

Summary of Roseadele Adult Residential CMS Home and Community Based Services (HCBS) Settings Rule Site Visit

Roseadele visit by Kathryn Good, Program Administrator and Erica Reiner, Program Administrator.

Roseadele is a Specialized Basic Care Facility that specializes in providing care to individuals with memory loss. The setting is a secured facility that is accessible and located in a residential area with access to provider owned or public transportation. A google map, organization chart, Basic Care License, Medication error reporting policy is included in the Evidence Package. Roseadele’s capacity is 20 with 13 residents presently and 7 on Medicaid.

The State offered a Microsoft Teams/telephone meeting to the facility for updates to 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 [the CMS power point “Monitoring of Compliance with the 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 to provide education during the call.

The State provided further technical assistance upon request and the provider submitted an evidence package to the State to prove compliance with setting requirements.

09/06/2022, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. A phone survey was conducted with the Medicaid consumer’s legal decision maker to assess the consumers experience living in the setting. 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
<p>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.</p>	<p>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.</p> <p>The facility is ADA accessible.</p> <p>A legally enforceable agreement following ND landlord tenant laws.</p> <p>There are cameras outside the facility. Cameras in common areas. Cameras are reviewed only if there is a concern.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Site Visit and Observation by state staff summary • Survey with consumer and legal decision maker

<p>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</p>	<p>All consumers at the facility are currently retired by choice.</p> <p>Consumers can continue employment or volunteering based on their person-centered goals.</p> <p>The consumer, power of attorney, or family control finances, the consumer can keep money in their possession if they desire. It is recommended that the resident keeps the funds in a lock box if they would like to keep money in their room. Facility will hold monetary funds in the front office up to \$100 for each resident to access for outings if the family/resident wishes.</p> <p>Engaging in community life is addressed below.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with consumer and legal decision maker
<p>Is integrated in and supports access to the greater community</p>	<p>Activity Calendars are posted to inform consumer and family of activities within the facility.</p> <p>The family/natural supports are encouraged to take the consumer out into the broader community. This was noted at the site visit.</p> <p>Public Transportation is available.</p> <p>An Activity Assessment is filled out at Admission to determine the likes and dislikes of the consumer and to assist staff in the individualized care of the consumer.</p> <p>Monthly Activity Participation logs and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions.</p> <p>The person-centered plan of care is individualized for each consumer.</p> <p>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 by the fire extinguisher.</p> <p>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 is locked at night and now has a log for staff to unlock the courtyard during the day for consumer access.</p>

	<p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Calendar of Events • Available Activities Sheet • Monthly Activity Participation Log • Observation/Outing Information Log • Activity Assessment Form • Person Centered Plan • Survey with consumer and legal decision maker • Site Visit and Observation by state staff
<p>Optimizes individual initiative, autonomy, and independence in making life choices</p>	<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 consumers do not have access to the kitchen due to safety. Staff are available 24/7 to assist with making a meal for the consumer.</p> <p>The consumer has a choice of meal.</p> <p>Snacks are available 24/7 in the common area. Consumers may eat where they choose. Consumers may have food in their private rooms. No clothing protectors are used. No assigned seating.</p> <p>The laundry room is locked due to chemicals. Consumers may assist staff with laundry if they would like to.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with consumer and legal decision maker
<p>Ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint</p>	<p>The Medicaid consumers have private apartments with lockable doors and a private bathroom. The bathroom in the private apartment is open but has a curtain that can be pulled closed if wanted.</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.</p> <p>Resident handbook states Roseadele 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.</p> <p>Mail is hand delivered to the resident. TV is available in the common areas or consumer can have a personal TV in their own room. Staff training includes Resident Rights and topics of dignity and respect at hire and annually.</p> <p>The resident handbook reflects care and medications are given in private. Medications give in med room or private room.</p> <p>Observed the staff knocking on the door before entering the room.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Grievance & Complaints policy is included in the Admission Packet. • HIPAA Notice of Privacy Practices is included in the Admission Packet. • Site Visit and Observation by state staff • Staff Training Folder • Survey with consumer and legal decision maker
<p>Facilitates individual choice regarding services and supports and who provides them</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>Consumers are encouraged to keep attending their own church or beautician/barber if they would like.</p>

	<p>Consumer medical care is provided per own preference.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook (Includes list of services outside of facility) • Resident Rights Booklet • Grievance & Complaints policy is included in the Admission Packet. • Site Visit and Observation by state employees • Staff Training Folder • Survey with consumer and legal representative
<p>Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>All consumers are treated the same. Consumers can eat in place of their choosing.</p> <p>The consumer can access the broader community for services if desired.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Rights Booklet • Site Visit and Observation by state staff • Survey with consumer and legal representative
<p>Person-centered service plan</p>	<p>Roseadele 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>Supporting Documentation:</p> <ul style="list-style-type: none"> • Person Centered Care Plan Review by State staff • Participation Log review • Care Note review • Roseadele Care Plan review • HCBS Care Plan review

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>The individual has a lease or other legally enforceable agreement providing similar protections</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>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement
<p>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</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 or/and legal decision maker did not want to have a key, but when out with family member, the door was locked, and the consumer asked for it to be open upon their return.</p> <p>The consumer had pictures on the wall and unit was furnished according to the desire of the consumer or family. The consumer is encouraged to decorate their apartment to reflect personal taste, hobbies, and interest.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Lease Agreement • Site Visit and Observation by state staff • Survey with consumer and legal decision maker
<p>The individual controls his/her own schedule including access to food at all times</p>	<p>If a menu is not acceptable, another option can 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. The interview with the consumers legal decision maker indicated knowledge of these rights.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with consumer and legal decision maker
<p>The individual can have visitors at any time</p>	<p>Overnight guests allowed and there are no designated visiting hours.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with consumer and legal decision maker
<p>The setting is physically accessible</p>	<p>The setting is in a residential area of Jamestown. The setting is ADA accessible.</p>

	Supporting Documentation: <ul style="list-style-type: none"> • Site Visit and Observation by state employees
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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.

State staff conducted interview with the consumers legal decision make/ Power of Attorney. The interview revealed the family had a choice when making the decision to move the consumer to Jamestown.

The family helps to meet the consumers community integration needs. The consumer participates in activities inside the facility as chosen by the consumer. The family member interviewed stated the facility does not prevent the consumer from coming and going.

The consumer’s legal representative manages the consumers finances. The legal representative and other family members are happy with the facility as the consumer is getting good care, the family can visit when they want, the consumer is engaged in activities.

The interviewed family member states the consumer can get up when desired and eats breakfast when they want. The facility makes food on demand and food is available at any time. The consumer can have a fridge if they wish.

The family member stated that the consumer does not have to adhere to a set schedule of waking, eating, bathing etc. and that these activities are completed based on the consumers preference.

The living unit can be decorated as desired. The bedroom door has a lock, but the family and consumer choose not to have a key. Consumers can have a TV or phone if they wish.

The consumer and family member interviewed feel this is a safe plan. The consumer gets along with the staff. The staff interacts in a dignified manner. The family member interviewed indicates knowledge of how to submit a grievance and that this can be done anonymously. The family member interviewed knows who the case manager is and participates in care planning.

Monthly Activity Participation logs:

During Covid-19 restrictions there was more one on one activities, but now that the restrictions have relaxed some, more participation in group activities is occurring. Per facility report, community integration is occurring at least twice a week with the assistance of the Activity Director.

HCBS Settings requirement: The *Person-Centered Service Plan* 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
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	choose.
Reflects cultural considerations/uses plain language	Yes
Discusses individual preference for community integration within and outside the setting.	Life History Form: Indicates previous careers and memberships. The Activity Assessment indicates the activities the consumer enjoys as painting, puzzles, crafts, reading, card making, music, parties, and Bingo. The consumer dislikes loud noises and large crowds. Going for a drive is calming. The care plan lists preferences in activities and a participation log is utilized to indicate participation in activities.
Includes strategies for solving disagreement	The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys.
Offers choices to the individual regarding services and supports the individual receives and from whom	The care plan indicates the type of services that are being provided are based on the consumers preference.
Provides method to request updates	May request care plan meeting at anytime.
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 legal decision maker 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, needs and goals.
May include whether and what services are self-directed and includes risks and plan to minimize them	Care planning includes risks.
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	Facility and the HCBS Care planning includes Identified goals and preferences related to values, Community Integration and Social Support, Family, Decision Making, Financial, Education, Employment, Healthcare, Medications, Nutrition, Mental Health, Cognitive, Behavior, and Safety
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.

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

September 6, 2022 and November 1, 2023

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services

Russ Korzeniewski, HHS Risk Manager/Disaster Preparedness Administrator

Karla Kalanek, Developmental Disabilities Program Administrator

Katherine Barchenger, State Autism Coordinator

Kathryn Good, HCBS Program Administrator

Erica Reiner, HCBS Program Administrator

Recommendations to Meet Compliance:

Date of Compliance with above Recommendations:

November 1, 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.**