



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

### *Adult Residential Setting Summary Sheet*

<b>Heightened Scrutiny Identification Number</b>	HS-046
<b>Provider Name</b>	Pueblo Regional Center
<b>Setting Name</b>	
<b>Setting Address</b>	Street address withheld, Pueblo West, CO
<b>Compliant as of Date</b>	Expected to submit remaining evidence of compliance this summer, to be verified by 12/31/21
<b>Date of This Evaluation</b>	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 and was flagged for heightened scrutiny because of its isolating qualities and the lack of opportunities for individuals to be integrated and interact with non-disabled, non-staff persons in the community. Documentation of community activities reflected few to no opportunities to interact in the community with non-disabled, non-staff persons.

The provider has since made significant progress with revisions and updates to its policies and procedures, and staff have received training regarding person-centered thinking. A plan for offering integrated community activities has been developed and submitted. A future site visit by state staff will verify all changes, 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	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 first calendar submitted, for December 2018, reflected very few community integrated outings for some, and no outings for others residing in the home. A calendar submitted for January 2020 had one planned activity per day, all in the home except a plan for a trip to the Dollar Store on the same day of each week. 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 support individuals to be in the community, interacting with non-disabled, non-staff persons. Individuals will need the opportunity to explore community events and many other activities, similar to people not receiving HCBS waiver services. Verification of community integration will be completed by a state staff visit once the provider submits evidence it has complied, after pandemic-related restrictions are eased.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> 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 <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> 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>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	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. Only the dispute policy needs the addition of external contacts that 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, so the provider will submit new informed consent forms (see details below). A final policy related to access to money is forthcoming.
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> 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 is not yet in alignment with this requirement, since individuals have limited opportunity to decide with whom to interact, as well as limited choices of community-inclusive activities allowing such interaction. State staff will verify that the provider has implemented changes to enhance choice, as detailed elsewhere in this document.



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<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>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.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input 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>Id.</i> § 441.301(c)(4)(vi)(A).	The first residential agreement that was submitted did not include all required elements to ensure that individuals had the same responsibilities and protections from eviction as others. The agreement was updated and now meets all requirements.
<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.	The setting ensures that individuals have the freedom to furnish and decorate their bedrooms within the residential agreement. The provider has not yet submitted evidence that individuals have a key to their home or have bedroom door locks and keys. State staff will verify that the provider distributes keys.



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	<i>Id.</i> § 441.301(c)(4)(vi)(B).	
<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	Individuals have the freedom and support to control their schedules and activities and have access to food any time. <i>Id.</i> § 441.301(c)(4)(vi)(C).	The provider will submit documentation regarding all individuals' access to food at any time, including what the provider makes available and any snacks belonging to individuals.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Individuals are able to have visitors of their choosing at any time. <i>Id.</i> § 441.301(c)(4)(vi)(D).	The setting ensures that individuals are able to have visitors of their choosing at any time.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	The setting is physically accessible to the individual. <i>Id.</i> § 441.301(c)(4)(vi)(E).	The setting ensures physical accessibility.
<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 proportionate to the specific assessed need. (5) A plan for the regular collection and review of data to measure the	The setting is not yet in full compliance with this requirement. The rights modification policy was updated to reflect the criteria outlined in this requirement. However, sample completed informed consent forms submitted did not follow all requirements. More than one rights modification was included on the forms, and the narrative was not written in plain language directed to the individual. Other elements, such as how a rights modification will be mitigated by staff, were not yet fully explained. The provider will submit a completed informed consent form for an individual living in this setting, who has restricted access to cigarettes, to verify that the provider is documenting detailed information for the individual to consider.



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	<p>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
- Admission Policy
- Recent Month Calendar of Community Activities
- Dispute Resolution Policy
- Person-Centered Training Materials
- Community Integration Plan
- Sample Informed Consents
- Phase I and II Outing and Day Program Expansion

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: State staff have not yet visited this setting.

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 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.

**Additional Comments**