

## Package of Evidence Summary

### ORGANIZATION AND SETTING DETAILS

Organization Name: Community Care of Knoxville
Phone: 641-842-4618

Setting Name: Site Home I	Date of site review: August 5, 2022
Street address of setting: 209 North 1 <sup>st</sup> Street	

### FUNDING AND SERVICES IN THIS SETTING

Mark all funding sources and services provided in this setting.

HCBS Waiver/Habilitation	Service(s)
<input type="checkbox"/> AIDS/HIV Waiver	<input type="checkbox"/> Adult Day Care
<input type="checkbox"/> Brain Injury Waiver	<input type="checkbox"/> Assisted Living Service
<input type="checkbox"/> Children's Mental Health Waiver	<input type="checkbox"/> CDAC Agency
<input type="checkbox"/> Elderly Waiver	<input type="checkbox"/> Day Habilitation
<input type="checkbox"/> Health and Disability Waiver	<input checked="" type="checkbox"/> Home Based Habilitation
<input type="checkbox"/> Intellectual Disability Waiver	<input type="checkbox"/> Interim Medical Monitoring Treatment (IMMT)
<input type="checkbox"/> Physical Disability Waiver	<input type="checkbox"/> Prevocational services
<input checked="" type="checkbox"/> Habilitation	<input type="checkbox"/> Supported Community Living (SCL)
<input type="checkbox"/> Money Follows-the-Person (MFP)	<input type="checkbox"/> Residential-Based SCL for children (RBSCCL)
<input type="checkbox"/> Other:	<input type="checkbox"/> Supported Employment
	<input type="checkbox"/> Intensive Residential Service (IRS)
	<input type="checkbox"/> Other:

### ADDITIONAL DETAILS

List the number of HCBS funded members and non-HCBS funded members served in this setting.	HCBS funded: 3 Non-HCBS funded: 0
Is this setting provider owned or controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this setting an existing location or a new or prospective location?	<input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Existing <input type="checkbox"/> New ( <input type="checkbox"/> Check this box if the location is a newly constructed facility.)

<p><b>What category of heightened scrutiny applies to this setting?</b></p>	<p><input type="checkbox"/> Category 1: Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment</p> <p><input type="checkbox"/> Category 2: In a building on the grounds of, or immediately adjacent to a public institution</p> <p><input checked="" type="checkbox"/> Category 3: Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS</p>
<p><b>What subcategories apply to this setting (select all that apply).</b></p>	<p><input type="checkbox"/> HCBS in ALF that are physically attached to a NF</p> <p><input type="checkbox"/> HCBS in larger than 3-5 bed RCF</p> <p><input type="checkbox"/> HCBS (such as ADC, DH, employment services) in an RCF, NF, hospital, or other facility</p> <p><input checked="" type="checkbox"/> Setting limits individuals' opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS due to the design or model of service provision.</p> <p><input checked="" type="checkbox"/> Setting restricts members' choices to receive services or to engage in activities outside of the setting.</p> <p><input type="checkbox"/> Setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services.</p> <p><input type="checkbox"/> Clusters of sites including several units with people receiving HCBS in a multi-plex of any kind, clusters within neighborhoods, streets, communities, etc. that are clustered together by design for the purpose of receiving HCBS.</p> <p><input type="checkbox"/> Newly constructed facility</p> <p><input type="checkbox"/> Site is/was a facility converted to HCBS</p> <p><input type="checkbox"/> Quality of care concern related to HCBS settings requirements</p> <p><input type="checkbox"/> Site-based employment service such as a "sheltered workshop"</p> <p><input type="checkbox"/> Other:</p>

## EXPLANATION

Home and Community-Based Services (HCBS), whether residential or nonresidential, must be provided in integrated, community-based settings that support members' full access 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 HCBS. HCBS services are required to be provided in such a way as to optimize individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact. If an individual requires a restriction or limitation in one or more of the areas listed below, due process of that restriction or limitation should be outlined in their person-centered plan. Policies and procedures related to restrictive interventions should be followed.

## DESCRIPTION OF SETTING

This location is a four-bedroom, single-dwelling home situated in a residential area and is surrounded by other homes and businesses nearby. The home has several parking spaces in the front and the parking is accessible. There is a garage with parking spaces in the back of the home as well. The home is a two-story home and has the common areas downstairs and the members' bedrooms are upstairs. There is a front porch area where the main entrance is located with a wooden deck around the area. The entry to the front of the house has steps up to the door and there is also an additional entrance and exit in the kitchen area at the back of the house with a ramp. The staff utilize the front entrance when entering the home. Common areas also include a living room with a television, a dining room, and a small kitchen. The agency uses a room for an office allowing records and medications to be kept in locked cabinets. Additionally, the door has a lock to prevent members from entering the room. The home is situated in the city where community resources are available to the members. There are many restaurants, convenience stores, and shopping stores. These locations are within driving distance, and some are close enough to walk. City parks are available for members within walking distance.

## SETTING ASSESSMENT SUMMARY

<p>Did the organization attest to being compliant with HCBS settings requirements in the same or similar settings on their most recent Provider Quality Self-Assessment?</p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No: EXPLAIN</p>
<p>Does the organization operate other HCBS sites that have been determined through their most recent Quality Oversight Review to be compliant with HCBS settings requirements?</p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No: The organization operates one other site home that has the same issues noted in this summary</p>
<p>This setting meets Category 3 of heightened scrutiny because in the most recent quality oversight periodic review, it was discovered that the design of the program in the setting limits individuals' opportunities to interact with the broader community and restricts members' choices to receive and engage in activities outside of the setting. Specifically, it was found that the organization's policies and procedures in the setting established "standardized" restrictions on members including rules and expectations for where to eat within the setting, rules for accessing to medications, allowable times to come and go from the setting, visiting hours, and several references to "facility-like" requirements that were not necessarily tied to an assessed need for the three individuals in the home. Additionally, leases were found to be atypical of those found in use with the general community. For example, the lease contained rules and provisions about staff "holding" members cigarettes to prevent smoking in the house. The organization operating the setting submitted a corrective action plan (CAP) to remediate the issues. The CAP was approved because the organization agreed to update policies, procedures, and materials so they are in alignment with the philosophy of HCBS and not written for facility-based care. Additionally, the CAP ensured standardized restrictions are eliminated from policies, procedures, materials, and leases so that limitations and restrictions to member rights, freedoms, and requirements for HCBS are individualized and tied to the individual member's assessed needs. Leases</p>	

were to be updated to ensure they are typical of those used with the general community. Lastly, the organization planned to retrain staff to ensure they understand the updated policies, procedures, and materials but especially so that they understand the foundation of HCBS philosophy. Evidence that the agency carried out the approved CAP was requested and review in October 2022. It was found that the agency effectively implemented the CAP and the setting overcame the effect of isolation as previously described.

## COMPLIANCE DECISION

Name and title of person who completed this package of evidence summary:	Theresa Hemann HCBS Specialist
<p><b>Compliance Status and Recommendations</b></p> <p><input checked="" type="checkbox"/> Evidence supports that the setting <b>is compliant</b> with HCBS settings requirements. Organization is required to maintain ongoing compliance with all HCBS requirements.</p> <p><input type="checkbox"/> Evidence supports that the setting <b>is NOT compliant</b> with HCBS settings requirements.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Setting could/did meet requirements for HCBS Settings with remediation.</p> <p style="margin-left: 40px;"><input type="radio"/> Date remediation plan (CAP) accepted: 8/11/22</p> <p style="margin-left: 40px;"><input type="radio"/> Date remediation (CAP and compliance) achieved: 10/13/22</p> <p style="margin-left: 20px;"><input type="checkbox"/> Setting is unable or unwilling to meet requirements by compliance deadline.</p> <p><input type="checkbox"/> Other:</p> <p><b>Next Steps</b></p> <p><input checked="" type="checkbox"/> Post for public feedback (<i>HCBS Specialist to complete a package of evidence summary.</i>)</p> <p><input checked="" type="checkbox"/> Refer to CMS further heightened scrutiny review</p>	