Summary of CMS Home and Community Based Services (HCBS) Settings Rule Site Visit		
Location	Bismarck	
Туре	Adult Residential Care	
Name	Edgewood Village, Colorado	
Visit Date	1/11/2024	
State Staff	Kathryn Good, Program Administrator, Heather Lindsley, Program Administrator & Erica Reiner, Program Administrator	
Specialized Services	Memory Loss	
License	Basic Care Licensing N.D.A.C 33-03-24.1-03.	
Capacity	14	
Medicaid Consumers	1	
Education Provided	Education regarding the Home and Community Based Services Settings requirements published in the Federal Register on January 16, 2014 was reviewed. 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.	
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.	
Settings Experience Interviews	A Settings Experience Review was 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
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.	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. The facility is ADA accessible. A legally enforceable agreement following ND landlord tenant laws. There are no cameras in the facility. Supporting Documentation: • Eease Agreement • Site Visit and Observation by state staff summary
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	All consumers at the facility are currently retired. Consumers can continue employment or volunteering based on their person-centered goals. The consumer, power of attorney, or family control finances, the consumer can keep money in their possession if they desire. Engaging in community life is addressed below. Supporting Documentation:
	· Resident Handbook
	Activity Calendars are posted to inform consumer and family of activities within the facility. The family/natural supports are encouraged to take the consumer out into the broader community. This was noted at the site visit. The consumer can utilize the internet or paper to determine activities outside of the facility. A Resident and Family newsletter is published and is available at the reception desk. Public Transportation is available. The facility provides transportation. A "Life History Form" is filled out at Admission to determine the likes and dislikes of the consumer and to develop a individualized care of the consumer. Monthly Activity Participation logs and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions.
Is integrated in and supports access to the greater community	The person-centered plan of care is individualized for each consumer. Everyone accesses the building and units the same way. A code is posted at the facility entrance door and at the memory care unit allowing access to enter and leave. The code is posted. 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 outside enclosed courtyard has walking paths and table and chairs, planters, and flower garden. The courtyard is locked with the code posted. The consumer can request access to the courtyard by asking staff who will ensure that the consumer is dressed properly. Supporting Documentation: Besident Handbook Calendar of Events

■ Available Activities Sheet ■ Monthly Activity Participation Log ■ Disservation/Outing Information Log ■ Life History Form
■Person Centered Plan ■Site Visit and Observation by state staff ■Site Visit and Observation by state staff

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Optimizes individual initiative, autonomy, and independence in making life choices	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. 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. The kitchen where food is prepared then brought to Memory Care. There is a kitchenette in the memory unit and, water and coffee that is available for consumers. The consumer also has access to a fridge, oven, or microwave in this area. One entrée is served at mealtime, but alternate food is available upon request. There is food set out for the consumer to access during the day and night. If desired the consumer may have a fridge in their apartment unit. No disposable plates and silverware. No protective coverings used. Consumers had choices of food. The laundry room is available to residents who wish to do their own laundry. Supporting Documentation:	
Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint	The Medicaid consumers have private apartments with lockable doors and a private bathroom. The bathroom in the private apartment with a private bathroom. Couples are not required to share an apartment. Consumers can furnish and decorate their unit as desired. Observation reflected consumer's own personal tastes in decorating their private living quarters. Several areas were available to provide private visiting areas. Has an area with a couch and chairs, area for games for groups or one on one, their apartments and the courtyard. Resident handbook states Edgewood Bismarck on Colorado has a cordless phone dedicated for resident use only so that residents can receive or make private phone calls. Staff can assist residents in making phone calls when they are requested, and families are encouraged to purchase long distance phone cares if they need to make long distance calls. Mail is hand delivered to the resident.	

Basic Cable TV is available.

Staff training includes Resident Rights and topics of dignity and respect.

The resident handbook reflects care and medications are given in private. The door to the medication room will remain locked.

Observed the staff knocking on the door before entering the room.

Supporting Documentation:

- ■Besident Handbook
- Resident Complaint/Grievance" policy is included in the Admission Packet.
- ■IPAA Notice of Privacy Practices is included in the Admission Packet.
- •Site Visit and Observation by state staff

Facilitates individual choice regarding services and supports and who provides them	The consumer has a choice in who cares for them. The facility provides the consumer information regarding filing a grievance. There is a chapel and fee for service salon, in the facility and a list of other churches and services are given to the consumer. Consumer medical care is provided per own preference. Supporting Documentation: Besident Handbook (Includes list of services outside of facility) Besident Rights Booklet Bresident Complaint/Grievance" policy is included in the Admission Packet. Site Visit and Observation by state employees
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS	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. Supporting Documentation: Besident Handbook Resident Rights Booklet Site Visit and Observation by state staff
Person-centered service plan	Edgewood has developed a care plan to include behaviors, restrictions, and methods that have been tried before. Clients' 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. The monthly participation logs are reviewed to ensure community integration and activities. Supporting Documentation: BCBS Care Plan template

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.

other legally enforceable agreement providing similar protections At the private The co	onsumer or legal decision maker signs a lease agreement when the decision has been made to move into acility. The lease follows ND landlord tenant laws. orting Documentation: • Lease Agreement e site visit it was observed the units are private with lockable doors. The Medicaid consumers will have a te unit.	
agreement providing similar Support protections At the private The co	 Lease Agreement e site visit it was observed the units are private with lockable doors. The Medicaid consumers will have a te unit. 	
protections At the private The co	• Lease Agreement e site visit it was observed the units are private with lockable doors. The Medicaid consumers will have a te unit.	
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privato The co	te unit.	
The co		
- C	onsumer had pictures on the wall and unit was furnished according to the desire of the consumer or	
i ne individual nas privacy in their tamily	r family. The consumer is encouraged to decorate their apartment to reflect personal taste, hobbies, and	
unit including lockable doors, intere	est.	
choice or roommates and Suppo	orting Documentation:	
freedom to furnish or decorate	Resident Handbook	
unit	Lease Agreement	
	Site Visit and Observation by state staff	
	Survey with consumer and legal decision makers DPOA	
	Pictures on file	
The individual controls his/her Work	together to plan meals with the consumer's living in the home.	
own schedule including access to Food a	available at any time, kitchen has no locked areas	
food at all times Altern	native meal choices available	
Overnight guests allowed and there are no designated visiting hours.		
The individual can have visitors Suppo	orting Documentation:	
at any time	Resident Handbook	
	Survey with consumer and DPOA	
The se	etting is in a residential area of Bismarck.	
The setting is physically	etting is ADA accessible.	
The setting is physically Suppo	orting Documentation:	
accessible	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 <u>Person-Centered Service Plan</u> 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.	Person Centered Service Plan: Indicates residents likes related to activities, preferences, what makes him happy, and previous career. Indicates any modifications in place, how often these modifications are addressed, and consumer/DPOA written agreement with plan.
Includes strategies for solving disagreement	Edgewood staff receive annual memory loss training and intermittent training throughout the year. Individual's family is very involved and will help out when needed and voice concerns to facility. DPOA reports benefits from the use of simple directions when prompting, the structure and daily routines of Memory Care.

Offers choices to the individual regarding services and supports the individual receives and from whom	Consumers indicate the type of services that are being provided are based on the consumers preference. The Plan of Care is reviewed with the consumer and DPOA for approval and signature.	
Provides method to request updates	Resident Handbook states care meetings and updates can be requested at any time. The HCBS Case Manager will schedule a meeting every three months and in between as requested to meet the consumers needs.	
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 DPOA 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, assets, and supportive needs to help consumer achieve desired outcomes.	
May include whether and what services are self-directed and includes risks and plan to minimize them	Care planning includes Risk Assessment/Heath and Safety Plan will all known risks of the consumer identified. The safety plan includes prevention/mitigation, strengths/assets, additional supports, and supportive people of the consumer.	
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others	The HCBS Person Centered Service Plan and Vision Tool includes identified goals and preferences related to consumers hopes, dreams and values Edgewood creates their own care plan and reviews that the HCBS Care Plan is being followed as the consumer desires.	

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. A copy of the HCBS Person Centered Service plan is given to the consumer/DPOA, and the facility unless the consumer denies the facility a copy.

Date of Review of Evidence Package by Aging Services Section:

Reviewed by the	e following staff:		
Erica Reiner,	Kathryn Good, HCBS Program Administrator	Heather	
HCBS Program		Lindsley, HCBS	
Administrator		Program	
		Administrator	
	ons to Meet Compliance:		
N/A			
Date of Complia	ince with above Recommendations:		
			2/1/2024
Aging Services [
<u> </u>	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	3	
	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.		