

HCBS Final Rule Evidentiary Package

Frazee Assisted Living



Setting information

Setting Name: Frazee Assisted Living	ID # 30423
Street Address:	Phone: 218-342-2741
219 Maple Ave. W, Frazee MN 56544	
Setting website, if applicable:	Date of site visit: 5/8/2018
Frazee Assisted Living	
(http://www.frazeecarecenter.com/services/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 Public or Private Institution	Name of Institution	Name of Institution Frazee Care Center 219 West Maple Ave, MN 56544

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

General summary

Frazee Assisted Living is a customized living setting located in Frazee, MN. Frazee is a small, rural town in north-central MN and has a population of approximately 1,376 individuals, per the 2016 census. The Frazee Care Center Complex originated in 1971, includes the Frazee Assisted Living building and the Frazee Care Center, which is a nursing facility.

Frazee Assisted Living is also a licensed Comprehensive Home Care Provider. Being part of the Frazee Care Center Complex, people living at the assisted living setting also have access to the campus's physical, occupational and speech therapy services as well as the campus activity program, spiritual support, nutrition services and barber/beautician services, if desired.

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>, DHS-6790H (PDF).

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6790H-ENG

Minnesota's Community Based Services Manual (CBSM) provides the following requirements for <u>customized living services</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	Interconnectedness between the facility and the setting in question,
□Unmet	including administrative or financial interconnectedness, does not exist or is minimal.
□Not applicable	Campus administration provides management over both the Frazee Assisted Living setting and the Frazee Care Center on the Frazee Care Center Complex. The shared administrative oversight does not impact the delivery of the customized living service. The Frazee Assisted Living has a Registered Nurse that manages the Assisted Living program and staff. Each setting has separate staff training and orientation policies and procedures.

⊠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 cross- trained 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.)
	Direct care staff are hired to work directly in the Frazee Assisted Living setting. Frazee Assisted Living has dedicated nursing and personal care staff during the am and pm shifts that are typically scheduled until 11 p.m. After 11 p.m., the nursing and personal care staff from the attached Frazee Care Center provide supervision and response to call lights for people residing in the assisted living. Staff orientation and training documents are HCBS compliant.
⊠Met	Participants in the setting in question do not have to rely primarily on
□Unmet □Not applicable	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 living at the Frazee Assisted Living typically arrange transportation with family or friends. They have additional transportation options that can be scheduled in advance such as the Becker County Transit or Medivan when available. The program does not have a designated mode of transportation available, however, the staff report that they utilize their community resources to ensure people are transported to where they would like to go. The options available are the same options for the community at large.
⊠Met	The setting provides HCBS services in a space that is distinct from the
□Unmet	space that institutional services are provided.
□Not applicable	There are separate entrances and separate signage for both the Frazee Care Center and the Frazee Assisted Living. The Frazee Assisted Living (circled in yellow) and the Frazee Care Center (circled in red) are co- located in the same building and each are on opposite ends of the structure with a lobby/chapel area (circled in blue) separating the two settings.



Community engagement opportunities and experiences

The Frazee Assisted Living program is located in the residential area of the town of Frazee. The town is in a rural area of north-central Minnesota. The Frazee area includes lakes, woodlands and farm land. The town does not have a transit system or city bus. The closest transportation options come from the town of Detroit Lakes, which is approximately 15-20 miles from Frazee. This can be an obstacle at times, as transportation providers charge by the distance for mileage. The same options are available all people living in Frazee.

Frazee Assisted Living staff reported that the residents have very helpful families and friends that provide most of the transportation needed. There are also volunteers that provide transportation options as well. Some examples of community activities reported of people going out on their own or with family/friends include; attending baseball, softball games, going shopping, playing horse shoes, Monday night card games etc.

The Frazee Assisted Living does utilize the transportation options that come from Detroit Lakes for group community activities. Examples of some of the community activities the program has attended include:

- Attending the annual Turkey Days events and parade
- Going on outdoor picnics
- Going for pontoon rides on the lake
- Various religious events in the area.

The Frazee Assisted Living program delivers a monthly calendar of activities to each person. The calendars were observed in the individual rooms. There is also a daily list of activities written on a white board in the common visiting area, near the entrance. Examples of onsite activities facilitated by the program include, Fancy nails where individuals can get their fingernails painted, exercise bingo, craft hour, outside walks, bean bag toss, Friday matinee, cocktail hour, sing along with Suzie Q., worship services, birthday/anniversary celebrations, morning news, coffee time and hometown happenings. Staff report that many people enjoy the coffee time together and socializing the most. One person interviewed reported that she enjoys going on daily walks around outside the facility as she enjoys being outdoors.

The Frazee Assisted Living is connected to the Frazee Care Center. In between the two settings is a shared entrance area that houses a large gathering area and a chapel. Some activities are planned to coordinate attendance of people from both settings and this also facilitates increased socialization.

During the on-site visit, visitors were observed coming and going from the setting. One individual being interviewed had a family member join us during the interview and in her apartment.

HCBS characteristics

This section is a summary of the individual HCBS characteristics require	d in the HCRS rule
The findings for each characteristic are identified through the setting at	
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 program submitted a compliant lease and resident handbook to validate compliance.	
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	
People were interviewed in their apartments. Each apartment had a lock on the door and each person had a key in their possession.	
The setting facilitates that a person, <i>who shares a bedroom</i> , is with a roommate of their choice.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting does have single and double occupancy apartments. One apartment viewed during the on-site visit was a room with a double sized bed shared by a married couple who chose to share a room.	

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
Each apartment observed was unique to the person living there. They
each had personalized items, decorations and furniture.Compliant decorate
Compliant
Compliant
Compliant
Compliant

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	
The people interviewed during the on-site visit reported that they set their own daily schedules. Pictured right is kitchen area in an apartment that includes a refrigerator, sink and coffee pot.	
One person reported that he is normally an early riser however, he chose to sleep in late on two different occasions.	
The setting allows people to have visitors at any time.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Visitors observed coming and going from the setting during the on-site visit. Setting does not have policies that restrict visitors or times of visits.	
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	
Compliant policies submitted. Resident intake form also assesses person's interest in working or volunteering.	

Walk in shower and shower chair, grab bar	Compliant
The setting is physically accessible to the individual.	
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Common areas and people's apartments were observed to be physically accessible.	
Pictured right is walk-in shower stall with grab bar in apartment bathroom area.	
The setting provides people opportunities to access and engage in community life.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Per policy review and interviews with people, people are free to access and engage in the community as often as desired. People are free to choose community providers and activities as often as they prefer.	
The setting supports the person's control of personal resources.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Setting submitted compliant policies regarding safeguarding and providing access to personal funds.	
The setting ensures people's right to privacy.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
People's confidentiality is maintained by proper storage of personal records. People are provided privacy in their apartment with a lock on the apartment door. Staff training is documented on people's right to privacy.	

The setting ensures people's dignity and respect.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff were observed during on site visit treating people with dignity and respect. People that were interviewed supported this by reporting they are able to make their own decisions and are treated kindly.	
The setting ensures people's freedom from coercion and restraint.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff training on Vulnerable Adult policies and procedures submitted. Setting staff report coercion and restraint are not used in the setting. People are free to come and go from the setting at will, unless constant supervision is required as indicated in the support plan.	
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 that were interviewed reported that they are able to decide what and when to participate in on a daily basis. One person interviewed preferred to take daily walks and spend alone time in her apartment. A different person interviewed reported that she enjoyed more socializing and being out in the common areas, visiting with others or participating in group activities.	

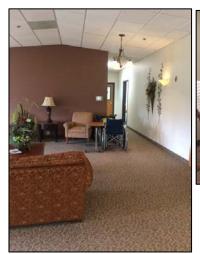
Pictures of the HCBS setting



Common kitchen area

Common dining area

Common kitchen area



Open sitting area near lobby



Open sitting area



Public comment summary

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

DHS sought public comment for 30 days (Feb. 6-March 7, 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> <u>transition plan page</u>
- Evidentiary packages specific to each setting posted in a common area of the setting
- Notice of public comment period via Feb. 6, 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: 4/1/2019

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 on-going compliance with all HCBS requirements.