

HCBS Final Rule Evidentiary Package

Margaret's House at Parmly on the Lake



Setting information

Setting name: Margaret's House at Parmly on the Lake	ID #: 20872
Street address: 28210 Old Towne Road, Chisago City,	Phone: 651-257-0575
MN 55013	
Setting website:	Date of site visit: 9/18/2018
Margaret's House at Parmly on the Lake	
(https://monarchmn.com/parmly-on-the-lake/)	

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 Minnewaska Lutheran Home

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

General summary

Margaret's House at Parmly on the Lake is a customized living setting located in Chisago City, in Chisago County, 40 miles north of Minneapolis. Chisago City had a population of 4,967 in 2010.

At the time of the provider attestation, Margaret's House provided customized living services to nine people. The setting served one person supported by a home and community-based waiver program.

The customized living setting is a part of a continuum-of-care campus that includes short-and long-stay skilled nursing, in- and outpatient therapy services, a fitness center and three customized living settings. Margaret's House and Isabelle's House provide customized living services to people with Alzheimer's disease or other dementias. The third setting, Vindauga View, provides customized living services to a broader population. Separate evidentiary packages will report on Isabelle's House and Vindauga View. Margaret's House and the continuum-of-care campus are operated by Monarch Healthcare Management.

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 customized living services:

CBSM page on Customized Living

 $(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION\&RevisionSelection nMethod=LatestReleased\&dDocName=id_001787\#)$

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	Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal. Margaret's House, the customized living setting, has separate managers
□ Not applicable	who oversee housing and nursing services in the setting. The managers report to the administrator of the care campus. The setting is financially connected to the entire campus, but it manages decisions about financial matters at the setting level as well.
☑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 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 working in the nursing facility do not work in customized living setting.
⊠Met □Unmet	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.)
□ Not applicable	People living in this customized living setting have several options for transportation to support community engagement and inclusion, including the setting's own van; Heartland Express, the public transit provider; rides from family and friends; and local taxi services.

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

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 hallway and doorway. People served in the setting and visitors may come and go from a separate entrance from the nursing facility's main entrance. In the image below the setting is outlined in gold. The rest of the care campus is shown below the setting.

⊠Met

□Unmet

☐ Not applicable



Community engagement opportunities and experiences

Margaret's House is a customized living setting focused on caring for people with Alzheimer's disease and other dementias. It offers engagement opportunities that are specifically planned for the setting and the people who live there. People living in the setting may also access programming planned for the rest of the care campus, as they desire.

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 and their family members provide input through interest assessment forms and direct communication with staff. People learn about activities offered in the setting through direct reminders from the staff.

The setting supports regular activities in the community with the support of their program van, volunteers and family and friends of those living in the setting. Activities offered include the following:

- Errands and medical appointments
- Community events and festivals
- Restaurants and social outings
- Fishing trips and sightseeing drives

The on-site, programmed activities are robust at this setting. The offerings include regularly scheduled exercise sessions, music and art-making, baking, games and visits from area clergy and church staff.



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. A manager in the setting confirmed during the site visit that all people served in the setting are provided a written lease when they move into 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 manager interviewed explained that people living in the setting use keys unless it is not supported by their individual care plans.	
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	
Living units are not shared in this setting, unless a person desires to live with a spouse, partner or another person of their choice. At the time of the site visit, all people living in the setting were living alone in their living units.	

The setting provides people with the freedom to furnish and decorate their bedroom and living unit within the lease or residency agreement. 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.	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	
A direct care staff person in the setting who was interviewed said that they regularly change the schedule of the services they deliver based on the preferences of the people living. Food and beverages are available in the setting's common kitchen area throughout the day. People in the setting can also store and enjoy food and drinks in their living units, as they desire.	
The setting allows people to have visitors at any time.	Compliant
⊠ Compliant documentation submitted with attestation	
⊠ Observation made during on-site visit	
A manager in the setting who was interviewed confirmed that visitors may come and go as they like, and that there are no restrictions on visiting the setting. There is a separate entrance and parking area for the setting. The setting promotes active involvement by friends and family. One family member was observed visiting the setting during the building tour.	

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	
Individuals living in the setting at the time of the site visit had advanced stages of dementia and were not employed. A manager in the setting confirmed that the setting accommodates people's preferences so that they can keep the schedule they prefer.	
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. The living units' bathrooms had grab bars surrounding the toilets and bathroom sinks that allow wheelchairs closer access to the faucets. 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	
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 has a program van to support community engagement opportunities.	
A manager confirmed that people served in the setting have options for on-site and off-site medical services. They inform all people of their right to choose providers from the wider community according to their preferences. People living in the setting use a mix of on-site and community medical providers. Some choose to use community providers exclusively.	

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 assist people in the setting with their personal resources. People living in the setting are properly informed of this right.	
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 people's privacy. People living in the setting had private living units.	
A number of people in the setting were enjoying time in their private living units during the on-site visit. Staff make a practice of knocking on living unit doors before entering these private spaces.	
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. The people in the setting were well groomed and dressed.	
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	
People living in the setting may choose to participate in planned activities as they like, but they may also choose independent activities in their living units or in the setting's common space.	
A manager in the setting said that direct staff are very good at tailoring activities to individual people, and that family members are also quite engaged with their loved ones' care in this setting.	

Pictures of the HCBS setting



Common kitchen area with food and drink available throughout the day



Interior entrance to Margaret's House from the care campus hallway



Setting bathroom with accessibility features



Sample poster from on-site community engagement activity 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.