review, or expand skills or knowledge; and

(iv) training at least annually in the use of fire extinguishers, written procedures concerning evacuation and emergency situations, and emergency telephone numbers.

(2) The program shall provide staff with training appropriate to the tasks to which they are assigned.

(3) The program shall maintain appropriate documentation for all training provided to staff.

(d) Training requirements for service staff.

(1) Prior to delivering any social adult day care services, all service staff including volunteer service staff must complete basic training, or have equivalent knowledge and skills as established in this section, as follows:

(i) orientation to personal care skills;

(ii) body mechanics; and

(iii) behavior management.

(2) Within three months of being assigned to provide social adult day care services, all service staff including volunteer service staff must complete additional training, or have equivalent knowledge and skills as established in this section, which:

(i) is directed by a registered professional nurse, social worker, home economist, 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;

(ii) totals at least 20 hours of group, individual, and/or on-the-job training;

(iii) covers the following topics:

(A) socialization skills and activities;

(B) supervision and monitoring;

(C) personal care skills, taught by a registered nurse;

(D) the family and family relationships;

(E) mental illness and mental health; and

(F) cardiopulmonary resuscitation (CPR); and

(iv) includes evaluation of each person's competency in the required content.

(3) Equivalent knowledge and skills.

(i) Persons who have completed personal care training which is approved by the State Department of Social Services or home health aide training or nurse aide training which is approved by the State Department of Health shall be considered by the program to have met the training requirements of this clause.

(ii) Persons who have completed adult day care worker training which is approved by the State Office of Mental Retardation and Developmental Disabilities may be considered by the program to

have met those portions of the training requirements which in the judgment of the program are equivalent to the training requirements of this clause.

(iii) Any person who has been employed for at least three months prior to the effective date of this Part by a social adult day care program which has been funded or directly operated by an area agency on aging and who has been delivering social adult day care services may be considered by the program to have met the training requirements of this clause.

(iv) The program shall maintain appropriate documentation for services staff who have equivalent knowledge and skills.

(4) The program shall provide all service staff with periodic on-the-job training, as considered necessary by the program director or an individual who supervises service staff according to criteria for evaluating job performance and the ability to function competently and safely.

(v) Consultants. Programs may arrange for qualified consultants to assist with education, staff training, and other appropriate tasks.

(vi) Physical environment and safety. The program shall:

(a) Use a facility which has sufficient space to accommodate program activities and services.

(b) Maintain and operate buildings and equipment so as to prevent fire and other hazards to personal safety.

(c) Notify in writing the local fire jurisdiction in which the program exists of its presence and hours of operation.

(vii) Emergency preparedness. The program shall:

(a) have current, written procedures for handling emergencies (such as a flood or fire or when a participant is choking or has fainted);

(b) have an easily located file on each participant, listing identifiable information, including physician's name and telephone number and family member's name and telephone numbers, needed in emergencies; and

(c) conduct fire drills at least twice a year and document those drills.

(viii) Insurance. The social adult day care program shall have in effect sufficient insurance coverage, including but not limited to personal and professional liability.

(e) Participants' rights.

(1) The program shall protect and promote the following rights of participants:

(i) Participants shall be treated with dignity and respect.

(ii) Participants shall not be subject to verbal, sexual, mental, physical, or financial abuse, corporal punishment, or involuntary work or service by the program.

(iii) Participants shall not be subject to chemical or physical restraint by the program.

(iv) Participants shall not be subject to coercion, discrimination, or reprisal by the program.

(v) Participants shall be free to make personal choices about accepting or refusing the services and activities offered.

(vi) Personal information about participants shall be kept confidential.

(2) The program shall give a copy of and shall explain the rights to participants and caregivers at the time of admission.

(3) The program shall post these rights, along with the addresses and telephone numbers of the area agency on aging and the office, in a public place which is clearly visible to participants, their families, and program staff.

Attachment B

Policy: Program Monitoring for Social Adult Day Services

Social Adult Day Services (SADS) programs should receive formal program monitoring from Area Agencies on Aging (AAA) at least every year to ensure compliance with the NYSOFA Social Adult Day Care Program Regulations (Section 6654.20).

Procedures

1. Formal program monitoring refers to an on-site program review that uses a standardized instrument or tool that objectively measures the service provider's performance and compliance with the contract/program objectives and state requirements.
2. The recommended monitoring tool is the NYSOFA Social Adult Day Services Monitoring Tool. If a different format is to be used it must contain all program data elements.
3. Established on-site monitoring procedures must be followed for formal program monitoring required by NYSOFA and are detailed in procedure #7.
4. Written reports of findings of the program monitoring will include items found to be out of compliance with the SADS regulations. These items require that the service provider submit a plan of correction. Follow-up efforts to verify that the corrective actions were implemented should be documented. At the completion of the formal program monitoring process, a determination will be made whether the program is in compliance with all SADS regulations and contract requirements.
5. A Monitoring Tool and Worksheets are to be completed annually during the AAA SADS monitoring process and submitted to NYSOFA along with the SADS' Annual Self-Evaluation and if available, a copy of the completed SADC self-certification available at the Office of the Medicaid Inspector General's website. Documents should be sent to SADSMonitoring@aging.ny.gov within 45 days of the on-site monitoring visit.
6. An on-site monitoring visit may occur at any point during the contract if deemed necessary from information regarding consumer complaints.
7. Procedures for On-site Monitoring of Social Adult Day Services:
 - a. Entrance Interview with Program Director and others as appropriate
 - b. Tour the program and observe morning routine, including the following:
Participants being dropped off by transportation or caregivers

- weather appropriate clothing and footwear
- wheelchair seatbelts and foot pedals

Staff welcoming and orientating participants

- Eye level communication
- Use of proper names
- Sign-in document
- Medication storage

Appearance and behavior of participants

- Grooming, clean clothes, eye glasses, dentures, mobility needs
- Comfort level, mood, and ability to get acquainted to the environment

Meet participants: introduce self to the group and certain individuals, talk about the day center activities etc.

AM nutrition, preparation and serving

- Child and Adult Food Care Program (CACFP) meal/snack components
- Appearance of food and beverages
- Food handling by staff
- Offered choices

Activities scheduled for the day

- Look for board/paper stating the date and activities scheduled

Number of staff, volunteers and participants

- Sign-in documents for staff and volunteers

Direct Care staff job performance, staff/participant interactions

- Staff are aware of participants' preferences
- Staff promote safety in participants' movement around tables and chairs and placement of mobility devices
- Staff anticipate participants' needs for supervision, monitoring and personal care
 - Knowledge of special diets, toileting and medication schedules
 - Provision of reassurances for confused participants

Space and environmental concerns

- Accessibility, cleanliness, safety (egress: risk of wandering, risk of injury) of personal care areas (bathrooms, showers/tub, beautician salon, laundry facilities), food preparation area, and storage (medication, personal care items, participants clothing, food storage, activity supplies and equipment)
- Exit signs, fire plans, fire pull boxes, fire extinguishers in place and operational

- Snow removal or other outside environmental considerations to maintain safety of participants' (if warranted)

Observe AM scheduled activities and staff/participant interactions

- Is the activity scheduled being conducted?
- Are individual or small group activities being offered or just large group?
- Does the program space have appropriate tables, chairs and lighting, especially for small motor activities?
- Is there adequate staff and volunteers to provide individual assistance to the participants if needed to facilitate expected response to program?
- What types of interventions are used by staff for participant's behavioral issues?

- c. Review Policies and Procedures, activities calendars
- d. Observe lunch being served and staff/participant interactions
 - CACFP meal/snack components
 - Appearance of food and beverages
 - Food handling by staff
 - Offered choices?
 - Quality of dishes, cups, utensils and adaptive equipment
 - Positioning
 - Socialization and supervision during meal
 - Level of prompting/hands on assistance needed
- e. Review participant files
- f. Observe PM scheduled activity and staff/participant interactions
- g. Review staff and volunteer personnel files, job descriptions, payroll/time cards, contracts
- h. Review training records
- i. Review how staff obtain and report participant information regarding care plans
- j. Meet caregivers and others as appropriate
- k. Exit Interview with Program Director and others as appropriate
Review findings: best practices and regulatory compliance

Attachment C New York State Office for the Aging SADS Program Personal Care Worksheet

This worksheet must be used in conjunction with the SADS Program Training and Health Status Worksheet and the Social Adult Day Services Monitoring Tool.

NYSOFA requires social adult day services programs to provide some hands-on personal care in toileting (including care of incontinence), mobility, transfers and eating.

A Program may opt to: 1) provide total assistance with toileting (including care of incontinence), mobility, transfers and eating; and 2) provide some or total assistance with grooming, bathing, changing simple dressings, using supplies, adaptive/assistive equipment and self-administration of medications.

Complete the following chart. Place a check mark to indicate the highest level of personal care provided to the participants.

Activities of Daily Living	No Assistance	Supervision and Verbal Cueing, set-up only	Minimal Physical Assistance	Moderate Physical Assistance	Total Physical Assistance
Toileting					
Continence care					
Mobility-ambulating					
Mobility-wheelchair					
Transfers					
Eating-feeding					
Grooming-hair or shaving					
Bathing/showers					
Nail care					
Changing simple dressings					
Using supplies, adaptive/assistive equipment					
Self-administration of medication					

Attachment D: SADS PROGRAM TRAINING AND HEALTH STATUS WORKSHEET

This worksheet must be completed just prior to completing the Social Adult Day Services Monitoring Tool.

Name of Paid/ Unpaid Staff:					
Title					
Date of Employment					
The following items are required for all paid and unpaid staff upon hire.					
Initial Health Assessment					
Initial PPD skin test					
Orientation to provider, community and program					
Working with Older Adults					
Participant Rights					
Safety/Accident Prevention					
The following items are required for all paid and unpaid staff annually.					
Annual: at least six hours of training to minimally include all items in this section					
Annual: use of fire extinguishers					

Name of Paid/ Unpaid Staff:					
Annual: written emergency procedures, evacuation, situations and telephone numbers					
CPR/AED annually					
The following items are required for all paid and unpaid staff annually.					
Annual Health Assessment. A PPD skin test every two years					
The following items are required for all paid and unpaid staff <u>prior</u> to contact with participants.					
Orientation to personal care skills					
Body Mechanics					
Behavior Management					
The following items are required for all paid and unpaid staff that may have interaction with the participants. 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 NYS Department of Health; or adult day care worker training program by Office for People With Developmental Disabilities. Documentation of equivalent training must be maintained in personnel or training records.					
Socialization skills and activities					
Supervision and monitoring					

Name of Paid/ Unpaid Staff:					
Personal Care Skills, taught by an RN, for required hands on assistance with toileting /care of incontinence					
Personal Care Skills, taught by an RN, for required hands on assistance with transfers and mobility					
Personal Care Skills, taught by an RN, for required hands on assistance with feeding					
Personal Care Skills, taught by an RN, for optional assistance with grooming and bathing					
Personal Care Skills, taught by an RN, for optional assistance with changing simple dressings					
Personal Care Skills, taught by an RN, for optional assistance with using adaptive/assistive equipment					

Name of Paid/ Unpaid Staff:					
Personal Care Skills, taught by an RN, for optional assistance with self-administration of medications					
Family and family relationships					
Mental health and mental illness					
Total of twenty hours within three months of hire					
Other training related to staff responsibilities, program operations and professional development.					
Other:					
Other:					
Other:					
Other:					
Other:					

**NEW YORK STATE OFFICE FOR THE AGING (NYSOFA)
SOCIAL ADULT DAY SERVICES (SADS)
SADS MONITORING TOOL**

Date:

Program:

Agency:

Area Agency on Aging Staff Conducting Monitoring:

This **SADS Monitoring Tool** is designed to determine whether Social Adult Day Services are in compliance with the standards under New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 (referred to as the regulation). In addition to the services required to be provided the regulation includes descriptions of optional services and those items are also included and clearly marked as **OPTIONAL** in the monitoring tool. If a program provides one or more of the optional services, such service is to be evaluated as to whether it complies with the applicable standard.

Use of the Monitoring Tool:

A Monitoring Tool and Worksheets are to be completed annually during the AAA SADS monitoring process and submitted to NYSOFA along with the SADS' Annual Self-Evaluation and if available, a copy of the completed SADC self-certification available at the Office of the Medicaid Inspector General's website. Documents should be sent to SADSMonitoring@aging.ny.gov within 45 days of the on-site monitoring visit. The completed tool and worksheets will indicate if a program has demonstrated compliance with the requirements and will indicate the types of documentation kept on record to ensure compliance. Documentation must be maintained on-site. A SADS Monitoring Guide is available on the AAARIN website.

Program Description

- Sponsor and year established:
- Location:
- Operating schedule:
- Population served:
- Capacity, enrollment and average participants per day:
- Payment and funding sources:
- Date of last monitoring/OMIG self-certification:

I. REQUIRED PROGRAM STANDARDS: SERVICES			
A. <u>ADMISSION AND DISCHARGE</u>			
Criteria	Met Criteria	Documentation	Comments
Participants meet eligibility requirements (functional impairment, presumption of benefit from program and needs can be met and managed by the program).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
An assessment of each individual's functional capacities and impairments has been conducted prior to admission.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program discharges those individuals who can no longer be served safely or adequately by the program are discharged.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program assists, if appropriate, discharged participants in making other arrangements.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

B. SERVICE PLAN

Criteria	Met Criteria	Documentation	Comments
Each participant receives services only in accordance with an individualized written service plan.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Each participant's service plan is developed by program staff in conjunction and/or consultation with the participant and, if applicable, with the participant's authorized representative and/or informal caregivers.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participant service plans are developed no later than 30 days after participant admission to the program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participant service plans are reviewed as necessary, or at least once annually.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participant service plans are based on the assessment conducted and consistent with the needs of the participant.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
To the maximum extent possible, the participant service plan is designed to attain and maintain the physical, mental and psychosocial well-being of the participant including the optimal capacity for independence and self-care.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
To the maximum extent possible, the participant service plan is designed to encourage the participant to use existing capacities, develop new capacities and interests and compensate for existing or developing impairments in capacities.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Individual outcomes for each participant are specified in his or her service plan.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
C. REQUIRED CORE SERVICES: SOCIALIZATION, SUPERVISION AND MONITORING, PERSONAL CARE AND NUTRITION			
1. <u>SOCIALIZATION</u>			
Criteria	Met Criteria	Documentation	Comments
The Program provides planned and structured activities which are designed to utilize the participant's skills to the extent possible; respond to the participant's interests, capabilities and needs; and minimize impairments in capacity to engage in those activities.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program provides social, intellectual, cultural, educational, and physical group activities.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
The Program encourages participant interaction, and seeks to establish, maintain or improve a sense of usefulness, stimulate a desire to use one's physical and mental abilities to the fullest, and promote a sense of self-respect.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
2. SUPERVISION AND MONITORING			
Criteria	Met Criteria	Documentation	Comments
Staff is observant and aware of the participants' whereabouts, activities and current needs during attendance at the program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Staff protects the safety and welfare of participants and provides ongoing encouragement and assistance as necessary.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
3. PERSONAL CARE SERVICES: THE PERSONAL CARE WORKSHEET MUST BE COMPLETED BEFORE COMPLETING THIS SECTION.			
Criteria	Met Criteria	Documentation	Comments
3.1 Required Personal Care Services: The Program provides some assistance for the participant with toileting, mobility, transfer and eating (NYSOFA interprets this as some hands on assistance).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
3.2 Optional Personal Care Services as allowed in the regulation:			
a. The Program provides total assistance to the participants with toileting, mobility, transfer and eating is provided.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
b. The Program provides some or total assistance to the participants with dressing, bathing, grooming, the self-administration of medication, routine skin care, changing simple dressings, or use of supplies and adaptive or assistive equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. <u>NUTRITION</u>			
Criteria	Met Criteria	Documentation	Comments
The Program provides nutritious meals at normal meal times, as well as snacks and liquids at appropriate times during the day.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Meals provided by the Program comply with standards for a nutrition program for the elderly, including the most current USDA Dietary Guidelines and as established by NYSOFA unless meals are brought by the participant or the program participates in the USDA Child and Adult Day Care Food Program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
Meals prepared by participants and/or staff as part of the planned activity of the program, to the extent possible are consistent with standards set forth for a nutrition program for the elderly site.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

D. OPTIONAL SERVICES

1. MAINTENANCE AND ENHANCEMENT OF DAILY LIVING SKILLS

Criteria	Met Criteria	Documentation	Comments
Maintenance and enhancement of daily living skills , including activities which supplement/maintain/enhance the participant's own, and/or training which assists participants to learn or relearn self-care skills. These skills include instrumental activities of daily living (i.e. use of transportation, doing laundry, shopping, cooking, using a telephone and handling personal business and finance); self-care skills (e.g. such skills as grooming, washing, and dental hygiene); use of supplies; use of adaptive and assistive equipment; and other appropriate skills.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

2. TRANSPORTATION

Criteria	Met Criteria	Documentation	Comments
Transportation between the home and the program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

3. CAREGIVER ASSISTANCE

Criteria	Met Criteria	Documentation	Comments
Caregiver Assistance, which if offered shall:			
a. Facilitate caregiver support and understanding of the participant and his or her condition, the service plan, and how to maximize participant skills at home.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
b. Identify sources of assistance and facilitate access to that assistance for the informal caregiver including support groups, respite and other related assistance.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. CASE COORDINATION AND ASSISTANCE

Criteria	Met Criteria	Documentation	Comments
If offered, the following service components are required:			
a. The program shall establish and maintain effective linkages.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
b. The Program shall coordinate services, and make and accept referrals to and from other service providers.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Optional Service Component:			
a. The Program may choose to advise and assist participants and their caregivers in relation to benefits, entitlements, and other information.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

II. REQUIRED PROGRAM STANDARD: ADMINISTRATIVE**A. POLICIES AND PROCEDURES**

Criteria	Met Criteria	Documentation	Comments
Written policies and procedures are established, followed and on file for review covering, but not limited to, the following areas:			
Participant Eligibility	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Admission and Discharge	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
Service/Care Plan	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Staffing Plan, including paid and unpaid staff	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participant's Rights	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Service Delivery including forms or written documentation of service delivery	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Program self-evaluation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Records, including confidentiality	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Emergency Preparedness: emergencies regarding participants, building, weather, and closure procedures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

B. PROGRAM SELF-EVALUATION – Copies of annual reports, participant and caregiver surveys, evaluations, QA activities, or internal audits completed annually.

Criteria	Met Criteria	Documentation	Comments
The program conducts and has on file for review annual self-evaluations of its administrative, fiscal, program operations including feedback from participants and caregivers.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

C. RECORDS

Criteria	Met Criteria	Documentation	Comments
1. The following information is maintained on file by the Program:			
a. Administrative and financial records.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
b. Participant personal records containing identifying emergency and medical information including physician name, diagnosis and medications.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
c. Services records including the individual assessment, the service plan, and documentation of delivery of services.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
2. All information is treated confidentially. The Program does not disclose or release information except as authorized by Federal or State laws and regulations, or pursuant to court order.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Training and Health Status Worksheet must be completed prior to completing Sections D, E and F

D. STAFFING – Good Practice: minimum of a 7:1 participants to staff ratio.

1. GENERAL REQUIREMENTS

Criteria	Met Criteria	Documentation	Comments
The program has an adequate number of qualified staff, which may include unpaid staff, to perform all functions prescribed in the regulation and ensure the health, safety, and welfare of the participants.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
During the program day, there are at least two program staff, one of whom is a paid staff person, with the participants at all times.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

GENERAL REQUIREMENTS - HEALTH ASSESSMENTS

Criteria	Met Criteria	Documentation	Comments
Requires paid and unpaid staff person including the Program Director, who may or will have contact with participants, undergo an annual health assessment, and maintains documentation of each annual assessment in its records.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Requires each new paid and unpaid staff person be assessed to ensure that he or she is free from any health impairment that is a potential risk to others or may interfere with performance of duties and obtains documentation of the assessment prior to such person beginning participant contact.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Requires paid and unpaid staff persons who may have contact with participants be given a PPD (Mantoux) skin test for tuberculosis no less than every two years following his/her pre-employment screening (or more frequently as determined by the New York State Office for Aging.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

2. PERSONNEL**a. DIRECTOR**

Criteria	Met Criteria	Documentation	Comments
The Program has a paid director with appropriate educational qualifications and work experience to ensure that activities and services are provided appropriately.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Director has been granted the authority and responsibility necessary to manage and implement the program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Director manages the Program so that it complies with and conforms to all applicable local, State and Federal laws and regulations.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Director submits Program reports as necessary.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Director is responsible for establishing and following written policies and procedures.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

b. SERVICE STAFF

Criteria	Met Criteria	Documentation	Comments
Service staff are responsible for carrying out the individualized service plan for participants.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

E. UNPAID STAFF			
Criteria	Met Criteria	Documentation	Comments
Unpaid staff are trained in accordance with the types of tasks which they are assigned and those they may perform occasionally.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Unpaid staff who may have or will have contact with the participants meet the same requirements as do service staff under regulation including the health status assessment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
F. TRAINING: PERSONNEL (PAID AND UNPAID)- Agendas, Attendance lists, Curriculum, Handouts, Pre and Post Tests or other Skill Competency Records			
Criteria	Met Criteria	Documentation	Comments
1. The Program provides all paid and unpaid staff with:			
All Staff complete upon hire: orientation to provider, community and program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
All Staff complete upon hire: training on working with older adults.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
All Staff complete upon hire: training on participant rights.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
All Staff complete upon hire: training on safety and accident prevention.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
At least 6 hours of in-service training annually to develop, review or expand skills or knowledge.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training at least annually in the use of fire extinguishers, written procedures concerning evacuation, emergency situations, and emergency telephone numbers.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
2. The Program provides training to staff, paid and unpaid, appropriate to tasks assigned.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
3. Program maintains appropriate documentation of all training provided to staff.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Training Requirements for paid and unpaid Service Staff. Prior to delivering any services, all service staff paid and unpaid must complete basic training, or have equivalent knowledge and skills in the following:			
a. Orientation to personal care skills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
b. Body Mechanics	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
c. Behavior Management	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Criteria	Met Criteria	Documentation	Comments
Additional training is provided to paid and unpaid staff within three months of assignment to provide social adult day services (unless the individual produces proof of having successfully completed an equivalent training described in II.F.5) as follows:			
Training provided by the Program is directed by a registered professional nurse, social worker, home economist, and/or appropriate professional with at least a Bachelor's degree or four years professional experience in an area related to the delivery of human services or education.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training equals 20 hours including group, individual, and/or on-the-job training.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire includes: Socialization skills and activities.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire includes: Supervision and monitoring.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire includes: Personal Care Skills taught by a registered nurse.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire includes:	<input type="checkbox"/> Y		

Family and family relationships.	<input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire include: Mental health and mental illness.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Training within 3 months of hire include: Cardiopulmonary resuscitation/AED.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Program provides periodic on-the-job training as necessary to ensure the safety and competency of its workers.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Equivalent Training for Service Staff			
Criteria	Met Criteria	Documentation	Comments
The following are acceptable equivalents for the training requirements noted under 4. a-c.			
Personal care aide training program approved by NYSDOH.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Home health aide or nurse aide training program approved by NYSDOH.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Adult day care worker training approved by OPWDD to the extent the Program considers such training to be equivalent to the Program's training for staff.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

G. Consultants (Copies of contracts, agreements with creative arts consultants and other professionals; consultants resume and license if required)

Criteria	Met Criteria	Documentation	Comments
OPTIONAL: Program may arrange for qualified consultants to assist in education, staff training, and other appropriate tasks.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

H. Physical Environment and Safety

Criteria	Met Criteria	Documentation	Comments
The facility is large enough to accommodate program activities and services.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
The Program maintains and operates buildings and equipment in a manner which acts to prevent fire and other hazards to personal safety.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program has provided written notification of its presence and hours of operation to local fire department.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

I. Emergency Preparedness

Criteria	Met Criteria	Documentation	Comments
The Program maintains current written procedures for handling emergencies (such as flood, fire, choking and fainting).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Criteria	Met Criteria	Documentation	Comments
There is a file on each participant that is easily located listing identifiable information including physician's name and telephone number and family members' name and telephone numbers, needed in emergencies.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program conducts and documents at least two fire drills a year.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
J. Insurance			
Criteria	Met Criteria	Documentation	Comments
The Program has sufficient insurance coverage, including personal and professional liability.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
K. Participants' Rights			
Criteria	Met Criteria	Documentation	Comments
The Program provides a copy of participants' rights and an explanation of rights to the participants and/or caregivers at the time of admission to the program.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program protects and promotes the following participants rights:			
Participants are treated with dignity and respect.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Criteria	Met Criteria	Documentation	Comments

Participants are not subjected to verbal, sexual, mental, physical or financial abuse, corporal punishment or involuntary work or service.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participants are not subjected to chemical or physical restraint.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participants are not subjected to coercion, discrimination or reprisal.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participants are free to make personal choice in regards to accepting or refusing services and/or activities offered.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Participants' personal information is kept confidential.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
The Program posts participants' rights and contact information on Area Agency on Aging and NYSOFA in a public place clearly visible to participants, families and program staff.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

Attachment F: Participant File Review Worksheet

Active Participant File (6 files) Review: Admission/Discharge, Assessment, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #1</u> initials or identifying number and three questions	<u>Admission/ Discharge</u>	<u>Assessment and Service Plan</u>	<u>Core Service Personal Care</u>	<u>Core Service Socialization</u>	<u>Core Service Supervision/ Monitoring</u>	<u>Core Service Nutrition</u>
P1 Initials or Identifying #: Meets eligibility Criteria- Yes or No Evidence that participant and/or caregiver had input into service plan - Yes or No Evidence that participants' rights were explained and provided to participants and/or caregiver - Yes or No						

Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)

<u>Participant #1</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P1 Initials or Identifying #:				

Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #2</u> initials or identifying number and three questions	<u>Admission/ Discharge</u>	<u>Assessment and Service Plan</u>	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
<p>P2 Initials or Identifying #:</p> <p>Meets eligibility Criteria - Yes or No</p> <p>Evidence that participant and/or caregiver had input into service plan - Yes or No</p> <p>Evidence that participants' rights were explained and provided to participants and/or caregiver - Yes or No</p>						

Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)

<u>Participant #2</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P2 Initials or Identifying #:				

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Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan, and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #3</u> initials or identifying number and three questions	<u>Admission/ Discharge</u>	<u>Assessment and Service Plan</u>	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
P3 Initials or identifying #: Meets eligibility Criteria - Yes or No Evidence that participant and/or caregiver had input into service plan - Yes or No Evidence that participants' rights were explained and provided to participants and/or caregiver - Yes or No						

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Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance Maintenance and Enhancement of Daily Living Skills)

<u>Participant #3</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P3 Initials or Identifying #:				

--	--	--	--	--

Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #4</u> initials or identifying number and three questions	Admission/ Discharge	Assessment and Service Plan	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
<p>P4 Initials or Identifying #:</p> <p>Meets eligibility Criteria - Yes or No</p> <p>Evidence that participant and/or caregiver had input into service plan - Yes or No</p> <p>Evidence that participants' rights were explained and provided to participants and/or caregiver - Yes or No</p>						

--	--	--	--	--	--	--

Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills,)

<u>Participant #4</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P4 Initials or Identifying #:				

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Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #5</u> initials or identifying number and three questions	<u>Admission/ Discharge</u>	<u>Assessment and Service Plan</u>	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
<p>P5 Initials or Identifying #:</p> <p>Meets eligibility Criteria - Yes or No</p> <p>Evidence that participant and/or caregiver had input into service plan - Yes or No</p> <p>Evidence that participants' rights were explained and provided to participants and/or caregiver -</p>						

Yes or No						
-----------	--	--	--	--	--	--

Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)

<u>Participant #5</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P5 Initials or identifying #:				

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Active Participant File (6 files) Review: Admission/Discharge, Assessment and Service Plan and Core Services (Personal Care, Socialization, Supervision/Monitoring, Nutrition)

<u>Participant #6</u> initials or identifying number and three questions	Admission/ Discharge	Assessment and Service Plan	<u>Core Service</u> Personal Care	<u>Core Service</u> Socialization	<u>Core Service</u> Supervision/ Monitoring	<u>Core Service</u> Nutrition
<p>P6 Initials or Identifying #:</p> <p>Meets eligibility Criteria - Yes or No</p> <p>Evidence that participant and/or caregiver had input into service plan - Yes or No</p> <p>Evidence that participants' rights were explained and</p>						

provided to participants and/or caregiver - Yes or No						
---	--	--	--	--	--	--

Active Participant File (6 files) Review:

Optional Services (Transportation, Caregiver Assistance, Case Coordination and Assistance, Maintenance and Enhancement of Daily Living Skills)

<u>Participant #6</u> initials or identifying number	<u>Optional Services</u> Transportation	<u>Optional Services</u> Caregivers Assistance	<u>Optional Services</u> Case Coordination	<u>Optional Services</u> Maintenance and Enhancement of Daily Living Skills
P6 Initials or Identifying #:				

--	--	--	--	--

Discharged Participant File (2 files) Review: Requirements, Documentation

<u>Discharged Participant #1</u> initials or identifying number	Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate	Documentation	Comments
P1 Initials or Identifying #:			

Discharged Participant File (2 files) Review: Requirements, Documentation

<u>Discharged Participant #2</u> initials or identifying number	Requirements: participants no longer eligible are discharged and assistance with discharge was provided, if appropriate	Documentation	Comments
P2 Initials or Identifying #:			

Attachment G

NYSOFA246 (04/14)

COMPASS – Comprehensive Assessment for Aging Network Community-Based Long Term Care Services

INTAKE INFORMATION

A. Person's Name:

B. Address:

C. Phone #: H: _____ C: _____ E-mail: _____

D. Date of Referral:

E. Referral Source (*Specify Name, Agency and Phone*):

F. Presenting Problem/Person's Concern(s):

G. Does the person know that a referral has been made? [] Yes [] No if no why not?

H. Intake Workers Name: _____ E-mail: _____

The client information contained in this assessment instrument is confidential and may be shared with others only as necessary to implement the client's care plan and comply with program requirements, including but not limited to monitoring, research and evaluation.

**NYSOFA 246 (04/14) CO M PASS - Comprehensive Assessment for Aging Network
Community Based Long Term Care Services**

The client information contained in this assessment instrument is confidential and may be shared with others only as necessary to implement the client's care plan and comply with program requirements, including but not limited to monitoring, research and evaluation.

I CLIENT INFORMATION

- A. Person's Name:
B. Address (including zip code):
C. E-mail:
D. Telephone No.:
E. Social Security No.:

F. Marital Status: (Check one)

- ☐ Married ☐ Widowed ☐ Domestic Partner or Significant Other ☐ Divorced
☐ Separated ☐ Single

G. Sex:

What was your sex at birth (on your original birth certificate)?

- ☐ Female ☐ Male

H. Transgender - Gender Identity or Expression?

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person, born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

- ☐ No;
☐ Yes, transgender male to female;
☐ Yes, transgender female to male;
☐ Yes, transgender, do not identify as male or female.
☐ Did not answer.

I. Birth Date (mm/dd/yyyy): _____ Age: _____

J. Race/Ethnicity Check one

- ☐ American Indian/Native Alaskan ☐ Asian ☐ Black, Non-Hispanic
☐ Native Hawaiian/Other Pacific Islander ☐ White (Alone) Hispanic ☐ Other Race
☐ 2 or More Races ☐ White, Not Hispanic ☐ Hispanic

CASE IDENTIFICATION

Client Case

Assessment Date: Assessor Name:

Assessment Agency:

Reason for COMPASS Completion:

- ☐ Initial Assessment
☐ Reassessment

Next Assessment Date: _____

K. Sexual Orientation

Do you think of yourself as: ☐ Heterosexual or Straight ☐ Homosexual or Gay
☐ Lesbian ☐ Bisexual ☐ Not Sure
☐ Did Not Answer ☐ Other

L. Creed: ☐ Christianity ☐ Islam ☐ Hinduism ☐ Buddhism ☐ Judaism ☐ Did Not Answer
☐ Other

M. National Origin: _____

N. Primary Language (Check all that apply)

	English	Spanish	Chinese	Russian	Italian	French\ Haitian Creole	Korean	Other
Speaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O. Client does not speak English as their primary language and has ONLY a limited ability to read, speak, write or understand English. ☐ Yes ☐ No

P. Living-Arrangement:

☐ Alone ☐ With Spouse Only ☐ With Spouse & others
☐ With Relatives (excludes spouse) ☐ With Non-Relative(s), Domestic Partner
☐ Others Not listed

Q. During the last 6 months have you experienced any of the following forms of abuse?

☐ Physical Abuse ☐ Active and Passive Neglect
☐ Sexual Abuse ☐ Self Neglect
☐ Emotional Abuse ☐ Domestic Violence
☐ Financial Exploitation ☐ Other (e.g. Abandonment)

Was this referred to:

☐ Adult Protective Services ☐ AAA
☐ Police Agency ☐ Other _____
☐ Domestic Violence Service Provider ☐ Not Referred

R. Emergency Contact: _____

Primary

Name:

Address:

Relationship:

Home Phone:

Cell Phone:

Secondary

Name:

Address:

Relationship:

Home Phone:

Cell Phone:

- S. a. Is the client frail? ☐ Yes ☐ No
 b. Is the client disabled? ☐ Yes ☐ No

II HOUSING STATUS

A. Type of Housing:

☐ multi-unit housing ☐ single family home ☐ other

B. Person (check): ☐ owns ☐ rents ☐ other Specify

C. Home Safety Checklist: (Check all that apply)

- ☐ Accumulated garbage
- ☐ Bad odors
- ☐ Carbon monoxide detectors not present/not working
- ☐ Doorway widths are inadequate
- ☐ Floors and stairways dirty and cluttered
- ☐ Loose scatter rugs present in one or more rooms
- ☐ No lights in the bathroom or in the hallway
- ☐ No handrails on the stairway
- ☐ No lamp or light switch within easy reach of the bed
- ☐ No locks on doors or not working
- ☐ No grab bar in tub or shower
- ☐ No rubber mats or non-slip decals in the tub or shower
- ☐ Smoke detectors not present/not working
- ☐ Stairs are not lit
- ☐ Stairways are not in good condition
- ☐ Telephone and appliance cords are strung across areas where people walk,
- ☐ Traffic lane from the bedroom to the bathroom is not clear of obstacles
- ☐ Other (specify)

D. Is neighborhood safety an issue? ☐ Yes (If Yes, Describe) ☐ No

Comments:

III HEALTH STATUS

A. Primary Physician: _____
 Clinic/HMO: _____
 Hospital: _____
 Other: _____

B. Indicate date of last visit to primary medical provider: Month _____ Year _____

C. Does the person have a self-declared chronic illness and/or disability? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> diarrhea | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> digestive problems* | <input type="checkbox"/> Pernicious anemia |
| <input type="checkbox"/> anorexia | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> renal disease |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> fractures (recent) | <input type="checkbox"/> respiratory problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> frequent falls | <input type="checkbox"/> shingles |
| <input type="checkbox"/> cellulitis | <input type="checkbox"/> gall bladder disease | <input type="checkbox"/> smelling impairment |
| <input type="checkbox"/> chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> speech problems |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> heart disease | <input type="checkbox"/> stroke |
| <input type="checkbox"/> colitis | <input type="checkbox"/> hiatal hernia | <input type="checkbox"/> swallowing difficulties |
| <input type="checkbox"/> colostomy | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> taste impairment |
| <input type="checkbox"/> congestive heart failure | <input type="checkbox"/> high cholesterol* | <input type="checkbox"/> traumatic brain injury |
| <input type="checkbox"/> constipation | <input type="checkbox"/> hypoglycemia | <input type="checkbox"/> tremors |
| <input type="checkbox"/> decubitus ulcers | <input type="checkbox"/> legally blind | <input type="checkbox"/> ulcer |
| <input type="checkbox"/> dehydration | <input type="checkbox"/> liver disease | <input type="checkbox"/> urinary Tract infection |
| <input type="checkbox"/> dental problems* | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> visual impairment |
| <input type="checkbox"/> developmental disabilities | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> other (Specify) |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> oxygen dependent | _____ |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> paralysis | |

*May indicate need for assessment by nutritionist

D. Does the person have an assistive device? ☐ Yes (If yes, check all that apply) ☐ No

- | | |
|--|---|
| <input type="checkbox"/> Accessible vehicle | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Bed rail | <input type="checkbox"/> Lift chair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Denture: <input type="checkbox"/> Full <input type="checkbox"/> Partial | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Wheelchair\Transportable folding |

E. Does the person need an assistive device? ☐ Yes ☐ No (If yes, specify device)

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F. Does the person and/or caregiver need training on the use of an assistive device?

☐ Yes (If yes, describe training needs) ☐ No

G. Has the person been hospitalized in the last 6 months?

☐ Yes (If yes, describe the reason for the recent hospitalization) Month: Year:

☐ No

H. Has the person been taken to the emergency room within the last 6 months?

☐ Yes (If yes, describe the reason for the most recent ER visit) Month: Year: ☐ No

I. Has a PRI and/or DMS-1 been completed in the past 6 months?

☐ Yes (If Yes, describe the reason for, completion) ☐ No

____DMS-1 Score:

Completed by _____

(Name and Affiliation)

Date completed: Month: _____ Year: _____

____PRI Score:

Completed by: _____

(Name and Affiliation)

Date completed: Month: _____ Year: _____

Comments:

J. Alcohol Screening Test - The CAGE Questionnaire

Check all that apply

Have you ever felt you should cut down on your drinking? ☐

Have people annoyed you by criticizing your drinking? ☐

Have you ever felt bad or guilty about your drinking? ☐

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)? ☐

IV. NUTRITION

A. Person's height _____ Source: _____

B. Person's weight _____ Source: _____

C. Body Mass Index ____ calculated from height and weight as follows: weight in pounds x 703:
Divide this number by height in Inches then divide by height in Inches again. Healthy older adults should have a BMI between 22 and 27. A BMI outside of this range may indicate the need for a referral to a dietitian.)

D. Are the person's refrigerator/freezer and cooking facilities adequate? ☐ Yes ☐ No (if no, describe

E. Is the person able to open containers/cartons and cut up food? ☐ Yes ☐ No if no, describe

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F. Does the person have a physician prescribed modified therapeutic diet?

☐ Yes (If yes, check all that apply)

☐ Texture-Modified ☐ Calorie Controlled Diet ☐ Sodium Restricted

☐ Fat Restricted ☐ High Calorie ☐ Renal

☐ Other {Specify} _____

☐ No (If No, Check all that apply)

☐ Regular ☐ Special Diet (Check all//that apply)

☐ Ethnic/Religious (specify) _____ ☐ Vegetarian

G. Does the person have a physician-diagnosed food allergy? ☐ Yes (If yes, describe) ☐ No

H. Does the person use nutritional supplements?

☐ Yes (If yes specify who described and the supplement) ☐ No

I. Nutritional Risk Status

Check all that apply and circle the corresponding number at right

	Score
<input type="checkbox"/> Has an illness or conditions that made me change the kind and/or amount of food eat.	2
<input type="checkbox"/> Eats fewer than 2 meals per day.	3
<input type="checkbox"/> Eats few fruits or vegetables, or milk products.	2
<input type="checkbox"/> Has 3 or more drinks of beer, liquor, or wine almost every day.	2
<input type="checkbox"/> Has tooth or mouth problems that make it hard for me to eat.	2
<input type="checkbox"/> Does not always have enough money to buy the food I need.	4
<input type="checkbox"/> Eat alone most of the time.	1
<input type="checkbox"/> Take 3 or more different prescribed or over-the-counter drugs a day.	1
<input type="checkbox"/> Without wanting to, I lost or gained 10 or more pounds in the last 6 months.	2
<input type="checkbox"/> Not always physically able to shop, cook, and/or feed myself.	2

NSI Score: _____

A score of 6 or more indicates "High" nutrition risk. 3-5 Indicates "Moderate" nutrition risk, and 2 or less Indicates "Low" nutritional risk.

Conclusion: Based on the NSI score, this person is at check one:

☐ High Risk ☐ Moderate Risk ☐ Low Risk

Comments:

V. PSYCHO-SOCIAL STATUS**A. Psycho-Social Condition**

Does the person appear, demonstrate and/or report any of the following (check all that apply)?

- | | | |
|--|---|---|
| <input type="checkbox"/> alert | <input type="checkbox"/> impaired decision making | <input type="checkbox"/> self-neglect |
| <input type="checkbox"/> cooperative | <input type="checkbox"/> lonely | <input type="checkbox"/> suicidal behavior |
| <input type="checkbox"/> dementia | <input type="checkbox"/> memory deficit | <input type="checkbox"/> worried or anxious |
| <input type="checkbox"/> depressed | <input type="checkbox"/> physical aggression | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> disruptive socially | <input type="checkbox"/> sleeping problems | |
| <input type="checkbox"/> hallucinations | <input type="checkbox"/> suicidal thoughts | |
| <input type="checkbox"/> hoarding | <input type="checkbox"/> verbal disruption | |

B. Evidence of substance abuse problems? ☐ Yes (if yes describe) ☐ No

C. Problem behavior reported? ☐ Yes (if yes describe) ☐ No

D. Diagnosed mental health problems? ☐ Yes (if yes describe) ☐ No

E. History of mental health treatment? ☐ Yes (if yes describe) ☐ No

F. Does it appear that a mental health evaluation is needed?

☐ Yes (If Yes, note Referral Plan In the Care Plan) ☐ No

Comments:

VI. PRESCRIBED**A. MEDICATIONS.**

Name	Dose/Frequency	Reason Taken

B. Primary Pharmacy Name Phone

C. Does the person have any problems taking medications?

D. Adverse reactions/allergies/sensitivities? ☐ Yes, if Yes. Describe ☐ No

E. Cost of medication ☐ Yes, if Yes. Describe ☐ No

F. Obtaining medications ☐ Yes, if Yes. Describe ☐ No

G. Other (Describe)

Comments :

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**VII. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)
STATUS/UNMET NEED**

Activity Status: **1=Totally Able**
(Use for Sec. VII & VIII) **2=Requires intermittent supervision and/or minimal assistance.**
 3=Requires continual help with all or most of this task
 4=Person does not participate; another person performs all aspects of this task.

Activity: What can person do?	Enter Person's Activity Status				Comments: Describe limitations, parts of tasks to be done and responsibilities of informal supports and formal Services.
	Is Need Met*	Activity Status	Informal Supports	Formal Services	
A. Housework/cleaning					
B. Shopping					
C. Laundry					
D. Use transportation					
E. Prepare & cook meals					
F. Handle Personal business/finances					
G. Use Telephone					
H. Self-admin of medications					

*Is Need Met Currently (at time of Assessment)?

ARE CHANGES IN IADL CAPACITY EXPECTED IN THE NEXT 6 MONTHS? ☐ Yes (If Yes, describe) ☐ No

VIII. ACTIVITIES OF DAILY LIVING (ADLs) STATUS/UNMET NEED

Activity: What can person do? Enter Person's Activity Status

Check if assistance is/will be provided by

	Is Need Met*	Activity Status	Informal Supports	Formal Services	Comments Describe limitations, parts of tasks to be done and responsibilities of informal supports and formal services.
A. Bathing 1. Requires no supervision or assistance. May use adaptive equipment. 2. Requires intermittent checking and observing/minimal assistance at times 3. Requires continual help. 4. Person does not participate.					
B. Personal Hygiene 1. Requires no supervision or assistance 2. Requires intermittent supervision and/or minimal assistance. 3. Requires continual help with all or most of personal grooming. 4. Person does not participate; another person performs all aspects of personal hygiene					
C. Dressing 1. Needs no supervision or assistance. 2. Needs intermittent supervision/minimal assistance at times. 3. Requires continual help and/or physical assistance. 4. Person does not participate, is dressed by another, or bed gown is generally worn due to condition of person.					
D. Mobility 1. Walks with no supervision or assistance. May use adaptive equipment. 2. Walks with intermittent supervision. May require human assistance at times. 3. Walks with constant supervision and/or physical assistance. 4. Wheels with no supervision or assistance, except for difficult maneuvers, or is wheeled, chairfast or bedfast. Relies on someone else to move about, if at all.					
E. Transfer 1. Requires no supervision or assistance. May use adaptive equipment. 2. Requires intermittent supervision. May require human assistance at times. 3. Requires constant supervision and/or physical assistance. 4. Requires lifting equipment and at least one person to provide constant supervision and/or physically lift, or cannot and is not taken out of bed.					
F. Toileting 1. Requires no supervision or physical assistance. May require special equipment, such as raised toilet or grab bars. 2. Requires intermittent supervision and/or minimal assistance. 3. Continent of bowel and bladder. Requires constant supervision and/or physical assistance. 4. Incontinent of bowel and/or bladder.					
G. Eating 1. Requires no supervision or assistance. 2. Requires intermittent supervision and/or minimal physical assistance. 3. Requires continual help and/or physical assistance. 4. Person does not manually participate. Totally fed by hand, a tube or parental feeding for primary intake of food,					

*Is Need Met Currently (at time of Assessment)?

ARE CHANGES IN ADL CAPACITY EXPECTED IN THE NEXT 6 MONTHS? ☐ Yes (If Yes, describe) ☐ No

IX. SERVICES CLIENT CURRENTLY IS RECEIVING

A. What formal service(s) does the person currently receive? *(Check all that apply)*

☐ none utilized

Provider Information

☐ adult day health care

☐ assisted transportation

☐ caregiver support

☐ case management

☐ community-based food program

☐ consumer directed in-home services

☐ congregate meals

☐ equipment/supplies

☐ friendly visitor/telephone reassurance

☐ health promotion

☐ health Insurance counseling

☐ home health aide

☐ home delivered meals

☐ hospice

☐ housing assistance

☐ legal services

☐ mental health services

☐ nutrition counseling

☐ occupational therapy

☐ outreach

☐ personal care level 1

☐ personal care level 2

☐ personal emergency response system (PERS)

☐ physical therapy

☐ protective services

☐ respite

☐ respiratory therapy

☐ senior center

☐ senior companions

☐ services for the blind

☐ shopping

☐ skilled nursing

☐ social adult day care

☐ speech therapy

☐ transportation

☐ other (specify)_____

X. INFORMAL SUPPORT STATUS

- A. Does the person have family, friends and/or neighbors who help or could help with care?
☐ Yes ☐ No (If No, skip to question C of this section)

Primary Informal Support

1. Name:

Address:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

Involvement: (Type of help/frequency)

1. a. Does the consumer appear to have a good relationship with this informal support?
☐ Yes ☐ No (Explain)
1. b. Would the consumer accept help, or more help, from this informal support in order to remain at home and/or maintain independence? (Check one)
☐ willing to accept help ☐ unwilling to accept any help
1. c. Are there any factors that might limit this informal support's involvement? (Check all that apply)
☐ job ☐ finances ☐ family ☐ responsibilities ☐ physical burden ☐ transportation
☐ emotional burden ☐ health problems ☐ reliability ☐ living distance
1. d. Would this informal support be considered the caregiver? (Definition of caregiver can be found on page 39 of the instructions.) ☐ Yes ☐ No
1. e. Does the caregiver identify the need for respite? ☐ Yes ☐ No
 If yes, when? ☐ Morning ☐ Afternoon
☐ Evening ☐ Overnight
☐ Weekend ☐ Other
1. f. Which of these services could be provided as respite for the caregiver?
☐ Adult Day Services ☐ Personal Care Level 1 ☐ Personal Care Level 2
☐ In Home Contact & Support (Paid Supervision)
- 1.g. Would the caregiver like to receive information about other caregiver services?
☐ Yes ☐ No

Secondary Informal Support:

2. Name:

Address:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

Involvement: (Type of help/frequency)

2. a. Does the consumer appear to have a good relationship with this informal support? ☐ Yes
☐ No (Explain)

2. b. Would the consumer accept help, or more help, from this informal support in order to remain at home and/or maintain independence? (Check one)

☐ willing to accept help ☐ unwilling to accept any help

2. c. Are there any factors that might limit this informal support's involvement? (Check all that apply)

☐ job ☐ finances ☐ family ☐ responsibilities ☐ physical burden ☐ transportation

☐ emotional burden ☐ health problems ☐ reliability ☐ living distance

2. d. Would this informal support be considered the caregiver? (Definition of caregiver can be found on page 39 of the instructions.) ☐ Yes ☐ No

2. e. Does the caregiver identify the need for respite? ☐ Yes ☐ No

If yes, when? ☐ Morning ☐ Afternoon

☐ Evening ☐ Overnight

☐ Weekend ☐ Other

2. f. Which of these services could be provided as respite for the caregiver?

☐ Adult Day Services ☐ Personal Care Level 1 ☐ Personal Care Level 2

☐ In Home Contact & Support (Paid Supervision)

2.g. Would the caregiver like to receive information about other caregiver services?

☐ Yes ☐ No

B. Can other Informal supports) provide temporary care to relieve the caregiver(s)?

☐ Yes (if yes, describe) ☐ No

C. Does the person have any community, neighborhood or religious affiliations that could provide assistance? ☐ Yes (If Yes, describe who might be available, when they might be available and what they might be willing to do)

Comments:

XI. MONTHLY INCOME

A.

		Monthly Income			
		A. Individual Being Assessed	B. Person's Spouse	C. Other Family/ Household Income	D. Total Family/ Household Income
1.	Social Security (net)				
2.	Supplemental Security Income: (SSI)				
3.	Personal Retirement Income				
4.	Interest				
5.	Dividends				
6.	Salary/Wages				
7.	Other				
	Total:				

B. Number of people in household _____

C. Is client a veteran? _____

D. ☐ Check if person will provide no financial information (Describe)

XII. BENEFITS/ENTITLEMENTS

Benefit Status Code must be noted:	A. Has the benefit/entitlement
	B. Does not have the benefit/entitlement
	C. May be eligible and is willing to pursue benefit/entitlement
	D. Refuses to provide Information

Benefit	Benefit Status Code	Comments
<i>Income Related Benefits</i>		
Social Security		
SSI*		
Railroad retirement		
SSD		
Veteran's Benefits (Specify)		
Other (Specify)		
<i>Entitlements</i>		
Medicaid Number		
Food Stamps (SNAP)		
Public Assistance		
Other (Specify)		
<i>Health Related Benefits</i>		
Medicare Number		
QMB		
SLIMB		
EPIC		
Medicare Part D		
Medigap Insurance/HMO (Specify)		
Long Term Care Insurance (Specify)		
Other Health Insurance (Specify)		
<i>Housing Related Benefits</i>		
SCRIE		
Section 8		
IT214		
Veteran Tax Exemption		
Reverse Mortgage		
Real Property Tax Exemption (STAR)		
HEAP		
Other		

*Persons receiving SSI is categorically eligible for Medicaid and should have a Medicaid card.

XIII. CARE PLAN

Person's Name: _____

Date: _____

Address: _____

Prepared by: _____

Person's Phone: _____

A. Is the person self-directing/able to direct care? ☐ Yes ☐ No *(If No, who will provide direction?)*

B. Problems to be addressed?	Goals	Care Plan Objectives	Proposed Time Frame

C. What are the person's preferences regarding provision of services?

D. Types of services to be provided	How Much? When? Frequency	Start Date	Projected End Date	Provided: Informal/ Formal	Provider

E. Problems to be referred	Referred to:	(Reminders - some possible referrals)
		Hospital, Nursing Home, Adult Home, Health Assessment, Long Term Care Home Health Care Program, Personal Care Program, Mental Health Assessment, Housing Assessment, Certified Home Health Agency, Licensed Home Care Services Agency, Protective Services for Adults, Other

F. Information/special Instructions that have direct bearing on Implementation of the care plan:

G. Has person been placed on waiting list for any service need? [] Yes (If Yes List) [] No

Service

Provider

Date Placed on List

H. Plan has been discussed and accepted by client and/or Informal supports? [] Yes [] No (If No, explain)

I. Plan approved by: _____ Date: / / Phone: _____

Signature and Title

SERVICE/CARE PLAN TERMINATION

A. What is being terminated? Services(s) Care Plan
If Service, Specify which one(s)

B. Termination Date:

C. Reason for termination: (Check all that apply)

☐ None (Reason Unknown)

☐ Goal Met: (Specify) _____

☐ Client Request

☐ Client Moved

☐ Hospitalization

☐ Nursing Facility

☐ Assisting Living

☐ Death

☐ Other: (specify) _____

D. Service of Care Plan Related Client Outcome(s) Statements: _____

E. Terminated by: _____

Signature

Title

Date:

Work Phone:

Cell Phone:

E-mail

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SADS Service PlanParticipant
Schedule

Age

Current Date
Date of Enrollment

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS

GOALS

Expected Outcome	Outcome Criteria	TD	DA

TD: Target Date

DA: Date Achieved

SOCIALIZATION

Activity	Level of Engagement

Capacity for Self-esteem (*Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect*):

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION

ADLs	Level of Care
<ul style="list-style-type: none"> • Mobility • Transfers • Toileting • Continence • Eating • Self administration of medication • Supervision and Monitoring 	<ul style="list-style-type: none"> • • • • • • •

Capacity for independence and self care (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity*):

Participant/Caregiver signature:

Date:

Program staff signature:

Date:

SADS Service Plan

Participant **Mary Jones**
Schedule **M,W,F w/transportation**

Age **80**

Current Date **6/2/11**
Date of Enrollment **5/10/11**

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS

Mary has arthritis, high blood pressure and a history of falls. She has a regular diet, is allergic to strawberries and wears dentures. She wears glasses; hearing appears within normal limits and complains of being cold. Medication is taken at home for high blood pressure and Mary carries Tylenol with her for pain.

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS

Mary is generally alert and pleasant with occasional forgetfulness. She lives alone, her daughter is her primary caregiver, and many family members are involved. She raised 5 children and volunteered at her Catholic church. Mary can identify her needs and verbalize them to staff.

GOALS

Expected Outcome	Outcome Criteria	TD	DA
Using her walker safely	Mary will be active in the Walkers Group	9/11	
Pain free	Mary will take her Tylenol as needed	9/11	

TD: Target Date

DA: Date Achieved

SOCIALIZATION

Activity	Level of Engagement
Walkers group	Active
Devotions	Active
Bakers club	Active

Capacity for Self-esteem (*Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect*):

Mary used to organize monthly church suppers. She will be asked to contribute a favorite recipe for the Bakers club and lead the group in preparing it.

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION

ADLs	Level of Care
<ul style="list-style-type: none">• Mobility: uses (new) walker• Transfers: uses walker for standing/sitting• Toileting: requires help with clothing• Continence: wears pads• Eating:• Self administration of medication• Supervision and Monitoring	<ul style="list-style-type: none">• Physical cues• Physical cues• Minimal Assist• Monitoring/toileting schedule• Independent, NO STRAWBERRIES• Prompt if she appears to be in pain• Verbal cues/encouragement

Capacity for independence and self care (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity*):

Mary has just been told she needs to use her walker at all times due to recent falls at home. She can be unsteady, is uncomfortable using the walker, and is afraid of falling. Mary will be able to practice using the walker and feel safe in the program area.

Participant/Caregiver signature: _____




















Date: _____

Program staff signature: _____ Date: _____

October

Mon	Tue	Wed	Thu	Fri
			<div>1</div> Theme-National Newspaper Day 10:00-Meet and Greet 10:30-Headline Bingo 11:00-Bean Bag Toss 11:30-Current Events Discussion 12:00-Exercise 12:30-South Pacific Film 1:00-Lunch 1:30-Golf 2:00-Name that Magazine Hangman 2:30-Sing Along	<div>2</div> Program Closed
<div>5</div> Theme-Apple Betty Day 10:00-Meet and Greet 10:30-Pokeno 11:00-Dice 11:30-Current Events Discussion 12:00-Exercise 12:30-Johnny Carson 1:00-Lunch 1:30-Pet Therapy 2:00-Make apple pie 2:30-Fruit Trivia	<div>6</div> Theme-National German American Day 10:00-Meet and Greet 10:30-Civil War Bingo 11:00-Balloon Volleyball 11:30-Current Events Discussion 12:00-Exercise 12:30-Gone with the wind 1:00-Lunch 1:30-Movement with instruments 2:00-Relaxation Therapy 2:30-Music	<div>7</div> Theme- Beauty Day 10:00-Meet and Greet 10:30-New York City Bingo 11:00-Water Color Painting 11:30-Current Events discussion 12:00-Exercise 12:30-Paris Holiday 1:00-Lunch 1:30-Hangman with beauty products names 2:00-Art Therapy 2:30-Aromatherapy	<div>8</div> Theme-Abbott and Costello Day 10:00-Meet and Greet 10:30-Baseball Bingo 11:00-Joke time 11:30-Current Events discussion 12:00-Exercise 12:30-Abbott and Costello film 1:00-Lunch 1:30- Bird Feeders 2:00-Parachute 2:30-Sing Along	<div>9</div> Theme-Columbus Day 10:00-Meet and Greet 10:30-US Bingo 11:00-Nursey School Sing Along 11:30-Current Events Discussion 12:00-Exercise 12:30-Music Therapy 1:00-Lunch 1:30- Cards 2:00-Trivia Plus 2:30-Dancing
12	13	14	15	16

Columbus Day- Program Closed	Theme-Navy's Birthday 10:00-Meet and Greet 10:30-Army/Navy Bingo 11:00-Golf 11:30-Current Events Discussion 12:00-Exercise 12:30-Bob Hope Visits the Troops 1:00-Lunch 1:30-Movement 2:00- Crossword Puzzle 2:30- History Trivia	Theme-Humor Day 10:00-Meet and Greet 10:30-Comedian Bingo 11:00-Laugh Along 11:30-Current Events Discussion 12:00-Exercise 12:30- Honeymooners 1:00-Lunch 1:30-Trivia Plus 2:00-Art Therapy 2:30-Dancing	Theme-World Wildlife Day 10:00-Meet and Greet 10:30-Animal Bingo 11:00-Balloon Volleyball 11:30-Current Events Discussion 12:00-Exercise 12:30-Born Free Movie 1:00-Lunch 1:30-Cooking: Ants on A Log 2:00-Crossword Puzzle 2:30-Singing	Theme-Dictionary Day 10:00-Meet and Greet 10:30-Bingo 11:00- Nursery School Sing Along 11:30-Current Events Discussion 12:00-Exercise 12:30-Music Therapy Group 1:00-Lunch 1:30- Trivia Plus 2:00- Hangman 2:30-Movement
Theme Joke Day 10:00-Meet and Greet 10:30-Movie Bingo 11:00-Ball Toss 11:30-Current Events Discussion 12:00-Exercise 12:30-I Love Lucy 1:00-Lunch 1:30-Pet Therapy 2:00-Joke Time 2:30-Dance	Theme-Fruit Day 10:00-Meet and Greet 10:30-Fruit Bingo 11:00-Styrofoam Apple Toss 11:30-Current Events Discussion 12:00-Exercise 12:30-Golden girls 1:00-Lunch 1:30-Fruit pie cooking 2:00-Hangman with fruits 2:30-Sing Along	Theme-Australia Day 10:00-Meet and Greet 10:30-Australia Bingo 11:00-Boomerang toss 11:30-Current Events Discussion 12:00-Exercise 12:30-Australia-Movie 1:00-Lunch 1:30-Crossword 2:00-Art Therapy 2:30-Trivia	Theme-Remember the Alamo 10:00-Meet and Greet 10:30-Frontier Bingo 11:00-Ballon Lasso 11:30-Current Events Discussion 12:00-Exercise 12:30-Gene Autry Film 1:00-Lunch 1:30-Line Dancing in our seats 2:00- Hangman with Gene Autry 2:30-Coutry Sing Along	Theme-TV Talk show host 10:00-Meet and Greet 10:30-TV show Bingo 11:00- Nursery School Sing Along 11:30-Current Events Discussion 12:00-Exercise 12:30-Music Therapy Group 1:00-Lunch 1:30-Cards 2:00- Crossword puzzle 2:30-Karoke
Theme-Anniversary of the Washing Machine 10:00-Meet and Greet 10:30-Song Bingo 11:00-Clothes pin toss 11:30-Current Events Discussion 12:00-Exercise 12:30-Comedy Classics 1:00-Lunch 1:30-Pet Therapy 2:00-Hangman 2:30-Karoke	Theme-Make a difference day 10:00-Meet and Greet 10:30-Presidentail Bingo 11:00-Poetry readings 11:30-Current events discussion 12:00-Exercise 12:30-Wizard of Oz 1:00-Lunch 1:30-Movement Therapy 2:00-Name that Musician 2:30-Musical instruments	Theme-1st Ticker Tape Parade 10:00-Meet and Greet 10:30-Stock market bingo 11:00-Ball toss 11:30-Current events Discussion 12:00-Exercise 12:30- Wall Street 1:00-Lunch 1:30-Art Therapy 2:00-Parachute 2:30-Music Trivia	Theme Underground Day 10:00-Meet and Greet 10:30-Subway bingo 11:00-Dice 11:30-Current Events Discussion 12:00-Exercise 12:30-On the Town 1:00-Lunch 1:30-Trivia Plus 2:00-Cards 2:30-Dancing	Theme Superstitions 10:00-Meet and Greet 10:30-Pokeno 11:00- Nursery School Sing Along 11:30-Current Events Discussion 12:00-Exercise 12:30-Music Therapy Group 1:00-Lunch 1:30-Golf 2:00- Crossword puzzle 2:30-Sing Along

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:30 – News Cast 2 10:00 – Aerobics with Janice 10:30 – Volleyball 1:00 – Scavenger Hunt 2:00 – Green Eggs & Ham 3:00 – Karaoke 	9:30 – The Paper 3 10:00 – Get Movin' with Dee 10:30 – Focus on Health/ Table Games/Cards 1:00 – IG:NTICE – Sing- along with Jan  3:00 – Buzz Word	9:00 – News Day 4 10:00 – Getting Fit with Mary 10:30 – Shamrock Pots w/Rose Table Games/Cards 1:00 – Bible Study w/Betty Cards and Games 3:00 – Destination Vacation	9:30 – The News 5 10:00 – Worship & Craft w/Pastor Neil 1:00 – Bowling for \$\$\$ 3:00 – Opportunities 	9:30 – Newspaper 6 10:00 – Exercise with Rose 10:30 – Focus on Health Craft w/Janice 1:00 – Volleyball 3:00 – Sing-along HAIRDRESSER IN
9:30 – News Cast 9 10:00 – Flex & Stretch w/Jan 10:30 – Scrapbooking w/Bridget/ Bingo/Cards 1:00 – Sing-along w/Jan 3:00 – Word Search 	9:30 – Sunrise Edition 10 10:00 – Crunches w/Dee 10:30 – B.O. Bingo 1:00 – IG:NTICE- Trivia Challenge 3:00 – Memory Lane 	9:30 – The Paper 11 10:00 – Fitness with Mary/ Client Council 10:30– Good News Minstrels 1:00– Tea Time w/Rose/ Clients' Choice  3:00– Trivia	9:00 – News Reel 12 9:30– Getting Fit w/Bridget 10:00 – Men's Clubhouse with Ray Krantz 10:30 – Cooking with Janice/ Cards & Games 1:00 – Gentle Touch/ Scavenger Hunt 3:00 – Old Wive's Tales	9:30 – Newspaper 13 10:00 – Dancercise w/Rose 10:30 – Abundant Life 1:00 – The Bargemen 3:00 – Kickball  
9:30 – The News 16 10:00 – Steppin' w/Janice 10:30 – IG: St. Patty's Craft with Shining Stars 1:00 – Card Club/Volleyball 3:00 – Memory Lane 	9:30 – Blarney News 17 10:00 – Shake your Shamrocks 10:30 – Irish Potato Dessert with Bridget/Games 1:00 – IG:NTICE/Sing-along with Jan 3:00 – Irish Word Search St. Patrick's Day 	9:30 – Newspaper Express 18 10:00 – In the Move w/Mary/ 10:30 – Darts/Ball Pitch/Cards/ Gentle Touch w/Rose 1:00 – Sowing Seeds with Carol Ann Harlos  3:00 – Hangman	9:30 – In the News 19 10:00– Crunches w/Bridget 10:30– Focus on Health/ Fun & Games 1:00 – Bingo/Cards/Games 3:00 – Buzz Word 	9:30 – What's News 20 10:00 – Exercise with Rose 10:30 – Jello Cake w/Mary B.O. Bingo 1:00 – Gospel Hour 3:00–Destination Vacation SPRING BEGINS  HAIRDRESSER IN
9:30 – The News 23 10:00 – Ball Toss w/Janice 10:30 – Labor of Love with Paul Chudy 1:00 – Sing-along with Jan  3:00 – Password	9:30 – Sunrise Edition 24 10:00 – On the Move with Dee 10:30– Origami w/ Wayne Tahara 1:00 – Shuffleboard 2:00 – Monthly B-day Party! 3:00 – Buzzword 	9:30 – News & Views 25 10:00 – Step it Up w/Mary 10:30– Pistachio Dessert w/Rose Cards and Games 1:00– Bible Study w/Betty/ Table Games  3:00 – Family Feud	9:00 – News Review 26 9:30 – Movin' with Rose 10:00 – Men's Clubhouse with Ray Krantz 10:30 – Bingo 1:00 – Volleyball 3:00 – Let's Make a Deal	9:30 – Good News 27 10:00 – Exercise w/Rose/ 10:30 – Drumming Therapy with Carolyn 1:00 – Karaoke/Cards 2:00 –Something on a Stick Day 3:00 – Kickball 
	9:30 – Good News 31 10:00 – Holy Communion 10:30 – Craft w/Mary/Bingo 1:15 – Dennis Dennehy  3:00 – Word Search	 FAMILY SUPPORT GROUP INFORMATION ON REVERSE SIDE	BIRTHSTONE: Aquamarine FLOWER: Daffodil COLOR: White ***** NTICE-N.T. Individualized Community Education	9:00 – Breakfast 12:00 – Lunch 2:00 – Snack ***** IG = Intergenerational

Background:

The Nutrition Program for the Elderly (NPE) was established as a federal program through the Older Americans Act in 1972. The purposes of the program are:

- (1) to reduce hunger and food insecurity;
- (2) to promote socialization of older individuals; and
- (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

NYSOFA provides programs and services statewide, including nutrition services, through its network of 59 area agencies on aging. The program provides nutritious meals to eligible participants in community-based group dining (congregate) and through home delivery. Approximately 24 million meals are provided annually from about 1000 meal sites and preparation kitchens. In most cases, eligible participants must be 60 years old or older. There is no income or means-test for the program and participants are given an opportunity to make a suggested voluntary contribution. About half of all area agencies on aging have contracts to provide meals to eligible clients of the Long-Term Home Health Care Program (LTHHCP).

NYSOFA Regulations: NYSCRR Title 9; Subtitle Y; Part 6654 Services; Sect 6654.20 Social Adult Day Care Programs; (d) Program standards; (1) Services standards; (iv) Services; (a) Required services; (4) Nutrition :

- (i) Nutrition means providing nutritious meals for participants who are attending the program at normal meal times and includes offering snacks and liquids for all participants at appropriate times.
- (ii) Meals shall be consistent with standards set forth in this Part for a nutrition program for the elderly site and as established by the Office, unless
 - (A) participant meals are brought by the participant or
 - (B) the program participates in the USDA Child and Adult Care Food Program.
- (iii) If meals are prepared by participants and/or staff as part of a planned activity of the program, such meals to the extent possible shall be consistent with standards set forth in this Part for a nutrition program for the elderly site and as established by the Office.

What is this?

(ii) Meals shall be consistent with standards set forth in this Part for a nutrition program for the elderly site and as established by the Office

This portion initially refers to 6654.10 and 6654.11 of NYSOFA regulations, as amended in 1999. Section 6654.10 describes requirements of area agencies on aging concerning the nutrition program supported by federal, state and local funding. Section 6654.11 describes requirements of nutrition program providers concerning the nutrition program. NYSOFA regulations for the nutrition program are based on and must comply with federal requirements specified in the Older

Americans Act of 1965 as amended in 2006: Title III-C and its sub-parts. In addition, nutrition programs must comply with NYSOFA program standards (90-PI-26).

What are the requirements?

- Must meet established federal requirements (OAA Title III-C Sub-Part 3, Section 339)

(1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and

(2) ensure that the project—

(A) provides meals that—

(i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and

(ii) provide to each participating older individual—

(I) a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,

(II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and

(III) 100 percent of the allowances if the project provides three meals per day, and

(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,

(B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,

(C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,

(F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,

(G) ensures that meal providers solicit the advice and expertise of—

(i) a dietitian or other individual described in paragraph (1),

(ii) meal participants, and

(iii) other individuals knowledgeable with regard to the needs of older individuals,

-Must meet State regulations and Program Standards as issued by NYSOFA

NYSCRR Title 9; Subtitle Y; Part 6654 Services:

Section 6654.10 (e), (g), (h), (i), (j), (k), (l) and Section 6654.11 (c), (d), and (e)

90-PI-26 Nutrition Program Standards

I. Program management

G. Staffing Requirements

4. Registered or registration eligible dietitian is used for an adequate amount of time to perform nutrition related responsibilities
5. An individual knowledgeable in food handling, production and service supervises and trains food production staff
6. Each provider has a sufficient number of trained food production staff to meet service needs

I. Program Management

H. Record Retention

1. Each nutrition service provider will keep the following records for one year after the ending date of the program period:
 - a. Food temperatures
 - c. Health Department inspection reports
 - g. Menus as served and nutrient analysis
 - h. Food cost and inventory records and production sheets
 - j. Physician diet prescriptions

III. Meal Service and Delivery

D. Meal Service

1. Efforts are made to conserve the nutritive value, flavor and appearance of foods at all stages of food preparation, delivery and service with particular attention made to minimize the holding time of hot foods. There shall be no more than two hours between the time of completion of cooking and the beginning of serving for foods which need to be held at a temperature above 140 degrees F.
2. Foods are portioned for service as indicated on approved menus.
3. Meals served are palatable, attractive, and satisfying based on participant comments and appropriate staff evaluations.
4. There are written procedures for the provision of appropriate food containers and utensils for the visually impaired and disabled.
8. Menus are prominently displayed at each site and food preparation area.
9. There is a written policy concerning the allowance of or prohibition against participants taking part or all of their meal home for later use. Participants and staff must be advised of the policy and aware of food safety issues and participant responsibility for any resulting food borne illness.

IV. Menu and Nutrient Requirements

A. Menu Planning

1. Participants' comments on meals are routinely solicited and are considered when planning menus.
2. Menus are planned based on a four to six week cycle.
3. Menus are planned based on recommendations contained in the current dietary guidelines
4. Menu items are evaluated to ensure their suitability to program operations.

B. Nutrient Content

1. Menus are certified by a registered dietitian that the meal(s) provide one third or two thirds of the dietary reference intakes (DRI).
 - a. A nutrient analysis is available for all meals provided to participants.
 - b. Two meals served to the same individual for same day consumption have a combined nutrient value that provides two thirds of the DRI as confirmed by nutrient analysis.
2. Any deviation from the planned menu is noted and approved by a registered dietitian, project director or other designated person (s).
3. Vitamin and mineral supplements are not purchased with program funds.
4. Nutrition supplements (canned formulas, powdered mixes, food bars, etc.) may be made available to participants based on documented, assessed need as determined by a registered dietitian. Such products cannot replace conventional meals unless a physical disability warrants their sole use.

C. Therapeutic/Religious/Ethnic Diets

1. The nutrition services provider provides menus where feasible and appropriate to meet the particular dietary needs and preferences arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.
 - a. The provision of therapeutic diets or modifications is consistent with NYSOFA guidelines and are approved by a registered dietitian.
 - b. Participants and their physicians are aware of the type of menu modifications that are available.
 - c. Participants receive a therapeutic diet only if prescribed by a physician. These prescriptions are on file and are updated annually.

V. Fire, Building, Health Code Compliance and Safety Procedures

A. Facility Compliance

4. All sites and food preparation facilities are inspected annually by the local Health Department. Inspection reports and follow-up documentation on compliance issues are on file.
5. All facilities are in compliance with the State Sanitary Code and display operation permits.
 - a. All facilities are clean and provide adequate lighting, heat and ventilation.
 - b. Windows and doors in kitchens and dining rooms are equipped with screens where necessary.
 - c. Extermination services are provided as needed by an exterminator or provider staff certified by the NYS Department of Environmental conservation as a pest control operator.

B. Food Service Practices Compliance

1. Food service practices comply with all applicable federal, Part 14 State Sanitary Code and local health and sanitation regulations.
2. Potentially hazardous foods are held, delivered and served at temperatures above 140 degrees F. or below 45 degrees F.
3. Temperatures of potentially hazardous foods that are transported shall be routinely taken and recorded as follows:

- a. Bulk food temperatures will be taken prior to delivery and at serving time on a daily basis.
4. Food delivery methods, equipment and service are appropriate to prevent contamination.
5. Foods served cafeteria style in an area unprotected by sneeze guards are not saved for reservice at a later date.
6. The preparation and storage of frozen meals are consistent with DOH guidelines.
7. Outbreaks of suspected food-borne illness are reported to the local Health Department immediately.

VII. Food Service Operations

A. Purchasing/Cost

1. Food, equipment and supply specifications meet commercial standards for quality, sanitation and safety.
2. Food is obtained from approved sources that comply with all laws related to food and food labeling.

B. Inventory/Equipment Maintenance

1. Food and supply storage space are adequate and comply with Part 14 of the State Sanitary Code.

C. Food Production

1. The availability and layout of food production equipment, storage and service areas promote safety and efficiency.
2. Each provider has a sufficient number of food production staff to meet service needs.
3. Procedures are in place to forecast the number of meals to be prepared and/or served daily, e.g., reservation system.
4. Standardized recipes are used for food production.
5. Food items on production and on-site menus are clearly identified and portion sizes are indicated as needed.
6. Portion control is maintained during food preparation and service to be consistent with menu and service requirements.
7. Food production for next day service and leftovers are handled in accordance with the NYSOFA Food Service Policy and Procedure Manual (1990).

Resources:

2010 Dietary Guidelines for Americans

<http://www.cnpp.usda.gov/dgas2010-policydocument.htm>

Dietary Reference Intakes:

http://nutritionandaging.fiu.edu/DRI_and_DGs/DRI_Table%204_%20pages.pdf

Best practices:

- Create contract with area agency on aging for the provision of meals to social adult day care programs (most direct way to comply with the regulations governing meals);
- Consider co-locating a social adult day care program at an existing community dining site;

Contact information: Director of the area agency on aging covering the geographic area of the social adult day care program. They are able to discuss contract and/or co-location possibilities.

General Information on CACFP

About the program:

<http://www.health.ny.gov/prevention/nutrition/cacfp/aboutcacfp.htm>

Program Description/ contact information:

<http://www.health.ny.gov/prevention/nutrition/cacfp/overview.htm>

Reimbursement Rates:

<http://www.health.ny.gov/prevention/nutrition/cacfp/reimbrates.htm>

New York State Office for the Aging

Adequate Staffing in Social Adult Day Services (SADS)

Standards set forth in New York State Office for the Aging Social Adult Day Care regulation NYCRR Title 9 Subtitle Y Chapter II Section 6654.20 requires a program to, at a minimum, have two staff present during program hours when participant(s) are present, one of which must be a paid staff. If non-paid staff are used to fill this requirement they must meet the health assessment and training requirements of service staff.

The program shall have an adequate number of qualified staff, which may include non-paid staff, to perform all of the functions prescribed in the regulation and to ensure the health, safety, and welfare of participants. Many factors should be taken into consideration when determining "an adequate number of qualified staff". Some of these factors are as follows:

- **Program design:** This would include criteria as stated in the policy and procedures (required) for participant eligibility, and admission and discharge. Specifically, identifying the needs of the participants for personal care (toileting, mobility, transfers and eating), nutrition, supervision and monitoring, and socialization. The levels of care of the participants and the attendance of participants per day that require higher levels of care should be reflected in the staffing plan policy and procedure (required).
- **Program hours:** Staffing plan (required) should reflect the hours of operation and the average participants in attendance during the various hours of operation and the staff duties at various times of the day. Even if there is only one participant present early in the morning or later in the day the program must have two staff present.
- **Environmental design:** The ability to provide secure, safe program space that is dementia capable and promotes independence for physically impaired adults. (i.e. having a security system that prevents wandering out of the program area).
- **Program evaluation (required):** Regular review of participant incidents such as falls, wandering out of program space, incontinence and behavioral outbursts. Review of staff training records. Feedback from participants and caregivers (required) as well as from staff regarding program satisfaction should be considered. Review of job descriptions and time studies can be used to evaluate staffing needs. Conducting quality assurance/internal controls to ensure that the program is meeting the state requirements.

Staff to participant ratios of 1:7 is generally recognized as being adequate for SADS programs serving the physically frail. In dementia specific programs the ratio may be 1:5.

Attachment L

New York State Office for the Aging

Equal Access Requirements

GENERAL REQUIREMENTS

Title VI of the Civil Rights Act of 1964 (CRA Title VI) mandates that entities receiving federal financial assistance (includes all subcontractors) may **not**, based on race, color, or national origin exclude any person from participation in; deny the benefits of; or subject any person to discrimination, under any program or activity receiving federal financial assistance. Under the CRA Title VI precept regarding national origin, "...failure to ensure that limited English proficiency (LEP) persons can effectively participate in or benefit from federally assisted programs and activities may violate the prohibition ...against national origin discrimination."

Federal Executive Order 13166 requires entities that receive federal funds to: examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so persons with LEP can have meaningful access (see Section VI. below).

Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act (ADA) prohibit covered entities from discriminating against persons with disabilities in the provision of benefits or services or the conduct of programs or activities.

- Section 504 applies to programs or activities that receive federal financial assistance, directly or as subcontractors.
- Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.).
- Title III covers private entities, including nonprofits that are considered places of public accommodation, which would include, but are not limited to, health related offices and senior centers (including social adult day services centers).

What is the relationship between Section 504 and the Americans with Disabilities Act (ADA)?

- Section 504 of the Rehabilitation Act of 1973 requires Federal agencies, and organizations receiving Federal financial assistance, to provide meaningful access to their programs and activities to persons with disabilities.
- The Rehabilitation Act is sometimes confused with the Americans with Disabilities Act (ADA), which was passed in 1990. While there are many parallels between the Rehabilitation Act and the ADA, there are some fundamental differences. Both laws are designed to prohibit discrimination against individuals with disabilities. Both share many of the same

definitions and provisions. However, where the Rehabilitation Act pertains to Federal agencies and entities receiving Federal funding, the ADA applies to State and local governments, public accommodations, commercial facilities, transportation, telecommunications, and the U.S. Congress.

Generally, to comply with these laws, those receiving federal funding must:

- Provide services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- Make reasonable modifications in their policies, practices and procedures to avoid discrimination on the basis of disability, unless they can demonstrate that a modification would fundamentally alter the nature of their service, program or activity.
- Ensure that their programs, activities and services are accessible to and readily usable by individuals with disabilities.
- Provide auxiliary aids at no additional cost to individuals with disabilities, where necessary, to ensure effective communication with individuals with hearing, vision or speech impairments. Auxiliary aids include, but are not limited to, services or devices such as: qualified interpreters on-site or through video remote interpreting (VRI) services, note takers, assistive listening devices, television captioning and decoders, telecommunication products and systems, qualified readers, taped texts, Brailled materials, and large print materials.

The New York State Human Rights Law (HRL), §290 through §301 of the Executive Law of NYS prohibits discrimination on the basis of the following characteristics: Race, Color, Creed, National Origin, Sex, Age, Disability, Sexual Orientation, Marital Status, Familial Status, Military Status, Domestic Violence Victim Status, Arrest or Conviction Record, and Predisposing Genetic Characteristics.

Localities may have Human Rights legislation that also affects AAAs and their subcontractors. NYS Aging Network providers should ensure that they are familiar and comply with county and city laws and regulations in this regard, e.g., Albany, New York City, Suffolk, and Westchester Counties all have local Human Rights laws (not an all-inclusive list, examples only).

RESOURCES FOR TECHNICAL ASSISTANCE

Based on U.S. Department of Health & Human Services, Policy And Procedures For Communication With Persons With Limited English Proficiency:

A. US DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. **Federal Agency LEP Guidance for Recipients: Department of Health and Human Services (HHS)- LEP Policy Guidance for HHS Recipients** - August 8, 2003

2. **HHS Office of Minority Health**

- a. **Cultural Competency:**
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlD=3>
- b. [Health Related Information on Minority Populations](#)

B. UNITED STATES ADMINISTRATION ON COMMUNITY LIVING (ACL) RESOURCES

1. **Diversity Toolkit:** consists of a four-step process and a questionnaire that assists the Aging Services Network and its partners with every stage of program planning, implementation, and delivery of diverse population services

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

2. **Civil Rights and Equal Access:** includes information on Civil Rights, Limited English Proficiency, Citizenship/Alien Status

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/civil_rights.aspx#civil

3. **ACL Unofficial Compilation of Older Americans Act**, as amended in 2006

http://www.aoa.gov/aoaroot/aoa_programs/aaa/aaa_full.asp

- C. STANFORD SCHOOL OF MEDICINE: STANFORD GERIATRIC EDUCATION CENTER: Curriculum in Ethnogeriatrics (free, online):** provides basic concepts in culturally competent care and information designed to increase providers' awareness of specific cultural, racial, ethnic, and tribal influences on health related cultural traditions, beliefs and values

- D. AMERICANS WITH DISABILITIES ACT (ADA) TITLE II AND III REQUIREMENTS**

1. Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.
2. Title III covers private entities, including nonprofits that are considered places of public accommodation that would include, but are not limited to, health related offices and senior centers (including social adult day services centers).

E. SECTION 504 OF THE REHABILITATION ACT OF 1973, 45 CFR PART 85

Section 504 prohibits discrimination in service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance

<http://www.hhs.gov/ocr/civilrights/resources/factsheets/504ada.pdf>

ATTACHMENT M

SAMPLE SADS DAILY PARTICIPANT RECORD

Participant _____
 Month _____ Year _____

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION	
ADLs	Level of Care
• Mobility	•
• Transfers	•
• Toileting	•
• Continence	•
• Eating	•
• Self-administration of medication	•
• Supervision and Monitoring	•

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A. Physical Activities	KEY Active: A, Passive: P																														
Exercise/Tai Chi/Yoga																															
Walking/ Sports/Wii																															
Dance/Movement																															
Painting/Arts and Crafts																															
Cooking/Baking																															
Gardening																															
Other:																															
B. Intellectual/Cognitive	KEY Active: A, Passive: P																														
Bingo/Mathematics																															
Language/Memory																															
Reminiscence																															
Cards/Table Games																															
Computer/Tablet/Digital																															
Other:																															
C. Educational	KEY Active: A, Passive: P																														
Wellness Programs																															
Chronic Disease Self-Management																															

Participant _____
Month _____ **Year** _____

[illegible]

Month _____ **Year** _____

[illegible]

Participant _____
Month _____ **Year** _____

Mobility/Transfer Assistance																															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
H. Psycho-Social	Key Yes: Y, No: N																														
Orientation																															
Time																															
Place																															
Person																															
Alert/Pleasant/Clear																															
Alert/Pleasant/Confused																															
Withdrawn/Flat Affect																															
Depressed/Isolates Self																															
Expresses Frustration																															
Agitated Behavior																															
Aggressive Behavior																															
Wandering																															
Communicates Needs																															
Other:																															
I. Nutrition	Key % of intake 100%, 75%, 50%, 25%, 0%																														
Breakfast																															
Lunch																															
PM Snack																															
Fluids																															
Fluids																															
J. Other	Key Actual time in/out, Yes: Y, No: N																														
Arrival time																															
Departure time																															
Caregiver transportation																															
Transportation Services																															
Caregiver contact																															

Staff Signatures and Initials: