



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-023
Provider Name	Grand Junction Regional Center
Setting Name	
Setting Address	Street address withheld, Grand Junction, CO 81504
Compliant as of Date	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.
Date of This Evaluation	May 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

Setting Description

This setting is a group home. It was flagged for heightened scrutiny because of its potential to isolate individuals, in that the services provided do not yet ensure that individuals have the opportunity to be integrated and interact with non-disabled, non-staff persons in the community. The provider has made significant progress with revisions and updates to its policies and procedures, and staff have received training regarding person-centered thinking. A future site visit by state staff will verify that all required changes have been made, including ensuring that individuals have the opportunity to be engaged with non-disabled persons in their community, once the setting reports all issues as resolved.



Compliance Summary

Compliant?	Federal Requirement	Summary of Evidence of Compliance
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" 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>The setting was flagged for heightened scrutiny because of its potentially isolating qualities. The first activity calendar submitted in 2019 had no community-integrated activities during a month of services. Later, a calendar was submitted for February 2020, with individuals going for van rides, to a fast-food restaurant, or to a store. The provider has submitted a plan for ensuring that individuals have increased opportunities to be in the community, which promote engagement with non-disabled, non-staff persons. Staff will need training to ensure that they do more than van rides, shopping at stores, and picking up fast food or beverages. Individuals will need the opportunity to explore community events clubs, rec centers, productions, volunteer opportunities, church services, and other activities similar to people not receiving HCBS waiver services. Verification of community integration will be completed by state staff once the provider submits evidence it has complied, after pandemic-related restrictions are eased.</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 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>In Colorado, case management agencies are responsible for</p> <ul style="list-style-type: none"> • 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; • 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 • supplying the person-centered support plan to provider agencies for implementation. <p>Provider agencies are responsible for implementing the person-centered support plan. They are also responsible for referring</p>



		<p>individuals to their case management agency if they want to request a different provider or setting.</p> <p>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 must receive services there, even if they would prefer something else.</p> <p>This provider's admission policy initially did not recognize individuals' right to accept or decline services. The provider updated the policy to be person-centered and to recognize the right to choose or decline services, including the option to work with one's case manager to move to another setting without waiting for this provider to complete an assessment and decide whether and when an individual may consider a change in their provider and services.</p>
<input type="checkbox"/> Yes <input checked="" 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 updated most of its policies and procedures to bring them into compliance with these requirements. The grievance/complaint procedure no longer sets a time limit for someone to submit a complaint. The grievance and dispute procedures have been separated to better clarify which process to follow when, and both include external contacts of who can assist the individual or guardian, if desired. Documents reflect that any modification to rights will follow all required steps. The sample informed consent forms do not yet meet all required elements, including for the right to privacy, so the provider will submit new informed consent forms (see details below). A final policy related to access to money is forthcoming.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" 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>Id.</i> § 441.301(c)(4)(iv).</p>	<p>The setting is not yet in alignment with this requirement, as individuals have limited opportunity to decide with whom to interact, as well as limited choices of community-inclusive activities allowing such interaction. The provider also self-identified this area as a compliance issue in completing its self-assessment and will provide updated information for state staff verification regarding how individuals will be supported to decide their own daily schedule, such as when to retire for the night, when to shower or bathe, etc.</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>Id.</i> § 441.301(c)(4)(v).</p>	<p>The provider revised its admission policy to ensure choice by the individual or, if legally authorized, their guardian. Staff have received training regarding person-centered thinking.</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>Id.</i> § 441.301(c)(4)(vi)(A).</p>	<p>The provider created and revised its legally enforceable residential agreement so that it provides protections against eviction and opportunities for appeals that are at least comparable to those under the jurisdiction's landlord/tenant law.</p>
<input type="checkbox"/> Yes <input checked="" 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. (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.</p>	<p>The setting submitted documentation reflecting that individuals have a bedroom door lock and key. It also reported that individuals are able to lock their bathroom door. The provider will submit evidence that individuals have their own house key, code, or fob.</p> <p>The provider originally relied solely on staff to decide who would share bedrooms or have a private room. The provider submitted a new protocol, which is written in clear, plain language, to ensure individual choice and input based on first meeting any potential roommate. Under the new protocol, an individual may request a roommate change, either verbally or behaviorally, and the provider will follow up on the request.</p>



	<i>Id. § 441.301(c)(4)(vi)(B).</i>	Individuals have the freedom to furnish and decorate their bedrooms as they please. Evidence has been requested to show that individuals' names are not posted in common areas of the setting, such as outside of bedrooms or on bedroom doors.
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	Individuals have the freedom and support to control their schedules and activities and have access to food any time. <i>Id. § 441.301(c)(4)(vi)(C).</i>	The setting is not yet in compliance with this requirement. The provider submitted a document showing that staff received training that "individuals will have reasonable access to food supplies." The provider will submit a protocol or document that ensures that individuals have independent access to the kitchen, provider-supplied food and snacks, and any food they purchase for themselves as their own belongings.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Individuals are able to have visitors of their choosing at any time. <i>Id. § 441.301(c)(4)(vi)(D).</i>	Yes, individuals are able to have visitors when they choose.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The setting is physically accessible to the individual. <i>Id. § 441.301(c)(4)(vi)(E).</i>	Yes, the setting is physically accessible to all those who live there.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	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. (3) The less intrusive methods of meeting the need that were tried but did not work. (4) A clear description of the rights modification that is directly	The setting is still coming into compliance with this requirement. The rights modification policy was updated to reflect the criteria outlined in this requirement. However, sample completed informed consent forms did not follow all requirements. More than one rights modification was included on one of the two forms, the narrative was not written in plain language directed to the individual, there were references to statute and other citations and quotes that were confusing to read, there was no narrative addressing how staff would mitigate the effects of a rights modification, and the state-required form was modified. The provider will submit new sample informed consent forms, implementing detailed feedback given by state staff to ensure that these changes are clear.



	<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>Id.</i> § 441.301(c)(4)(vi)(F).</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
- Dispute Resolution Policy
- Admission/Discharge Policies
- Recent Month Calendar of Community Activities
- Lock request
- Kitchen access staff signature sheet
- Protocol for sharing a bedroom
- Phase I community outing plan
- Two sample completed informed consent forms
- Protocol for Sharing a Room
- Person-Centered Training Materials

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.

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 revisit 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