

## **Home and Community Based Settings Rule Heightened Scrutiny Evidentiary Package**

### **Crystal Springs, Inc.**

As part of the HCBS Community Rule, CMS requires settings in the following categories to be submitted for Heightened Scrutiny review.

- Prong 1 settings: Located in a hospital, nursing facility, intermediate care facility (ICF-DD) or institution for mental disease (IMD)
- Prong 2 settings: Located adjacent to a public hospital, nursing facility, ICF-DD or IMD
- Prong 3 settings: Have the effect of isolating people from the broader community of people who do not receive HCBS

Massachusetts does not have any waiver settings that fall into Prongs 1 or 2. CMS requires information for any providers that were not fully in compliance with Prong 3 of the Community Rule by July 1, 2021, to be submitted to CMS for Heightened Scrutiny review. Massachusetts has completed Heightened Scrutiny packages for two providers in Prong 3 as required.

#### **Narrative of Heightened Scrutiny Process:**

Central, Regional, and Area Office DDS staff from the Department of Developmental Services (DDS), as the agency operating the Intensive Supports Waiver on behalf of EOHHS, identified specific 24-hour residential settings as potentially presumed to have the qualities of an institution. DDS closely followed CMS guidance for this identification, looking at settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, are located in a building on the grounds of, or immediately adjacent to a public institution; and any other settings that have the effect of isolating individuals from the broader community. Based on this analysis, 14 providers were identified for in-depth review.

To facilitate further evaluation of the 14 providers, operating a total of 57 settings, DDS developed and deployed a provider self-assessment tool that borrowed substantially from the exploratory questions that CMS had published.

The provider self-assessments were completed by each identified provider, with review by DDS Central and Regional Office staff to identify areas for remediation and improvement.

Verification of each of the providers' self-assessments was conducted by DDS staff through on-site visits and meetings with key agency staff.

DDS staff then categorized each site as fully compliant, compliant with changes, or as settings unable to come into compliance with the Community Rule.

Each of the providers developed a Provider Transition Plan and provided quarterly updates to DDS. DDS met regularly with the 14 providers, and ongoing certification site visits occurred.

By July 1, 2021, twelve (12) of the fourteen (14) identified providers were in full compliance with the Community Rule. Two providers had successfully met requirements in areas of choice and control and respect and dignity. However, relative to community access and integration, both providers required more time to facilitate individual opportunities to access the broader community and participate in community services consistent with their individualized choices and to engage in activities outside of the setting.

#### **Provider Information:**

Crystal Springs Inc. is a non-profit agency that provides services to individuals with intellectual and developmental disabilities in southeastern Massachusetts for over 50 years (corporate address: 38 Narrows Rd POB 372, Assonet, MA 02702). The agency offers residential special education options for children as well as day habilitation and 24-hour residential services to adults. Currently, 39 individuals (adults) are receiving residential services in 10 homes located on 45 acres in Assonet Massachusetts (35 are Waiver participants). Also located here is a specially designed medical services building and a rehabilitation facility that features a therapeutic pool.

Crystal Springs is located in a typical rural area ten miles from a Target shopping center, eight miles from a Walmart Super Store, and nine miles from the grocery store (Market Basket); other community businesses are within a nine-to-12-mile radius such as banks, movie theaters, and restaurants.

<b>Provider</b>	<b>ID</b>	<b>Current Eligible Occupancy</b>	<b>Waiver Occupancy</b>
<b>Crystal Springs, Inc</b>	<b>A</b>	<b>5</b>	<b>5</b>
<b>Crystal Springs, Inc</b>	<b>B</b>	<b>8</b>	<b>5</b>
<b>Crystal Springs, Inc</b>	<b>C</b>	<b>2</b>	<b>2</b>

Crystal Springs, Inc	D	4	4
Crystal Springs, Inc	E	2	2
Crystal Springs, Inc	F	3	3
Crystal Springs, Inc	G	5	5
Crystal Springs, Inc	H	3	3
Crystal Springs, Inc	I	5	4
Crystal Springs, Inc	J	2	2

**Heightened Scrutiny Categories:** (check specific outcome(s) for the provider)

This chart represents the initial findings based on provider assessment, with review by DDS Central and Regional Office staff to identify areas for remediation and improvement as described above.

	1. Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.
	2. Setting is in a building on the grounds of, or immediately adjacent to, a public institution.
✓	3. Setting has the effect of isolating individuals from the broader community.
✓	A. Individuals have limited, if any, opportunities for interaction in and with the broader community and /or the setting is physically located separate and apart from the broader community and does not facilitate individual opportunity to access the broader community and participate in community services consistent with their person-centered service plan.
	B. The setting restricts individuals' choice to receive services or to engage in activities outside of the setting.
	C. The setting has qualities that are institutional in nature. These can include: The setting has policies and practices which control the behaviors of individuals; are rigid in their schedules; have multiple restrictive practices in place.

### Provider Transition Plan:

Crystal Springs developed an action plan/transition plan in 2015 in order to fully comply with the Community Rule. This plan encompassed areas including staff training and

person-centered planning. Crystal Springs completed activities to comply with the Community Rule such as:

- Becoming accredited in person-centered excellence by the Council on Quality Leadership;
- Enhancing the staff training process to include a focus on person-centered planning;
- Promotion of community activities schedules and staff training on community access and integration;
- Developing and implementing transportation options;
- Assessing for assistive technology needs;
- Implementing non-provider representative payee options;
- Transitioning individuals to community psychiatric resources;
- Residential agreement development and implementation; and
- Installation of locks on bedroom doors.

Crystal Springs provided regular updates at the beginning of the transition planning process starting 2015 and DDS has conducted ongoing monitoring through Licensure and Certification since then. Crystal Springs participated in workgroups with other providers to assist with best practice and strategies to come into full compliance with the Community Rule.

**Evidence the Setting is Fully Compliant or Will Be Fully Compliant:**

	<b>Criteria</b>	<b>Compliance Status</b>
✓	3. Setting has the effect of isolating individuals from the broader community.	MET
✓	A. Individuals have limited, if any, opportunities for interaction in and with the broader community and /or the setting is physically located separate and apart from the broader community and does not facilitate individual opportunity to access the broader community and participate in community services consistent with their person-centered service plan.	MET

Utilizing the evidence from the following DDS systems of oversight and monitoring, in addition to continued ongoing conversations with the provider, a determination has been made that the provider is now fully compliant.

The licensure and certification process applies to all providers subject to the requirements of Chapter 19B; section 15(a) of the Massachusetts General Laws. The licensing review is conducted in a 2-year cycle if all thresholds are met; other conditions

may require a 60-day follow-up and or a mid-cycle review where the agency is reviewed for those indicators where the threshold has not been met. Providers are certified for two years, concurrent with their Two-Year Licensure. If the certification threshold is not met, the provider is required to complete a progress report at the one-year mark.

Licensure and certification results are reported separately, with Certification findings specific to individual service types and measuring key areas such as human rights, choice and control, and community access and integration.

The certification tool and process set forth standards for specific services that promote quality and responsiveness and when implemented are predictive of positive outcomes in the lives of individuals. The tool has its foundation in DDS Regulations (Chapters 5, 7, and 8) and covers areas of respect, individual control and choice, and community integration; the tool was expanded in 2016 to align with the Community Rule. The specific support expectations in certification fall into several domains, each of which is evaluated separately. These include, but are not limited to, planning and quality improvement, choice and personal growth, supporting and enhancing relationships, career planning and development, and access and integration, to reflect the community rule.

The Licensure and Certification review includes preparatory documentation review, administrative review and interview, on-site visits, individual observation and interviews, and individual documentation reviews. Survey findings are made based on extensive evidence obtained through these various processes.

Upon the completion of the survey, a feedback meeting is held for the purpose of presenting the survey team's findings. In addition to outlining the level of licensure and certification results, the meeting allows sufficient time to discuss any areas where additional agency effort might be needed. The goal of this meeting is to support continuous service quality improvement.

DDS Area Office staff conduct bi-monthly visits to all homes providing 24-hour support, and quarterly visits to homes providing less than 24-hour support. A standardized form is used to ensure that health, safety, and human rights protections are in place. Results from these visits are monitored by Area Office staff. Visits ensure an ongoing presence and oversight by Department staff.

Crystal Springs' mid-cycle review was conducted between 6/1/22-6/7/22. Compared to previous Licensing and Certification surveys, Crystal Springs showed compliance with choice and control and respect and dignity domains but was not fully meeting compliance in the area of community access and integration.

Through the process of reviewing documentation, observations, interviews on site and in addition to a certification self-progress report completed by the provider, individuals

have been able to decorate and personalize their rooms based on their preference and interest. They are afforded privacy in their personal rooms by having the ability to lock their doors. Residential agreements were found to be in place. Individuals were found to be supported and provided the opportunity to purchase their personal belongings of their interest. They select their personal items at the community store or on the web with their parents and staff members. Individuals' right to visitors is being exercised and supported by staff.

All individuals have been assessed for the need of intimacy to help the agency develop plans on providing support based on individual needs. Individuals routinely communicate by telephone with family members. Individuals are also supported to attend day trips with family members.

Crystal Springs continued to work on increasing community outings and the development of friendships for the individuals they serve.

Beginning in April 2022, monthly meetings with Crystal Springs to track progress and verify success have commenced. Crystal Springs refined its previous action plan/transition plan to fully comply within the area of community access and integration. Crystal Springs has completed the following actions:

- Engaged in the Plan-Do-Study-Act (PDSA) method to test changes implemented by breaking down various tasks into steps and then evaluating the outcome, improving on it, and testing again;
- Provided individuals access to the greater community for their personal needs, such as medical appointments, psychological services, shopping, banking, and grooming;
- Retrained staff in community access and integration responsibilities;
- Hired to fill vacancies;
- Increased supervisory structure to hold program managers responsible for consistent community opportunities;
- Developed a Community Integration Specialist position to ensure promotion of community activities;
- Scheduled monthly community activities, prepared in advance, and reviewed by the supervisor;
- Tracked weekly community activities, which is reviewed by supervisory staff;
- Increased frequency of community activities;
- Re-assessed individuals to determine each person's preferences and desires for community activities, and;
- Increased variety and individualization of community activities (based on the re-assessment and individual choice).

These efforts were completed and remain part of ongoing and continuous efforts by Crystal Springs.

Many of the individuals have enjoyed engaging in their communities as described in the stories below:

- Creating art makes one individual happy. They enjoy participating in adult paint night with other people who share their interest. They use a device that allows them to paint independently. Painting independently means a lot to them because they usually require support to perform most activities. This individual's new church welcomed them into the congregation. Community members have introduced themselves to them. After the service, they enjoy socializing with congregation members during fellowship time.
- Another individual enjoys meeting new people, socializing, and shopping, so they have enjoyed visiting a café with resident cats who love being held. They have interacted with the café staff and introduced themselves to the other customers, between enjoying coffee and dessert and playing with cats.
- One individual is a regular attendee at a community performing arts center, with live performances, where center staff always greet them and they have an enjoyable time.
- Another individual has used their baking skills to sell brownies at a bake sale to raise funds for a children's theater group. They also attended a bake sale and bought some sweets to help support a nursing program.

Based on the mid-cycle review and updates provided at these monthly meetings, DDS staff categorized Crystal Springs as fully compliant as of October 2022. Crystal Springs is committed to continued success in the areas of community access and integration and will be providing status information to DDS staff through on-going meetings.

As the provider met the threshold after July 2021, and consistent with CMS guidance, DDS recommends that a corrective action plan (CAP) be initiated as things stabilize in the aftermath of the public health emergency and resultant workforce issues.

### **Summary of Public Comments Received and State Response:**

A summary of public comments will be added following the completion of the public comment period.