

Summary of CMS Home and Community Based Services (HCBS) Settings Rule Site Visit

Location	Bismarck
Type	Specialized Basic Care
Name	Edgewood Vista on Dominon
Visit Date	5/18/2023
State Staff	Kathryn Good, Program Administrator & Erica Reiner, Program Administrator
Specialized Services	Memory Loss
License	Basic Care Licensing N.D.A.C 33-03-24.1-03.
Capacity	17
Medicaid Consumers	4
Education Provided	Information and education regarding the Home and Community Based Services Settings requirements published in the Federal Register on January 16, 2014, was emailed to the AFHA owner. An assessment tool was developed by the state that was based on the settings criteria and the exploratory questions provided by CMS. State staff utilized North Dakota Century Code Chapter 50-10.2 Rights of Health Care Facility Residents, and Chapter 75-03-23 Provisions of Home and Community Based Services Under the Service Payments for Elderly and Disabled Program and the Medicaid Waiver for the Aged and Disabled Program as resources to provide education.
Technical Assistance	The State provided technical assistance upon request and the provider submitted an evidence package for the State to review prior to onsite visit. The evidence package was used by the State to prove compliance with setting requirements. The assessment tool was completed onsite, and the State then held a Settings Review Committee meeting to provide a written summary of suggestions and areas that needed change to come into compliance.
Settings Experience Interviews	Settings Experience Review have been completed by the State. Survey questions focused on the quality of the individual's experiences, integration into the broader community, options for choice in where to live, ensuring the individuals rights of privacy, dignity, and respect, freedom from coercion and restraint, ensuring the individual has initiative, autonomy, and independence in making choices to include but not limited to activities, cares, and services along with who provides them.

HCBS Settings Requirements	Review of Facility
<p>Facility is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting.</p>	<p>The Memory Care unit provides tours to anyone looking to reside at the facility. The ARC is ADA accessible. A legally enforceable agreement following ND landlord tenant laws. There are cameras in the common areas. Supporting Documentation:</p> <ul style="list-style-type: none"> · Settings Experience Interviews · Lease Agreement · Site Visit and Observation by state staff summary
<p>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</p>	<p>Consumers can continue employment or volunteering based on their person-centered goals. The consumer, power of attorney, or family control finances and keep their funds in their own possession. Engaging in community life is addressed below. Supporting Documentation:</p> <ul style="list-style-type: none"> · Settings Experience Interviews · Resident Handbook
<p>Is integrated in and supports access to the greater community</p>	<p>There is a calendar in the dining room to inform consumer and family of activities within the facility or community. Per Resident Handbook, the family/natural supports are encouraged to take the consumer out into the broader community. The consumer can utilize the internet, phone, or newspaper to determine activities outside the home. Public Transportation is available, and staff will assist with coordination. The MC provides transportation. A social history form is filled out at admission to determine the likes and dislikes of the consumer. Everyone accesses the building and units the same way. There is a code lock on entry/exits with a riddle posted near by to learn the access code. During the night, the front entrance to the facility is not staffed, but they may ring the front doorbell at any time, and staff will assist them. The door in the common room opens to an outdoor patio. Consumers can access this whenever they would like. Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Care plan review · Settings Experience Interviews · Site Visit and Observation by state staff

<p>Optimizes individual initiative, autonomy, and independence in making life choices</p>	<p>There are no visiting hours and guests can stay overnight. There is a voluntary check in and out process to ensure safety and accountability in an emergency or fire.</p> <p>The Resident Handbook under Resident Rights states the resident has the right to choose who gives them care, how they are approached, choose all aspects of their care and right to determine schedule for waking, bathing, eating and activity participation. The interview with the consumer's legal decision maker indicated knowledge of these rights.</p> <p>The kitchen is open to anyone. There are no locked areas in the kitchen that are utilized. The menu is available. Individuals can request another option if they do not like the scheduled meal.</p> <p>Individuals have access to the kitchen at any time for snacks. There are no more than 14 hours between supper and breakfast meals.</p> <p>The laundry room is available for consumers to do their laundry with a table provided to fold clothes. There are no locked areas in the laundry room. Some consumer's currently do their laundry.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Settings Experience Interviews · Site Visit and Observation by state staff
<p>Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint</p>	<p>The Medicaid consumers have private room with lockable doors and a private bathroom. There are shared shower units located down each hallway.</p> <p>Couples are not required to share a living unit.</p> <p>Consumers can furnish and decorate their unit as desired. Observation reflected consumer's own personal tastes in decorating their private living quarters.</p> <p>Several areas were available to provide private visiting areas.</p> <p>There is a phone available for consumer use so that consumer's can receive or make private phone calls. Staff can assist residents in making phone calls when they are requested.</p> <p>Mail is hand delivered to the resident.</p> <p>Staff training includes Resident Rights and topics of dignity and respect.</p> <p>The resident handbook reflects care and medications are given in private unless the consumer requests otherwise.</p> <p>Staff are be trained to knock before entering consumers rooms.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Grievance policy is included in the Admission Packet. · HIPAA Notice of Privacy Practices is included in the Admission Packet. · Site Visit and Observation by state staff · Settings Experience Interviews

<p>Facilitates individual choice regarding services and supports and who provides them</p>	<p>The consumer has a choice in who cares for them. The facility provides the consumer information regarding filing a grievance. Individuals can go out to the community for church and beautician services. Consumer medical care is provided per own preference.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Resident Rights Booklet · Grievance policy is included in the Admission Packet. · Settings Experience Interviews · Site Visit and Observation by state employees
<p>Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>All consumers are treated the same. Consumers can eat in place of their choosing. The consumer can access the broader community for services if desired.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Resident Rights Booklet · Site Visit and Observation by state staff · Settings Experience Interviews
<p>Person-centered service plan</p>	<p>Edgewood develops care plan to include behaviors, restrictions, and methods that have been tried before. Resident’s goals, values, beliefs, and how the client would like to live are reviewed and goals established. Community Integration and social supports are reviewed to determine options available for the client. Level of family support and involvement is reviewed. Care planning includes health care needs, nutrition needs, and mental health needs. Employment, volunteering options, behavior, cognitive, and safety are reviewed at the quarterly meetings.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Settings Experience Interviews · Review of care plans

Additional Requirement for HCBS Residential Settings—Any modifications to these must be supported by a specific assessed need and justified in the person-centered service plan.

<p>The individual has a lease or other legally enforceable agreement providing similar protections</p>	<p>The consumer or legal decision maker signs a lease agreement when the decision has been made to move into the facility. The lease follows ND landlord tenant laws.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Settings Experience Interviews · Lease Agreement
<p>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</p>	<p>At the site visit it was observed the units are private with lockable doors. The Medicaid consumers will have a private unit.</p> <p>The consumer had pictures on the wall and unit was furnished according to the desire of the consumer or family. The consumer is encouraged to decorate their apartment to reflect personal taste, hobbies, and interest.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Lease Agreement · Site Visit and Observation by state staff · Settings Experience Interviews · Pictures on file
<p>The individual controls his/her own schedule including access to food at all times</p>	<p>Care plan meetings to discuss the individual's preferences</p> <p>Food available at any time</p> <p>Alternative meal choices available</p>
<p>The individual can have visitors at any time</p>	<p>Overnight guests allowed and there are no designated visiting hours.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Resident Handbook · Settings Experience Interviews
<p>The setting is physically accessible</p>	<p>The setting is in a residential area of Bismarck.</p> <p>The setting is ADA accessible.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> · Site Visit and Observation by state employees · Pictures on file

HCBS Setting Requirements establish an outcome-oriented definition that focuses on the nature and quality of individuals experiences. The requirements maximize opportunities for individuals to have access to the benefits of community living and to receive services in the most integrated setting.

N/A

HCBS Settings requirement: The Person-Centered Service Plan must be developed through an individualized planning process. It must be driven by the individual. Should include people chosen by the beneficiary and/or beneficiary's representative, which may include a variety of individuals that play a specific role in the beneficiary's life. Must be able to direct the process to the maximum extent possible.

Must be timely and occur at times/locations convenient to all involved.	Power of Attorney for consumer stated that the care planning process is held at a convenient time and location, or by phone. The POA knows that the consumer and family can invite anyone they choose.
Reflects cultural considerations/uses plain language	Yes
Discusses individual preference for community integration within and outside the setting.	Individualized Care Plan: The care plans indicate the likes, dislikes, goals and dreams of the individual. A life history form is completed with the individual and POA to understand the individual's preferences for community integration within and outside of the setting. The care plan lists preferences in activities.
Includes strategies for solving disagreement	The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys. The facility has set a goal to encourage the consumer to participate in activities.
Offers choices to the individual regarding services and supports the individual receives and from whom	The care plan indicates the type of services that are being provided are based on the consumers preference.

Provides method to request updates	Resident Handbook states care meetings and updates can be requested at any time.
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	Goals are determined by the consumer and/or legal decision maker during the Person-Centered care plan meeting with the HCBS Case Manager and setting staff.
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	Care planning includes Strengths, needs, goals and task.
May include whether and what services are self-directed and includes risks and plan to minimize them	Care planning includes risks.
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others	Facility and the HCBS Care planning includes identified goals and preferences related to values. The individual's care plan is created relating to the individuals hopes, dreams and values.
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	HCBS care plan is signed by the HCBS Case Manager and the family who is the POA.

Date of Review of Evidence Package by Aging Services Section:

Reviewed by the following staff:

Erica Reiner, HCBS Program Administrator

Kathryn Good, HCBS Program Administrator

Recommendations to Meet Compliance:

Updates to enterprise documentation, HCBS Case Manager ensured that access codes a

Date of Compliance with above Recommendations:

6/23/2023

Aging Services Decision:

- Setting Fully Complies**
- Setting with additional changes will fully comply**
Setting issued temporary compliance with need to submit a Corrective
Action Plan to include the intent to become compliant with the
 community integration regulations of the HCBS Settings Final Rule
Medicaid Waiver 1915(c) Adult Residential Care Services.
- Does not/cannot meet HCB Settings Requirements**
Evidence package must be submitted to CMS for heightened scrutiny
 because the facility is presumed to have institutional qualities based on
one or more of the following:
 - Setting is in a publicly or privately-operated facility that**
provides inpatient institutional treatment;
 - Setting is in a building on the grounds of, or 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.

Date of Review of Evidence Package by the HCBS Settings Committee:

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services
Karla Backman, State Long Term Care Ombudsman Administrator
Karla Kalanek, Developmental Disabilities Program Administrator
Katherine Barchenger, State Autism Coordinator
Erica Reiner, HCBS Program Administrator
Kathryn Good, HCBS Program Administrator
Russ Korzeniewski, HHS
Heidi Zander, Developmental Disability Program Administrator

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

Committee Decision:

- Setting Fully Complies**
- Setting with additional changes will fully comply
- Setting issued temporary compliance with need to submit a Corrective Action Plan to include the intent to become compliant with the community integration regulations of the HCBS Settings Final Rule Medicaid Waiver 1915(c) Adult Residential Care Services.**
- Does not/cannot meet HCB Settings Requirements**
- Evidence package must be submitted to CMS for heightened scrutiny because the facility is presumed to have institutional qualities based on one or more of the following:**
 - Setting is in a publicly or privately-operated facility that provides inpatient institutional treatment;**
 - Setting is in a building on the grounds of, or adjacent to, a public institution;**
 - Setting has the effect of isolating individuals receiving**