

Settings Rule Compliance Checklist

Location: Prudent Home Care, Mandan, ND

Contact: Ademola Coker, Melanie Colon

Medicaid Consumers: 2

Site Visit 11/14/2025

Date:

Licensed Beds/Current Census: 4 /2

Visit Erica
Completed Reiner
by: Brittany Hack

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 |
|---|-------|---------------|---|
| Setting 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. | ✓ | | All rooms are private in the agency foster home. Individuals are provided other setting options. |
| Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. | ✓ | | Agency offers assistance in connecting to volunteering, community & integration activities. |
| Is integrated in and supports access to the greater community | ✓ | | Located in residential area, individuals access the community. |
| Optimizes individual initiative, autonomy, and independence in making life choices | ✓ | | Individuals have freedom and the right to make their own choices. |
| Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint | ✓ | | Lease agreement and resident handbook reflects this information. |
| Facilitates individual choice regarding services and supports and who provides them | ✓ | | Individuals who reside in the agency home qualify for res hab or community support services. Individuals participate in person-centered planning. |
| Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS | ✓ | | Individuals residing in the agency foster home are receiving residential habilitation and community support services. |
| Person-centered service plan (HCBS) | ✓ | | HCBS case manager, agency coordinator, and the individual collaborate to complete the person centered service plan. |
| The individual has a lease or other legally enforceable agreement providing similar protections | ✓ | | Each individual is provided a lease agreement. |
| The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit | ✓ | | Each room is private and individuals have the opportunity to decorate their room as they choose. |
| The individual controls his/her own schedule including access to food at all times | ✓ | | Individuals have access to food at all times, snacks are available. |
| The individual can have visitors at any time | ✓ | | Visitors are permitted at anytime. |
| The setting is physically accessible | ✓ | | A ramp is located on the front of the home making it accessible. |
| Person-centered planning meetings must be timely and occur at times/locations convenient to all involved. | ✓ | | |
| Reflects cultural considerations/uses plain language | ✓ | | |

| Requirements | Meets | Does Not Meet | Comments |
|--|-------|---------------|---|
| Discusses individual preference for community integration within and outside the setting. | ✓ | | Discuss at person centered planning meetings. |
| Includes strategies for solving disagreement | ✓ | | Agency has policy for resolving complaints. |
| Offers choices to the individual regarding services and supports the individual receives and from whom | ✓ | | |
| Provides method to request updates to person-centered plan. | ✓ | | Can be requested at any time. |
| Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare | ✓ | | Person centered plan and Individual Program Plans (IPPs) reflect this. |
| Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes | ✓ | | Person centered plan and Individual Program Plans (IPPs) reflect this. |
| May include whether and what services are self-directed and includes risks and plan to minimize them | ✓ | | Risk assessment developed by HCBS case manager, IPP also reflectst his. |
| Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others | ✓ | | Person centered plan and Individual Program Plans (IPPs) reflect this. |
| Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary | ✓ | | |

Date of Review of Evidence Package by Aging Services Section:

Reviewed by the following staff:

Erica HCBS Program Administrator
Reiner,

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations: 11/25/25

Aging Services Decision: Check all that apply

✓

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;

broader community of individuals not receiving Medicaid HCBS.