



Provider Transition Plan submission date:

Person submitting:

Six month follow up submission date:

Person submitting follow up:

### HCBS Setting Provider Transition Plan - Residential Settings for Children

#### Section A: Demographic Information

Please confirm, update, and/or correct the information in this section.

Setting Name:  Setting Score Level (1-4):

Provider Name:  Setting Street Address:

Waiver Type:  City:

Number served:  County:

Provider ID:  Zip Code:

Provider Main Point of Contact:

Phone Number:

Email:

- Setting Type:  Child Residential Habilitation—Foster Care Homes (no more than 3 residents)  
 Child Residential Habilitation—Group Centers (up to 9 residents)  
 Child Residential Habilitation—Group Home (up to 6 residents)  
 Child Residential Habilitation—Kinship Care  
 Child Residential Habilitation—Kinship Foster Care  
 Child Residential Habilitation—Residential Child Care Facility

Please review the initial and secondary survey information for accuracy and make corrections. Fill in the date and the Department lead for site visits.

Date Initial Provider Survey was completed:  Date Secondary Provider Survey was completed:

Number of Potential Areas of Noncompliance Identified:  Number of Potential Areas of Noncompliance Identified:

Site Visit Lead Name:  Estimated Site Visit Date:

Site Visit Lead Email:

#### Supporting Individual Participants

The changes to achieve compliance with the federal requirements may lead to disruption in the daily routines and patterns of participants. This section asks for strategies to support participants through this change.

Please select all of the strategies for implementing change that you are using to support individuals.

Please list individuals, other providers, or other resources that you will use to support participants through transitions related to the Final Rule (examples include care team, case manager, residential provider, etc.):



## HCBS Setting Provider Transition Plan - Residential Settings for Children

### Section B. Rights/Autonomy

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue – for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Rights and Autonomy in all HCBS settings:

- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

In a provider-owned or controlled residential setting, the following additional conditions relating to Rights and Autonomy must be met:

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
2. Each individual has privacy in their sleeping or living unit:
  - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - Individuals sharing units have a choice of roommates in that setting.
  - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
3. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
4. Individuals are able to have visitors of their choosing at any time.
5. The setting is physically accessible to the individual.
6. Any modification of these additional conditions must be supported by a specific assessed need and justified in the person-centered service plan (see 42 C.F.R. § 441.301(c)(4)(vi)(F) for documentation requirements).

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Rights and Autonomy.

### Initial Submission

Please review and edit the compliance issues listed below.

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

#### Compliance Issue

- Youth have ONLY scheduled times that they are allowed to be away from the facility
- Youth do NOT have full access to the typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas)
- Youth do NOT have access to transportation to public school and receive education on the grounds of the residential center
- Youth do NOT receive supports to transition to adult programs and access to competitive employment opportunities

#### Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge

- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

- Youth must share a room and do NOT have a choice of roommates
- Youth do NOT have the opportunity to exercise personal choice (e.g. haircut and style, preferred clothing, personal items in rooms) and such limitations are not outlined in a person centered plan

- The setting regiments daily activities
- The setting employs chemical, mechanical, or physical restraints
- Youth cannot lock their bedroom doors
- Youth are NOT protected by a legally enforceable lease or residency agreement signed by their parent/guardian/custodian that provides protections for evictions and appeals at least comparable to those under the jurisdiction's landlord tenant law
- Youth do NOT have the ability to have visitors at any time and to socialize with whomsoever they choose (including romantic relationships)
- Youth do NOT have the ability to participate in religious or spiritual ceremonies and communities
- Provider is otherwise noncompliant with the federal requirements above relating to rights and autonomy

Other compliance issues not identified by the above examples include:

- Provider has no compliance issues relating to rights and autonomy

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

[Federal Register HCBS Settings Standards](#)

[Provider training, outreach, and education](#)

[Other Guidance available on the State's HCBS Website](#)

[Policy change at the provider level](#)

[Education at the participant level](#)

- Provider participation in specific education and outreach on rights/autonomy sponsored by the Colorado Department of Health Care Policy and Financing (the Department)

- Staff participation in specific education and outreach on rights/autonomy sponsored by the Department

- Provider participation in national education and outreach on rights/autonomy

- Staff training in rights/autonomy sponsored by a service provider

- Staff training in person centered principles and day to day living sponsored by a service provider

- Review and modification of current staff trainings to ensure rights and autonomy

- Development of tools/messaging materials to enhance staff application of rights/autonomy

- Other (please specify in the text box below under "Provider training,

- Modifications to policies and procedures to align with federal and state requirements on rights/autonomy

- Enhanced monitoring of staff application of rights/autonomy

- Development of a legally enforceable lease or residency agreement

- Application of a new legally enforceable lease or residency agreement

- Modifications to a legally enforceable lease or residency agreement

- Other (please specify in text box below under "Policy change at the provider level")

- Development of tools/messaging materials to educate individuals and families on rights/autonomy, empowerment, and inclusion

- Development of peer advocacy or peer support programs

- Application of peer advocacy or peer support programs

- Training for individuals on managing budgets, safety and other independent living skills

- Other (please specify in text box below under "Education at the participant level")

outreach, and education")

Please provide detail on action items. For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g. residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction or protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law).

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<input type="text"/> Less than one month 1-3 months 4-6 months 6 months+	<input type="text"/> Less than one month 1-3 months 4-6 months 6 months+	<input type="text"/> Less than one month 1-3 months 4-6 months 6 months+

**Six-Month Update**

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<input type="text"/> Fully Successful In progress; additional action needed Not Complete	<input type="text"/> Fully Successful In progress; additional action needed Not Complete	<input type="text"/> Fully Successful In progress; additional action needed Not Complete

**Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)**

Please enter the date:

Please review and edit the compliance issues listed below.

**Compliance Issue**

- Youth have ONLY scheduled times that they are allowed to be away from the facility
- Youth do NOT have full access to the typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas)
- Youth do NOT have access to transportation to public school and receive education on the grounds of the residential center
- Youth do NOT receive supports to transition to adult programs and access to competitive employment opportunities
- Youth must attend a minimum of 20 hours of instruction

**Issue Source(s)**

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

Youth must share a room and not have a choice of roommates

Youth do NOT have the opportunity to exercise personal choice (e.g. haircut and style, preferred clothing, personal items in rooms) and such limitations are not outlined in a person centered plan

The setting restricts daily activities

The setting employs chemical, mechanical, or physical restraints

Youth cannot lock their bedroom doors

Youth are NOT protected by a legally enforceable lease or residency agreement signed by their parent/guardian/custodian that provides protections for evictions and appeals at least comparable to those under the jurisdiction's landlord tenant law

Youth do NOT have the ability to have visitors at any time and to socialize with whomever they choose (including romantic relationships)

Youth do NOT have the ability to participate in religious or spiritual ceremonies and communities

Provider is otherwise noncompliant with the federal requirements above relating to rights and autonomy

Other compliance issues not identified by the above examples include:


Provider has no compliance issues relating to rights and autonomy

**Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).**

Federal Register HCBS Settings Standards [Other Guidance available on the State's HCBS Website](#)

**Provider training, outreach, and education**

Provider participation in specific education and outreach on rights/autonomy sponsored by the Colorado Department of Health Care Policy and Financing (the Department)

Staff participation in specific education and outreach on rights/autonomy sponsored by the Department

Provider participation in national education and outreach on rights/autonomy

Staff training in rights/autonomy sponsored by a service provider

Staff training in person centered principles and day to day living sponsored by a service provider

Review and modification of current staff trainings to ensure rights and autonomy

Development of tools/messaging materials to enhance staff application of rights/autonomy

Other (please specify in the text box below under "Provider training, outreach, and education")

**Policy change at the provider level**

Modifications to policies and procedures to align with federal and state requirements on rights/autonomy

Enhanced monitoring of staff application of rights/autonomy

Development of a legally enforceable lease or residency agreement

Application of a new legally enforceable lease or residency agreement

Modifications to a legally enforceable lease or residency agreement

Other (please specify in text box below under "Policy change at the provider level")

**Education at the participant level**

Development of tools/messaging materials to educate individuals and families on rights/autonomy, empowerment, and inclusion

Development of peer advocacy or peer support programs

Application of peer advocacy or peer support programs

Training for individuals on managing budgets, safety and other independent living skills

Other (please specify in text box below under "Education at the participant level")

Site visit data

Other - Please enter below:

--

Unknown

Please provide detail on action items. For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g. residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction or protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law).

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level

Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<input type="text" value="Less than one month"/> <input type="text" value="1-3 months"/> <input type="text" value="4-6 months"/> <input type="text" value="6 months +"/>	<input type="text" value="Less than one month"/> <input type="text" value="1-3 months"/> <input type="text" value="4-6 months"/> <input type="text" value="6 months +"/>	<input type="text" value="Less than one month"/> <input type="text" value="1-3 months"/> <input type="text" value="4-6 months"/> <input type="text" value="6 months +"/>

**Six-Month Update**

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<input type="text" value="Fully Successful"/> <input type="text" value="In progress; additional action needed"/> <input type="text" value="Not Complete"/>	<input type="text" value="Fully Successful"/> <input type="text" value="In progress; additional action needed"/> <input type="text" value="Not Complete"/>	<input type="text" value="Fully Successful"/> <input type="text" value="In progress; additional action needed"/> <input type="text" value="Not Complete"/>



## HCBS Setting Provider Transition Plan - Residential Settings for Children

### Section C. Informed Choice

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue -- for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Informed Choice:

- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- The setting facilitates individual choice regarding services and supports, and who provides them.

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Informed Choice.

### Initial Submission

Please review and edit the compliance issues listed below.

#### Compliance Issue

- Youth are told that they must reside in or receive services from this setting, even if they would prefer something else
- Youth are not informed of and given a chance to choose among options including non-disability specific settings
- Setting does NOT offer individualized supports that enable youth to choose activities of their own interests (within a group or individually)
- Setting options are not identified and documented in the person-centered service plan
- Setting options are not based on the youth's needs, preferences, and, for residential settings, resources available for room and board
- Provider is otherwise noncompliant with the federal requirements above relating to informed choice

Other compliance issues not identified by the above examples include:


- Provider has no compliance issues relating to informed choice

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

#### Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

**Provider training, outreach, and education**

- Provider participation in specific education and outreach events on informed choice sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach events on informed choice sponsored by the Department
- Provider participation in national education and outreach on informed choice
- Staff training in informed decision making and choice sponsored by a service provider
- Staff training in person centered principles and day to day living sponsored by a service provider
- Staff training in motivational interviewing
- Development of tools/messaging materials to enhance staff application of informed choice
- Other (please specify in the text box below under "Provider training, outreach, and education")

**Policy change at the provider level**

- Modify policies/procedures to align with federal/state requirements on informed choice
- Enhanced monitoring of staff application of informed choice
- Development of informed choice forms and procedures
- Revisions to existing informed choice forms and materials
- Application of revised informed choice forms and materials
- Other (please specify in text box below under "Policy change at the provider level")

**Education at the participant level**

- Development of tools/messaging materials to educate individuals and families on informed choice
- Development of peer advocacy or peer support programs empowering effective decision-making
- Application of peer advocacy or peer support programs empowering effective decision-making
- Training for individuals on empowerment, decision-making, managing budgets, safety and other independent living skills
- Other (please specify in text box below under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that the setting facilitates individual choice, please indicate how this action will meet the HCBS standards.

**Provider training, outreach, and education**

**Policy change at the provider level**

**Education at the participant level**

Please enter the appropriate timeline and the person responsible for each action step category.

**Provider training, outreach, and education**

Less than one month  
1-3 months  
4-6 months  
6 months +

**Policy change at the provider level**

Less than one month  
1-3 months  
4-6 months  
6 months +

**Education at the participant level**

Less than one month  
1-3 months  
4-6 months  
6 months +

**Six-Month Update**

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

**Provider training, outreach, and education**

Fully Successful  
In progress; additional action needed  
Not Complete

**Policy change at the provider level**

Fully Successful  
In progress; additional action needed  
Not Complete

**Education at the participant level**

Fully Successful  
In progress; additional action needed  
Not Complete



**Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)**

Please enter the date:

Please review and edit the compliance issues listed below.

**Compliance Issue**

- Youth are told that they must reside in or receive services from this setting, even if they would prefer something else
- Youth are not informed of and given a chance to choose among options including non-disability specific settings
- Setting does NOT offer individualized supports that enable youth to choose activities of their own interests (within a group or individually)
- Setting options are not identified and documented in the person-centered service plan
- Setting options are not based on the youth's needs, preferences, and, for residential settings, resources available for room and board
- Provider is otherwise noncompliant with the federal requirements above relating to informed choice

Other compliance issues not identified by the above examples include:

- Provider has no compliance issues relating to informed choice

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

[Federal Register HCBS Settings Standards](#)

[Other Guidance available on the State's HCBS Website](#)

**Provider training, outreach, and education**

- Provider participation in specific education and outreach events on informed choice sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach events on informed choice sponsored by the Department
- Provider participation in national education and outreach on informed choice
- Staff training in informed decision making and choice sponsored by a service provider
- Staff training in person centered principles and day to day living sponsored by a service provider
- Staff training in motivational interviewing

**Policy change at the provider level**

- Modify policies/procedures to align with federal/state requirements on informed choice
- Enhanced monitoring of staff application of informed choice
- Development of informed choice forms and procedures
- Revisions to existing informed choice forms and materials
- Application of revised informed choice forms and materials
- Other (please specify in text box below under "Policy change at the provider level")

**Issue Source(s)**

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

**Education at the participant level**

- Development of tools/messaging materials to educate individuals and families on informed choice
- Development of peer advocacy or peer support programs empowering effective decision-making
- Application of peer advocacy or peer support programs empowering effective decision-making
- Training for individuals on empowerment, decision-making, managing budgets, safety and other independent living skills
- Other (please specify in text box below under "Education at the participant level")

- Development of tools/messaging materials to enhance staff application of informed choice
- Other (please specify in the text box below under "Provider training, outreach, and education")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that the setting facilitates individual choice, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p><b>Please enter the appropriate timeline and the person responsible for each for action step category.</b></p> <p>Provider training, outreach, and education</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">           Less than one month            1-3 months            4-6 months            6 months +         </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;">           Less than one month            1-3 months            4-6 months            6 months +         </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content;">           Less than one month            1-3 months            4-6 months            6 months +         </div>
<p><b>Six-Month Update</b></p> <p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p> <p>Provider training, outreach, and education</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">           Fully Successful            In progress; additional action needed            Not Complete         </div>	<p>Policy change at the provider level</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">           Fully Successful            In progress; additional action needed            Not Complete         </div>	<p>Education at the participant level</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">           Fully Successful            In progress; additional action needed            Not Complete         </div>



## HCBS Setting Provider Transition Plan - Residential Settings for Children

### Section D. Community Integration

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue – for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

This is the element of the HCBS Final Rule that relates to Community Integration:

- 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.

The compliance issues below are examples that conflict with the HCBS Final Rule. Text boxes are available for you to enter additional compliance issues at your organization related to Community Integration.

### Initial Submission

Please review and edit the compliance issues listed below.

#### Compliance Issue

- Youth interact only with people with disabilities and paid staff
- Setting has a Medicaid-only resident or client population
- Setting has policies preventing youth from attending school in the community
- Setting has other policies preventing youth from interacting with or receiving services in community
- Provider is otherwise noncompliant with the federal requirements above relating to community integration

Other compliance issues not identified by the above examples include:


- Provider has no compliance issues relating to community integration

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

Federal Register HCBS Settings Standards      Other Guidance available on the State's HCBS Website

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

#### Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

- Provider participation in specific education and outreach on community integration sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach on community integration sponsored by the Department
- Provider participation in national education and outreach on community integration
- Staff training in community integration sponsored by a service provider
- Staff training in person centered principles and community integration sponsored by a service provider
- Development of tools/messaging materials to enhance staff application of community integration
- Other (please specify in the text box below under "Provider training, outreach, and education")

- Modify policies/procedures to align with federal/state requirements to ensure individuals can receive services in the community to the same degree as individuals not receiving Medicaid HCBS
- Enhanced monitoring of staff application of community integration
- Development of programs aimed at increasing opportunities for community integration
- Implementation of programs aimed at increasing opportunities for community integration
- Development of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Implementation of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Other (please specify in text box below under "Policy change at the provider level")

- Development of tools/messaging materials to educate individuals and families on community inclusion
- Development of peer advocacy or peer support programs enhancing choice, control and inclusion
- Application of peer advocacy or peer support programs enhancing choice, control and inclusion
- Training for individuals on managing budgets, safety and other independent living skills
- Other (please specify in text box under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure community integration, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each action step category.</p> <p><b>Provider training, outreach, and education</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">           Less than one month 1-3 months 4-6 months 6 months+         </div> <div style="border: 1px solid black; width: 80%; height: 40px;"></div> <div style="border: 1px solid black; padding: 2px;">           Less than one month 1-3 months 4-6 months 6 months+         </div> </div>	<p><b>Policy change at the provider level</b></p> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<p><b>Education at the participant level</b></p> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<p><b>Six-Month Update</b></p> <p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p> <p><b>Provider training, outreach, and education</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">           Fully Successful In progress; additional action needed Not Complete         </div> <div style="border: 1px solid black; width: 80%; height: 40px;"></div> <div style="border: 1px solid black; padding: 2px;">           Fully Successful In progress; additional action needed Not Complete         </div> </div>	<p><b>Policy change at the provider level</b></p> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<p><b>Education at the participant level</b></p> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>

**Update: Validation Submission (if applicable--e.g., in conjunction with a site visit)**

Please enter the date:

Please review and edit the compliance issues listed below.

**Compliance Issue**

- Youth interact only with people with disabilities and paid staff
- Setting has a Medicaid-only resident or client population
- Setting has policies preventing youth from attending school in the community
- Setting has other policies preventing youth from interacting with or receiving services in community
- Provider is otherwise noncompliant with the federal requirements above relating to community integration

Other compliance issues not identified by the above examples include:

Provider has no compliance issues relating to community integration

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

**Federal Register HCBS Settings Standards**

**Provider training, outreach, and education**

- Provider participation in specific education and outreach on community integration sponsored by the Colorado Department of Health Care Policy and Financing (the Department)
- Staff participation in specific education and outreach on community integration sponsored by the Department
- Provider participation in national education and outreach on community integration
- Staff training in community integration sponsored by a service provider
- Staff training in person centered principles and community integration sponsored by a service provider
- Development of tools/messaging materials to enhance staff application of community integration
- Other (please specify in the text box below under "Provider training, outreach, and education")

**Other Guidance available on the State's HCBS Website**

**Policy change at the provider level**

- Modify policies/procedures to align with federal/state requirements to ensure individuals can receive services in the community to the same degree as individuals not receiving Medicaid HCBS
- Enhanced monitoring of staff application of community integration
- Development of programs aimed at increasing opportunities for community integration
- Implementation of programs aimed at increasing opportunities for community integration
- Development of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Implementation of satisfaction surveys and other monitoring tools to measure improvements in community integration
- Other (please specify in text box below under "Policy change at the provider level")

**Issue Source(s)**

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

**Education at the participant level**

- Development of tools/messaging materials to educate individuals and families on community inclusion
- Development of peer advocacy or peer support programs enhancing choice, control and inclusion
- Application of peer advocacy or peer support programs enhancing choice, control and inclusion
- Training for individuals on managing budgets, safety and other independent living skills
- Other (please specify in text box under "Education at the participant level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure community integration, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Please enter the appropriate timeline and the person responsible for each action step category.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Less than one month  
1-3 months  
4-6 months  
6 months +

Less than one month  
1-3 months  
4-6 months  
6 months +

Less than one month  
1-3 months  
4-6 months  
6 months +

Six-Month Update

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

Provider training, outreach, and education

Policy change at the provider level

Education at the participant level

Fully Successful  
In progress: additional action needed  
Not Complete

Fully Successful  
In progress: additional action needed  
Not Complete

Fully Successful  
In progress: additional action needed  
Not Complete



## HCBS Setting Provider Transition Plan - Residential Settings for Children

### Section E. Institutional Characteristics

As you review the compliance category below, please REVIEW and SUBMIT VIA EMAIL the evidence that is relevant to each issue – for example, your current policies/procedures, resident agreements, or training schedules and learning objectives.

These are the elements of the HCBS Final Rule that relate to Institutional Characteristics:

- For 1915(c) home and community-based waivers, 42 C.F.R. § 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:
- any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
  - any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
  - any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

### Initial Submission

Please review and edit the compliance issues listed below.

#### Compliance Issue

- Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Setting is located in a building on the grounds of, or immediately adjacent to, a public institution
- Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS
- Provider has no compliance issues relating to institutional characteristics

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

#### Issue Source(s)

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data
- Other - Please enter below:
- Unknown

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

#### Federal Register HCBS Settings Standards

Other Guidance available on the State's HCBS Website

Other Guidance available on the State's HCBS Website

Other Guidance available on the State's HCBS Website

#### Provider training, outreach, and education

- Staff training in community inclusion sponsored by a service provider
- Other (please specify in the text box below under "Provider training, outreach and education")

#### Policy change at the provider level

- Provider request for state assistance to relocate individuals to a community residence
- Development of a plan to increase community opportunities
- Implementation of a plan to increase community opportunities
- Internal audit of provider capacity to promote community inclusion

#### Education at the participant level

- Access to peer support or peer advocacy to help individuals and families to understand residential options available in the community
- Access to peer support or peer advocacy to help individuals and families to understand inclusion options available in the community
- Other (please specify in text box below under "Education at the participant level")

Continuation information from items of this institution

Separating operations from those of one institution

Other (please specify in text box below under "Policy change at the provider level")

Please provide detail on action items. For example, if you plan to develop a policy to ensure that individuals are not isolated from the broader community, please indicate how this action will meet the HCBS standards.

Provider training, outreach, and education	Policy change at the provider level	Education at the participant level
<p>Please enter the appropriate timeline and the person responsible for each for action step category.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p> <p>Less than one month 1-3 months 4-6 months 6 months +</p>	<p>Education at the participant level</p> <p>Less than one month 1-3 months 4-6 months 6 months +</p>
<p>This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.</p> <p>Provider training, outreach, and education</p>	<p>Policy change at the provider level</p> <p>Fully Successful In progress: additional action needed Not Complete</p>	<p>Education at the participant level</p> <p>Fully Successful In progress: additional action needed Not Complete</p>

**Update: Validation Submission (if applicable--e.g, in conjunction with a site visit)**

Please enter the date:

Please review and edit the compliance issues listed below.

**Compliance Issue**

- Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Setting is located in a building on the grounds of, or immediately adjacent to, a public institution
- Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS
- Provider has no compliance issues relating to institutional characteristics

Please review the issue sources for the compliance issues. If unknown, please select "unknown."

**Issue Source(s)**

- Individual/Family Survey data (if available)
- Initial Provider Survey data
- Second Provider Survey data
- Provider's records or personal knowledge
- Provider's data file supplied by the Dept.
- Site visit data



Other - Please enter below:

Unknown

Please select the action steps that will be taken to address the compliance issue. If the action step is not included, please select "other" and describe the action step in the applicable text box below. Use the HCBS settings standards and other guidance when developing action steps (links below).

[Federal Register HCBS Settings Standards](#)

[Other Guidance available on the State's HCBS Website](#)

**Provider training, outreach, and education**

- Staff training in community inclusion sponsored by a service provider
- Other (please specify in the text box below under "Provider training, outreach and education")

**Policy change at the provider level**

- Provider request for state assistance to relocate individuals to a community residence
- Development of a plan to increase community opportunities
- Implementation of a plan to increase community opportunities
- Internal audit of provider capacity to promote community inclusion
- Separating operations from those of the institution
- Other (please specify in text box below under "Policy change at the provider level")

**Education at the participant level**

- Access to peer support or peer advocacy to help individuals and families to understand residential options available in the community
- Access to peer support or peer advocacy to help individuals and families to understand inclusion options available in the community

Please provide detail on action items. For example, if you plan to develop a policy to ensure that individuals are not isolated from the broader community, please indicate how this action will meet the HCBS standards.

**Provider training, outreach, and education**

**Policy change at the provider level**

**Education at the participant level**

Please enter the appropriate timeline and the person responsible for each for each action step category.

**Provider training, outreach, and education**

**Policy change at the provider level**

**Education at the participant level**

Less than one month  
1-3 months  
4-6 months  
6 months +

Less than one month  
1-3 months  
4-6 months  
6 months +

Less than one month  
1-3 months  
4-6 months  
6 months +

This section is to be completed during your six-month update. Please select the most appropriate options for progress made and enter a description in the text box. Please attach evidence of actions such as revised policies/procedures, example care plans, resident handbooks, new lease/residency agreements, staff training curriculum and materials, and training schedules.

**Provider training, outreach, and education**

**Policy change at the provider level**

**Education at the participant level**

Fully Successful  
In progress: additional action needed  
Not Complete

Fully Successful  
In progress: additional action needed  
Not Complete

Fully Successful  
In progress: additional action needed  
Not Complete



**COLORADO**  
Department of Health Care  
Policy & Financing

**State Review of PTP - State Use Only**

	Approved?	Reviewed By:	Date:	Notes:
Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-month update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-month update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Heightened Scrutiny - State Use Only**

Setting Name:

Provider Name:

Provider ID #:

Setting Type:

Setting Address:

Size:

Factor(s) triggering the potential for heightened scrutiny (from Tab E):

- Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Setting is located in a building on the grounds of, or immediately adjacent to, a public institution
- Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Compliance Indicators for Overcoming Institutional Presumption	Assessment	Remediation Plan	In compliance following remediation?
The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	<input type="text"/>	<input type="text"/>	<input type="text"/>
The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	<input type="text"/>	<input type="text"/>	<input type="text"/>
The setting is selected by the individual from among options including non-disability specific settings and a private unit in a residential setting.	<input type="text"/>	<input type="text"/>	<input type="text"/>
The setting options are identified and documented in the person-entered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	<input type="text"/>	<input type="text"/>	<input type="text"/>
The setting facilitates individual choice regarding services and supports, and who provides them.	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If residential and provider-owned or controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under legally enforceable agreement.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If residential and provider-owned or controlled, the setting provides the same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If residential and provider-owned or controlled, if the tenant laws do not apply, there is an assurance that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If residential and provider-owned or controlled, the setting provides at each individual has privacy in their sleeping or living unit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

If residential and provider-owned or controlled, the setting provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.

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If residential and provider-owned or controlled, the setting provides that individuals sharing units have a choice of roommates.

--	--	--

If residential and provider-owned or controlled, the setting assures that individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

--	--	--

If residential and provider-owned or controlled, the setting assures that individuals have the freedom and support to control their schedules and activities and have access to food any time.

--	--	--

If residential and provider-owned or controlled, the setting assures that individuals may have visitors at any time.

--	--	--

If residential and provider-owned or controlled, the setting assures physical accessibility.

--	--	--

If residential and provider-owned or controlled, any modification of the additional conditions for such settings are supported by a specific assessed need and justified in the person-centered service plan.

--	--	--

Other (enter below):

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Conclusion: Based on the factors set forth above, the setting does not have the qualities of an institution and does have the qualities of home and community-based settings.

**Summary of Remedial Action(s) initiated for this setting:**

	Action	Outcomes	Please enter the appropriate timeline and the person responsible for each for each action step
1			Less than one month 1-3 months 4-6 months 6 months+
2			Less than one month 1-3 months 4-6 months 6 months+
3			Less than one month 1-3 months 4-6 months 6 months+

Date of Initial Self Assessment:

Date of Secondary Self Assessment:

Dates of Individual/Family Surveys:

Date of Site Visit:

Summary of Colorado assessment of whether this setting meets the HCBS Setting Requirements; cite and attach relevant evidence.

--

Based on the above information, the site visit team recommends this setting:

be deemed subject to heightened scrutiny and ABLE to overcome institutional presumption; evidence is currently attached and will be put forward to CMS

Date that evidence will be submitted to HCPF:

be deemed subject to heightened scrutiny and NOT YET able to overcome institutional presumption; file updated PTP in 6 months with evidence showing progress

Date that evidence will be submitted to HCPF:

be deemed subject to heightened scrutiny and NOT timely able to overcome institutional presumption; prepare now to transition clients (describe plan for same in text box below)

The Colorado Department of Health Care Policy and Financing has determined that this setting should:

be deemed subject to heightened scrutiny and ABLE to overcome institutional presumption; evidence is currently attached and will be put forward to CMS

Date that evidence will be submitted to HCPF:

be deemed subject to heightened scrutiny and NOT YET able to overcome institutional presumption; file updated PTP in 6 months with evidence showing progress

Date that evidence will be submitted to HCPF:

be deemed subject to heightened scrutiny and NOT timely able to overcome institutional presumption; prepare now to transition clients (describe plan for same in text box below)



**Site Visit Report - State Use Only**

Setting Name:

Provider Name:

Provider ID #:

Setting Type:

Setting Address:

Size:

**Section One: Submitted Supporting Documentation**

- Policies or Procedures
- Staff manuals
- Resident agreements/leases
- Other client agreements or client contracts
- Client Handbooks
- Training schedules and/or learning objectives
- Training materials
- Other:

Findings from supporting documentation:

**Section Two: Site Visit Results**

Site Visit Date:

Site Visit Team Members:

**Areas of Noncompliance, Remedial Action Steps, and Deadlines for Same**

Rights and Autonomy		
Areas of Noncompliance	Remedial Action Steps	Deadlines

Informed Choice		
Areas of Noncompliance	Remedial Action Steps	Deadlines

Community Integration		
Areas of Noncompliance	Remedial Action Steps	Deadlines


Institutional Characteristics		
Areas of Noncompliance	Remedial Action Steps	Deadlines

Promising Practices (methods of achieving compliance that might be shared as best practices with other providers)

**Section Three: Heightened Scrutiny (if applicable)**

Areas of Noncompliance	Remedial Action Steps	Deadlines

**Section Four: Additional Notes from Site Visit Team**



**Provider Status Summary - State Use Only**

Setting Name:

Provider Name:

Provider ID #:

Setting Type:

Setting Address:

Size:

**Provider Transition Plan Summary**

- Setting is NOT subject to heightened scrutiny and IS compliant with rule; evidence of compliance is currently attached, no further action needed
- Setting is NOT subject to heightened scrutiny and NOT YET compliant with rule; file updated PTP in 6 months with evidence showing progress
- Setting is NOT subject to heightened scrutiny and NOT timely able to comply with rule; prepare now to transition clients
- Setting IS subject to heightened scrutiny and IS able to overcome institutional presumption; evidence is currently attached and will be put forward to CMS
- Setting IS subject to heightened scrutiny and is NOT YET able to overcome institutional presumption; file updated PTP in 6 months with evidence showing progress
- Setting IS subject to heightened scrutiny and is NOT timely able to overcome institutional presumption; prepare now to transition clients
- Not yet known