

COLORADO Department of Health Care

Colorado Home- and Community-Based Services

Heightened Scrutiny Evaluation

Adult Residential Setting Summary Sheet

| Heightened Scrutiny Identification Number | HS-024 |
|---|---|
| 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 for public comment; updated July 21, |
| | 2021 for CMS. Updates are in italicized green font. |

Setting Type

 \Box Alternative care facility (ACF)

Group Residential Services and Supports (GRSS) group home

□ Individual Residential Services and Supports (IRSS) host home

 $\hfill\square$ Individual Residential Services and Supports (IRSS) other

 \Box 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)

□ Persons with Brain Injury (BI)

Persons with Developmental Disabilities (DD)

Reason(s) for Heightened Scrutiny

 \Box 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);

 $\hfill\square$ Located in a building on the grounds of, or adjacent to, a public institution; or

 \boxtimes 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 did not initially ensure that individuals had the opportunity to be integrated and interact with non-disabled, non-staff persons in the community. Specifically, the first activity calendar submitted by the provider reflected no community integrated activities. Updated documentation for February 2020, however, just before restrictions related to COVID-19 went into place, reflected significant improvement in activities, including based on individual preferences. As a result, the setting has overcome the issue of isolating individuals from the broader community. The provider also 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.



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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. 42 C.F.R. § 441.304(c)(4)(i). | The setting was flagged for heightened scrutiny because of its potentially isolating qualities. Initially, the activity calendar submitted with the Provider Transition Plan (PTP) reflected that activities either were in the home or, if in the community, included no opportunity to interact with others. A February 2020 calendar, however, reflected that individuals were starting to enjoy activities that were based on their own interests and that included opportunities to interact with non-disabled, non-staff persons in 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). | In Colorado, case management agencies are responsible for 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. 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 |



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| | | 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. 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. |
|----------------------------|--|--|
| ☐ 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). | 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. |
| ☐ 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). | Individuals are able to participate in activities, including in the community, based on their preferences. As to physical environment, access to the kitchen is restricted to allowing only one individual (besides staff) at a time. State staff will verify that the provider has addressed this issue. |
| ⊠ Yes □ Partial □ No | The setting facilitates individual choice regarding services and supports, and who provides them. <i>Id.</i> § 441.301(c)(4)(v). | 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. |



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| ⊠ Yes | The unit or dwelling is a specific | The provider created and revised its legally enforceable residential |
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| Partial | physical place that can be owned, | agreement so that it provides protections against eviction and |
| □ No | rented, or occupied under a legally | opportunities for appeals that are at least comparable to those |
| | enforceable agreement by the | under the jurisdiction's landlord/tenant law. |
| | 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). | |
| □ Yes | Each individual has privacy in their | The setting is not yet in full compliance with this requirement. The |
| ⊠ Partial | sleeping or living unit: | provider has been advised to give all a key to their home and a |
| □ No | (1) Units have entrance doors | bedroom door lock and key (or to employ a code, fob, or other |
| | lockable by the individual, with only | means to this end). |
| | appropriate staff having keys to | |
| | doors. | The provider has a protocol to ensure that individuals have choice |
| | (2) Individuals sharing units have a | of roommates and are able to request a change when desired. |
| (3) Individuals have the freedom furnish and decorate their sleepir or living units within the lease or other agreement. | choice of roommates in that setting. | |
| | | Individuals have the freedom to furnish and decorate their |
| | 1 0 | bedrooms as they please. Evidence has been requested to show that individuals' names are not posted in common areas of the |
| | - | |
| | <i>Id.</i> § 441.301(c)(4)(vi)(B). | setting, such as outside of bedrooms or on bedroom doors. |
| □ Yes | Individuals have the freedom and | The setting is not yet in compliance with this requirement. |
| | support to control their schedules | Individuals do not have access to food of their choice when they |
| Partial | | wish. Snacks purchased by the provider are kept locked and only |
| 🖾 No | | |



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| | and activities and have access to food any time. <i>Id.</i> § 441.301(c)(4)(vi)(C). | available upon request and with staff assistance. Food that individuals purchase is also kept locked and not available at all times to the owner. The provider will submit an updated protocol explaining how individuals have independent access to provider snacks, as well as how they are able to keep their personal belongings, including their own snacks, available at all times. |
|----------------------------|---|--|
| ⊠ Yes □ Partial □ No | Individuals are able to have visitors of their choosing at any time. <i>Id.</i> § 441.301(c)(4)(vi)(D). | Yes, individuals are able to have visitors when they choose. |
| ⊠ Yes □ Partial □ No | The setting is physically accessible to the individual. <i>Id.</i> § 441.301(c)(4)(vi)(E). | Yes, the setting is physically accessible to all those who live there. |
| □ Yes ⊠ Partial □ 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 proportionate to the specific assessed need. (5) A plan for the regular collection and review of data to measure the ongoing effectiveness of the modification. | 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. If an individual living in this home has a rights modification related to access to food or to the kitchen, the provider will upload the informed consent form, with PHI removed. |



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| (6) Established time limits for | |
|-------------------------------------|--|
| periodic reviews to determine | |
| whether the modification is still | |
| necessary or can be terminated. | |
| (7) The informed consent of the | |
| individual. | |
| (8) An assurance that interventions | |
| and supports will cause no harm to | |
| the individual. | |
| <i>Id.</i> § 441.301(c)(4)(vi)(F). | |



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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
- Kitchen and Food Access and Staff Inservice
- Receipt for the purchase of bedroom door locks with keys
- 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

The provider will submit:

- A revised Cash to Client policy regarding individuals' finances
- A revised kitchen and food access protocol, along with evidence of retraining staff as well as individuals accordingly
- Proof that individuals have their own key to the home
- Evidence that names are not posted on or near bedroom doors
- New sample completed informed consent forms, to fully reflect a person-centered approach with clear explanations for individuals to consider when reviewing the proposed rights modification with their case manager.
 - If an individual in this home has a rights modification related to access to the kitchen or to food, the informed consent will be submitted to ensure that the provider followed all required steps and has staff mitigation in place to address the effects of the rights modification.

Once all final evidence of these changes has been submitted, state staff will visit the home to ensure full compliance.



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Additional Comments

No public comments were received regarding this setting.