

**Summary of Grand Forks Edgewood Adult Residential CMS Home and Community Based Services (HCBS) Settings Rule Site Visit**

**December 9, 2022, by Kathryn Good and Erica Reiner.**

Edgewood Grand Forks is a Specialized Basic Care Facility that specializes in providing care to individuals with memory loss. The setting is a [secure/unsecure] facility that is accessible and located in a residential area with access to provider owned or public transportation. The setting is attached to an ambulatory clinic. A google map, organization chart, Basic Care License, Medication error reporting and Elopement Risk Prevention/Missing Resident policy is included in the Evidence Package. Edgewood’s capacity is 22 with 0 currently on Medicaid.

Email sent to provide education regarding the Home and Community Based Services Settings requirements published in the Federal Register on January 16, 2014. 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 Home and Community-Based Setting Requirements, ND Administrative Code Chapter 33-03-24.1 Basic Care Facilities, ND Century Code Chapter 50-10.2 Rights of Health Care Facility Residents, Adult Residential Care Policy 525-05-30-16, 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.

The assessment tool was reviewed, and the State then provided a written summary of suggestions and areas that needed change to come into compliance. The State provided further technical assistance upon request and the provider submitted an evidence package to the State to prove compliance with setting requirements.

December 9, 2022, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. State staff will contact consumers/POAs after thirty days of being a Medicaid consumer to review 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.

<b>HCBS Settings Requirements</b>	<b>Review of Facility</b>
<b>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.</b>	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.  <b>Supporting Documentation:</b> <ul style="list-style-type: none"><li>• Lease Agreement</li><li>• Site Visit and Observation by state staff summary</li></ul>

<p><b>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b></p>	<p>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.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policy, Procedures and Protocol Manual</li> </ul>
<p><b>Is integrated in and supports access to the greater community</b></p>	<p>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 Activity Director to determine activities outside of the facility.</p> <p>A “Life History Form” is filled out at Admission to determine the likes and dislikes 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.  The person-centered plan of care is individualized for each consumer.</p> <p>Everyone accesses the building and units the same way.  The code is posted at the entrance and exit of the memory care unit allowing access to enter and leave as soon as a key pad lock is placed.  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.</p> <p>The outside enclosed courtyard has walking paths and table and chairs, planters, and flower garden. The courtyard is locked to ensure the safety of the consumer.  The consumer can request access to the courtyard in the winter or bad weather, by asking staff who will ensure that the consumer is dressed properly.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Calendar of Events</li> <li>• Available Activities Sheet</li> <li>• Life History Form</li> </ul>

<p><b>Optimizes individual initiative, autonomy, and independence in making life choices</b></p>	<ul style="list-style-type: none"> <li>• Site Visit and Observation by state staff</li> </ul> <p>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.</p> <p>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.</p> <p>The kitchen where food is prepared is a commercial kitchen. 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.</p> <p>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.</p> <p>Consumers had choices of food.</p> <p>The laundry room is available to residents who wish to do their own laundry.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Site Visit and Observation by state staff</li> </ul>
<p><b>Ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint</b></p>	<p>The Medicaid consumers will have private apartments with lockable doors and a private bathroom.</p> <p>Couples are not required to share an apartment.</p> <p>Consumers can furnish and decorate their unit as desired. Observation reflected consumer’s own personal tastes in decorating their private living quarters.</p> <p>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.</p>

	<p>Resident handbook states Edgewood 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.</p> <p>Mail is hand delivered to the resident. TV, radio, and WiFi are available for resident use. Staff training includes Resident Rights and topics of dignity and respect.</p> <p>The resident handbook reflects care and medications are given in private. The door to the medication and unit office will remain closed.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• “Resident Complaint/Grievance” policy is included in the Admission Packet.</li> <li>• HIPAA Notice of Privacy Practices is included in the Admission Packet.</li> <li>• Site Visit and Observation by state staff</li> </ul>
<p><b>Facilitates individual choice regarding services and supports and who provides them</b></p>	<p>The consumer has a choice in who cares for them.</p> <p>The facility provides the consumer information regarding filing a grievance.</p> <p>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.</p> <p>Consumer medical care is provided per own preference.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook (Includes list of services outside of facility)</li> <li>• Resident Rights Booklet</li> <li>• “Resident Complaint/Grievance” policy is included in the Admission Packet.</li> <li>• Site Visit and Observation by state employees</li> <li>• Staff Training Folder</li> <li>• Survey with consumer and legal representative</li> </ul>
<p><b>Ensures the individual receives services in the community</b></p>	<p>All consumers are treated the same. Consumers can eat in</p>

<p><b>to the same degree of access as individuals not receiving Medicaid HCBS</b></p>	<p>place of their choosing.</p> <p>The consumer can access the broader community for services if desired.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Resident Rights Booklet</li> <li>• Site Visit and Observation by state staff</li> </ul>
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<p><b>Person-centered service plan</b></p>	<p>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.</p> <p>The monthly participation logs are reviewed to ensure community integration and activities.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Person Centered Care Plan Review by State staff</li> <li>• Participation Log review</li> <li>• Care Note review</li> <li>• Edgewood Care Plan review</li> <li>• HCBS Care Plan review</li> </ul>
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**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.**

<p><b>The individual has a lease or other legally enforceable agreement providing similar protections</b></p>	<p>The consumer or legal decision maker signs a lease agreement when the decision has been made to move into the facility. The lease follows ND landlord tenant laws.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Lease Agreement</li> </ul>
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<p><b>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</b></p>	<p>At the site visit it was observed the units are private with lockable doors. The Medicaid consumer had a private unit. The consumer has the right to furnish their living unit.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Lease Agreement</li> <li>• Site Visit and Observation by state staff</li> </ul>
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<p><b>The individual controls his/her own schedule including access to food at all times</b></p>	<p>If a menu is not acceptable, another option will be prepared. There are no assigned seats. Snacks are available throughout the day. 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.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Site Visit and Observation by state staff</li> </ul>
<p><b>The individual can have visitors at any time</b></p>	<p>Overnight guests allowed and there are no designated visiting hours.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> </ul>
<p><b>The setting is physically accessible</b></p>	<p>The setting is in a residential area of Grand Forks within walking distance to other businesses. Sanford Ambulatory clinic is attached by a long hallway between. The setting is ADA accessible.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Site Visit and Observation by state employees</li> </ul>

**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.**

<p><b>HCBS Settings requirement: The <i>Person-Centered Service Plan</i> 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.</b></p>	
<p><b>Must be timely and occur at times/locations convenient to all involved.</b></p>	<p>Yes</p>
<p><b>Reflects cultural considerations/uses plain language</b></p>	<p>Yes</p>
<p><b>Discusses individual preference for community integration within and outside the setting.</b></p>	<p><b>Life History Form:</b> Indicates previous careers and memberships. The Life History Form indicates the activities the consumer enjoys. The care plan lists preferences in activities and a participation log is utilized to indicate participation in activities.</p>

<b>Includes strategies for solving disagreement</b>	The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys. The facility has set a goal to encourage the consumer to participate in activities.
<b>Offers choices to the individual regarding services and supports the individual receives and from whom</b>	The care plan indicates the type of services that are being provided are based on the consumers preference.
<b>Provides method to request updates</b>	Resident Handbook states “A resident or responsible party may request a Care Plan meeting at any time.”
<b>Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare</b>	Goals are determined by the consumer and/or legal decision maker during the Person-Centered care plan meeting with the HCBS Case Manager and setting staff.
<b>Identifies the individual’s strengths, preferences, needs (clinical and support), and desired outcomes</b>	Care planning includes Strengths, needs, goals and task.
<b>May include whether and what services are self-directed and includes risks and plan to minimize them</b>	Care planning includes risks.
<b>Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others</b>	Facility and the HCBS Care planning includes Identified goals and preferences related to values “What is important to client”, Community Integration and Social Support, Family, Decision Making, Financial, Education, Employment, Healthcare, Medications, Nutrition, Mental Health, Cognitive, Behavior, and Safety
<b>Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary</b>	HCBS care plan is signed by the HCBS Case Manager and the family who is the POA.

**With the setting being attached to Sanford Ambulatory Clinic: The Settings Committee**

**Question:** What types of settings are identified in the home and community-based settings regulation as presumed to have the qualities of an institution to which the heightened scrutiny process applies?

**Answer:** The regulations describe three categories of residential or non-residential settings that are presumed to have the qualities of an institution:

- Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution; and
- Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services

**This setting was found to not meet the criteria of having qualities of an institutional setting.**

**Date of Review of Evidence Package by the HCBS Settings Committee:**

December 19, 2022

**Reviewed by the following Committee members:**

Nancy Nikolas Maier, Director of Aging Services

Heidi Zander, Developmental Disabilities Program Administrator

Russ Korzeniewski, DHHS Risk Manager/Disaster Preparedness Administrator

Katherine Barchenger, State Autism Coordinator

Kathryn Good, HCBS Program Administrator

Erica Reiner, HCBS Program Administrator

**Recommendations to Meet Compliance: N/A**

**Date of Compliance with above Recommendations:**

December 19, 2022

**Committee 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 not receiving Medicaid HCBS.**