

HCBS Final Rule Evidentiary Package

St. Elizabeth's Medical Center



Setting information

Setting name: St. Elizabeth's Medical Center	ID # 20255
Street address: 1200 West Grant Blvd West	Phone: 651-565-4531
Wabasha, MN 55981	
Setting website, if applicable:	Date of site visit: 6/7/2018
St. Elizabeth's Medical Center	
(https://healthcare.ascension.org/Locations/Wis	
consin/WIAPM/Wabasha%20Saint%20Elizabeths	
%20Medical%20Center)	

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)	Customized Living

Waiver service	Service type
☐ Developmental Disabilities (DD)	

Reason for heightened scrutiny

Prong type	Category	Type of setting
Prong 1 Located in a		Name of Institution
Public or Private	Name of Institution	St. Elizabeth's Medical Center
Institution		or Engageri o Medical Genter

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

General summary

St. Elizabeth's Medical Center is a customized living setting located in three different buildings on the continuum of care campus in Wabasha, MN. The campus is owned and operated by Acension, a faith-based health care system. The campus offers primary care clinic services, hospital care, outpatient services, customized living apartments, rehabilitation and home health care. The customized living setting has 46 total units, and five people are using the Elderly Waiver to pay for their customized living services.

Wabasha is located in in the southeastern part of Minnesota in the county of Wabasha. It is a rural town with a population of 2,251 as of the 2010 census.

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 tasks (e.g., delegated nursing tasks), home management tasks, meal preparation and service, socialization, assisting people with arranging meetings and appointments, assisting with money management, assisting people 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 for customized living services (http://www.dhs.state.mn.us/id_001787#)

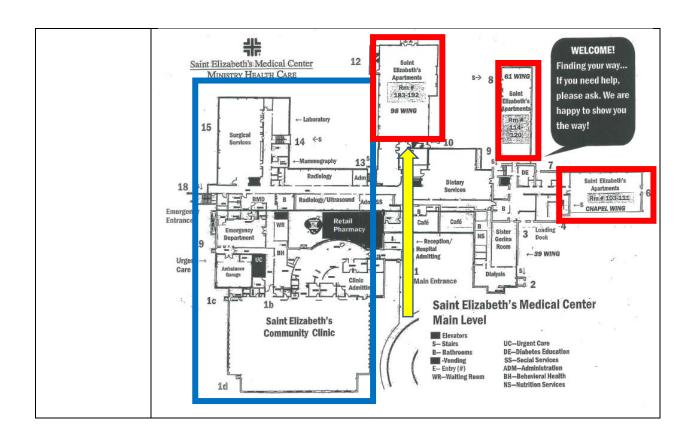
Prong 1 and Prong 2 settings

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.

Characteristics of a HCD3 setting and not all 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	St. Elizabeth's Medical Center has a campus administrator and director of nursing. The management of the customized living setting is separate from the hospital. The customized living settings have a designated RN who oversees the services, staff and residents living in the customized living setting. This RN is also the case manager.
⊠Met	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-

□Unmet □Not applicable	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.) The staff at the hospital do not work or provide services at the customized living setting, except in emergencies. This was stated by both the administrator and the staff person interviewed. If a hospital staff person wanted to be scheduled to work at the customized living setting, he/she would receive HCBS training as part of the orientation/training.
	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.) The setting has its own vehicle available to transport people to various opportunities in the community, including activities and appointments. Hiawathaland Transit is a public transportation option that can be accessed by people as they desire. Family also provides transportation to people. Transportation information was observed to be posted on a bulletin board.
☑Met ☐Unmet ☐Not applicable	The setting provides HCBS services in a space that is distinct from the space that institutional services are provided. The customized living services are provided in an area separate from the hospital. In the diagram below, the blue rectangle represents the community clinic and hospital area. The red rectangles are the customized living units. The yellow arrow in the diagram is the path from the front door to the main customized living wing. The following photos show the path and signage.



Community engagement opportunities and experiences

St. Elizabeth's Medical Center provides opportunities for people to experience events and activities in the community. People are asked about their activity interests at move in and at monthly resident council meetings. They are made aware of their choices through calendars, which are delivered to their doors. Activities are posted on bulletin boards throughout the

building. Some examples of community activities offered include:

- Trips to the Winona Lakeview Drive Inn
- Trips to get ice cream
- "Under the Bridge" music offerings
- Scenic drives.

One person interviewed said she loves the "Under the Bridge" music.

People also experience the community with their

families and friends when they take them on car rides, lunches and dinners, family events or other activities of interest.

The setting has activities on site as well, including arts and crafts, bingo and religious services. Some people enjoy gardening during the summer.



The setting has a community room that can be used by people for family gatherings or other events. (See photo to the left.) The community room also is used to hold exercise classes that the community attends, as well as the people living there.

There is a computer in the common area that people can use as they desire.



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 an HCBS-compliant lease agreement as documentation through the provider attestation process. People interviewed said they had leases for their apartments.	
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 each apartment door at St. Elizabeth's.	
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	
Not applicable. There are no shared bedrooms in this facility.	
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	



People's units were observed to be decorated with personal items (e.g., photos and memorabilia). People interviewed said they were able to furnish their apartments as they wished.

The setting provides people the freedom and support to control their daily schedules including access to food at any time.

□ Compliant documentation submitted with attestation

⊠Observation made during on-site visit

People interviewed said they felt they could choose how they spent

their days. One woman said people living there have opportunities to do things, but "there's no pressure" if they don't want to participate. Each unit has a microwave and a refrigerator, and there is a Healthy Habit Café people can access if they would like. There also are



snacks in the common area refrigerator.

The setting allows people to have visitors at any time.

⊠ Compliant documentation submitted with attestation

⊠ Observation made during on-site visit

When people were interviewed, they indicated they knew they could have visitors at any time.

The setting provides opportunities for people to seek employment and work in competitive integrated settings.

⊠ Compliant documentation submitted with attestation

Compliant

Compliant

Compliant

Sobservation made during on-site visit Staff indicated there aren't any people who live at St. Elizabeth's who are still employed or who volunteer. However, they said if a person did want to work, they would make accommodations to their services to support the person's right to work or volunteer. People interviewed said they didn't want to work. The setting is physically accessible to the individual. Sobservation made during on-site visit This setting is physically accessible to the individual. Sobservation made during on-site visit This setting is physically accessible to the people. No barriers were observed. Bathrooms were accessible with grab bars and railings. People interviewed said they felt they could get around their apartments and the buildings without any issues. The setting provides people opportunities to access and engage in community life. Compliant documentation submitted with attestation Observation made during on-site visit See the community engagement section. People can choose community health care providers without any restrictions if they choose to not use the clinic on site. People will be assisted with setting up transportation as needed. The setting supports the person's control of personal resources. Compliant Compliant documentation submitted with attestation Observation made during on-site visit The setting submitted policies that were compliant with the HCBS rule. People interviewed said this setting didn't manage their money. The setting ensures people's right to privacy. Compliant		
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⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
Staff were observed knocking before entering a person's apartment. People interviewed stated they feel their privacy is respected.	
The setting ensures people's dignity and respect.	Compliant
⊠Compliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The setting submitted the Minnesota Home Care Bill of Rights. The setting uses this document to inform people and the staff of a person's right in this area. Staff were observed to be assisting people in a respectful manner. A staff person was observed stopping to listen intently to a person with a concern the person had.	
The setting ensures people's freedom from coercion and restraint.	Compliant
⊠Compliant documentation submitted with attestation	
☐ Observation made during on-site visit	
The setting submitted the Minnesota Home Care Bill of Rights. The setting uses this document to inform people and the staff of a person's right in this area. The setting also informs people and trains staff on the Vulnerable Adults Act.	
The setting optimizes individual initiative, autonomy and independence in making life choices, including daily schedule and with whom to interact.	Compliant
⊠ Observation made during on-site visit	
People interviewed indicated they felt they choose their own schedules. One person interviewed said, "I feel like I can say no. I make my own choices."	

Pictures of the HCBS setting

Gathering area



Chapel



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.