



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

Adult Residential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-037
Provider Name	MTN Valley Developmental Services
Setting Name	
Setting Address	WITHHELD
Compliant as of Date	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.
Date of This Evaluation	Updated by CDPHE 04/27/2021 <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

Setting Description
The setting supports N/R persons all of whom are waiver participants. An initial site visit was completed on 03/15/2017. Since this visit, all individuals have moved to alternative locations. Currently new individuals have moved into this home. Individuals in this home have been described as having independent skills with employment and accessing the community. This setting has not yet been visited, since the change in individuals living at this location.



Compliance Summary

Compliant?	Federal Requirement	Summary of Evidence of Compliance
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <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. 42 C.F.R. § 441.304(c)(4)(i).</p>	<p>The provider submitted a plan to decrease isolation by describing all the things individuals in the home like to do in the community such as going out to eat, shopping, biking going to the movies, use public transportation, hikes, and trips to Grand Junction. The provider will submit calendars demonstrating that each individual participated in community integrated activities based on their preferences, once the pandemic restrictions allow community interaction.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <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. <i>Id.</i> § 441.301(c)(4)(ii).</p>	<p>The setting is selected by the individuals. They are given the choice among setting options including those that are non-disability specific. Setting options are identified and documented in the person-centered plan.</p>
<input checked="" type="checkbox"/> Yes <input 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>During the initial review, the home had cameras installed throughout the home. The provider has submitted pictures showing the cameras have been removed.</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <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 environment, and with whom to interact.</p>	<p>Documentation and observations support the assertion that individuals in the home have independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. All individuals residing in the home have access to meals and snacks as they wish. Visitors may come and go as each individual in the home desires. Individuals who have</p>



	<i>42 CFR § 441.301(c)(4)(iv)</i>	been assessed and have the skills to do so, can self-administer medication if they desire. Individuals can control their own money.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The setting facilitates individual choice regarding services and supports, and who provides them. <i>42 CFR § 441.301(c)(4)(v)</i>	The setting gives the persons living in the home the choice of services and supports and in who provides the services and supports.
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" 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. <i>42 CFR § 441.301(c)(4)(vi)(A)</i>	The provider will submit an updated residential agreement, to include their refund policy, governing authorities, location of the individual's room, ensuring the individual's protection from eviction, and the circumstances individuals may be asked to leave.
<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.	The provider has submitted proof that each individual has a lock and key for their bedroom. Each individual has their own bedroom.



	(3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. <i>42 CFR § 441.301(c)(4)(vi)(B)</i>	
<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. <i>42 CFR § 441.301(c)(4)(vi)(C)</i>	The individuals have access to food, and snacks at any time. They can eat where they wish within the setting. They also have input into what is on the menu.
<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>42 CFR § 441.301(c)(4)(vi)(D)</i>	The individuals can visit with whomever they choose and engage in romantic relationships if so desired. There is nothing to indicate a set curfew or that visitors are required to sign in or out. The people living in the home can receive and make calls as desired.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The setting is physically accessible to the individual. <i>42 CFR § 441.301(c)(4)(vi)(E)</i>	The setting is physically accessible to all those living in the home. The individuals in the home have access to all common areas, including the kitchen and laundry room.
<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	Staff have been trained in person-centered principles. The policy on Informed Consent will be revised by the provider, to state that the Human Rights Committee will assist the person to grant consent. The policy does state the case manager will meet with the individual to obtain consent or denial and that the Informed Consent template from the state will be used. None of the individuals in this home were identified as needing any rights modifications.



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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
- Informed consent policy
- Proof of camera removal
- Front keypad and room door locks
- Plan to decrease isolation
- Emergency Control Procedures, Safety Control Procedures and Restraints of Persons Served

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

During the initial site visit on 3/15/2017, two individuals were interviewed. One individual stated she asked to move to another group home, which later, the provider followed up by supporting her to move elsewhere. Both individuals said family mostly took them out into the community, as opposed to their residential staff. They also said staff were nice and respectful. Both individuals stated they could access all areas of the home.

Since the site visit in 2017, the provider reported that all previous individuals in the home moved to other locations.

No IFA survey respondents at 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 visit this setting upon the provider's confirmation that it has finished implementing the remaining changes, in order to confirm that this is the case.

No public comments were received regarding this setting.