These Quality Performance Standards are intended to be applied to and referenced by all agencies providing service and supports to individuals with developmental and intellectual disabilities. Most standards are intended to be considered regardless of services provided and/or service setting. However, within each standard, criteria will be developed against which to measure the achievement if dependent upon, or unique to a particular service or setting.

A. Person Centered Planning and Service Delivery:

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.

Provider Agencies ensure the following:

A.1. Competent person centered planning is occurring, in a manner which is free from conflict of interest.

- A.1.a. Individual desired goals and outcomes, preferences, needs and safeguards are effectively identified and prioritized.
- A.1.b. People important to/chosen by the Individual are included in service planning, with the Individual deciding how much control they have over the planning process (including, if desired, running their own meetings).

Standards

- A.1.c. Individuals are supported to make informed choices (allowing dignity of risk) and understand the impact of their decisions in planning their services.
- A.1.d. Self-direction of services is offered.
- A.1.e. The person centered planning process results in a personalized service/support plan.

	A.2.a. Dialog between the Individual and their circle of support/planning team is used to identify needed modifications to t plan on an ongoing basis and in planning meetings.
	A.2.b. The Individual's plan is reviewed at least semi -annually and as needed and/or desired by the person receiving service
	A.2.c. The individual's plan is reviewed at a time and location convenient to the individual.
Chara damala	A.2.d. The individual's plan is modified when needed.
Standards	
	A.2.e. Progress toward the achievement of goals, priorities and outcomes is reviewed.
	A.2.f. The mechanism and resources for delivery/provision of supports are reviewed to ensure they are the most effective and integrated per the individual's needs and preferences.
A.3. Service	es and supports are effectively delivered toward achieving desired outcomes.
	A.3.a. Supports are implemented per the Individual's identified needs, preferences and safeguards identified in his/her plan Provision of supports results in advancement towards desired goals, outcomes.
	A.3.b. Use of Community and/or natural supports are maximized in the delivery of services.
Standards	A.3.c. Supports result in advancement toward or achievement of the Individual's' goals and outcomes.
	A.3.d. Services and supports are delivered in the most functional and independent settings that are contextual to the Individual's goal or outcome.

A.3.e. Individuals receive all services and supports in the most integrated settings appropriate to their needs and desired outcomes. A.3.f. Individuals are encouraged and supported to choose services, activities and supports. A.3.g. Supports and services enable a mix of structured and unstructured activities, consistent with the person's expressed preferences, resulting in a lifestyle that is as similar as possible to the same degree as others in their community. A.3.h. Individuals are supported and encouraged to advocate for their desired life and to enhance personal self-advocacy skills. A.3.i. Important information and events that impact Individuals are effectively communicated and coordinated among different supports, providers and environments important to the person. 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. B.1.a. Individuals are treated respectfully and fairly and according to their rights. 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 and this is evidenced by the people's experiences of those supports.
	B.1.h. The organization upholds required due process requirements.
B.2. Indiv	riduals are free from abuse, neglect, mistreatment and exploitation.
	B.2.a. Support staff 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.
	D.2. The appropriation consists with identifies implements and decomposite and sufficient immediate protection
Standards	B.2.c. The organization consistently identifies, implements and documents appropriate and sufficient <u>immediate</u> protectiv actions in accordance with the situation which protects individuals and minimizes the likeliness of reoccurrence.
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	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 care and clinical care. B.3.a. People have access to and consistently receive professional medical and dental services for acute and routine health care in integrated settings in accordance with their needs and informed choices. B.3.b. People have access to and consistently receive needed professional clinical services in integrated settings in accordance with their informed choices. B.3.c. People receive needed routine care or support to maintain/improve their health at home and during daily routines in accordance with their informed choices. 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 in accordance with their informed choices. B.3.e. People's health is supported through competent oversight of health care and health care supports, as Standards needed. B.3.f. People's nutritional and dietary needs are appropriately and safely met in accordance with their informed choices. 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.
	B.4.a. People's needed supports/safeguards related to fire safety are assessed, discussed during service and support planning, and identified in the support plan.
	B.4.b. People receiving supports are provided opportunities to review, learn and/or practice actions to take in a fire emergency according to their support plan.
Standards	B.4.c. Environments/Settings have effective alarm, detection and protection equipment as needed by the individual and according to their support plan, and as required by the setting.
	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.a. Physical environments are consistently maintained and clean.
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200001.00	B.5.b. People are supported in sites that meet their individualized needs/preferences for health, safety, comfort and independence.
	independence.
	independence. nal Funds needs are met and safeguards are in place.
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	B.6.d. People's personal funds are managed effectively.	
C. Natural Supports, Community Connections, and Integration: Individuals are supported in establishing natural supports, meaningful relationships and community connections in the most integrated settings appropriate to their needs, based on their informed and expressed choices.		
C.1. Organ	nizational practices facilitate and promote the establishment, maintenance and optimization of Natural Supports.	
	C.1.a. The organization facilitates the creation, development, and continuation of natural support networks for individuals per their wants.	
Standards	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. Organ	nizational practices facilitate involvement in the community and community networks.	
	C.2.a. The organization supports people served to develop meaningful relationships, community connections and social, cultural and spiritual networks.	
Standards	C.2.b. The organization works collaboratively with other community entities to assist in the development, implementation, and in the provision of services that respond to the diversity of populations to be supported.	
	C.2.c. The organization implements community outreach, working to build community alliances that result in increased opportunities for people supported.	
	C.2.d. The organization supports employees (and volunteers) to develop social networks and community connections	

	toward the goal of increased opportunities for persons supported to build their own social networks and communit connections. (quality practice)
	on Centered Reviews indicate that individuals are provided Natural Supports, and experience meaningful nips and community connections per their interests, needs and preferences.
Workforce: The workford	ce is stable and competent.
D1. The organization's hiring practices are in accordance with OPWDD and Agency requirements.	
	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.
Standards	D.1.b. There is a mechanism to ensure that people receiving supports, and/or their advocates, are invited to have an active role in the hiring process to include candidate recruitment, interview and hiring decisions.
D2. The o	organization assigns staff appropriately.
Standards	D.2.a. The organization allocates staff in sufficient numbers to meet people's health and safety needs, and accommodate their diverse individualized goals, priorities, interests, and abilities.
	D.2.b. The organization and individual(s) work in partnership to select and assign staff that have 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 v	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 ongoing supervision and training/learning experiences to develop staff ability to identity, 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 implements mechanisms that 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 engagement, commitment and Career progression for all employees.
D4. The ag	gency implements OPWDD DSP core competencies.
Standards	D.4.a. The agency implements 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.
. Agency Mission	n, Operations, Leadership and Governance
Business, adm	on's mission, vision, and values promote attainment of personal outcomes. inistrative and support functions promote personal outcomes. on implements sound organizational and fiscal practices.

Standards	E.1.a. The organization has a clear mission goals and objectives that align its services and supports with achievement of individuals' valued outcomes.
	E.1.b. The organization's mission, goals and objectives support those of OPWDD.
	E.1.c. The organization's mission and goals are communicated to all people receiving supports and services and their families/advocates; all level of staff; and the governing body.
	E.1.d. The organization maintains a knowledge management system that facilitates organizational learning.
	organization implements sound fiscal practices. less, administrative and support functions promote personal outcomes.
The c	ess, administrative and support functions promote personal outcomes. E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding: • Assets/liability
The c	ess, administrative and support functions promote personal outcomes. E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding:
The c	E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding: • Assets/liability • Income-expenses
The c Busir	E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding: • 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
The c	E.2.a. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding: • 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. E.2.c. There is appropriate oversight of Medicaid Billing to assure that claims are coded and billed in accordance with

The	organization implements systems that result in the delivery of effective supports and services.
	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 implements 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.
Standards	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.
	E.3.f. The organization actively recruits, promotes, and supports a culturally and linguistically diverse leadership that is responsive to the population in the service area.
E4. Gove	ernance: Agency's governing Board provides active oversight to ensure effectiveness of executive staff and the agency in carrying out its Mission.
	E.4.a. The Board has an appropriate framework to exercise active governance.
	E.4.b. The board has a mechanism for active representation of people supported in agency governance and decision making
Standards	E.4.c. The Board demonstrates oversight of the Executive Director including adherence to executive compensation requirements.
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Standards	E.4.d. The Board has adequate diversity of the appropriate skills and cultural competency to make decisions in alignment we the organization's mission.

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. F.1.a. The quality improvement plan integrates the domains and factors outlined in this quality matrix and any other areas evidenced to be important to people supported by the agency and OPWDD priority areas (e.g. Person -Centered mechanisms and assessment, information from satisfaction surveys, employment, self-direction, etc.. F.1.b. The quality improvement plan includes a statement of the goals and objectives for the agency's delivery of high quality services. F.1.c. The quality improvement plan includes standards related to individual/family satisfaction with services and supports, and agency response to people's concerns and complaints as needed. Standards F.1.d. The quality improvement plan includes roles, responsibilities and processes to address quality improvement and regulatory deficiencies. F.1.e. The quality improvement plan includes the description of Quality Improvement actions to be taken during the year. F.1.f. The agency's quality improvement plan incorporates self-assessment, aggregation, and analysis in an annual progress summary that incorporates the quality improvement actions taken during the year in response to this information.

F.1.g. The quality improvement plan is reviewed and approved by the board of directors on at least an annual basis.

	F.1.h. There is a system/mechanism for soliciting input from and making the Quality Improvement Plan known to persons supported, staff, agency stakeholders and other interested parties.	
F2. Conti	nuous 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 an effective, integrated quality management system.	
Standards	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. Quali	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 that work to improve quality of services and quality of life for the people supported.	