

Summary of Prairie Home and Health Agency Foster Home for Adults CMS Home and Community Based Services (HCBS) Settings Rule Site Visit:

On April 29, 2022, an on-site visit was made by Erica Reiner, Nurse Administrator; Melinda Lapp, HCBS Case Manager Supervisor; and Shadov Sveen, HCBS Case Manager Supervisor.

Prairie Home and Health is licensed to provide Residential Habilitation and Community Supports in an Agency Foster Home for Adults (AFHA). The AFHA is in a residential setting located in the town of Mohall, ND. A google map, License to provide Residential Habilitation and Community Supports in the AFHA, Medication error reporting form, Lease Agreement, and Resident Complaint/Grievance Resolution Policy is included in the Evidence Package. Prairie Home and Health utilizes the Minot State University (MSU) Medication Module, exam, and practicum for medication training. The team members are required to successfully demonstrate verbal understanding and return demonstration of medication administration skills to a registered nurse (RN) prior to performing medication administration tasks. Prairie Home and Health does not have any individuals residing in the home presently. Maximum capacity is 4 residents.

July 8th, 2021 the state made an initial onsite visit to tour the facility and provide education regarding the licensure process and the Home and Community Based Settings (HCBS) rule. State staff utilized the HCBS Settings Final Rule PowerPoint slides to educate Prairie Home and Health staff in an in-person meeting. April 29, 2022, the state completed a second onsite visit to tour the facility, review policies and procedures, and complete the licensing study for the setting.

The assessment tool was completed, and the State then provided a written summary of suggestions and areas that needed change to come into compliance. May 24, 2022 the Settings Committee met to review the employee handbook, individual and family handbook, the policy and procedure handbook, and the site visit tool. Additional suggestions were made by the committee and written correspondence was then provided to Prairie Home and Health. The agency provider then submitted changes to the state, and the settings committee reviewed and approved for compliance with the settings requirements.

No Medicaid consumers were currently residing at the AFHA at the time of the onsite visit; therefore, state staff were unable to meet with a consumer and conduct a care plan review. A survey will be conducted by phone with the Medicaid consumer and/or the consumer's legal decision maker to assess his/her experience living in the setting 30 days after admission to the AFHA.

HCBS Settings Requirements	Review of Facility
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.	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 with assistance of the case manager. Prairie Home and Health is in a residential location in the town of Mohall, ND.

	The facility is physically accessible to non-ambulatory residents, employees, and visitors. There is a ramp located in the front entrance of the home. Prairie Home and Health has a service and rental agreement with a 30-day notice requirement. Supporting Documentation: • Rental Agreement • Admission Packet • Site Visit
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	• Clients will be supported in their choice of work. If you are employed or choose to volunteer, you have a right to have a work or volunteer schedule of your choice. • The consumer, power of attorney, or family control finances. • The consumer can keep money in their possession if they desire. • Policy Handbook, pg. 28 • Engaging in community life is addressed below. Supporting Documentation: • Resident Handbook
Is integrated in and supports access to the greater community	• 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. Evidence provided in the policy handbook, pg. 29. • Agency provides transportation. • An intake form is filled out at admission to determine the likes and dislikes of the consumer. • Encouraged facility to keep Monthly Activity Participation logs and outing information 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. The Agency is required to complete an Individual Program Plan (IPP) for each individual who resides in the AFHA. Supporting Documentation: • Resident Handbook • Intake Form • Policy Handbook

Optimizes individual initiative, autonomy, and independence in making life choices	• No set visiting hours; external doors are locked from 9pm-6am for security; individuals of the home will be provided a key for individual access. • No delayed egress or “wander guard” locks on exits. • Encouraged to assist with meals, grocery shopping, mailing, laundry. • Encourage participation in meal planning and to voice their likes/dislikes in meals. • Staff will assist with hair setting, can utilize beautician in Mohall if they choose to (may utilize another beautician if no scheduling conflict). • Individualized choice of clothing. • Encouraged to attend church services or other spiritual events if they choose. Supporting Documentation: • Resident Handbook
Ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint	• All residents have private rooms except one room is a double and will be used for a married couple if requested. Doors to each room are lockable, and the resident has a key unless they choose not to have one. Staff will knock on the door before entering and ask for approval to enter. • Consumers can furnish and decorate their unit as desired. • Individual has the right to be free from all restraints. • Individual has the right to make their own schedule. Supporting Documentation: • Resident Handbook • Resident Complaint/Grievances Policy • Resident Rights is included in the Admission Packet
Facilitates individual choice regarding services and supports and who provides them	• The consumer has a choice in who cares for them. If resident refuses care from provider. • The facility provides the consumer information regarding filing a grievance. • Consumers medical care is provided per own preference Supporting Documentation: • Resident Handbook • Resident Complaint and Recommendations
Ensures the individual receives services in the community to the same degree of access as individuals not receiving	• All consumers are treated the same. Consumers can eat in place of their choosing.

Medicaid HCBS	• The consumer can access the broader community for services if desired. Supporting Documentation: • Resident Handbook • Resident Rights • Site Visit and Observation by state staff
Person-centered service plan	• Upon first Medicaid consumer, Case Manager will complete a Person-Centered Plan (PCP) at the same time Prairie Home and Health is doing their care plan meeting. • Encouraged Prairie Home and Health to keep a monthly participation log to ensure community integration and activities. Supporting Documentation: • Prairie Home and Health Care Plan review upon admission of resident

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 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. Supporting Documentation: • Lease Agreement
The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit	• The bedroom and bathroom are equipped with lockable doors. • Residents have the ability to furnish their own living space. Supporting Documentation: • Resident Handbook • Lease Agreement • Site Visit and Observation by state staff
The individual controls his/her own schedule including access to food at all times	• There are no assigned seats. • Snacks are available at all times. • Individual controls when they shower, wake and rest. Supporting Documentation: • Resident Handbook • Site Visit and Observation by state staff
The individual can have visitors at any time	• Overnight guests allowed and there are no designated visiting hours. Supporting Documentation:

	Resident Handbook
The setting is physically accessible	- The setting is in a residential area in Mohall, ND. - The setting is physically accessible to non-ambulatory residents, employees, and visitors. 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.

Have not contacted consumer family member as there are no Medicaid consumers currently.

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.	A review will occur 30 days following admission of a Medicaid consumer into the AFHA.
Reflects cultural considerations/uses plain language	
Discusses individual preference for community integration within and outside the setting.	
Includes strategies for solving disagreement	
Offers choices to the individual regarding services and supports the individual receives and from whom	
Provides method to request updates	
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	
May include whether and what services are self-directed and includes risks and plan to minimize them	
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	

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

Date: Tuesday, May 24th, 2022

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services
Karla Kalanek, Developmental Disabilities Program Administrator
Karla Backman, State Long Term Care Ombudsman
Kathryn Good, HCBS Nurse Administrator
Erica Reiner, HCBS Nurse 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: June 1, 2022

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.**