NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES

H002-REQUEST FOR APPROVAL TO FILL A RESIDENTIAL OPPORTUNITY OR INTERNAL MOVE NOTIFICATION

Instructions: OPWDD Voluntary & State-Operated residential providers must submit this form to their Service Access, Program Implementation, & Stakeholder Support Regional Field Office (RFO) for director approval within two calendar days when: (1) they are requesting to admit a person on the Certified Residential Opportunities (CRO) list into a residential facility certified or operated by OPWDD OR (2) when an internal move will result in the relocation of a person to a residential facility certified or operated by OPWDD in a district different from their original district. (3) when an internal move that will result in the relocation of a person to a more restrictive setting. This form must also be submitted to the RFO as a notification of all internal moves within the district. All relocation moves require due process to be followed.

Select if this is an Internal Move or a Request to Fill: ☐ Internal Move ☐ Request to Fill

PERSON SELECTED FOR RESIDENTIAL OPPORTUNITY

Name: TABS ID:

Current Street Address: City: State: Zip Code:

Proposed Resident Address: Op Cert #:

City: State: Zip Code: County:

Residential Provider:
Residential Provider Staff Contact Name:
Phone Number:
Date:

Does the person have an active CRO referral packet?

☐ Current Vacancy ☐ Anticipated Vacancy Proposed Move Date:

Is this person moving from an uncertified setting?

If yes, please remember to notify MHLS of this new person in a certified setting and complete DDP1 action steps.

Internal Move

Proposed Move Date:

Is this an internal move affecting another vacancy?

If yes, will a new vacancy be created?

If yes, please remember to complete the H006 Vacancy Announcement Form for where the true vacancy will be.

If no, please remember that if a vacancy is being closed to contact the Quality Assurance/Letter of Intent team.

Is the due process letter submitted with this form ?

Reminder: DDP1 will not be processed without the due process letter on file with the RFO ☑

ADDITIONAL INFORMATION FOR PROVIDERS

To Add/Remove a person to a program, the residential provider will need to submit a DDP1 in CHOICES. A signed copy of this Residential Approval Form must be scanned and uploaded into CHOICES as a supporting document to the DDP1.

Required Community Placement Procedures and Due Process Notification: For any proposal in which a person would move from one certified residential site to another, the residential provider must follow all due process procedures, as defined by OPWDD in14 NYCRR 633.12 and the Community Placement Procedures booklet, including sending required due process notification letters. At minimum, and at least 30 days prior to the proposed move, the residential provider must give adequate notice in writing to: (1) the person whose relocation is being considered, (2) their guardian/advocate/family (if applicable), (3) their care manager, (4) the relevant RFO(s), and (5) Mental Hygiene Legal Service (MHLS). The due process notification letter must be sent to the RFO in order for the DDP1 to be completed.

For Willowbrook class members, the care manager is responsible for sending due process notification letters, and must follow all due process procedures, as defined by OPWDD in 14 NYCRR 633.12 and the Community Placement Procedures booklet, as well as any additional requirements contained in the Willowbrook Permanent Injunction

The notification of due process applies to all individuals proposed to move from one certified residential site to another whether or not there is objection to the move expressed by any of the parties.

Submit form to RFO Certified Housing Team secure mailbox using the regional email address.

----- THIS SECTION TO BE COMPLETED BY OPWDD CERTIFIED HOUSING TEAM -----

Is this person moving out of an ICF, DC, CRP or SNF/hospital/psychiatric center into an MFP qualifying setting?
Qualifying placement plan:

*****If yes, the Housing team must notify community.transitions@opwdd.ny.gov**

If the person has an active CRO referral but this internal move satisfied the person's residential need, remember to deactivate the current CRO referral.

Date Request Received:	Approved ☐	Not Approved Reason: ☐

RFO Director/Designee _____ Date _____