

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

Friday March 29, 2018 by Nancy Nikolas Maier, Director of Aging Services and Deb Vesey, BSN, RN, Program Administrator. Second visit was made on February 1, 2019 by Nancy Nikolas Maier, Director of Aging Services and Deb Vesey, RN, Program Administrator. Follow up visit was made on September 22, 2021 by Shirley Fender, RN, Program Administrator.

Bismarck Edgewood is a 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 is included in the Evidence Package. Bismarck Edgewood capacity is 17 with 17 residents presently and 6 on Medicaid.

January 29, 2015, a phone conference was held with Bismarck 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 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.

March 29, 2018 and February 1, 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. 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 is a camera in the facility by the front door.</p>

	<p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Bismarck Edgewood Marketing Folder • Bismarck Edgewood Admission Packet • Bismarck Edgewood has private units for all consumers. • 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 Bismarck Edgewood are currently retired. 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>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. 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 paper to determine activities outside of the facility. A Resident and Family newsletter is published monthly and is available at the reception desk. 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. 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. 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. 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 behind a piece of paper.</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 has walking paths and table and chairs, planters, and flower garden. 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 • Available Activities Sheet • Monthly Activity Participation Log • Observation/Outing Information Log • 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 kitchen where food is prepared is in another building and then brought to Memory Care. 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</p>

	<p>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>Observation at 10:00 AM a resident eating breakfast since she slept in. 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 laundry room is available to residents who wish to do their own laundry and are asked to use the equipment after 4:30pm due to equipment and supplies being in a shower room.</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. 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>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 Bismarck 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>Recommend business mail be re-directed to a responsible person. Mail is hand delivered to the resident. 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>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. • 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>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. • 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

<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. 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</p>

	<p>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. 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 consumer's son / 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 Bismarck 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 conducted a face-to-face 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 Bismarck Edgewood.

The family helps to meet the consumers community integration needs. They accompany the consumer on weekly lunch

outings, go to concerts, takes drives, and help their family member get to medical appointments. 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 chooses to not have a fridge or microwave in the apartment, but the family member interviewed knows this is an option.

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 apartment can be decorated as desired. The bedroom door has a lock, but the family and consumer choose not to have a key. The consumer has a television but has chosen not to have a phone.

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:

Shows an increase in the consumer's participation with activities in the facility since first moving in and it also shows that the family member interviewed takes the consumer out of the facility weekly for concerts, drives, or other activities.

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.

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 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 Life History Form 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. 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	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, 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 9, 2018 and September 30, 2021

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
Russ Korzeniewski, DHS Risk Manager
Deb Vesey, HCBS Program Administrator
Shirley Fender, HCBS Program Administrator

Date of Compliance:

October 6, 2021

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.**