

# OPWDD ICF Conversion Proposal Template HCBS Settings Compliance Action Plan

## SAMPLE

### **Section 1: HCBS Settings Checklist for ICF to IRA Conversions**

### **Section 2: HCBS Settings Compliance Action Plan for ICF to IRA Conversions**

Any ICF provider that converts an ICF to an IRA is required to submit with their conversion proposal an HCBS Settings Checklist for ICF to IRA Conversions. In addition, for every element of the rule identified as “Not Met” on the Checklist, the provider must submit a HCBS Settings Compliance Action Plan outlining how the setting will achieve compliance for those elements and full compliance with all elements of the rule no later than October 1, 2018. This Compliance Action Plan will be reviewed and validated by DQI during an upcoming site visit. Do not use personal names or other information in this plan that would reveal the identity of individuals.

**Instructions:** At a minimum, the Compliance Action Plan must address any items identified as “not met” on the HCBS Settings Checklist for ICF to IRA Conversions. You may also include specific policies and procedures, staff training and development, as well other changes to forms and documentation that may be needed for the agency and site to achieve HCBS settings compliance by October 1, 2018. As all ICFs converting to IRAs on or after March 17, 2014 must undergo a heightened scrutiny process, this information may become public through the required public input process.

#### **The Compliance Action Plan must include the following:**

- Action items, including timeframes for them, that will be taken to bring the setting into compliance with HCBS settings requirements
- Progress to date on these action items
- Data tracking and monitoring activities (method for tracking and monitoring the plan for ensuring full compliance, including self-assessment and data collection activities)
- Parties responsible for implementing the action items (you may use agency titles rather than personal names)
- Target completion date
- Other evidence demonstrating progress toward full HCBS compliance

#### **Suggested HCBS Settings Rule Elements to Address:**

- Integrated Settings, Natural Supports, and Community Access
- Policies and Procedures that promote HCBS rights
- Staffing, Education, and Training
- Habilitation Planning and Person-Centered Planning Processes
- Rights, Due Process, and Housing Protection
- Rights Modifications, Restrictions, and Protections
- Privacy, Individualized Choices, and Full Access

Complete the table below by **describing each activity your agency will take to address the HCBS Settings rule requirements** in each category (A – H) for which the setting is not yet compliant. Add additional lines to your plan document as needed to allow for multiple steps under one activity (e.g., B1.1). It is not necessary to complete Section A. Heightened Scrutiny.

**PLEASE NOTE: Section 2 (below) is an example of an agency’s HCBS Settings Compliance Action Plan to address any unmet standards identified in Section 1. It provides some examples and ideas for how an agency can incorporate HCBS setting standards into their agency policies and procedures, trainings, and site operations.**

Action Item Number	Section 2: Action Item	Responsible Staff	Progress To Date/Milestones Met as of Proposed Date of Conversion	Target Completion Date	Date Completed
<b>A. Heightened Scrutiny</b>					
<b>B. Person-Centered Planning Requirements and Habilitation Planning</b>					
B5.1	Residential Habilitation plans incorporate meaningful and individualized activities, including individualized community-based activities that individuals want and supports that are needed.	Director of Service Coordination Director of Residential Services Director of Quality Assurance	Residential manager and staff have been gathering information and researching what types of individualized community events residents want in conjunction with each person’s MSC. These options will be discussed in detail with each person and their circle of support. The hab plan for the person will then be revised to include activities that were agreed to with the person at the meeting.	At each person’s person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	
B5.2:		Director of Residential Services	Using CQL’s Personal Outcome Measures (POMs) approach, POMs	At each person’s person-centered	

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		Director of Quality Assurance	interviews with each person in the ICF will be conducted as part of the ICF transition to an IRA, and the POMs will be incorporated into each person's habilitation plan and ISP.	planning meeting prior to ICF conversion or no later than 1/31/2016	
B6.1	Individuals have been provided written notice regarding their right to a person-centered planning process.	Director of Service Coordination Director of Quality Assurance	The rights notice has been revised to also include written notice of a person's right to a person-centered planning process. This is being reviewed with each individual as well as with their advocate/guardian. Both parties will receive a written copy of this updated rights notice.	At each person's person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	
<b>C. Integrated Settings, Natural Supports, and Community Access</b>					
C2.1	The site has sufficient transportation capacity that supports people's individualized options and choices for activities and schedules.	Director of Residential Services	Public transportation schedules and cab company phone numbers will be posted in the residence in visible areas and staff will be instructed to encourage the use of public transportation. Staff supervision will be provided for specific individuals, if needed for safety reasons.	3/1/2016	
C2.2		Director of Residential Services Director of Service Coordination	As part of agency efforts to enhance person-centered habilitation activities, travel training will be a topic of discussion at each person's person-centered planning meeting and for those who are interested in accessing the community more independently, a travel training habilitation goal will be incorporated into their habilitation activities.	To be reviewed at each person's person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	

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C2.3		Director of Service Coordination	Service coordinators have been instructed to discuss the available natural supports in each person's life that may be able to help assist the resident in increasing access to the community and incorporate that into each plan.	At each person's person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	
C2.4		Director of Residential Services Residential Site Managers	Weekly recreational activities are now being discussed and coordinated with the IRA located 2 miles away. Those residents with similar interests are encouraged to consider participating together if they choose.	Already in place as of 12/2015	12/15/15
C3.1	The site has sufficient staff capabilities to support scheduled and unscheduled individualized community activities on a regular basis in the same manner as individuals not receiving HCBS.	Director of Finance Director of Residential Services	A request has been submitted to increase the staffing minimums at the residence during peak recreational hours several nights per week and on the weekends.  Additionally, on the weekends, an additional relief staff will be added to share between three local IRAs to increase the available staff that can assist with participation in community events.	Pending Approval	
C3.2		Director of Residential Services Residential Site Manager	The existing staffing schedule will be revised so that day staff will be on duty through part of the evening hours and overnight staff will be on duty into the morning. This will free up two more staff to participate in community activities during peak evening hours.	By 12/31/15	

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C4.1	The site provides individuals full access and engagement in the community to the same degree as others in that community.	See above	See corrective actions for C2 and C3 regarding staffing and transportation.	See above	
<b>D. Policies and Procedures that Promote HCBS Rights:</b>					
D5.1	There are written policies and procedures implemented for the agency/site regarding the right of individuals to independently control their personal resources and spend their personal funds.	Director of Residential Services Director of Quality Assurance	A policy and procedure has been drafted and approved, and will be distributed to the entire residential department and MSC staff. Written proof of their review of this policy will be retained.	By 12/31/15	
D5.2		Director of Quality Assurance Director of Human Resources	All staff, including DSPs and MSCs, will be trained on this new policy and all HCBS settings rights. A quarterly refresher training for existing staff and a training for new staff is also in development.	By 6/1/16	
D5.3		Director of Service Coordination Director of Quality Assurance	All residents will receive several short trainings on HCBS settings and their rights as residents, including their right to control their own personal resources. Discussion of their rights and personal resources will be incorporated into each person-centered planning process.	By 12/31/16	
D10.1	There are written policies and procedures for the agency/site implemented regarding the provision of	Director of Residential Services Director of Quality Assurance	A policy and procedure has been drafted and approved to ensure that all residents are aware of their right to have keys and are offered the	By 12/31/15	

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	home and bedroom door keys to individuals and/or other appropriate means of independent access. This includes the process in place to designate which staff should have access to bedroom door keys (with the agreement of the individual) and how privacy is protected. These policies and procedures are effectively implemented.		opportunity to do so. This will be distributed to the entire residential department staff. Written proof of their review of this policy will be retained. The policy also addresses the right of the person to choose which staff are allowed access to their bedroom key.		
D10.2		Director of Quality Assurance Director of Human Resources	All staff, including DSPs and MSCs, will be trained on this new policy and other HCBS settings rights. A quarterly refresher training and a training for new staff is also in development.	Training to be completed by 12/31/16 and quarterly refreshers thereafter, ongoing.	
D10.3		Director of Service Coordination Director of Quality Assurance	All residents will receive several short trainings on HCBS settings and their rights as residents, including their right to privacy and ability to have their own key to the front door and their bedroom. Discussion of their choices and personal resources will be incorporated into each person-centered planning process.	By 12/31/16	
D10.4		PT and OT consultants	Each resident will be offered the right to have their own key to the front door and bedroom door by the site manager	By 6/1/16	

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		Director of Service Coordination	<p>in conjunction with their MSC. Those who are unable to physically unlock a door but desire to have their own key will receive a PT/OT consultation to determine what alternative possibilities and adaptations are available.</p> <p>For anyone who is completely dependent on staff and unable to use a key, this inability will be explained in detail in their plan of protective oversight, including what methods were tried and found unsuccessful, in accordance with HCBS settings rights on due process and providing informed consent.</p>		
D10.5		Director of Maintenance	The Director of maintenance is responsible for ensuring that all bedroom doors (and bathroom doors) are lockable with single action locks and will oversee necessary adaptations to increase accessibility.	By 6/1/16	
<b>E. Staffing, Education, and Training</b>					
E1.1	There is evidence of implementation of the DSP Code of Ethics and the OPWDD Direct Support Professional Competencies in accordance with ADM#2014-3 and such competencies are implemented with site staff.	Director of Human Resources	The Director of Human Resources has been appointed the lead on overseeing initial training of all residential staff on the DSP Code of Ethics and core competencies.	By 6/1/16	

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E1.2		Director of Residential Services	The Director of Residential Services is responsible for ensuring that all site managers are implementing these requirements.	By 12/31/16	
E1.3		Director of Quality Assurance	The Quality Assurance Department will review a sample of employee evaluations to verify that the DSP Code of Ethics has been incorporated into the employee evaluation system.	By 1/1/17	
E9.1	The site has adequate staffing plans implemented to ensure that individuals are not isolated from the broader community. The plans are effective.		See Corrective Actions for C3 (1 and 2)		
<b>F. Rights, Due Process, and Housing Protections:</b>					
F1.1	There is a lease or written occupancy agreement for residents that provides tenant protections and appeals/due process from evictions.	Director of Residential Services Director of Service Coordination Legal Consultation for Agency	An addendum has been drafted with the support of the agency's legal counsel to attach to the rights packet that is reviewed with every individual on an annual basis. Each person and their advocate/guardian will sign this agreement and will retain written proof of the agreement. The addendum will specify the protections that each resident has as a tenant as well as what due process and appeals that they have available to them if they are asked to relocate from the residence.	To be reviewed at each person's person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	
F1.2		Director of Quality Assurance	A policy and procedure has been drafted outlining that review of the occupancy agreement is now required	By 3/31/16	

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			at each resident's annual review. All staff, including DSPs and MSCs will be trained accordingly on this requirement.		
<b>G. Rights Modifications, Restrictions, and Protections: No Corrective Action Needed.</b> The agency has established policies and procedures for rights modifications and restrictions. The training curriculum for new staff has been updated to include these additional HCBS rights. The training as well as the established policy and procedure emphasizes the importance of ensuring that less intrusive interventions have been tried, the need for the restriction to be specific to the individual based on assessed need, the requirement for written informed consent of the person for the modification, and the need to review data periodically for effectiveness.					
<b>H. Privacy, Choices, and Access:</b>					
H1.1	Bedroom doors are lockable by the individual.		See corrective actions for D10 (1-5)		
H11.1	Residents have control over their own personal resources.	Director of Residential Services Director of Service Coordination Director of Quality Assurance	The topic of financial resources and money management will be specifically addressed for each individual. Those individuals who would like to increase their ability to successfully and more independently manage their resources will be encouraged to work on money management habilitation areas such as how to manage one's own bank account, how to make financial transactions, as well as how to properly secure money and make smart financial choices when shopping. These focus areas will be incorporated into their habilitation plan in development.	At each person's person-centered planning meeting prior to ICF conversion or no later than 1/31/2016	
H11.2			See also corrective actions for C5 (1-3). Both residents and staff are being trained on the policy and procedure under development regarding the right		

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			to control personal resources. The expectation that each individual will receive their requested amount of money will be a right guaranteed to all residents unless there is clear evidence that there are safety concerns requiring a rights modification for this area.		

SAMPLE

**ATTESTATION**

I attest that the information and responses that have been provided for this ICF Conversion Proposal template, HCBS Settings Checklist for ICF to IRA Conversions and HCBS Settings Compliance Action Plan are accurate and are reflective of agency policy and site and service delivery practices in accordance with the HCBS settings requirements as detailed in the OPWDD HCBS Settings Transition Plan Administrative Memorandum #2014-04 and OPWDD Provider Communication Memorandum dated 10/13/15, <http://www.opwdd.ny.gov/node/6252>. I also attest to being fully compliant with the federal person-centered planning and process requirements for each person served in the converted IRA prior to its opening.

**Authorized Agency Representative Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

