

Home and Community Based Settings Rule Heightened Scrutiny Evidentiary Package

Settings that Demonstrated Compliance by July 1, 2021

On March 17, 2014, new federal Medicaid rules for Home and Community Based Services (HCBS) went into effect. The rules impact many parts of HCBS. One of the most important topics is the places where HCBS can be provided.

Because HCBS programs are offered as alternatives to nursing and intermediate care facility services, the new rules make sure that HCBS are provided in settings that are not institutional in nature. To follow this rule, states must make sure that HCBS settings are part of a larger community, people are able to have choices about their service settings, and that people are assured their rights to privacy, dignity and respect.

States must evaluate their HCBS programs to determine the level of compliance with the new rules. The setting indicated on this form had initially been identified as requiring to go through the heightened scrutiny process as part of the compliance process. They were able to demonstrate compliance with the settings criteria by July 1, 2021, so they are not required to go through the entire heightened scrutiny process, but they are required to go out for public comment.

Additional information on Heightened Scrutiny can be found here: [HCBS Settings Rule: Heightened Scrutiny](#)

Setting Information

Site Name:	Stride Services	Site ID:	1818
Site Address:	809 North 800 East Logan, Utah 84321		
Website:	https://idrpp.usu.edu/services/stride-services		
# of Individuals Served at this location regardless of funding:	33	# of Medicaid Individuals Served at this location:	25
Waiver(s) Served:		HCBS Provider Type:	
<input checked="" type="checkbox"/> Acquired Brain injury <input type="checkbox"/> Aging Waiver <input checked="" type="checkbox"/> Community Supports <input checked="" type="checkbox"/> Community Transition <input type="checkbox"/> New Choices <i>Description of Waivers can be found here:</i> https://medicaid.utah.gov/ltc/		<input checked="" type="checkbox"/> Day Support Services <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Residential Facility <input checked="" type="checkbox"/> Supported Living <input type="checkbox"/> Employment Preparation Services	
Heightened Scrutiny Prong:			
<input type="checkbox"/> Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment <input type="checkbox"/> Prong 2: Setting is in a building on the grounds of, or immediately adjacent to, a public institution <input checked="" type="checkbox"/> Prong 3: From the initial assessment, the setting was found to have the effect of isolating individuals from the broader community. The following is the area that was identified:			

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- A. Individuals have limited, if any, opportunities for interaction in and with the broader community and /or the setting is physically located separate and apart from the broader community and does not facilitate individual opportunity to access the broader community and participate in community services consistent with their person centered service plan
- B. The setting restricts individuals choice to receive services or to engage in activities outside of the setting
- C. The setting has qualities that are institutional in nature. These can include:
 - The setting has policies and practices which control the behaviors of individuals; are rigid in their schedules; have multiple restrictive practices in place
 - The setting does not ensure an individual’s rights of privacy, dignity, and respect

Onsite Visit(s) Conducted:	3/31/21 (virtual)
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Description of Setting:

The setting is a day service program located within 2 blocks of a public transportation bus stop. The setting is a two story building. There are two day programs located at the setting. One upstairs and one downstairs. The location of public transportation is free and the bus route near our program connects to the main transit center that provides access to all of Logan City. The setting owns 4 vehicles which are used during the day to transport individuals as frequently as they wish into the community.

Stride Services chose to apply for and participate in the USU technical assistance program. They engaged with industry experts through USU to identify what areas they needed to focus on to come into compliance with the settings rule and established a transformation plan for their setting. As this was a very intensive and optional process, they did not go through the additional review onsite visit with the State in 2019.

Current Standing of Setting:

- Currently Compliant: the setting has overcome the qualities identified above
- Approved Remediation Plan: the setting has an approved remediation plan demonstrating how it will come into compliance. The approved timeline for compliance is:

Evidence the Setting is Fully Compliant or Will Be Fully Compliant

Prong 1: The setting is in a publicly or privately operated facility that provides inpatient institutional treatment; the setting overcomes this presumption of an institutional setting.

Compliance:	<input type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant <input checked="" type="checkbox"/> Not Applicable
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Prong 2: The setting is in a building on the grounds of, or immediately adjacent to, a public institution; the setting overcomes this presumption of an institutional setting.

Compliance:	<input type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant <input checked="" type="checkbox"/> Not Applicable
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Prong 3 A: 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,

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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.	
Compliance:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant
Summary:	<p>Transformation Plan Summary: The setting developed and implemented a multi-faceted approach to providing information and educating to the general public, businesses, civic organizations, families and staff regarding integrated community inclusion for adults with disabilities and for future consumers. The setting reviewed and revised their mission, name, and logo as well as their one pagers, brochures, and poster boards. The setting developed a facebook page and had it focused on integrated community opportunities, volunteering, and employment. The setting also implemented an app “Remind” to improve communication with families and staff to highlight new opportunities and successes and to train staff.</p> <p>Onsite Visit Summary (3/2021): Individuals are able to move between the programs when appropriate. The setting determines which program the individual is placed in based on their likes and dislikes, triggers and behaviors, personalities, and preference. The setting has 4 mini vans to transport individuals and uses public transportation as well. There are individuals that have competitive integrated jobs and the setting assists the individuals with setting up their transportation to and from work.</p> <p>There is a process in place to provide volunteer opportunities, job sampling, and for individuals that express a desire to work, there is a process to provide that opportunity. Individuals are able to go into the community in small, individualized groups. Typically 1 staff to 2-3 individuals.</p> <p>Different groups are able to choose where they go in the community, allowing for multiple options. Staff are trained to ensure activities are meaningful and individuals are working on skill building that has been identified for each individual.</p> <p>Policy/Document Review: The following were reviewed for compliance:</p> <ul style="list-style-type: none"> ● Brochure ● DP Posture ● NewNameFacebook ● One-Pager ● SP Poster ● Participant Handbook ● Person Centered Thinking Training ● Policy Manual

Prong 3 B: The setting is selected by the individual from among setting options, including non-disability specific settings.	
Compliance:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant
Summary:	Onsite Visit Summary (3/2021):

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	<p>The setting does not restrict access to non-disability settings. The setting has an admission process that assesses individuals' needs and preferences and regularly reassesses to ensure services are provided in a person-centered manner.</p> <p>Policy/Document Review: The following were reviewed for compliance:</p> <ul style="list-style-type: none"> ● Participant Handbook
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Prong 3 C: The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. The setting ensures the individual has the freedom and support to control his/her own schedule and activities.

Compliance:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant
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Summary:	<p>Transformation Plan Summary: The setting put a plan in place to provide and support participants in their personal choice, preferences, and interests. They conducted a community integration plan (CIP) in conjunction with the DSPD-required Person-Centered Support Plan (PCSP) for each participant. Individuals were grouped based on their interests. They created a day to day detailed schedule for participants and used a community mapping form. They developed a database to store community mapping information.</p> <p>Onsite Visit Summary (3/2021): Staff creates a generalized monthly activity calendar for the program. The calendar is based on feedback from individuals served. Each day, staff work with individuals to create their daily schedule. Individuals can choose to participate in the activity on the calendar or they can choose other activities. For example, the activity on the calendar may say "hike." Individuals then can choose what hike they want to go on and with. There may be multiple groups going on different hikes that day, they can choose to go together, or they can choose something entirely different. Individuals interviewed verified they make their own schedules. Staff are trained to provide independence in making life choices and dignity of risk. This was verified through staff interviews. Staff are knowledgeable about the individuals' wants, needs, and interests. Staff reported one individualized rights restriction for an individual based on an individualized health and safety concern.</p> <p>Policy/Document Review: The following were reviewed for compliance:</p> <ul style="list-style-type: none"> ● Group criteria ● Community Mapping Excel Form ● Community Integration Plan ● CIP Definitions ● Participant Handbook ● Person Centered Thinking Training ● Policy Manual
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Overall, the setting enforces the Home and Community-Based Settings Regulation requirements.	
Compliance:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant
Summary:	<p>Overall, this setting, through the transformation process, has addressed all segregating and institution concerns and the State was able to validate the areas through the validation visit process. Staff are trained on HCBS requirements both upon hire and ongoing. As indicated below, this setting will be reviewed through ongoing monitoring activities.</p> <p>Transformation Plan Summary: The setting developed and revised manuals, policies and staff descriptions to support their new name and community integration initiative to better encourage meaningful interactions in the community and integrated pre-employment. The setting recruited, employed, and retained qualified staff who have a foundation in the philosophy and values of person-centered thinking and knowledge and skills to support individuals with disabilities to have meaningful interaction in the community and integrated employment. The setting trained new and existing staff on volunteering, pre-employment skills, pilot/new schedule, participants day to day goals, community goals, new databases, and ACRE.</p> <p>Onsite Visit Summary (3/2021): Staff interviewed reported they have been adequately trained. There is new hire training, annual training, and ongoing training provided. Staff were knowledgeable about the Settings Rule and reported they had received a lot of training in the past year and implemented changes to ensure they were compliant.</p> <p>Policy/Document Review: The following were reviewed for compliance:</p> <ul style="list-style-type: none"> ● DSL Policies Procedures Staff Test ● HCBS Regulations Staff Training Log ● Legal Rights of Persons Training ● Participant Handbook ● Policy Manual ● Training Checklist ● Training Guide ● Building a Bridge Training

Input from Individuals Served and Staff

Individuals Served Summary:	<p>Summary of interviews (2021):</p> <ul style="list-style-type: none"> ● Individuals report they get to choose what activities they participate in ● Individuals report they make their own schedule ● Individuals report they use public transportation
Staff Summary:	<p>Summary of interviews (2021):</p> <ul style="list-style-type: none"> ● Staff report they are knowledgeable how to make community activities meaningful for individuals

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	<ul style="list-style-type: none"> ● Staff report they are knowledgeable how to encourage integration in the community ● Staff report utilizing of public transportation is encouraged ● Staff reported there has been a huge shift in spending more time on community integration activities since “the settings rule” implementation
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Ongoing Remediation Activities	
Current Standing: <input checked="" type="checkbox"/> Currently Compliant <input type="checkbox"/> Approved Remediation Plan	
Continued Remediation Activities	<input checked="" type="checkbox"/> N/A for currently compliant
Ongoing Monitoring Activities	<p>The State will use the following tools to ensure settings continue compliance with the Settings Rule criteria:</p> <ul style="list-style-type: none"> ● Conducting individual served experience surveys ● Addressing settings compliance during the annual person centered service planning process ● Ongoing provider training and certification ● Monitoring through critical incident reporting ● Case Management/Support Coordinator visit monitoring ● HCBS Waiver Reviews/Audits

Summary of Stakeholder Workgroup Comments Received and State Response:

Public Comment Period: October 24 to November 28, 2022
No comments received

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Public Comment Period: October 24 to November 28, 2022
No comments received

Summary of Stakeholder Workgroup Recommendation:

Date of Recommendation: October 24 to November 28, 2022
The Stakeholder Workgroup recommended that the heightened scrutiny packet is ready to be submitted to CMS (100% of those that responded).

Utah’s Recommendation

Date of Recommendation: 1/12/23
The State has determined the setting has overcome the effect of isolating individuals from the broader community and is in compliance with the HCBS Settings Rule.

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