

HCBS Final Rule Evidentiary Package

Heritage Place



Setting information

| Setting name: Heritage Place | ID #: 20343 |
|--|-------------------------------|
| Street address: 182 Sunset Ave. NW, Cokato, MN 55321 | Phone: 320-286-2158 |
| Setting website: <u>Heritage Place</u> | Date of site visit: 7/27/2018 |
| (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 | Name of Institution | Cokato Manor Skilled Nursing |
| Institution | | Facility |

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

General summary

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

At the time of the provider attestation, Heritage Place provided customized living services to 10 people. The setting served eight 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, Brookridge Assisted Living, 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 to a person who lives 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 customized living services:

CBSM page on Customized Living

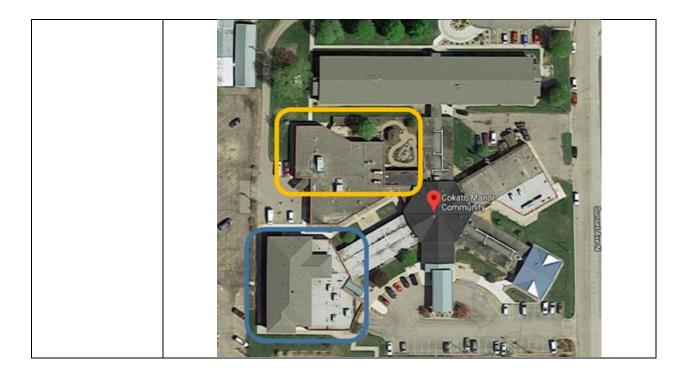
(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revisio nSelectionMethod=LatestReleased&dDocName=id_001787#)

Prong 1 and Prong 2 settings

| 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, including administrative or financial interconnectedness, does not exist or is minimal. | |
| □Unmet □Not applicable | Heritage Place, 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 campus, but it manages decisions about financial matters at the setting level as well. | |

Meaningful distinction between the facility and HCBS setting

| ⊠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 HCBS 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 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 exclusion of other options; (Describe the proximity to avenues of available public transportation or an explanation of how transportation is provided |
| □Unmet | where public transportation is limited.) |
| □Not applicable | 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 people's own vehicles. |
| | The setting provides HCBS services in a space that is distinct from the space in which institutional services are provided. |
| ⊠Met □Unmet □Not applicable | The customized living setting is separate from the nursing facility. The customized living setting has its own signage and entrance. The setting is connected to the nursing facility by a doorway. People served in the setting and visitors can come and go from a separate entrance from the nursing facility's main entrance. |
| | Heritage Place is outlined by a gold box in the image below. A second customized living setting, Brookridge Assisted Living, which is outlined in blue, is addressed in a separate Evidentiary Package. Heritage Place's entrance is pictured in the bottom-left corner of the gold cicle; it is also shown in the image on page one of this report. |



Community engagement opportunities and experiences

Heritage Place is a setting focused on caring for people with Alzheimer's disease or other dementias. The setting is committed to providing activities that are tailored to each person in the setting. It offers engagement opportunities that are specifically planned for the setting and the people who live in the setting.

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 and direct communication with staff. People learn about activities offered in the setting through direct reminders from staff.

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

- Community events and festivals
- Worship services, funerals and other faith community events
- Fishing
- Garden and farm tours
- Sightseeing

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.

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.

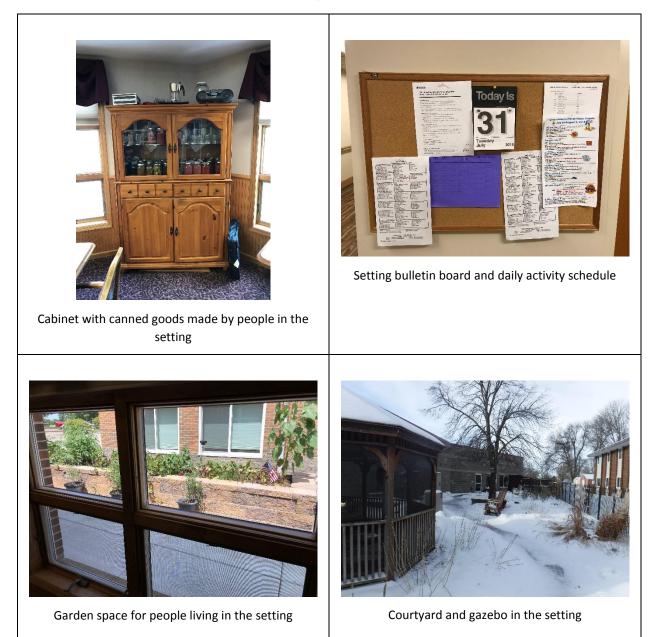
| HCBS Rule requirement | Compliance status (Please select) |
|---|--------------------------------------|
| Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals. | Compliant |
| Compliant documentation submitted with attestation | |
| □Observation made during on-site visit | |
| The setting provided a 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. A manager explained that people living in the setting use keys unless it is deemed unsafe in their individual care plan. | |
| The setting facilitates that a person, who shares a bedroom, is with a roommate of his or her choice. | Compliant |
| ⊠Compliant documentation submitted with attestation | |
| ⊠Observation made during on-site visit | |
| A manager stated that based on a review of published research, the setting encourages people living in the setting to share a living unit with another person. According to the setting, research has shown that there are some benefits to room sharing for people with cognitive impairments. However, people and their families may choose a private room if they desire. When rooms are shared, people are involved in the | |

| matching of roommates. People living in the setting may request a change of roommates at a later time if roommates are not compatible. | |
|--|-----------|
| 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. | |
| 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 manager said the staff in the setting are responsive to changing the schedule of the services they deliver, based on the preferences of the people living there. | |
| A manager confirmed that food and drink options are available in the common kitchen area throughout the day, and that people living in the setting may store food and drinks in their living unit, as they prefer. | |
| The setting allows people to have visitors at any time. | Compliant |
| ⊠Compliant documentation submitted with attestation | |
| ⊠Observation made during on-site visit | |
| A manager confirmed that visitors may come and go as they like, and that there are not any restrictions on visiting the setting. There is a separate entrance and parking area for the setting. | |
| The setting provides opportunities for people to seek employment | Compliant |
| and work in competitive, integrated settings. | |
| 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. None of the people living in the setting are employed. | |
|---|-----------|
| 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 grab bars in the bathrooms. 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 on-site activity calendar, with activities tailored to the people served each day. Off-site offerings include outings supported by people's families and friends. | |
| A manager confirmed that people served in the setting have options for on-site medical services, but they inform them that they are free to choose providers from the wider community according to their preferences. | |
| 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. Most individuals in this setting, which is focused on care for people with cognitive impairment, are supported by someone with power of attorney, typically a family member or friend. | |

| 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. The manager who assisted with the tour 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. All of the people in the setting were well dressed and groomed during the site visit. | |
| 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 manager interviewed in the setting explained that they work hard to support people's individual autonomy. People living in the setting can choose to participate in planned activities as they like, but they can also choose independent activities of their choosing in their living unit or in the setting's common space. | |

Pictures of the HCBS 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> <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 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 on-going compliance with all HCBS requirements.