

Administrative Memorandum – 2014-# For DISCUSSION, DRAFT 11, Revised

8/27/14 2:20 PM

To:

From:

Subject: Program Standards Applicable to Residential Settings in which Home and Community Based Services (HCBS) Waiver participants reside

Effective Date: The effective date for compliance purposes is TBD subject to the approval of OPWDD's Transition Plan by CMS. This Memorandum, along with the CMS regulations and guidance, is the basis for the administration of OPWDD's HCBS Settings Assessment Tool in certified residential settings.

PURPOSE:

This Administrative Memorandum communicates and clarifies OPWDD's adoption of the quality principles and standards that conform to both OPWDD regulations and the federal Home and Community Based Settings regulations (441.301), effective March 17, 2014, as part of a New York State and/or the OPWDD specific transition plan approved by CMS. OPWDD intends to promulgate State regulations on this topic in the future. In the meantime, this Administrative Memorandum is designed to promote and communicate guidance based upon the CMS regulations, CMS responses in the preamble to the regulations, and CMS published guidance.

It is also designed as the basis for OPWDD's administration of an HCBS Settings Assessment Tool to assess certified residential settings for the purpose of compiling baseline data upon which to further develop OPWDD's plan for full compliance with these requirements. The assessment of OPWDD's certified residential settings will also help OPWDD to identify more objectively system challenges and timelines needed to achieve full system compliance.

Many of the HCBS Settings -standards are already included in, or similar to, existing OPWDD regulations at 14 NYCRR Subpart 635-10 and section 633.4 as well as previous OPWDD guidance. The final CMS regulations provide formal support for what OPWDD has previously considered "best practices". In particular, the CMS regulations make clear that the required qualities of HCBS settings are based upon the **nature and experiences of individuals**. CMS seeks to ensure that HCBS is provided in settings that are truly non-institutional in character and are fully integrated in the broader community.

The guidance and quality standards outlined in this Administrative Memorandum are considered program standards. ¹

APPLICABILITY:

The HCBS Settings requirements apply to all settings in which HCBS waiver services are delivered. This Administrative Memorandum applies specifically to all voluntary and state-operated OPWDD certified residential settings including Individualized Residential Alternatives (IRAs), Community Residences (CRs) and Family Care Homes. In the future OPWDD will develop guidance applicable to non-residential HCBS settings.

This Memorandum describes the quality principles and standards that must be present in the setting in which HCBS services are funded, based upon the needs of the individual as indicated in their person-centered service plan.

Person Centered Planning Process Regulations and Rules published by CMS on March 17, 2014 will be described in a different OPWDD guidance document and are not specifically addressed as a part of this Memorandum. **As person centered planning is foundational to the spirit, intent, and substance of the HCBS regulations, it is expected that agencies will use true person centered planning processes and practices to ensure that the HCBS Settings Regulations are met.**

QUALITY PROGRAM STANDARDS:

The following are quality program standards and characteristics that must be present in HCBS certified residential settings. These standards, when taken together, support OPWDD's mission of helping people lead a richer life by: facilitating increased capacity for self-determination and personal control; supporting participation in communities; enhancing quality of life for individuals as they define it for themselves; investing in each person's developmental potential and capacity to contribute in age related roles as productive and respected community members; and safeguarding the health, safety, rights, and well-being of people supported through the highest quality supports and services.² The standards specifically address the person centered habilitation planning process; delivery of person centered HCBS funded supports and services in integrated settings; promotion and support of informed choice and rights; and standards applicable to the **nature and experience** of each person's living situation.

These standards shall be promoted and facilitated by all providers and staff in OPWDD's service system, however, at this time, this Memorandum is specifically applicable to the certified residential settings where

¹ In accordance with Administrative Memorandum #2010-01, "A "program standard" means a standard that, if violated, can lead to potential sanctions, such as a plan of corrective action, which do not include fiscal recoveries. Sanctions that can be imposed for violation of program standards are those specified in Mental Hygiene Law (including plans of corrective actions; non-renewal of operating approvals; suspensions and limitations of operating certificates, and fines or other fiscal sanctions as well as restitution)."¹ This means there are no billing standards intended and included in this Memorandum and as such there is intentionally no shaded language to identify billing standards.

² Adapted from, "Keeping the Promise: Self-Advocates Defining the Meaning of Community Living", March 2011

HCBS waiver participants reside³. OPWDD intends to revise this ADM and/or develop additional guidelines once CMS has issued their guidance on applying the HCBS Settings Regulations to non-residential settings.

A. Guidance on the Habilitation Planning Process and Delivery of Person Centered HCBS Services and Supports in Accordance with These Standards⁴

In accordance with the CMS regulations, the “Person-Centered Service Plan” must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of supports and services. In OPWDD’s system, the Habilitation Plan is a required component of the Person Centered Service Plan (i.e., Individualized Service Plan (ISP)) for the provision of waiver habilitation services. Therefore the Habilitation Plan and the process for Habilitation planning must also be person centered and person directed in accordance with the CMS regulations.

The Habilitation Plan describes the assistance that staff provides to help the person reach his/her goals and valued outcomes as identified in the overarching Individualized Service Plan (ISP). The following standards reinforce ADM #2012-01, the Habilitation Plan, and establish the starting point and foundation for meeting the HCBS Settings Standards in certified residential settings. ADM #2012-01 will be revised in the future to include explicit reference to the HCBS Settings Regulations and the following if not already explicitly included.

- Habilitation Plans are a required attachment to the Person Centered Plan (i.e., ISP) and must be coordinated with the ISP. As such the Habilitation Plan is encompassed in the person’s service plan.
- Habilitation Plans are person centered/directed, individualized, and include activities and interactions that are meaningful to the person.
- Habilitation supports and services are focused on the development of skills that are needed in order to facilitate greater degrees of choice, independence, autonomy and full participation in community life.
- Exploration of new experiences is an acceptable component of the Habilitation Plan. Learning about the community and forming relationships often require a person to try new experiences to determine life directions. This trial and error process eventually enables the person to make informed choices and, consequently, to identify new valued outcomes that then become part of the ISP and the Habilitation Plan. ⁵
- Accordingly, the Habilitation Plan (or alternative documentation that becomes part of the habilitation/service plan) should reflect the personally meaningful community inclusion/integration

³ All HCBS waiver participants must reside in a setting that meets HCBS Setting standards. It is assumed that a residence owned and/or controlled by the person and/or the person’s family member would already meet these standards.

⁴ In accordance with ADM #2012-01, “Habilitation Plan Requirements”, “Habilitation services are designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Habilitation Plans describe what staff (this term includes family care providers) will do to help the person reach his/her valued outcome(s) that have been identified in the Individualized Service Plan (ISP). Habilitation services involve staff teaching a skill, providing supports and exploring new experiences. The regulations that govern habilitation services are 14 NYCRR Parts 624, 633, 635, 671, and 686.

⁵ ADM #2012-01 “Habilitation Plan Requirements”, page 5, 3 c. direct quote.

activities, the timing and desired frequency/duration of these activities (e.g., Sam would like to go the senior citizen center to play checkers once per week on Saturday mornings), and the supports needed for the person to fully participate (Sam needs one to one support while playing checkers at the senior center to ensure appropriate social interaction with other checker players).

- Whenever possible, supports are provided in a way that maximizes use of natural and peer supports in the community, not just paid staff and providers.⁶
- The Habilitation Plan is updated in accordance with ADM #2012-01, when the individual's circumstances or needs change, or at the request of the individual. Residential providers should ensure that individuals are aware of their right to request a Habilitation Plan change. Residential providers are expected to take timely action to honor these requests.

It is important to recognize that the person centered planning process is not the end goal. The person centered planning process should be designed to result in outcomes including the person having more control and choice in his/her life. The provider has an obligation to ensure that the choices being offered are not from a "profoundly limited menu"⁷. Some questions to consider when thinking about progress and results from the person centered planning process with the person include:

- Is the person enjoying a healthier and more satisfying life on their own terms?;
- Who is in charge?
- Does the person have more choice and control?;
- Is his/her participation in the community genuine and meaningful?
- Are the person's relationships authentic?⁸

B. HCBS Waiver Service Provision Is Required ~~to in Integrated Settings that~~ Support Full Access to the Greater Community to the Same Degree of Access as Individuals Not Receiving HCBS:

HCBS services, supports, and settings must be designed to facilitate full access to engage in community life; seek employment and work in competitive integrated settings; engage in meaningful activities; explore meaningful relationships and social roles; reside in the home of choice; and share in other hallmarks of community living in accordance with individualized needs and preferences identified in the person's habilitation/service plan, and to the same degree of access as individuals without disabilities. HCBS settings must seek to optimize and not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

In practice, when considering whether people share in the hallmarks of community living to the "same degree of access as individuals without disabilities", it can be helpful to consider and compare how you live your own life and the day to day choices and compromises that you make in your home, workplace, and community and the negotiations necessary to develop and pursue your own interests and important relationships. The rights and responsibilities that we all experience daily such as having consideration for other people that we live

⁶ Adapated from, "Keeping the Promise: Self-Advocates Defining the Meaning of Community Living", March 2011, page 17

⁷ Ibid, page 2

⁸ Ibid

with, getting to work on time, respecting our coworkers, making choices within our income/budget, etc. can also be helpful to consider as we support people to navigate community life and consider the benefits and consequences of our actions. The expectations for people with disabilities should be the same as with any other person living in the community. All people have the responsibility to consider the thoughts and needs of others while exercising their own rights, priorities, and preferences.

In addition, when considering “same degree of access” to life in the community for the people we support, we need to be creative and diligent about ensuring that service and support delivery practices do not segregate/isolate people with disabilities from people without disabilities. For example, “group trips” in an agency bus or van can be isolating or segregating and appear institutional (even if unintentional) if people are congregated together with only each other and paid staff and do not interact with people without disabilities e.g., we often see large groups of people with developmental disabilities walking through the mall or a park and congregating solely together which would not be considered “full access to the community” to the same degree as people who do not receive HCBS access the community.

~~HCBS settings must optimize and not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.~~

~~Please note that~~ there is an expectation that ~~individuals and~~ providers/staff will adhere to the services and activities identified in the person’s Plan and honor the rights and standards outlined below. However, ~~if~~ individuals place themselves or others around them in danger (i.e., there is an immediate, serious, and credible threat to the health and safety of the person or others as a result of exercising these rights/following the Plan), it is expected that the provider/staff will take appropriate action necessary to address the situation. Once the immediate crisis is over, the provider/staff is expected to reassess the person’s preferences and needs using a person centered planning process and to update the person’s habilitation/service plan accordingly⁹. This process should include consideration and support for the person’s informed choices; reflection of risk factors and positive safeguarding measures in place to minimize them including individualized back-up plans and strategies when needed.

Facilitate Informed Choice and Protect Rights

HCBS residential settings and staff delivering services and support shall promote and address the following standards outlined below in accordance with the person’s Habilitation Plan and ISP and the principles outlined above:

- Encourage and support and support individuals to freely choose and control their own schedules and daily activities including both scheduled and unscheduled activities and control their own schedules (e.g., when to eat, when to sleep, what to watch on t.v., preferred community integration activities, impromptu preferences, etc.) in the same manner as people without disabilities. The provider/site

⁹ Federal Register /Vol. 79, No. 11 /Thursday, January 16, 2014 /Rules and Regulations , 2961, first column

must ensure sufficient support is available based upon peoples' priorities in their Plans for scheduling and activity preferences¹⁰.

Spontaneity in choice of activities should be encouraged and supported whenever possible, no different than non-disabled individuals who live with others and enjoy the freedom to pursue an interest on the spur of the moment as well as the possible disappointment when lack of planning sometimes impacts being able to make necessary arrangements to participate or not to participate (e.g., a person is ill and does not want to attend a scheduled activity). Providers and staff may need to rely not only on paid staff but also on natural supports such as family members and non-paid members of circles of support for individuals as they increasingly exercise greater control over their schedules and activities.

- Facilitate and optimize informed choice regarding services and supports and who provides them.
- Enable individuals to freely choose with whom to interact.
- Ensure that individuals are provided with the right and supports to control their own personal resources
- Treat individuals with dignity and respect.
- Support individuals to make informed choices by exploring with the person the potential consequences and responsibilities of the decision making. Through this process, staff are expected to explore and promote positive approaches to safeguards that enable the person to have “dignity of risk”. More information on this topic can be found on OPWDD’s website at http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning/risks-and-safeguards . In addition, OPWDD’s optional Strengths and Risks Inventory Tool is a helpful resource to assist the person with support staff and others in their circle to explore risks that are non-negotiable, informed choices that involve tolerable risk, and positive safeguarding approaches (http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning/other-resources) “
- Protect individuals from coercion and unnecessary rights modifications, restraints, restrictive interventions and related interventions (see Section C. below for additional information). ~~and coercion.~~
- ~~Ensure that individual independence and freedom is not abridged for convenience of staff and/or by well-meaning but unnecessarily restrictive methods of providing services and supports.~~
- Inform and provide individuals with a mechanism to file anonymous complaints.
- Ensure individualized physical accessibility in the person’s residence. certified settings
- Encourage, respect and support people’s cultural, religious/spiritual, and other backgrounds in accordance with the person’s choices and preferences.

¹⁰ With regard to freedom and control of schedules and activities, CMS states that a person’s ability to receive services identified in the person-centered service plan should not be infringed upon by any provider for any reason. Further, CMS states that preventing an individual from receiving any service identified in the person centered service plan is a direct violation of the person-centered plan requirements and the home and community based setting requirements specified in this regulation. Additionally, any setting not adhering to the regulatory requirements will not be considered home and community based. The supports necessary to achieve an individual’s goals must be reflected in the person-centered service plan as required under § 441.725(b)(5). 2966 Federal Register / Vol. 79, No. 11 / Thursday, January 16, 2014

- Ensure that individual independence and freedom is not abridged for convenience of staff and/or by well-meaning but unnecessarily restrictive methods of providing services and supports.
- Ensure that provider/residential policies and procedures do not include blanket restrictions on individual autonomy, independence and/or HCBS Settings standards.
- Use plain language and accessible methods to communicate effectively with the person and facilitate any necessary adaptive devices/equipment based on the person's assessed needs.

Additional Standards in OPWDD Certified Living Spaces:

In addition to the qualities outlined above, -certified residential settings and staff delivering supports and services shall address and promote the following in accordance with individual preferences and the strengths, needs, capabilities, and goals of each person in their Plan. Any need to modify the rights outlined above or below must be approached in accordance with Section C of this Administrative Memorandum.:

- **Occupancy Agreement to Specify Rights and Responsibilities Comparable to Tenancy Rights Protection from Eviction**
 - Ensure that individuals have a written occupancy agreement that addresses, at a minimum, the due process eviction processes and appeals comparable to tenancy rights provided under NYS law. The occupancy agreement shall also address the person's rights and responsibilities regarding their housing and the circumstances upon which he/she could be required to relocate.¹¹ In addition, it shall address information regarding who to go to to request a change in living arrangement/home and/or roommate.¹²
 - Occupancy Agreement provisions could be incorporated into the Notice of Rights required by 633.12 issued by providers as long as the complete document is written in plain language and/or is accessible to the person; contains all the necessary requirements; is signed by the person and/or their representative if applicable; and there is a process to ensure these rights are reviewed at least annually with the person.

Please note that the right to have protections and appeals comparable to tenancy rights cannot be modified for any reason.

- **Access to Food, Meal(s), and Storage of Food¹³**
 - Individuals shall have access to food, meal(s), and storage of food (e.g., individuals may purchase and store their own snacks or special food and keep food for themselves; kitchens, refrigerators, and pantries are not locked **and if any safety considerations need to be implemented for a particular individual, the other residents have a means of ready access**).

¹¹ Adapted from CMS Exploratory Question #7 (3 bullets below), page 6

¹² ibid

¹³ HHS NPRM May 2012, pg. 26401 3rd column

- Individuals shall have input on food options provided (e.g., choices are offered for meals and/or in menus). Modifications may be considered if an approved rights modification is in place to ensure the health and safety of the person.
- Although mealtimes may occur at routine times as is the case in most households, an individual may choose to eat at a different time or may choose to eat their meals alone in another room if desired.

- **Access to Areas of the Home:**¹⁴

Individuals shall have access to areas of their home such as kitchens, laundry rooms, cabinets, closets and other rooms of the house. Such rooms shall not have posted hours of operation and shall not be locked. **If any safety considerations need to be implemented for a particular individual, the other residents have a means of ready access.** Rules may not be posted unless the individuals residing in the home agree to a schedule that enables everyone equal access.

- **Right to have Visitors and Freedom of Association**¹⁵:

- Individual freedom to associate with whomever someone wants should be supported and not be controlled. Individuals should be given the ability to choose and direct with whom he/she interacts and when. Individuals may have visitors of their choice at any time without facility approval and individuals have the right to privacy with their visitor(s). Visitation should be done in a way that respects the rights, preferences, and safety of other individuals in the setting.
- individuals may ~~have~~ access to the internet and telephone at any time and may choose to have private telephone numbers in their rooms and/or private cell phones for use at any time at their own expense.
- The residence may require visitors to sign in and/or notify the facility administrator that they are in the facility or other such policies/procedures to ensure the safety and welfare of residents and staff as long as such policies and procedures do not unnecessarily restrict visitors for the convenience of staff and/or regiment freedom of association.

- **Choice of Living Arrangement/Roommate**¹⁶:

As part of the person centered planning ISP process, individuals have the right to choose where they live from among setting options including settings that are not disability-specific and the option for a private unit in a residential setting. These choices are based upon the individual's needs, preferences, and, for residential settings, resources available to the person for room and board. ¹⁷

¹⁴ ibid

¹⁵ ibid

¹⁶ ibid

¹⁷

Residential providers are expected to have a mechanism to assess living arrangement/roommate satisfaction/dissatisfaction and provide individuals with a confidential opportunity to discuss issues or concerns regarding their roommates. Revisiting choice of living arrangement periodically is also expected as with all of us, preferences may change. Residential providers/staff are also expected to provide people with opportunities to work with the provider/residence to achieve the closest optimal roommate situation.

Sometimes, coaching and assistance in problem resolution, compromise and teaching people how to communicate during a conflict is what is needed to help support people to get along with each other in their home. However, if these efforts are not effective and/or the person does not want to engage in problem resolution, the agency must have a process that supports the person to move to another room or residence if the person chooses to do so. Individuals who are unhappy with their living arrangement and/or have issues with their roommates/housemates and do not want to live with them/there anymore shall receive timely support and assistance from the provider/residential staff in coming up with alternative options. The provider should have a process that supports the person to move to another room or residence if the person chooses to do so. The residential provider's assistance could also take the form of assisting the person to connect with their service coordinator, family members, and circle of support to explore potential opportunities such as: a single room through one's own apartment/self-directed supports; shared living opportunities with other people the person chooses to live with; certified or non-certified supportive housing opportunities; Family Care homes; other certified residential settings, etc..

It is important that all providers/staff and circles of support listen to the person in terms of where they would like to live and who they would like to live with and make every effort to support the person to help make these choices a reality. In practice, this means considering the choices of people moving into a new home as well as the choices of people currently living in a home.

- ~~— Individuals shall be provided with opportunities to work with the facility to achieve the closest optimal roommate situation. Individuals who have issues with their roommates and do not want to live with them anymore shall receive timely support and assistance from the setting staff//provider in coming up with alternatives.~~
- ~~- The setting shall have a mechanism to assess roommate satisfaction/dissatisfaction and provides individuals with a confidential opportunity to discuss issues or concerns regarding their roommates. The setting shall also provide education to individuals on self advocacy and support people in resolving these issues and/or in moving to another room or residence if the person chooses to do so.~~

- **Right to Personal Space and Privacy¹⁸:**

- **Privacy:** Individuals shall have the ability to lock their rooms for personal privacy and to control access from unwanted external entry. The locking mechanisms will allow for the entry of support

¹⁸ ibid

or help in an emergency. Appropriate staff members may have a key with the agreement of the individual.¹⁹

Individuals may keep their own key and may lock the door to their private space. Individuals may have keys to the house they live in.

- **Personal Items and Decorations:** Individuals are encouraged and supported to decorate and keep personal items in their rooms (decorations must conform to the lease/written occupancy agreement as well as building/fire safety codes and licensure requirements/rules in certified settings and must not violate the law)

~~—Video cameras and recording devices: See Attachment B for OPWDD's Video Camera and Recording Use Device Policy.~~

E.C. Modifications of these Conditions

In some cases, the needs of a person may dictate that he or she cannot safely access these rights or may need certain modifications to these rights. Careful consideration is required for modifying an individual's rights and should be an integral part of an ongoing person centered planning process. The OPWDD Strengths and Risks Inventory Tool is a helpful guide to use in the person centered planning process when exploring the person's informed choices and positive safeguarding approaches. This process also includes the involvement of a circle of family and friends who the person and their advocates trust and choose.

The rights modification process should insure a person's right to live safely with the supports they choose and should foster independence. Rights should not be modified outside of the person centered planning process or without the informed consent of the person. The only exception to this is if there is an emergency situation where the person places themselves or others around them in serious jeopardy (i.e., there is an immediate, serious, and credible threat). In this case, the provider/staff will take immediate and appropriate action necessary to address the crisis situation. Once the immediate crisis is over, the provider/staff is expected to reassess the person's preferences and needs using the a person centered planning process and to update the person's habilitation/service plan accordingly²⁰.

This ADM recognizes that there may be times when an approved (time limited) rights ~~restriction~~ modification impacts the lives of other people living in the home. Providers must make every effort to avoid the need to ~~restrict~~ modify the rights of others in the home, and if all else fails, to mitigate the impact of the ~~restriction~~ modification on others. Providers should facilitate conversations and seek input from the people a ~~an~~ approved rights ~~restriction~~ modification may impact. If it is determined that an individual's rights ~~continue~~ needs to be modified or restricted due to the needs of another peer living in the ~~house~~ home, then this should be discussed with the individual(s) impacted by the rights modification, and documented, ~~in the rights restriction or modification should be detailed in~~ the individual(s)' habilitation plan or Individual Protective

¹⁹ Federal Register Vol. 79, No. 11 /Thursday, January 16, 2014 /Rules and Regulations 2964. First column

²⁰ Federal Register /Vol. 79, No. 11 /Thursday, January 16, 2014 /Rules and Regulations , 2961, first column

Oversight Plan, or and Individualized Service Plan. Written informed consent to the rights modification should be procured and the modification should be reviewed and approved by the agency Human Rights Committee/ or equivalent. ~~, and written informed consent to the service plan should be procured.~~ Providers should disclose any rights restrictions that may impact a person who is considering moving into the home.

Any modifications of the conditions outlined in this ADM must be supported by a specific assessed need and justified in the person centered service plan (or a required attachment, e.g., Behavior Support Plan, IPOP, Habilitation Plan) as follows:

1. Identification of the specific and individualized assessed need.
2. Documentation of the positive interventions and supports used prior to any modifications
3. Documentation of the less intrusive methods meeting the need that have been tried but did not work
4. A clear description of the condition that is directly proportional to the specific assessed need
5. Inclusion of regular collection and review of data to measure the ongoing effectiveness of the modification
6. Inclusion of established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
7. Inclusion of the informed consent of the individual
8. Inclusion of an assurance that interventions and supports will cause no harm to the individual

~~Practice guidance on person centered planning and service delivery can be found on OPWDD's website under the "Person Centered Planning" link at:
http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning.~~

At times, the assurance of health and safety requires clinically determined safeguards and supports to be put in place for an Individual to minimize real risk of morbidity and/or mortality. Such safeguards may modify a person's rights. Under these circumstances, documentation of positive interventions and supports (#2, above) and of less intrusive methods tried (#3, above) may be in the form of a description of the current, inadequate level of support (prior to the implementation of the new modification) and how, if left in place, would directly contribute to the morbidity or mortality of the Individual. Criteria for acceptable modifications 1, and 4-8, will still need to be documented when implementing restrictions to persons' rights in HCBS residential settings.

Practice guidance on person centered planning and service delivery can be found on OPWDD's website under the "Person Centered Planning" link at:
http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning.

REQUIRED IMPLEMENTATION ACTIONS EXPECTED OF RESIDENTIAL PROVIDERS AND STAFF

Coordination and collaboration with all of the person's service providers is necessary to ensure full commitment and integration of these quality principles and program standards in the planning, monitoring, implementation and delivery of services and supports.

1. **Governance:** The Board of Directors of each organization shall have appropriate oversight of the organization's commitment to these standards and the organization's continuous quality improvement plans and strategies involving these principles.
2. All organizational policies and procedures, training materials, and other applicable documents should be consistent with these standards and ensure that the organization implements policies, procedures, and practices that clearly define its commitment to the promotion and protection of individual rights. Policies, procedures and practices should be reviewed and amended if there are any blanket rules/restrictions/practices that limit individual choice, autonomy, and/or any of the rights outlined in the HCBS settings standards and this ADM.
3. Organizational self-assessment practices that review the demonstration of these quality standards in day to day operations and the strategies to be undertaken for continuous quality improvement.-
4. Agency training, orientation, and other applicable and ongoing communication, training, and learning mechanisms should be reflective of these expectations. This includes teaching and encouraging respect for each person supported as a unique individual with preferences, interests, rights, dignity, and self-determined goals. –Providers should teach listening, learning and responding in ways that honor individuals and increase individual control; teach how to honor individual rights, dignity, and self-determination and how to support individuals to exercise control and choice in their own lives as well as compromise and conflict resolution.-
5. There should be active communication with stakeholders including staff and individuals served on these principles and solicitation of feedback from individuals served and their advocates on how to do better through satisfaction surveys, focus groups, residence meetings, and other applicable forums .
6. Practices should be undertaken that make clear that the needs and preferences of people served determine the types of supports provided. Providers need to promote practices that enhance individual decision making e.g., schedules, activities, staff hiring, training, supervising, evaluating, and etc. firing, and in other areas where individual input and autonomy can be promoted and facilitated.
7. As direct support professionals are the core of the developmental disability service system and their day to day interactions with people with disabilities directly impact on the quality of life of every person served, providers/residential staff should ensure that the National Alliance of Direct Support Professionals (NADSP) Code of Ethics (see: http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies/code-of-ethics) is fully embraced within the agency/residences) and that the provider is implementing the Direct Support Competencies in accordance with OPWDD's requirements (see Administrative Memorandum # 2014-03 and link: http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies

REVIEW BY THE OPWDD DIVISION OF QUALITY IMPROVEMENT

The Division of Quality Improvement will be assessing OPWDD certified residential settings (IRAs and CRs) beginning October 1, 2014 through September 30, 2015 for the purpose of compiling baseline data to further develop OPWDD's Transition Plan to address system challenges. ~~Family Care Homes will also be assessed by OPWDD beginning in early 2015.~~

In accordance with OPWDD's HCBS Settings Transition Plan, it is anticipated that these standards will become part of the OPWDD's certification/licensing requirements no earlier than October 2016 for certified residential settings and such standards will be subsequently promulgated in OPWDD's state regulations through the New York State regulatory process.

DRAFT