



**COLORADO**

Department of Health Care  
Policy & Financing

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

*Non-residential Setting Summary Sheet*

<b>Heightened Scrutiny Identification Number</b>	HS-034
<b>Provider Name</b>	Jewish Family Services
<b>Setting Name</b>	AMS Supported Employment Group
<b>Setting Address</b>	2498 W. 2nd Ave., Denver, CO 80223
<b>Compliant as of Date</b>	Expected to submit remaining evidence of compliance this summer, to be verified by December 31, 2021
<b>Date of This Evaluation</b>	May 11, 2021

**Setting Type**

- Adult Day Services (Not IDD Specific) Basic
- Adult Day Services (Not IDD Specific) Brain Injury Waiver
- Adult Day Services (Not IDD Specific) Specialized
- Day Habilitation for Individuals with IDD Prevocational Services
- Day Habilitation for Individuals with IDD Specialized Habilitation
- Day Habilitation for Individuals with IDD Supported Community Connections (SCC)
- Day Treatment under Brain Injury Waiver
- Supported Employment Group Supported Employment

**Waivers Served**

- Children's Extensive Support (CES)
- Community Mental Health Supports (CMHS) for Persons with Major Mental Illness
- Elderly, Blind, and Disabled (EBD)
- Persons with Brain Injury (BI)
- Persons with Spinal Cord Injury (SCI)
- Persons with Developmental Disabilities (DD)
- Supported Living Services (SLS)

**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**

The setting serves individuals with intellectual and developmental disabilities. Individuals complete contract work that entails pre-assembling and packing small parts for alcohol-monitoring replacement kits. The setting is designated Heightened Scrutiny due to the effect of isolating individuals receiving services from the broader community.



**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.  <i>42 CFR 441.304(c)(4)(i)</i></p>	<p>The setting has not provided access to individuals receiving Medicaid HCBS to the greater community. Individuals had no contact with non-paid, non-disabled people, and they did not have the opportunity to leave the site to engage with people outside the setting.</p> <p>The setting only offered contractual supported group employment work. The setting did not organize or facilitate access to the broader community.</p> <p>The provider created and submitted a community integration plan to explain how the setting plans to come into compliance with this requirement of the HCBS Settings Final rule.</p> <p>Highlights included:</p> <ul style="list-style-type: none"> <li>• The setting will be relocated to the contract employer’s typical business site.</li> <li>• The individuals will work alongside typical contract employees</li> <li>• Decrease the number of individuals working at one time to no more than 8</li> <li>• Staff will be retrained on the new expectations of community integration</li> <li>• The provider will conduct monthly monitoring of the setting to ensure compliance</li> </ul> <p>However, since the submission of its community integration plan, the planned move into the contract employer’s typical business fell through. The provider expressed verbal commitment to ensure the setting comes into compliance and is looking at options such as leasing a typical office or business space, and ensuring that individuals have contact with non-disabled, non-staff persons.</p> <p>Final verification that the community integration plan has been implemented, and integration achieved, will be determined during a future site visit by state staff.</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</p>	<p>The setting ensures it has documentation that individuals have been given a choice of setting options, and that these options are documented in each individual’s person-centered service plan.</p>



	<p>person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board.  <i>42 CFR § 441.301(c)(4)(ii)</i></p>	<p>In Colorado, case management agencies are responsible for</p> <ul style="list-style-type: none"> <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> <p>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.</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><input checked="" type="checkbox"/> Yes  <input 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. <i>42 CFR § 441.301(c)(4)(iii)</i></p>	<p>The setting completed a remediation plan to update policies and procedures to be in compliance with the HCBS Settings Final Rule. In addition, the setting submitted evidence that staff have been trained in person-centered thinking principles.</p>
<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> Partial  <input type="checkbox"/> No</p>	<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>42 CFR § 441.301(c)(4)(iv)</i></p>	<p>There are no areas within the setting considered to be off limits for the individuals. Individuals are able to decide what days they would like to participate in services. The provider does not have a policy or procedure that prohibits the use of cell phones.</p>
<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> Partial</p>	<p>The setting facilitates individual choice regarding services and supports, and who provides them.</p>	<p>Yes, the setting promotes choice regarding services and supports, as well as who provides them.</p>



<input type="checkbox"/> No	42 CFR § 441.301(c)(4)(v)	
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	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. 42 CFR § 441.301(c)(4)(vi)(A)	This a nonresidential site, so this requirement does not apply.
<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. (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. 42 CFR § 441.301(c)(4)(vi)(B)	Since this is a nonresidential site, parts of this requirement do not apply. The setting completed a remediation plan to install a secured storage area for individuals to keep their belongings safe.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Individuals have the freedom and support to control their schedules and activities and have access to food any time. 42 CFR § 441.301(c)(4)(vi)(C)	Individuals may control their schedules and activities. They can access food whenever they want. Individuals are able to self-administer their medications.
<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. 42 CFR § 441.301(c)(4)(vi)(D)	The setting allows for visitors.



<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>Yes, the site is fully accessible to all individuals.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <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:</p> <ol style="list-style-type: none"> <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.</li> </ol> <p><i>42 CFR § 441.301©(4)(vi)(F)</i></p>	<p>The provider has a procedure and will ensure any proposed rights modifications are supported by a specific assessed need and justified in the person-centered service plan, including the need for informed consent from the individual. The provider will use the state-approved informed consent template in the event a rights modification is being proposed. The provider completed a remediation plan to ensure all staff have been trained in person-centered thinking principles.</p>



**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. The provider submitted updates to its Provider Transition Plan (PTP) including revised documents and additional evidence. The update process has been an iterative process. The State staff will continue to work with the provider to ensure that the PTP accurately identifies remaining compliance issues and the provider's resolution of all issues.

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
- Dispute Resolution Policy
- Recent Month(s) Calendar of Community Activities
- Evidence of Secured Storage (photo)
- Person Centered Thinking-Certificate of Completion
- Community Integration Plan

Through the iterative process, a number of compliance issues were identified, and a remediation plan was created. The setting updated policies and procedures to be compliant with the HCBS Settings Final Rule. The setting has installed secured storage areas to ensure that individuals may safely store their personal belongings while participating in HCBS Medicaid services. The provider submitted evidence that all staff have been trained in Person-Centered Thinking principles. The setting is physically accessible with no common areas off limits to individuals. Furthermore, the provider will submit evidence that the setting ensures opportunities for community integration for each individual receiving HCBS waiver services, once they are able to implement their plan. Final verification of setting's complete compliance with the HCBS Settings Final Rule will be determined during a future site visit.

Summary of individual interviews:

No Individual interviews were done for this setting.

**Summary of Stakeholder and Public Input; Department Responses**

The Individuals, Families and Advocates (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 site needs to make the following changes to meet requirements:

- Change worksite to a typical business or industry setting in the community.
- Submit a calendar after COVID-19 restrictions have been lifted to show community integration.



**Additional Comments**

The setting has been tasked with the following remediation steps to meet requirements:

- Updated rules, policies, procedures, or practices to align with federal and state requirements on community integration.
- The setting will submit evidence that its community integration plan has been implemented, and that its implementation meets requirements of community integration as set forth by the HCBS Settings Final Rule.