

Colorado Home- and Community-Based Services Heightened Scrutiny Evaluation

Adult Residential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-059
Provider Name	Villas at Rock Canyon
Setting Name	Villas at Rock Canyon
Setting Address	1611 Alma Ave., Pueblo, CO 81004
Compliant as of Date	January 13, 2023
Date of This Evaluation	March 21, 2023 for public comment; updated May 31, 2023 for CMS. Updates are in italicized green font

Setting Type	☐ Transitional Living Program (TLP) facility
	under BI waiver
□Group Residential Services and Supports	
(GRSS) group home	Waivers Served
☐ Individual Residential Services and Supports	
(IRSS) host home	□Community Mental Health Services (CMHS)
☐ Individual Residential Services and Supports	for Persons with Major Mental Illnesses
(IRSS) other	⊠Elderly, Blind and Disabled (EBD)
☐ Supported Living Program (SLP) facility under	☐ Persons with Brain Injury (BI)
BI waiver	□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	• • • • • • • • • • • • • • • • • • • •
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☐ Has the effect of isolating individuals receiving Medica	
from the broader community of individuals not receiving	
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Setting Description	

The Alternative Care Facility (ACF) setting is located across the street from a nursing facility. The two facilities have separate entrances and separate staff. It was evident to state staff, during a site visit on January 4, 2023, that the setting and operations for the ACF are completely separate from the nursing facility.

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 facility demonstrates compliance in integrating and supporting full access to the greater community for individuals living in this Alternative Care Facility (ACF). During a state staff on-site verification visit, on January 4, 2023, it was evident this setting supports residents to access their community by providing the required resources, such as posting a calendar of community activities nearby, as well as public transportation that is available. This setting also has an on-site activities director, and provides personal transportation for individuals. The individuals interviewed by state staff acknowledged they used the calendar of community activities, and information on how to access public transportation, and said they were able to choose to participate in a variety of activities offered.
⊠ 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.

Compliant?	Federal Requirement	Summary of Evidence of Compliance
		As part of the site-specific verification visit on January 4, 2023, state staff verified that person-specific support plans were available for each individual and included choice of setting.
		The verification visit conducted on-site by state staff on January 4, 2023 verified that individuals are not told that they must reside or receive services from this setting. Each individual has been informed and understands that they have the ability to choose among other setting options, including non-disability settings.
⊠ 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).	Review of the Provider Transition Plan (PTP) and supporting materials and observations during the site visit on January 4, 2023 verified that the setting aligns with federal and state requirements on individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint. The provider was willing and able to revise policies and procedures that were found to be out of compliance, including the residential agreement and house rules. Bedroom door locks and keys have been provided to all individuals within the setting, ensuring individuals are afforded their right to privacy and respect. The setting ensures that individuals are free from physical, chemical, and mechanical restraints.
⊠ 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. Id. § 441.301(c)(4)(iv).	The provider completed training in person-centered principles and has ensured these concepts have been implemented within the setting and reflected in policies and procedures. Interviews with staff conducted during an on-site visit by state staff, on January 4, 2023, verified that staff were able to identify the key concepts of person-centered training/thinking, and that they are actively implementing these values into practice daily.
⊠ Yes □ Partial □ No	The setting facilitates individual choice regarding services and supports, and who provides them. Id. § 441.301(c)(4)(v).	Individuals are able to choose who provides their services and supports.

Compliant?	Federal Requirement	Summary of Evidence of Compliance
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⊠ Yes □ Partial □ 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.	The provider updated its residential agreement to ensure that it is a legally enforceable agreement and provides appropriate protection from eviction and appeals.
	<i>Id.</i> § 441.301(c)(4)(vi)(A).	
⊠ Yes □ Partial □ 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. Id. § 441.301(c)(4)(vi)(B).	All individuals within this setting have privacy in their rooms with lockable doors and keys. This setting does not offer shareable rooms, unless for specific reasons, such as a married couple wanting to share a room with each other. Beyond this, individuals have their own rooms to ensure privacy, as well as freedom to decorate their unit within the parameters of their residential agreement. Each room within the setting includes a personal bathroom as well as a kitchenette, contingent on the individual's safety assessment performed by the provider.

Compliant?	Federal Requirement	Summary of Evidence of Compliance
⊠ 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).	A verification visit conducted by state staff on January 4, 2023 revealed that individuals within this setting had full access to the kitchen area. Snacks were made available throughout the day. Individuals within this setting are able to have and use a private refrigerator, microwave, and kitchenette area for personal use. Furthermore, based on state staff observation, interviews, and desk review, individuals have a choice in activities, determining their schedules daily, and working with an activities director to participate in any in-house and community activities being offered each day. During the site verification visit, state staff also observed a community calendar posted in various areas of the facility.
⊠ Yes □ Partial □ No	Individuals are able to have visitors of their choosing at any time. Id. § 441.301(c)(4)(vi)(D).	All individuals within this setting are able to have visitors at any time and socialize with whomever they please, including romantic relationships. The individuals within the setting, while being interviewed by state staff during an onsite verification visit on January 4, 2023, understood that they were allowed to have visitors of their choice, and for any length of time. The individuals also knew about the house rules policy permitting visitors, using their own communication devices to make and receive phone calls, as well as for private text messages, email, and written mail.
⊠ Yes □ Partial □ No	The setting is physically accessible to the individual. Id. § 441.301(c)(4)(vi)(E).	Based on the verification visit conducted on-site by state staff on January 4, 2023, it was confirmed that the setting is physically accessible to all individuals, including individuals with limited mobility.
⊠ 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.	The provider has ensured that any proposed rights modifications are supported by a specific assessed need. The provider has also trained staff appropriately to recognize when a rights modification may be needed, and the process that is required for a modification to be implemented. The provider was able to demonstrate during the site verification visit that it is utilizing the correct and required informed consent template, and it understands the steps and process to potentially modify an individual's right.

Compliant?	Federal Requirement	Summary of Evidence of Compliance
	(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).	

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

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: An interview on January 4, 2023 with a resident revealed that the facility's staff are attentive and respectful of the resident's privacy, including the freedom to come and go. The resident further revealed to state staff that he had access to all common areas, snacks, and activities. The resident concluded the interview by informing state staff that visitors are welcome any time and he is able to lock his room whenever he chooses.

Summary of Stakeholder and Public Input; Department Responses

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

State staff have verified that the provider has completed remediation for this setting.

Additional Comments

No public comments were received regarding this setting.