

Adult Residential Care Settings Rule Compliance Checklist

Location: Edgewood Dominion

Contact: Dani Miller,
CSD

Medicaid Consumers: 3

Site Visit 6/12/25
Date:

Licensed Beds/Current Census: 17 / 15

Visit K. Good,
Completed E. Reiner

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

Requirements	Meets	Does Not Meet	Comments
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.	X		Provide tours prior to move in. Give options of other settings.
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	X		Can volunteer or seek employment if choose to. Would assist with transport.
Is integrated in and supports access to the greater community	X		Several bus ride options, family/friends take individuals out often.
Optimizes individual initiative, autonomy, and independence in making life choices	X		Individual choice on all decisions
Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint	X		Lockable living unit doors. Train on resident rights.
Facilitates individual choice regarding services and supports and who provides them	X		Choices offered for all aspects of care.
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS	X		Individuals can go out as often as choose.
Person-centered service plan (HCBS)	X		Receive plans.
The individual has a lease or other legally enforceable agreement providing similar protections	X		
The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit	X		
The individual controls his/her own schedule including access to food at all times	X		Yes, cupboards in kitchen unlocked, access to food/drink.
The individual can have visitors at any time	X		
The setting is physically accessible	X		
Must be timely and occur at times/locations convenient to all involved.	X		Follow family/POA wishes
Reflects cultural considerations/uses plain language	X		Several cultural options
Discusses individual preference for community integration within and outside the setting.	X		Outings occur based on individual preferences
Includes strategies for solving disagreement	X		
Offers choices to the individual regarding services and supports the individual receives and from whom	X		
Provides method to request updates	X		
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	X		
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	X		
May include whether and what services are self-directed and includes risks and plan to minimize them	X		
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others	X		
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	X		

Date of Review of Evidence Package by Aging Services Section

Reviewed by the following staff:

Erica Reiner, Kathryn
HCBS Good, HCBS
Program Program
Administrator Administrator

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

6/12/2025

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**