

# Provider Transition Plan (PTP) System

## PTP #AD-003910

### Provider Information

*\* Mandatory (required) fields below are marked with an asterisk.*

Legacy Provider ID \*

New Provider ID \*

Provider Name \*

Provider or Setting Alternate Name/DBA (if any)

Setting Type \*

- Alternative care facility (ACF)
- Group Residential Services and Supports (GRSS) group home
- Individual Residential Services and Supports (IRSS) host home
- Individual Residential Services and Supports (IRSS) other
- Supported Living Program (SLP) facility under BI waiver
- Transitional Living Program (TLP) facility under BI waiver

Waivers Served \*

- Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses
- Elderly, Blind, and Disabled (EBD)
- Persons with Brain Injury (BI)
- Persons with Developmental Disabilities (DD)

Number of Individuals Served

Number of Waiver Participants Served

123 10

Address of Setting \*

123 Main Street

Apartment/Suite

Denver

CO

80203

Phone Number of Person Completing This Form \*

(555) 555-5555

Email address of organization \*

test@contact.com

Email address of person completing this form \*

test@contact.com

Contact Person \*

TEST CONTACT

## Documents

Based on your Setting Type selected in your Provider Information tab, you are required to attach the document types listed below to this PTP.

- If you have previously used files in the **Provider Documents** section below then you only need to replace them if they have changed
- If you have other documents or files to add please use the **Additional Documents** section

The list of required documents is dynamic and varies based on setting type.

## Provider Documents

Document Type	File Name	Date Uploaded
Rights of Persons	required	required
Grievance/Complaint Policy	required	required
Medication Policy	required	required

Document Type	File Name	Date Uploaded
Mistreatment Policy	<i>required</i>	<i>required</i>
Physical Intervention Policy	<i>required</i>	<i>required</i>
Incident Reporting Policy	<i>required</i>	<i>required</i>
Money Management Policy	<i>required</i>	<i>required</i>
Lease/Residency Agreement	<i>required</i>	<i>required</i>
Admission/Discharge Policies	<i>required</i>	<i>required</i>
House Rules	<i>required</i>	<i>required</i>

## PTP Specific Documents

Document Type	File Name	Date Uploaded
Calendar of Activities	<i>required</i>	<i>required</i>

## Additional Documents

Document Type	File Name	Date Uploaded
<i>optional</i>	<i>optional</i>	<i>optional</i>

## Historical Documents

Document Type	File Name	Date Uploaded
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## Rights & Autonomy

Rights and Autonomy compliance issues RA-1 through RA-29 are examples of ways that a setting (site) might come into conflict with the HCBS Settings Final Rule. **Please review RA-1 through RA-29 and self-assess whether they are True or False for your site.**

- A true statement means that your setting/site has a potential compliance issue. If selected, you will be prompted to provide at least one remedial action plan for this potential compliance issue.
- If you select "Other remedial action plan:" you must enter a description
- Use the Compliance Issue/Remedial Action Plan section at the bottom of the page to add comments or additional information

## HCBS Settings Final Rule Details

These two elements of the HCBS Settings Final Rule relate to Rights and Autonomy:

1. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
2. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

Additionally, in a provider-owned or controlled residential setting, these additional conditions relating to Rights and Autonomy must be met.

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.
2. Each individual has privacy in their sleeping or living unit:
  - a. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - b. Individuals sharing units have a choice of roommates in that setting.
  - c. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
3. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
4. Individuals are able to have visitors of their choosing at any time.
5. The setting is physically accessible to the individual.
6. Any modification of the additional conditions under items 1 through 4 above must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
  - a. Identify a specific and individualized assessed need.
  - b. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
  - c. Document less intrusive methods of meeting the need that have been tried but did not work.
  - d. Include a clear description of the condition that is directly proportionate to the specific assessed need.
  - e. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  - f. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - g. Include the informed consent of the individual.
  - h. Include an assurance that interventions and supports will cause no harm to the individual.

**\* Mandatory (required) fields below are marked with an asterisk.**

RA-1.

Setting's/facility's rules, policies, procedures, or practices restrict individuals' rights under federal settings rule on a broad (not individualized) basis. \*

TRUE

Select

The provider may select True or False for each compliance issue. In addition, state staff may select Resolved for each compliance issue. If and when the user marks a compliance issue as True, the system displays relevant remedial action plans for that compliance issue, and the user must select at least one.

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Provider/staff participation in specific education and outreach on rights and autonomy.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.

Other \*



If and when the user selects the checkbox for "Other remedial action plan," this text box becomes available.

RA-2.

Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities \*

TRUE

Select at least one remedial action plan:

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on ways to leave the setting and interact with others (e.g., how to access

transportation options).

- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
  - Other remedial action plan.
- 

RA-3.

The setting employs chemical, mechanical, or physical restraints. \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
  - Provider/staff participation in specific education and outreach on rights and autonomy.
  - Review and modification of current staff trainings to ensure rights and autonomy.
  - Other remedial action plan.
- 

RA-4.

The setting regiments daily activities \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals opportunity to make independent choices regarding their daily activities. (if this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars). (If this change will entail purchasing additional vehicles, please describe details in the box below for detail on action items).
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on ways to leave the setting and interact with others (e.g., how to access transportation options).
- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Other remedial action plan.

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RA-5.

Individuals do not get to choose or set their own schedule \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
  - Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals' opportunity to make independent choices regarding their daily activities. (if this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars). (If this change will entail purchasing additional vehicles, please describe details in the box below for detail on action items).
  - Review and modification of current staff trainings to ensure rights and autonomy.
  - Training for individuals on ways to leave the setting and interact with others (e.g., how to access transportation options).
  - Development of tools/messaging materials to educate individuals and families on rights and autonomy.
  - Other remedial action plan.
- 

RA-6.

The setting does not offer individualized supports that enable individuals to choose activities of their own interests (with a group or individually) \*

**TRUE**

**Select at least one remedial action plan:**

- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals' opportunity to make independent choices regarding their daily activities. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars) (if this change will entail purchasing additional vehicles, please describe details in the box below for detail on action items).
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on ways to leave the setting and interact with others (e.g., how to access

transportation options).

- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
  - Other remedial action plan.
- 

RA-7.

Individuals have only scheduled times that they are allowed to be away from the facility \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
  - Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals opportunity to make independent choices regarding their daily activities. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars). (if this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Review and modification of current staff trainings to ensure rights and autonomy.
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
  - Training for individuals on ways to leave the setting and interact with others (e.g., how to access transportation options).
  - Development of tools/messaging materials to educate individuals and families on rights and autonomy.
  - Other remedial action plan.
- 

RA-8.

Individuals do not have a key or key-code to enter the facility/home when they wish. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Provide residents with a key or key-code to enter the facility/home when they wish.
-

- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.
- 

RA-9.

Individuals do not have a legally enforceable lease or residency agreement that provides protections for evictions and appeals at least comparable to those under the jurisdictions landlord/tenant law. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Development, application of, and/or modifications to a legally enforceable lease or residency agreement.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.
- 

RA-10.

Individuals cannot lock their bedroom doors. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Install locks and distribute keys so that residents can lock their bedroom doors.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.
- 

RA-11.

Individuals cannot lock bathroom doors. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service*

plan. See above for documentation requirements.

**TRUE**

Select at least one remedial action plan:

- Install locks so that residents can lock bathroom doors.
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
  - Other remedial action plan.
- 

RA-12.

The setting uses cameras in interior areas used by residents. \*

*Mark this item False (no compliance issue) if the setting uses cameras in interior areas, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan (a) of the individual(s) who need to be watched and (b) of other residents, who should be informed of the camera and any methods in place to mitigate the impact on their privacy. See above for documentation requirements. Mark this item False (no compliance issue) if cameras are used only on staff-only desks, entrance/exit doors, and exterior areas in a manner similar to how non-HCBS settings would use them.*

**TRUE**

Select at least one remedial action plan:

- Remove cameras or modify policies/procedures for their use to align with federal and state requirements on rights and autonomy.
  - Other remedial action plan.
- 

RA-13.

The setting uses audio monitors or devices that chime when a person stands near or passes through a doorway or window. \*

*Mark this item False (no compliance issue) if the setting uses audio monitors/devices that chime, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan (a) of the individual(s) who need to be monitored and (b) of other residents, who should be informed of the device and any methods in place to mitigate the impact on their privacy. See above for documentation requirements.*

**TRUE**

Select at least one remedial action plan:

- Remove audio monitors/devices that chime or modify policies/procedures for their use to align with federal and state requirements on rights and autonomy.
  - Other remedial action plan.
-

RA-14.

Individuals must share a room and do not have choice of roommates. \*

**TRUE**

Select at least one remedial action plan:

- Development of a policy/procedure to allow residents that share a room to have a choice of roommates.
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
  - Other remedial action plan.
- 

RA-15.

Individuals do not have the opportunity to exercise personal choice (e.g., haircut and style, preferred clothing, decoration and personal items in rooms). \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

Select at least one remedial action plan:

- Development of a policy/procedure to allow residents freedom to furnish and decorate their sleeping or living units within the enforceable lease or residency agreement.
  - Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
  - Review and modification of current staff trainings to ensure rights and autonomy.
  - Other remedial action plan.
- 

RA-16.

Individuals do not have access to food of their choice when they wish. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

Select at least one remedial action plan:

- Development of a policy/procedure to allow residents access to food 24 hours a day.
  - Review and modification of current staff trainings to ensure rights and autonomy.
-

- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.
- 

RA-17.

Individuals do not have input and choice with respect to menu planning \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.
- 

RA-18.

Individuals do not have the ability to have visitors at any time and to socialize with whomever they choose (including romantic relationships). \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Development of a policy/procedure to allow residents to have visitors at any time.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Other remedial action plan.
- 

RA-19.

Individuals do not have the ability to use their own communication devices (e.g., cellphones) to make/receive private telephone calls and to send/receive private emails and text messages at times of their choosing \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Development of a policy/procedure to allow residents to make phone calls and text/email at any time.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Other remedial action plan.

RA-20.

Individuals do not have full access to typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas) \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Modifications or purchases to enhance physical accessibility.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
- Other remedial action plan.

RA-21.

Individuals do not have the ability to control their money, or are required to receive unwanted/non-optional assistance in managing their finances. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan.*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies or procedures to allow individuals to control their money, to the degree they are able.
  - Review and modification of current staff trainings to ensure rights and autonomy
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills
  - Other remedial action plan.
- 

RA-22.

Individuals do not have the ability to self-administer medication. \*

*Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies or procedures to allow individuals to self-administer medication.
  - Review and modification of current staff trainings to ensure rights and autonomy.
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
  - Other remedial action plan.
- 

RA-23.

Individuals do not have access to a dining area for meals/snacks with comfortable seating where they can choose their own seat, choose their company (or lack thereof), and choose to converse (or not) \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures or practice to allow individuals access to a dining area where

they can choose their own seat, company (or the lack thereof), and choose to converse (or not).

- Review and modification of current staff trainings to ensure rights and autonomy.
  - Training for individuals on managing budgets, safety, respecting others, and other independent living skills.
  - Other remedial action plan.
- 

RA-24.

Individuals' names or other confidential items of information are posted in common areas of the setting. \*

**TRUE**

**Select at least one remedial action plan:**

- Confidential information, including names of individuals, will be removed from common areas.
  - Other remedial action plan.
- 

RA-25.

Staff have not been trained in person-centered principles \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff training in person-centered principles.
  - Other remedial action plan.
- 

RA-26.

Setting does not provide individuals with a plain-language (including pictorial, if warranted) explanation of rights \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Provide updated documents to residents, along with a plain-language (including pictorial, if

warranted) explanation of the updates.

Other remedial action plan.

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RA-27.

Setting does not provide individuals with a plain-language (including pictorial, if warranted) explanation of how to submit a complaint or grievance, including anonymously, and who can assist them in doing so \*

**TRUE**

**Select at least one remedial action plan:**

Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.

Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.

Other remedial action plan.

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RA-28.

Setting does not provide individuals with a plain-language (including pictorial, if warranted) explanation of how to seek resolution of disputes (if such a process exists apart from the process for complaints/grievances) and who can assist them in doing so \*

**TRUE**

**Select at least one remedial action plan:**

Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.

Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.

Other remedial action plan.

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RA-29.

Setting is otherwise noncompliant with the federal requirements above relating to rights and autonomy (provide detail below) \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Review and modification of current staff trainings to ensure rights and autonomy.
- Other remedial action plan

Does your remedial action plan entail cost? \*

Yes

No

 If and when the user selects Yes for cost, the system displays this text box and the two cost fields below.

**Total expected one-time cost for the remedial action plan(s) described on this screen: \***

*Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.*

\$

**Total expected recurring, annual cost for the remedial action plan(s) described on this screen: \***

*Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.*

\$

## Compliance Issue/Remedial Action Plan

This section is optional. Use the “Add Remedy Comments” button to add any additional details on your remedial action items. If you did not detail it above, please include your plan to train staff/contractors on any changes that involve them.

*For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g., “Residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction,”*

or “Protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law”).

Date	Author	Comment
12/18/2018 02:48 PM		Sample comment 2.
12/18/2018 02:03 PM		Sample comment 1.

## Informed Choice

Informed Choice compliance issues IC-1 through IC-6 are examples of ways that a setting (site) might come into conflict with the HCBS Settings Final Rule. **Please review IC-1 through IC-6 and self-assess whether they are True or False for your site.**

- A true statement means that your setting/site has a potential compliance issue. If selected, you will be prompted to provide at least one remedial action plan for this potential compliance issue.
- If you select "Other remedial action plan:" you must enter a description
- Use the Compliance Issue/Remedial Action Plan section at the bottom of the page to add comments or additional information

### HCBS Settings Final Rule Details

These two elements of the HCBS Settings Final Rule relate to Informed Choice:

1. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.
2. The setting facilitates individual choice regarding services and supports, and who provides them.

**\* Mandatory (required) fields below are marked with an asterisk.**

IC-1.

Individuals are told that they must reside in or receive services from the setting, even if they would prefer something else \*

**TRUE**  
**Select** The provider may select True or False for each compliance issue. In addition, state staff may select Resolved for each compliance issue. If and when the user marks a compliance issue as True, the system displays relevant remedial action plans for that compliance issue, and the user must select at least one.

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice.
- Development of or modifications to forms and procedures to ensure informed choice.
- Provider/staff participation in specific education and outreach on informed choice.

- Training for individuals on informed decision-making skills and resources.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.

Other \*



If and when the user selects the checkbox for "Other remedial action plan," this text box becomes available.

IC-2.

Individuals are not informed of and given a chance to choose among setting options, including non-disability-specific settings \*

**TRUE**

Select at least one remedial action plan:

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice.
- Development of or modifications to forms and procedures to ensure informed choice.
- Development of tools/messaging materials to educate individuals and families on informed choice.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.

IC-3.

Setting options are not identified and documented in the person-centered service plan \*

**TRUE**

Select at least one remedial action plan:

- Provider/staff participation in specific education and outreach on informed choice.
- Training for individuals on informed decision-making skills and resources.
- Other remedial action plan.

IC-4.

Setting options are not based on the individual's needs, preferences, and, for residential settings, resources available for room and board \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice.
  - Development of or modifications to forms and procedures to ensure informed choice.
  - Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance individual choice regarding services and supports, and who provides them. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Provider/staff participation in specific education and outreach on informed choice.
  - Training for individuals on informed decision-making skills and resources.
  - Other remedial action plan.
- 

IC-5.

Setting does not facilitate individual choice regarding services and supports, and who provides them \*

**TRUE**

**Select at least one remedial action plan:**

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice.
  - Development of or modifications to forms and procedures to ensure informed choice.
  - Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance individual choice regarding services and supports, and who provides them. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Review and modification of current staff trainings to ensure informed choice.
  - Training for individuals on informed decision-making skills and resources.
  - Development of tools/messaging materials to educate individuals and families on informed choice.
  - Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
  - Other remedial action plan.
- 

IC-6.

Setting is otherwise noncompliant with the federal requirements above relating to informed choice (provide detail below) \*

TRUE

Select at least one remedial action plan:

- Provider/staff training in person-centered principles.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice.
- Development of or modifications to forms and procedures to ensure informed choice.
- Development of tools/messaging materials to educate individuals and families on informed choice.
- Other remedial action plan.

Does your remedial action plan entail cost? \*

- Yes
- No

 If and when the user selects Yes for cost, the system displays this text box and the two cost fields below.

Total expected one-time cost for the remedial action plan(s) described on this screen: \*

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

Total expected recurring, annual costs for the remedial action plan(s) described on this screen: \*

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

## Compliance Issue/Remedial Action Plan

This section is optional. Use the “Add Remedy Comments“ button to add any additional details on your remedial action items. If you did not detail it above, please include your plan to train staff/contractors

on any changes that involve them.

*For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g., “Residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction,” or “Protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law”).*

Date	Author	Comment
12/18/2018 02:10 PM		Sample comment 4.
12/18/2018 02:43 PM		Sample comment 3.

## Community Integration

Community Integration compliance issues CI-1 through CI-10 are examples of ways that a setting (site) might come into conflict with the HCBS Settings Final Rule. **Please review CI-1 through CI-10 and self-assess whether they are True or False for your site.**

- A true statement means that your setting/site has a potential compliance issue. If selected, you will be prompted to provide at least one remedial action plan for this potential compliance issue.
- If you select "Other remedial action plan:" you must enter a description
- Use the Compliance Issue/Remedial Action Plan section at the bottom of the page to add comments or additional information

### HCBS Settings Final Rule Details

This element of the HCBS Settings Final Rule relates to Community Integration:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

**\* Mandatory (required) fields below are marked with an asterisk.**

CI-1.

Individuals interact only with people with disabilities and paid staff, not counting incidental contact \*

**TRUE** Select The provider may select True or False for each compliance issue. In addition, state staff may select Resolved for each compliance issue. If and when the user marks a compliance issue as True, the system displays relevant remedial action plans for that compliance issue, and the user must select at least one.

- Provider/staff participation in specific education and outreach on community integration.
- Review and modification of current staff trainings on community integration.

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
- Development of programs aimed at increasing opportunities for community integration.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and engage with the community (e.g., help individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items).
- Training for individuals on community integration.
- Development of tools/messaging materials to educate individuals and families on community integration.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.

Other \*



If and when the user selects the checkbox for "Other remedial action plan," this text box becomes available.

CI-2.

Setting has policies, procedures, or practices preventing individuals from interacting with or receiving services in the community. \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
- Review and modification of current staff trainings on community integration.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
- Development of programs aimed at increasing opportunities for community integration.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and engage with the community (e.g., help

individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items).

- Training for individuals on community integration.
- Development of tools/messaging materials to educate individuals and families on community integration.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.

CI-3.

Setting does not ensure that residents have the opportunity to be engaged in community activities outside the setting with individuals without disabilities. So-called reverse integration (bringing individuals without disabilities into the setting) is important, but is not by itself sufficient to comply with the community integration requirement. \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
- Review and modification of current staff trainings on community integration.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
- Development of programs aimed at increasing opportunities for community integration.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and engage with the community (e.g., help individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items).
- Training for individuals on community integration.
- Development of tools/messaging materials to educate individuals and families on community integration.
- Provide updated documents to residents, along with a plain-language (including pictorial, if

warranted) explanation of the updates.

Other remedial action plan.

---

CI-4.

Individuals' community activities offer only incidental contact with non-disabled, non-staff members of the community due to the type of activities or the number of individuals participating. \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
  - Review and modification of current staff trainings on community integration.
  - Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
  - Development of programs aimed at increasing opportunities for community integration.
  - Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
  - Increase support for individuals to leave the setting and engage with the community (e.g., help individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the Comment box below for detail on action items).
  - Training for individuals on community integration.
  - Development of tools/messaging materials to educate individuals and families on community integration.
  - Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
  - Other remedial action plan.
- 

CI-5.

Setting has staff uniforms; entryway filled with staff postings or messages; labels on drawers, cupboards, or bedrooms for staff convenience; or other institutional features not found in a typical home. \*

**TRUE**

**Select at least one remedial action plan:**

- Eliminate staff uniforms, staff messages, labels, and other institutional features not found in a typical home.
- Other remedial action plan.
- 

CI-6.

Setting has no visitors without disabilities \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
- Review and modification of current staff trainings on community integration.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
- Development of programs aimed at increasing opportunities for community integration.
- Other remedial action plan.
- 

CI-7.

Setting does not help individuals access public transportation, Medicaid-funded medical and non-medical transportation, and other generally available transportation resources \*

**TRUE**

**Select at least one remedial action plan:**

- Increase support for individuals to leave the setting and engage with the community (e.g., help individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items).
- Training for individuals on ways to access the greater community (e.g., how to access transportation options, how to get around the neighborhood, nearby options, community festivals, etc.).
- Other remedial action plan.
- 

CI-8.

Setting or staff prohibit individuals from leaving at will (e.g., locks; house rules), in a way not properly documented in the individual's person-centered plan \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
  - Review and modification of current staff trainings on community integration.
  - Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
  - Install new locks and/or restrictive egress alert systems or devices that comply with federal requirements.
  - Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
  - Other remedial action plan.
- 

CI-9.

Setting uses restrictive egress alert devices on a setting-wide (non-individualized) basis, in a way not properly documented in the individual's person-centered plan \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
  - Review and modification of current staff trainings on community integration.
  - Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
  - Install new locks and/or restrictive egress alert systems or devices that comply with federal requirements.
  - Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
  - Other remedial action plan.
- 

CI-10.

Setting is otherwise noncompliant with the federal requirements above relating to community integration (provide detail below) \*

**TRUE**

**Select at least one remedial action plan:**

- Provider/staff participation in specific education and outreach on community integration.
- Review and modification of current staff trainings on community integration.
- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration.
- Development of programs aimed at increasing opportunities for community integration.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and engage with the community (e.g., help individuals access transportation options; increase frequency of staff accompanying individuals; reimburse staff for mileage on their own cars). (If this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items).
- Training for individuals on community integration.
- Development of tools/messaging materials to educate individuals and families on community integration.
- Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.
- Other remedial action plan.

Does your remedial action plan entail cost? \*

Yes

No



If and when the user selects Yes for cost, the system displays this text box and the two cost fields below.

**Total expected one-time cost for the remedial action plan(s) described on this screen: \***

*Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.*

\$

Total expected recurring, annual costs for the remedial action plan(s) described on this screen: \*

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

## Compliance Issue/Remedial Action Plan

This section is optional. Use the “Add Remedy Comments“ button to add any additional details on your remedial action items. If you did not detail it above, please include your plan to train staff/contractors on any changes that involve them.

*For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g., “Residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction,“ or “Protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law“).*

Date	Author	Comment
12/18/2018 02:14 PM		Sample comment 6.
12/18/2018 02:50 PM		Sample comment 5.

## Institutional Characteristics

Institutional Characteristics compliance issues ICH-1 through ICH-3 are examples of ways that a setting (site) might come into conflict with the HCBS Settings Final Rule. **Please review ICH-1 through ICH-3 and self-assess whether they are True or False for your site.**

- A true statement means that your setting/site has a potential compliance issue. If selected, you will be prompted to provide at least one remedial action plan for this potential compliance issue.
- If you select “Other remedial action plan:” you must enter a description
- Use the Compliance Issue/Remedial Action Plan section at the bottom of the page to add comments or additional information

### HCBS Settings Final Rule Details

This element of the HCBS Settings Final Rule relates to Institutional Characteristics:

1. For 1915(c) home and community-based waivers, 42 C.F.R. and 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:

- a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
- b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

**\* Mandatory (required) fields below are marked with an asterisk.**

ICH-1.

Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment \*

**TRUE**  
**Select** The provider may select True or False for each compliance issue. In addition, state staff may select Resolved for each compliance issue. If and when the user marks a compliance issue as True, the system displays relevant remedial action plans for that compliance issue, and the user must select at least one.

- Separation of operations from those of the institution.
- Provider/staff participation in specific education and outreach on ways to overcome the institutional presumption.
- Movement to a new location.
- Development of a plan to decrease isolation from the broader community.
- Referrals of individuals to case managers or peers who can help them understand other setting options available in the community.
- Provider request for state assistance to relocate individuals to a community setting.
- Other remedial action plan.

Other \*

 If and when the user selects the checkbox for "Other remedial action plan," this text box becomes available.

ICH-2.

Setting is located in a building on the grounds of, or immediately adjacent to, a public institution \*

**TRUE**

**Select at least one remedial action plan:**

- Separation of operations from those of the institution.
- Provider/staff participation in specific education and outreach on ways to overcome the institutional

presumption.

- Movement to a new location.
- Development of a plan to decrease isolation from the broader community.
- Referrals of individuals to case managers or peers who can help them understand other setting options available in the community.
- Provider request for state assistance to relocate individuals to a community setting.
- Other remedial action plan.

ICH-3.

Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS \*

TRUE

Select at least one remedial action plan:

- Provider/staff participation in specific education and outreach on ways to overcome the institutional presumption.
- Movement to a new location
- Development of a plan to decrease isolation from the broader community.
- Referrals of individuals to case managers or peers who can help them understand other setting options available in the community.
- Provider request for state assistance to relocate individuals to a community setting.
- Other remedial action plan.

Does your remedial action plan entail cost? \*

- Yes
- No

 If and when the user selects Yes for cost, the system displays this text box and the two cost fields below.

Total expected one-time cost for the remedial action plan(s) described on this screen: \*

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.

\$

**Total expected recurring, annual costs for the remedial action plan(s) described on this screen: \***

*Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens.*

\$

## Compliance Issue/Remedial Action Plan

This section is optional. Use the “Add Remedy Comments“ button to add any additional details on your remedial action items. If you did not detail it above, please include your plan to train staff/contractors on any changes that involve them.

*For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g., “Residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction,“ or “Protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law“).*

Date	Author	Comment
12/18/2018 02:13 PM		Sample comment 8.
12/18/2018 02:49 PM		Sample comment 7.

## PTP Status

Thank you for completing the PTP for this setting!

**Please note that further action may be needed!**

- Providers must update their PTPs every three months, starting three months after the initial site visit (if any) or completion of the PTP, whichever is later. This timeframe is designed to allow ample time for providers to take necessary action steps towards compliance. It also allows time for organizational change and process and protocol revision.
- For the three-month update, you will return to this PTP using the same web-link and login information that you are currently using. You will add and overwrite information as appropriate (for example, changing the statement of compliance issues from “True“ to “False“ for issues that have been resolved).

**Providers should submit an updated PTP every three months until they receive a notice from the department that further updates are not required. If your three-month update is due, do not wait for a reminder from the department; simply make your updates.**

# PTP Status Comments

This section is optional. If you have any questions or comments for your PTP review team on the status of this PTP use the “Add Comments” button to add them.

12/18/2018 02:48 PM	[REDACTED]	Sample comment 9.
12/18/2018 02:17 PM	[REDACTED]	Sample comment 10.

## FOR STATE USE ONLY

Status of this PTP:

<p>☰ Draft</p> <p>Date this PTP was last submitted by Provider:</p> <p>Date this PTP Status was changed: 12/18/2018</p> <p>PTP Status was changed by: [REDACTED]</p> <p>PTP Submission Date:</p> <p>mm / dd / yyyy</p> <p>PTP Update Due Date:</p> <p>04 / 07 / 2019</p> <p>PTP First Submission Due Date:</p> <p>01 / 07 / 2019</p> <p>Compliance Status:</p> <p>☰ (7) Not yet known</p>	<p><b>PTP Status options:</b></p> <ul style="list-style-type: none"> <li>Draft</li> <li>Needs CDPHE Review</li> <li>Needs Provider Review</li> <li>Accepted for Implementation</li> <li>Has Finally Determined Compliance Status</li> <li>Retired</li> <li>Locked</li> </ul>
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Autopopulates upon submission; adjustable by state staff

Autocalculates as date of first submission + 90 days; adjustable by state staff

Autocalculates as date of Welcome email + 30 days (or 42 days if Welcome email was sent before Winter 2018 holidays); adjustable by state staff

- Compliance Status options:**
- (1) Setting is NOT subject to heightened scrutiny and IS compliant with rule; no further action needed
  - (2) Setting is NOT subject to heightened scrutiny and NOT YET compliant with rule; file updated PTP in three months with evidence showing progress
  - (3) Setting is NOT subject to heightened scrutiny and NOT timely able to comply with rule; prepare now to transition clients
  - (4) Setting IS subject to heightened scrutiny and IS able to overcome institutional presumption; evidence should be put forward to CMS
  - (5) Setting IS subject to heightened scrutiny and NOT YET able to overcome institutional presumption; file updated PTP in three months with evidence showing progress
  - (6) Setting IS subject to heightened scrutiny and NOT timely able to overcome institutional presumption; prepare now to transition clients
  - (7) Not yet known [this is the default option]
  - (8) Setting has closed because of rule
  - (9) Setting has closed for another reason

**Heightened Scrutiny Factor(s) triggering the above):**

The Heightened Scrutiny screen is completed by state staff if any of the three factors listed immediately below is True.

Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment

- True
- False

Setting is located in a building on the grounds of, or immediately adjacent to, a public institution

- True
- False

Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

- True
- False

Based on all of the above information, setting has ANY compliance issues relating to institutional characteristics

- True
- False

**Compliance indicators for overcoming institutional presumption:**

The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Dropdown menu options:

- Yes
- No
- Partially
- N/A [where the criterion (such as lease/residential agreement) does not apply to the setting type (e.g., a day program setting)]

The selections shown in this PDF randomly demonstrate the available options and do not reflect the actual analysis of any setting.

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

☰ No

The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.

☰ Partially

The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

☰ N/A

The setting facilitates individual choice regarding services and supports, and who provides them.

☰ Yes

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

☰ No

If residential and provider-owned or -controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under a legally enforceable agreement.

☰ Partially

If residential and provider-owned or -controlled, the setting provides the same or comparable responsibilities and protections from eviction that tenants have under the landlord/tenant law of the jurisdiction.

☰ N/A

If residential and provider-owned or -controlled, the setting ensures that each individual has privacy in their sleeping or living unit.

☰ Yes

If residential and provider-owned or -controlled, the setting provides units with entrance doors lockable by the individual, with only appropriate staff having keys to doors.

☰ No

If residential and provider-owned or -controlled, the setting provides individuals sharing units a choice of roommates.

☰ Partially

If residential and provider-owned or -controlled, the setting ensures that individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

☰ N/A

If residential and provider-owned or -controlled, the setting ensures that individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

☰ Yes

If residential and provider-owned or -controlled, the setting ensures that individuals are able to have visitors of their choosing at any time.

☰ No

If residential and provider-owned or -controlled, the setting the setting ensures physical accessibility.

☰ Partially

If residential and provider-owned or -controlled, the setting ensures that any modification of the additional conditions for such settings is supported by a specific assessed need and justified in the person-centered service plan.

☰ N/A

**Conclusion: Based on the factors set forth above, the setting does not have the qualities of an institution and does have the qualities of home- and community-based settings.**

☰ No

**Summary of site visit team assessment of whether setting meets HCBS setting requirements; cite relevant evidence.**

If the site visit team believes that the setting is able to overcome the institutional presumption, describe the evidence that should be put forward to CMS and state when the provider will supply it (if it is not already on file).

If the setting is not yet able to overcome the institutional presumption, describe the remedial actions it is taking and state when its new supporting evidence will be available.

If the setting is not timely able to overcome the institutional presumption, describe its plan to transition individuals to other settings.

 State staff will type text here.

## Site Visit Desk Review

CDPHE lead staff



CDPHE Lead Staff Email



**Initial site visit or desk review**

**Selected for initial site visit?**

Please note that a setting that is not currently selected for a site visit may be selected later.

Yes

Not at this time

**Status of initial site visit**

≡ Completed

**Dropdown menu options:**

N/A; not selected for site visit

To be scheduled

Scheduled

Completed

All PTPs are subject to desk review, regardless of whether the setting is also selected for (or requests) a site visit.

**Date of initial site visit**

12/18/2018

**Initial site visit team members**

 Staff who conducted site visit are named here.

Identify the supporting documentation submitted by the provider, and follow up with the provider to obtain any missing materials.

The documents should include all of the following documents that the agency currently has:

## Policies and Procedures

- \* Admission and Discharge Policies
- \* Dispute Resolution
- \* Grievances/Complaints
- \* Incident Reporting
- \* Medication Administration, including Use of Medication Reminder Boxes
- \* Mistreatment, Abuse, Neglect, and Exploitation
- \* Management of Resident Funds, including Personal Needs Funds
- \* Rights of Persons Receiving Services
- \* Use of Physical and Other Restraints

## Handouts for individuals

- \* Rights Handout
- \* House Rules
- \* Person-Centered Tools
- \* Informed Consent

## Other

- \* Lease or Residency Agreement
- \* Copy of a recent monthly calendar of activities

**Details of supporting documentation obtained and efforts to obtain missing materials:**



### Findings from supporting documentation



### Findings from site visit or desk review

### Summary of findings\*

\* Site visit and desk review teams should ensure that the PTP accurately reflects all areas of noncompliance and remedial action plans, including compliance issues and remedial action plans relating to heightened scrutiny. Overwrite any inaccurate information in the preceding sections of the PTP.



### Promising Practices



### Additional notes/observations/suggestions from site visit or desk review team



### Follow-up site visit(s) or desk review(s)

If multiple follow-up visits are made, overwrite the information in this section as needed.

### Selected for follow-up site visit?

Please note that a setting that is not currently selected for a site visit may be selected later.

- Yes
- Not at this time

**Status of follow-up site visit**

☰ --- Select Status ---

**Additional notes/observations/suggestions from site visit or desk review team**



**Date of follow-up site visit**

mm/dd/yyyy

**Follow-up site visit team members**



**Identify the supporting documentation submitted by the provider, and follow up with the provider to obtain any missing materials.**

**The documents should include all of the following documents that the agency currently has: Policies and Procedures Admission and Discharge Policies Dispute Resolution Grievances/Complaints Incident Reporting Medication Administration, including Use of Medication Reminder Boxes Mistreatment, Abuse, Neglect, and Exploitation Management of Resident Funds, including Personal Needs Funds Rights of Persons Receiving Services Use of Physical and Other Restraints Handouts for individuals Rights Handout House Rules Person-Centered Tools Informed Consent Other Lease or Residency Agreement Copy of a recent monthly calendar of activities Details of supporting documentation obtained and efforts to obtain missing materials:**



### Findings from supporting documentation



### Findings from follow-up site visit or desk review

#### Summary of findings\*

\* Site visit and desk review teams should ensure that the PTP accurately reflects all areas of noncompliance and remedial action plans, including compliance issues and remedial action plans relating to heightened scrutiny. Overwrite any inaccurate information in the preceding sections of the PTP.



### Promising practices 2



An Audit Trail (showing changes to the PTP) is available online but is not included in the one-click Print function.

Accessibility (<https://www.colorado.gov/accessibility-standards>) Privacy Statement (<https://www.colorado.gov/privacy-statement>) Security Statement (<https://www.colorado.gov/security-statement>)

Icon pack by Icons8 (<https://icons8.com>) Forms by Formoid (<http://formoid.com/>)



(<https://www.colorado.gov>)