

## Settings Rule Compliance Checklist

**Location:** New Perspective West Fargo

**Contact:** Paul

**Erdmann, Tiara Law,**

**Medicaid Consumers:** 9

**Site Visit** 08/04/2025

**Date:**

**Licensed Beds/Current Census:** 40 / 32

**Visit** Kathryn Heather Lindsley  
**Completed** Good,  
**by:**

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.	✓		Gives options of more facilities in the area.
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	✓		Supervised and assist. Work with family and ask for assistance with bus. Once a week by us, scenic drive or go to shopping. POA and family often. Very individualized.
Is integrated in and supports access to the greater community	✓		Bring out for other events. Church in house, salon. A couple people go out into the
Optimizes individual initiative, autonomy, and independence in making life choices	✓		Care conference and establish schedules of what their preferences are. Meals are saved and we will watch them one-to-one. Can have anything else after hours. Can ask for a different meal. Education to staff to offer something else if they aren't eating.
Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint	✓		Instill right way in their training, follow up on any reports, verbal coaching. Team member orientation.
Facilitates individual choice regarding services and supports and who provides them	✓		We encourage the pharmacy on our med plan due to a cycle fill. But can use any pharmacy, some use VA or others. Provider
Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS	✓		Yes.
Person-centered service plan (HCBS)	✓		Receive care plan from HCBS CM
The individual has a lease or other legally enforceable agreement providing similar protections	✓		Yes
The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit	✓		Yes, upon assessment they have key to their room. Lockable from inside the door.
The individual controls his/her own schedule including access to food at all times	✓		yes
The individual can have visitors at any time	✓		yes
The setting is physically accessible	✓		yes
Must be timely and occur at times/locations convenient to all involved.	✓		Yes, CM - based on what guardian or POA wants
Reflects cultural considerations/uses plain language	✓		Yes
Discusses individual preference for community integration within and outside the setting.	✓		Yes, at admission and quarterly care plans
Includes strategies for solving disagreement	✓		
Offers choices to the individual regarding services and supports the individual receives and from whom	✓		
Provides method to request updates	✓		Nurse pulls together a care plan meeting if needed. If its something simple like adding a shower to the schedule, just call POA otherwise call HCBS CM and request meeting.

Requirements	Meets	Does Not Meet	Comments
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	✓		
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	✓		
May include whether and what services are self-directed and includes risks and plan to minimize them	✓		
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others	✓		
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	✓		

Date: 7/25/2025

To: New Perspective West Fargo  
Attn: Tiara Law, RN  
645 33rd Ave E  
West Fargo, ND 58078

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

Re: Final Rule Requirements

The North Dakota Department of Health & Human Services, Adult & Aging Services, will be making a Site Visit of the above stated Adult Residential Care on Monday, August 4, 2025 at 11:30 AM. This visit is to determine if your setting meets the requirements set for reimbursement for Home and Community Based Service provided under the Waiver and the Settings Rule as published by the Department of Health Services, and Human Services Centers for Medicare & Medicaid Final Regulation in CMS-2249-F. CMS-2296-F. Adult Residential Care settings are required to be surveyed every two years to remain in compliance with the Settings

Please provide copies of the following document via email:  
☐ your in Memory Power of and applicable  
☐ List of Medicaid Care (with Attorney phone )  
☐ Copy of 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

**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](http://www.hhs.nd.gov)

- ☐ Blank copy nursing assessment form
- ☐ Transportation education
- ☐ Policy on non-verbal or non-English speaking individual
- ☐ 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-administer
- ☐ Policy on how your accommodation transportation to OT, PT, facility will accommodate consumer etc.
- ☐ Training new staff training HCBS Final Rule policy for and annual including Settings education
- ☐ Policy on documenting Settings Rule restriction 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*

Kathryn Good BSN, RN  
Adult & 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](http://www.hhs.nd.gov)

## Date of Review of Evidence Package by Aging Services Section:

### Reviewed by the following staff:

Heather Kathryn Good,  
Lindsley, HCBS  
HCBS Program  
Program Administrator  
Administrator

### Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

8/4/2025

### Aging Services Decision:

Check all that apply

✓

#### Setting Fully Complies

#### Setting with additional changes will fully comply

Setting issued with need include the community Settings Residenti  
temporary to submit a intent to integration Final Rule al Care  
compliance Corrective become regulations Medicaid Services.  
Action Plan compliant of the Waiver  
to with the HCBS 1915(c)

#### Does not/cannot meet HCB Settings Requirements

Evidence submitted scrutiny presumed qualities the  
package must to CMS for because the to have based on following:  
be heightened facility is institutional one or  
more of  
Setting is in a publicly or operated that inpatient treatment;  
privately- facility provides institution  
al  
Setting is building on the grounds of, or adjacent to, a public  
Setting effect of isolating individuals receiving Medicaid  
not  
of receiving  
from the broader community individuals Medicaid HCBS.

institution;