

Nonresidential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-039	
Provider Name	Professional Foundation Inc.	
Alternate Name/DBA	Care Link	
Setting Address	3434 47th Street, Suite 100, Boulder, CO 80301	
Compliant as of Date	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21.	
Date of This Evaluation	5/6/2021	

Setting Type	☐ Supported Employment Group Supported		
☐ Adult Day Services (Not IDD Specific) Basic	Employment		
 □ 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 	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 Developmental Disabilities (DD) ☐ Supported Living Services (SLS)		
Reason(s) for Heightened Scrutiny			
□ Located in a building that is also a publicly or privatinstitutional treatment (such as a hospital, nursing fac □ Located in a building on the grounds of, or adjacen ⊠ Has the effect of isolating individuals receiving Med (HCBS) from the broader community of individuals not	ility, ICF/IID, or IMD); t to, a public institution; or licaid home- and community-based services		

Setting Description

Care Link is an adult day program that specializes in serving individuals with dementia. It serves individuals receiving HCBS waiver funding in an area where not many services of its type are available. The program operates Monday through Friday from 10:00 a.m. through 3:30 p.m. The program was deemed subject to heightened scrutiny because state staff determined based on their desk review of this provider's Provider Transition Plan (PTP) and attached materials that its operations have had the effect of isolating individuals from the broader community. A review of the program's pre-pandemic calendar of activities revealed that the provider offered only on-site activities. A remediation plan to enhance community integration was developed, and progress toward compliance has been made.

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 does not yet ensure that individuals can be engaged in community activities outside of the setting with individuals without disabilities. The pre-pandemic activity calendar revealed that only on-site activities were being offered to individuals. The provider has submitted a plan to ensure that individuals have the opportunity to be integrated in their community. The plan identifies a grant that the provider will apply for to increase transportation options, various community activities to offer individuals, a means to gauge individual community preferences, and ideas for reverse integration opportunities. A few activities that will be offered are concerts, the library, holiday events, educational programs, and museums. The provider is prepared to submit documentation that demonstrates community integration once pandemic-related restrictions are lifted.
⊠ 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).	Individuals are able to select the setting from among various options, including non-disability-specific settings; these options are documented in their person-centered services plans; and they are based on their needs and preferences. 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.

□ 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).	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. The setting ensures that individuals are free from physical, chemical, and mechanical restraints. Participants are assigned an individual locker when they join the program. Lockers are located in a common area where they can be used by individuals to store belongings when they arrive at the program. The lockers can be accessed independently at any time by all individuals. A remediation plan was developed to ensure that policies and procedures support an individual's right to privacy, dignity, respect, and freedom from coercion and restraint. While a number of policies were revised to ensure that individual rights are intact, the service agreement remains out of compliance. The provider must revise the agreement to be person-centered, respecting individual autonomy and participants' rights as adults, having control of their own lives, services, and supports. There are many references to families and caregivers as decisionmakers, when they may be without legal authority to make the relevant decisions. This language must be revised to reflect that the individuals are adults and have decisionmaking authority. Once the service agreement is revised
		and re-submitted, state staff will review it for compliance.
⊠ 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 setting optimizes individual initiative, autonomy, and independence in making life choice. The provider completed a remediation plan to ensure that policies were reflective of individuals' having the ability to come and go as they wish. Individuals are also supported to self-administer medications, if they so choose.
⊠ 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 setting facilitates individual choice regarding services and supports, and who provides them. The setting's pre-pandemic activity calendar reflected that individuals had a choice of different on-site activities available during a given day.

□ Yes	The unit or dwelling is a specific	As a nonresidential setting, this section does not apply.
□ Partial	physical place that can be owned,	
	rented, or occupied under a legally	
□No	enforceable agreement by the	
Not Applicable	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. Id.	
	§ 441.301(c)(4)(vi)(A).	
□ Yes	Each individual has privacy in their	As a nonresidential setting, this section does not apply.
☐ Partial	sleeping or living unit:	
□ No	(1) Units have entrance doors	
	lockable by the individual, with only	
M Not Applicable	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).	
	Individuals have the freedom and	Individuals in this setting determine their daily activities and set their
⊠ Yes	support to control their schedules	own schedules. Individuals are free to come and go at will. There
☐ Partial	and activities and have access to	are no scheduled times that individuals need to be in the setting.
□ No	food any time.	There are no broad restrictions regarding access to food.
	<i>Id.</i> § 441.301(c)(4)(vi)(C).	J J

⊠ Yes	Individuals are able to have visitors	There are no restrictions in place for visitors in the setting.
□ Partial □ No	of their choosing at any time. Id. § 441.301(c)(4)(vi)(D).	Individuals are able to have visitors of their choosing at any time.
⊠ Yes	The setting is physically accessible to the individual.	The setting is physically accessible to individuals receiving services.
□ Partial □ No	Id. § 441.301(c)(4)(vi)(E).	
⊠ Yes □ Partial □ No	Any rights modifications are supported by a specific assessed need and justified in the personcentered 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. (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. Id. § 441.301(c)(4)(vi)(F).	The provider has ensured that any proposed rights modifications will be supported by a specific assessed need and other required criteria, which the case manager will review with the individual in connection with obtaining their informed consent. There are no broadly restricted rights within the provider's policies and procedures. The provider has identified a person-centered thinking training that will be provided to all staff. The training has not yet been completed. Evidence will be submitted once all staff have been trained.



Setting Summary Sheet

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
- Recent Month Calendar of Community Activities
- Community Integration Plan
- Person Centered Language Training
- Person Centered Language Training 2 (Ten Absolutes)
- Person Centered Validation Method Training
- Person Centered Activity Planning Guide

The provider has made progress toward compliance with the HCBS Settings Final Rule. The compliance issues that remain relate to community integration, person-centered thinking training, and revisions to the service agreement. A plan has been developed for community integration, and the provider is prepared to submit documentation reflective of a community-integrated program once pandemic restrictions are lifted. A person-centered thinking training has also been identified, and documentation of training completion will be submitted once complete. The service agreement requires revisions, as it is not written in a person-centered manner that treats the individual as the decisionmaker. Once revised and re-submitted, state staff will review it for compliance.

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 has established a remediation plan to overcome the presumption of institutional status due to isolation. It has submitted a plan to ensure that individuals in the setting have the opportunity to be included in their community. The plan includes a means to identify individual preferences, increase transportation options, offer various community activity opportunities that will be available once pandemic-related restrictions are lifted, and incorporate (but not exclusively rely on) reverse integration opportunities.

The provider has also identified a person-centered thinking training that will be offered to all staff. The service agreement requires provider revisions, as noted above, before compliance can be confirmed.

State staff will confirm compliance through their review of the provider's updated documentation of community opportunities, once community restrictions are lifted and individuals can access the community safely. Compliance will also be confirmed with evidence of staff training in person-centered thinking and a review of the revised service agreement.



Additional Comments		