

Commonwealth of Virginia

Heightened Scrutiny Evidence Package

As required by 42 CFR 441.301 (c) (5) the Commonwealth of Virginia submits the request for CMS heightened scrutiny review.

Setting Information

Provider Name: Pleasant View	Setting Name: Harrisonburg Day Program
Setting Address: 151 Commerce Drive Harrisonburg, VA 22802	Type of Setting: Group Day Services
Number of people served at the setting: Currently 0; setting closed for services in March 2020 due to COVID 19 and has yet to re-open.	Number of individuals reviewed: 0 as the program is not actively serving any individuals.

Waiver Service Information

Individuals in this setting use one of the three (3) DD Waivers available in Virginia.

Community Living (CL Waiver)

Family and Individual Supports Waiver (FIS)

Building Independence Waiver (BI)

Heightened Scrutiny Criteria Met

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 adjacent to, a public institution.

Prong 3: Setting has the effect of isolating individuals from the broader community.

Section One

Onsite Visit Observation and Assessment

Date(s) of onsite assessment and review: July 21, 2021

State Agencies that Conducted the Onsite Visit: Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS)

Number of State Agency Representatives who Completed Assessment: Five; 3 representatives from DMAS and 2 representatives from DBHDS

Description of Setting:

151 Commerce Drive Harrisonburg, VA 22802 is located directly behind a 7-11 convenience store and a car wash. Adjacent to the program building is an apartment community. The setting is located in-between two major universities Eastern Mennonite University and James Maddison University. The physical setting is a one floor building with a carport for entrance and exit from the setting. Once inside the building there are multiple lockers (each individual is giving a locker to store personal items), multiple restrooms that are private an accessible, a sensory room and a planting and crafting room. Beyond these shared spaces the building splits into two identical sides that are referred to as the blue side and the red side. These areas have a main activity space with tables and chairs and support rooms surrounding the larger activity space. There is also a room with a hospital bed on both sides of the program that is used for “pressure relief” and personal care needs. Lastly, there is a commercial style kitchen with an industrial sink and stove top. There is a shared outdoor area with multiple accessible swings, glider chairs, raised garden beds, and patio tables. There are multiple locked doors within the program. The doors leading outside to the patio area are kept locked and the doors are locked that lead from the blue and red side back to the main area of the program. Of note, the doors are egress doors that do release after a certain period of time. In the Harrisonburg area there are multiple shops, restaurants, community resources and entertainment/recreation options. Shops: Dollar General, 7-11, Sheetz, Tienda La Amistad, Roses, Gamer Oasis, Wal-Mart and a local farmers market. Restaurants: Little Grill Collective, Merge Coffee Company, Burger King, Wendy’s, Ice cream shops, etc. Community Resources: local banks, post office, local department of social services, and the circuit court. Entertainment: local parks, local lakes, access to both universities, and a movie theater. *Evidence included: interviews with staff and individuals, review of pictures, and an in-person tour completed on 7/21/2021.*



Section Two

Evidence of Community Access to the Same Degree as Someone Who Does Not Utilize HCBS Services

The staff reported that the Harrisonburg Day Program is a “center based” program. The individuals in this service may access the community by way of additional waiver services such as community engagement or community coaching. While in the day support, individuals have access to activities such as gardening, crafts, puzzles, etc. Incorporating more community based activities or exploration of the local area will be a remediation item for this provider.

Evidence included: Pictures of setting, In-person tour completed 7/21/2021.

Community Engagement- Community engagement service means a service that supports and fosters an individual's abilities to acquire, retain or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability, and personal choices necessary to access typical activities and functions of community life such as those chosen by the general population. The community engagement service may include community education or training and volunteer activities.

Community Coaching- means a service designed for individuals who require one-to-one support in a variety of community settings in order to develop specific skills to address barriers that prevent that individual from participating in community engagement services.

Section Three

Evidence of Privacy, Autonomy and Independence

The setting does promote privacy while in the restroom and completing activities of daily living (ADL) tasks. The restroom grab bars and space for individuals to receive support from staff with the door closed. There is a separate area for individuals who require lifts into hospital beds for ADL support. These rooms are private and also have doors that close for privacy.

It was noted in staff interviews that individuals are monitored at all times while in the day support (except for times where they are in the restroom). This means that an individual would be monitored while in the larger activity areas (blue side or red side), outside in the courtyard area, and in the shared area that contains the lockers, sensory room and planting/crafting room. Promoting a greater level of independence based on individual need prior to reopening the program from the COVID-19 closure will be a remediation item for this provider.



Evidence included: Pictures and tour of setting completed 7/21/2021. Interview with staff.

Section Four

Evidence of Choice and Freedom from Coercion and Restraint

The Virginia Informed Choice Form is completed at least annually with each individual by their assigned support coordinator/case manager. This form is kept on file stating the individual's choice to receive home and community based services and their choice of provider. Should an individual wish to change their services, the support coordinator/case manager would support the individual by looking at multiple other service choices and again completing the choice form (should another service or service provider be selected).

In addition to choice of services and providers, Harrisonburg Day Support provides choice in: activities, selection of activity room for the day, individuals choose who they spend their days with while in the program, and are able to select community activities.

Evidence Included: Virginia Informed Choice Form, Person-Centered Plans, Provider's Home and Community Based Services Policy, Interviews with staff

The provider utilizes a de-escalation training for all employees upon hire and annually thereafter. The program utilized is Ukeru. All staff reported that any kind of restraint is a violation of agency policy. When asked about the agency policy on coercion, staff were unable to provide any insight on how they avoid coercion or how to recognize signs that someone is being coerced. A re-training for all staff members will be required for this setting regarding coercion.

Evidence included: Orientation checklist for staff, Provider's Home and Community Based Services Policy, interviews with staff.

Section Five

Evidence of an Accessible Environment

The setting is accessible to all individuals in the program. There are ramps on all entrance and exit doors, accessible restrooms with grab bars, and a changing table for individuals who require full support. The activity rooms allow for ample space for individuals with assistive devices to be able to move freely.



*Evidence included:
pictures and in-person
tour completed on
7/21/2021*

Section Six

Evidence of Participation in the Person-Centered Planning Process.

Individuals reported participating in their person-centered planning meeting. This included deciding where to hold the meeting, who should attend the meeting, picking their outcomes and voicing any needs for changes. In the event that an individual does not use words to communicate, the staff reported that the Day Support Manager will ask for input from staff who know them well prior to the meeting and ask for feedback from the staff once the plan is drafted. Direct Support Staff did not report attending the meeting.

Evidence included: a review of the person-centered plan, review of the provider's Home and Community Based Services Policy- Expectations for Person Centered Planning.

Section Seven (As applicable)

Evidence of Provider-Owned Residential Protections including: a lease agreement, access to food at any time, ability to have visitors at any time, a key to the dwelling, and the ability for the individual to decorate their bedroom.

Not applicable as this setting is group day service.

Section Eight

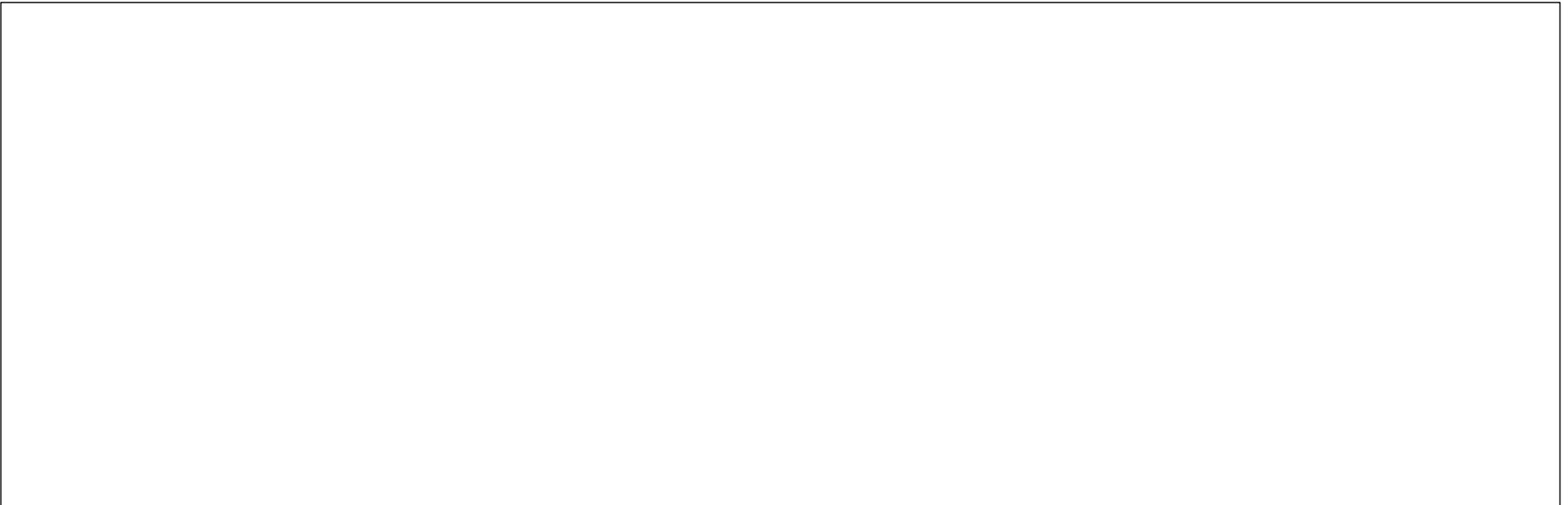
Public Comment Review Period:

Public Comments Summary

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Section Nine

Summary of State Response to Public Comments

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Attachment A:

Summary of Review Protocol Utilized by Virginia

Protocol Overview

The purpose of this protocol is to describe the processes, tools and timelines for the Commonwealth of Virginia Home and Community-Based Services (HCBS) Review Team to conduct a review of a statistically significant sample of the following home and community-based settings: Group Day Services, Supported Living, Sponsored Residential, Group Home and Group Supported Employment Services. The purpose of these reviews is to ensure the rights, dignity and autonomy of individuals enrolled in these programs are honored according to the HCBS Final Rule published in the Federal Register on January 16, 2014; effective March 17, 2014. The HCBS Final Rule establishes requirements for residential and nonresidential service settings in Medicaid waiver programs to ensure individuals receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated settings. This process is referred to as the provider on-site² settings review (OSR).

A HCBS Review Team is established from the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS). Each review team consists of 2-4 state staff and may include a combination of representatives from DMAS and DBHDS. In preparation for each OSR, the HCBS Review Team assimilates findings from all provider self-assessment information entered into Research Electronic Data Capture (REDCap). The interview questions, documentation review and visual observations are based on the evaluation of compliance in the following six categories:

- *Community integration and engagement*
- *Autonomy, choice and control*
- *Friends and visitors*
- *Physical environment (Location, signage, accessibility)*
- *Privacy and respect*
- *Policies, procedures and practices (promotion of rights and integration)*

Settings Tours and Observations

Settings Tour

² As of 6/1/2020, an alternative, hybrid approach was added to this protocol. All references to OSR mean any method of review, in-person or virtual.

The HCBS Review Team conducts a walking tour of the physical environment to observe indicators of compliance/non-compliance. This includes but is not limited to the location, decoration, accessibility, signage and privacy. The settings tour occurs using the Provider Settings Review Tool which includes questions for determining if the setting is fully integrated into the community; is accessible, which includes no obstructions or blocked doorways; is decorated according to individual preferences; has locks on the inside of bathroom and bedroom doors to allow privacy; and has signage without terms stating that people with disabilities receive services there.

Additionally, the HCBS Review Team determines whether:

- The home is on or adjacent to an institutional setting (heightened scrutiny)
- The home is isolated from the community and does not have the effect of isolating people from the community
- The home is integrated in and supports access to the greater community
- The environment is physically accessible

The HCBS Review Team also may take indoor and outdoor photographs of the building, signage, access doors, etc., as evidence in the setting's OSR file and to submit to CMS for heightened scrutiny review. For confidentiality purposes, no photos are taken of people.

For OSRs with virtual elements, the HCBS Review Team tours the setting through virtual means with the provider using a tablet or cell phone to offer a live, visual (FaceTime or other visual application) opportunity to observe the setting. The HCBS Review Team may request the provider submit photos taken (both indoors and outdoors) during the virtual tour. The Commonwealth may submit these photos to CMS as evidence for settings subject to a heightened scrutiny review. Photos do not include images of people.

The state may decide to follow-up with an in-person visit if only one state reviewer can participate in the virtual tour or if deemed necessary as determined by what is observed.

Settings Observations

The HCBS Review Team seeks to learn about the implementation of provider processes to assure community integration and engagement. The OSR involves discussion with staff, supervisors and leadership, and review of service documentation. Dependent upon the type of setting, the review may involve observation of active service delivery, such as day programs, residential supports or group supported employment. Where possible, the HCBS Review Team focuses discussions with those involved in the frontline application of the provider's service delivery processes. Observations and discussions with provider leadership, supervisors and managers occur in addition to rather than instead of discussions with direct line staff.

The HCBS Review Team makes observations and ask questions to determine:

- Individuals are provided choice, autonomy, and community engagement
- Individuals are provided choice regarding services and who provides them

- The individual has a lease or other legally enforceable agreement providing protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other entity (for settings where landlord tenant laws do not apply, the state must ensure that a lease, residency or other agreement provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law). The agreement must include at a minimum the agreement length, payment information, use and return of security deposits, maintenance expectations, notice before entry into a unit, and conditions that could initiate an eviction and the process to terminate an agreement, evict a tenant/resident and the process to appeal an eviction. Additional information regarding the Virginia Resident Landlord and Tenant Law Act can be found [here](#).
- The individual has privacy in his or her unit, including lockable doors, choice of roommates and freedom to furnish or decorate the unit
- The individual controls his or her own schedule, including access to food at any time
- The individual can have visitors at any time
- The home is selected by the individual from among setting options
- Policies, procedures and practices promote HCBS rights and integration
- Staff competencies, training, and interactions promote rights of privacy, and respect, as well as freedom from coercion and restraint

Interview with Direct Service Providers, Volunteer and Supervisor

Interviews with staff and volunteers in the setting, including direct service providers and supervisors, are for the HCBS Review Team to learn about implemented practice and processes for assuring individual's experience with community integration, engagement, and autonomy. Additionally, the team asks questions relating to the physical aspects of the setting to determine how they assure the individual's understanding of their options to participate in general community activities with supports/services, including options for employment and where they live. Questions are to determine if individuals have privacy, understand their choice in roommates, and have the liberty to furnish and decorate the room/home in which they reside.

The HCBS Review Team focuses the interviews with staff who are directly involved in the frontline application of the provider's direct service delivery processes, including group home managers, DSPs, sponsored residential providers, day program managers and employment site managers and/or job coaches. Interviews with provider executive leadership and administrative staff occur separately, in addition to rather than instead of conversations with direct line staff. Interviews occur with individual staff and/or in groups to glean as much information from as many people as possible during the OSR. For settings with five or fewer staff, the HCBS Review Team asks all staff to participate in interviews. The HCBS Review Team interviews a 10% sample when the setting has six or more staff.

All staff interviews, regardless of role within the setting, include the following common elements to initiate the discussion:

- Introductions of the HCBS Review Team
- Introductions by the staff, including a short overview of their role with the setting
- An overview of the project and the purpose of the OSRs and the importance of the staff person's participation in the interview

- An overview of the interview process to include:
 - An explanation that the interview is intended to be a fact gathering exercise and that notes are taken to inform the OSR to support the provider's goal of organizational compliance with the HCBS Final Rule
 - A note that any references to HCBS individuals include the Authorized Representative/Guardian, as appropriate
 - A request that the staff person provide candid responses to the questions to seek improvement with the provider's goal for organizational compliance with the HCBS Final Rule
- An opportunity for the provider or staff to ask questions about the process

The HCBS Review Team then uses the state-developed interview questions to facilitate the conversation and record responses. At the conclusion of the interview, the HCBS Review Team provides contact information for the Regional DMAS staff if the person wants to share additional information after the OSR. The HCBS Review Team concludes with an expression of thanks to the person for sharing valuable information and insights.

When conducting a 100% In-Person OSR, the HCBS Review Team selects staff who are present during the OSR for interviews. Otherwise, a selection of staff that regularly work in the setting receive a remote interview session. Virtual interviews occur by telephone, or teleconference, preferably using a webcam for visual participation (with applications such as FaceTime or Zoom Meetings). It is important to convey to the provider these interviews are private so that no other staff or supervisors are present in the room during the interview.

Interviews with Individuals Who Receive HCBS

The HCBS Review Team interviews individuals during the OSR to learn about their experience in the setting and what they understand about their options for services and supports outside the setting. A minimum of 25% of individuals receiving services in a setting are interviewed and no less than 2 individuals for smaller settings of 2-10 persons receiving services. The HCBS Review Team randomly selects individuals for interviews and provides a list of those individuals in the Provider Packet. Individuals receive information about the visit prior to the OSR via the Individual and Family Letter and Individual Interview Fact Sheet. Individual interviews occur outside of the presence of staff. The HCBS Review Team assures individuals that their responses are not shared with staff. Individual participation in an interview is optional. If an individual does not want to participate, the HCBS Review Team works with the provider to identify a replacement, if possible. The HCBS Review Team documents the number of individuals in each setting that refuses an interview.

The HCBS Review Team then uses the interview questions to facilitate the conversation and record responses. At the conclusion of an in-person interview, the HCBS Review Team provides contact information of Regional DMAS staff if the individual wants to share additional information after the OSR.

At the conclusion of a virtual interview, the interviewer verbally or visually (using a paper sign) provides contact information of Regional DMAS staff if the individual wants to share additional information after the interview. If able, the individual can write down the contact information.

Other options for sharing this contact information include:

- Inviting the support person back into the room to assist
- Sending the contact information via email
- Sending the contact information via text message
- Mailing a postcard to the individual
- Adding the contact information to the Individual/Family letter prior to sending the provider packet

Regardless of OSR approach, individuals, or family/guardian, may choose to participate in the interview remotely. The HCBS Review Team collaborates with the provider to determine if individuals in the sample have the ability to consent to participation in a private, remote interview. The expectation is the individual can participate independently without assistance from staff other than to set up and start the phone/video call. At the start of a remote video interview, the interviewer will ask the individual if anyone has joined them in the room. If the response is affirmative, the interviewer will ask the individual to introduce their guest. At this time, the interviewer will determine if the guest will be participating in the interview; if yes, they will be asked to move into the video frame and in view.

Attachment B:

Full Evidence List

REDCap Provider Self-Assessment

Mission Statement

HCBS Policy, Community Participation Policy, Provider policies in REDCap

DSP Job Description

Pictures of location

Google Maps

Interviews with individuals and staff completed on 7/21/21.

Attachment C:

Summary of Audit Findings

HCBS Standard	Rating
1. Integrated Setting supports access to the Community.	Partially Compliant
2. Individual Choice of Setting.	Partially Compliant
3. Individual Rights	Partially Compliant
4. Autonomy	Partially Compliant
5. Choice	Partially Compliant

Attachment D:

Provider Remediation Plan

<p>The Program lacks ways for individual can be made aware of activities in the community. Lack of Community based activities, and exploration of local area.</p>	<p>Updated posters by 9/13/2021. Documentation updates will be ongoing.</p>	<p>Day Support Program Managers</p>	<p>Continue to update poster with daily information and conditions. Continue to review current events with individuals and document in quarterly reports. Update poster with community activities as needed.</p>		
<p>Staff lack HCBS rights knowledge</p>	<p>Training to be completed by 10/11/2021. All DSP to complete updated training by 12/11/2021.</p>	<p>Director of Program Integrity and Director of Human Resources</p>	<p>PVI will revise human rights training and expand coverage regarding HCBS and coercion.</p>	<p>Training will be online with DSP completing a test to confirm completion.</p>	<p>No interviews were conducted with DSP that served Harrisonburg Day Program.</p>
<p>There were a lot of locked doors that were not fully accessible to the individuals. Lack of access to fenced in courtyard.</p>	<p>Program rules updates to occur by 10/15/21. Courtyard access by 9/30/21.</p>	<p>Direct of Day Support Services, Day Support Program Managers, Maintenance Manager and Social Workers</p>	<p>Program rules will be updated to reflect which doors will be locked (i.e. classrooms when not in use) and reviewed with individuals upon admission and annually. Director of Day Supports will work with Maintenance Manager to allow for courtyard access while maintaining safety of building.</p>		<p>Most doors at this location are secured via a code and not by a key. They are designed to open when pushed with enough force.</p>

Bowel movement chart, and DNR signage in common areas.	9/13/21	Day Support Program Managers	Charts related to general individual care (bowel, etc) will be placed away from individual common		
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			areas but attainable by DSP. DNR signage will be posted so that individual confidentiality is maintained and DSP are aware of individuals' orders.		
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