

OPWDD-DQI Agency Review Protocol Standards 04/01/2019

Standard	Standard	Decision
1.1.1	The agency implements procedures to ensure that sites where Home and Community Based Services (HCBS) are delivered are not isolating or institutional.	Met/Not Met
1.1.2	The agency implements procedures to facilitate and ensure that residential and non-residential settings where HCBS services are provided, comply with HCBS settings requirements.	Met/Not Met
1.1.3	The agency implements procedures to oversee and ensure appropriate delivery of services to individuals while in the community, whether provided as part of community based or certified site-based services.	Met/Not Met/NA
1.2.1	The sponsoring agency has procedures to ensure the completion of required recertification reviews for family care homes and the submittal of required documents to the DDSO, prior to site expiration date.	Met/Not Met
1.2.2	The family care sponsoring agency implements procedures to ensure that recertification review activities are implemented competently.	Met/Not Met
1.2.3	The family care sponsoring agency implements procedures to verify that problems/concerns/deficiencies identified during the family care home recertification review or any other review activity, have been corrected.	Met/Not Met
1.2.4	The family care sponsoring agency ensures designated staff complete annual visits to each Family Care Home per OPWDD requirements.	Met/Not Met
1.3.1	The agency implements procedures to monitor that respite services are delivered appropriately in settings that are not personal homes.	Met/Not Met/NA
1.4.1	The agency has a mechanism to support individuals in self-advocacy.	Met /Not Met
1.4.2	The agency uses formalized procedures/strategies to facilitate and ensure person centered services.	Met /Not Met
1.4.3	The agency has policies and procedures to ensure conflicts of interest do not interfere with person centered services.	Met /Not Met
2.1.1	The agency has procedures to ensure that individuals, family members, guardians and correspondents are informed of what to do if they have an objection, problem, or complaint.	Met /Not Met
2.1.2	The agency has procedures to address and resolve objection to services and ensure due process, in accordance with Part 633.12.	Met /Not Met
2.1.3	The agency's procedures are effective to address reported objections to services or grievances.	Met /Not Met/NA
2.2.1	The agency has a mechanism to determine individuals' satisfaction with the services and supports they receive.	Met /Not Met
2.2.2	The agency has a mechanism for addressing/remediating dissatisfaction reported through the mechanism.	Met /Not Met
3.1.1	The agency has procedures to ensure that individuals, family members, guardians and correspondents are informed of individual rights.	Met /Not Met
3.1.2	The agency implements activities for the promotion of the individuals' rights	Met /Not Met
3.2.1	The agency has effective written procedures to ensure that individuals' rights are limited only in compliance with regulatory safeguards.	Met /Not Met
3.3.1	The Agency has a active Human Rights Committee.	Met /Not Met
3.3.2	The Agency's Human Rights Committee maintains the required membership for review of Behavior Interventions.	Met /Not Met
3.3.3	The Agency's Human Rights Committee completes reviews of the use of treatments, medications and interventions designed to address a person's behaviors, in accordance with Part 633.16 requirements.	Met /Not Met
4.1.1	The Agency has written Behavior Intervention Policies and Procedures.	Met /Not Met
4.1.2	The agency's policies and procedures prohibit the use of behavioral interventions for the convenience of staff, disciplinary purposes or as a substitute for treatment or supervision.	Met /Not Met
4.1.3	Agency policies and procedures prohibit the use of aversive conditioning	Met /Not Met

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4.1.4	Agency policies and procedures prohibit the use of sleep deprivation, food deprivation and food alteration for disciplinary purposes, the convenience of staff, or as a consequence of challenging behavior.	Met /Not Met
4.1.5	Agency policies and procedures address the requirements for the use of any intermediate and/or restrictive physical intervention techniques.	Met /Not Met
4.1.6	Agency policies and procedures describe the purpose for the development and implementation of behavioral interventions and plans for individuals.	Met /Not Met
4.1.7	Agency Policies and procedures require completion of a Functional Behavioral Assessment prior to the development of a Behavior Support Plan.	Met /Not Met
4.1.8	Agency policies and procedures address the process for objections to current and proposed Behavior Support Plans.	Met /Not Met
4.1.9	Agency policies and procedures address the operation, responsibilities, and membership of the Behavior Plan/Human Rights Committee if a committee is required.	Met /Not Met/NA
5.1.1	The agency implements procedures to ensure that a Registered Nurse (RN) or other acceptable healthcare professional is available to direct support staff, AMAPs, and LPNs during hours of service provision (including 24 hours a day 7 days a week as needed for residential services).	Met /Not Met
5.1.2	The agency has procedures to ensure that an RN or other acceptable health care professional, provides supervision to DSPs performing delegated nursing tasks/activities and LPNs.	Met /Not Met
5.1.3	The agency ensures that RNs are appropriately trained in OPWDD nursing/health care requirements regarding health care delivery and supervision.	Met /Not Met
5.2.1	The agency implements procedures to ensure that all non-licensed who administer medications are qualified as follows: <ul style="list-style-type: none"> • Direct support staff have current certification; and • Family care providers have received OPWDD training (if applicable). 	Met /Not Met/NA
5.2.2	The agency has a medication administration error reporting system which includes procedures to address/remediate causes for the errors.	Met /Not Met
5.2.3	The agency implements the agency medication administration error reporting and remediation system effectively.	Met/Not Met/NA
5.3.1	The agency providing delegated nursing services to community based individuals, has procedures to ensure that only those certain nursing services which can be delegated per ADM 2015-03 are delegated to trained DSP staff.	Met /Not Met
5.3.2	The agency providing delegated nursing services to community based individuals, implements procedures to ensure that adequate, qualified staffing is available at all times to meet the specific nursing care needs of individuals.	Met /Not Met
6.1.1	The agency ensures verification and documentation that employees hired meet the qualifications for the position for which the person was hired. (<i>excludes Clinic Medical Director, MSC staff, and staff responsible to write and oversee behavior support plans.</i>)	Met/Not Met
6.1.2	The agency ensures that employees who are developing and/or monitoring Behavior Support Services meet the educational and experiential qualifications for their positions.	Met/Not Met/NA
6.1.3	The agency's certified clinic facility is assigned a qualified Medical Director that is a licensed physician or dentist.	Met/Not Met
6.1.4	The agency documents confirmation of applicants' last place of employment or related experience in the personnel file.	Met/Not Met

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6.1.5	The agency ensures that applicants provide a statement indicating whether or not they had ever been convicted of a misdemeanor or felony in any jurisdiction, or has any pending criminal charge, and a description of same.	Met/Not Met
6.1.6	The Agency has an effective procedure to ensure that if the position requires driving, the applicant provides a statement indicating if there have been any convictions of moving violations within the last three years; and any suspension, revocation, alcohol and drug related offenses, driving while intoxicated convictions or any occurrence involving harm to persons or property while driving.	Met/Not Met/NA
6.1.7	The Agency procedures ensure that the applicant/employee provides written/signed acknowledgement that information provided on the application is true and acknowledges that false answers are grounds for dismissal.	Met/Not Met
6.1.8	There is a mechanism to ensure that people receiving supports are supported to have a role in the hiring process to include candidate recruitment, interview and hiring decisions.	Met/Not Met
6.2.1	The agency designated an authorized party or parties responsible for the agency's criminal background check information and submitted necessary information to the Justice Center, as required.	Met/Not Met
6.2.2	Criminal history background checks are submitted for prospective employees, volunteers, (and family care providers) in accordance with 633.22(d)(2)(i), as required.	Met/Not Met/NA
6.2.3	The agency maintains complete and up to date criminal background check records on each subject party, as required.	Met/Not Met
6.2.4	The agency has developed and implements procedures that ensure required safeguards are provided to address situations in which staff may be <u>temporarily approved</u> to work pending results of submitted criminal background checks.	Met/Not Met
6.2.5	The agency has developed and implements policies and procedures to ensure prompt and appropriate action on criminal history determinations made by the Justice Center.	Met/Not Met
6.2.6	The agency has developed and implements procedures that ensure required safeguards to protect individuals receiving services if there is a <u>conviction or impending charge</u> subsequent to a subject party's initial criminal history background check.	Met/Not Met/NA
6.2.7	The agency has developed and implements required safeguards applicable to background checks for registered providers.	Met/Not Met/NA
6.2.8	The agency ensures that a check of the Staff Exclusion List (SEL) is completed for every subject party before hiring, or allowing that party any regular and substantial contact with an individual receiving services, until the agency has the results of the check.	Met/Not Met/NA
6.2.9	The agency ensures that a check of the Statewide Central Register of Child Abuse and Maltreatment is completed, where applicable, for every subject party before that party is allowed any unsupervised contact with an individual receiving services, and until the agency has and reviews the results of the check.	Met/Not Met/NA
6.2.10	The agency ensures that a Mental Hygiene Law 16.34 check is completed for each subject party before that party has any unsupervised contact an individual receiving services.	Met/Not Met/NA
6.2.11	The agency reviews any information received about substantiated reports of abuse or neglect concerning a subject party and documents its decision to hire or allow the party to have regular and substantial contact with an individual receiving services.	Met/Not Met/NA
6.3.1	The agency ensures that employees receive training in principles of human growth and development within three months of <u>initial</u> employment.	Met/Not Met/NA
6.3.2	The agency ensures that employees receive training in characteristics of the persons served within three months of <u>initial</u> employment.	Met/Not Met/NA
6.3.3	The agency ensures that employees receive training in 'Promoting Positive Relationships and Safe Environments for People with Developmental Disabilities' within three months of <u>initial</u> employment.	Met/Not Met/NA

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6.3.4	The agency ensures that employees receive training in abuse prevention, identification, reporting and processing of allegations of abuse within three months of <u>initial employment</u> .	Met/Not Met/NA
6.3.5	The agency ensures that employees receive training in laws, regulations and policies and procedures governing protection from abuse within three months of <u>initial employment</u> .	Met/Not Met/NA
6.3.6	The agency ensures that employees receive training in incident reporting and processing within three months of <u>initial employment</u> .	Met/Not Met/NA
6.3.7	The agency ensures that employees receive training in the agency's safety and security procedures <u>including fire safety</u> within three months of <u>initial employment</u> .	Met/Not Met/NA
6.3.8	The agency ensures that employees receive OPWDD Choking Prevention Initiative training as applicable to their position, within three months of <u>initial employment</u> .	Met/Not Met/NA
6.3.9	The agency ensures that Support Brokers have completed the OPWDD-approved Broker training prior to delivering brokerage services.	Met/Not Met
6.4.1	The agency has a mechanism to monitor/track that employees receive required training.	Met/Not Met
6.4.2	The agency ensures that <u>all employees</u> receive mandatory <u>annual</u> training in Promoting Positive Relationships.	Met/Not Met
6.4.3	The agency ensures that <u>all employees</u> receive mandatory <u>annual</u> training in abuse prevention, identification, reporting and processing of allegations of abuse.	Met/Not Met
6.4.4	The agency ensures that <u>all employees</u> receive mandatory <u>annual</u> training in laws, regulations and policies/procedures governing protection from abuse.	Met/Not Met
6.4.5	The agency ensures that <u>all employees</u> receive mandatory <u>annual</u> training in incident reporting and processing.	Met/Not Met
6.4.6	The agency ensures that <u>all employees</u> receive mandatory <u>annual</u> training in safety and security procedures <u>including fire safety</u> .	Met/Not Met
6.4.7	The agency staff participate in development activities for the NADSP Code of Ethics and the DSP Core Competencies per OPWDD requirements and agency policy/procedure.	Met/Not Met
6.4.8	The agency staff providing direct services are provided training/learning experiences to develop/maintain the ability to identify, understand, and support the diverse personal outcomes of people they support.	Met/Not Met
6.4.9	The agency staff responsible for the design, development, and/or monitoring of services and supports, receive training regarding facilitation of person-centered planning and service delivery.	Met/Not Met
6.4.10	The workforce is trained to understand and implement their role in achieving the provider agency's mission.	Met/Not Met
6.4.11	The agency ensures that clinicians who complete Functional Behavioral Assessments have training in functional behavior assessment techniques.	Met/Not Met/NA
6.4.12	The agency ensures that staff/supervisors responsible to implement behavior support plans that include use of physical intervention techniques completed and are annually recertified in an OPWDD-approved training course in positive behavioral strategies and physical intervention techniques.	Met/Not Met/NA
6.4.13	The voluntary provider agency ensures that members of its board of directors receive a one-time mandatory training in incident management within three months of becoming a board member.	Met/Not Met/NA
6.4.14	The agency ensures Support Brokers participate in 12 hours of ongoing professional development training annually.	Met/Not Met
6.5.1	Agency employees, volunteers and family care providers have been advised of conduct requirements, per Part 633.7(b)(2).	Met/Not Met
6.5.2	Agency custodians, employees, volunteers and family care providers have read and signed the code of conduct adopted by the Justice Center for People with Special Needs, upon employment and annually thereafter.	Met/Not Met

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6.5.3	The agency has effective, and ongoing, policy and procedures for use of the National Alliance of Direct Support Professionals (NADSP) Code of Ethics, DSP Core Competencies and the NYS DSP Performance Evaluations.	Met/Not Met
6.5.4	The agency completes DSP Core Competency performance evaluations in accordance with OPWDD requirements.	Met/Not Met
6.5.5	The agency has established written performance expectations for positions other than DSP and provided employees with the information appropriate to their position.	Met/Not Met
6.5.6	The agency implements a formal mechanism(s) to evaluate the job performance of employees that are not DSPs, to verify they competently implement job tasks and/or provide the services they are responsible to deliver.	Met/Not Met
6.5.7	The agency implements informal feedback systems to enhance and reinforce employee competence.	Met/Not Met
6.5.8	The agency's performance evaluations/ feedback systems are designed to clearly promote motivation, commitment and career progression for all employees.	Met/Not Met
6.6.1	The agency uses a mechanism to allocate staff in sufficient numbers to ensure that individuals' health and safety needs are met, planned individualized services/supports are delivered, and the diverse needs, interests, goals and abilities are accommodated.	Met/Not Met
6.6.2	The agency, with consideration of the individuals' viewpoint, assigns staff that have the skills/training to meet people's unique needs and accommodate their diverse individualized goals, interests, and abilities.	Met/Not Met
6.6.3	The agency has a system in place to monitor staff vacancy rates and staff retention.	Met/Not Met
6.6.4	The agency implements strategies to address vacancy and retention to maximize retention and continuity of quality staff.	Met/Not Met
6.6.5	The agency provides ongoing staff development opportunities to employees at all levels of the organization.	Met/Not Met
6.6.6	The agency implements ongoing employee communication and engagement strategies to support workforce quality indicators.	Met/Not Met
7.1.1	The agency implements effective procedures to ensure that employees, volunteers, and contractors, family care providers and approved substitute/respite providers have TB testing completed prior to their first day of employment or service provision. (If using the two-step PPD, individuals may begin work if the first test is negative.)	Met/Not Met
7.1.2	Exclusions From Testing The Agency's implements effective procedures to ensure that persons are only excluded from pre-employment or pre-delivery of services testing, if the agency has documentation of one of the following reasons for the person's exclusion: (i) prior documented significant reaction to TB testing; or (ii) adequate treatment for active pulmonary tuberculosis; or (iii) completion of adequate preventive therapy.	Met/Not Met/NA
7.1.3	Contraindication To Testing The Agency implements effective procedures to ensure that persons not tested for TB due to a contraindication are only excluded with a statement by a physician, nurse practitioner or physician's assistant that must include: (i) a recommendation as to when and if testing would be appropriate at a designated point in the future; and (ii) how the party will be evaluated for active pulmonary tuberculosis in the interim.	Met/Not Met/NA
7.2.1	The Agency implements effective procedures to ensure that persons excluded from TB testing, are evaluated by a registered nurse taking into account any symptomology and history since the person's previous TB test or evaluation.	Met/Not Met

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8.1.1	The Agency has an effective procedure to ensure the proper amount of personal allowance is provided to individuals monthly.	Met/Not Met
8.1.2	The agency has an effective procedure to ensure that personal allowance funds are credited to an individual's account within three (3) business days of receipt of the person's income.	Met/Not Met
8.1.3	The agency conducts audits of 25% of personal allowance accounts yearly.	Met/Not Met
8.1.4	The agency has effective written procedures for the security and safeguarding of Personal Allowance Funds.	Met/Not Met
8.2.1	The Agency has written established policies and procedures regarding management of personal allowance, in accordance with OPWDD regulations and guidelines.	Met/Not Met
8.2.2	The Agency has written policies and procedures regarding the responsibilities of the representative payee, in accordance with OPWDD regulations and guidelines.	Met/Not Met
8.2.3	The agency has written procedures regarding determination of an individual's need for a representative payee, in accordance with applicable OPWDD regulations.	Met/Not Met
8.2.4	The agency has written procedures to provide required notice to qualified parties when the agency director applies to serve as an individual's representative payee, in accordance with applicable OPWDD regulations.	Met/Not Met
8.2.5	The agency has written procedures for the expenditure of and accounting for the Personal Needs Allowance/Clothing Allowance funds, in accordance with OPWDD regulations. Voluntary Agencies Only	Met/Not Met
9.1.1	The agency has written procedures in place to ensure that OPWDD is notified immediately of anticipated or actual termination of any service vital to the continued safe operation of the facility or the health of persons receiving services and personnel.	Met/Not Met
9.1.2	The agency has written procedures to ensure that safety plans are approved by OPWDD/DQI prior to facility renovations affecting normal operations at the site, and implemented.	Met/Not Met
9.1.3	The agency has procedures to assess smoke detectors every 10 years and determine if replacement is necessary.	Met/Not Met
9.1.4	The agency has procedures to assess Carbon Monoxide detectors every five years and determine if replacement is necessary or occurs per manufacturer's instruction.	Met/Not Met
9.1.5	The agency has procedures to ensure that Smoke Detection and Fire Alarm Systems are properly tested and maintained.	Met/Not Met
9.1.6	The agency has procedures to ensure that Sprinkler Systems are properly tested and maintained.	Met/Not Met/NA
9.1.7	The agency has a mechanism to ensure that vehicles used in the transportation of service recipients are safe and properly maintained.	Met/Not Met/NA
9.1.8	All agency staff receive training in the agency procedures to report site maintenance problems affecting individuals' safety and well-being.	Met/Not Met
9.1.9	The agency has and implements procedures for direct observational review of sites to ensure the environment is clean, appropriately maintained, and safe.	Met/Not Met
9.1.10	The agency acts to remediate and/or prioritize remediation for any maintenance and cleaning needs identified during environmental review of agency sites.	Met/Not Met
9.1.11	The facility has preventative maintenance schedule or review schedule to aid in the routine maintenance of the physical plant on a regular basis.	Met/Not Met
10.1.1	The agency ensures that individuals are offered written information regarding incident reporting policies and procedures when beginning services and annually thereafter.	Met/Not Met
10.1.2	The agency ensures that all staff and applicable associates are provided the policies and procedures on incident reporting when beginning employment and annually thereafter.	Met/Not Met
10.2.1	The agency has a mechanism to ensure that staff required to contact the VPCR for a particular incident, have done so.	Met/Not Met

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10.3.1	The agency's IRC membership meets regulatory and agency requirements.	Met/Not Met
10.3.2	The IRC guards against conflicts of interest.	Met/Not Met
10.3.3	Members of the committee are trained in confidentiality laws and regulations, and comply with section 74 of the Public Officers Law.	Met/Not Met
10.3.4	The IRC monitors trends of other events or situations which may be potentially harmful, but do not meet the definition of a reportable incident or notable occurrence	Met/Not Met
10.3.5	The IRC reported at least annually to the chief executive officer, chief agency executives, the governing body, and OPWDD concerning its monitoring functions, including trend analysis and response.	Met/Not Met
10.4.1	The IRC meets within one month of a report of a reportable incident or serious notable occurrence or (minimally) on a quarterly basis.	Met/Not Met/NA
10.4.2	The IRC reviews and monitors the minor notable occurrence, serious notable occurrence, or reportable incident.	Met/Not Met/NA
10.4.3	The IRC reviews and monitors investigatory procedures for the reportable incident or serious notable occurrences.	Met/Not Met
10.4.4	The IRC makes written recommendations to appropriate staff to improve processes and minimize the prevalence of a reportable incident or notable occurrence.	Met/Not Met/NA
10.4.5	The IRC forwards findings and recommendations to the CEO within two weeks of meeting.	Met/Not Met/NA
10.4.6	The IRC documents their reviews and recommendations and tracks the conveyance of results and recommendations to appropriate parties within the Agency.	Met/Not Met/NA
10.4.7	The IRC monitors implementation of actions taken on recommendations made, including those made by OPWDD or the Justice Center.	Met/Not Met/NA
10.4.8	Within three weeks of the IRC meeting, the portion of the minutes addressing Reportable Incidents and Serious Notable Occurrences are entered into IRMA.	Met/Not Met
10.4.9	IRC minutes include all of the required information regarding Reportable Incidents and Serious Notable Occurrences.	Met/Not Met
10.5.1	Minor Notable Occurrences are reported to the CEO within 48 hours of occurrence or discovery.	Met/Not Met/NA
10.5.2	Minor Notable Occurrences are either detailed in a written initial incident/occurrence report or entered into IRMA within 48 hours or by close of the next working day, whichever is later.	Met/Not Met/NA
10.5.3	Reportable Incidents and Serious Notable Occurrences are reported to the CEO immediately upon occurrence or discovery.	Met/Not Met
10.5.4	Reporting updates requested by DMU, are entered into IRMA.	Met/Not Met/NA
10.5.5	For an individual residing in a facility certified or operated by OPWDD, MHLs is notified within three working days of all reportable incidents of abuse or neglect.	Met/Not Met
10.5.6	For an individual in a State Operated or Sponsored site, the Board of Visitors is notified within three working days of all reportable incidents of abuse or neglect.	Met/Not Met
10.5.7	Telephone notification of required information is made to appropriate involved parties for the reportable incident and notable occurrence.	Met/Not Met/NA
10.5.8	The Agency provides a written report (OPWDD 148) to any party who received the telephone notification on initial actions taken to address the incident/notable occurrence, within 10 days of completion of the incident report (MNO) or entry into IRMA.	Met/Not Met/NA
10.5.9	The Agency provides the written incident/occurrence report (OPWDD 147) to eligible requestor(s) within 10 days of the request.	Met/Not Met/NA
10.5.10	The agency releases records and documents pertaining to reportable incidents to eligible requestors in accordance with 624.8 (Jonathan's Law requirements).	Met/Not Met/NA
10.5.11	Deaths are reported to the Justice Center as required.	Met/Not Met
10.5.12	Deaths are reported to OPWDD.	Met/Not Met

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10.5.13	The Coroner/Medical Examiner is notified if the death was a suicide, homicide, accidental death, or death due to suspicious, unusual, or unnatural circumstances. In NYC, the NYC police are also notified.	Met/Not Met/NA
10.6.1	All events and situations as defined in Part 625 are reported to OPWDD through IRMA entry.	Met/Not Met
10.6.2	The agency takes action to protect the individual when the event or situation meets Part 625 reporting definitions (non-death).	Met/Not Met/NA
10.6.3	Subsequent information is provided to OPWDD via IRMA entry.	Met/Not Met/NA
10.6.4	Information regarding the death is submitted to the Justice Center as required.	Met/Not Met
10.7.1	The Reportable Incident or Serious Notable Occurrence is reported immediately to OPWDD.	Met/Not Met
10.7.2	Law Enforcement was notified as required.	Met/Not Met/NA
10.7.3	The Incident or occurrence is closed in IRMA within acceptable time frames.	Met/Not Met
10.7.4	The agency completed timely submission of an acceptable Reportable Abuse/Neglect investigation record via the WSIR.	Met/Not Met
11.1.1	The agency implements specific strategies to facilitate the creation, development, and continuation of natural support networks for individuals.	Met/Not Met
11.1.2	The agency has policies and procedures for regular and timely communication regarding individuals, with the individuals' family/advocates and/or natural supports, per the individual's preferences.	Met/Not Met
11.2.1	The agency works collaboratively with other community entities, to develop the role of the agency and the individuals it supports, in the community.	Met/Not Met
11.2.2	The agency implements community outreach that results in increased opportunities and meaningful relationships for the diversity of people supported (e.g. work, education, associational).	Met/Not Met
11.2.3	The agency supports their employees to develop social networks and community connections for individuals and/or to enable individuals to build their own social networks and community connections.	Met/Not Met
12.1.1	The agency has a clearly written mission statement, goals, and objectives.	Met/Not Met
12.1.2	The agency's, written goals, and objectives align its services and supports with achievement of individuals' valued outcomes.	Met/Not Met
12.1.3	The agency's mission, goals, and objectives support the vision/outcome priorities of OPWDD.	Met/Not Met
12.1.4	The agency's mission and goals are communicated to all people receiving supports and services, their families/advocates; all level of staff; and the governing body.	Met/Not Met
12.1.5	Agency leadership engages all agency members in the implementation of the mission and goals of the agency.	Met/Not Met
12.2.1	The agency monitors its processes to facilitate compliance with applicable NYS and Federal requirements.	Met/Not Met
12.2.2	The agency monitors its processes to facilitate quality services that support individuals' desired outcomes.	Met/Not Met
12.2.3	The agency has written conflict of interest policies and procedures.	Met/Not Met
12.2.4	The agency actively recruits, promotes, and supports a diverse leadership reflective of the individuals served.	Met/Not Met
12.3.1	The agency's governing board (Board of Directors) provides active oversight to ensure effectiveness the agency in carrying out its mission and goals.	Met/Not Met
12.3.2	The agency Board of Directors has a framework to exercise active governance.	Met/Not Met
12.3.3	The Board has a mechanism for active representation of individuals receiving services in agency governance and decision making.	Met/Not Met

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12.3.4	The Board demonstrates oversight of the Executive Director including adherence to executive compensation requirements.	Met/Not Met
12.3.5	The Board's membership has diversity of the appropriate skills and cultural competency to make decisions in alignment with the organization's mission.	Met/Not Met
12.3.6	The Board provides fiscal direction and oversight.	Met/Not Met
13.1.1	The quality improvement plan includes measurement, aggregation, and analysis of factors related to the outcomes and quality of life desired by individuals.	Met/Not Met
13.1.2	The quality improvement plan addresses person centered planning and service delivery.	Met/Not Met
13.1.3	The written quality improvement plan addresses assurance of individuals' health, safety, rights, and freedom from abuse/neglect and exploitation.	Met/Not Met
13.1.4	The quality improvement plan includes goal, objectives, and processes to address compliance with OPWDD, state and federal requirements.	Met/Not Met
13.1.5	The agency quality improvement plan addresses areas important to stakeholders based on their solicited input.	Met/Not Met
13.1.6	The quality improvement plan addresses findings from satisfaction surveys.	Met/Not Met/NA
13.2.1	The quality improvement plan is reviewed and approved by the board of directors on at least an annual basis.	Met/Not Met
13.2.2	There is a mechanism for making the Quality Improvement Plan known to persons supported, staff, agency stakeholders and other interested parties.	Met/Not Met
13.3.1	The agency's QI plan identifies quality improvement actions to be taken during the year.	Met/Not Met
13.3.2	The agency's quality improvement activities include an annual progress summary that identifies the quality improvement actions taken and the results/effectiveness.	Met/Not Met

