

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-019
Provider Name	Continuum of Colorado Developmental Pathways
Setting Name	Withheld
Setting Address	Withheld, Centennial, CO 80122
Compliant as of Date	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.
Date of This Evaluation	April 23, 2021

## Setting Type

 $\Box$  Alternative care facility (ACF)

Group Residential Services and Supports (GRSS) group home

☐ Individual Residential Services and Supports (IRSS) host home

Lindividual 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
- $\Box$  Elderly, Blind and Disabled (EBD)
- $\Box$  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);

 $\Box$  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 a Group Residential Services and Supports group home. The setting supports a small number of individuals with all individuals being waiver participants at the time of the site assessment.



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## **Compliance Summary**

Compliant?	Federal Requirement	Summary of Evidence of Compliance
☐ Yes ☐ Partial ⊠ No	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>id.</i> § 441.304(c)(4)(i).	The calendar submitted on 1/15/2019 documented activities for each individual in the home. None of the activities documented were in the community. No additional calendars have been submitted, and given community restrictions due to the pandemic at this time, the provider is instead planning for how they will offer individuals the opportunity to be active in their community. The provider submitted a Community Integrated Assessment tool to identify various activities and the opportunity for each individual to identify and become more engaged in their community. A Community Access Plan was submitted to ensure access to the community is reviewed on a monthly basis. Staff will be trained on the use of the implementation of the tool and documenting the outcome. A calendar will be submitted once individuals can safely access the community.
⊠ 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. <i>Id.</i> § 441.301(c)(4)(ii).	<ul> <li>In Colorado, case management agencies are responsible for</li> <li>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;</li> <li>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</li> <li>supplying the person-centered support plan to provider agencies for implementation.</li> </ul> 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 not have compliance issues such as telling individuals that they



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⊠ Yes □ Partial □ No	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).	must receive services there, even if they would prefer something else. The individuals are not told that they must reside or receive services from this setting. They have been informed and given the chance to choose among setting options, including non-disability settings. These options are identified and documented in the person-centered plan. The settings rules, policies, procedures and/or practices do not restrict individual rights under the federal settings rule on a broad (not individualized) basis. The individuals can participate in religious or spiritual activities, ceremonies, and communities of their choice. The setting does not employ the use of chemical, mechanical, or physical restraints. The setting does not regiment daily activities. Individuals get to choose their own schedule.
⊠ Yes □ Partial □ No	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>Id.§</i> 441.301(c)(4)(iv)	The individuals can participate in religious or spiritual activities, ceremonies, and communities of their choice. The individuals can come and go from the setting at will.
⊠ Yes ⊡ Partial ⊡ No	The setting facilitates individual choice regarding services and supports, and who provides them. Id.§ 441.301(c)(4)(v)	All individuals have an annual service plan documenting choice of services and supports as well as who provides them.
⊠ Yes □ Partial □ 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	The provider updated the residential agreement as evidenced in their document submitted on 5/15/2020. This includes the development, application of, and/or modifications to a legally enforceable residential agreement.



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	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. $Id. \S 441.301(c)(4)(vi)(A)$	
⊠ Yes □ Partial □ 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. (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)	The individuals can lock their bedroom doors and lock their bathroom doors. The setting does not use cameras in interior areas. The setting does not use audio monitors or devices that chime when a person stands near or passes through a doorway or window. Individuals do not have to share a bedroom.
⊠ Yes □ Partial □ No	Individuals have the freedom and support to control their schedules and activities and have access to food any time. <i>Id.</i> § $441.301(c)(4)(vi)(C)$	The setting does not regiment daily activities. Individuals get to choose their own schedule. The individuals have access to food 24 hours per day. The individuals have input and choice with respect to menu planning.
⊠ Yes □ Partial □ No	Individuals are able to have visitors of their choosing at any time. <i>Id.§</i> 441.301(c)(4)(vi)(D)	The individuals can have visitors at any time and socialize with whomever they please including the choice to be involved in romantic relationships. The individuals can use their own communication devices to make and receive private phone calls and to send or receive private emails and texts at the times they choose.
⊠ Yes □ Partial □ No	The setting is physically accessible to the individual. <i>Id.</i> § 441.301(c)(4)(vi)(E)	The individuals have full access to the typical facilities in a home including the kitchen, dining area, laundry, and comfortable seating in the common areas. The setting is accessible.



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⊠ Yes □ Partial □ No	<ul> <li>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:</li> <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. <i>Id</i>.§ 441.301(c)(4)(vi)(F)</li> </ul>	The provider has policies in place for a rights modification process and has submitted evidence they are using the state required Informed Consent form. They ensure the case manager will review and obtain signatures from the individual and or guardian, if consent is given.



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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
- Community access plan
- Community integration assessment
- HUD LEASE for HUD Group Homes

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: This home has not yet been visited by state staff, so there are no interviews to be summarized.

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

State staff will review a community integration assessment and calendar, once submitted by the provider. Final verification of implementation of their plan will be determined during a future site visit.