

HCBS Final Rule Evidentiary Package

Chandler Place Senior Living





Setting information

Setting name: Chandler Place – Senior Living	ID # 30321
Street address: 3701 Chandler Dr. NE	Phone: 612.788.7321
St. Anthony, MN 55421	
Setting website, if applicable:	Date of site visit: 9/13/2018
<u>Chandler Place</u>	
(http://chandlerplacesenior.com)	

Waiver service type

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

Reason for heightened scrutiny

Prong type	Category	Type of setting
Prong 1 Located in a Public or Private Institution	HCBS Setting Type	Name of Institution

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

General summary

Chandler Place Limited Partnership is a customized living setting located on a continuum of care campus in St. Anthony, Minnesota. St. Anthony is a suburb adjacent to Minneapolis. As of 2017 the United States Census Bureau estimated St. Anthony has a population of 9,077. Chandler Place is located within a residential area in close proximity to churches, restaurants, healthcare, parks, public transportation and shopping.

As informed by the website, the continuum of care campus at Chandler Place offers independent living, customized living, customized living with 24 hour staffing, and short term care. At the time of the onsite visit, there were 12 people living at Chandler Place on the Elderly Waiver program using customized living services. In total Chandler Place has 119 units.

Also informed by the website the customized living is managed and operated by <u>The Goodman Group</u> (http://thegoodmangroup.com).

Note: Also located on this campus is an additional customized living setting called Pearl Garden with a distinct ID number. Pearl Garden has a separate evidentiary package.

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.

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Determination	Summary	
☑Met☐Unmet☐Not applicable	Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal. Administratively, there is separation between the skilled nursing facility and the customized living setting. The settings have separate policies, directors, nursing, activities and resident assistant staff.	
☑Met☐Unmet☐Not applicable	To the extent any facility staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the facility staff are crosstrained to meet the same qualifications as the HCBS staff;, (staff training 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.) During the onsite interview both the administrator and staff indicated direct care staff from the care center do not work or offer back up staffing in the customized living setting.	
	Participants in the setting in question do not have to rely primarily on transportation or other services provided by the facility setting, to the exclusion of other options; (Describe the proximity to avenues of available public transportation or an explanation of how transportation is provided where public transportation is limited.)	

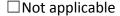
People have their transportation needs met through a mix of different organizations and people. Most residents do not rely on public transportation. The customized living provides transportation to community activities with a bus owned by Chandler Place. Per the "Chandler Resident Handbook" the customized living "schedules a variety of opportunities for you to use the Chandler Place van for shopping trips, medical appointments, and outings." People are informed about transportation via the monthly activity calendar and a weekly newsletter. Some people receive transportation from other transportation providers, like Metro Mobility or volunteers.

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

The customized living has a distinct entrance for people living in the setting. The customized living setting is separate from the nursing facility on the campus. A hallway also separates the customized living from other residential areas. The customized living has communal areas that are accessible to people living in the different residential settings on the campus.



□Unmet







Community engagement opportunities and experiences

At the customized living setting, people are given opportunities to engage in the greater community multiple times a week. People are informed of off-site activities via monthly "Van Schedule" calendar (See below). People also learn about activities via announcements from staff. Some of the community activities include:

- Movies
- Stillwater/Candyland
- Fort Snelling bus tour
- Outings to a local restaurants
- Drives in the community
- Weekly shopping at local grocery or departments stores and
- Medical transportation.

People are given the choice to participate in desirable activities and with any group of residents. People choose activities via a sign up book. People may provide input to the activities department for both onsite and offsite activities.

People living in the setting also leave the setting on their own with family and friends, and with the support of community transportation options. These trips include:

- Coffee dates and restaurant meals
- Family events
- Faith community activities.

As reported by staff, on-site, activities include: worship services, billiards, card club, and reading.

Moreover at staff orientation and annual training, staff are reminded that people have access to all scheduled events and all community rooms.



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 (Please select)
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. During the onsite interview, both interviewees indicated they have a signed lease.	
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	
It was observed that each customized living resident has their own lockable unit.	
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	
During the onsite visit one person lived in a single occupancy room and the other person lived in a room with her spouse. The customized living does not share rooms unless they share a room with a spouse or partner.	

The setting provides people with the freedom to furnish and decorate Compliant their bedroom and living unit within the lease or residency agreement. ⊠ Compliant documentation submitted with attestation ☑ Observation made during on-site visit At the time of the onsite interview both people's apartments were decorated and furnished to their preferences. Staff are trained that people may decorate and furnish their unit as they choose. The setting provides people the freedom and support to control their Compliant daily schedules including access to food at any time. ⊠Compliant documentation submitted with attestation ⊠Observation made during on-site visit Residents each have their own kitchenette in their unit. People may also buy food at small on-site convenience store called the "The Mart Cart." Below is an example of a kitchen, available to people in the customized living.

The setting allows people to have visitors at any time.	Compliant
□ Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Observed during the onsite visit was a sign-in sheet for visitors to the assisted living. Both people interviewed confirmed they may have guests at any time.	
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	
At orientation and annual training, staff are trained to support a person's right to employment. Both people interviewed reported they have no desire to work.	
The setting is physically accessible to the individual.	Compliant
□ Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Observed during the onsite visit was a physically accessible building. The two people interviewed acknowledged the accessibility of the setting. The common spaces and living units were observed to be accessible. Living units and bathrooms were observed to have many accessibility features like grab bars. Below is an accessible hallway leaving the customized living cafeteria.	

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	
The setting supports trips into the wider community for practical purposes like errands and medical appointments, but also for socialization and community engagement. The staff make people living in the setting aware of transportation providers in their area in their move-in packets, with refrigerator magnets, and as needs arise.	
The customized living informs people they may choose, from where and whom they receive medical and specialty care. Most residents at the setting receive specialty services from Health Partners. The customized living does not offer physical or occupational therapy onsite.	
The right to choose a provider is also echoed in the bill of rights given to people receiving services ("The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs.").	
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 offer money management to people in the customized living. Each resident interviewed indicated they have control over their personal resources.	
The setting ensures people's right to privacy.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The right to privacy is stated in the Minnesota Home Care Bill of Rights which is given to each person living at the customized living. Both people interviewed indicated their privacy is respected.	

The setting ensures people's dignity and respect.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff orientation and annual training reinforce the right to a person's dignity and respect. The right to be "treated with courtesy and respect and to have the client's property treated with respect" is stated in the Minnesota Home Care Bill of Rights which is given to each person living at the customized living. During the site visit, staff were observed treating people in the customized living with dignity and respect. Observations were made of staff treating people in the setting in a respectful manner by talking to them directly and offering assistance, if needed. When asked about the living in the customized living one person said the staff was "wonderful."	
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 and persons are made aware of their right to be free from coercion and restraint through 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	
The setting ensures people are in control of their daily schedules by allowing people to awake and sleep at the times they choose. People are encouraged to participate in individual and group activities, and can choose to refuse to attend, if desired. When asked about individual choices, both people said they are able to make personal choices. One person said she loved to go for walks. In fact when she walks at her leisure she has a goal to walk 1-mile or 5 times around a nearby pond.	

Pictures of the HCBS setting

Billiards table



Customized living visiting area



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.