### Heightened Scrutiny Evaluation

#### Adult Residential Setting Summary Sheet

<table>
<thead>
<tr>
<th>Heightened Scrutiny Identification Number</th>
<th>HS-002</th>
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</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Carriage House Assisted Living</td>
</tr>
<tr>
<td>Setting Name</td>
<td></td>
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<tr>
<td>Setting Address</td>
<td>816 S Intercean Ave</td>
</tr>
<tr>
<td>Compliant as of Date</td>
<td>Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.</td>
</tr>
<tr>
<td>Date of This Evaluation</td>
<td>April 20, 2021</td>
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</tbody>
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### 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)

### Reason(s) for Heightened Scrutiny

- ☒ Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (such as a hospital, nursing facility, ICF/IID, or IMD);
- ☐ Located in a building on the grounds of, or adjacent to, a public institution; or
- ☐ Has the effect of isolating individuals receiving Medicaid home- and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS

### Setting Description

The setting supports a group of individuals, some of whom are served through HCBS Medicaid waiver funding. The setting contains both an Alternative Care Facility (ACF) and a Nursing Facility (NF). Though physically connected, the ACF and NF have separated their operations. They do not share staff, the policy/procedures are separate and there are no facilities used by the NF in the ACF.
<table>
<thead>
<tr>
<th>Compliant?</th>
<th>Federal Requirement</th>
<th>Summary of Evidence of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☒ Partial ☐ No</td>
<td>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. 42 C.F.R. § 441.304(c)(4)(i).</td>
<td>The setting does not as yet ensure that individuals are engaged in community activities outside of the setting with individuals without disabilities. Policies and procedures have been created to ensure that once safety restrictions are lifted, related to the pandemic, community opportunities will be available for all individuals living in this home. Individuals will be made aware of community activities through a newsletter that is distributed to individuals, and they will also be posted on the facility activity calendar. A weekly transportation schedule will be available, to transport individuals to local common stops (bank, grocery store, shopping center, doctor appts). Transportation is also available upon request to the activity director. The provider is prepared to submit documentation demonstrating community integration for all individuals of the setting, once community restrictions are lifted and individuals are able to safely access the community.</td>
</tr>
</tbody>
</table>
| ☒ Yes ☐ Partial ☐ 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. 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. Id. § 441.301(c)(4)(ii). | In Colorado, case management agencies are responsible for:
- working with the individual to ensure that the setting is selected by the individual from among setting options including non-disability-specific settings and, where residential supports will be provided, an option for a private unit in a residential setting;
- ensuring that setting options are identified and documented in the person-centered support plan and are based on the individual’s needs, preferences, and for residential settings, resources available for room and board; and
- supplying the person-centered support plan to provider agencies for implementation. Provider agencies are responsible for implementing the person-centered support plan. They are also responsible for referring individuals to their case management agency if they want to request a different provider or setting. As part of the site-specific verification process, the state verified that providers complied with their responsibilities relating to informed choice. This process included verifying that settings did |
The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint. *Id. § 441.301(c)(4)(iii).*

Provider policies and procedures align with federal and state requirements on rights of privacy, dignity, respect and freedom from coercion and restraint. The setting ensures that individuals are free from physical, chemical and mechanical restraints. Individuals no longer have their full names posted at their doors, for privacy, but they are able to have their first name on a placard, if desired.

Individuals in the setting determine their daily activities and set their own schedule. Individuals are free to come and go at will. There are no scheduled times that individuals need to be in the setting. Individuals are able to exercise personal choice in all aspects of their lives.

The individuals can exercise personal choice regarding services and supports, and who provides them. *Id. § 441.301(c)(4)(v)*

Provider documentation indicates the development, application of, and/or modifications to a legally enforceable residential agreement is in the process of being completed by the provider.
<table>
<thead>
<tr>
<th>Landlord-Tenant Law</th>
<th>Details</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Each individual has privacy in their sleeping or living unit: (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (2) Individuals sharing units have a choice of roommates in that setting. (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Id. § 441.301(c)(4)(vi)(B)</td>
</tr>
<tr>
<td>Partial</td>
<td>During the site visit, it was observed that individuals in this setting do not share rooms with other individuals. They can lock both their bedroom doors and bathroom doors. The setting does not use cameras to monitor common or private areas. The setting does not use audio monitors or devices that chime when an individual stands near or passes through a doorway or window. It was evident during the site visit that individuals have the opportunity to exercise personal choice in furnishing and decoration of their rooms.</td>
</tr>
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<td>No</td>
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<th>Privacy</th>
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<tr>
<td>Yes</td>
<td>Individuals have the freedom and support to control their schedules and activities and have access to food any time. Id. § 441.301(c)(4)(vi)(C)</td>
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<tr>
<td>Partial</td>
<td>Individuals in the ACF have access to the typical facilities of a home including a kitchenette area with a stove/oven, dining area, laundry and all common areas. They can self-administer medications, manage their own money, practice their preferred religion, and access food whenever they choose. Individuals also provide input for meal planning and drinks/snacks offered. As part of a remediation plan from the site visit, there are two areas with a variety of food and drinks available to individuals at all times.</td>
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<td>No</td>
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<table>
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<tr>
<th>Visitors</th>
<th>Details</th>
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<tr>
<td>Yes</td>
<td>Individuals are able to have visitors of their choosing at any time. Id. § 441.301(c)(4)(vi)(D)</td>
</tr>
<tr>
<td>Partial</td>
<td>The site visit indicated and house rules confirmed, that individuals can have visitors at any time and socialize with whomever they choose, including romantic relationships.</td>
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<tr>
<td>No</td>
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The setting is physically accessible to the individual. *Id. § 441.301(c)(4)(vi)(E)*

State staff observed during the site visit, that the setting is physically accessible to the individuals.

Any rights modifications are supported by a specific assessed need and justified in the person-centered service plan. The following criteria are documented in the person-centered service plan:

1. A specific and individualized assessed need.
2. The positive interventions and supports used prior to any rights modifications.
3. The less intrusive methods of meeting the need that were tried but did not work.
4. A clear description of the rights modification that is directly proportionate to the specific assessed need.
5. A plan for the regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine whether the modification is still necessary or can be terminated.
7. The informed consent of the individual.
8. An assurance that interventions and supports will cause no harm to the individual.

*Id. § 441.301(c)(4)(vi)(F)*

The provider has ensured that any proposed rights modifications are supported by a specific assessed need. There are no broadly restricted rights within the provider policies and procedures. Additionally, policies meet the federal requirements of the Settings Final Rule, including the grievance policy available to individuals. The provider has ensured that all staff have been trained in person-centered thinking.
Summary of Findings From Desk Review and/or Site Visit(s)

The state reviewed the Provider Transition Plan (PTP) and supporting materials submitted by the provider for this setting. Through an iterative process, the state worked with the provider to ensure that the PTP accurately identified all compliance issues and heightened scrutiny triggers and reflected resolution of all such issues (or a plan to timely finish doing so).

The state reviewed the following materials submitted by the provider:
- Rights of Persons Handout
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Money Management Policy
- Lease/Residency Agreement
- Admission/Discharge Policies
- House Rules
- Recent Month Calendar of Community Activities
- Photographs (food/drink area, full names removed from outside of rooms, therapy gym relocated, elimination of staff uniforms)
- Receipt of washer and dryer purchase
- Community Integration Policy
- Staffing Policy

If the provider updated any of these materials, findings in this evaluation reflect the most recent version of each item.

A site visit was completed by state staff in 2019. A number of compliance issues were identified and a remediation plan discussed. The provider has since provided evidence that a majority of the setting specific compliance issues have been remedied, with significant changes made to separate itself from the nursing facility it is connected to. They have eliminated staff uniforms, no longer share staff with the nursing facility and have moved facilities used by the nursing home, from the ACF. Individuals living in the setting also have access to laundry facilities, within the ACF, if they wish to do their own laundry. The provider has provided evidence that individuals have an area to prepare food, along with snacks and beverages available at all times. Policies and procedures have been revised and remedial action completed to ensure compliance with the HCBS Settings Final Rule. While changes have been made to work towards compliance with the provider residential agreement, it remains out of compliance at this time. The provider stated they will continue to make the necessary changes and submit revisions. Community integration is also an outstanding compliance issue. The provider has submitted a policy/plan to ensure community integration, and is prepared to submit documentation demonstrating a community integrated setting, once community restrictions allow. Final compliance verification will be completed on a future site visit.

Summary of individual interviews: This home has been visited by state staff, however there are no interviews to be summarized.

The Individual/Family/Advocate (IFA) Survey results were reviewed, and comments from an individual receiving services included that the person interacts with people in the neighborhood multiples times a week, has friends outside of the setting, is always able to get together with family members who live nearby, is aware of and participates in community activities, including movies and bingo, and is always able to get to plans out in the community.