New York State Department of Health
TEAM LEADER WORKSHEET
Entrance Conference for CHHA/LTHHCP
Revised July 2018

AGENCY: _____ SURVEY DATE:_____

Requirement	Surveyor Notes	Complete
Present identification and introduce survey team		
Request meeting with appropriate staff (administrator, director, supervisor)		
Explain purpose of survey		
Explain survey process (how many surveyors, time onsite, record review, home visits, extent agency staff may be involved, importance of unduplicated census)		
Obtain information on agency ownership- names and addresses of all persons with ownership/controlling interest (484.100)		
Agency Organization- Obtain Org chart and determine relationship to any corporate structure		
Identify: President/Chairman of Board Administrator, DPS, Clinical Manager, Supervisors, HCS Coordinator, QAPI		
Branch office (s) and locations		
Is this a Special Needs CHHA? If yes, use worksheet.		
Services provided- directly/indirectly and which one is offered directly in entirety? (Form 1572A)		
Do they provide telehealth? Do they participate in any DSRIP PPSs?		
Address issues from Pre-Survey Prep: _____ _____ _____		
Identify clinical record documentation system- paper/electronic and request surveyor access/orientation to records.		
Set up schedule for staff interviews if needed		
Identify agency point person (primary resource responding to the surveyor's questions)		
Request area/space to work		
Provide "Survey Documents/Information Required" to administrator/designee		

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Please provide the following information in specified time frame:

Information/Document	Time Frame	Received
Provide area/space for surveyors to work		
Current active Patient roster include start of care (SOC) date, primary diagnosis, services provided		
# of unduplicated admissions for skilled services for the past 12 months - ALL payer sources and ALL branches		
Patient visit schedule for survey dates - include services/disciplines and patient address		
List of discharged patients within last 6 months with SOC date, Discharge date, primary diagnosis, reason for discharge		
List of current personnel (direct and contract) – name, title/discipline, date of hire		
Agency Organizational Chart		
Identify: President/Chairman of Board Administrator name and email address, DPS, Clinical Manager, Supervisors, HCS Coordinator, QAPI		
Agency ownership- names and addresses of all persons with ownership/controlling interest (484.100)		
Emergency Preparedness Program/Plan		
Quality Management Program (have available if requested) QI/PAC Meeting Minutes past 12 months		
Complaint Procedure/Log		
Admission Packet		
Policies and Procedures for: Health Commerce System Influenza Vaccination & Flu Mask Requirement Criminal History Record Check (if aides employed directly) Home Care Worker Registry (if aides employed directly)		
List of Contracts		
Complete Form 1572A		
Orientation to clinical record		
CLIA Waiver (if applicable)		