

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.

The individual has a lease or other legally enforceable agreement providing similar protections

The individual 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.

Supporting Documentation:

- Lease Agreement

The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit

At the site visit it was observed the units are private with lockable doors.

The individuals have pictures on the wall and bedrooms were furnished according to the desire of the individual. The individual is encouraged to decorate their room to reflect personal taste, hobbies, and interest.

Supporting Documentation:

- Resident Handbook
- Lease Agreement
- Site Visit and Observation by state staff
- Survey with individuals and legal decision maker

The individual controls his/her own schedule including access to food at all times

Agency employees work together to plan meals with the individuals living in the home.

Food is available at any time.

Alternative meal choices are available.

The individual can have visitors at any time

Overnight guests are allowed and there are no designated visiting hours.

Supporting Documentation:

- Resident Handbook
- Survey with residents and legal decision maker

The setting is physically accessible

The setting is in a residential area of Leeds, ND.

The setting is ADA accessible. A chair lift was added between the entry/living area and the kitchen area.

Supporting Documentation:

- Site Visit and Observation by state employees

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.

N/A

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.

Individuals receiving services, the QSP, the guardian and the HCBS case manager are involved in the person-centered planning meetings which occur in the home. Guardians may be available in person or by phone.

Reflects cultural considerations/uses plain language

Yes

Discusses individual preference for community integration within and outside the setting.

Individual Program Plan (IPP):

The person centered plan developed by the HCBS case manager and the IPP indicate activities the individual is interested in outside of the home.

Includes strategies for solving disagreement

The IPP discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the individual enjoys. The HCBS case manager, guardian, and the QSP agency coordinator are involved in discussions that involve any disagreements.

Offers choices to the individual regarding services and supports the individual receives and from whom

The Person Centered Plan and the IPP indicate the type of services that are being provided are based on the consumers preference.

Provides method to request updates

Resident Handbook states care meetings and updates can be requested at any time.

<p>Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare</p>	<p>Goals are determined by the consumer and/or legal decision maker during the Person-Centered care plan meeting with the HCBS Case Manager and QSP staff.</p>
<p>Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes</p>	<p>Care planning includes Strengths, needs, goals and tasks.</p>
<p>May include whether and what services are self-directed and includes risks and plan to minimize them</p>	<p>Care planning includes risk assessment and plan to mitigate risks.</p>
<p>Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others</p>	<p>The person centered plan and IPP includes identified goals and preferences related to values. The person centered plan and IPP are Individual Program Plan are</p>
<p>Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary</p>	<p>The person centered plan, developed by the HCBS case manager, is signed by the individual and guardians if applicable. A copy of the person centered plan is provided to the QSP agency.</p>