

Home and Community Based Settings Rule Heightened Scrutiny Evidentiary Package

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 has been identified as requiring to go through the heightened scrutiny process as part of the compliance process.

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

Setting Information

Site Name:	Daybreak Training Services		276
Site Address:	599 W Center Street Pleasant Grove, Utah 84062		
Website:	None		
# of Individuals Served at this location regardless of funding:	67	# of Medicaid Individuals Served at this location:	12
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 type="checkbox"/> Supported Living <input checked="" 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: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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 			

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	<p>community services consistent with their person centered service plan</p> <p><input type="checkbox"/> B. The setting restricts individuals choice to receive services or to engage in activities outside of the setting</p> <p><input checked="" type="checkbox"/> C. The setting has qualities that are institutional in nature. These can include:</p> <ul style="list-style-type: none"> ● 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:	10/21/2019 (In-person), 11/2/22 (Virtual)
Description of Setting:	
Daybreak Training Services is a Day Supports program in Pleasant Grove. Individuals from the Home and Community Based Services (HCBS) as well as from Intermediate Care Facilities (ICF’s) participate in this program. The building is located near gas stations, restaurants and a residential neighborhood.	
Current Standing of Setting:	
<p><input checked="" type="checkbox"/> Currently Compliant: the setting has overcome the qualities identified above</p> <p><input type="checkbox"/> Approved Remediation Plan: the setting has an approved remediation plan demonstrating how it will come into compliance. The approved timeline for compliance is:</p>	

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

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

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, 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>Onsite Visit Summary (10/2019): During the onsite visit, it was determined that the setting did not facilitate opportunities to access the broader community and participate in community services. There is some access to the community but activities were typically scheduled for only once a week. Individuals have choice in the type of work they would like to do in the community or at the facility.</p> <p>Remediation Plan Summary:</p>

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The setting has a process for assessing the transportation needs of individuals and has negotiated with the Utah Transit Authority (UTA) to include a transit stop at the provider. The provider works with individuals to provide choice in activities, meals, and groups. There is weekly planning for which activities and jobs individuals would like to participate in. The provider plans for one community activity and one work-based activity per week and plans to increase this amount moving forward. When an individual expresses interest in working in the community they will be evaluated for existing or needed job skills. After the evaluation process the provider will assist the individual with the application process and moving towards competitive integrated employment (CIE).

Onsite Visit Summary (11/2/2022):

All individuals and staff interviewed reported individuals working at the gas stations across the street everyday for a couple of hours. They make connections with community members while there. Staff interviewed reported if individuals have other job interests we connect them with their support coordinator or employment specialist. One individual reported working at Arctic Circle, one individual reported applying for a job with the city and heading out to the interview later that day. Community based outings occur daily. Individuals are able to choose which group they go on the activity with, and which individuals they go in the community with. Individuals help to choose the activities by giving input that goes on a calendar. There is a weekly Monday meeting with individuals where they talk about which activities they want to go to and the individuals pick where they want to go and what skills they want to work on. Leadership then looks at the calendar and considers safety (for example, weather driving conditions) and group size (to ensure there are no segregating factors in play). The day of the activity they give an update before they go out. They purchased additional vans so the provider has more transportation access for community access. The setting has a formal process in place to ensure that individuals are getting out to the level that they desire and for EPR services individuals are in the community learning prevocational skills the required amount of time. Individuals are able to come and go from the setting without restrictions. There are also individuals served in the setting that do not fall under the Settings Rule Regulations, but are served by the Intermediate Care Facilities (ICF's) service system. Although choice is offered to all individuals in the setting, the same service options are not provided to the individuals under the ICF service system. Individuals provided Home and Community Based Waiver Services are given the opportunity and choice to have access to the entire setting, eat lunch and have breaks with anyone in the setting (regardless of which service system they fall under), choose which group they participate in activities with, etc. Individuals reported they have Christmas activities scheduled, they go to see the animals (zoo), shopping (dollar tree, buy food, get smoothies, WalMart, gas station), Thanksgiving Point, hiking, parks, Puppy Barn, Fat Cats, play basketball and football, and the library.

Policy/Document Review:

- Weekly activity schedule examples.
- Class training guide.
- HCBS Policy

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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 (10/2019): Individuals choose this facility to stay in their community. The setting does not restrict access to any non-disability settings and facilitates access when requested.

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
Summary:	<p>Onsite Visit Summary (10/2019): Staff creates a generalized monthly activity calendar for the program. The calendar is based on feedback from individuals served. Staff are knowledgeable about the individuals’ wants, needs, and interests. There were no observed or reported rights restrictions for individuals. During the onsite visit, it was determined that the setting did not provide the opportunity for individuals to experience a variety of community integration experiences or the option to choose from multiple experiences due to the limited options on the calendar (weekly).</p> <p>Remediation Plan Summary: There is weekly planning for which activities and jobs individuals would like to participate in. The provider plans for at least one community activity and one work-based activity per week and plans to increase this amount moving forward.</p> <p>Onsite Visit Summary (11/2/2022): The provider has opportunities for group activities daily that individuals can choose to participate in. They typically schedule one group activity per day and individuals can pick which group they would like to be in. Individuals are able to give input on which activities are on the calendar each week. They have an opportunity to contribute in choosing what they do and when they do it.</p> <p>Desk Review (12/2022): There was a concern based on individual interviews about being able to eat whenever they want or use their phone. Those limits were only in the area where they do work and is based on the contract work in that specific area. Individuals are free to eat or use their phone whenever they want if they are not doing contract work in the designated space required for that work. Rules around individuals getting a conduct or demerit have been removed.</p> <p>Policy/Document Review:</p> <ul style="list-style-type: none"> ● Weekly activity schedule examples. ● Class training guide. ● HCBS Policy

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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>Onsite Visit Summary (11/2/2022):</p> <p>The provider has made great strides in coming into compliance and working through their remediation plans. All restrictions that were put in place during COVID have been lifted at the setting. Individuals receiving HCBS services and ICF services are integrated at the setting. The State has validated the setting is in compliance with the Settings Rule.</p>

Input from Individuals Served and Staff

Individuals Served Summary:	<p>Summary of interviews (2019):</p> <ul style="list-style-type: none"> ● Individuals stated they were able to choose which activities they participate in but that they are not sure how to use public transportation. ● Individuals expressed they were able to spend their money how they wanted. ● Individuals stated they do not interact with non-disabled individuals aside from staff. ● Individuals expressed that staff keep personal items private and that they speak to individuals in a respectful manner. ● Individuals stated they were in control of their schedule and were able to participate in community activities of their choosing. <p>Summary of interviews (2022):</p> <ul style="list-style-type: none"> ● Individuals interviewed reported they can switch between groups and go out into the community with who they want to. ● One individual interviewed reported they went out into the community everyday. “I go out everyday. I tell staff about stuff I want to go out. I go with friends and pick with activities to go to.” ● Individuals reported they can come go as they want. They are asked to write down where they are going but don't get in trouble if they don't write it down. ● Individuals reported that staff are always asking them what they want to do.
Staff Summary:	<p>Summary of interviews (2019):</p> <ul style="list-style-type: none"> ● Staff stated they do not talk about individuals' private information in front of others. ● Staff expressed that individuals are never required to participate in activities they do not want to participate in. ● Staff stated they had not received training on the HCBS Setting Rule. <p>Summary of interviews (2022):</p> <ul style="list-style-type: none"> ● Staff reports no one has a rights restriction that they know of. Individuals are discouraged from eating food at certain times or in certain areas of the building but are not restricted from doing so. The same is true of leaving the building and phone use. When interacting with peers or participating in an on-site activity, phone use is discouraged but individuals are allowed to use their phones if they wish by moving away from the group or going to a different room. ● One staff member interviewed reported if an individual went to get a snack when it was not time to eat and didn't notify staff, they get a “conduct” and it is shared with the home setting. There are no consequences for these items. Staff informed us that these

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	<p>items are used to communicate between leadership and the individual’s home about what the individual did that day.</p> <ul style="list-style-type: none"> • Staff report they have a weekly planning meeting with individuals. Individuals may not recall participating in the meeting as it is often occurring informally.
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Ongoing Remediation Activities	
Current Standing: <input checked="" type="checkbox"/> Currently Compliant <input type="checkbox"/> Approved Remediation Plan	
Continued Remediation Activities	N/A
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:

Stakeholder Workgroup Review: January 3, 2023 - January 18, 2023	
<i>General Comments Received</i>	
Comment:	<p>The materials provided by the State in the newly-released evidentiary packets (“batch 5”) raise concerns about whether the identified settings currently demonstrate the qualities of HCBS. In most instances, the state has only completed a virtual review instead of an in-person visit. In our experience as the P&A, it is difficult to accurately assess characteristics of an institution as well as to communicate effectively with waiver participants without an in-person visit.</p>
Response:	<p>The State has a comprehensive virtual validation visit process in place to determine HCBS Settings Rule compliance. If at any time the State determines that the virtual process is not sufficient for a specific setting, then the State will make the determination that an in-person visit is required at that time. Once a setting has completed its remediation and the State has validated its compliance with the HCBS settings rule, it moves to the ongoing monitoring process.</p>
Comment:	<p>In many instances, the packages state that the setting is compliant based on a remediation plan and indicate that a validation visit will be completed in the future. Many of the reviews state that individuals are not getting into the community to the degree they would wish and that there are still institution-like restrictions on individuals in the settings. It is difficult for stakeholders to provide feedback on whether a setting has the characteristics of an HCBS setting if it is still in the process of remediating. The remediation plans seem to lack the detail necessary to</p>

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assist a setting with becoming compliant and the short time frame until the final compliance deadline leads us to believe that these sites will not remediate in time.

Response:

Settings must demonstrate compliance or demonstrate a plan along with the State's oversight to ensure completion of actions to certify they will become compliant prior to March 17, 2023 before the State submits them through the heightened scrutiny process.

Comment:

The reviews in many instances lack the detail necessary to determine whether a setting is institutional/segregating. For example, there are reviews of 14c certificate holders that do not indicate whether the setting will pay subminimum wage moving forward. Reviews indicate that individuals access the community, but in many instances don't specify how large the groups are, what types of activities they engage in and the frequency with which activities occur. Some reviews mention work groups/work enclaves, but do not specify what type of work individuals engage in, where people work and how large the work groups are. The reviews frequently say that the setting does not restrict access to the community, that community amenities are within "miles" and that there is access to public transportation, but often do not specify how the facility supports individuals to access these amenities/public transportation.

Response:

While the State agrees that certain criteria can create concerns with compliance, several elements described do not determine on their own whether a setting meets or fails requirements. Individual settings are reviewed and assessed on their merit. For example, payment of sub-minimum wage work or group sizes in and of themselves are not including or excluding criteria. The state determines compliance based on factors such as person centered planning, individual choice and autonomy, individualized schedules, and individuals self-reporting they are accessing the community at the level that they desire.

Comment:

We are very concerned about how the state has handled non-residential settings, particularly large day programs and sheltered workshops. These reviews do not demonstrate that the state has ensured that these particularly problematic settings have remediated sufficient to comply with the settings rule as well as title II of the ADA and Olmstead. Again, many final reviews have not been completed in person, and most frequently the state is submitting sites that have submitted a remediation plan but have not been validated as remediated.

Response:

Settings must demonstrate compliance or demonstrate a plan along with the State's oversight to ensure completion of actions to certify they will become compliant prior to March 17, 2023 before the State submits them through the heightened scrutiny process. The State has a comprehensive virtual validation visit process in place to determine HCBS Settings Rule compliance. If at any time the State determines that the virtual process is not sufficient for a specific setting, then the State will make the determination that an in-person visit is required at that time. Once a setting has completed its remediation and the State has validated its compliance with the HCBS settings rule, it moves to the ongoing monitoring process. While the State does acknowledge that activities for remediation extended into March 2023, it does not believe strategies deviated from its Statewide Transition Plan, or that inappropriate methods were used in validating compliance. The State also acknowledges that Settings compliance is not a one time activity and the usage of ongoing monitoring will aid to reinforce core tenants of the Rule as well as the development and dissemination of best practices. The State encourages the

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submission of providers who are believed to be non-compliant with requirements of the Settings Rule, including the elements/criteria which are not sufficiently meeting expectations.

Comment:

Reviews indicate that individuals are still being segregated by “level of functioning” and even by whether an individual resides in an ICF or an HCBS setting.

Response:

The State agrees that settings identified as having this concern are institution and segregating in nature. The purpose of the heightened scrutiny process was to identify settings that were institutional and segregating in nature and go through the process of showing how they overcame those qualities. Settings submitting for heightened scrutiny were required to remediate through training of staff, provide evidence of compliance, and demonstrate compliance through validation that they were compliant in these areas of concern.

Comment:

Reviews do not indicate that the EPR codes which contemplate meaningful, individualized, time-limited pre-vocational programs are being implemented in Workshops. Reviews do not indicate that individuals are spending at least 20% of their time in the community engaging in activities chosen by the individual. Reviews do not (for the most part) indicate whether or not the provider is continuing to pay subminimum wage. Reviews do not consider what type of work individuals engage in the setting and whether or not that work is chosen by the individual. Frequently, specificity as to how many individuals are working in a group is not given. Frequently, information about how settings are supporting individuals to gain competitive, integrated employment as guaranteed by the settings rule is not given.

Response:

As with all settings, the State’s review was for the purpose of determining whether the tenants of the Settings Rule had been met, regardless of which specific services were delivered at the location. The State has separate compliance monitoring for the appropriate authorization of Employment Preparation Services and the delivery of those services by providers.

Comment:

Frequently, reviews indicate that there are still restrictive practices in the settings indicating an institution-like environment.

Response:

The State agrees that many reviews indicated settings still had restrictive practices in place indicating an institution-like environment as they had not yet gone through their final validation process at the time they went out for heightened scrutiny. The State has spent considerable time with settings and providers providing technical assistance beyond what was documented in their remediation plans to remediate their institutional and segregating characteristics to come into compliance with the rule.

Summary of Public Comments Received and State Response:

Public Comment Period: January 2, 2023 to February 3, 2023

Setting Specific Comments:

Comment:

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One commenter stated Daybreak Training Services, is a day support services program and employment preparation services program located at 599 W Center Street, Pleasant Grove, Utah. It provides services to 67 individuals including 12 waiver participants. The materials provided by the State in the evidentiary packet do not demonstrate that the identified setting currently demonstrates the qualities of HCBS. We are very familiar with Daybreak. Individuals very infrequently leave the setting, schedules are highly regimented and there is a lack of choice as to activities individuals engage in within and without the setting. The setting does not seem to facilitate competitive, integrated employment for most individuals. We are very concerned that the state thinks this setting will be compliant within the March deadline as there are very significant obstacles to be overcome by this sheltered workshop.

Response:

As indicated on the heightened scrutiny package, and as the commenter said, a validation visit was conducted in November (11/2/22) to ensure that the remediation plan was implemented and the setting was compliant in the areas indicated. The setting was determined compliant after the validation visit. The State believes that this observation is likely accurate with how services were delivered previously. However, after the receipt of significant technical assistance, the validation visit in November of 2022 demonstrated significant changes in service delivery. As stated in the heightened scrutiny package, community based outings now occur daily. Individuals are able to choose which group they go on the activity with and which individuals they go in the community with. Individuals help to choose the activities by giving input that goes on a calendar. There is a weekly Monday meeting with individuals where they talk about which activities they want to go to and the individuals pick where they want to go and what skills they want to work on. Leadership then looks at the calendar and considers safety (for example, weather driving conditions) and group size (so ensure there are no segregating factors in play). Group sizes are kept small. The day of the activity they give an update to leadership before they go out. They purchased additional vans so the provider has more transportation access for community access.

Comment:

The same commenter had additional feedback stating We have concerns that the most recent assessments of the setting and the planned assessment of the setting after public comment was not/will not be completed in person. In our experience as the P&A, it is difficult to accurately assess characteristics of an institution as well as to communicate effectively with waiver participants without an in-person visit.

Response:

The State has a comprehensive virtual validation visit process in place to determine HCBS Settings Rule compliance. If at any time the State determines that the virtual process is not sufficient for a specific setting, then the State will make the determination that an in-person visit is required at that time. Once a setting has completed its remediation and the State has validated its compliance with the HCBS settings rule, it moves to the ongoing monitoring process.

Comment:

The same commenter had additional feedback stating The evidentiary packet states that there is a formal process to ensure individuals are getting out into the community daily, but that process isn't shared. The state does not share what types of activities individuals are participating in. The evidentiary packet states that the lack of community integration and institution-like regimented schedules has been resolved, but individuals say that they can't come and go as they like, they don't contribute to the activity calendar, phone use is restricted to breaks

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and they can't eat when and where they want (an employee even states that an individual gets a "conduct" or demerit when individuals get a snack when it isn't time to eat). The consumer experience outlined in the state's evidentiary package aligns with our own experience of the setting. The state's evidentiary packet doesn't indicate if there is an open door policy and it seems that individuals are not free to come and go as they please.

Response:

As indicated on the heightened scrutiny package, and as the commenter said, a validation visit was conducted in November (11/2/22) to ensure that the remediation plan was implemented and the setting was compliant in the areas indicated. Although another full validation visit was not conducted, additional interviews with individuals receiving services were conducted on 12/14/22 to complete the validation review process; these interviews were considered an extension of the validation visit conducted on 11/2/22. The interviews that were conducted on 11/2/22 were conducted with individuals that were not receiving HCBS services; these interviews were conducted with individuals receiving services through the Intermediate Care Facility (ICF) service system. The ICF service system is considered an institution and is not required to meet the requirements of the Settings Rule. The administrator of the setting had us interview these individuals without our knowledge so we could see the challenge posed in providing services to both service systems. The information has been added to the heightened scrutiny document above under "Input from Individuals Served and Staff". The State provided technical assistance to the setting regarding their restrictive practices. The setting provided evidence of compliance through a desk review the restrictions had been removed. The setting was determined to be compliant for those being served through HCBS funding, but likely is not for those who are participating and residing in ICFs. Onsite visit summary information has been updated on the heightened scrutiny packet for sections 3A and 3C to clarify areas of compliance.

Comment:

The same commenter had additional feedback stating this setting is a sheltered workshop that is transitioning to become an EPR provider, but the state's own assessment does not demonstrate that the setting appropriately implements the EPR codes. The state does not assess and the packet does not demonstrate that individuals have the opportunity to spend 20% of their time in the community. In addition there is no indication that Daybreak is implementing the EPR code in regards to meaningful prevocational activities. The review does not indicate whether or not the setting pays subminimum wage, what types of prevocational work activities occur in the setting, whether the service is time-limited and how and if individuals are able to choose between work activities. In fact, the state's most recent assessment indicates that individuals don't know how they can access community, integrated employment, except for working at the gas station next door and shredding paper under the contract Daybreak holds. It is unclear what meaningful prevocational services are being offered to support individuals to seek competitive integrated employment. It is also unclear if the setting works with vocational rehabilitation to help consumers seek CIE.

Response:

As with all settings, the State's review was for the purpose of determining whether the tenants of the Settings Rule had been met, regardless of which specific services were delivered at the location. The State has separate compliance monitoring for the appropriate authorization of Employment Preparation Services and the delivery of those services by providers.

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General Comments Received:

Comment:

As the Protection and Advocacy agency for people with disabilities for the State of Utah, the Disability Law Center (“DLC”) is uniquely suited to provide assistance and input during this process. Based on our own observations as the P&A as well as our evaluation of the state’s assessments of settings, the state did not engage in a sufficient assessment process or provide adequate support to bring settings into compliance with the rule prior to the March 17, 2023 deadline. We are concerned that HCBS waiver dollars will continue to be spent on segregated, institutional settings despite the state’s obligations under the HCBS settings rule, Title II of the ADA and Olmstead. This heightened scrutiny evidentiary package demonstrates these ongoing concerns as detailed below.

Response:

While the State does acknowledge that activities for remediation extended into March 2023, it does not believe strategies deviated from its Statewide Transition Plan, or that inappropriate methods were used in validating compliance. The State also acknowledges that Settings compliance is not a one time activity and the usage of ongoing monitoring will aid to reinforce core tenants of the Rule as well as the development and dissemination of best practices. The State encourages the submission of providers who are believed to be non-compliant with requirements of the Settings Rule, including the elements/criteria which are not sufficiently meeting expectations.

Summary of Stakeholder Workgroup Recommendation:

Stakeholder Workgroup Review: January 3, 2023 - January 18, 2023

We only got a response from one workgroup member. Their comments are noted above.

Utah’s Recommendation

Recommendation: Compliant

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.