



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

*Adult Residential Setting Summary Sheet*

<b>Heightened Scrutiny Identification Number</b>	HS-014
<b>Provider Name</b>	Mountain Vista Assisted Living
<b>Setting Name</b>	
<b>Setting Address</b>	11830 W. 49 <sup>th</sup> Ave., Wheat Ridge, CO 80033
<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>	06/23/2020 Updated 5/13 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 serves up to 60 individuals in two homes, next to one another. The homes are located near a nursing home. The provider submitted documentation in their policies and procedures to reflect the ACF operates separate from the nearby nursing facility. Staff working for the ACF are completely separate from the staff at the nearby nursing facility as well.



**Compliance Summary**

Compliant?	Federal Requirement	Summary of Evidence of Compliance
<p>42 CFR 441.304(c)(4)(i)</p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> Partial  <input type="checkbox"/> No</p>	<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.</p> <p>42 CFR 441.304(c)(4)(i)</p>	<p>The provider plans to educate staff on community outreach and community integration. The provider will develop programs aimed at increasing opportunities for community integration. Individuals will be receiving increased support to leave the setting and engage with their community. The setting will also be increasing support for people to leave the setting and providing training and education regarding the transportation methods that are available to them.</p>
<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> Partial  <input type="checkbox"/> No</p>	<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.</p> <p>42 CFR § 441.301(c)(4)(ii)</p>	<p>Documentation either internally or from the individuals case managers will be provided as evidence that the persons have chosen to live at the site.</p>
<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> Partial  <input type="checkbox"/> No</p>	<p>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</p> <p>42 CFR § 441.301(c)(4)(iii)</p>	<p>The provider submitted pictures of updated bedroom door placards with first name and last initial only. Individuals can lock both their bedroom and bathroom doors. The provider does not use any type of physical restraint nor do they prevent or monitor egress from the setting via alarms or chimes.</p>
<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> Partial</p>	<p>The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not</p>	<p>Modifications to the House Rules are being made to optimize individual initiative, autonomy, and independence in making life choices. The provider is specifically addressing areas in the House</p>



<input type="checkbox"/> No	limited to, daily activities, physical environment, and with whom to interact. <i>42 CFR § 441.301(c)(4)(iv)</i>	Rules regarding a safe, designated area for smoking, alcohol allowed for consumption, and restrictions on preferred attire.
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	The setting facilitates individual choice regarding services and supports, and who provides them. <i>42 CFR § 441.301(c)(4)(v)</i>	The provider is in the process of submitting documentation that the setting supports individual choice regarding services and supports, and who provides them.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	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>	The provider will update and submit their Residential Agreement, to include specific requirements to ensure it includes all elements of responsibilities and protections.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	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.	The individuals have rooms with locks and bathrooms that lock. They can choose whom they would like to live with. Rooms are decorated according to individual taste and desire.



	<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 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 provider is developing additional ways to let them know what is going on in their community and what transportation resources are available. The setting has not yet provided evidence individuals have access to a kitchen for cooking. The setting has provided a picture for evidence of snacks that are available at all times.</p>
<input type="checkbox"/> Yes <input checked="" 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>The individuals have no restrictions on visitors. The provider is working to update the House Rules to include visitors signing in/out without requiring prior notice for overnight visitors.</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.</p>
<p><i>42 CFR § 441.301(c)(4)(vi)(F)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" 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 will submit evidence of person-centered training for all staff, including an outline and other training materials. The provider is also modifying the current grievance procedure to ensure that the individuals know who to contact within the ACF, as well as external contacts who can assist them with their complaint.</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>	
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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. 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
- Admission/Discharge Policies
- House Rules
- Recent Month Calendar of Community Activities
- Picture of snack area

State staff requested updates with the House Rules, Resident Rights, Residential Agreement, Grievance Policy, and documentation of access to snacks at any time. Evidence of person-centered training has also been requested. A Residential Agreement and documentation for choice of setting have not yet been submitted. The setting has not shown support to for community inclusion to the same degree as persons not receiving HCBS waiver services. The provider submitted an updated Restraint Policy and pictures ensuring privacy on bedroom door placards including first name and last initial. Evidence is still needed for individuals' access to the kitchen and a safe, designated outside area for smoking. The setting operates separately and distinct from the nearby nursing facility.

**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**

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



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