



STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

HCBS Settings Standards
**Privacy and lockable doors in certified and provider
owned or controlled residential settings**
One-Time Payment Agreement

In 2014, the Centers for Medicare & Medicaid Services (CMS) released new federal requirements for Home and Community Based Services (HCBS) settings. The transition period for states to achieve compliance with the new HCBS federal requirements ended on March 17, 2023. One of these federal requirements includes the use of locks or locking mechanisms in residential settings. A person's residence and their bedroom within the residence must have entrance doors lockable by the person, with only appropriate parties having keys/access to doors as needed. These requirements are described in federal and state regulations (42 CFR §441.301(c)(4) and Title 14 of New York Codes, Rules and Regulations (NYCRR) Subpart 636-2). Further guidance is described in an informational letter available [here](#).

In response to these federal requirements, a one-time payment will be made by the Office for People With Developmental Disabilities (OPWDD) to qualifying Providers to assist with the cost of complying with these requirements as follows:

- OPWDD will provide a one-time payment of \$280.16 per lock for the estimated number of bedrooms to which these requirements apply.
- The cost per lock has been calculated based on the average cost to purchase locks for State-Operated residences **plus** installation costs.
- Installation costs include one (1) hour to assemble and install the lock and one (1) hour travel time at the New York State average hourly wage for a locksmith per the U.S. Bureau of Labor Statistics.
- The number of locks will be estimated based on the maximum certified capacity for each residential provider discounted by 25% to account for bedrooms with double occupancy.
- Payments will be made to all residential providers, including those providers who already installed locks in accordance with this federal requirement on or after October 1, 2021, the effective date of OPWDD-issued HCBS Settings regulations.
- No formal cost reconciliation process has been established. However, in some instances a post-payment review may be completed at OPWDD's sole discretion.
- Payments will be made when a completed attestation is submitted to OPWDD, but no later than February 15, 2024.

- No additional payments in excess of the calculated amount will be made/considered to any residential provider for any reason.

By execution of this Agreement, the Provider commits that it will:

- Comply with the federal requirements related to bedroom locking mechanisms under the HCBS Settings Standards and related OPWDD guidance.
- Use all funds issued specifically for the bedroom locking mechanisms.
- The Provider must retain all records necessary to document the funds made available pursuant to this initiative in accordance with all applicable state and federal laws and regulations. Such information shall be available in a form and format that will facilitate it being furnished upon request to OPWDD and/or other regulatory authorities.
- Understand and accept that these are one-time funds, and no additional payments will be made towards a residential provider's costs of buying and/or installing the locking mechanisms.
- Acknowledge that neither this document nor the amount of funding provided by OPWDD waives or otherwise alters a provider's obligations under OPWDD regulations and/or the Mental Hygiene Law.

Please return the completed attestation electronically to LocalAssistanceInquiries@opwdd.ny.gov as soon as possible, but by no later than 11:59 p.m. ET on February 15, 2024. When submitting the attestation, please reference "HCBS Settings – Locks Attestation" in the subject line of the e-mail.

Name of Provider: _____

Federal ID#: _____ Corp ID: _____ SFS Vendor ID# _____

Street Address: _____

City and State: _____

Zip Code: _____

Name of CEO/Executive Director or CFO:

Signature: _____

Date signed: _____

Name of Officer of Agency Board of Directors/Governing Body: _____

Signature: _____

Title/Role (i.e., President, Treasurer):

Date signed: _____