

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:	Friends 4 Life	Site ID:	2336
Site Address:	66 S 30 E	City:	American Fork
Website:	https://www.f4lutah.com/		
# of Individuals Served at this location regardless of funding:	4	# of Medicaid Individuals Served at this location:	4
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 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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	<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 community services consistent with their person centered service plan <input checked="" type="checkbox"/> B. The setting restricts individuals choice to receive services or to engage in activities outside of the setting <input 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:	10/29/19 (in person) 03/29/2021 (virtual)
Description of Setting:	
<p>Setting provides Day Support Services in a business complex. They are located near a bank, counseling center and the local library.</p> <p>Note: Friends 4 Life (F4L) had a second day support services program location in Sandy. The Sandy location was also determined compliant prior to the July 1, 2021 date, but was closed as of 7/1/22 and the individuals had the choice to move to this setting at that time or choose another setting.</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:	Onsite Visit Summary (2019):

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The setting is located in an area that facilitates integration with the greater community. During the first onsite visit, there were some concerns the setting did not facilitate opportunities to access the broader community and participate in community integration activities. The setting did not have a process for individuals to give input and control their schedule and activities in a meaningful way.

Remediation Plan Summary:

The setting implemented a process to ensure activities were meaningful and individualized. Each individual who attends the Day Program Hub has goals that are collaboratively assessed by themselves and their support team during the PCSP process. After we receive the PCSP documents from the Support Coordinator, programming goals are written to match what was designated by the individual and their team. Each goal has specific instructions, tailored to the individual being served, on how to support them as they are learning skills in the community or at the day program hub. Staff are required to review these and sign off that they understand the expectations prior to working with the individual. Staff are expected to engage each person's goals throughout each activity regardless of who else may be in attendance. The focus is on individualized progress in all settings.

Onsite Visit Summary (2021):

During COVID, individuals go out into the community at least 2-3 times per week. Shopping and food are the most common activities. Individuals are able to go out into the community in small, individualized groups. Typically, one staff to two individuals. These are usually divided into two groups.

F4L provides transportation to and from activities taking place outside of the setting. Setting uses staff or company vehicles for transporting individuals. The company van is wheelchair accessible.

An activity calendar is distributed and posted on F4L's website monthly, consisting of planned activities for each day the program is open. The activity planning process, which is carried out by the Day Program Director and Day Program Manager, takes into consideration the interests and preferences of each individual served at the location. Alternative activities are planned to accommodate individuals who either refuse, don't wish to participate, or aren't able to participate in a particular outing due to behaviors or limitations of any kind. Each year during individual PCSP meetings, the person's support team, including the individual, discusses and prioritizes different activities in which the individual has a particular interest. Additionally, individuals are encouraged to communicate any input they might think of after the PCSP meeting regarding activities that require planning and access to the broader community.

Policy/Document Review:

The following were reviewed for compliance:

- Friends 4 Life Policies and Procedures-
 - Personal Daily, Weekly, and Monthly Goals
 - Client Activity Plan
 - Medication Storage
- DHS Policies and Procedures

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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:	<p>Onsite Visit Summary (2019): 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>

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 (2019): During the first onsite visit, there were some concerns the setting did not have a process for individuals to give input and control their schedule and activities in a meaningful way.</p> <p>Remediation Plan Summary: The setting implemented a process to ensure activities were meaningful and individualized. Each individual who attends the Day Program Hub has goals that are collaboratively assessed by themselves and their support team during the PCSP process. After we receive the PCSP documents from the Support Coordinator, programming goals are written to match what was designated by the individual and their team. Each goal has specific instructions, tailored to the individual being served, on how to support them as they are learning skills in the community or at the day program hub. Staff are required to review these and sign off that they understand the expectations prior to working with the individual. Staff are expected to engage each person's goals throughout each activity regardless of who else may be in attendance. The focus is on individualized progress in all settings.</p> <p>Onsite Visit Summary (2021): The setting has a 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. An activity calendar is distributed and posted on F4L's website monthly, consisting of planned activities for each day the program is open. The activity planning process, which is carried out by the Day Program Director and Day Program Manager, takes into consideration the interests and preferences of each individual served at the location. Alternative activities are planned to accommodate individuals who either refuse, don't wish to participate, or aren't able to participate in a particular outing due to behaviors or limitations of any kind. Each year during individual PCSP meetings, the person's support team, including the individual, discusses and prioritizes different activities in which the individual has a particular interest. Additionally, individuals are encouraged to communicate any input they might think of after the PCSP meeting regarding activities that require planning and access to the broader community.</p>

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	Individuals are able to bring their own lunches or eat out when they choose.
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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, 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 validation process.</p> <p>Staff are trained on HCBS requirements both upon hire and ongoing. As indicated below, this setting will be reviewed through ongoing monitoring activities.</p>

Input from Individuals Served and Staff

Individuals Served Summary:	<p>Summary of interviews (2021):</p> <ul style="list-style-type: none"> ● Individual reports goals are in their own book to focus on personal goals. ● Individuals interviewed report it is their choice on what they want to work on or participate in, it's their choice daily. ● Individuals interviewed reported the kitchen is available to prepare lunches in a microwave and there are snacks in the refrigerator and cupboards.
Staff Summary:	<p>Summary of interviews (2021):</p> <ul style="list-style-type: none"> ● Staff reports they go out in the community 2-3 times per week divided into two groups – 1 staff to 2 individuals. ● They use the company van that can accommodate wheelchairs. The staff is working on clients being independent and making their own choices. ● Staff reports they go out for employment training, they have clients speak to local businesses, for example a teller at a bank. ● Staff reports there are no restrictions or rules in place for individuals. ● For those with limited verbal communication-training is provided on how to communicate with clients.

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

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- 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.