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

| Site Name: | Chrysalis Utah | | | Site ID: | 395 |
|--|-------------------|--|---------------------|----------|-----|
| Site Address: | 53 S 700 E, Price | , UT | | | |
| Website: | https://www.chr | ysalis.care/ | | | |
| # of Individuals Served at this location regardless of funding: | | # of Medicaid Individ Served at this location | | 27 | |
| Waiver(s) Serv | ed: | | HCBS Provider Type: | | |
| ☑ Acquired Brain injury | | ☑ Day Support Services | | | |
| □ Aging Waiver | | 🗆 Adult Day Care | | | |
| ☑ Community Supports | | Residential Facility | | | |
| ☑ Community Transition | | Supported Living | | | |
| □ New Choices | | Employment Preparation Services | | | |
| Description of Waivers can be found here: | | | | | |
| https://medicaid.utah.gov/ltc/ | | | | | |
| Heightened Scrutiny Prong: | | | | | |
| □ Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment | | | | | |
| Prong 2: Setting is in a building on the grounds of, or immediately adjacent to, a public institution | | | | | |

Setting Information

☑ 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: 9/4/2019 (in-person)

Description of Setting:

This is a day support setting located close to other community businesses within walking distance. There are several restaurants in close proximity as well as other community businesses such as Big 5 Sporting Goods.

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: I Met I Remediation Plan demonstrating will be compliant I 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: I Met I Remediation Plan demonstrating will be compliant I Not Applicable

| Summary: | Individuals are able to access the community 3-4 times a week. There are frequent |
|----------|--|
| | opportunities for individuals to volunteer and gain skills in their community while giving back at |
| | locations of their choice. The setting has a formal process for individuals to explore and pursue |

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| a com | a competitive integrative employment (CIE), if they choose to. There are several individuals | | |
|--------|--|--|--|
| that c | urrently h | ave CIE, including customized employment or are self-employed. Individuals are | |
| able t | o control t | heir spending money when they are in the community. | |
| Policy | /Docume | nt Review: | |
| The fo | The following were reviewed for compliance: | | |
| • | Chrysalis HCBS Policies | | |
| | 0 | 5-2 Annual Meetings and Person Centered Supports | |
| | 0 | 5-19 Schedules | |
| | 0 | 2-2 Direct Care Employee Training Requirements (Utah) | |

Prong 3 B: The setting is selected by the individual from among setting options, including non-disability specific settings.

| Compliance: | 🗹 Met 🛛 Remediation Plan demonstrating will be compliant | | |
|-------------|--|--|--|
| Summary: | Met Genediation Plan demonstrating will be compliant Onsite Visit 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. Policy/Document Review: The following were reviewed for compliance: | | |
| | Person Orientation Packet | | |
| | New Staff Training Checklist | | |
| | Person Orientation Form | | |

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: | ☑ Met □ Remediation Plan demonstrating will be compliant | |
|-------------|---|--|
| Summary: | Onsite Visit Summary (9/2019): The setting has a formal process in place for individuals to give input towards the program calendar and choose which activities they participate in. Each morning the calendar is revisited and individuals choose what they do daily. Individuals are able to bring their own lunches or eat out when they desire. During the onsite visit, there were some concerns identified that the setting is overly restrictive. Individuals do not have the freedom to move about inside and outside of the setting. There is a coded/locked door, where there is a small area of 5 individuals who are segregated separately from the rest of the program, all who require additional assistance with sensory challenges. Multiple individuals served reported they had restrictions in place from going outside or coming and going from the setting and they did not understand why. There is a documented food restriction for one individual and the setting provides no way for other individuals without the | |

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| restriction to circumvent the locked refrigerator. Restrictions are placed on individuals prior to | | |
|---|--|--|
| using less intrusive methods first; individuals must earn things such as "free time." | | |
| Remediation Plan Summary: | | |
| The coded lock was removed from the door. These individuals are now able to join the other | | |
| groups and are not segregated from the remainder of the setting. The lock from the | | |
| refrigerator was removed and everyone is able to access their food independently. The setting | | |
| submitted a sample of human rights restrictions for review. The State provided technical | | |
| assistance on how to revise the restrictions to meet the requirement of the HCBS settings rule | | |
| and the setting resubmitted the revised rights restrictions meeting the setting rule criteria. | | |
| Along with the revised restrictions, the provider submitted a plan of correction on how to move | | |
| forward with training their staff and revising their rights restriction process for the remainder of | | |
| their settings to come into HCBS settings rule compliance in this area. | | |
| Rights Restriction Validation Summary: | | |
| The State did a desk review of the resubmitted rights restrictions. The State reviewed the rights | | |
| restrictions to ensure they met the 8 criteria of the settings rule regulations, including individual | | |
| served informed consent. The setting was able to demonstrate compliance for the individuals | | |
| served in the setting. | | |
| Policy/Document Review: | | |
| The following were reviewed for compliance: | | |
| Chrysalis HCBS Policies | | |
| 5-2 Annual Meetings and Person Centered Supports | | |
| 5-3 Human Rights (Utah) | | |
| 5-17 Positive Behavioral Supports | | |
| o 5-19 Schedules | | |
| 2-2 Direct Care Employee Training Requirements (Utah) | | |
| Person Orientation Packet | | |
| New Staff Training Checklist | | |
| Person Orientation Form | | |
| New Employee Orientation of Policy, Procedures, and Chrysalis Culture Competency | | |
| Test | | |
| Revised Rights Restrictions Documentation for multiple individuals served | | |

| Overall, the setting enforces the Home and Community-Based Settings Regulation requirements. | | |
|--|---|--|
| Compliance: | Met Careediation Plan demonstrating will be compliant | |
| Summary: | Overall, all segregating and institutional concerns were addressed through the remediation process and the State was able to validate that the areas were remediated through the desk review validation process. Staff are trained on HCBS requirements both upon hire and ongoing. The State will continue to work with the Provider, and its additional settings to ensure its rights restriction process has | |

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| been implemented across all of its settings. As indicated below, this setting will be reviewed |
|--|
| through ongoing monitoring activities. |

Input from Individuals Served and Staff

| Individuals Served Summary: | Summary of interviews (2019): Individuals reported they are able to participate in activities that are important to them in the community. Individuals report they are given the opportunity to control their spending money. Multiple individuals reported they have supervision restrictions and they do not understand why the restrictions are in place. |
|-----------------------------------|---|
| Staff Summary: | Summary of interviews (2019): Staff reported they have received training on keeping individual's information private. Staff reported they have received training to provide personal assistance in private. Staff reported individuals are able to make their own schedule and decide what activities to participate in. |

| Ongoing Remediation Activities | | |
|-------------------------------------|--|--|
| Current Standing | : 🗹 Currently Compliant 🛛 Approved Remediation Plan | |
| Continued | | |
| Remediation | ☑ N/A for currently compliant | |
| Activities | | |
| Ongoing Monitoring Activities | The State will use the following tools to ensure settings continue compliance with the Settings Rule criteria: 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: October 24 to November 28, 2022

No comments received

Summary of Public Comments Received and State Response:

Public Comment Period: October 24 to November 28, 2022

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Comment: At each of the sites [Chrysalis sites 395, 399, 402, 816], the State noted that individuals had to "earn things such as free time." This language connotes the provider was utilizing a levels system that applied to all consumers. A provider utilizing a levels system cannot be compliant with the settings rule as the regulations require individuals to have the maximum freedoms possible. The State has not conducted follow up site visits since 2019 and only conducted a desk review of rights restrictions as part of its remediation process. To ensure individuals are not subjected to broad, programmatic restrictions the State should conduct another site visit and speak with individuals about their experience in the setting before a determination is made that the setting has overcome the institutional presumption. We would urge the state to complete an in person assessment to ensure compliance with the rule.

Response:

The State determined final compliance through the desk review process. The desk review determined Chrysalis was using a person-centered approach for these specific settings in regards to rights restrictions and met the settings requirements. The State will continue to monitor their status through the ongoing monitoring process.

Summary of Stakeholder Workgroup Recommendation:

Stakeholder Workgroup Review: 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.