



**Office for People With
Developmental Disabilities**

Division of Quality Improvement

Provider Training 10/14/15

Division of Quality Improvement

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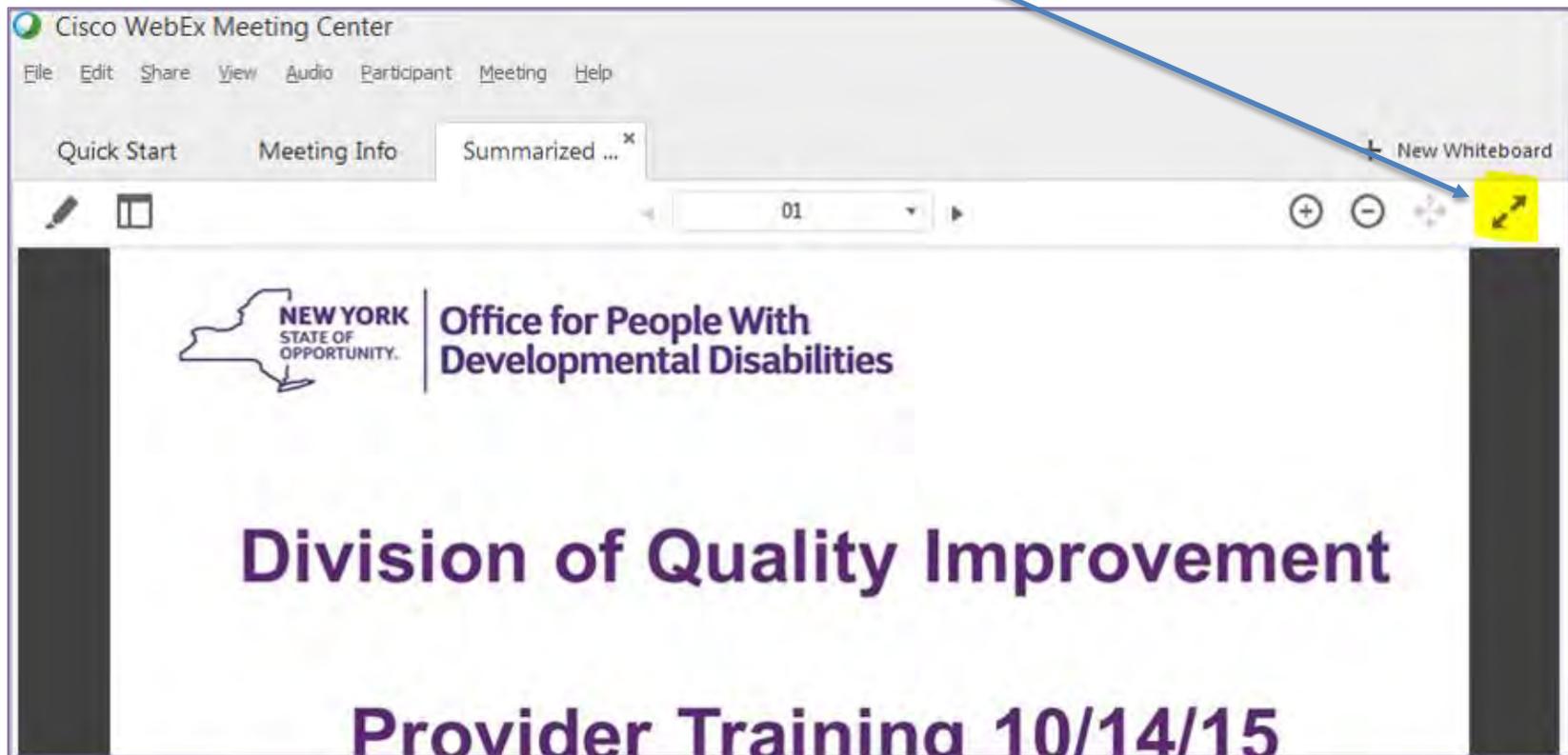
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The screenshot shows the Cisco WebEx Meeting Center interface. The top menu bar includes "File", "Edit", "Share", "View", "Audio", "Participant", "Meeting", and "Help". Below the menu bar, there are tabs for "Quick Start", "Meeting Info", and "Summarized ...". A "New Whiteboard" button is visible on the right. The main content area displays the logo for the "NEW YORK STATE OF OPPORTUNITY" and the "Office for People With Developmental Disabilities". The text "Division of Quality Improvement" and "Provider Training 10/14/15" is prominently displayed. A blue arrow points to a yellow button with a double arrow icon, which is the "Full Screen" button.

Agenda

<u>Time</u>	<u>Topics</u>
9:00-9:15 AM	Welcome
9:15-9:45	DQI Trends and Updates
9:45-10:15	Fire Safety Trends
10:15-10:30	Break
10:30-11:00	Justice Center Trends and Update
11:00-11:30	Incident Management
11:30-12:00	Disability Rights New York
12:00-1:00 PM	Lunch



Agenda

Time

1:00-1:45

1:45 – 3:00

3:00-3:15

3:15-4:00

4:00-4:30

Topics

Nurse Practice Act and Waiver Certification

HCBS Settings and Heightened Scrutiny

Break

HCBS Settings and Heightened Scrutiny, cont'd

Q and A



Welcome

Megan O'Connor-Hebert
Deputy Commissioner,
Division of Quality Improvement





Office for People With Developmental Disabilities

DQI Trends

Presenter(s): Tamika R. Black, DQI Deputy Director
Michael Savery, BPC Upstate Regional Director
Leslie Fuld, IMU Director

October 14, 2015

Topics for Discussion

- Bureau of Program Certification Survey Trends
- Incident Management
- Mortality Review
- HCBS Settings
- Quality Improvement Toolkit/Agency Quality Performance



BPC Survey Trends



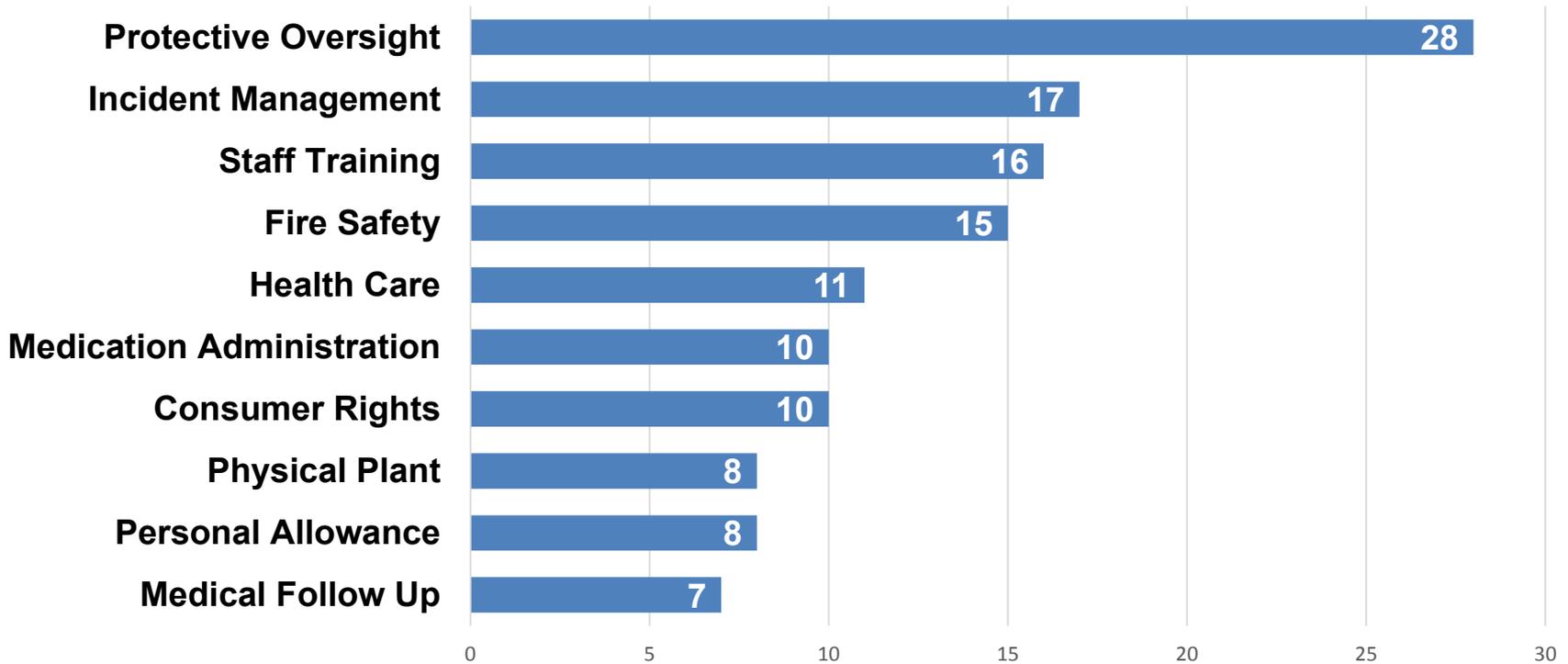
BPC Survey Trends: Key Focus Areas for Providers

- Behavior Management/Plan
- Dysphagia Management
- PICA
- Nursing Oversight
- Fire Evacuation Plans
- Physical Plant/Property Maintenance



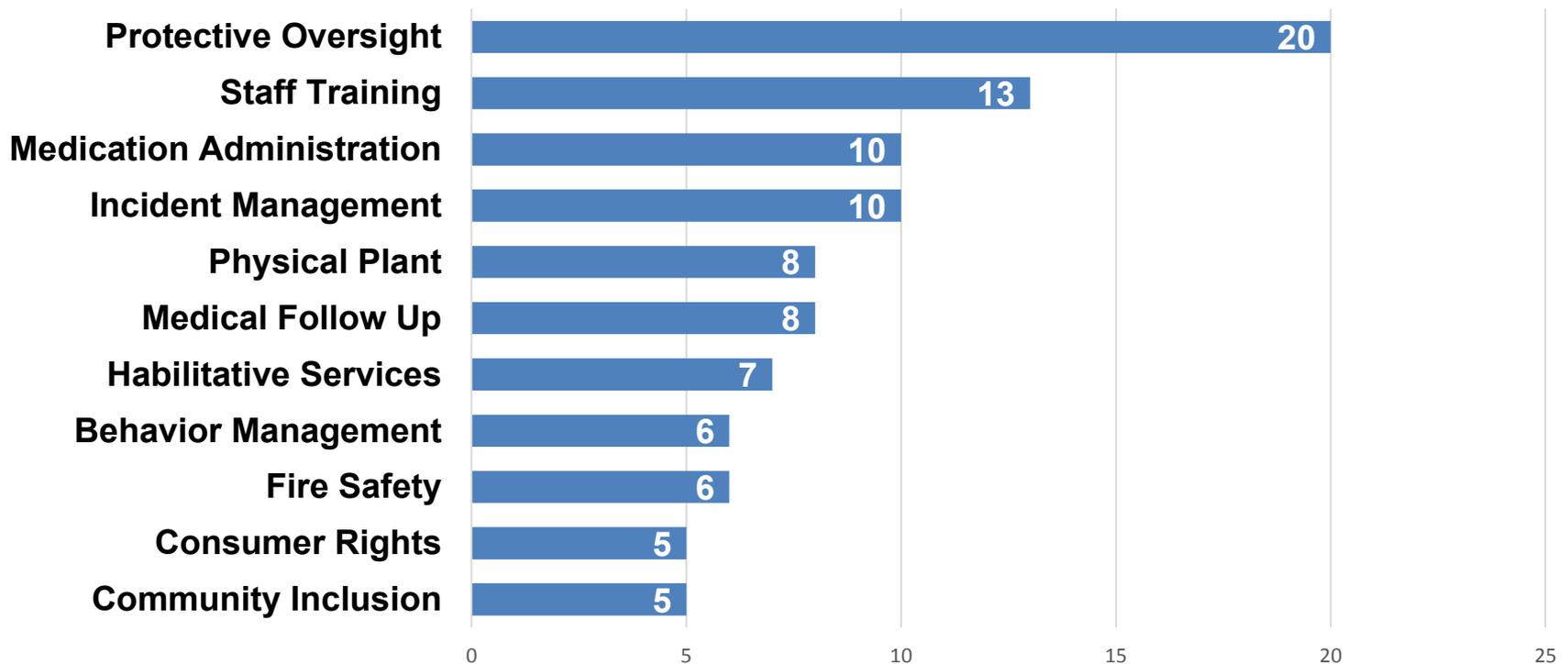
Top 10 Trends in Adverse Actions, 2014

45-Day Letters (10/1/13-9/30/14)



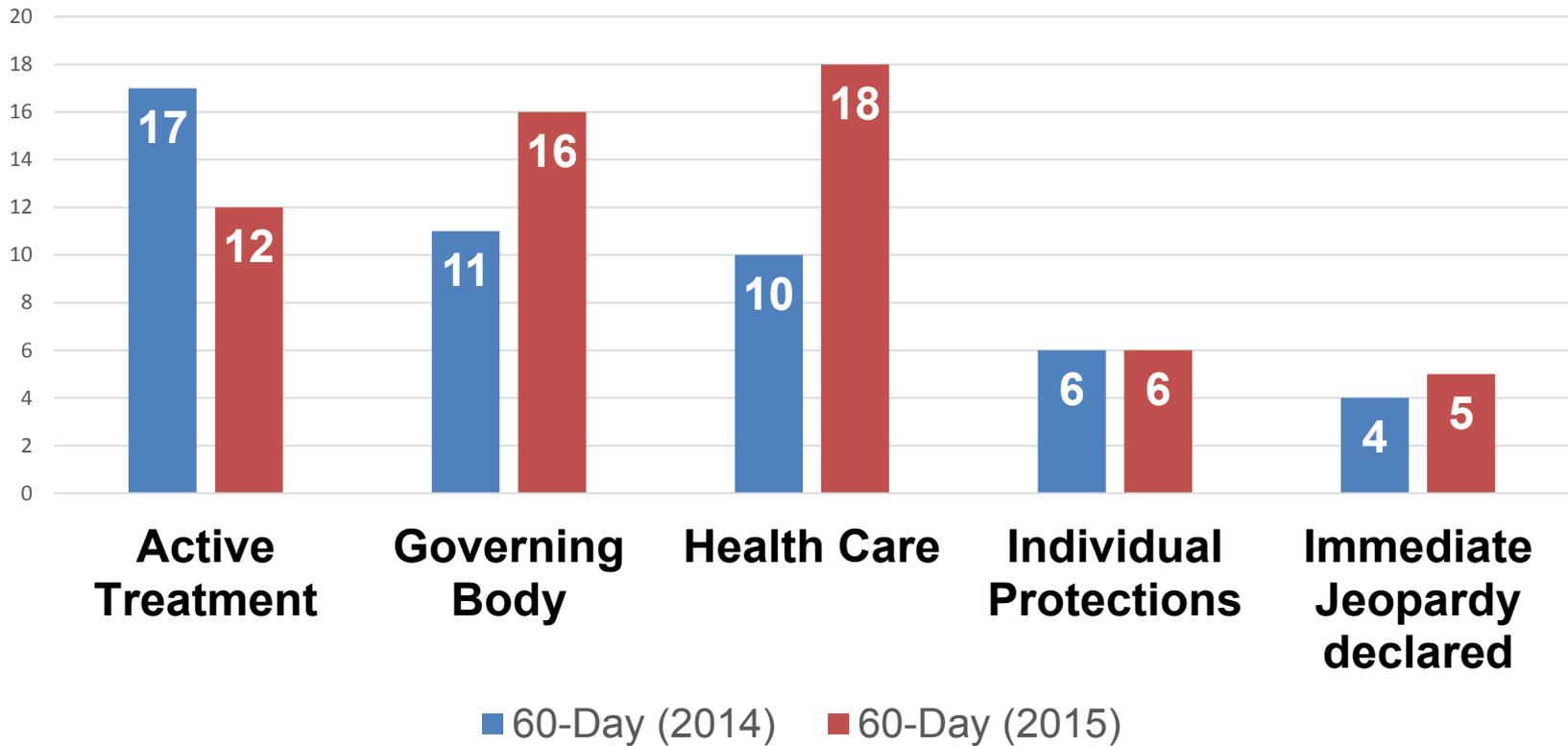
Top 10 Trends in Adverse Actions, 2015

45-Day Letters (10/1/14-9/30/15)



Top 5 Trends in Adverse Actions, 2014 and 2015

60-Day Letters (10/1/13-9/30/14 and 10/1/14-9/30/15)



Top 10 Deficiencies for Non-LSC, 2015

Tag/Reference	Total Deficiencies Cited	Area (Represents 4,000 sites)
ADM #2012-02	612	Evacuation Drills
635-7.4(b)(3)(xv)	519	Hazardous Conditions Identified In Small IRAs
635-7.3(h)(6)	316	Cleaning and Maintenance of Large IRAs
633.4(a)(4)(i)	312	Right to Safe and Sanitary Environment
686.16(b)(1)	312	Appropriate Evacuation Plan
633.4(a)(4)(ix)	247	Staff not Adequately Trained
686.16(B)(4)(III)	239	Staff not Implementing IPOPs
633.4(a)(4)(x)	136	Right to Appropriate Healthcare
635-7.4(b)(3)(xiii)	116	Maintenance of Clear, Unobstructed Exits in Small IRAs
635-7.3(i)(1)	97	Testing of Alarms in Large IRAs



Incident Management



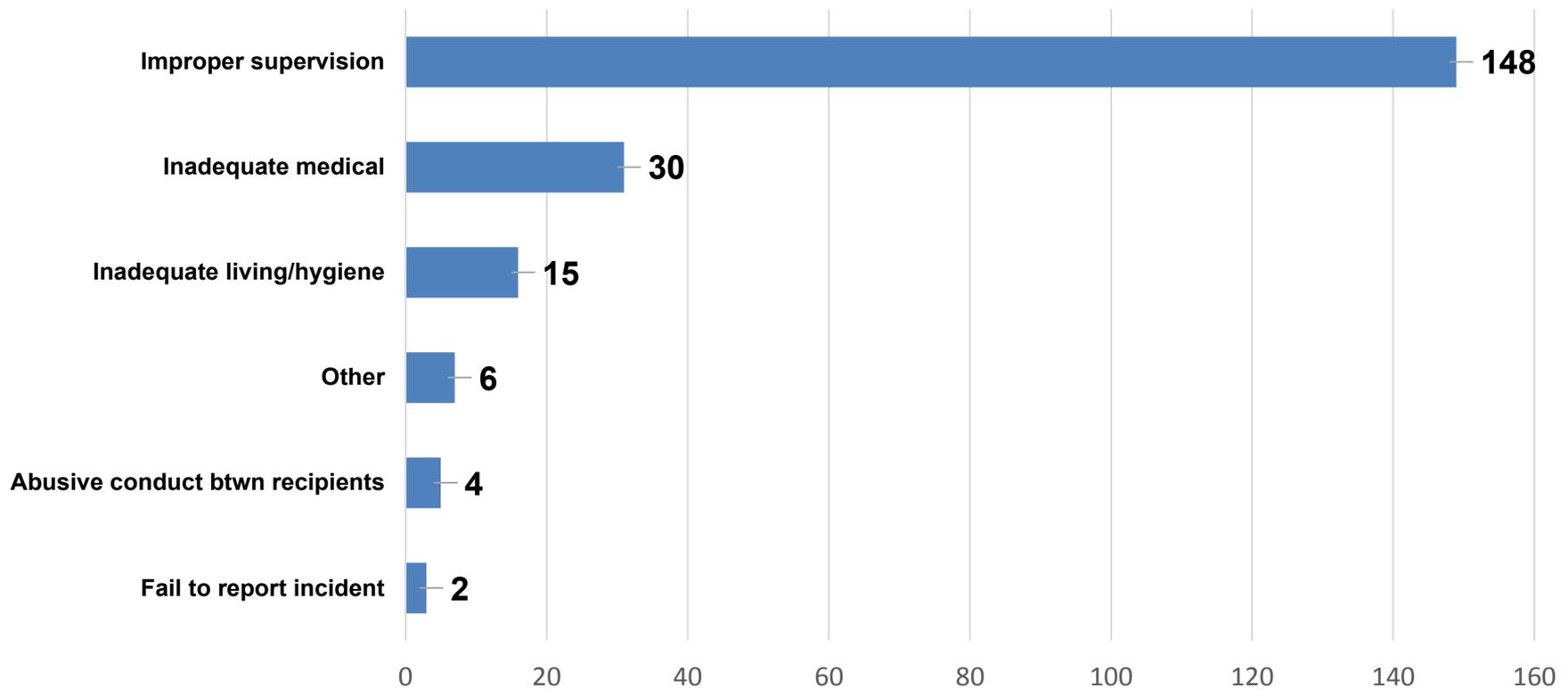
How is OPWDD using incident management data to identify and address trends?

- Statewide Committee on Incident Review (SCIR) – increasing role going forward (i.e., Category 4 substantiations, substantiated abuse/neglect, etc.)
- Agency level trend analysis requirements as part of quality improvement
- DQI Provider Training
- Central Mortality Review Committee



Trends with Category 4 Substantiation

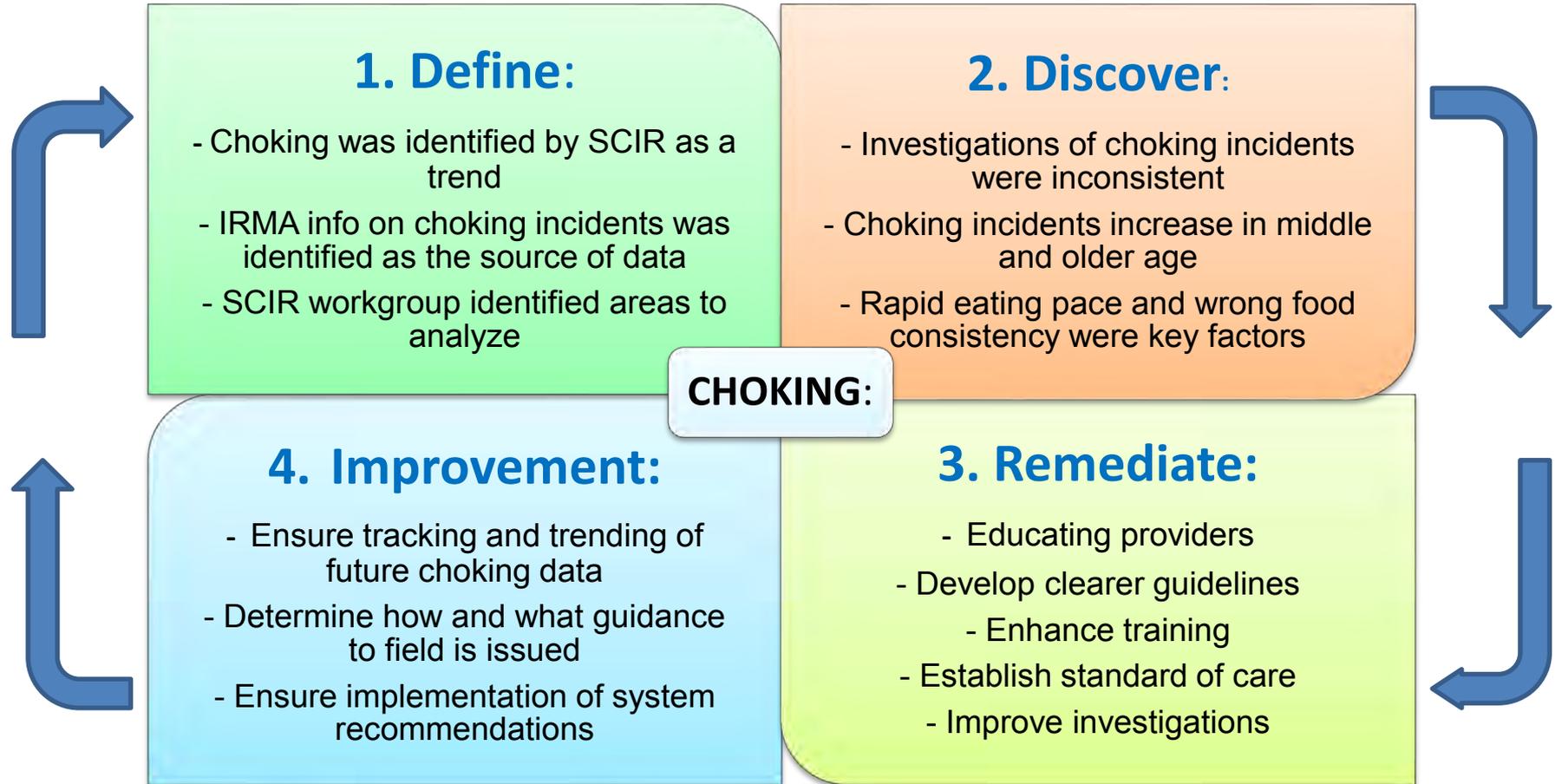
Systemic Category 4 Substantiations by Justice Center Offense Subtype



* Graph includes data from agencies with more than one substantiated Systemic Category 4 incident and shows all Justice Center subtypes with 2 or more substantiations.



Using Trends and Data for Improvement: An Example



Mortality Review



Mortality Review Overview

- Provide an expert review of potentially preventable deaths, identify systems issues that increase the risk of mortality and propose solutions to improve the quality of supports and services across the system
- Implemented Central Mortality Committee as well as six Local Mortality Review Committees in partnership with the University of Massachusetts Center for Developmental Disabilities Evaluation and Research (CDDER)



Mortality Review: Status Update

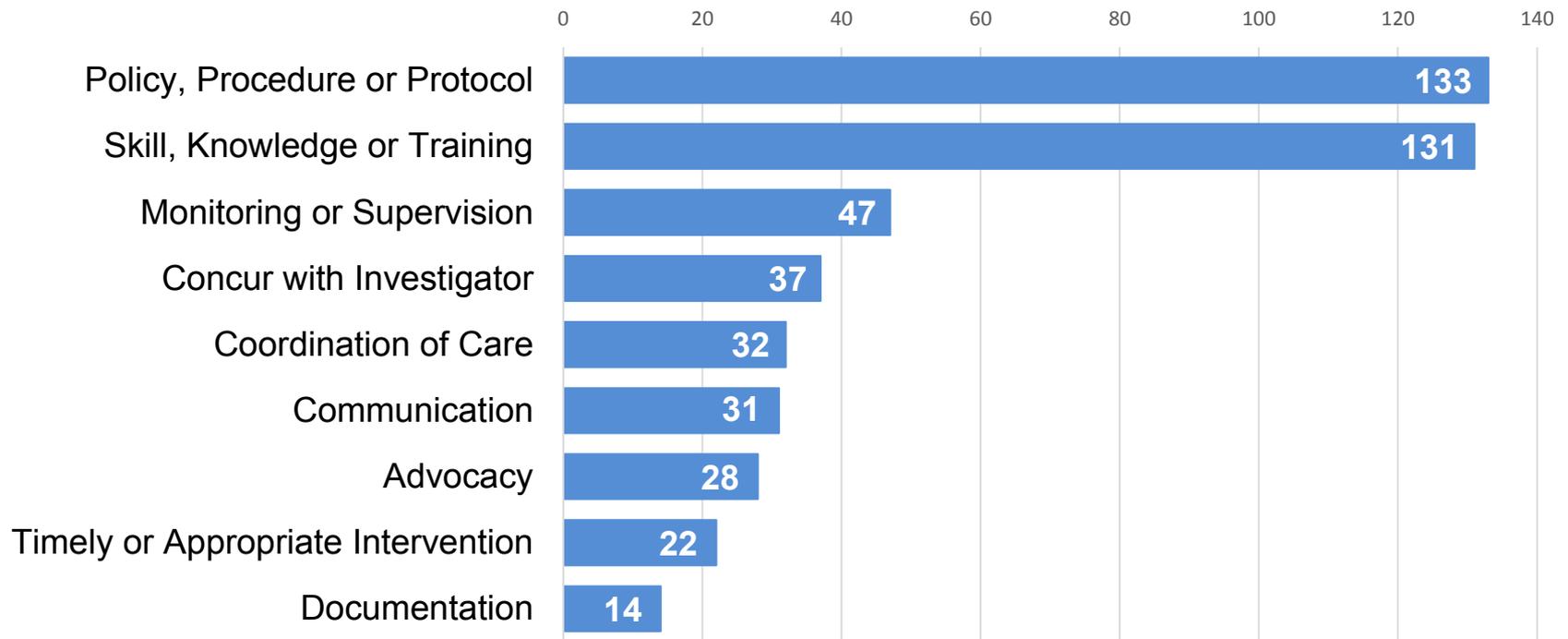
Mortality Review Cases (As of 10/1/2015)

Cases Reviewed	213
Recommendations	439
Cases with No Additional Recommendations	37
Providers	73



Mortality Case Review Recommendations Issued By Category Type

MRC Recommendations by Category (June 2013 – October 2015)



Mortality Awareness and Prevention: Health and Safety Alerts

- Recently released:
 - Telephone Triage
 - Transporting Individuals Safely in Community
- Upcoming focus areas:
 - CPR
 - Choking Prevention-Lessons Learned
 - Vehicle Safety



HCBS Settings



DQI Role in HCBS Settings Implementation

- During the 2014-15 Survey Cycle, baseline assessments were conducted to determine compliance of settings in OPWDD service system with HCBS Settings requirements.
- A sample of 2,000 sites and 1,000 individuals were selected to administer the assessment tool.
 - This represents approximately 30% of total certified sites/programs



DQI Staff Training Initiatives

- Council on Quality and Leadership Personal Outcome Measures
 - All DQI staff to be trained by December 2015
- HCBS Settings
 - Site and Individual for Baseline Assessment
 - Person-centered Planning and Heightened Scrutiny
- Strengths and Risk Inventory



HCBS Settings Assessments

Baseline Assessments (as of 10/8/15)

Assessment	Target (#)	Received to Date (#)	Remaining to Complete (#)
Part 1 - Individual	1,000	972	26
Part 2 - Site	2,000	1,996	4
Total	3,000	2,968	30

** DQI has received and processed 98.9% of all assessments based on 3,000 sample target **



HCBS Settings Preliminary Findings

- Average aggregate compliance rate based on all Part I person centered reviews clearly supports the assumption that smaller setting sizes have higher degree of compliance (91% for settings with capacity of 1-4 beds)
- Person interviews yield lower rates of compliance than the broad look at the site



HCBS Settings Assessment IRAs/CRs Preliminary Results

Standard on HCBS Assessment Tool Part I - Person Centered* (Five Lowest = Priority QI Target Areas for OPWDD)	% Compliant (out of 100%)
The person has a lease or other written occupancy agreement that provides eviction protections and due process/appeals and specifies circumstances where he/she would be required to relocate	19%
The person has a key to the front door of residence and he/she can come and go from setting whenever he/she chooses	34%
The person knows who to contact and/or the process to make an anonymous complaint	42%
The person regularly participates in scheduled and unscheduled community activities to the same degree as others in the community	61%
The person is encouraged and supported to have full access to the broader community based on his/her interests/preferences/priorities for meaningful activities to the same degree as others in the community	65%

*Preliminary results based on 498 interviews.



HCBS Settings Assessment IRAs/CRs Preliminary Results

Standard on HCBS Assessment Tool Part II – Site* Five Lowest = Priority QI Target Areas for OPWDD**	% Compliant (out of 100%)
The home has mechanism to offer and provide keys to people’s bedrooms/front doors if desired	54%
The homes staffing scheduled and operations (and their use of natural/peer supports) is sufficient to support people’s choice/participation in meaningful community activities according to their preferences/priorities in their plans	73%
There are no blanket rules (or policies/procedures) or practices that limit individuals rights, independence, choices or autonomy	73%
There is evidence that the home optimizes community/natural resources including public transportation (if applicable) to ensure that individuals have full access to the community according to their preferences	74%
The home has a mechanism to assess roommate/living arrangement choice and satisfaction and takes timely action if person is dissatisfied	75%

* Preliminary results based on 912 site reviews.

** It is important to note the next two lowest priority QI target areas for OPWDD include ensuring sufficient transportation to support people’s choices (76%) and staff receiving training in HCBS settings requirements (78%).



HCBS Settings Preliminary Findings

- Extrapolation of the scope (geographic) of heightened scrutiny in OPWDD's system yields a range between 16% and 19% of residential settings (3% for adjacent on the grounds of public institution and 16% for clustered/co-located)
- Providers will receive report for their sites reviewed (to begin in November 2015)



HCBS Settings: Resources for Providers

- Providers are expected to use this ADM and OPWDD's HCBS Setting Assessment Tools and CMS guidance and CMS Exploratory Questions to actively plan and develop proactive approaches to working towards and maintaining full compliance with the HCBS Settings federal requirements.



Quality Improvement Toolkit

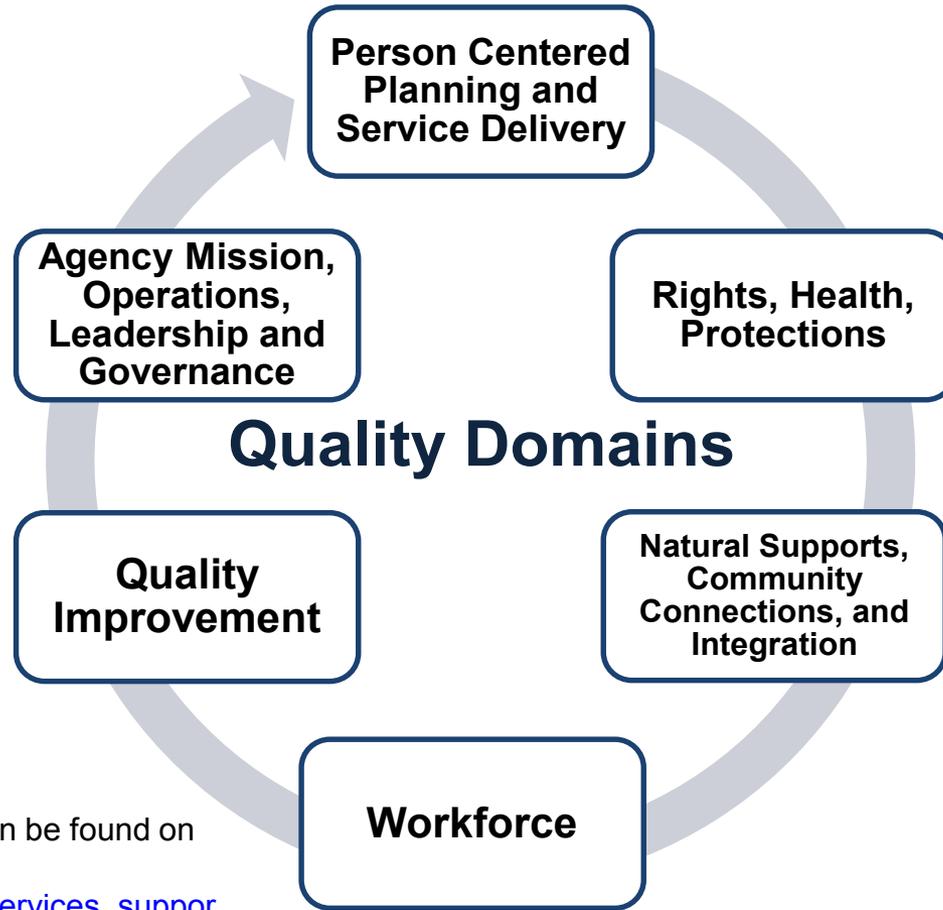


Agency Quality Performance and Survey Redesign

- DQI is in the process of redesigning its survey protocols to increase transparency for providers and stakeholders and enhance efficiencies in the survey process.
- As part of the redesign, DQI will be aligning the domains and quality metrics developed under the Agency Quality Performance Workgroup with protocols. Key features:
 - More comprehensive and robust view of quality and performance
 - Incorporates more than regulatory compliance standards



Agency Quality Performance



Quality Performance Standards can be found on the OPWDD website at:
http://www.opwdd.ny.gov/opwdd_services_supports/service_providers/provider_performance/aqpwg



QI Toolkit

- OPWDD to develop a QI Toolkit for Providers
- Release is anticipated in February 2016 on OPWDD Website
- Key Areas:
 - Governance
 - Fiscal
 - QI Plan



Agency Quality Performance: Provider Resources

Person Centered Planning and Service Delivery

- ☑ Person Centered Planning Regulations

http://www.opwdd.ny.gov/regulations_guidance/opwdd_regulations/person-centered-planning

- ☑ HCBS Settings Toolkit

http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit

- ☑ ADM

<http://www.opwdd.ny.gov/node/5760>

- ☑ CMS Resources

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html>



Agency Quality Performance: Provider Resources

Rights, Health and Protections

- ☑ OPWDD Strengths and Risks Inventory Tool
<http://www.opwdd.ny.gov/node/5521>

Natural Supports, Community Connections and Integration

- ☑ OPWDD Sponsored Symposium: Strategies for the Future – Supporting Complex Needs (November 5, 2015)
http://www.opwdd.ny.gov/news_and_publications/symposium



Agency Quality Performance: Provider Resources

Workforce

- Direct Support Professionals (DSP) Competencies

http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies

- ADM

<http://www.opwdd.ny.gov/node/5483>

- FAQ

<http://www.opwdd.ny.gov/node/4749>



Agency Quality Performance: Provider Resources

Quality Improvement

- ☑ QI Toolkit

Coming in February 2016!

Agency Mission, Operations, Leadership and Governance

- ☑ New York State Office of the Attorney General Charities Bureau

http://www.charitiesnys.com/nonprofit_rev_act.jsp



Questions





**Homeland Security
and Emergency Services**

Office of Fire Prevention & Control

Life Safety Survey Trends

October 14, 2015

Benjamin Keller

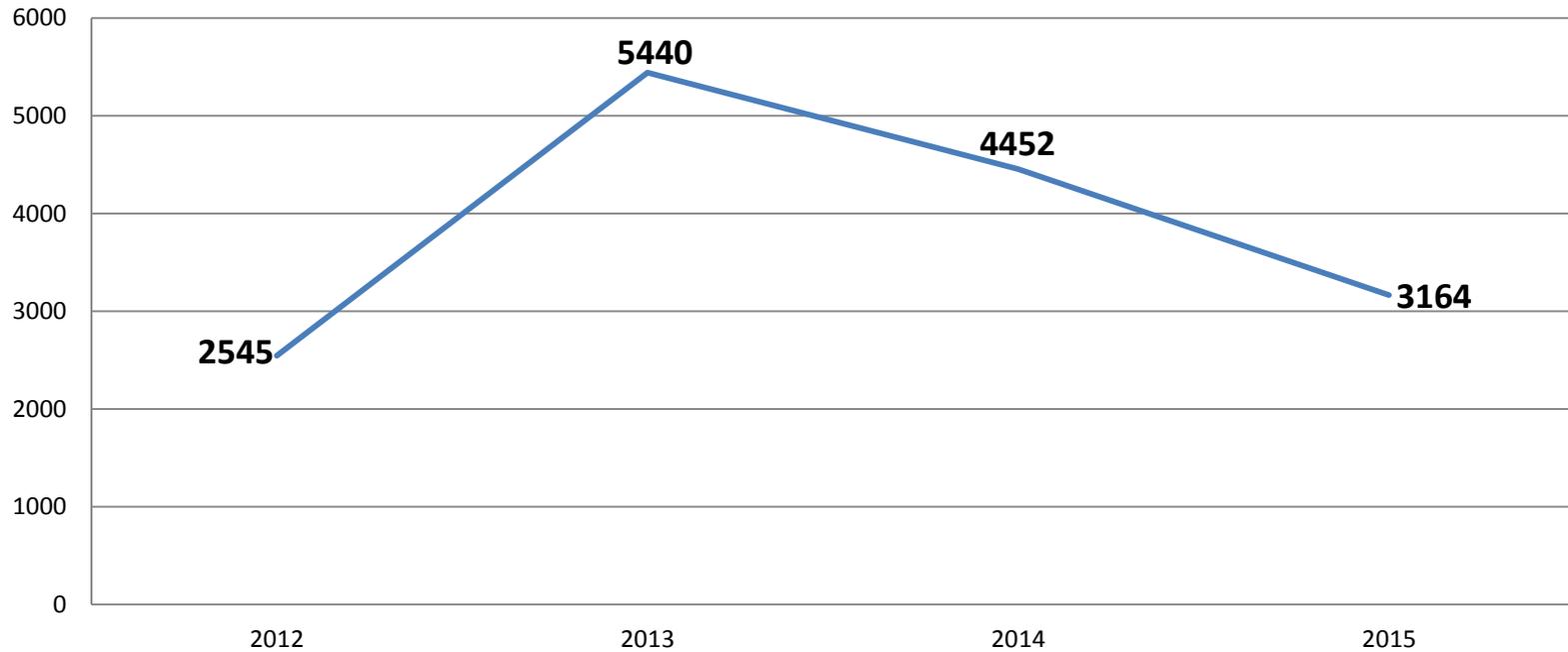
Branch Chief

Office of Fire Prevention and Control

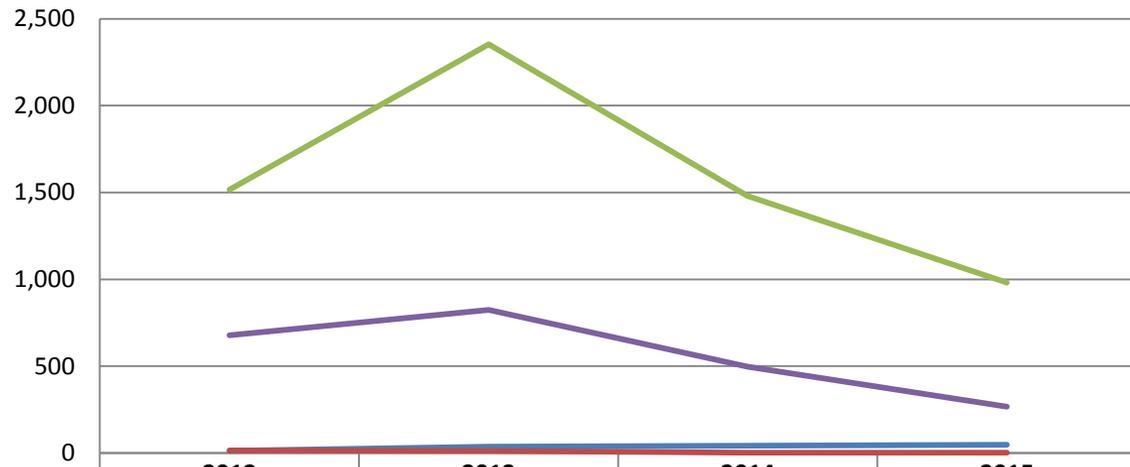
**Western Branch of Inspections and
Investigations**

Trend Overview 2012-2015

Total Deficiencies

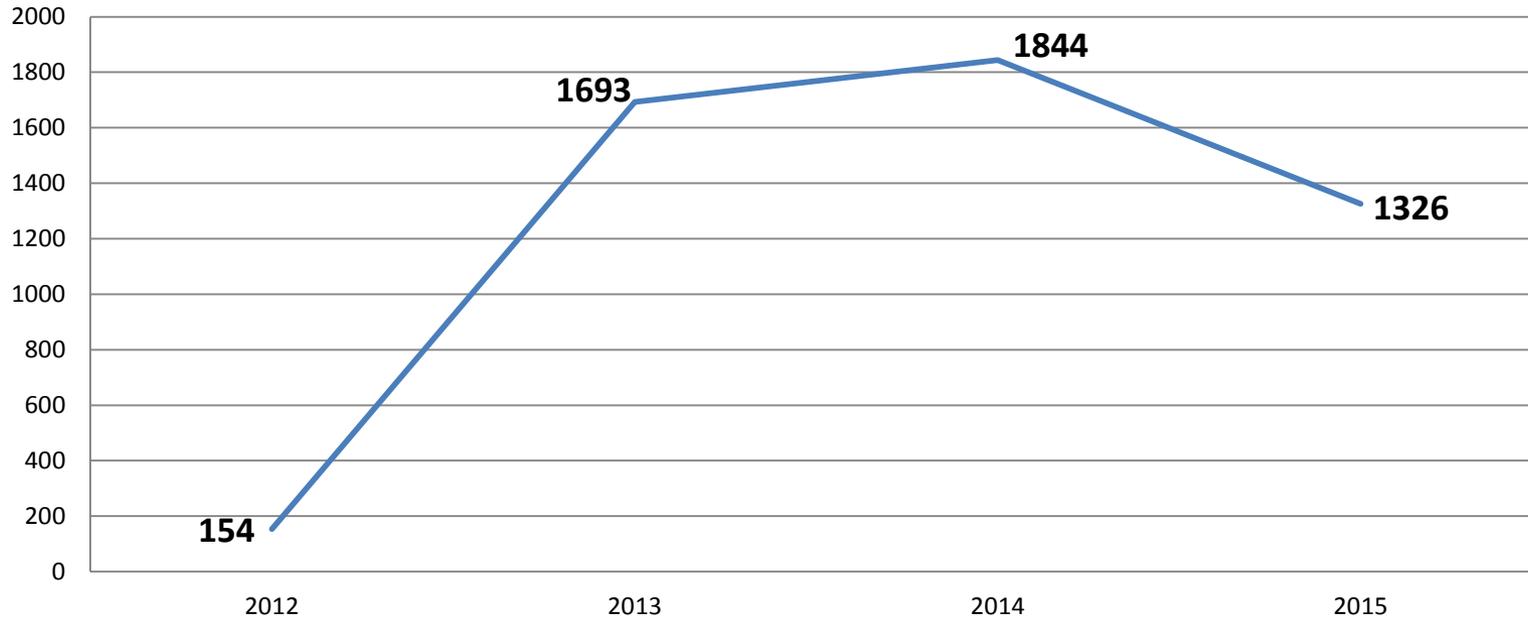


Life Safety Code Deficiencies



	2012	2013	2014	2015
— 2000 LIFE SAFETY CODE (APARTMENT)	12	37	42	47
— 2000 LIFE SAFETY CODE (LARGE B&C)	15	12	2	1
— 2000 LIFE SAFETY CODE (SMALL B&C)	1,517	2,353	1,480	981
— 2000 LIFE SAFETY CODE HEALTH CARE	677	823	496	267

Physical Plant Safety Protocol Deficiencies



Top Ten LSC Survey Findings

Deficiency #10

FS 100 Evacuation Plans-320 Deficiencies Cited

“The site has an acceptable evacuation plan”

- Are all individuals accounted for in the plan?
- Are all required exits identified?
- Are actions taken appropriate upon discovery of a fire or fire alarm activation?
- Is the plan updated and revised when appropriate?

Deficiency #9

K21 Vertical Openings-321 Deficiencies Cited

“Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes.”

Deficiency #9

K21 Vertical Openings-321 Deficiencies Cited

- Open stairwells between two floors
- Doors protecting the stairwell not 20 minute or greater fire resistance rating
- Doors not self or automatic closing
- Doors undercut or have penetrations (animal door)
- Holes in floors or walls that allow the passage of smoke or fire from one floor to another



Deficiency #8

FS106 Facility Meets Life Safety Code-370 Deficiencies Cited

“If the facility is required to comply with NFPA Life Safety Code, it meets the code..”

The following programs must meet the 2000 version of the Life Safety Code:

- All large IRAs
- All small IRAs with evacuation times in excess of three minutes
- State Operated ICFs converted to IRAs
- Supervised CRs established after September 01, 1985
- Any small IRA choosing to be certified under Life Safety Code

Deficiency #7

K147 Fire Evacuation Plans-515 Deficiencies Cited

The administration of every resident board and care facility shall have in effect and available to all supervisory personnel written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. **The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home.** All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction shall be reviewed by the staff not less than every 2 months. A copy of the plan shall be readily available at all times within the facility.

Deficiency #7

K147 Fire Evacuation Plans-515 Deficiencies Cited

- Plan does not include specific instructions to staff or is lacking in any way
- Staff do not review the plan bi-monthly and / or document their review of the plan.

Deficiency #6

K18 Door Closers-611 Deficiencies Cited

Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. No doors shall be arranged to prevent the occupant from closing the door.

Doors shall be self-closing or automatic closing in accordance with 7.2.1.8

Deficiency #6



K18 Door Closers-611 Deficiencies Cited

- Doors shall be capable of being closed and held shut with a latch
 - Broken door latch
 - Missing latch
- Doors shall be self-closing
 - Do not close and latch from open position
 - Propped open with other than an acceptable magnetic-fire alarm controlled release

Deficiency #5

FS102 Drill Frequency-641 Deficiencies Cited

“The Evacuation Plan is practiced through drills with the frequency specified by OPWDD.”

- Lacking one drill per shift per quarter annually
- Annual full evacuation drills not being performed one per shift for healthcare occupancies

Deficiency #4

K32 Separation of Living Spaces-713 Deficiencies Cited

“In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room shall not be exposed to living areas and kitchens.”

- Typically met using the Fire Safety Evaluation System (FSES) for open common living areas
- This deficiency would appear if residence fails to meet the FSES for compliance

Deficiency #3

K56 Fire Sprinkler Systems-930 Deficiencies Cited

“Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7, 33.2.3.5.2 and shall activate the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply shall be documented to the authority having jurisdiction.”

Deficiency #3

K56 Fire Sprinkler Systems-930 Deficiencies Cited

- Wide range of items cited
 - Proper inspection, testing and maintenance of the system (ITM)
 - Documentation of system inspections
 - Obstructed sprinkler heads (storage & positioning)
 - Painted sprinkler heads
 - Lack of sprinkler coverage
 - Lack of spare sprinklers
 - Lack of adequate water supply
 - Security of water supply

Deficiency #3

K56 Fire Sprinkler Systems-930 Deficiencies Cited



Deficiency #2

K51 Fire Alarm (461) K53 Smoke Detection (605)-1,066 Total Deficiencies Cited

“A manual fire alarm system shall be provided in accordance with Section 9.6”

“Approved smoke alarms shall be provided in accordance with 9.6.2.10. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas. Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces.”

Deficiency #2

K51 Fire Alarm (461) K53 Smoke Detection (605)-1,066 Total Deficiencies Cited

- Wide range of deficiencies cited
 - Placement or lack of system components
 - Smoke Detectors
 - Pull Stations
 - Non-functional or obstructed components
 - Inspection, testing and maintenance concerns
 - Improper documentation
 - Lack of complete testing
 - Sensitivity testing
 - Decibel level readings

Deficiency #1

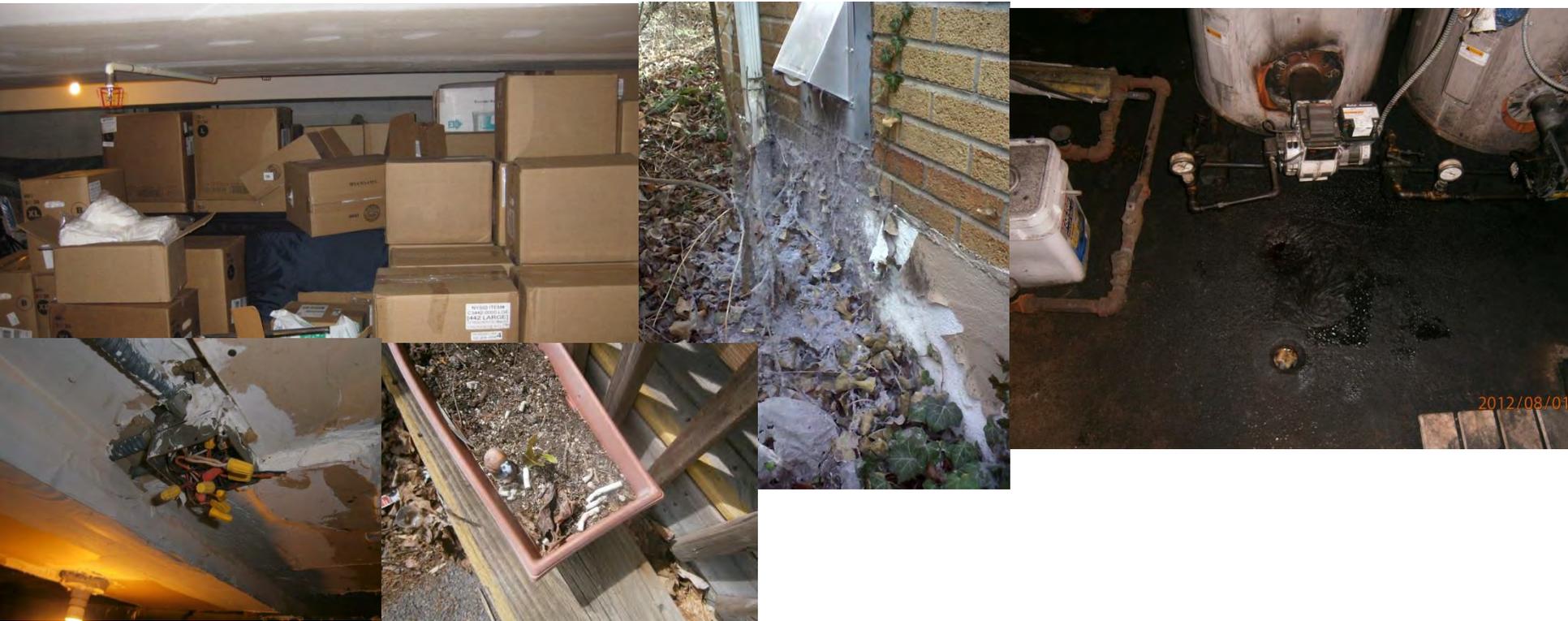
FS 122 Other Fire Safety Hazards-1,156 Deficiencies Cited

“During the survey and during the physical plant walk through, surveyors must be vigilant in the assessment of facilities for potential fire hazards.”

- All relative to what can cause or contribute to the spread of a fire
 - Excessive or poor location of fuel loads
 - Ignition Sources

Deficiency #1

FS 122 Other Fire Safety Hazards-1,156 Deficiencies Cited



Questions?

Thank you!

BREAK

Justice Center Updates

Davin Robinson

Chief of Staff

Justice Center for the Protection of People
with Special Needs

Justice Center Updates

1. New Protocols for Interviewing Service Recipients
2. Reporting Trends
3. Criminal Background Check Unit
4. Inspector General's Bureau

New Protocols for Interviewing Service Recipients

1. Effective July 1, 2015
2. Apply to all investigations of abuse and neglect
3. Protocols and more information available at:
<http://www.justicecenter.ny.gov/media/news/justice-center-protocols-interviewing-people-who-receive-services>

New Protocols for Interviewing Service Recipients (continued)

Facilities and programs must, as soon as possible:

1. Notify personal representatives of victims and witnesses who may be interviewed during the course of an abuse and neglect investigation that an interview may occur.
2. Ask the personal representative if he or she has additional information that an investigator should know regarding the most effective ways to communicate with the person receiving services during the interview.
3. Confirm that notifications have been made to personal representatives of all service recipients who will be interviewed, or that attempts were made to notify the personal representatives.

Personal Representative Presence at the Interview

1. If a personal representative requests to be present during an interview with the service recipient, advise the personal representative that their request may not be granted if confidential information that they are not entitled to (e.g. information about other service recipients) will be disclosed during the interview.
2. Additional exceptions to the presence of a personal representative at an interview are described in the protocols.
3. If personal representatives have questions about the interview process, they may contact the Justice Center's Individual and Family Support Unit at 1-800-624-4143 or via email at supportcoordinator@justicecenter.ny.gov.

Updated Data

- Annual and monthly data reports available at: <http://www.justicecenter.ny.gov/resources/reports>
- Data sets in the monthly report include:
 - Reports made by type of incident
 - Abuse and neglect investigations/outcomes
 - Arrests and criminal prosecution activity
 - Pre-employment checks

Criminal Background Check (CBC) Changes

1. As of January 1, 2016, the emails generated by the CBC system will no longer include the determination.
2. The Authorized Person (AP) will get an email advising that a determination is available in the CBC system for their review.
3. The AP is required to update the employment status in the CBC system.
4. Questions? Contact Deirdre Keating (518) 549-0361
Deirdre.Keating@justicecenter.ny.gov

Criminal Background Check Unit

1. The good news is that an AP doesn't need the email, he or she can always look in the CBC system.
2. The emails will direct the AP to look in the CBC system for results and advise that the employment status should be updated.

Criminal Background Check Unit

1. When an AP logs in to the CBC system, they will see:

Authorized Person Notices Your email address: deirdre.keating@justicecenter.ny.gov

New	Opened	Processed			
User or Applicant No.	Waiver	AP Name	Applicant Last Name	Applicant First Name	Date Sent

Criminal Background Check Unit

APs can also do a search on the applicant search tab:

The screenshot shows the 'Criminal Background Check Applicant Search' web application. At the top left is the 'NYS Justice Center' logo with the tagline 'For the Protection of People with Special Needs'. The main header is purple and contains the title 'Criminal Background Check Applicant Search' and a navigation menu with tabs: 'Applicant', 'FP Locations', 'Administration', 'Reports', 'Help', and 'Log off'. The 'Applicant' tab is selected, and a dropdown menu is open, showing options: 'View/Update Applicant Record', 'View/Update Employment Status', 'Blank Applicant Forms', and 'Blank Applicant Forms (OASAS Providers)'. Below the header, the 'Applicant Search' section includes a 'Search Mode' dropdown and a search input field. A red warning message states: 'Enter the applicant's name, number, or social security number. Note: This Search will return only applicant records entered by your agency.' Below this are three input fields for 'Name (Last, First, Middle)', 'CBC Applicant Number', and 'SSN'. At the bottom are 'Search' and 'Clear Criteria' buttons.

Inspector General's Bureau

1. Legislative Authority
2. Purpose of Visit
3. What to Expect During the Visit
4. What to Expect After the Visit
5. Questions? Contact Serena Sturman-Pupons at (518) 549 - 0302 or Serena.Sturman-Pupons@justicecenter.ny.gov

Questions?

Incident Management

October 14, 2015

Leslie Fuld, Director
OPWDD IMU



Reporting to the Justice Center (JC)

1-855-373-2122

All reportable incidents must be reported to the Justice Center when it meets the following criteria:

- Meets the definition of a “reportable incident” in Section 624.3 of abuse/neglect or a significant incident; AND
- **Occurred under the auspices of a program certified by OPWDD or operated by OPWDD**



Reporting to OPWDD

- Incidents which rise to the level of Reportable Incidents must be reported to OPWDD; also Serious Notable Occurrences
- Report to the appropriate OPWDD Incident Compliance Officer during business hours
- Via phone during off hours to
1-888-479-6763
- All contact information is posted on the OPWDD website on the incident management page



Reporting to OPWDD

Effective June 30, 2013, OPWDD added around-the-clock staff to receive incident management notifications and provide technical assistance during non-business hours. This unit has processed:



Off Hours Reporting to OPWDD

- During 2013 (June 30 – Dec. 31): 3,277
 - During 2014 (full calendar year): 5,369
 - 2015 (January 1 - August 31): 5,250
-
- A total of **over 14,000** off hours notifications since June 30, 2013

NYCRR Part 624 Changes



New Part 624 Regulations

- These regulations became effective September 8, 2015 and will be permanently adopted effective December 2, 2015. The emergency/proposed regulations include many of the same requirements in the June 11, 2015 emergency regulations as well as a number of new requirements.

Changes in provisions effective on September 8, 2015:

- A provision was added that requires electronic submission of investigative records. The provision requires investigative records of reportable abuse and neglect under the authority of the Justice Center on or after January 1, 2015 which are delegated to provider agencies for investigation to be submitted via the Justice Center's Web Submission of Investigation Reports (WSIR).
- This requirement is found in 624.5(p)(1).

Changes in provisions effective on September 8, 2015:

- Records uploaded via the WSIR will be automatically uploaded into IRMA each night. There is no need for an agency to upload into the WSIR and also into IRMA.
- All providers should have NYS.gov ID by now
- New staff need to obtain NYS.gov ID to use the WSIR.

Changes in provisions

effective on September 8, 2015:

- A provision was added to clarify that if an investigator recognizes a potential conflict of interest, the investigator must report the potential conflict of interest to the provider agency, and the provider agency must relieve that person of duty to investigate that incident where a conflict of interest exists.
- This requirement is found in 624.5(h)(7)(i).

Changes in provisions effective on January 1, 2016:

- Provisions were modified to expand the definition of significant incidents to include some types of incidents that OPWDD had previously defined as serious notable occurrences.

Changes in provisions effective on January 1, 2016:

- In addition, “other mistreatment” has been changed to “mistreatment” and “other significant incident” added. “ICF violation” has been deleted.
- These requirements are found in 624.3 and 624.4.

Categories of Incidents Effective January 1, 2016



Reportable Incidents: Abuse and neglect

- Physical abuse
- Sexual abuse
- Psychological abuse
- Deliberate inappropriate use of restraints
- Use of aversive conditioning
- Obstruction of reports of reportable incidents
- Unlawful use or administration of a controlled substance
- Neglect (no subcategories)

Reportable Significant Incidents Effective January 1, 2016

- Conduct between individuals receiving services
- Seclusion
- Unauthorized use of time-out
- Medication error with adverse effect
- Inappropriate use of restraints
- Self abusive behavior with injury

Reportable Significant Incidents

Effective January 1, 2016

- Missing person
- Unauthorized Absence
- Choking with known risk
- Choking with no known risk
- Injury, with hospital admission
- Theft/Financial exploitation
- Mistreatment
- Other significant incident

Guidance Document on the OPWDD Website for Types of Incidents

OPWDD NYCRR Part 624-Types of Incidents Reportable Abuse/Neglect, Reportable Significant Incidents and Serious Notable Occurrences			
Effective June 30, 2013-December 31, 2015		Effective January 1, 2016	
Category	Classification	Category	Classification
Reportable Incidents Abuse/Neglect	Physical Abuse	Reportable Incidents Abuse/Neglect	Physical Abuse
	Sexual Abuse		Sexual Abuse
	Psychological Abuse		Psychological Abuse
	Deliberate inappropriate use of restraints		Deliberate inappropriate use of restraints
	Aversive conditioning		Aversive conditioning
	Obstruction of reports of reportable incidents		Obstruction of reports of reportable incidents
	Unlawful use or admin. of a controlled substance		Unlawful use or admin. of a controlled substance
Reportable Incidents Significant Incidents	Neglect	Reportable Incidents Significant Incidents	Neglect
	Conduct between individuals receiving services		Conduct between individuals receiving services
	Seclusion		Seclusion
	Unauthorized use of time out		Unauthorized use of time out
	Medication error with adverse effect		Medication error with adverse effect
	Inappropriate Use of Restraints		Inappropriate Use of Restraints
	Other Mistreatment		Mistreatment
	Missing Person		Missing Person
	Choking, with known risk		Choking, with known risk
	Self-abusive behavior with injury		Self-abusive behavior with injury
Serious Notable Occurrences	Choking, no known risk	Serious Notable Occurrences	Death
	Death		Sensitive Situation
	ICF Violation		
	Injury		
	Sensitive Situation		
Minor Notable Occurrences	Theft or financial exploitation	Minor Notable Occurrences	Injury
	Unauthorized Absence		Thrift/Financial Exploitation
			NO CHANGES



Other Part 624 Incidents which do not fall under the authority of the Justice Center

Serious Notable Occurrences:

- Sensitive Situation
- Death



Minor Notable Occurrences:

- Injury
- Theft/Financial Exploitation



Changes in provisions effective on January 1, 2016:

- A new provision was added that requires agencies to establish a dedicated electronic mailbox to receive incident notifications from OPWDD in order to act on issues in a timely manner.
- This requirement is found in 624.5(w).



- Agencies must provide the dedicated electronic mailbox address to OPWDD IMU
- OPWDD IMU will not use this mailbox prior to January 1, 2016

Changes in provisions effective on January 1, 2016:

- A provision was added that requires electronic submission of the full investigative record to OPWDD for reports of abuse and neglect not under the authority of Justice Center. These records must be uploaded to the Incident Report and Management Application (IRMA) by provider agencies for incidents that occur or are reported on or after January 1, 2016.
- This requirement is found in 625.5(p)(2).

Changes in provisions effective on January 1, 2016:

- This provision also requires all investigative records for deaths of any individual that occurs under the auspices of an agency be uploaded to IRMA. This requirement is also found in 625.5(p)(2).

Death Reporting to OPWDD

- All deaths must be reported to OPWDD
- This includes deaths reported under Part 624 and Part 625
- The Report of Death form must be completed and submitted in IRMA within 5 working days



OPWDD now offers a training on completing death investigations and the Report of Death form in IRMA. This began in September and is in the training catalog for provider staff to sign up and attend.



Guidance

- OPWDD will be generating guidance to the field in the near future in the form of a new Part 624 Handbook

Closure of Reportable Abuse/Neglect cases

- OPWDD continues follow up for those not submitted timely
- Agencies may contact OPWDD IMU for cases that are causing significant impact and OPWDD will follow up with the Justice Center



Closure of Significant Incidents

- Providers should close in IRMA
- Closure in IRMA sends required information to the VPCR at the Justice Center



Jonathan's Law

- The agency must fulfill any Jonathan's Law requests.
- If the agency completed the investigation, the redacted investigative record must be provided
- If the investigation was completed by other than the agency (such as the JC), the agency must provide the investigative report.

Jonathan's Law

- When the JC completes an investigation, the agency must redact the report to meet the requirements of Jonathan's Law
- Jonathan's Law disclosure cannot be completed until the incident is closed.
- For Reportable Abuse/Neglect under the authority of the JC, the incident cannot be closed until the LOD is received from the JC



Investigations Review Unit

- Established March 1, 2015
- Reviewed approximately 2,000 investigations of Reportable Abuse/Neglect between March 1 and August 1, 2015



Review of Abuse/Neglect Most Common Issues

- Format issues (including testimony not summarized, source of information not provided, documents/written statements missing or not labeled appropriately, etc...)
- Failure to identify/interview all potential witnesses
- Failure to address contributing factors of an incident/ancillary issues in conclusions



Review of Abuse/Neglect

- IMU will post an example of an investigative report to the IMU page on the OPWDD website in the near future.

Investigation Review Training

- The training will focus on requirements for the submission of an investigative record including documents that should be submitted, the required investigative format, and what OPWDD reviewers look for in an investigative record.
- This training is intended for investigators, Quality Assurance personnel, and others who are responsible for reviewing and submitting investigative records.



Investigation Review Training

- Three trainings:
 - Monday, November 30, 9:30AM-12:00PM
 - Thursday, December 17, 9:30AM-12:00PM
 - Wednesday, January 20, 9:30AM-12:00PM





**New York State's
Protection & Advocacy System
Client Assistance Program**

Jennifer Monthie, Esq.

Director

Protection & Advocacy for Individuals with ID/DD (PADD)

Protection & Advocacy for Individuals with TBI (PATBI)

Protection & Advocacy for Assistive Technology (PAAT)

Introduction

Disability Rights New York is the statewide Protection and Advocacy System and Client Assistance Program

DRNY advocates for New Yorkers with disabilities to enable them to:

- Exercise their own life choices
- Fully participate in their communities
- Enforce their civil and legal rights

Our History



The federal P&A system started in New York State in the 1970's as a result of an exposé on the deplorable conditions in the Willowbrook State School, an institution for people with developmental disabilities on Staten Island.

Creation of P&A System

Original purpose to protect people with developmental disabilities living in institutions from abuse and neglect

The P&A's mandate now covers:

- All people with disabilities
- A broad range of issues
- All settings that assist people with disabilities

The P&A System

- P&A agencies exist in every state and territory (57 total).
- Mostly non-profits; 7 state agency P&As.
- Largest provider of legally-based advocacy for individuals with disabilities in the country.
- Cross-disability.

P&A Access Authority

Federal law provides P&A's with broad access to monitor and investigate abuse and neglect, including to:

- Visit facility sites;
- Interview facility residents;
- Review individual records;
- Review records of investigations by other agencies.

The Client Assistance Program

Created by the Rehabilitation Act of 1973 (precursor to the ADA).

Provides information and assistance to people receiving vocational rehabilitation (VR) services in order to access employment.

Principals of the P&A System and Client Assistance Program

CLIENT-DIRECTED

LEGALLY BASED

INDEPENDENT ADVOCACY

CONSUMER-MANAGED

The Role of P&A Agencies

The P&A Acts assign to P&A agencies “a whistle blower, ombudsman, watchdog, advocacy and ‘private attorney general’ role.”

- *Indiana Protection and Adv. Serv. V. Indiana Family and Social Serv. Adm.*,
603 F. 3d 365, 383 (7th Cir. 2010)
(*Posner, Circuit Judge, concurring*).

The Role of P&A and CAP

- Protect and advocate for the rights of people with disabilities;
- Have access to people with disabilities;
- Have access to the records of people with disabilities to facilitate investigations;
- Investigate incidents of abuse and neglect.

The Role of the P&A and CAP

- Provide information and referral;
- Pursue legal, administrative, and other appropriate remedies and approaches
- Have authority to educate policy makers
- Establish goals and priorities
- Coordinate with other advocacy agencies

The P&A and CAP System in New York

- New York's P&A from 1978 – 2013 was the Commission on Quality of Care and Advocacy for People with Disabilities.
 - State agency
 - Contracted with other not-for-profit organizations to represent people with disabilities in New York
- Disability Rights New York designated the new P&A in 2013.
 - Not-for-profit organization that receives federal funding
 - Carry out P&A responsibilities from offices in Albany, Brooklyn, and Rochester, New York

DRNY's Offices

DRNY has three locations in New York State

**725 Broadway,
Suite 450
Albany, New York
12207**

**25 Chapel Street,
Suite 1005
Brooklyn, New York
11201**

**44 Exchange Blvd,
Suite 110
Rochester, New
York 14614**

DRNY and the Justice Center

We are not the same!

- The NYS Justice Center is a state agency created to investigate and criminally prosecute abuse and neglect of people with disabilities.
- DRNY also investigates abuse and neglect, but **that's not our only function. DRNY addresses** abuse and neglect through litigation, reports and other forms of advocacy.
- You can report abuse and neglect to both DRNY and the Justice Center.

What DRNY Does

- Direct legal representation;
- Technical assistance;
- Systemic advocacy;
- Education;
- Outreach;
- Information & Referrals.

Continuum of Remedies

Information and Referrals

Outreach to Un-served and Underserved Populations

Training, including Self – Advocacy Skills

Legal Counsel and Advice

Negotiation and Mediation

Administrative Proceedings

Individual Litigation

Monitoring

Public Policy and Legislative Advocacy

Public Relations

Systemic Litigation and Advocacy

P&A Programs and CAP

- Individuals with developmental disabilities (PADD)
- Individuals with mental illness (PAIMI)
- Individual rights (PAIR)
- Individuals with traumatic brain injuries (PATBI)
- Voting access (PAVA)
- Assistive technology (PAAT)
- Beneficiaries of Social Security (PABSS)
- Client Assistance Program (CAP)

What We Don't Do

DRNY does not provide:

- Criminal defense representation;
- Representation in family court matters (Ex.: Divorce and child custody);
- Non-legal services (Ex.: service coordination and job placement).

If you are looking for these services, DRNY staff can refer you to other organizations or attorneys who may be able to help

If You Need OUR Assistance

Contact our intake staff by phone or email

- Intake staff is available to take your call on M-F 9 a.m.-5 p.m.
- You can also leave a message or send an email at any time

We may need you to send us relevant documents, such as:

- Evaluations
- Individualized Education Program
- Individual Service Plan
- Behavioral Records
- Denial letters
- Investigative findings letter

The services we provide are free of charge and confidential!

Contact Information

DISABILITY RIGHTS NEW YORK

725 Broadway, Suite 450

Albany, NY 12203

Phone (518) 432-7861

Toll Free: (800) 993-8982

TTY: (518) 512-3448

Fax: (518) 427-6561

Email: mail@DRNY.org

www.DRNY.org



**Office for People With
Developmental Disabilities**

Update on Nurse Practice Act Expansion Implementation and Required Actions for all HCBS Waiver Providers

October 14, 2015

Maryellen Moeser, Regional Director

Colleen Delaney, DDRO1

Ellie Smith, Standards Compliance

Analyst 3

Content covers:

- Update on MHL Changes to Nurse Practice Act Exemption and what this means for all HCBS waiver providers
and
- Timeline of implementation actions
and
- Process requirements applicable to all HCBS waiver providers

Due to time limits for this session we are not covering the programmatic requirements to administer routine nursing services in the community.



Background: Nurse Practice Act Exemption Changes

- The Nurse Practice Act Exemption Clause for OPWDD was enacted by **Chapter 58 of the Laws of 2014**
- It expanded the exemption for the **provision of certain nursing tasks performed by direct support professionals (DSPs)** to include programs approved funded/and/or authorized by OPWDD (in addition to the already existing exemption for certified residential settings).
- The 2015-16 Enacted Budget included **additional changes necessary to fully implement the NPA Exemption Clause** in community based settings throughout OPWDD's service system.



Additional Changes from 2015-16 MHL:

- Requires OPWDD to **issue operating certificates for all waiver services**

We will do this by converting your existing approved Provider Agreements to operating certificates (for voluntary providers), and,

- For providers who choose to deliver routine nursing services in the community we must also authorize this through operating certificates for qualified providers as determined by DQI



Waiver Services where Routine Nursing Services May Be Provided Upon Authorization in Community through CON approval process

- Community Habilitation/Habilitation Services
- Respite Services
- Day Habilitation provided in the community (i.e., without walls)

Initial Conversion of Waiver services to operating certificates:

- ✓ Based upon 5-year Provider Agreement renewal vetting
- ✓ Providers will receive a 1-3 year op cert for each waiver service
- ✓ Group authorization process applies
- ✓ Providers may apply to deliver nursing services at the same time as initial conversion or anytime after
- ✓ Note: State operations providers will receive operating certificate based on survey performance

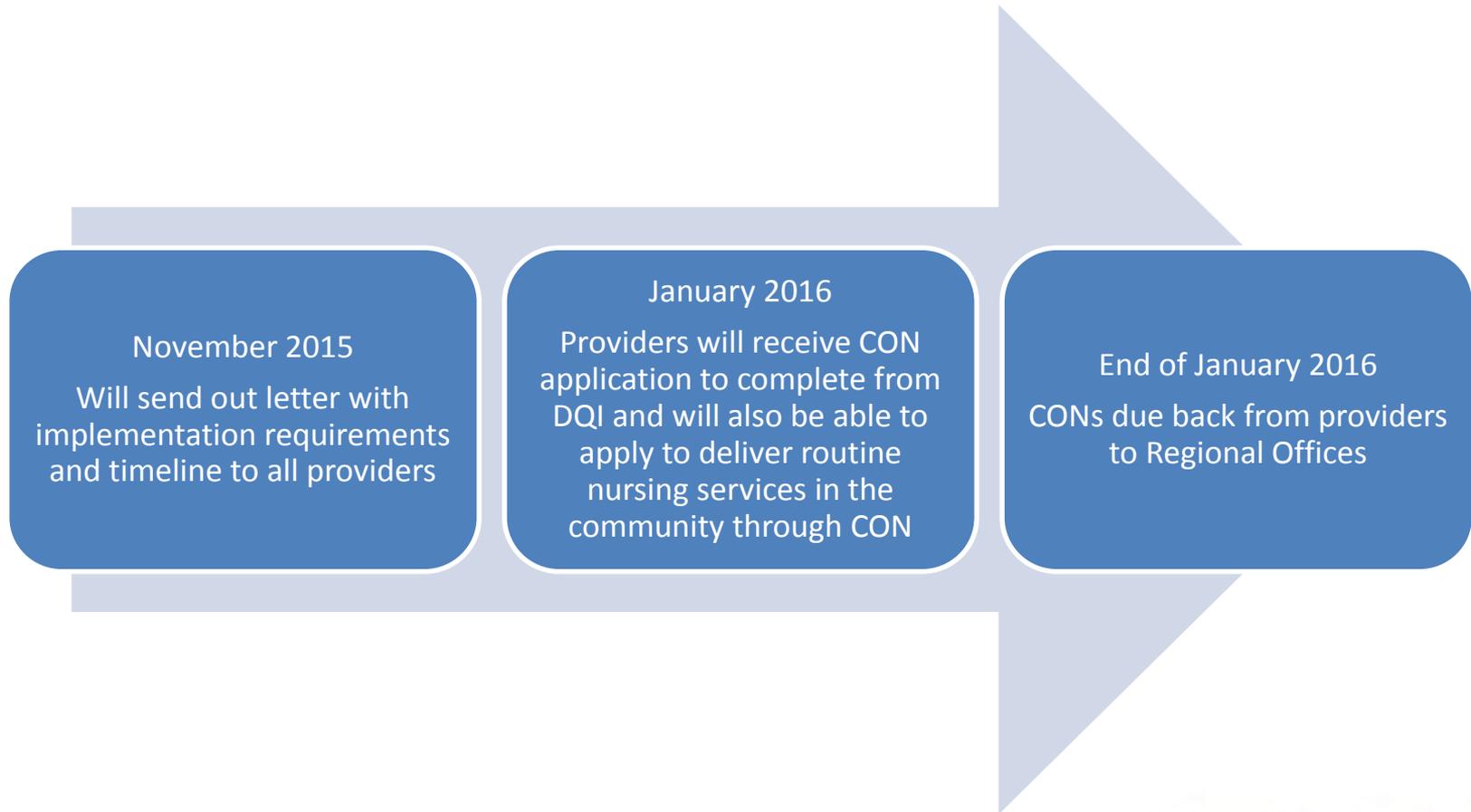
Ongoing: CON process required for

- ✓ New waiver service providers;
- ✓ Changes to waiver services delivered for existing providers—i.e., adding or eliminating certain waiver services;
- ✓ Waiver service providers choosing to deliver nursing services in the community and/or ending the delivery of nursing services in the community

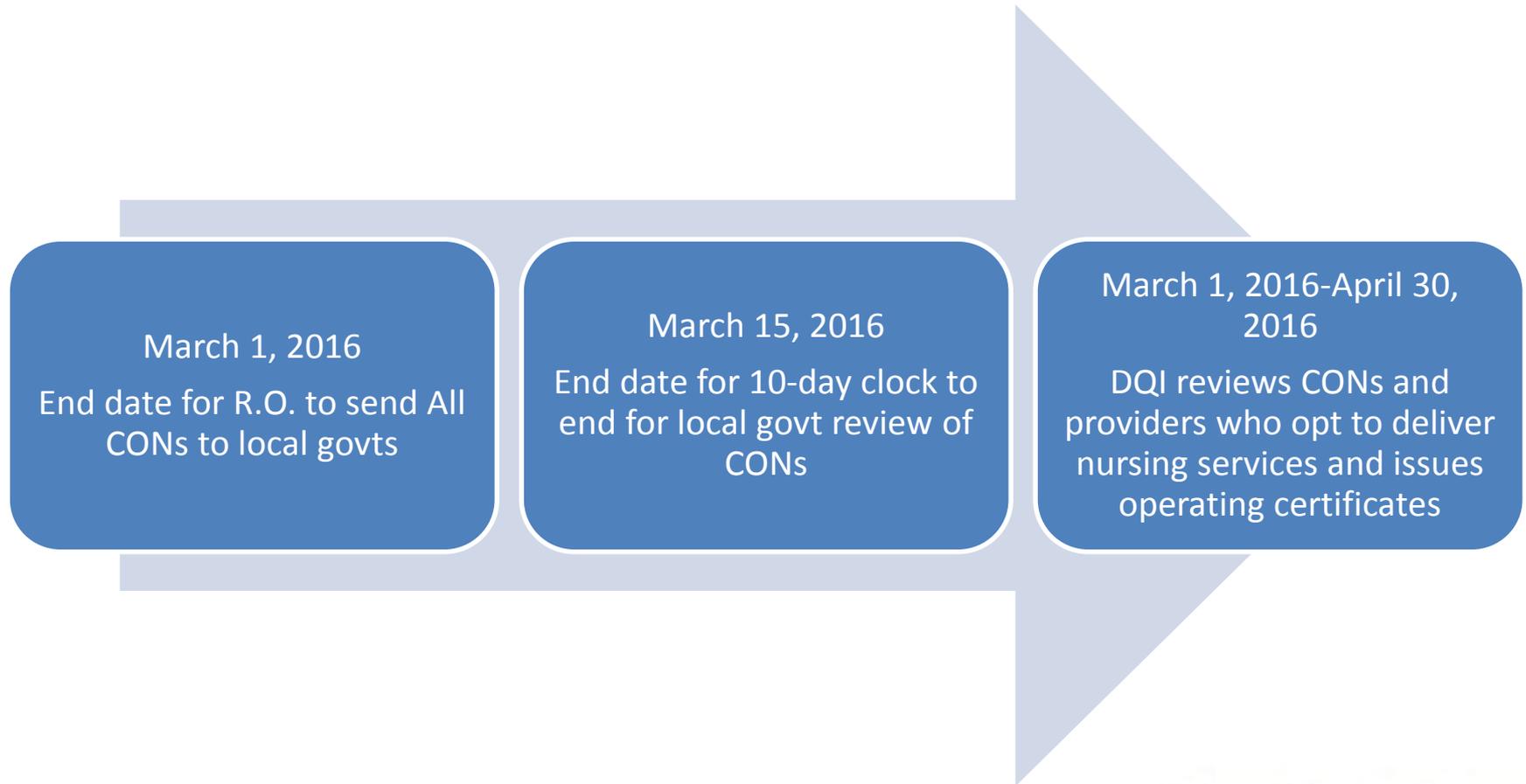
Implementation and Proposed Timeline



Proposed Process Timeline



Proposed Process Timeline



QUESTIONS?





**Office for People With
Developmental Disabilities**

HCBS Settings and Heightened Scrutiny Process

Division of Quality Improvement

Maryellen Moeser, Regional Director

Barbara Van Vechten, Director

Continuous Quality Improvement



Presentation Objectives

- Overview of OPWDD's planned Heightened Scrutiny Process and what it means for providers
- Update providers on the plan for HCBS Settings and Person Centered Planning Reviews and the timeline



Intent of New HCBS Rules

- Better align HCBS Medicaid funding and program requirements with civil rights protections afforded under ADA
- Address concerns that in some states HCBS used to fund “institutional-style” settings lacking opportunities for people to engage meaningfully in their communities
- Ensure that individuals have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate to their needs



Key Points to keep in mind

- Outcome oriented – focuses on **nature and quality of individuals' experience** in the setting
- The regulations focus on whether individuals supported have the “**same degree of access**” as others in the broader community
- **OPWDD's Plan requires compliance by October 1, 2018**
- Person Centered Planning and Process Requirements **effective now**—not subject to five year phase-in



Key Elements of HCBS settings Rules

- The setting is integrated in, and supports full access to, the greater community;
- Selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.
- Any modification of rights requires specific individualized assessed need, justified/documentated in person-centered plan, data on effectiveness, ongoing review of continued need for modification.



Key Elements of HCBS settings Rules

In provider controlled residential settings:

- Individual must have legally enforceable lease/agreement
- Individual has privacy in their living unit including:
 - Lockable doors
 - Choice of roommates
 - Freedom to furnish/decorate
- Individual controls own schedule
- Individual has access to food at any time
- Individual can have visitors at any time
- Physical accessibility to the setting



Heightened Scrutiny Process Overview

What is “Heightened Scrutiny”?

- Process for submitting evidence to the CMS Secretary **for settings that CMS “presumes not to be HCBS”** where the state finds that the setting can meet HCBS under a “heightened scrutiny” threshold.
- State must overcome the presumption/prove that such settings are **not institutional in nature** and **do not isolate people with disabilities from the broader community**.



Heightened Scrutiny process is setting/site specific but all settings need to meet HCBS rules

All HCBS waiver services/settings must meet HCBS standards by 10/1/2018

Only settings triggering “heightened scrutiny” (HS) according to the criteria (HS) undergo HS process if OPWDD believes the setting can meet HCBS characteristics and requirements



What does a Heightened Scrutiny Designation mean for the Setting and its provider?

- It does not mean that the setting has to close and/or that it can no longer be funded in the waiver.
- It means the setting is subject to a higher burden of proof that it meets or can meet community standards and is not isolating/institutional.
 - ie: Public Input and CMS Submission of Evidence

Examples of Settings that Typically Isolate People from the Broader Community (from CMS Guidance)

- Gated communities for people with disabilities
- Farmsteads or disability-specific farm communities
- Residential schools
- Multiple settings co-located and operationally related



Why Heightened Scrutiny: Gated/Secured Community

- Consists primarily of people with disabilities and staff
- Provides multiple services on-site so people do not have to leave
- People do not often leave the grounds to access activities/services in the broader community
- "Thus, the setting typically does not afford individuals the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community."



Why Heightened Scrutiny: Farmsteads/Farm Communities

- “These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm.”
- Individuals interact primarily only with people with disabilities and staff
- Activities take place on the property so that residents do not have to leave the farm community.
- While sometimes people from the community may come on-site, people who live here do not access the broader community as part of their daily life.
- Thus this type of setting does not facilitate people accessing the broader community and therefore isolates



Why Heightened Scrutiny: Residential Schools

- Includes concerns in previous slides
- Individuals experience in the broader community may be limited to large group activities on “bus field trips.”
- The setting therefore compromises the individual’s access to experience in the greater community at a level that isolates

Criteria for Heightened Scrutiny

- The setting/site is part of **a group of multiple settings co-located and operationally related** such that the co-location and/or cluster isolates and/or inhibits interaction with the broader community.
- Includes private campuses—multiple sites on the same provider's property for people with disabilities

Criteria (i.e., Triggers) for Heightened Scrutiny

- Located in a building on grounds of public institution;
- Located in a building that is also publically or privately operated facility providing inpatient institutional treatment;
- Immediately adjacent to public institution;
- Converted from an ICF on or after March 17, 2014;



Criteria for Heightened Scrutiny

- The setting/site's **design, appearance and/or location appears to be institutional and/or isolating**
- Multiple services/activities on the same site;
- People in setting have **limited to no interaction with broader community**
- People have **limited autonomy and/or regimented services**
- Setting is **more isolating than other settings** in the vicinity/broader community

Other Examples of “Not Met” = Heightened Scrutiny

- Private campus like settings or “villages”
- A residential cul-de-sac with no other private homes, businesses or organizations in the same vicinity
- Apartment building where all apartments are for people we support and people are unlikely to interact with broader community
- Day Habilitation Site on grounds of ICF or co-located with other Day and/or residential settings

Considerations

- Are large numbers of people congregated with little to no opportunity to interact with others (not including paid staff) = Not Met
- If you are walking around outside the setting at various times of the day/evening will you typically see any other members of the community? = likely Met if people have opportunities to interact

Process Requirements

New CMS Q and A published on June 26, 2015

(9 out of 11 pages devoted to heightened scrutiny)

- Identification by **setting name, location and number of people** served for **public input** and CMS submission;
- Several types of info and documentation expected
- **Public** must have opportunity **to support or rebut** state's position on each setting
- **CMS approval only pertains to the individual setting subject to the request**
- Material changes to approved H.S. sites require updating CMS



Heightened Scrutiny Survey Questions

Goal:

- ✓ Build inventory of all settings that trigger heightened scrutiny;
- ✓ And for residential, assess baseline performance on HCBS standards

DQI Heightened Scrutiny Review = 6 Standards based on Criteria

Applies to all recerts and annual visits of:

- IRAs/CRs (except FSR IRAs)
- CRs including apartments
- Day Hab Sites
- Prevoc “Sites” (sites/locations where HCBS Waiver Pre-Voc services are delivered that are **NOT** Sheltered Workshops)



DQI Review Protocol

- Any “Not Met” = Heightened Scrutiny, but OPWDD leadership will make final determination
- For Residential settings that trigger heightened scrutiny, DQI will review all the HCBS standards and provide info on where the setting stands—point in time

Review Tool – 6 Sections

- Section 1: Heightened Scrutiny Triggers
- Section 2: Access to the Community
- Section 3: Site/Operation Practices (e.g., roommate choice; keys; full facility access; varied schedules; supports for preferences/choices)
- Section 4: Rights Protections
- Section 5: Site Environmental Characteristics
- Section 6: Individualized Hab Service Planning

Review for Residential if Heightened Scrutiny

Interview with Person in Sample

- Discussion required
- Attempted in the manner/form of communication effective with the person
- Formally or informally
- In location, manner, and time that works for the person
- Person should not feel pressured to have staff present during the conversation

Observation must occur in order to make a determination

- Essential when peoples' ability to describe life experience is limited or lacking
- To validate info gathered
- Must be sufficient duration to gather info needed to assess the standards

Exit Conference

- Surveyors can tell site that it is/is not heightened scrutiny with the caveat that all will be reviewed at Leadership Level for final determination
- Surveyors can advise organization on improvements to the HCBS setting; enhancements to help people live richer lives

OPWDD Heightened Scrutiny Process Timeline

- October 2015: Provider Communication Memo
- Fall/Winter 2015: Provider self-survey
- 10/2015-9/2016: Inventory heightened scrutiny settings;
review baseline HCBS standards for
residential settings only
- 10/2016-2/2017: Front load all heightened scrutiny
settings for review of HCBS standards;
collect/verify evidence
- Summer 2017: First Public Input Period



Evidence If Setting is Heightened Scrutiny—10/2016-2/2017:

Compliance Work Plan also required if compliance not yet achieved

DQI Site Review Results
10/2016-2/2017

Community Inclusion Template completed by provider

Questionnaire completed by provider



Documentation that Setting Supports Full Access to the Broader Community i.e., Community Inclusion

- Community Inclusion Activities expressed by each person as meaningful priorities
- Documentation showing when these activities have occurred for each person
- Evidence of review at least twice annually of person's interests, priorities and supports needed to pursue desired activities
- Evidence of efforts to support and promote new experiences and experiential learning



Compliance Work Plan

- Action items including timelines and milestones
- Responsible parties for implementation
- Method for tracking/monitoring Plan
- Other indicators needed to show that setting is moving forward with compliance and will comply no later than October 2018

What Can Be Done Now To Prepare?

- ✓ Learn more and be prepared for additional due diligence (and documentation of these efforts)
- ✓ **Assess your operations**---Use CMS Exploratory Questions and OPWDD's Assessment Tools
 - Evaluate your policies and programs re: HCBS expectations
 - Review support planning and delivery practices for true person centeredness
 - Review training at all levels of your organization especially direct support professionals and integrate DSP competencies
- ✓ Quality Improvement: Is there an organizational approach to QI? **QI plan implemented? Is it effective?**



What Can Be Done Now To Prepare?

- ✓ Governance practices--Attentive to individuals' outcomes and changing expectations?
- ✓ **Actively communicate** with staff and people supported and their family members and advocates on these standards, compliance strategies and changes necessary and involve them in the improvement process
- ✓ **Solicit feedback from individuals served and their advocates** on how to do better through satisfaction surveys, focus groups, residence meetings, and other applicable forums.

What Can Be Done Now To Prepare?

- ✓ Ensure that every person served has meaningful opportunities and experiences in the broader community according to their preferences, goals, and support needs and document these efforts
- ✓ Increase opportunities to engage natural supports in the community and link people served
- ✓ Facilitate community interaction, integration, and autonomy
- ✓ Individualize schedules according to preferences
- ✓ Increase focus on habilitation planning that aligns community interaction with person's preferences



Where to Get More Information?

OPWDD Public Announcement and Transition Plan:

http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/announcement-for-public-content

OPWDD HCBS Settings Toolkit:

http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit

www.hcbsadvocacy.org

CMS Toolkit: www.medicaid.gov/hcbs



Questions?

If you have any questions **during** this event, please send it to the **Q&A Section** of this Webinar.

Otherwise, please send an email to:

quality@opwdd.ny.gov



Break



**Office for People With
Developmental Disabilities**

Person Centered Planning

Checklist

Effective date: 10-1-15

**Division of Quality Improvement
Continuous Quality Improvement Unit**

Goals of this Presentation

- Background and Regulations
- What providers need to know
- Survey Activities



Background and Regulations



Background

- January 17, 2014 CMS issued federal regulations requiring a person-centered process and a person-centered plan, 42 CFR 441.301(c)
- March 17, 2014 Effective date of the Federal regulations for all states; applicable to all people who receive Home and Community Based Waiver services



New NYS Regulations

November 1, 2015:

- Effective date for the person-centered process and plan regulations (Part 636.1) issued by OPWDD
- Also effective date for OPWDD implementation of a person-centered protocol by DQI
- Applicable to all OPWDD HCBS waiver services and OPWDD funded service coordination



Overview, New Part 636

- 636-1.1 Applicability
- 636-1.2 Person Centered Planning Process
- 636-1.3 Person Centered Service Plan
- 636-1.4 Documentation of Rights Modifications
- 636-1.5 Notice of the Person Centered Planning Process and Plan



What providers need to know



For 2015-2016 Survey Cycle, New Checklist Applies to:

Medicaid
Service
Coordination

Non-Certified
Waiver
Services



New Checklist: Two Sections

The Person
Centered
Process

The Person
Centered
Plan



Section 1: The Person Centered Planning Process



What is an effective person-centered planning process?

- **Empowers** people to actively shape their futures.
- **Structured** to focus on the values, strengths and desired outcomes of the person.

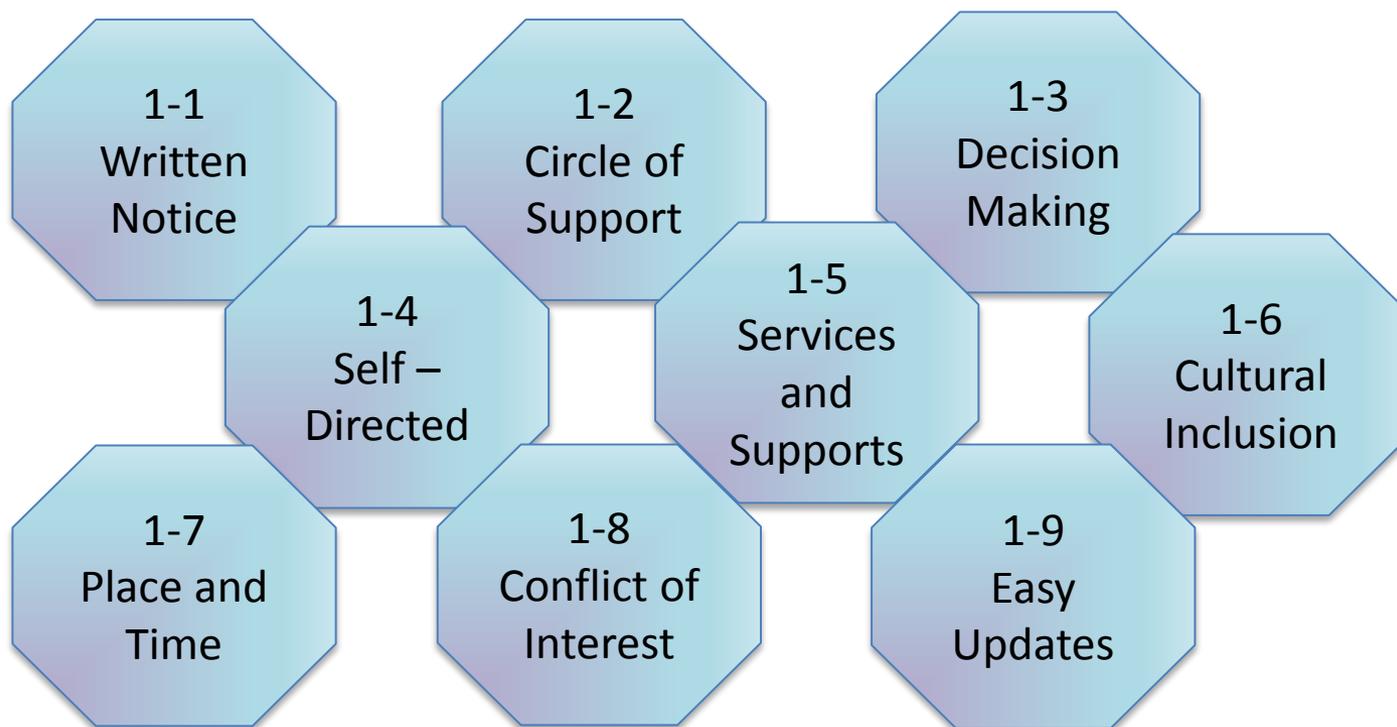


What is an effective person-centered planning process?

- Results in services, supports, and outcomes that are important to the person
- Person plays an active role and **directs** the process, to the extent he/she is able



The Standards



Highlight: Conflict of Interest

Standard 1-8

A Conflict of Interest means that a member of the person centered planning team has a competing interest with the interest of the person.



Section 2: The Person Centered Plan



The Plan, Section 2

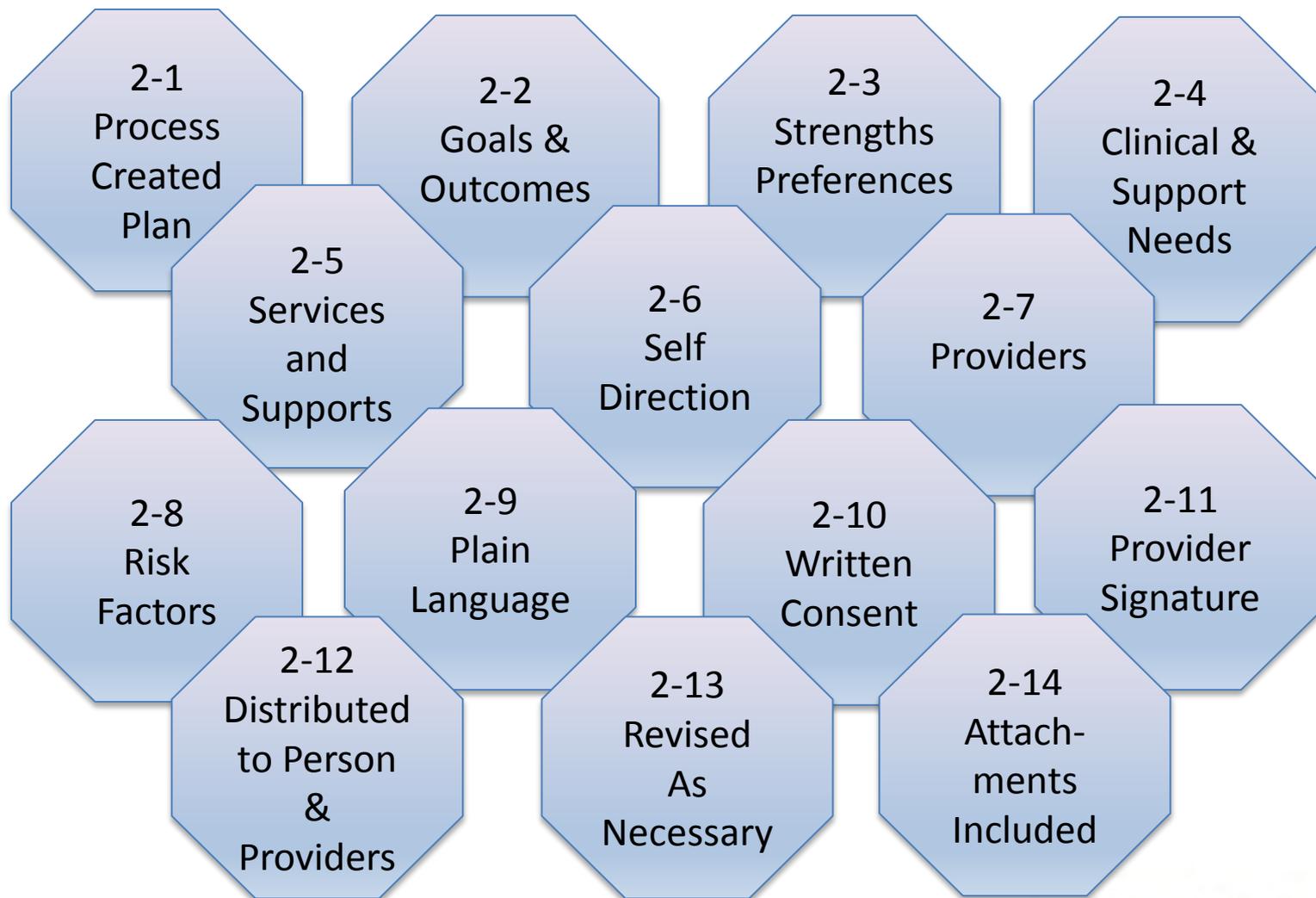
The plan should reflect the **outcomes, goals, and discussion** that was gathered from the process.

This is the **evidence** that the process was effective in identifying the strengths, needs, and goals of the person that are most important to them.

There are **clear connections** between the process identified in section 1 and the written plan.



The Standards



Self-Direction: Standard 2-6

Meets the Standard:

The written plan identifies the specific services that the person has chosen to self-direct.

Best Practice:

There is documentation in the person's record or in the written plan, that they were offered the option to self-direct some or all of their services and were provided with enough specific information regarding what it means to self-direct those services.

The person reports that they have been offered the option to self-direct some or all of their services and supports.

Survey Activities

Application:

**Use this checklist for MSC or HCBS
Habilitation Review**



Survey Activities

Focus

is on the PERSON, and their
OUTCOMES, rather than primarily
focusing on the SERVICE



Survey Activities

Interview

Findings should be largely based on interviews with the person. If assistance is needed, seek input from **someone who knows the person best.**

****Critical and Essential****



Survey Activities

For the 2015-2016 DQI Survey Cycle:

Lack of compliance with regulations regarding the Person Centered Process and Plan will not result in statements of deficiency from OPWDD.

Significant and notable findings will be documented on an Exit Conference Form.



Q&A and Wrap-Up

- ✓ Please submit your questions via the **Q&A Section** in this Webinar.
- ✓ This presentation is being recorded and will be soon available via DVD.
- ✓ How did we do? A survey will be sent out shortly to capture your feedback.



Thank you for attending!

