



COLORADO

Department of Health Care
Policy & Financing

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

Adult Residential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-008
Provider Name	The Towers
Setting Name	
Setting Address	360 Canyon Ridge Dr., Wray, CO 80758
Compliant as of Date	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.
Date of This Evaluation	06/19/2020 Updated 5/25/2021

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

Setting Description
The setting is an alternative care facility, and has been identified as heightened scrutiny due it's co-location with a skilled nursing facility, owned and operated by the same provider. Staff are not shared with the adjacent Skilled Nursing Facility.



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. 42 C.F.R. § 441.304(c)(4)(i).</p>	<p>During the initial site visit state staff observed that individuals interact with a variety of people, not just individuals with disabilities. The policies, procedures, and practices encourage the individuals to interact with their community and receive services in their community. The setting encourages individuals to pursue their own interests and hobbies. The setting provides transportation on an as requested basis.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>The settings 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. <i>Id.</i> § 441.301(c)(4)(ii).</p>	<p>The provider developed a remediation plan to modify an existing policy. This policy informs the individual that they have choice of HCBS service providers.</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>Id.</i> § 441.301(c)(4)(iii).</p>	<p>The provider developed a remediation plan to modify existing policies. The setting does not use of restraints, of any kind. The provider eliminated the use of staff uniforms, staff messages, labels, and other institutional features. The individuals were interviewed regarding their preference to have a name placard, with their first name, outside of their rooms. The provider indicated that when a new individual moves in, they will be asked if they prefer to have a name placard displayed or not, and will ensure that only the first name is displayed if or when the individual elects to use a name placard.</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>Individuals determine their daily activities and set their own schedule. The setting offers individualized supports that enable people to choose activities of their own interests both individually and in groups. There are no specific times or scheduled times as to when people can leave the setting. Individuals are free to practice the religion of their choosing.</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)(iv)</i></p>	<p>The setting facilitates individual choice regarding services and supports, and who provides them.</p>
<input checked="" type="checkbox"/> Yes <input 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)(iv)</i></p>	<p>The provider has modified the residential agreement to ensure that it is a legally enforceable agreement and provides protection from eviction and appeals.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>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.</p>	<p>Each individual has a keyed lock to their bedroom door. Individuals have choice of roommates. Individuals have the freedom to furnish and decorate their sleeping or living units.</p>



	<p>(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>	
<input checked="" type="checkbox"/> Yes <input 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>All individuals have access to the typical facilities of their home including the kitchen, dining area, laundry, and common areas. They can self-administer medications, manage their own money, practice their preferred religion, and access food whenever they choose. Individuals have the opportunity to participate in activities, both on and offsite within the broader community, and are encouraged pursue personal interests and hobbies.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Individuals are able to have visitors of their choosing at any time. <i>42 CFR § 441.301(c)(4)(vi)(D)</i></p>	<p>Policies, procedures and/or House Rules have been revised to reflect that individuals have the right to visitors at any time, including overnight.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The setting is physically accessible to the individual. <i>42 CFR § 441.301(c)(4)(vi)(E)</i></p>	<p>The setting is physically accessible with no common areas off limits to individuals.</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: (1) A specific and individualized assessed need. (2) The positive interventions and supports used prior to any rights modifications.</p>	<p>The provider is working on a remediation plan to modify their policies, procedures and/or House Rules to align with federal and state requirements on rights and autonomy. The provider completed a remediation plan to identify a safe designated smoking area within the setting's grounds. The provider must ensure any proposed rights modifications are supported by a specific assessed need and justified in the person-centered service plan, including the need for informed consent from the individual. The provider will use the state-approved informed consent template in the event a rights modification is being proposed. The provider ensures all staff are trained on person-centered principles.</p>



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	<p>(3) The less intrusive methods of meeting the need that were tried but did not work.</p> <p>(4) A clear description of the rights modification that is directly proportionate to the specific assessed need.</p> <p>(5) A plan for the regular collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Established time limits for periodic reviews to determine whether the modification is still necessary or can be terminated.</p> <p>(7) The informed consent of the individual.</p> <p>(8) An assurance that interventions and supports will cause no harm to the individual.</p> <p><i>42 CFR § 441.301(c)(4)(vi)(F)</i></p>	
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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. In 2018, 2019, 2020, and 2021 the provider submitted updates to its Provider Transition Plan (PTP) including revised documents and additional evidence (e.g., documents of setting access code, etc.). The update process has been an iterative process. The State will continue to work with the provider to ensure that the PTP accurately identifies remaining compliance issues and heightened scrutiny triggers and the provider's resolution of all such 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
- Document evidence for a code to independently access the setting
- Document for evidence of keyed bedroom locks
- Document of choice in roommates
- Document for removal of name placards

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

A site visit was completed by state staff on 4/4/2018. During the site visit, state staff observed the setting, spoke with the provider staff, and spoke with individuals outside the presence of provider staff to learn about their lived experience at the setting. State staff reviewed the setting's policies and procedures, and other documents.

Several compliance issues were identified and a remediation plan was discussed during the site visit. The provider has submitted evidence that many of the setting specific compliance issues have been remedied. The provider has ensured that all individuals have a code to independently access the setting, as well as issued keyed bedroom locks to ensure individuals' privacy. The provider has updated an existing residential agreement that is in full compliance with the HCBS Settings Final Rule. The provider has removed name placards that displayed the first and last name of the individual. The provider submitted evidence that all staff have been trained in Person-Centered Thinking principles. Furthermore, the provider ensures that the setting has an accessible, designated smoking area on the grounds of the setting. Verification of the setting's final compliance to the HCBS Settings Final Rule will be determined during a future site visit.

Summary of individual interviews:

Interviews were conducted on 4/4/2018. Individuals reported the setting is accessible and that there were no areas considered to be off limits, and snacks were accessible at any time. Individuals did not report concerns with being able to access the community. In addition, individuals reported that the setting supported individuals to pursue their own interests and hobbies, as it was reported that an individual started a "Ladies Club". Individuals reported feeling respected by staff, and staff would knock on the bedroom door prior to entering a bedroom or private residence.



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. State staff will visit this setting upon the provider's confirmation that it has finished implementing the remaining changes, in order to confirm that this is the case.

Additional Comments

No concerns from IFA respondents.