

HCBS Final Rule Evidentiary Package

Brookridge Assisted Living



Setting information

Setting name: Brookridge Assisted Living	ID #: 30799
Street address: 180 Sunset Ave NW, Cokato, MN 55321	Phone: 320-286-2158
Setting website:	Date of site visit: 7/27/2018
Brookridge Assisted Living	
(https://cokatoseniorcare.com/assisted-living)	

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	Cokato Manor Skilled Nursing Facility

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

General summary

Brookridge Assisted Living is located in the city of Cokato, in Wright County, 50 miles west of Minneapolis. Cokato had a population of 2,694 in 2010.

At the time of the provider attestation, Brookridge Assisted Living provided customized living services to 16 people. The setting served 9 people supported by a home and community based waiver program.

The customized living setting is connected to the Cokato Manor Community, a continuum of care campus, which includes a second customized living setting, Heritage Place, which will be addressed in a separate Evidentiary Package. The campus also includes: a nursing facility, adult day services, therapy services, and a community fitness center. The campus is owned and operated by Cokato Charitable Trust, a nonprofit organization.

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:

CBSM page on Customized Living

(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

Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.

Brookridge Assisted Living, the customized living setting, has separate managers who oversee housing and nursing services in the setting. The managers report to the administrator of the campus. The setting is financially connected to the entire campus, but it manages decisions about financial matters at the setting level as well.

To the extent any facility staff are assigned occasionally or on a limited ⊠Met basis to support or back up the HCBS staff, the facility staff are cross-□Unmet trained to meet the same qualifications as the HCBS staff; (staff training ☐ Not applicable materials that speak of the need to support individuals' chosen activities), (person centered planning) (the staff is trained specifically for home and community-based support in a manner consistent with the HCB settings regulations.) All staff that work in the customized living setting receive HCBS settings rule training and other relevant training and orientation for the setting. The direct care staff working in the nursing facility do not work in the customized living setting. ⊠Met Participants in the setting in question do not have to rely primarily on transportation or other services provided by the facility setting, to the □Unmet **exclusion of other options;** (Describe the proximity to avenues of available ☐ Not applicable public transportation or an explanation of how transportation is provided where public transportation is limited.) People living in this customized living setting have several options for transportation to support community engagement and inclusion, including: Trailblazer, the public transit provider; rides from family and friends; and peoples' own vehicles. \boxtimes Met The setting provides HCBS services in a space that is distinct from the space that institutional services are provided. □Unmet The customized living setting is separate from the nursing facility. The ☐ Not applicable customized living setting has its own signage and entrance. The setting is connected to the nursing facility by a hallway. People served in the setting and visitors can come and go from a separate entrance than the nursing facility. Brookridge is outlined by a blue box in the image below. A second customized living setting, Heritage Place, which is outline in gold, will be addressed in a separate Evidentiary Package.

Community engagement opportunities and experiences

Community engagement is overseen by the setting's managers and by activity staff who plan activities tailored to the interests of the people living in the setting. People served in the setting provide input through interest assessment forms, tenant meetings, and direct communication with staff. People learn about activities offered in the setting through an activity calendar and through reminders from staff.

The setting supports regular outings in the community with the support of their two program vans. Outings include the following:

- Trips to the bank, grocery stores, and other shopping centers
- Community events and festivals
- Worship services, funerals, and other faith community events
- Fishing
- · Garden and farm tours
- Site-seeing.

The care campus where the setting is located also offers some amenities and events that draw larger numbers of people from the wider community, including: a fitness center, an outpatient therapy services clinic, and a tractor parade.

On-site, programmed activities include: music and art-making, cooking and baking, movies, exercise sessions, social gatherings, and chapel services.

People living in the setting also plan and participate in self-led activities including card playing and social get-togethers, gardening, neighborhood walks, and Bible studies.

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 lease agreement as documentation through the provider attestation process. A person living in the setting who was interviewed also confirmed that she signed a lease agreement in choosing to live in the setting.	

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. A person living in the setting who was interviewed confirmed that she has a lock on her unit door. However, she generally leave the door open, because she finds she connects with other more that way – which she enjoys.	
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	
People living in this setting don't share rooms unless with a spouse, partner or other person of their choice. A person living in the setting initially shared her unit with her husband, until he passed away.	
The setting provides people with the freedom to furnish and decorate their bedroom and living unit within the lease or residency agreement.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The lease allows people in the setting to decorate and personalize their living units. Living units were observed during the site visit and were decorated as people desired. A person living in the setting said she as everything she needs in her unit, and that it feels like her home now.	

The setting provides people the freedom and support to control their daily schedules including access to food at any time.	Compliant
☐ Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
A person living in the setting who was interviewed said that the staff in the setting were very responsive to changing the schedule of her services, even day-to-day, based on her health and preferences. For example, if she is not feeling ready of a personal care, staff are willing to come back at a later time.	
The common kitchen and dining area was observed to have food and beverage options out between meal times. Also, people living in the setting can store and prepare food in their living units.	
The setting allows people to have visitors at any time.	Compliant
□ Compliant documentation submitted with attestation	
☑Observation made during on-site visit	
A person living in the setting who was interviewed confirmed that visitors can come and go as they like, and that there are not any restrictions on visiting the setting. She has a few children who visiting her regularly. After 8:00pm the exterior doors are locked, but visitors can buzz to gain access to the building.	
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	
A manager in the setting confirmed that the setting accommodates peoples' preferences so that they can keep the schedule and commitments they prefer. A person living in the setting who was interviewed no longer works, but she is confident the staff would accommodate her schedule, as needed, because they often accommodate her preferences based on how she is feeling on a given day.	

The setting is physically accessible to the individual.	Compliant
□ Compliant documentation submitted with attestation	
☑Observation made during on-site visit	
The common spaces and living units were observed to be accessible. Living units and bathrooms were observed to have accessibility features, including wide doorways, grab bars, and hand railings. The setting supports a reasonable accommodations process, as needed.	
The setting provides people opportunities to access and engage in community life.	Compliant
□ Compliant documentation submitted with attestation	
☑Observation made during on-site visit	
See Community Engagement Section. Staff are aware of transportation options in their area and work with people in the setting to arrange for rides, as needed. The setting also informs people living in the setting of transportation options.	
The setting offers a varied activity calendar of on-site and off-site offerings. A person living in the setting who was interviewed received a lot of transportation help from her family. She reported getting out into the wider community as much as she would like. She receives her primary medical care from a doctor who visits the setting, and she said she receives excellent care. She continues to see some specialists in the wider community. She is aware that she can choose medical providers according to her personal preferences, on-site or in the wider community.	
The setting supports the person's control of personal resources.	Compliant
□ Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting has a compliant policy related to assisting people in the setting with their personal resources. People living in the setting are properly informed of this right. A person interviewed in the setting explained that she did not receive any help from the setting with her personal finances. She and her family manage her resources.	

The setting ensures people's right to privacy.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting has a compliant policy with respect to peoples' privacy. A person living in the setting who was interviewed said that her privacy was respected in the setting. During the building tour, the staff knocked on living unit doors and waited to be welcomed in before entering the unit.	
The setting ensures people's dignity and respect.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
During the site visit, staff were observed treating people living in the setting with respect, and addressing people in the setting by name. A person living in the setting who was interviewed confirmed that she was treated with dignity and respect. She reported receiving excellent care.	
The setting ensures people's freedom from coercion and restraint.	Compliant
⊠Compliant documentation submitted with attestation	
☐ Observation made during on-site visit	
Setting staff are trained on the Minnesota Home Care Bill of Rights and the Minnesota Vulnerable Adults Act. A copy of the Home Care Bill of Rights is also given to people to inform them of their right to be free from coercion and restraint.	
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	
A person living in the setting who was interviewed confirmed that she felt she could make all of her own choices about her care and her daily activities. According to the person, the only thing that limited some of her personal choices was her own health.	

Pictures of the HCBS setting



Separate setting entrance with setting name



Setting bulletin board and daily activity schedule



Garden space for people living in the space



Common kitchen area, with food and drinks available throughout the day

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.