

Affirmation of Agency Sponsored Recertification Actions

The following is to be completed by the Sponsoring Agency Executive Director or an authorized designee to affirm that the agency has completed the recertification actions listed below for:

Family Care Provider(s):

Operating Certificate Number:

1. Qualified Agency staff have completed a comprehensive review of at least the last six months of required OPWDD approved monthly visit forms. Based on review of these visits, any identified issues have been remedied.

Sponsoring Agency

Affirms

Does not affirm

2. Qualified Agency staff have completed a comprehensive review of all incidents in the home from the last certification period to current. Provider is meeting the health and safety needs of the individual(s) receiving services.

Sponsoring Agency

Affirms

Does not affirm

3. Qualified Agency staff have completed an in-home recertification visit using an OPWDD approved review instrument. Any issues found during the visit have been remedied and recertification is supported.

Sponsoring Agency

Affirms

Does not affirm

4. If a Behavior Support Plan is in use, qualified Agency staff have completed a comprehensive review of the plan. (If there is no Behavior Support Plan, check N/A for not applicable.)

N/A

This review concluded that (1) the plan is appropriate for the individual, (2) that it has been implemented as written, (3) that it has been revised as needed, and (4) that it adheres to regulations at 14 NYCRR § 633.16

Sponsoring Agency

Affirms

Does not affirm

5. Qualified Agency staff have completed a comprehensive review of consents and required committee reviews for Behavior Support Plans including restrictive or intrusive interventions and for any use of medication to modify behavior or treat a psychiatric condition. Consents and committee reviews were obtained in accordance with 14 NYCRR § 633.16. (If plans do not include restrictive interventions and/or no medication is used to modify behavior or to treat a psychiatric condition, check N/A for not applicable.)

N/A

Sponsoring Agency

Affirms

Does not affirm

6. Sponsoring Agency has requested the relevant authorities to perform the required background checks for the Provider and any household members 18 and over (excluding individuals receiving services) if not already completed. The Family Care Home complies with all background check requirements in 14 NYCRR § 687.8(p)-(t).

Sponsoring Agency

Affirms

Does not affirm

7. Qualified Agency staff have reviewed the Individualized Service Plan/Life Plan, Residential Habilitation goals, and related billing activity for each individual receiving services. The Habilitation services are being delivered in accordance with each individual's ISP/Life Plan and are being billed appropriately.

Sponsoring Agency

Affirms

Does not affirm

8. Qualified Agency staff have completed a comprehensive review of the Provider's compliance with Personal Allowance regulations. The funds for each individual receiving services were managed in accordance with 14 NYCRR § 633.15.

Sponsoring Agency

Affirms

Does not affirm

9. Qualified Agency staff have reviewed the Provider's required trainings from the last certification date to the present. Provider is up to date on all required trainings.

Sponsoring Agency

Affirms

Does not affirm

10. Qualified Agency staff have completed a comprehensive review of at least the last six months of fire drill/evacuation reports. Provider is in good standing with required fire

safety protocols in accordance with an OPWDD approved fire drill form and fire safety policies referenced in the Family Care Manual.

Sponsoring Agency

Affirms

Does not affirm

11. Qualified Agency staff have completed a comprehensive health care record review for each of the individuals receiving services residing in the Family Care Home. The health and medical needs of the individual(s) in the Provider's care are being met.

Sponsoring Agency

Affirms

Does not affirm

12. An OPWDD Safety and Security Officer has completed an in-person review of the home for physical plant/maintenance deficiencies using an approved OPWDD form. Any identified issues have been remedied and the physical plant/maintenance of the home is in good standing.

Sponsoring Agency

Affirms

Does not affirm

13. Qualified Agency staff have reviewed the Provider's physician statement. The physician has indicated that Provider is in good health and physically and emotionally capable of providing Family Care services to the individual(s) receiving services currently residing in the home.

Sponsoring Agency

Affirms

Does not affirm

COMPLETE 1, 2, 3, or 4 BELOW.

(1) Based upon affirming each of the above statements, _____
(Agency) hereby affirms that it has found the Provider qualified for recertification without limitations as a Family Care Home by OPWDD.

Attach a Statement of Deficiencies and Plan of Corrective Action (identifying issue-specific and systemic corrective actions) if any deficiencies resulted from this recertification review.

Agency Representative

Title

Print Name of Agency Representative

(2) Based upon affirming each of the above statements, _____
(Agency) hereby affirms that it has found the Provider qualified for recertification as a
Family Care Home by OPWDD with the following limitations for the following reasons:

Attach a Statement of Deficiencies and Plan of Corrective Action (identifying issue-specific and systemic corrective actions) if any deficiencies resulted from this recertification review.

Agency Representative

Title

Print Name of Agency Representative

(3) Based upon affirming each of the above statements except for numbers _____,
_____ (Agency) makes the
following recommendations: (Please attach an explanation of all statements that were
not affirmed; a Statement of Deficiencies and Plan of Corrective Action (identifying
issue-specific and systemic corrective actions) that resulted from this recertification
review; details of any protective measures that you have implemented; and other
relevant supporting documents.)

Agency Representative

Title

Print Name of Agency Representative

(4) Based upon not affirming the following above statements _____,
_____ (Agency)

hereby declines to affirm that it has found the Provider qualified for recertification as a Family Care Home by OPWDD.

At this time, there are persistent issues or corrective actions needed as follows:

(Please include documentation of any protective measures you have taken to support the individual(s) receiving services residing in the home, including emergency removal. Please also attach an explanation of all statements that were not affirmed; a Statement of Deficiencies and Plan of Corrective Action (identifying issue-specific and systemic corrective actions) that resulted from this recertification review; and other relevant supporting documents.)

Agency Representative

Title

Print Name of Agency Representative

The Agency will submit the following items to the DDSOO liaison by the 15th of the month prior the expiration of the operating certificate:

- This signed Affirmation of Agency Sponsored Recertification Actions
- The Statement of Deficiency and Plan of Corrective Action issued as a result of this recertification review
- The OPWDD *Reaffirmation Statement for Recertification* or if significant changes (renovations to the household, change in household composition etc.) the *Application for Family Care Home Certification*
- The OPWDD approved review instrument completed by the Agency for this recertification review
- The fire and safety inspection completed by the OPWDD Safety and Security Officer for this recertification review
- The signed and reviewed Recertification Checklist
- If the Agency is choosing option 2, 3, or 4 above, please include any supporting documents requested
- Verification of the Family Care Provider's address and Social Security number