

# OPWDD System Transformation

## ICF Conversion/Transition Proposal Template

Please complete a separate proposal template for each site proposed for conversion, downsizing or closure.

### Date of Proposal Submission:

**Regional Office:**            **1**            **2**            **3**            **4**            **5**

### A. Agency Information

State Operated

Voluntary Operated

Agency Name:

Agency 5 digit Corp ID

Agency Address:

Contact Person:

Email:

Phone Number:

### B. Description of Proposal

ICF Proposed to Convert/Change:

Site Address:

Operating Certificate:

Provider ID:

Current Certified Capacity:

Current Census:

Planned Certified/Downsized Capacity:

Planned Converted/Downsized Census:

Is ICF currently located next to or on the same property as:

Residential School

Other ICF(s) including a Developmental Center or a Children's Residential Program (CRP)

IRA(s)

If checked, please provide names, operating agency name and addresses of the other adjacent or co-located ICF(s):

Proposed Changes (check as appropriate):

Straight conversion – no change in location or capacity

Downsizing and Conversion

Downsizing and Eventual Closure

Describe the proposed conversion/downsizing/closure, including anticipated timeline (describe phases and their timing):

Describe any special characteristics of residents and/or the ICF (E.g. Serves medically frail, children, people with autism, people with behavioral support needs, etc.):





## F. Timeline/Activities for Person-Centered Planning, MSC and HCBS Waiver Enrollment, Cultural Competence

In reviewing conversion proposals, OPWDD will ensure that each ICF conversion will:

- undertake the thorough person-centered planning required for meeting the CMS rule on person-centered planning effective 3/17/14;
- provide each individual who resided at the ICF at the time of conversion with an Individualized Service Plan (ISP) for HCBS waiver services that responds to the individual's unique needs and ambitions for their life, affording each person greater autonomy and/or community integration than he/she previously experienced under ICF operations; and
- demonstrate that the newly certified IRA is the most integrated and appropriate setting for each individual who will reside there.

Please list the steps you expect to take under each activity in the blank lines in the left hand column, and provide start and end dates for each activity, along with a brief statement about how many individuals have completed each activity (use additional sheets if needed; use mm/dd/yy format for dates).

Activity	Proposed Start Date	Proposed End Date	Current Status (For how many individuals has this process been completed, e.g. 9/12 people?)
<b>Person-Centered Planning</b> (for all ICF residents in aggregate)			
<b>MSC Enrollment</b>			
<b>HCBS Waiver Enrollment</b>			
<b>HCBS Service Enrollment</b>			

Describe any issues/challenges you are encountering in completing the above planning and enrollment steps in a timely way:

In the table below, provide information related to the nature of the Person-Centered Planning process and the specific changes that will occur in individuals' levels of autonomy and/or community integration in the converted IRA. Please refer to the "Person Centered Planning Review Form" found at <http://www.opwdd.ny.gov/node/5875> to guide the information that is included. Sufficient detail must be provided to allow a reviewer to make a judgment regarding how thoroughly the proposal is addressing each of the five defined elements of a person-centered plan. For example, the participants in a person's planning process should be referenced, and the manner that individuals or those who advocate on their behalf are informed of support options and the specific areas of interest that the person will be supported to pursue should be clearly identified. **Please use multiple lines** for the same individual if the information does not fit within one "box" and attach additional pages necessary.

Individual	Participants Directing the Planning Process	How were these parties informed of service options?	How is individual supported to experience service alternatives so that informed choice can occur?	Increased Autonomy/ Personal Choice Proposed (Connect the change to specific Desired Outcomes, include frequency & scope)	Increased Community Integration Proposed (Connect the change to specific Desired Outcomes)	Natural/Community Supports being considered
E.g. John Smith	John Smith (ICF Resident) Mrs. Smith (John's mother)	John Smith – face-to-face discussion Mrs. Smith – face-to-face discussion	John and his mother were shown photos of alternative residential and day settings and engaged in discussion.	John will determine his own schedule for weekends, as he has expressed interest in trying some new hobbies.	John will explore membership at the YMCA because he has expressed a desire to lift weights.	John's mother is looking for ways for their church community to assist with transportation to outings.

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Please indicate in the table below the individuals who will be affected by your conversion proposal and the steps that are being taken to address their language and cultural needs throughout the process (tab to next line or use additional sheets if needed).

Individual	Steps Taken to Meet Cultural and Language Needs
Example: John Smith	<p>Spanish interpreter provided to both individual and family members during all meetings longer than 15 minutes to ensure effective communication.</p> <p>ISP provided in Spanish and written in plain language so that the individual and family members understands what has been written. This need for language access also is written into his ISP. John's enjoyment of Puerto Rican food is written into his ISP.</p>
Example: Maria Jones	<p>Braille translations provided for all written materials. This need has been written in Maria's ISP.</p> <p>Maria attends cultural events for other blind individuals held in her community.</p>
Example: John Doe	ASL interpreter(s) provided for all meetings. This need for language access is also written in John's ISP.

## **G. Meeting HCBS Settings Standards and Heightened Scrutiny**

In January 2014, CMS promulgated final regulations describing standards for all HCBS waiver service settings. Those regulations became effective March 17, 2014 ([http://www.opwdd.ny.gov/opwdd\\_services\\_supports/HCBS/home](http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/home)). OPWDD has submitted a transition plan to CMS, which proposes a phased approach to achieving and demonstrating compliance with the standards over the next five years. In the first phase, OPWDD is preparing to undertake a statewide assessment of a sample of certified residential settings to determine the current readiness of New York's developmental disabilities service system to achieve full compliance with the new settings standards. That assessment will not be complete until late 2015, at which time OPWDD will develop regulations that integrate these federal requirements fully into certification standards.

At the same time that this baseline assessment is underway, providers are preparing to assist individuals to transition from institutional settings (ICFs) to community settings and waiver services, in fulfillment of the ICF Transition Plan (<http://www.opwdd.ny.gov/node/4971>).

It is important that OPWDD assure that all ICF conversions in which individuals remain in their current location will constitute a true change in the way each person is supported to be a member of his/her community, and it is therefore essential that providers understand the expectations that will be placed on IRAs when the HCBS settings regulations are integrated into OPWDD's certification standards. For these reasons, OPWDD has developed a Pre-Opening Checklist for HCBS Settings that will guide providers to determine how well their proposals for conversions and development will meet the new standards (See Section V. Forms and Related Helpful Resources/Guidance). OPWDD will request that providers complete the checklist and document their answers to the checklist items in their conversion/downsizing/development proposals.

This Pre-Opening checklist is a reference tool for the providers to utilize to self-assess compliance with the new HCBS settings rules prior to converting the ICF to an IRA. The checklist will help providers understand the elements of the HCBS settings rule that will require further attention prior to full implementation of the standard. Interpretative guidance for determining whether standards are met can be found by reviewing OPWDD's HCBS Settings Transition Plan Administrative Memorandum # 2014-04: (<http://www.opwdd.ny.gov/node/5760>) and the HCBS Settings Guidance and Instructions for the HCBS Settings Residential Assessment: (<http://www.opwdd.ny.gov/node/5765>).

Please refer to OPWDD's HCBS Settings toolkit for further resources and information on HCBS Settings: [http://www.opwdd.ny.gov/opwdd\\_services\\_supports/HCBS/hcbs-settings-toolkit](http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit)

Please note that immediate compliance with the CMS person centered planning and process requirements of the new HCBS waiver settings rule [CFR 441.301(C) (1-3)] is required upon conversion to an IRA. Helpful resources about person-centered planning are available at [http://www.opwdd.ny.gov/opwdd\\_services\\_supports/person\\_centered\\_planning](http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning).

By signing this Checklist, the Authorized Agency Provider Representative attests to the accuracy of the responses in this checklist.

**Name of Agency:** \_\_\_\_\_

**Address of Residence:** \_\_\_\_\_  
\_\_\_\_\_

**Operating Certificate # of Site:** \_\_\_\_\_

**Name of Authorized Agency Rep:** \_\_\_\_\_

**Date of Anticipated ICF to IRA Site Conversion:** \_\_\_\_\_

**Completion Date of HCBS Settings ICF to IRA Conversion Checklist:** \_\_\_\_\_

<p><b>Home and Community-Based Services (HCBS) Settings Requirements:</b></p> <p><b>IMPORTANT:</b> Please refer to the <b>HCBS Settings Guidance document</b> for instructions and clarification on how to interpret each topic area. Page numbers to that document have been included for each question.</p> <p>WEBLINK TO GUIDANCE DOCUMENT: <a href="http://www.opwdd.ny.gov/node/5765">http://www.opwdd.ny.gov/node/5765</a></p>	For Authorized Agency Rep Use:	
	Met	Not Met
<p>A. <b>Heightened Scrutiny*</b>: An ICF is NOT considered to be a Home and Community-Based Setting. ICFs that are converting to IRAs may need to undergo OPWDD and CMS’s “heightened scrutiny” process to determine whether the site has the qualities of an HCBS setting. Providers will need to <b>demonstrate</b> and show evidence that the site <b>does not isolate</b> individuals from the broader community and that service delivery practices are <b>not institutional</b> in nature.</p> <p><b>Key Characteristics of an Isolated Setting according to CMS guidance (that has institutional qualities) that will trigger a heightened scrutiny process includes but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• The setting is on a public or private “campus” or adjacent to a public institution</li> <li>• The setting is designed specifically for people with disabilities</li> <li>• Individuals in the setting are primarily people with disabilities</li> <li>• The setting is designed to provide multiple types of services and activities on-site.</li> <li>• Individuals living in the setting have limited, if any interactions with the broader community.</li> <li>• The setting does not afford individuals full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access of individuals not receiving Medicaid HCBS.</li> <li>• Examples of Residential Settings that have the effect of Isolating people from the broader community: <ul style="list-style-type: none"> <li>○ farmstead or disability-specific farm communities: most activities take place on site with other people with disabilities</li> <li>○ gated/secured “community” for people with disabilities: does not afford individuals the opportunity to fully engage in community life and individuals often do not leave the grounds of the community</li> <li>○ residential schools: compromises an individual’s access to the community, and most trips are in large group activities</li> <li>○ Multiple settings that are co-located and operationally related, including shared programming and staff, such as settings with multiple ICFs in close proximity or adjacent to each other that limit the ability of individuals to interact with the broader community.</li> </ul> </li> </ul> <p>Please note that any “not mets” for items 1-5 below will require justification regarding how the setting is integrated with the broader community and does not isolate people with disabilities. The agency/site needs to</p>		

	Met	Not Met
<p>demonstrate that the site has the qualities of a home and community-based setting and that the site is not institutional in nature and does not isolate people with disabilities from the broader community. Demonstration of compliance may include documentation of specific information on:</p> <ul style="list-style-type: none"> <li>• The individualized community activities that each person engages in, including frequency, scope and duration along with the detail on the changes that will occur towards increased autonomy</li> <li>• Community integration for each person</li> <li>• Information pertaining to how non-disabled individuals (other than paid staff) interact with the setting and the people that reside there</li> <li>• Other documentation that demonstrates community integration with non-disabled people etc.</li> </ul> <p>Completion of this information for the ICF conversion does not preclude or exempt the provider from having to demonstrate heightened scrutiny for submittal to CMS under OPWDD’s Transition Plan process when implemented. The final criteria for heightened scrutiny and evidence justifying HCBS is TBD.</p> <p><b><u>Examples of integrated community activities:</u></b></p> <ul style="list-style-type: none"> <li>• Rather than providing a fitness room at the site, people are supported to participate in the local Y, fitness club, or fitness classes held at a community venue.</li> <li>• Rather than providing an art room and having crafts at the facility, people are supported to participate in local art opportunities available to other community members.</li> <li>• Rather than taking residents to bowling leagues established specifically for people with disabilities and held at times that other leagues are not scheduled, people are supported to join existing bowling leagues.</li> </ul>		
1. The site is <b><u>not</u></b> located on the grounds of a public institution such as a developmental center. (p59)		
2. The site is <b><u>not</u></b> located in a building that is also a facility that provides <i>INPATIENT</i> institutional treatment. (p59)		
3. The site is <b><u>not</u></b> immediately adjacent (directly bordering) a public institution such as a developmental center. (p59)		
4. The setting is <b><u>not</u></b> part of a group of multiple settings co-located and/or clustered and operationally related or adjacent properties (such as a private campus setting and/or multiple group homes clustered and located on the same provider’s property/adjacent properties where only other people with I/DD live; clustered apartments where large concentrations of people with disabilities that is not integrated; etc.). (p60)		
5. The site is <b><u>not</u></b> labeled or identified in such a way that sets it apart from the surrounding residences. (p61)		
<b>B. Integrated Settings, Natural Supports, and Community Access:</b>		
1. The site is located in a community among private residences, retail businesses, etc that is frequented by non-HCBS enrolled individuals. The setting is <b><u>not</u></b> segregated from the community at large. (p61)		

	Met	Not Met
2. The site has sufficient transportation capacity that supports people's individualized options and choices for activities and schedules. (p62)		
3. 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. (p63)		
4. The site provides individuals full access to the community to the same degree as others in the community. (p25)		
5. The site facilitates and promotes the establishment, maintenance, and optimization of natural supports, based on individual preferences. (p72)		
<b>C. Policies and Procedures that promote HCBS rights:</b>		
1. The agency/site uses a person-centered planning methodology and it is effectively implemented. (p9)		
2. The agency/site has an overall written plan that is implemented and effective, such as a Quality Improvement Plan which addresses CMS HCBS Settings, including self-assessment of improvements that are needed, measurable activities, and timeframes for achieving compliance with the requirements.		
3. There are written policies and procedures implemented for the agency/site that overall address ensuring individual comfort, preferences, and independence. These policies and procedures are effectively implemented. (p56, 65)		
4. There are written policies and procedures implemented for the agency/site that address providing full access, as appropriate, to typical common living areas of the residence, such as the laundry room, pantry room, use of kitchen, and use of appliances. This is also reflected in the Site Specific Plan of Protective Oversight (SPOP) for the residence. (p55, 66) These written policies and procedures are effectively implemented.		
5. There are written policies and procedures implemented for the agency/site regarding the ability of individuals to access food of their choosing at any time. These policies and procedures are effectively implemented. (p53)		
6. There are written policies and procedures implemented for the agency/site regarding assessment of overall individual satisfaction with supports and services that are received, including steps for ensuring timely action if is a person is dissatisfied. These policies and procedures are effective (p30)		
7. There are written policies and procedures implemented for the agency/site that address overall individual satisfaction with the level of access to the broader community, with the appropriate amount support provided. These policies and procedures are effectively implemented. (p30)		
8. There are written policies and procedures implemented for the agency/site regarding assessment of roommate/living arrangement choice and satisfaction, including steps for ensuring timely action if a person is dissatisfied. There are mechanisms in place to revisit choice of living arrangement periodically. These policies, procedures, and mechanisms are effectively implemented. (pgs 17, 18, 47)		
9. There are written policies and procedures implemented or the agency/site that address receiving opportunities for individuals to receive visitors at times of their choosing (and without the need for prior		

	Met	Not Met
facility approval). Policies and procedures regarding visitors must not be unnecessarily restricted or regimented. These policies and procedures are effectively implemented (p34)		
<p>10. There are written policies and procedures for the agency/site implemented regarding the provision of home and bedroom door keys to individuals. 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. (pgs 55, 68)</p> <p><b>Please note:</b> <i>In order to demonstrate HCBS compliance and Person-Centered Planning principles, each person needs to have a person-directed review process. Decisions related to carrying a key or having a locked bedroom need to be made on an individual basis. For people who have the skills to carry a key and lock their room, decisions about limiting that right need to be a part of a planning process and would need to have appropriate approvals in place. For people who may not have the capacity to understand the use of a key, it would be appropriate to work on building skills, as appropriate to that person.</i></p> <p><i>There cannot be a blanket policy related to the ability of the site to control access to keys and the person's home environment. <b>Your submission needs to make it clear that each situation will be looked at in a person-centered way and any limitations will be for appropriately documented clinical/safety issues and will be reviewed and revised as those issues are resolved or change in any way.</b> Policies and procedures regarding the provision of home and bedroom door keys should address how the agency/site ensures each resident's right to control access to their own personal environment.</i></p>		
11. There are written policies and procedures implemented for the agency/site related to keeping health and personal information of individuals' private and not posted publicly in the site. These policies and procedures are effectively implemented. (p72)		
<p>12. There are written policies and procedures implemented for the agency/site that overall support individualized activities and utilization of community resources. These policies and procedures are effectively implemented.</p> <p>This may include areas such as:</p> <ul style="list-style-type: none"> <li>• Maintaining individualized and varying schedules rather than uniform site schedules that everyone must follow</li> <li>• Utilization of public transportation, use of volunteers, and/or natural supports that can help establish and sustain community access (pgs 50, 62, 69, 70, 72)</li> </ul>		
13. There are written policies and procedures implemented for the agency/site to provide information to individuals and family members/advocates on the rights and requirements for HCBS settings and there is a process in place to review these rights on a routine basis. These policies and procedures are provided in plain language and in the person's preferred language. These policies and procedures are effectively implemented. (p19)		
14. There are written policies and procedures implemented for the agency/site that address modification or restriction of rights, including use of positive interventions, individualized assessment of need, informed		

	Met	Not Met
consent, and periodic review of the restrictions. These policies and procedures are effectively implemented. (p37)		
15. There are <b>no</b> blanket house rules, policies, or procedures for the agency/site that are barriers/obstacles in guaranteeing that individuals are able to exercise their HCBS settings rights. (p64)		
<b>D. Staffing, Education, and Training:</b>		
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.		
2. There is evidence of staff training on HCBS Setting requirements, including rights, choice, autonomy, and community integration. The training is effective. (pgs 20, 74-77)		
3. There is evidence of staff training on individual rights and how to support individuals exercising control over their lives. The training is effective. (p20)		
4. There is evidence of staff training on how to actively support and promote individual choice of activities and meaningful community inclusion. The training is effective. (pgs 11, 16, 20)		
5. There is evidence of staff training on how to ensure privacy, including when assistance is provided, when entering bedrooms, when residents are making phone calls or sending e-mails. The training is effective. (p44)		
6. There is evidence of staff training (and recertified annually) in an OPWDD-approved training course in positive behavioral strategies and physical intervention techniques, if applicable. The training is effective. (p43)		
7. There is evidence of staff training on cultural competency, including what it is, why it is important, and respecting the cultural/religious/other backgrounds of residents. The training is effective. (p74)		
8. The site has adequate staffing plans implemented for meeting individual plans, preferences, and priorities, and choice of community activities. The plans are effective. (p63)		
9. The site has adequate staffing plans implemented to ensure that individuals are able to engage in activities in their Plan. The plans are effective (p63)		
10. The site has adequate staffing plans implemented to ensure that individuals are not isolated from the broader community. The plans are effective. (p61)		
<b>E. Habilitation Planning and Person-Centered Planning Processes:</b>		
1. Residential Habilitation plans are person-centered and reflect the informed choices of individuals. (p9)		
2. Individualized Plans of Protective Oversight (IPOP) and/or Habilitation plans reflect risk factors and safeguards, including having back-up plans in place for when an unexpected event occurs. (p12)		
3. Habilitation plans are understandable and accessible to individuals. The plans are provided in plain language and in the person's preferred language, which includes Braille, if necessary. (p14)		
4. Residential Habilitation plans incorporate meaningful and individualized activities, including individualized community-based activities that individuals want and what supports are needed. (p9)		

	Met	Not Met
<b>F. Rights, Due Process, and Housing Protection:</b>		
1. There is a lease or written occupancy agreement for residents that provides protections and appeals/due process from evictions. (p17)		
2. Individuals have been informed regarding what rights they have to due process and under what circumstances a resident may be required to relocate in accordance with NYCRR Part 14 633.12. and the HCBS Settings Administrative Memorandum #2014-04. (p18)		
3. Individuals have been provided with information regarding their rights in plain language and in the person's preferred language, which includes Braille, if necessary. (p19)		
4. Individuals have been made aware of who to contact and the process to make an anonymous complaint. (p20)		
<b>G. Rights Modifications, Restrictions, and Protections:</b>		
1. For any modification or restriction of rights, the agency/site has written plans for individuals that describe positive, less intrusive approaches that have been tried but not successful, leading to the use of current interventions for individuals. (p37)		
2. For any modification or restriction of rights, the agency/site has written plans for individuals that include individualized assessed need and/or behavior that justify the inclusion of the restriction, and/or rights modification. (p38)		
3. For any modification or restriction of rights, the agency/site obtains written informed consent from individuals and/or their family members/advocates. (p38)		
4. For any modification or restriction of rights, the agency/site has mechanisms in place to ensure periodic review of data for effectiveness and necessity of the restriction. (p40)		
<b>H. Privacy, Choices, and Access:</b>		
1. Bedroom doors are lockable by individuals. (p44)		
2. Bathroom doors are lockable and privacy is protected. (p44)		
3. There are private areas to make phone calls or send e-mails. (p44)		
4. Residents are able to have visitors at the residence at any time. (p34, 64)		
5. Health information for individuals is kept private and not posted publicly. (p72)		
6. Bedrooms are individualized and reflect individualized interests and tastes. (p49)		
7. There are no "house schedules" that require all residents to follow a particular fixed schedule for waking up, going to bed, eating, leisure, etc. Individual schedules are supported. (p50-51)		
8. Residents have access to television, radio, computer internet, and leisure activities that can be utilized at their convenience. (p51)		
9. Residents have access to food 24/7 and there are mechanisms in place to keep individual food preferences available. (p53)		
10. There is full unrestricted access to typical living spaces in the home for all residents, including the kitchen, dining area, laundry room. (p55)		

**ATTESTATION**

I attest that the information and responses that have been provided for this **HCBS Settings for ICF to IRA Conversions Checklist** are accurate and are reflective of agency policy, 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. 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:** \_\_\_\_\_