

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