

Division of Medicaid Adult Day Care Facility HCB Setting Assessment

Facility Name:	DOM Staff/	DOM Staff/Position:			
Provider Number: Date of Self-Assessment:	Date of DO	Date of DOM Assessment:			
Address:	DOM Arrival Time:			DOM Departure Time:	
Survey Questions	Provider Response	DOM Reviewer's Findings		DOM Comments	
1. Does the ADC reflect the needs and preferences of the participants?	2	Compliant	Non- Compliant		
2. Does the ADC develop individualized service plans to meet the participants needs and preferences?		Compliant	Non- Compliant		
3. Does the participant or chosen representative have a active role in the development and update of the individualized service plan?	n	Compliant	Non- Compliant		
4. Are the participants given an opportunity to allow convenient times and location for the development of the individualized service plan?	f	Compliant	Non- Compliant		
5. Are the participants allowed to choose and control a schedule that meets their needs?		Compliant	Non- Compliant		
6. Are the participants provided with a method to request an update to their individualized plan?		Compliant	Non- Compliant		



7. Is the individualized service plan signed by all individuals and staff responsible for implementation and a copy provided to the participant and his/her representative?	Compliant	Non- Compliant	
8. Are the participants allowed choices in snacks and meal entrees?	Compliant	Non- Compliant	
9. Are the participants allowed to choose a different meal time?	Compliant	Non- Compliant	
10. Does the dining area afford dignity to the participants? Ex. Require participants to wear bibs.	Compliant	Non- Compliant	
11. Are the participants allowed to choose where to sit during meal time?	Compliant	Non- Compliant	
12. If participants want to eat alone can he/she do so?	Compliant	Non- Compliant	
13. Does staff ask participants about their needs and preferences?	Compliant	Non- Compliant	
14. Do the participants have access to make private telephone calls?	Compliant	Non- Compliant	
15. Is information about filing a complaint posted in an obvious location and in an understandable format?	Compliant	Non- Compliant	
16. Are participants made aware of the person to contact or the process to make an anonymous complaint?	Compliant	Non- Compliant	
17. Are the participants allowed to make an anonymous complaint?	Compliant	Non- Compliant	



18. Are participants receiving ADC services through Medicaid provided services in the same manner and setting as non-Medicaid participants?	Compliant	Non- Compliant	
19. Is informal (written and oral) communication conducted in a language that the participant understands?	Compliant	Non- Compliant	
20. Is assistance provided in private, as appropriate, when needed?	Compliant	Non- Compliant	
21. Is the setting physically accessible and there are no obstructions such a as steps, lips in a doorway, narrow hallways, etc., limiting participants' mobility in the setting or if they are present are there environmental adaptations to ameliorate the obstruction?	Compliant	Non- Compliant	
22. For participants who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?	Compliant	Non- Compliant	
23. Are tables and chairs at a convenient height and location so that participants can access and use the furniture comfortably and safely?	Compliant	Non- Compliant	
24. Are participants allowed to come and go at will when appropriate?	Compliant	Non- Compliant	
25. Are participants moving about inside and outside (when appropriate) the setting as opposed to sitting in a designated/assigned spot?	Compliant	Non- Compliant	
26. Is an accessible van available to transport participants to and from home, and outings such as shopping, movies, museums, etc?	Compliant	Non- Compliant	



27. Is health information about the participants kept private?	Compliant	Non- Compliant	
28. Do staff converse with participants in the setting while providing assistance and during the regular course of daily activities?	Compliant	Non- Compliant	
29. Does staff talk to other staff about a participant (s) as if the participant was not present or within earshot of other persons in the setting?	Compliant	Non- Compliant	
30. Does staff address participants in a manner in which the person would like to be addressed as opposed to routinely addressing participants as 'hon', 'sweetie', 'sugar' etc?	Compliant	Non- Compliant	
31. Is the ADC facility not on the grounds of, or adjacent to, a public institution?	Compliant	Non- Compliant	
32. Does the ADC staff document on a daily basis to reflect activities that address needs, goals and desired outcomes of the participants?	Compliant	Non- Compliant	

Signature and title of Provider Representative

Signature and title of DOM Representative

Date

Date