

Home and Community-Based Services (HCBS) Settings Checklist:

For Conversions of ICFs to IRAs

Instructions:

OPWDD must ensure that each conversion of an ICF to an IRA demonstrates that the HCBS waiver services delivered to each person upon conversion of the ICF will fulfill the CMS’ HCBS settings standards (http://www.opwdd.ny.gov/opwdd_services_supports/HCBS/home) which became effective 3/17/14 (CFR 441.301). OPWDD will request that providers complete a pre-opening HCBS Settings Requirements checklist (below) and document their answers to the checklist items in their conversion/downsizing/development proposals. When providers cannot attest to achieving compliance with the Pre-opening Checklist upon opening of the new program, OPWDD will require submission of a Plan for HCBS Settings Standards Compliance that demonstrates how the provider will achieve full compliance with the settings standards regulations and the heightened scrutiny standards within three years of the start of the program. Proposals that do not demonstrate full compliance with the Pre-opening Checklist may proceed, provided the Division of Quality Improvement reviews and approves the plan for full compliance.

Home and Community-Based Services (HCBS) Settings Requirements:	Met	Not Met
A. Heightened Scrutiny*:		
*Note: CMS has identified specific criteria for settings that should receive “heightened scrutiny”. Answering “NOT MET” for questions in Section A means that providers need to demonstrate that the setting does not isolate individuals from the broader community and that service practices are not institutional in nature.		
1. The site is not located on the grounds of a public institution such as a developmental center.		
2. The site is not located in a building that is also a facility that provides <i>INPATIENT</i> institutional treatment.		
3. The site is not immediately adjacent (directly bordering) a public institution such as a developmental center.		
4. The setting is not part of a group of multiple settings co-located and/or clustered and operationally related.		
5. The site is not labeled or identified in such a way that sets it apart from the surrounding residences.		
B. Integrated Settings and Community Access:		

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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 not segregated from the community at large.		
2. The site has sufficient transportation capacity that supports people’s options and choices for activities and schedules.		
3. The site has sufficient staff capabilities to support scheduled and unscheduled community activities on a regular basis in the same manner as individuals not receiving HCBS.		
4. The site provides individuals full access to the community to the same degree as others in the community.		
C. Policies and Procedures that promote HCBS rights:		
1. The agency uses person-centered planning methodology.		
2. The agency has an overall written plan, 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 for the agency/site that overall address ensuring individual comfort, preferences, and independence.		
4. There are written policies and procedures 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.		
5. There are written policies and procedures for the agency/site regarding the ability of individuals to access food of their choosing at any time.		
6. There are written policies and procedures 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.		
7. There are written policies and procedures for the agency/site that address overall individual satisfaction with the level of access to the broader community, with the appropriate amount support provided.		
8. There are written policies and procedures for the agency/site regarding assessment of roommate/living arrangement choice and satisfaction, including steps for ensuring timely action if is a person is dissatisfied. There are mechanisms in place to revisit choice of living arrangement periodically.		

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9. There are written policies and procedures for the agency/site that address receiving opportunities for individuals to receive visitors at times of their choosing (and without the need for prior facility approval). Policies and procedures regarding visitors must not be unnecessarily restricted or regimented.		
10. There are written policies and procedures for the agency/site 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.		
11. There are written policies and procedures for the agency/site related to keeping health and personal information of individuals private and not posted publicly in the site.		
12. There are written policies and procedures that overall support individualized activities and utilization of community resources. This may include areas such as: <ul style="list-style-type: none"> • Maintaining individualized and varying schedules rather than uniform site schedules that everyone must follow • Utilization of public transportation, use of volunteers, and/or natural supports that can help establish and sustain community access 		
13. There are written policies and procedures 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.		
14. There are written policies and procedures for the agency/site that address modification or restriction of rights, including use of positive interventions, individualized assessment of need, informed consent, and periodic review of the restrictions.		
15. There are <u>no</u> blanket house rules, policies, or procedures that are barriers/obstacles in guaranteeing that individuals are able to exercise their HCBS settings rights.		
D. Staffing, Education, and Training:		
1. There is a written plan to implement the DSP Code of Ethics and the OPWDD Direct Support Professional Competencies in accordance with ADM#2014-3.		
2. There is a written plan to provide staff training on HCBS Setting requirements, including rights, choice, autonomy, and community integration.		

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3. There is a written plan to provide staff training on individual rights and how to support individuals exercising control over their lives.		
4. There is a written plan to provide staff training on how to actively support and promote individual choice of activities and meaningful community inclusion.		
5. There is a written plan for staff to receive training on how to ensure privacy, including when assistance is provided, when entering bedrooms, when residents are making phone calls or sending e-mails.		
6. There is a written plan for staff training (and recertified annually) in an OPWDD-approved training course in positive behavioral strategies and physical intervention techniques, if applicable.		
7. There is a written plan to provide staff training on cultural competency, including what it is, why it is important, and respecting the cultural/religious/other backgrounds of residents.		
8. The site has adequate staffing plans for meeting individual plans, preferences, and priorities, and choice of community activities.		
9. The site has adequate staffing plans to ensure that individuals are able to engage in activities in their Plan.		
10. The site has adequate staffing plans to ensure that individuals are not isolated from the broader community.		
E. Habilitation Planning and Person-Centered Planning Processes:		
1. Residential Habilitation plans are person-centered and reflect the informed choices of individuals.		
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.		
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.		
4. Residential Habilitation plans incorporate meaningful and individualized activities, including community-based activities that individuals want and what supports are needed.		
F. Rights, Due Process, and Housing Protection:		
1. There is a lease or written occupancy agreement for residents that provides protections and appeals/due process from		

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evictions.		
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.		
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.		
4. Individuals have been made aware of who to contact and the process to make an anonymous complaint.		
G. Rights Modifications, Restrictions, and Protections:		
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.		
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.		
3. For any modification or restriction of rights, the agency/site obtains written informed consent from individuals and/or their family members/advocates.		
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.		
H. Privacy and Access:		
1. Bedroom doors are lockable by individuals.		
2. Bathroom doors are lockable and privacy is protected.		
3. There are private areas to make phone calls or send e-mails.		
4. Health information for individuals is kept private and not posted publicly.		
5. Bedrooms are individualized and reflect individualized interests and tastes.		
6. 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.		
7. Residents have access to television, radio, computer internet, and leisure activities that can be utilized at their convenience.		

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8. Residents have access to food 24/7 and there are mechanisms in place to keep individual food preferences available.		
9. There is full unrestricted access to typical living spaces in the home for all residents, including the kitchen, dining area, laundry room.		