

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

Friday October 19, 2018 by Nancy Nikolas Maier, Director of Aging Services and Deb Vesey, BSN, RN, Program Administrator

Jamestown Edgewood is a Basic Care Facility and is located on the edge of the Jamestown community, within walking distance to motels, shopping, eating establishments and access to public transportation. A google map, organization chart, Basic Care License, Medication error reporting and “Elopement Risk Prevention/Missing Resident” policy is included in the Evidence Package. Jamestown Edgewood capacity is 43 with 26 residents presently and 1 on Medicaid.

February 15, 2018, a phone conference was held with Jamestown 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 call.

The assessment tool was completed over the phone 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.

October 19, 2018, 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. An in-person 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. 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 • Jamestown Edgewood Marketing Folder (Green Folder) • Jamestown Edgewood Admission Packet (Blue Folder) • Jamestown Edgewood has private units for the Medicaid consumers. Onsite Observation • 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 Jamestown Edgewood are currently retired.</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.</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>The consumer can utilize the internet or paper to determine activities outside of the facility.</p> <p>A Resident and Family newsletter is published monthly and is available at the reception desk.</p> <p>The facility requests an email address to assist in notifying the consumers families and friends of upcoming events and activities.</p> <p>A volunteer register of individuals who will assist with residents is included in the Evidence Package.</p> <p>Public Transportation is available.</p> <p>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.</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 backwards in numerical letters. During the night, the front entrance to the facility is not staffed, but a key fob can be requested to enter the facility or may ring the front door bell at any time.</p> <p>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.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Calendar of Events • Always Available Activities Sheet • Monthly Activity Participation Log • Observation/Outing Information Log • Email Request form • Life History Form • Care Note Form • Volunteer Register • Person Centered Plan of Care Worksheet • 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 industrial kitchen where food is prepared for the entire facility is locked and open only during meal times. There is a kitchenette in the memory unit and state staff observed a fruit bowl on the counter, water, and coffee</p>

	<p>that is available for consumers. The consumer also has access to a fridge, oven, or microwave in this area. One entrée is served at meal time, 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 or microwave in their apartment unit.</p> <p>Observation at noon noted no assigned seating, no disposable plates and silverware. No protective coverings used. Consumers had choices of food by being shown a sample of side dishes to go with entrée.</p> <p>The industrial laundry is locked but the consumer can request to use an alternate 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 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 a request for a curtain can be made. The consumer controls the heat in their apartment.</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. Sitting areas included reminiscing stations with a boat like area, table and chair area representing furniture from the past, area with individual activities, e.g. Clipping coupons, folding clothes, games, drawing., another area with rocking chairs, and an area with a sofa and fireplace, along with the dining area.</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.</p> <p>Recommend business mail be re-directed to a responsible person. Mail is distributed to the resident. Basic Cable TV is provided at no charge. 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>Observed the staff 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. (Blue Folder) • HIPAA Notice of Privacy Practices is included in the Admission Packet. (Blue 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.</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>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. (Blue Folder)

	<ul style="list-style-type: none"> • 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. This was noted as a gentleman from the assisted living area was eating with his wife in the memory unit.</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
<p>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>	
<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 with a lockable door. 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, a sandwich can be prepared. There are no assigned seats. Residents were observed to eat in any area of their choosing. 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
<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 located on the outskirts of Jamestown within walking distance to other businesses. The setting is ADA accessible.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • 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.

On October 19, 2018, state staff contacted the consumers legal decision make/ Power of Attorney. The family had a choice when making the decision to move the consumer to Jamestown Edgewood as other options were available in the community.

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 family understood 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.

Observation at the site visit indicated, the consumer had a private unit with no roommate and had decorated the unit per personal preferences.

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 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	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:

November 7, 2018

Reviewed by the following Committee members:

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

The committee gave recommendations to clarify the language in the handbook to ensure better understanding of the consumers rights and to ensure education is given to the consumer and family regarding these rights.

Date of Compliance with above Recommendations:

November 13, 2018

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.**