

Adult Residential Care Settings Rule Compliance Checklist

Location: Maple View Grand Forks, 4650 S. Washington St.

Contact: Sarah Dawson

Medicaid Consumers: 14

Site Visit Date: 1/22/2025

Licensed Beds/Current Census: 36 / 36

Visit Completed: Kathryn Erica Reiner Good,

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.

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		
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	x		
Is integrated in and supports access to the greater community	x		
Optimizes individual initiative, autonomy, and independence in making life choices	x		
Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint	x		
Facilitates individual choice regarding services and supports and who provides them	x		
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS	x		
Person-centered service plan (HCBS)	x		
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		
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		
Reflects cultural considerations/uses plain language	x		
Discusses individual preference for community integration within and outside the setting.	x		
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		

From: Kathryn Good BSN, RN
 HCBS Program Administrator
 Aging Services
 1237 W Divide Ave Suite 6
 Bismarck ND 58501
 (701) 328-8786
krgood@nd.gov

To: Maple View Memory Care
 4650 S. Washington St.
 Grand Forks, ND 58201

Date: January 3, 2025

Re: Final Rule Requirements

The North Dakota Department of Health & Human Services, Adult & Aging	Services Section will be making a Site Visit of your Adult Residenti al	Care on Wednes day, January 22, 2025, at 12:30 PM. This visit is to	determin e if your setting meets the requirem ents set for	reimburs ement for Home and Commun ity Based Service provided under the	Waiver and the Settings Rule. Adult Residenti al Care settings are	required to be surveyed every two years to remain in complan ce with	Settings Rule.
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Please provide copies of the following documents via **email**:

- ☐ List of your Medicaid recipients in Memory Care (with Power of Attorney names and phone numbers, if applicable)
- ☐ Copy of the last Plan of Care for each Medicaid recipient
- ☐ Latest lease agreement
- ☐ Care planning policy
- ☐ Policy on activities (schedule posted in a visible location)
- ☐ Social history or admission interview
- ☐ Admission packet and/or marketing material
- ☐ Residents' rights policy
- ☐ Consumer education
- ☐ Blank copy of nursing assessment form
- ☐ Transportation education
- ☐ Policy on non-verbal or non-English speaking individuals

ADULT AND AGING SERVICES

- ☐ Abuse prevention policy
- ☐ Complaint/grievance policy and ways to file anonymously
- ☐ Elopement policy
- ☐ Confidentiality, security, and storage policy
- ☐ Policy on medication administration, storage, and assessing for ability to self-
- ☐ Policy on how your facility will accommodate transporting consumers to OT, PT, etc.
- ☐ Training policy for new staff and annual training including HCBS Settings Final Rule education
- ☐ Policy on documenting any Settings Rule restrictions in care plan

Please send via email and I will review this prior to our onsite visit.

If you have any questions, please feel free to call me.

Thank you,



Kathryn Good BSN, RN
Aging Services

ADULT AND AGING SERVICES

1237 W Divide Ave Suite 6 | Bismarck ND 58501

ND Aging & Disability Resource-LINK Toll Free 855.462.5465 | Fax 701.328.8744 | 711 (TTY) | www.hhs.nd.gov

Date of Review of Evidence Package by Aging Services Section

Reviewed by the following staff:

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

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

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**

