

COLORADO

Department of Health Care Policy & Financing

Colorado Home- and Community-Based Services Heightened Scrutiny Evaluation

Nonresidential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-056	
Provider Name	Hope Center	
Setting Name	Hope Center	
Setting Address	3475 Holly St., Denver, CO 80207	
Compliant as of Date	March 7, 2023	
Date of This Evaluation	March 22, 2023 for public comment; updated May 31,	
	2023 for CMS. Updates are in italicized green font.	

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)

 \Box 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
- \Box 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);

 $\hfill\square$ 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 provides day habilitation services in Denver. Historically, services were isolated in the setting, with minimal outings or contact with others in the community who are not disabled and not staff. In 2022, there was a change in Hope Center's leadership, sparking a positive change in how the values of the HCBS Settings Final Rule were embraced. The provider completed updates and revisions to its policies and procedures to ensure that services are person-centered, and to recognize adult rights within its services. The provider made a significant overhaul to daily programming, moving from a primarily facility-based and isolated program to daily opportunities for community activities. All staff were trained in person-centered principles, along with key aspects of age-appropriateness, dignity, and respect. After significant technical assistance and multiple visits, a final verification visit was completed on March 7, 2023. All observations, interviews, and record reviews showed the agency meets HCBS Settings Final Rule requirements.



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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).	Over the last few years, the provider made a significant change in its services, moving from an isolated, facility-based program to one that offers at least one community-based outing each day. Some participants have formed relationships with community members. The provider continues to expand the variety of opportunities it makes available. Update: during the town hall on May 15, 2023, three stakeholders expressed support for this day program and indicated that it is doing a good job of supporting community integration. The Department appreciates these comments.
⊠ 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 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.
⊠ 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).	Individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint are protected. The provider created plain-language handouts to ensure that individuals understand how to file a complaint or dispute if needed. For the grievance/complaint procedure, individuals and



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Compliant?	Federal Requirement	Summary of Evidence of Compliance
		others are now able to submit a complaint at any time, rather than only within a few days of their concern. External contacts have been added to each procedure, making sure individuals can request assistance if needed.
⊠ 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).	After the provider completed training in person- centered principles, it has improved how its services honor individuals' dignity of risk and creates opportunities for individuals to try new things they have not previously experienced.
⊠ Yes □ Partial □ No	The setting facilitates individual choice regarding services and supports, and who provides them. <i>Id.</i> § 441.301(c)(4)(v).	Individuals are able to choose who provides their services and supports.
☐ Yes ☐ Partial ☐ No ⊠ 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. <i>Id.</i> § 441.301(c)(4)(vi)(A).	This is a nonresidential site, so this requirement does not apply.
☐ Yes ☐ Partial ☐ No ⊠ Not Applicable	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. Id. § 441.301(c)(4)(vi)(B).	This is a nonresidential site, so this requirement does not apply.
⊠ Yes □ Partial □ No	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).	Individuals in this setting have control over their schedules and are now allowed to access their food at any time.



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⊠ Yes □ Partial □ No	Individuals are able to have visitors of their choosing at any time. Id. § 441.301(c)(4)(vi)(D).	The provider attested that individuals are able to have visitors at any time.
⊠ Yes □ Partial □ No	The setting is physically accessible to the individual. <i>Id.</i> § 441.301(c)(4)(vi)(E).	Yes, the site is fully accessible to all individuals. The provider added wheelchair-accessible transportation options so that it could support community access with people that utilize wheelchairs.
⊠ 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. (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).	The provider appropriately updated its policy for rights modifications, as well as its handout for individuals and guardians regarding rights.



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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/Rights Modifications Policy
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Dispute Resolution Policy
- Recent Month Calendar of Community Activities
- Materials Relating to Staff Training on Person-Centered Thinking
- Pictorial Rights of Persons Receiving Services

If the provider updated any of these materials, findings in this evaluation reflect the most recent version of each item.

Remediation Plan (If Not Already Implemented) & State Oversight to Verify Implementation

• All remediation steps have been completed. The provider has been encouraged to continue to expand its community activity options and monitor age-appropriateness on an ongoing basis, as this was a significant cultural change for this provider.

Summary of Stakeholder and Public Input; Department Responses

The Individual/Family/Advocate (IFA) Survey results were reviewed. One comment was submitted in 2018, expressing broadly positive views of Hope Center's day program.

Additional Comments

Update: as noted above, during the town hall on May 15, 2023, three stakeholders expressed support for this day program. They cited the compassion and helpfulness of the staff and the value of the program to their loved ones attending the program. The Department thanks those who took the time to comment. As Department staff stated during the town hall, we believe that this setting complies with the HCBS Settings Final Rule, and therefore we are putting it forward for CMS's review.