



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

*Adult Residential Setting Summary Sheet*

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| <b>Heightened Scrutiny Identification Number</b> | HS-015  |
| <b>Provider Name</b>                             | Peaks Assisted Living Center  |
| <b>Setting Name</b>                              |   |
| <b>Setting Address</b>                           | 1440 Coffman Street, Longmont, CO 80501   |
| <b>Compliant as of Date</b>                      | 2/22/21   |
| <b>Date of This Evaluation</b>                   | 6/11/2020 Updated 4/19/21 <i>for public comment; updated July 28, 2021 for CMS. Updates are in italicized green font.</i> |

**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

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| <b>Setting Description</b>  |
| The setting is an alternative care facility located on the same grounds as a skilled treatment center. The setting is separated from the adjacent facility, including entrances, staff, and operations are separated from the skilled treatment center. |



**Compliance Summary**

| Compliant?   | Federal Requirement   | Summary of Evidence of Compliance  |
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| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><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.<br/> <i>42 CFR 441.304(c)(4)(i)</i></p>             | <p>Individuals interact with a variety of people, not just individuals with disabilities. There is a community event board located in the resident dining room with information related to available transportation, community events, senior center events and other resources. The monthly calendar submitted includes community activities offered by the facility, at least weekly, along with activities individuals choose to participate in on their own.</p> |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><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.<br/> <i>42 CFR § 441.301(c)(4)(ii)</i></p> | <p>The individuals are given the choice of where they live and the services they receive at their chosen setting. They are informed of and given a chance to choose among setting options, including those that are non-disability specific. These choices are identified and documented in the person-centered service plan. These options are based on the individuals' needs and preferences.</p>   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | <p>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.<br/> <i>42 CFR § 441.301(c)(4)(iii)</i></p>  | <p>This setting does not employ use of restraints of any kind. Full name placards on bedroom doors have been removed. Individuals may choose to have first name and last initial, just first name, or not to have their name on their door at all.</p>   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><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</p>   | <p>Individuals determine their daily activities and set their own schedule. There are no specific times or scheduled times as to when individuals can leave the setting. Individuals are free to practice the religion of their choosing.</p>  |



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|  | environment, and with whom to interact.<br><i>42 CFR § 441.301(c)(4)(iv)</i>  | The provider has updated the House Rules to allow for individuals to come and go without the requirement to inform staff where and with whom they are going. Individuals may have overnight outings as desired.                |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | The setting facilitates individual choice regarding services and supports, and who provides them.<br><i>42 CFR § 441.301(c)(4)(v)</i>   | The individual has individual choice on the services and supports provided to them in their chosen setting. They can also choose who provides these services.  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><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.<br><i>42 CFR § 441.301(c)(4)(vi)(A)</i> | The provider has modified their residential agreement to ensure that it is a legally enforceable agreement written in plain language.  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | Each individual has privacy in their sleeping or living unit:<br>(1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.  | Each individual has a keyed lock to their bedroom door. Individuals have the freedom to furnish and decorate their living. There are no restrictions on personal attire or individual preferences for their bathing frequency. |



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|  | <p>(2) Individuals sharing units have a choice of roommates in that setting.<br/>         (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.<br/> <i>42 CFR § 441.301(c)(4)(vi)(B)</i></p>  |   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | <p>Individuals have the freedom and support to control their schedules and activities and have access to food any time.<br/> <i>42 CFR § 441.301(c)(4)(vi)(C)</i></p>   | <p>All individuals have access to the typical facilities of a home including a kitchenette area equipped with cooking appliances. There are snacks available at all times of the day.</p>   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | <p>Individuals are able to have visitors of their choosing at any time.<br/> <i>42 CFR § 441.301(c)(4)(vi)(D)</i></p>   | <p>Individuals have the right to visitors at any time.</p>  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><input type="checkbox"/> No | <p>The setting is physically accessible to the individual.<br/> <i>42 CFR § 441.301(c)(4)(vi)(E)</i></p>  | <p>The setting is accessible with no common areas off limits to individuals.</p>  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> Partial<br><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:<br/>         (1) A specific and individualized assessed need.<br/>         (2) The positive interventions and supports used prior to any rights modifications.<br/>         (3) The less intrusive methods of meeting the need that were tried but did not work.<br/>         (4) A clear description of the rights modification that is directly</p> | <p>The setting has a safe designated smoking area within the setting's grounds. Person-centered training has been provided. The provider will use the state-approved Informed Consent template in the event a rights modification is used. The setting has provided individuals with a copy of the updated House Rules, Resident Rights, and how to submit a grievance.</p> |



# COLORADO

Department of Health Care  
Policy & Financing

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|  | <p>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. 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
- Residential Agreement Appendices
- Person-centered training
- Evidence of full names removed from placards

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

**Additional Comments**

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

*No public comments were received regarding this setting.*