



**Colorado Home and Community-Based Services  
 Heightened Scrutiny Evaluation**

*Adult Residential Setting Summary Sheet*

<b>Heightened Scrutiny Identification Number</b>	HS-005
<b>Provider Name</b>	Maplewood Homes
<b>Setting Name</b>	
<b>Setting Address</b>	150 North Nevada, Walsh, CO 81090
<b>Compliant as of Date</b>	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21
<b>Date of This Evaluation</b>	6/26/2020 Updated 5/26/2021

**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

<b>Setting Description</b>
The setting is an Alternative Care Facility (ACF) that is co-located down the hall from the nursing facility. The ACF is separated by an enclosed breezeway. The Walsh Hospital District governs both entities. In most situations, activities are separate from the nursing home except for special occasions. A physical therapy service is offered to individuals in the ACF as well as the general community. Due to living in such a small community, activities may cross over for both the ACF and nursing home residents to participate in. Staffing and the policies and procedures are separate for the two facilities



**Compliance Summary**

Compliant?	Federal Requirement	Summary of Evidence of Compliance
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>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.  <i>42 CFR 441.304(c)(4)(i)</i></p>	<p>A calendar of activities for the ACF individuals is posted on the wall. The calendar submitted has limited opportunities for community integration. A request has been made for the provider to submit an updated calendar demonstrating community integration, once pandemic restrictions allow for individuals to interact with other persons in their community. The provider has submitted document with a list of resources individuals have access to increase community integrated opportunities. This includes the local church activities, a calendar of a high school activities open to the community and a free local newspaper listing activities in and the county.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option to have 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.  <i>42 CFR § 441.301(c)(4)(ii)</i></p>	<p>The provider submitted two support plans for individuals, which demonstrate choice of settings.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.  <i>42 CFR § 441.301(c)(4)(iii)</i></p>	<p>The setting does not employ the use of chemical, mechanical, or physical restraints. The previous House Rules required permission to use the phone. Since the initial review, the rules have been modified and privacy for phone calls is provided. The provider is using Eden Alternative trainings for person-centered thinking and has submitted certificates of completion.</p>



<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>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.  <i>42 CFR § 441.301(c)(4)(iv)</i></p>	<p>Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy have been made. The Resident Rights was revised and is now in plain language with no restrictive language.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The setting facilitates individual choice regarding services and supports, and who provides them.  <i>42 CFR § 441.301(c)(4)(v)</i></p>	<p>The setting provides individual choice regarding services and supports, and who provides them.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>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 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 where landlord-tenant laws do not apply, a lease, residency agreement, or other form of written agreement is in place for each HCBS participant providing protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord-tenant law.  <i>42 CFR § 441.301(c)(4)(vi)(A)</i></p>	<p>The provider submitted a new residential agreement that includes where to locate the grievance procedure, should notice be provided to move.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial	<p>Each individual has privacy in their sleeping or living unit:</p>	<p>All individuals have been given a key to access the setting, as well as a lock and key to their bedroom. Rooms appear to be</p>



<input type="checkbox"/> No	<p>(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.  <i>42 CFR § 441.301(c)(4)(vi)(B)</i></p>	<p>personalized to the individual's desire. A choice of roommate is supported.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Individuals have the freedom and support to control their schedules and activities and have access to food any time.  <i>42 CFR § 441.301(c)(4)(vi)(C)</i></p>	<p>The setting does not regiment daily activities. The individuals get to choose and set their own schedule. The setting offers individualized supports that enable individuals to choose activities based on their own interests. Individuals do not have set or scheduled times to be away from the setting. Individuals have snacks available at all times. Use of a microwave is allowed, as long as the individual passes a safety assessment. Snacks that are in air tight containers can be kept in their own room.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Individuals can have visitors of their choosing at any time.  <i>42 CFR § 441.301(c)(4)(vi)(D)</i></p>	<p>The initial House Rules did not allow for visitors at any time. Since the initial review, the rules have been modified to allow visitors at any time.</p>
<p><i>42 CFR § 441.301(c)(4)(vi)(E)</i></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The setting is physically accessible to the individual.</p>	<p>During a tour of the setting, state staff observed the home was physically accessible and individuals could access all common areas of the facility.</p>
<p><i>42 CFR § 441.301(c)(4)(vi)(F)</i></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>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:</p>	<p>All restrictive language has been removed from the previous House Rules, that could have resulted in broad rights modifications.</p>



# COLORADO

Department of Health Care  
Policy & Financing

## Colorado Home and Community-Based Services Heightened Scrutiny Evaluation *Setting Summary Sheet*

	<ol style="list-style-type: none"><li>(1) A specific and individualized assessed need.</li><li>(2) The positive interventions and supports used prior to any rights modifications.</li><li>(3) The less intrusive methods of meeting the need that were tried but did not work.</li><li>(4) A clear description of the rights modification that is directly proportionate to the specific assessed need.</li><li>(5) A plan for the regular collection and review of data to measure the ongoing effectiveness of the modification.</li><li>(6) Established time limits for periodic reviews to determine whether the modification is still necessary or can be terminated.</li><li>(7) The informed consent of the individual.</li><li>(8) An assurance that interventions and supports will cause no harm to the individual.</li></ol>	
--	--	--



**Summary of Findings From Desk Review and/or Site Visit(s)**

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

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
- Separation of Services updated
- East entrance showing key card
- IC 3 Resident Info-Care Plans with choice of services
- More Education on PCC-Collaboration, compliance and COVID
- Doc C13 and ICH1 community integration opportunities

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

Summary of individual interviews:

An Initial site visit was completed by state staff on 8/13/2019. There were no individuals available for interview at that time.

The Individual/Family/Advocate (IFA) Survey results were reviewed, and no comments were submitted for this setting.

**Remediation Plan (If Not Already Implemented) & State Oversight to Verify Implementation**

As described above, state staff have verified via desk review the implementation of a number of required changes to policies and procedures and other provider documents. Upon the provider's confirmation that it has finished implementing the remaining changes, state staff will verify that this is the case.

**Additional Comments**