

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

Friday January 25, 2019 by Nancy Nikolas Maier, Director of Aging Services and Deb Vesey, BSN, RN, Program Administrator

Edgewood Mandan Senior Living is a licensed basic care facility that specializes in providing care to individuals with memory loss. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation. The setting is attached to an assisted living and basic care facility. A google map, organization chart, Basic Care License, Medication error reporting and "Elopement Risk Prevention/Missing Resident" policy, and Resident Complaint/Grievance Resolution Policy is included in the Evidence Package. Edgewood Mandan utilizes the Minot State University Medication Assistant Training Program.

Mandan Edgewood is at full capacity with 22 residents presently and 1 on Medicaid. Edgewood has a signed lease agreement. "Lease payments may be changed from time to time by Landlord with appropriate notice to the Tenant. A written notice of change in lease payment will be provided to Tenant at least thirty (30) days prior to the end of the month."

(Included in Packet are the lease agreement and Discharge Policy)

January 29, 2018, a site visit was held with Mandan Edgewood 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 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 visit.

The assessment tool was completed, and the State then provided a written summary of suggestions and areas that needed change in order 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.

January 25, 2019, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. State staff met with the consumer and conducted a care plan review. A survey was conducted by phone 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.

Qualified Service Provider application renewal is due in February and the facility has received the new Critical Incident reporting guidelines.

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. The facility is ADA accessible. Edgewood has a legally enforceable agreement following ND landlord tenant laws. There are no camera's in the facility unless placed by the consumer, power of attorney or family.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Mandan Edgewood Marketing Folder (Green Folder with MC) • Mandan Edgewood Admission Packet (Green Folder) • Mandan Edgewood has shared units for the Medicaid consumers. There is a wall divider offering privacy in the sleeping area. The bedroom and bathroom doors lock. • Site Visit and Observation by state staff summary • Survey with 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 Mandan Edgewood are currently retired. The ages of the residents are late 70s to 90s. 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. There is an option to open a resident account with a maximum of \$90 in the account. Engaging in community life is addressed below.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with 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. The facility will coordinate transportation if any resident would ask but no one has presently asked.</p> <p>The consumer can utilize the internet or paper to determine activities outside of the facility. A volunteer register of individuals who will assist with</p>

residents is included in the Evidence Package.

Public Transportation is available.

A "Life History Form" is filled out at Admission to determine the likes and dislikes of the consumer and to develop a "Care Note" or one-page sheet to assist staff in the individualized care 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.

Everyone accesses the building and units the same way. The facility entrance door is unlocked during the day. During the night, the front entrance to the facility is not staffed, but anyone may ring the front door bell at any time. Sign in and out is requested by not mandatory. A pass card is utilized to enter and leave the memory unit. A pass card can be given to anyone who demonstrates knowledge of the process by stopping at the front desk. This applies to both residents and visitors.

The outside enclosed courtyard has walking paths and table and chairs. The courtyard is unlocked but is locked in the winter and bad weather 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.

Supporting Documentation:

- Resident Handbook
- Calendar of Events
- Life History Form
- What is important to Resident form
- Resident Activity Participation Log
- Wellness Activities Sheet
- Observation/Outing Information Log
- Care Plan at a glance or one sheet Form
- Volunteer Register
- Person Centered Plan of Care Worksheet
- Survey 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 if not in a companion room. 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 has certain locked cupboards, but fruit is out on the counter and the resident can request something to eat at any time. The consumer also has access to a fridge or microwave in this area.</p> <p>One entrée is served at meal time, but alternate food is available upon request.</p> <p>If desired the consumer may have a fridge in their apartment unit. The microwave can be used by the consumer after demonstrating the knowledge of the use of the microwave.</p> <p>There is no assigned seating, no disposable plates and silverware. No protective coverings used.</p> <p>The laundry is locked but the consumer can request to use the laundry room if they would choose to do their own laundry.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with legal decision maker
<p>Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint</p>	<p>The Medicaid consumers have shared apartments with lockable doors and a lockable bathroom. A wall offers privacy in the sleeping area.</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>The Resident handbook states if living in a companion apartment and there is a conflict, the facility will work on making a change based on availability.</p>

	<p>Several areas were available to provide private visiting areas.</p> <p>Resident handbook states consumer can have a phone in their apartment or Edgewood will provide a portable phone to allow opportunity for private phone calls. Consumer has a phone in her unit and connects with family by facetime or skype with assistance of staff.</p> <p>Recommend business mail be re-directed to a responsible person. Mail is distributed to the resident.</p> <p>Basic Cable TV is provided at no charge.</p> <p>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 and sign posted to note this door is to be closed.</p> <p>Training to staff regarding knocking on the door before entering the room.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • “Resident Complaint/Grievance” policy is included in the Admission Packet. (Green Folder) • Resident Rights is included in the Admission Packet. (Green Folder) • 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. Handbook states Resident has the right to choose person providing cares.</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. Option for medical treatment, PT, and OT to be given at facility.</p>

	<p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook (Includes list of services outside of facility) • Resident Rights Booklet • “Resident Complaint/Grievance” policy is included in the Admission Packet. (Green Folder) • 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>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>Supporting Documentation:</p> <ul style="list-style-type: none"> • Person Centered Care Plan Review by State staff • Participation Log review • Care Note review • Edgewood 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.	
The individual has a lease or other legally enforceable agreement providing similar protections	<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
The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit	<p>At the site visit it was observed the unit was a double unit with a wall dividing the sleeping area to maintain privacy. The bedroom and bathroom are equipped with lockable doors.</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
The individual controls his/her own schedule including access to food at all times	<p>If a menu is not acceptable, a sandwich can be prepared. There are no assigned seats. Snacks are available throughout the day.</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.</p> <p>The interview with the consumer’s family 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
The individual can have visitors at any time	<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
The setting is physically accessible	<p>The setting is in a residential area in Mandan. 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.

On February 1, 2019, state staff contacted the consumers family member. The family had a choice when making the decision to move the consumer to Mandan Edgewood as other options were available in the community. The family understood the consumers right to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

The family member understood the right of the consumer to access the greater community as desired, the right to seek employment or volunteer in the community, the right to choose services and who provides them, the right to autonomy, and independence in making life choices, the right to control his/her own schedule including access to food at all times, and the right to privacy, respect, and freedom from coercion and restraint.

The consumer has privacy in the sleeping unit, choice of roommates, freedom to furnish or decorate the unit, and the right to visitors at any time including overnights.

The family contacted understood these rights and understood any restrictions would be documented in the person-centered plan of care.

The consumers legal decision maker attends the care conference, knows the case manager, and understands that the consumer can have anyone they choose to attend the care conference.

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. The POA knows that the consumer and family can invite anyone they choose.
Reflects cultural considerations/uses plain language	The person-centered service plan reflects cultural considerations and utilizes methods to ensure understanding of the plan.
Discusses individual preference for community integration within and outside the setting.	Life History Form: 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.
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. The facility has set a goal to encourage the consumer to participate in activities.
Offers choices to the individual regarding services and	The care plan indicates the type of services that are being

supports the individual receives and from whom	provided are based on the consumers preference.
Provides method to request updates	Resident Handbook states "A resident or responsible party may request a Care Plan meeting 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	Goal 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, goals and task.
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 "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
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:

Date: March 6, 2019

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services
 Karla Kalanek, Developmental Disabilities Program Administrator
 Heidi Zander, Developmental Disabilities Program Administrator
 Karla Backman, State Long Term Care Ombudsman
 Katherine Barchenger, State Autism Coordinator
 Deb Vesey, HCBS Program Administrator
 Russ Korzeniewski, Risk Management Program Administrator

The committee gave recommendations to update the handbook to allow the consumer and family better understanding of the consumer's independence in making life choices and the right to control his/her own schedule.

Date of Compliance with above Recommendations: April 4, 2019

Committee Decision:

- Setting Fully Complies**
- Setting with additional changes will fully comply**
- 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.**