

<p>A. Person Centered Planning and Service Delivery:</p> <p>Every person's unique strengths, needs, goals, preferences and informed choices concerning his/her life dictate the effective planning and implementation of their services and supports.</p> <p>Provider Agencies ensure the following:</p>	
<p>A.1. Competent person centered planning is <u>occurring</u>.</p>	
Standards	A.1.a. Individual needs, safeguards, desired goals and outcomes, and preferences, are effectively identified and prioritized.
	A.1.b. People important to the individual are included in service planning, with the individual deciding how much control they have over the planning process (up to running their own meetings).
	A.1.c. Individuals are supported to make informed choices and understand the impact of their decisions in planning their services.
	A.1.d. Self-direction of services is offered.
	A.1.e. Safeguards are appropriate based on the person's assessed needs.
	A.1.f. Individuals and their circles are treated with respect, dignity, and courtesy.
	A.1.g. OPWDD outcomes of meaningful relationships, meaningful activities/employment, home of choice and good health are reflected in individualized plans, per the person's interests.
<p>A.2. Planned supports and services are <u>reviewed</u> for effectiveness and needed revisions.</p>	
Standards	A.2.a. Dialog with the individual and their circle in planning meetings is used to identify needed modifications to the plan.
	A.2.b. The individual's plan is reviewed at least semi-annually by the individual and their circle and modified when needed.
	A.2.c. Progress toward the achievement of goals and outcomes is reviewed.

	A.2.d. The use of paid supports is reviewed to see if they are still needed and/or can be replaced with community or natural supports.
A.3. Services and supports are effectively <u>delivered</u>.	
Standards	A.3.a. Supports are implemented per the individual’s identified needs, preferences, desired goals, outcomes and safeguards identified in their plan.
	A.3.b. Community and natural supports are maximized before paid supports are considered.
	A.3.c. Supports result in advancement toward or achievement of their goals and outcomes.
	A.3.d. Individuals are supported to increase their independence.
	A.3.e. Supports and services enhance dignity and respect.
	A.3.f. Services and supports are delivered in a natural context/setting.
	A.3.g. Individuals are supported to pursue personalized activities of interest to them.
	A.3.h. Activities, supports and services are habilitative and support personal growth.
	A.3.i. Individuals are supported to self-advocate and enhance self-advocacy skills.
	A.3.j. Important information and events that impact individuals are effectively communicated among different supports, providers and environments important to the person.
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B. Rights, Health, and Protections: Every person’s rights, health and welfare are safeguarded and monitored based on informed and expressed choices of the Individual.	

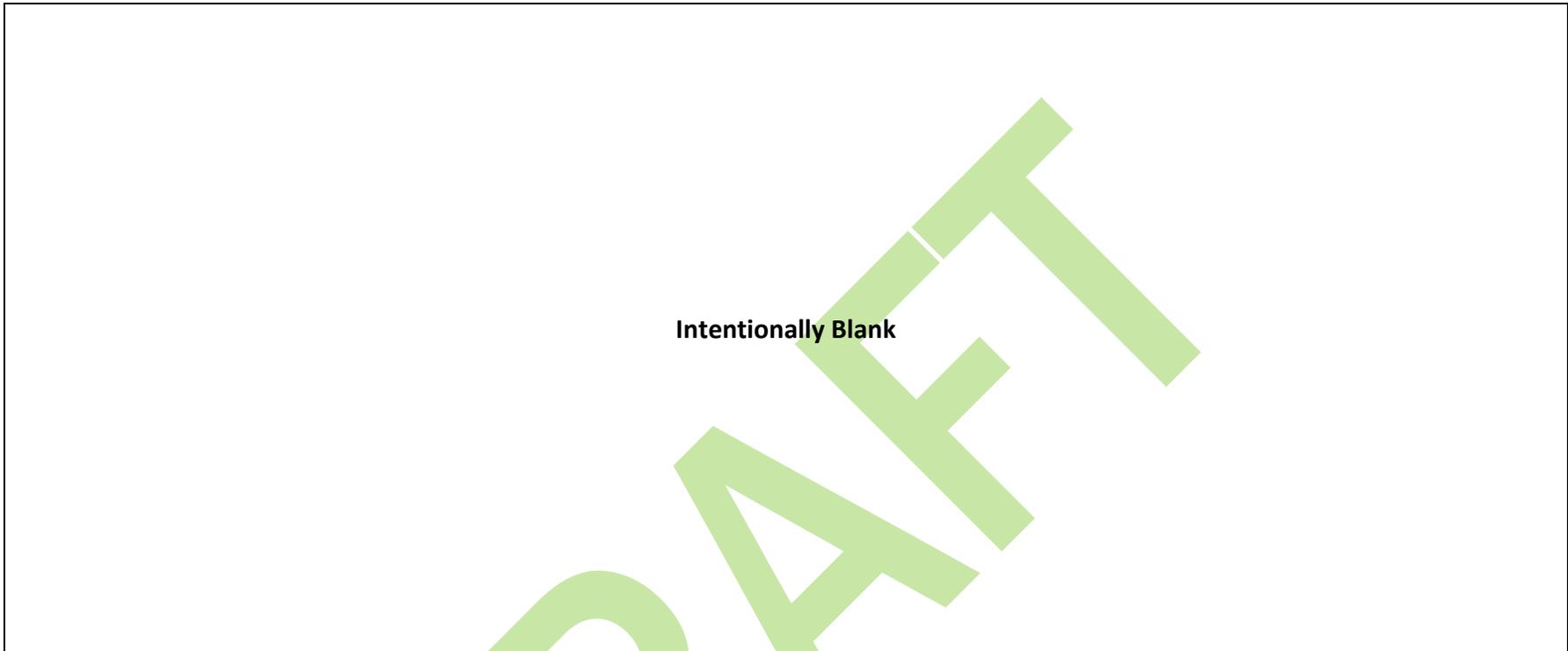
B.1. Individual Rights are protected.	
Standards	B.1.a. Individuals are treated respectfully and fairly.
	B.1.b. Individuals are supported to exercise and advocate for their rights and responsibilities.
	B.1.c. People are free from unnecessary restrictive or intrusive interventions and limitations.
	B.1.d. People receive positive behavior supports that promote behaviors known to result in a richer quality of life.
	B.1.e. People are treated with psychoactive medications for mental health needs in a manner consistent with national standards of care.
	B.1.f. The organization implements policies and procedures that promote and protect people’s rights.
	B.1.g. The organization's policies and procedures facilitate positive behavior supports.
	B.1.h. The organization upholds required due process requirements.
B.2. Individuals are free from abuse, neglect, mistreatment and exploitation.	
Standards	B.2.a. Support staff know how to prevent, recognize and report allegations of abuse, neglect, mistreatment, and exploitation, and other reportable incidents, occurrences and events in accordance with regulation and agency policy.
	B.2.b. The organization implements clear policies and procedures for the management of reportable incidents, occurrences and events which are current, adequate, and consistent with regulatory requirements.
	B.2.c. The organization consistently identifies, implements and documents appropriate and sufficient <u>immediate</u> protective actions in accordance with the situation which protects individuals and minimizes the likeliness of reoccurrence.
	B.2.d. The organization implements thorough and appropriate responses to reported abuse and other incidents that it will minimize the chance of reoccurrence for the involved individual(s) and all individuals supported by the organization.
	B.2.e. Investigations of incidents and occurrences are consistently completed timely, are comprehensive, reach reasonable conclusions based on the factual findings, and result in recommendations which are appropriate, systemic (when needed), and sufficient.
	B.2.f. The organization reviews and analyzes trends and potential risks related to reported abuse/neglect, injuries, deaths and other occurrences/ incidents, to continually improve agency systems to prevent future problems.
	B.2.g. The organization's Incident Review Committee operates in accordance with regulatory requirements for membership and activities conducted.

	B.2.h. The organization implements policies and procedures/activities that define, prohibit, and prevent abuse, neglect, mistreatment and exploitation.
B.3. Individuals access quality health and clinical care.	
Standards	B.3.a. People have access to and consistently receive community based professional medical services for acute and routine health care in accordance with their needs.
	B.3.b. People have access to and consistently receive needed professional clinical services in the community.
	B.3.c. People receive needed routine care or support to maintain/improve their health at home and during daily routines. (i.e., treatments and care, monitoring of chronic conditions, and identification of and monitoring of acute conditions)
	B.3.d. People receive needed medications and treatments safely.
	B.3.e. People's health is supported through competent nursing oversight of health care and health care supports, as needed.
	B.3.f. People's nutritional needs are appropriately and safely met.
	B.3.g. Individuals are supported to manage their own health care.
	B.3.h. Healthy lifestyles are encouraged and supported.
	B.3.i. Medical/health emergencies are timely and effectively addressed.
	B.3.j. The organization evaluates its effectiveness in the promotion of health care services, supports, and objectives.
B.4. Fire Safety and Emergency Planning needs are met.	
Standards	B.4.a. People's needed supports/safeguards related to fire safety are assessed, discussed during service and support planning, identified in the support plan, and implemented.
	B.4.b. Fire drills are conducted in accordance with requirements.
	B.4.c. Sites/programs have effective alarm, detection and protection equipment as required by OPWDD.
	B.4.d. The organization has clear written procedures to support individual safety including effective fire evacuation plans, fire prevention plans, and related training.
	B.4.e. The organization has individualized/site specific emergency plans for non-fire emergencies.
B.5. Sites and facilities where Individuals are supported are clean, safe and free from hazards.	

B.5. Physical environments are consistently maintained and clean.	
Standards	B.5.a. Physical environments are consistently maintained and clean.
	B.5.b. Physical environments promote people's independence.
	B.5.c. People are safe in their routine environments.
B.6. Personal Allowance needs are met and safeguards are in place.	
Standards	B.6.a. Individuals have access to their personal funds.
	B.6.b. People's personal funds are secure.
	B.6.c. People's personal funds are managed effectively.
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C. Natural Supports, Community Connections, and Integration:	
The organization supports individuals in establishing natural supports, meaningful relationships and community connections based on his/her informed and expressed choices.	
C.1. Organizational practices facilitate and promote the establishment, maintenance and optimization of Natural Supports.	
Standards	C.1.a. The organization implements practices that facilitate the <u>creation, development, and continuation</u> of natural support networks for individuals per their wants.
	C.1.b. The organization implements policies and practices for the regular inclusion of natural supports in individual service planning and delivery per the person's preferences.

	C.1.c. The organization implements policies and practices for regular and timely communication with a person's natural supports regarding issues and concerns, per the person's preferences.
C.2. Organizational practices facilitate involvement in the community and community networks.	
Standards	C.2.a. People are supported to participate in the community regularly based on their individualized interests and preferences.
	C.2.b. The organization supports people served to develop community connections and social networks.
	C.2.c. The organization defines its community roles, membership, and leadership; and implements strategies to develop, achieve or maintain these roles.
	C.2.d. The organization implements community outreach, working to build community alliances that result in increased opportunities for people supported.
	C.2.e. The organization supports employees (and volunteers) to develop social networks and community connections.
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D. Workforce:	
The workforce is stable and competent.	
D1. The organization's hiring practices are in accordance with OPWDD and Agency requirements.	
Standards	D.1.a. The organization hires staff according to OPWDD requirements, who meet job qualifications and contribute to people's diverse support needs and interests.
	D.1.b. People receiving supports have an active role in interviewing job candidates and providing input in the decision making for hiring.

D2. The organization assigns staff appropriately.	
Standards	D.2.a. The organization allocates staff in sufficient number to meet people's health and safety needs, and accommodate their diverse individualized goals, interests, and abilities.
	D.2.b. The organization assigns staff with the necessary skills/training to meet people's needs and accommodate their diverse individualized goals, interests, and abilities.
	D.2.c. The organization has a system in place to monitor staff vacancy rates and staff retention and responds accordingly.
D3. The workforce is supported, trained and developed to achieve the agency's mission.	
Standards	D.3.a. The organization's training policies, procedures and practices meet OPWDD regulatory requirements.
	D.3.b. The organization provides training/learning experiences to develop staff ability to identify, understand, facilitate and support the diverse personal outcomes of people they support.
	D.3. c. The organization provides ongoing staff development opportunities to staff at all levels of the organization.
	D.3.d. The organization facilitates the training and career development of staff in ways that support and maximize retention and continuity of quality staff.
	D.3.e. The organization develops and implements ongoing workforce communication, engagement and support mechanisms to improve workforce quality indicators.
	D.3.f. Formal and informal performance evaluations/ feedback systems promote motivation, commitment and career progression for all employees.
	D.3.g. The organization facilitates knowledge management and organizational learning.
D4. The agency implements OPWDD DSP core competencies.	
Standards	D.4.a. The agency implements OPWDD core competencies including DSP core competencies in accordance with OPWDD guidelines.
	D.4.b. Staff demonstrate core competencies for their roles and in performance of their job functions.



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E. Agency Mission, Operations, Leadership and Governance

**The organization’s mission, vision, and values promote attainment of personal outcomes.
 Business, administrative and support functions promote personal outcomes.
 The organization implements sound organizational and fiscal practices.**

E1. Mission: The organization’s mission, vision, and values promotes attainment of personal outcomes.

Standards	E.1.a. The organization has a clear mission, long-term goals and objectives that align with those of OPWDD and support the outcomes of people they support.
	E.1.b. The organization's mission and goals are communicated to all level of staff and governing body.
	E.1.c. The organization's mission and goals are communicated with people supported and their families/advocates.

	E.1.d. The organization facilitates knowledge management and organizational learning.
<p>E2. Operations: The organization implements sound fiscal practices. Business, administrative and support functions promote personal outcomes.</p>	
Standards	E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding: <ul style="list-style-type: none"> • Assets/liability • Income-expenses • Surplus vs. net assets.
	E.2.b. The organization has sound financial systems (budgeting, accounting, and reporting) that provide meaningful data and analysis. For example: <ul style="list-style-type: none"> • Payroll is appropriately managed • Less than 10% of scheduled payables are delinquent more than 120 days • If applicable, the agency’s investment policy complies with the Standard of Conduct in Managing and Investing institutional funds set forth by Section 552 of the NYS Not-for-Profit Corporation Law.
	E.2.c. There is appropriate oversight of Medicaid Billing to assure that claims are coded and billed in accordance with requirements. (HCBS waiver assurance).
	E.2.d. Certified Financial Reports (CFR) and Certified Financial Statements (CFS) are completed appropriately and submitted on time.
	E.2.e. The organization implements adequate policies and procedures and Internal Controls to prevent the misuse of funds.
<p>E3. Leadership and Accountability: The organization implements systems that result in the delivery of effective supports and services.</p>	
Standards	E.3.a. The organization implements systems to review and monitor its processes to facilitate compliance with applicable NYS and Federal requirements.
	E.3.b. The organization implement systems to review and monitor its processes to facilitate implementation of quality supports and services in support of people's desired outcomes.
	E.3.c. The organization has governance, human resource, financial, and legal policies and procedures.
	E.3.d. The organization implements conflict of interest policies and procedures.

	E.3.e. The agency leadership engages all membership/stakeholders in the implementation of the mission and goals of the agency.
E4. Governance: Agency’s governing Board provides active oversight to ensure effectiveness of executive staff and the agency in carrying out its Mission.	
Standards	E.4.a. The Board has an appropriate framework to exercise active governance; <i>i.e., Bylaws, regular meeting schedule, committees, meeting minutes, resolutions, etc.</i>
	E.4.b. The Board demonstrates oversight of the Executive Director including adherence to executive compensation requirements.
	E.4.c. The Board has adequate diversity and the appropriate skills and training to exercise effective governance over the agency.
	E.4.d. The Board provides fiscal direction and oversight (<i>e.g., reviews and signs off on CFRs; reviews financial statements; etc.</i>).
F. Quality Improvement	
The organization acts to improve its effectiveness in the support individuals' quality of life.	
F1. Quality Plan: The organization has a written plan that identifies standards, goals, and objectives and the actions necessary to meet them.	
Standards	F.1.a. The quality improvement plan integrates the domains and factors outlined in this quality matrix.
	F.1.b. The quality improvement plan includes a statement of the goals and objectives for quality service delivery.
	F.1.c. The quality improvement plan includes processes to address quality and regulatory deficiencies.
	F.1.d. The quality improvement plan includes the description of Quality Improvement actions taken during the year.
	F.1.e. The quality improvement plan includes OPWDD transformation areas and priorities.
	F.1.f. The agency’s quality improvement plan incorporates self-assessment, aggregation, analysis in an annual progress summary.
	F.1.g. A summary of the status of the quality improvement plan is reviewed and approved by the board of directors on at least an annual basis.

	F.1.h. The organization is respectful of people's concerns and complaints and has processes to respond and address as needed.
F2. Continuous Quality Improvement: The organization's Quality Plan includes a systemic approach to continuous quality improvement.	
	F.2.a. The organization integrates its efforts in quality assurance, quality improvement, and quality of life into a single integrated quality management system.
	F.2.b. Continuous Quality improvement activities include the systematic collection and analysis of data related to quality assurance, quality improvement, and individualized quality of life.
	F.2.c. Continuous quality improvement includes organizational response to findings resulting from QI activities.
F3. Quality Improvement and Quality of Life: The organization's Quality Plan includes measurement, aggregation and analysis of factors related to individuals' needed and desired quality of life.	
	F3a. The organization analyzes data about desired outcomes expressed by people supported to plan for agency goals and strategies.

