

**Summary of Minot Maple View Adult Residential CMS Home and Community Based Services (HCBS) Settings Rule Site Visit**

**Wednesday, October 5, 2022 by Kathryn Good, Program Administrator and Erica Reiner, Program Administrator**

Maple View Minot Senior Living is a licensed basic care facility that specializes in providing care to individuals with memory loss. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation. A google map, Basic Care License, Medication error reporting and “Elopement Risk Prevention/Missing Resident” policy, and Resident Complaint/Grievance Resolution Policy is included in the Evidence Package. Maple View Minot received the updated guidelines for reporting critical incidents. Maple View Minot utilizes the Minot State University Medication Assistant Training Program.

Minot Maple View has 34 residents currently and are licensed for 43. Presently to date there are 8 residents on Medicaid. Maple View has a signed lease agreement. “Lease payments may be changed from time to time by Landlord with appropriate notice to the Tenant. A written notice of change in lease payment will be provided to Tenant at least thirty (30) days prior to the end of the month.” (Included in Packet are the lease agreement).

September 20, 2022, an email was sent Minot Maple View to provide education regarding the Home and Community Based Services Settings requirements published in the Federal Register on January 16, 2014. 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 the CMS power point “Monitoring of Compliance with the Home and Community-Based Setting Requirements, ND Administrative Code Chapter 33-03-24.1 Basic Care Facilities, ND Century Code Chapter 50-10.2 Rights of Health Care Facility Residents, Adult Residential Care Policy 525-05-30-16, 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 during the visit.

The assessment tool was completed by the State. The State provided further technical assistance upon request and the provider submitted an evidence package to the State to prove compliance with setting requirements.

October 5, 2022, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. Surveys were conducted by phone with the Medicaid consumer’s legal decision maker to assess the consumers experience living in the setting. 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
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<p><b>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.</b></p>	<p>The facility is open for tours prior to a decision to reside in the facility. There are other options for residential services in the area to choose from.</p> <p>Of the 10 resident consumer’s legal decision makers interviewed, the consumer’s legal decision makers made the decision to move into the facility after touring the facility.</p> <p>The facility is ADA accessible.</p> <p>Maple View has a legally enforceable agreement following ND landlord tenant laws.</p> <p>There are security cameras as listed in the Resident Handbook under security, in the common areas of the building, courtyard and parking lot.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Lease Agreement</li> <li>• Minot Maple View Marketing Form</li> <li>• Minot Maple View has shared units and private units for the Medicaid consumers.</li> <li>• Site Visit and Observation by state staff summary</li> <li>• Survey with legal decision makers</li> </ul>
<p><b>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b></p>	<p>All consumers at Minot Maple View are currently retired. Consumers can continue employment or volunteering based on their person-centered goals.</p> <p>The consumer, power of attorney, or family control finances, the consumer can keep money in their possession if they desire.</p> <p>There is an option to open a resident account, but it is not required.</p> <p>Engaging in community life is addressed below.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Survey with legal decision makers</li> </ul>
<p><b>Is integrated in and supports access to the greater</b></p>	<p>Activity Calendars are posted to inform consumer and</p>

**community**

family of activities within the facility.

The family/natural supports are encouraged to take the consumer out into the broader community. The facility will coordinate transportation if requested.

An escort is available along with transportation for medical appointments.

The consumer can utilize the internet or newspaper to determine activities outside of the facility.

Public Transportation is available. Staff will assist to schedule and provide escort.

Life Enrichment Assessment is done with initial paperwork to find out likes and dislikes of the individual.

Monthly Activity Participation logs and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions.

2 consumer's legal decision makers were interviewed, and 6 consumer's legal decision maker did not respond.

- It was noted the facility does not have rules that prevent the resident from coming and going as they choose.
- 1 consumer regularly go out of the facility with guardian.

The person-centered plan of care is individualized for each consumer.

Everyone accesses the building and units the same way. The facility entrance door is unlocked during the day. During the night, the front entrance to the facility is not staffed, but anyone may ring the front doorbell at any time. Sign in and out is requested but not mandatory. Everyone enters and leaves the facility the same way. The outside enclosed courtyard has walking paths and table and chairs. The courtyard is unlocked but is locked in bad weather to ensure the safety of the consumer. The consumer can request access to the courtyard in the winter or bad weather, by asking staff who will ensure that the consumer is dressed properly.

**Supporting Documentation:**

- Resident Handbook
- Calendar of Events
- Life Enrichment Assessment
- Resident Activity Participation Log
- Person Centered Plan of Care
- Survey legal decision makers
- Site Visit and Observation by state staff

**Optimizes individual initiative, autonomy, and independence in making life choices**

The Admission Agreement states:

- The resident is free to decorate their room as they wish
- Refrigerators are allowed
- Maple View can make provisions for a resident account

2 consumer's legal decision makers were interviewed, and 6 consumer's legal decision maker did not respond.

- Of the consumer's legal decision makers surveyed, all stated residents could decorate as they please.
- All consumer legal decision makers or rep payee managed the finances.

Maple View Resident Rights states the resident has the right to choose who gives them care, to set their own personal schedules, to have overnight guests and visitors at any time, and to request another caregiver if they prefer.

Most of the consumer's legal decision makers were aware of these rights.  
2 consumer's legal decision makers were interviewed, and 6 legal decision maker did not respond.

The kitchen is a commercial kitchen and is locked when not staffed. There is a counter with snack options and water left out at all times.

One entrée is served at mealtime, but alternate food is available upon request.

If desired the consumer may have a fridge in their apartment unit. This indicated on the Admission Agreement that is signed by the consumer or legal decision maker.

There is no assigned seating, no disposable plates and

	<p>silverware. No protective coverings used.</p> <p>The laundry is locked but the consumer can request to use the laundry room if they would choose to do their own laundry.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with legal decision makers</li> </ul>
<p><b>Ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint</b></p>	<p>Some Medicaid consumers have shared apartments with lockable doors and a lockable bathroom. There is a wall between bedrooms, or some rooms are “Jack &amp; Jill” style. Medicaid recipients are not required to move from a private room when Medicaid becomes their pay source.</p> <p>All the legal decision makers felt the consumer was safe.</p> <p>Couples are not required to share a living unit.</p> <p>Admission Agreement states records are kept confidential.</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>The Resident handbook states if a request is made to relocate to another room, the facility will work on making a change based on availability.</p> <p>Several areas were available to provide private visiting areas.</p> <p>Resident handbook states will provide a portable phone to allow opportunity for private phone calls. Staff available for assistance. Residents can receive incoming calls.</p> <p>Mail is distributed to the resident.</p>

	<p>Resident Handbook states telephone service and cable TV within the room is not provided but are available free of charge in the common areas of the building. There is Wi-Fi available.</p> <p>Staff training includes Resident Rights and topics of dignity and respect. These trainings are done upon hire, annual and as needed.</p> <p>Medications are given in private unless resident prefers otherwise. If resident prefers otherwise, it is documented in care plan.</p> <p>Training is provided to staff regarding knocking on the door before entering the room. This is quality assured by observation.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• “Resident Complaint/Grievance” policy is included in the Admission Packet and procedure stated in Resident Handbook.</li> <li>• Resident Rights is included in the Admission Packet.</li> <li>• Site Visit and Observation by state staff</li> <li>• Staff Training Folder</li> <li>• Survey with consumer and legal decision makers</li> </ul>
<p><b>Facilitates individual choice regarding services and supports and who provides them</b></p>	<p>The consumer has a choice in who cares for them.</p> <p>The facility provides the consumer information regarding filing a grievance. All legal decision makers indicated knowledge.</p> <p>There is a chapel and church services offered within facility and via electronic means. Fee for service for salon/barber can be arranged. Resident may go out of facility for services if they wish.</p> <p>Consumer medical care is provided per own preference. Option for PT given at facility.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Resident Rights Booklet</li> <li>• “Resident Complaint/Grievance” policy is included</li> </ul>

	<p>in the Admission Packet.</p> <ul style="list-style-type: none"> <li>• Site Visit and Observation by state employees</li> <li>• Staff Training Folder</li> <li>• Survey with consumer and legal representatives</li> </ul>
<p><b>Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS</b></p>	<p>All consumers are treated the same. Consumers can eat in a place of their choosing.</p> <p>The consumer can access the broader community for services if desired.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Resident Rights Booklet</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with consumer and legal representative</li> </ul>
<p><b>Person-centered service plan</b></p>	<p>Maple View’s care plan includes focus needs, problem needs, the consumers goals, and the approach or intervention. Maple View care plan includes health care needs, nutrition needs, privacy, and social needs reviewed.</p> <p>Community Integration and social supports are reviewed to determine options available for the client.</p> <p>Level of family support and involvement is reviewed.</p> <p>HCBS Care planning includes client’s goals, values, beliefs, and how the client would like to live are reviewed and goals established. Health care needs, nutrition needs, and mental health needs, employment, volunteering options, behavior, cognitive, and safety are reviewed at the quarterly meetings.</p> <p>The monthly participation logs are reviewed to ensure community integration and activities.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Person Centered Care Plan Review by State staff</li> <li>• Participation Log review</li> <li>• Care Note review</li> <li>• Maple View Care Plan review</li> <li>• HCBS Care Plan review</li> </ul>

<p><b>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.</b></p>	
<p><b>The individual has a lease or other legally enforceable agreement providing similar protections</b></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><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Lease Agreement</li> </ul>
<p><b>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</b></p>	<p>At the site visit it was observed there are “Jack &amp; Jill” style rooms that share a bathroom.</p> <p>The bedroom and bathroom are equipped with lockable doors with most of the Medicaid consumers having a key. The consumers had pictures on the wall and units were furnished according to the desire of the consumer or family.</p> <p>The consumer is encouraged to decorate their apartment to reflect personal taste, hobbies, and interest.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Lease Agreement</li> <li>• Site Visit and Observation by state staff</li> <li>• Pictures of rooms and privacy curtains</li> <li>• Survey with consumer and legal decision makers</li> </ul>
<p><b>The individual controls his/her own schedule including access to food at all times</b></p>	<p>If a menu is not acceptable, another option will be provided. There are no assigned seats. Snacks are available 24/7 on the counter by the kitchen.</p> <p>The Admission Agreement states:</p> <ul style="list-style-type: none"> <li>• States snacks are available anytime.</li> </ul> <p>The Resident Handbook states:</p> <ul style="list-style-type: none"> <li>• Residents may choose their own times for rest, bedtime, and wake time as well as personal care preferences.</li> </ul> <p>Resident’s Rights:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>When interviewed regarding were you asked what time you like to eat, can you choose when to eat, what happens when you miss a meal, or can you eat anytime.</p> <ul style="list-style-type: none"> <li>• One decision maker state that the consumer liked the food and has thrived at MapleView.</li> <li>• One decision maker stated the consumer had no</li> </ul>



	<p>concerns about the meal options.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with consumer and legal decision makers</li> </ul>
<b>The individual can have visitors at any time</b>	<p>Resident Handbook states 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>2 consumer's legal decision makers were interviewed, and 6 consumer's legal decision maker did not respond.</p> <ul style="list-style-type: none"> <li>• Of the consumer's legal decision makers surveyed, 2 stated that overnight guests were allowed but had not utilized.</li> <li>• Both stated they could visit at any time.</li> <li>• Both stated that family is encouraged to visit.</li> </ul>
<b>The setting is physically accessible</b>	<p>The setting is in a residential area in Minot.</p> <p>The setting is ADA accessible.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Site Visit and Observation by state employees</li> </ul>

**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.**

**Monthly Activity Participation logs:**

Monthly Resident Activity Attendance is filled out by the facility to indicate activities attended, attended/sleeping, Ill, out of facility, participated, declined, sleeping, or unavailable.

**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.**

<b>Must be timely and occur at times/locations convenient to all involved.</b>	<p>Power of Attorney's for the consumer are aware that the care plan meetings can be scheduled at convenient times.</p> <p>The POA knows that the consumer and family can invite anyone they choose.</p> <p>Some POAs lives out of town and attend by phone.</p>
<b>Reflects cultural considerations/uses plain language</b>	Yes
<b>Discusses individual preference for community integration within and outside the setting.</b>	<p><b>Resident Life Story and Care Plan Card:</b></p> <p>Indicates previous careers and memberships. The Life Enrichment Form indicates the activities the consumer enjoys, religious and spirituality preferences, education and work history, military history,</p>

	music/entertainment interests, recreational activities/hobbies, travel, pets/animals, favorite foods, holidays/seasons, and current information. The care plan lists preferences in activities and a participation log is utilized to indicate participation in activities.
<b>Includes strategies for solving disagreement</b>	The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys.
<b>Offers choices to the individual regarding services and supports the individual receives and from whom</b>	The care plan indicates the type of services that are being provided are based on the consumers preference.
<b>Provides method to request updates</b>	Resident Handbook states “A resident or responsible party may request a Care Plan meeting at any time.”
<b>Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare</b>	Goal is determined by the consumer and/or legal decision maker during the Person-Centered care plan meeting with the HCBS Case Manager and setting staff.
<b>Identifies the individual’s strengths, preferences, needs (clinical and support), and desired outcomes</b>	Care planning includes Strengths, needs, goals and task.
<b>May include whether and what services are self-directed and includes risks and plan to minimize them</b>	Care planning includes risks.
<b>Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others</b>	HCBS Care planning includes Identified goals and preferences related to values “What is important to client”, Community Integration and Social Support, Family, Decision Making, Financial, Education, Employment, Healthcare, Medications, Nutrition, Mental Health, Cognitive, Behavior, and Safety. Facility Care planning includes identified focus/problem/need, goals, and approach/Intervention. Includes medical, self-preservation, and activities/community integration.
<b>Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary</b>	HCBS care plan is signed by the HCBS Case Manager and the family who is the POA.

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

Date: October 11, 2022

**Reviewed by the following Committee members:**

Karla Kalanek, Developmental Disabilities Program Administrator  
 Heidi Zander, Developmental Disabilities Program Administrator  
 Karla Backman, State Long Term Care Ombudsman Administrator  
 Katherine Barchenger, State Autism Coordinator  
 Erica Reiner, HCBS Program Administrator

**Requirements to Meet Compliance: N/A**

**Other Suggestions: N/A**

**Date of Compliance with above Requirements:**

**October 11, 2022**

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**Committee Decision:**

**X Setting Fully Complies**

- Setting with additional changes will fully comply after facility has made the changes and reeducated the consumer and legal decision makers. Changes will be reviewed by the committee.**
- 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.**