

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:	Columbus Foundation Inc.	Site ID:	1286
Site Address:	3495 S WEST TEMPLE, Salt Lake City		
Website:	https://www.columbusseves.org/		
# of Individuals Served at this location regardless of funding:	75	# of Medicaid Individuals Served at this location:	75
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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community services consistent with their person centered service plan <input type="checkbox"/> B. The setting restricts individuals choice to receive services or to engage in activities outside of the setting <input checked="" type="checkbox"/> C. The setting has qualities that are institutional in nature. These can include: <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:	3/30/2022 (virtual), 11/08/2022 (virtual)
Description of Setting:	
<p>The setting is a day support and employment program located in a residential area that contains stores, restaurants and a skate park.</p> <p>Columbus 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.</p>	
Current Standing of Setting:	
<input checked="" type="checkbox"/> Currently Compliant: the setting has overcome the qualities identified above <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:	

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:	Transformation Plan: Columbus Foundation decided to Develop a Core Planning Team (CPT) including participants and their Parents/Guardians, the CEO, COO, other Exec Team Members as required, key board members, direct service staff, relevant Client Service Managers & Department Directors, to

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	<p>assist in designing and implementing this plan. The setting will have Client Service Managers hold Circle of Support Meetings with participants and support teams. These meetings may be in conjunction with the PCSP. Columbus and USU decided to use a Positive Personal Profile Form to guide who is contacted, reach out to relevant local community groups (Churches, community centers, nonprofits, etc) to gauge interest and educate them about Columbus' new community focus. Using the Positive Personal Profile and Work Strategy Assessment, will present opportunities for employment if the participant and their support team identify that as one of their preferences/goals. Using all gathered information, the Support Coordinator will decide if CIE is right for the individual or if Community Activities is the correct route and create a team of funded clients that have similar goals under each code (EPR, DSG, SEI, SED). Upon successfully sending out a pilot group, Columbus will begin to transition all participants into the community setting; which will consist of repeating the above mentioned steps for each group. The Board & leadership will remain involved by regular monthly updates about the progress of implementation of the Settings Rule.</p> <p>Onsite Visit Summary 3/30/2022:</p> <p>Any individual interested in employment can pursue and they work with them regarding EPR and their interests. There are weekly meetings to discuss what activities individuals would like to do. These meetings also allow the chance to change groups or discuss new goals. They have moved away from naming groups and rooms with language which divided individuals and chose a more inclusive language. Staff interviewed were unable to describe how to individualize skill training when in the community, make community integration activities meaningful for each individual, and engage all individuals in the informed choice process toward CIE.</p> <p>Remediation Plan Summary:</p> <p>The provider will notify the state when staff have been trained in individualizing skill training when in the community, make community integration activities meaningful for each individual, and engage all individuals in the informed choice process toward CIE. This completed training will be validated at the next visit.</p> <p>Onsite Visit Summary (11/08/2022):</p> <p>During the visit we confirmed that staff are able to review individual's goals before going into the community that allows them to focus on skill development at an individual level. Staff reported that when an individual expresses interest in a certain job they take the time to educate all individuals on the possibility of working in the community. The provider has career days and will refer individuals who show interest in a job to their employment staff. Individuals interviewed reported they are being supported regarding their employment goals and interests.</p>
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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:	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.

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<p>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.</p>	
<p>Compliance:</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Remediation Plan demonstrating will be compliant</p>
<p>Summary:</p>	<p>Transformation Plan: Columbus Foundation decided to Develop a Core Planning Team (CPT) including participants and their Parents/Guardians, the CEO, COO, other Exec Team Members as required, key board members, direct service staff, relevant Client Service Managers & Department Directors, to assist in designing and implementing this plan. The setting will have Client Service Managers hold Circle of Support Meetings with participants and support teams. These meetings may be in conjunction with the PCSP. Columbus and USU decided to use a Positive Personal Profile Form to guide who is contacted, reach out to relevant local community groups (Churches, community centers, nonprofits, etc) to gauge interest and educate them about Columbus' new community focus. Using the Positive Personal Profile and Work Strategy Assessment, will present opportunities for employment if the participant and their support team identify that as one of their preferences/goals. Using all gathered information, the Support Coordinator will decide if CIE is right for the individual or if Community Activities is the correct route and create a team of funded clients that have similar goals under each code (EPR, DSG, SEI, SED). Upon successfully sending out a pilot group, Columbus will begin to transition all participants into the community setting; which will consist of repeating the above mentioned steps for each group. The Board & leadership will remain involved by regular monthly updates about the progress of implementation of the Settings Rule.</p> <p>Onsite Visit Summary 3/30/2022: Staff reported they limited the availability of food. Staff should not be restricting access to food at any time unless the individual has a rights restriction in place. Staff reported that individuals were not able to come and go from the program and that they did not have any rights restrictions in place.</p> <p>Remediation Plan Summary: The provider will notify the state that staff have been trained on rights restrictions and have access to documentation on any individual’s restrictions. Staff will be trained on the importance of individual’s having access to food and will submit documentation that this training has been completed. This training will be validated at the next visit.</p> <p>Onsite Visit Summary (11/08/2022): During the visit we confirmed that individuals have access to food at any time. They can access the snacks that they bring and the provider has an onsite deli where items can be purchased. Individuals said that while most people ate at the same time they could choose when they ate. We confirmed that individuals are able to come and go from the provider as they please. Staff have been trained on the individual safety or supervision needs for individuals.</p> <p>Policy/Document Review: The following were reviewed for compliance:</p> <ul style="list-style-type: none"> ● Columbus Community Center Polices sign offs

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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:	Overall, the setting has remediated the institutional characteristics that required it to go through heightened scrutiny. The state has validated it's compliance with all requirements with the HCBS Settings Rule.

Input from Individuals Served and Staff

Individuals Served Summary	<p>Summary of interviews (3/30/2022):</p> <ul style="list-style-type: none"> ● People served were able to identify multiple places they wanted to visit, choose activities they enjoyed, and communicate with others they didn't enjoy. This included community classes, work and other areas of interests ● People stated they had input on what goes on the schedule ● Rights to food was referenced in addition to general rules about respecting others <p>Summary of interviews (11/08/2022):</p> <ul style="list-style-type: none"> ● An individual said they aren't interested in working. ● An individual said they would like to be a cashier. ● Individuals reported that their lunchtime was changed from 10:30 to 10:45-11:00, but that they can eat whenever they choose if they are hungry at other times. One individual said that most people eat at the same time. They have access to their food as well as a fridge and microwave. They can have a snack if they choose, and there is a "deli" on site that they can purchase food items at if they have money.
Staff Summary:	<p>Summary of interviews (3/30/2022):</p> <ul style="list-style-type: none"> ● Staff reported they limited the availability of food. Staff should not be restricting access to food at any time unless the individual has a rights restriction in place. ● Staff reported that individuals were not able to come and go from the program and that they did not have any rights restrictions in place. <p>Summary of interviews (11/08/2022):</p> <ul style="list-style-type: none"> ● Staff stated that individuals are able to come and go as they please, and that there are no restrictions. ● Staff said that when an individual expresses interest in CIE they will take that opportunity to educate all clients on the possibility of working in the community. ● Staff stated that they are able to review the individual goals for people in the group before they go out into the community.

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

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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
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Summary of Stakeholder Workgroup Comments Received and State Response:

Stakeholder Workgroup Review: January 3, 2023 - January 18, 2023
<i>General Comments Received</i>
<p>Comment: 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> <p>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.</p> <p>Comment: 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 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.</p> <p>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.</p> <p>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</p>

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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 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

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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:

One commenter stated Columbus Site 1286, is a large day support services program and employment preparation services program located at 3495 S WEST TEMPLE, Salt Lake City. It provides services to 75 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 have visited Columbus on multiple occasions. It is physically isolated from the larger community, in an industrial setting and at the time we observed that individuals very infrequently leave the setting. Schedules are highly regimented and there is a lack of choice as to activities individuals engage in. It is our understanding that individuals at Columbus participating in pre-vocational training are now paid minimum wage, but are still participating in the same type of work they did before (shredding, enclaves).

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Response:

As indicated on the heightened scrutiny package, a validation was conducted in November (11/08/22) to ensure that the remediation plan was implemented and the setting was compliant. The setting was determined compliant at the validation visit. People served were able to identify multiple places they wanted to visit, choose activities they enjoyed, and communicate with others what they didn't enjoy. This included community classes, work and other areas of interest. Individuals stated they had input on what goes on the schedule. Individuals are able to come and go as they please. Staff said that when an individual expresses interest in competitive integrated employment they will take that opportunity to educate all individuals on the possibility of working in the community. Staff reported that they are able to review the individual goals for people in the group before they go out into the community.

Comment:

The same commenter had additional feedback stating the state failed to mention in its review that Columbus has built the Hub of Opportunity, an intentional community and large apartment complex that houses Columbus consumers (in addition to other individuals with and without disabilities) within blocks of the non-residential setting. The Hub did not undergo heightened scrutiny despite these potentially institution-like characteristics. We have notified the provider and the state of these concerns on multiple occasions.

Response:

As previously reported, the Hub of Opportunity went through the New Setting Compliance Process and was determined to be compliant. Leadership interview was conducted May 2020 prior to HCBS being provided in the setting. Columbus provides HCBS to 12 clients across 10 apartments. No Medicaid paid day or employment services are provided from this location, just residential services support. All individuals receiving HCBS live in apartments that are dispersed throughout the apartment buildings with all other non-HCBS residents. HCBS residents have a choice of providers, Columbus is just one of the providers serving individuals in the building. Anyone that wants to lease an apartment from this location goes through the Housing Authority of the County of Salt Lake as the leasing agent to apply for an apartment. Columbus is not part of the decision making process determining who leases the apartments. The location of the facility is close to public transportation (TRAX, Bus) and is close to other community resources (parks, restaurants, shops, etc.). HCBS individuals were interviewed in September 2020 regarding their experience with residential services provided by Columbus. Feedback included that individuals were able to plan their own schedules, access public transportation to get to desired locations, plan their own meals, access food when they wanted, their apartments were furnished and decorated to their own tastes, staff knocked and waited for permission to enter, staff provided assistance with goals and needed supports, and they are not required to participate in any activities. Outside of COVID related restrictions on desired activities (due to State and County restrictions, not the providers) individuals were able to access the community how and when they desired. No restrictions were noted by individuals. Direct Care staff interviews were conducted September 2020 and staff were trained on respecting client rights, privacy, and confidentiality. Staff were aware of individualized needs and how to tailor support to each individual. No restrictions were in place that have not gone through an approved rights restriction process.

Comment:

The same commenter had additional feedback stating for stakeholders to provide effective feedback, the state needs to present stakeholders with final validations of compliance with the rule rather than un-validated

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remediation plans. Not doing so does not provide appropriate notice to community partners of the steps the state has taken to ensure that settings are fully in compliance with the settings rule.

Response:

This setting had been determined to be compliant after the validation visit on 11/08/2022, as indicated on the heightened scrutiny package. The heightened scrutiny package did present stakeholders with the final validations of compliance with the rule on the submitted package.

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 package lacks specificity regarding compliance with the rule. The state should gather more information regarding how individuals are accessing the community and whether or not individuals are accessing the community in the way and to the extent desired. The review summary states that the activities are mostly engaged in with residential except for a once a week meal outing. The state does not indicate how big the groups are, and what types of activities people are engaging in. This evidentiary package doesn't demonstrate that individuals are spending 20% of their time in the community as outlined in the EPR code. The state also doesn't evaluate what types of activities individuals are engaged in when they are at the day program or for the facility-based portion of their EPR services. In addition there is no indication that Columbus is implementing the EPR code in regards to meaningful prevocational activities. The review does not indicate 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.

Response:

People served were able to identify multiple places they wanted to visit, choose activities they enjoyed, and communicate with others what they didn't enjoy. This included community classes, work and other areas of interest. Individuals stated they had input on what goes on the schedule. Individuals are able to come and go as they please. Individuals interviewed reported they are able to access the community via public transportation if that is what they desire. 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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Comment:

The same commenter had additional feedback stating the reviews indicate that individuals are separated by level of support needs—while staff has adopted more inclusive language, the review doesn't indicate that individuals aren't still being segregated in that manner.

Response:

As indicated on the heightened scrutiny package, a validation was conducted in November (11/08/22) to ensure that the remediation plan was implemented and the setting was compliant. The setting was determined compliant at the validation visit. The State validated the setting no longer segregated groups based on level of support needs.

Comment:

One commenter reported the following: My son has been attending Columbus for 2 years now. He absolutely loves it there. My son has autism. He really loves the staff and the community outings. He loves going bowling, out for lunch, and to the arcade. I feel that Columbus is doing their best despite the staffing shortages. When I have visited, the clients seem happy and entertained. My son has been able to help plan Christmas and Halloween parties. He loves to plan for others. Columbus has contributed much to my son's happiness in life. One area they could improve on is the Job Coaching. On numerous occasions, the job coach does not show up at my son's shift and we have not been notified. It would be nice if they would communicate more with me. I am not sure how Columbus ensures that their job coaches are actually at their expected job sites with their clients.

Response:

Thank you for your feedback.

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.

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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.