

HCBS Final Rule Evidentiary Package

Bigfork Valley Villa – Bigfork, MN



Setting information

Setting name: Valley Villa	ID # 20243
Street address: 258 Pine Tree Drive, Bigfork, MN, 56628	Phone: 218-743-1000
Setting website, if applicable: Bigfork Valley Villa	Date of site visit: 6/26/2018
(https://www.bigforkvalley.org/senior-living/bigfork-	
valley-villa/)	

Waiver service type

Waiver service	Service type:
□ Alternative Care (AC) □ Elderly Waiver (EW) □ Brain Injury (BI) □ Community Access for Disability Inclusion (CADI) □ Community Alternative Care (CAC) □ Developmental Disabilities (DD)	Customized Living

Reason for heightened scrutiny

Prong type	Category	Type of setting
Prong 1 Located in a		Name of Institution
Public or Private Institution	Name of Institution	Bigfork Valley Hospital

Note: The term people/person (resident for residential settings) refers to people receiving Medicaid HCBS waiver service.

General summary

Bigfork Valley Villa is located in Bigfork, MN, in Itasca County, approximately 50 miles north of Grand Rapids, MN. Bigfork had a population of 446 in 2010.

Bigfork Valley Villa is an independent living and customized living setting with 30 apartment units. At the time of the site visit, the setting served 8 people supported by a home and community based waiver program.

The customized living setting is located on a campus that includes Bigfork Valley Hospital, Tamarack Lodge Nursing Facility, Aspen Circle memory care facility, and Bigfork Valley Adult Day Stay. The entire Bigfork Valley Hospital System, including Bigfork Valley Villa, is owned and administered by the Northern Itasca Hospital District, a public entity. The customized living setting is located in a residential and commercial neighborhood, across from the public high school, and approximately one mile from the town center and main business district.

Customized living provider standards/qualifications

Licensure requirements and other state regulations for customized living services clearly distinguish these services/settings from institutional licensure or regulations.

Customized living services are provided in housing with services establishments with the service provider directly licensed as a comprehensive home care provider by the Minnesota Department of Health. Customized Living services provide an individualized package of regularly scheduled health-related and supportive services provided to a person who resides in a qualified, registered housing with services establishment.

Customized living service definitions that support the setting requirements

Customized living (CL) and 24-hour CL services include component services designed to meet the person's assessed needs and goals. Individualized CL services may include supervision, home care aide tasks (e.g., assistance with activities of daily living), home health aide task (e.g., delegated nursing tasks), home management tasks, meal preparation and service, socialization, assisting enrollees with arranging meetings and appointments, assisting with money management, assisting participants with scheduling medical and social services, and arranging for or providing transportation. If socialization is provided, it must be part of the service plan, related to established goals and outcomes and not diversional or recreational in nature.

For more details about the component services, including what is covered and distinctions between each see <u>Customized Living Component Service Definitions</u>, <u>DHS-6790H (PDF)</u>. (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6790H-ENG)

Minnesota's Community Based Services Manual (CBSM) provides the following requirements for customized living services:

<u>Community Based Services Manual customized living service requirements page</u> (http://www.dhs.state.mn.us/main/ id 001787)

Prong 1 and Prong 2 settings

Meaningful distinction between the facility and HCBS setting

States must submit strong evidence that the setting presumed institutional has the characteristics of a HCBS setting and not an institutional setting.

Determination	Summary
⊠Met □Unmet	Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.
□ Not applicable	Bigfork Valley Villa, the customized living setting, has separate administrative leaders, including a housing manager and nursing services manager. The customized living leaders report to a general administrator at Bigfork Valley Hospital. The setting is financially connected to Bigfork Valley Hospital, but decisions about the customized living's financial matters are managed at the setting level. The setting has its own budget and day-to-day operations that are separate from the hospital and other settings' budgets and operations.
⊠Met	To the extent any facility staff are assigned occasionally or on a limited
□Unmet	basis to support or back up the HCBS staff, the facility staff are cross- trained to meet the same qualifications as the HCBS staff.
□ Not applicable	All staff that work in the customized living setting are trained specifically for home and community-based support in a manner consistent with the HCBS settings regulations. Staff from the nursing facility or hospital are not scheduled to work with people at the customized living setting on the same shift as their shift at the nursing facility or hospital.
⊠Met	Participants in the setting in question do not have to rely primarily on
□Unmet	transportation or other services provided by the facility setting, to the exclusion of other options.
□Not applicable	•



Accessible campus shuttle van

People living in the customized living setting have transportation options that include the campus shuttle bus and van, community volunteer drivers, family transports, and their own vehicles. A public bus located in Grand Rapids makes round trips on a weekly basis. Transportation is provided by the customized living setting for trips to town and regional sites on an as-needed basis and is generally scheduled via a sign-up list in the customized living setting. Staff assist residents to arrange transportation where needed, and residents also frequently arrange their own transportation.



Parking lot with resident and visitors' cars

The setting provides HCBS services in a space that is distinct from the space that institutional services are provided.

The customized living setting is separate from the other settings on the campus. The setting has its own signage, entrance, parking spots (including designated resident parking), and is accessed via a distinct driveway separate from the hospital and nursing facility access.

- \boxtimes Met
- □Unmet
- □ Not applicable



Signage distinguishing Customized Living setting from NF setting

Community engagement opportunities and experiences

Community engagement is formally supported by setting staff through setting activities and also more informally by family and friends from the greater community. Many activities are developed through monthly tenant meetings and informal discussions among residents.

People are notified of community activities through a calendar of community events, flyers and sign-up sheets. Community activities people living in the customized living setting have attended include:

- Musical events in town
- Church services
- "Red hat" outings
- Edge Center events
- Shopping trips
- Restaurants.

People living at the setting also have the option to go out on their own, with family and friends and by using public transit and volunteer drivers. These trips include:

- Family events, such as lake trips
- Meals out with family and friends
- Faith activities
- General errands
- Community holiday functions
- Casino trips.



Bulletin board with activity calendar and announcements

The setting provides a daily activity calendar for people to participate in at the setting. People are also informed of on-site activities through the monthly activity calendar, bulletin board announcements, and staff announcements and reminders. Examples of on-site activities include chapel services, exercise groups, listening to music, crafts, games and happy hours.

People living at the setting have the option to choose not to participate at any time. Per staff and residents, they are offered alternative times or activities or are free to participate in activities of their choosing.

HCBS characteristics

This section is a summary of the individual HCBS characteristics required in the HCBS rule. The findings for each characteristic are identified through the setting attestation documentation, on-site observation or both.

HCBS Rule requirement	Compliance status
Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals.	Compliant
⊠Compliant documentation submitted with attestation	
☐ Observation made during on-site visit	
The setting provided a HCBS compliant lease agreement as documentation through the provider attestation process.	
Each person at the setting has privacy in his/her sleeping or living unit including a lockable door.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Locks were observed on all unit doors in the setting. The entrance to the setting has a directory and intercom system to alert people living in the setting when a guest visits after hours.	
The setting facilitates that a person, who shares a bedroom, is with a roommate of their choice.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff reported that people in the setting do not share rooms unless they share with a spouse, partner, or other person of their choice.	

Compliant
Compliant

The setting allows people to have visitors at any time.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff confirmed that people living at the setting may have visitors at any time. During the site visit, visitors were observed coming and going to and from the setting.	
The setting provides opportunities for people to seek employment and work in competitive integrated settings.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff indicated that there were no people living at the setting who have formal employment at this time. They indicated that there is one person who volunteers at the hospital gift shop part-time. The staff provide flexible schedules for the person's meals and care needs to accommodate the person's volunteer schedule.	
The setting is physically accessible to the individual.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Common spaces and living units were observed to be accessible to people living at the setting. People who live at the setting indicated that all living areas and common areas were accessible to them. Staff indicated that they work with people living at the setting to provide additional accessibility accommodations to living units, i.e., grab bars in bathrooms and living areas.	
The setting provides people opportunities to access and engage in community life.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting supports opportunities to access and engage in community life. Practical purposes, such as errands and medical appointments are supported, as well as personal experiences, such as social and family outings, faith-based activities, and meals in the community.	

The staff provide information and resources on transportation options	
to access the greater community. Staff assist people to arrange	
transportation as needed and many people arrange their own transportation.	
Activities are tailored with feedback from people who live at the setting, through tenant meetings, discussions with people, and by obtaining tenant preferences during admission and at regular health assessments.	
The administrator confirmed that people living in the setting are informed of their right to choose any medical provider. One person interviewed stated that they have medical appointments at the hospital and at the larger medical center in Grand Rapids for eye appointments.	
The setting supports the person's control of personal resources.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting does not provide money management services, but staff reported that people living in the setting have full control over their personal finances.	
The setting ensures people's right to privacy.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff are trained to respect the privacy of people living at the setting through HCBS settings rule training and the Minnesota Home Care Bill of Rights. During the site visit, staff were observed knocking on people's living unit doors to obtaining permission to enter.	
The setting ensures people's dignity and respect.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff are trained to ensure the dignity and respect of people living at the setting through HCBS settings rule training and the Minnesota Home Care Bill of Rights. During the site visit, staff were observed addressing people by their chosen names, and people living at the setting were dressed in clothing of their choosing.	

The setting ensures people's freedom from coercion and restraint.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff are trained on the Minnesota Home Care Bill of Rights and the Minnesota Vulnerable Adults Act.	
The setting optimizes individual initiative, autonomy and independence in making life choices, including daily schedule and with whom to interact.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
People in the setting were observed to lead their own lives, plan their own daily schedules and arrange their days as they would like. Staff confirmed that customized living services accommodate the schedules of the people served in this setting.	

Pictures of the HCBS setting



Laundry room and beauty shop



Little free library available to people at the setting

Public comment summary

The Minnesota Department of Human Services (DHS) did not receive public comments for this setting.

DHS sought public comment from April 30, 2019, to June 9, 2019, before submitting settings to the Centers Medicare & Medicaid Services (CMS) for heightened scrutiny.

We sought public comments using the following methods:

- Evidentiary packages posted online on the <u>Home and Community Based Services Rule</u> transition plan page
- Evidentiary packages specific to each setting posted in a common area of the setting
- Notice of public comment period via May 10, 2019, eList announcement
- Notification to lead agencies via regional resource specialists
- Notification to providers via email
- Notification to managed care organizations and Area Agencies on Aging (AA) via email
- Notification to long-term care ombudsman office via email
- Disability Hub MN virtual insight panel.

Minnesota's recommendation

Date of recommendation: 7/1/2019

Minnesota supports that this setting overcomes the institutional presumption and meets the requirements of a home and community-based setting. Provider is required to maintain ongoing compliance with all HCBS requirements.