

NYS Department of Health  
Health Commerce System (HCS) Surveyor Worksheet  
(Updated June 2017)

Agency: \_\_\_\_\_ Survey Date: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Date HCS reviewed presurvey: \_\_\_\_\_

Agency has HCS Account: Yes  No

**Roles assigned, accurate and current for:**

*Note during pre-survey if the agency's roles are assigned on the HCS Communication Directory and verify info for accuracy during onsite survey.*

24/7 Facility Contact: Yes  No

Administrator/DPS: Yes  No

Emergency Response Coordinator: Yes  No

HPN Coordinator: Yes  No

CHRC AP: Yes  No  N/A  (if aides not employed by agency)

Home Care Registry Agency Updater: Yes  No  N/A  (if aides not employed by agency)

Home Care Registry Agency Viewer: Yes  No  N/A  (if aides not employed by agency)

Observe HCS coordinator successfully access HCS: Yes  No

HCS Policy is reviewed at least annually: Yes  No

**Policy addresses the following:**

(a) agency has sufficient, knowledgeable staff available and maintains and keep current accounts: Yes  No

(b) agency's HCS coverage consistent with hours or operation: Yes  No

(c) sufficient designation of the agency's HCS coordinator(s) to allow for HCS individual user application: Yes  No

(d) designation by the agency operator of sufficient staff users of the HCS accounts to ensure rapid response to requests for information by the State and/or local Department of Health: Yes  No

(e) adherence to the requirements of the HCS contract: Yes  No

(f) current and complete updates of the Communications Directory reflecting changes that include, but are not limited to, general information and personnel role changes as soon as they occur, and at a minimum, reviewed on a monthly basis: Yes  No