

## **HCBS Final Rule Evidentiary Package**

#### Centennial Villa Assisted Living Memory Care



#### **Setting information**

Setting name: Centennial Villa Assisted Living Memory Care	ID #: 25919
Street address: 500 Park Street E., Annandale, MN 56302	Phone: 320-274-5031
Setting website, if applicable: <u>Centennial Village Assisted Living Memory Care</u>	Date of site visit: 6/7/2018
(http://www.annandalecarecenter.org)	

#### Waiver service type

Waiver service	Service type:
<ul> <li>Alternative Care (AC)</li> <li>Elderly Waiver (EW)</li> <li>Brain Injury (BI)</li> <li>Community Access for Disability Inclusion (CADI)</li> <li>Community Alternative Care (CAC)</li> </ul>	Customized Living
Developmental Disabilities (DD)	

#### **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 Annandale Care Center

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

#### **General summary**

Centennial Villa Assisted Living Memory Care is located in the town of Annandale, in Wright County, 60 miles northwest of Minneapolis, on Highway 55. Annandale had a population of 3,315 in 2016.

Centennial Villa Assisted Living Memory Care offers customized living services with 24 hour staffing to people with memory care and other cognitive support needs. At the time of the provider attestation, the setting was serving 26 individuals; 12 people were being served through a home and community based waiver program, with 10 using the Elderly Waiver and 2 through the CADI waiver.

The customized living setting is located on a continuum of care campus that includes two other separately registered customized living settings: Centennial Villa Congregate Apartments and Centennial Villa Assisted Living. These two settings will be reviewed in separate Evidentiary Packages. The continuum of care campus also includes the Annandale Care Center (a nursing facility), and the Annandale Health & Wellness Center (a fitness center open to the general public). All aspects of the campus are owned and operated by Annandale Health & Community Services, a non-profit corporation.

#### **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/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 □Unmet	Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.
□Not applicable	Centennial Villa Assisted Living Memory Care, the customized living setting, has separate leaders from the nursing facility. They have a dedicated housing manager and a nurse overseeing services. However, the customized living setting leaders report to an overall administrator at Annandale Health & Community Services. The setting is financially connected to Annandale Health & Community Services, but it manages decisions about financial matters at the setting level.
⊠Met	To the extent any facility staff are assigned occasionally or on a limited
□Unmet	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
□Not applicable	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.)
	All staff that work in the customized living setting receive HCBS settings rule training and other relevant training and orientation for the setting. Individual staff occasionally work shifts in the Annandale Care Center and the customized living setting. Employees work a full shift in one environment or the other, and do not split shifts. Workers in each setting are treated like separate employees. The nursing facility and the HCBS setting have separate position descriptions and training protocols. Before a staff works in either setting they are fully trained.

⊠Met	Participants in the setting in question do not have to rely primarily on
Unmet	transportation or other services provided by the facility setting, to the exclusion of other options; (Describe the proximity to avenues of available
□Not applicable	public transportation or an explanation of how transportation is provided where public transportation is limited.)
	People living in this customized living setting have several options for transportation to support community engagement and inclusion, including: Trailblazer (County Transit), volunteer drivers through a local nonprofit, sharing rides with others who live in the setting, rides from family and friends, and use of their own cars. Because the setting serves people with memory care needs, staff or family and friends frequently accompany people on outings, based on their individualized care plans.
⊠Met	The setting provides HCBS services in a space that is distinct from the
□Unmet	space that institutional services are provided.
□Not applicable the campus. It has its entrance is on a The customized livi	The customized living setting is very separate from the other facilities on the campus. It has its own signage, entrance, nearby parking spots, and its entrance is on a separate side of the campus than the other facilities. The customized living building is also very different in look and style from the adjacent nursing facility, easily distinguishing itself as a separate housing facility.

#### **Community engagement opportunities and experiences**

Community engagement is supported by the setting staff but also by family and friends from the wider community. People served in the setting provide input through interest assessment forms and direct communication with staff. People living in the setting learn about activities through a monthly calendar, bulletin board displays, and staff announcements and reminders.

The setting supports outings in the community. Here are some examples:

- Public parks
- Community events and festivals
- Scenic drives.

People living in the setting also get out on their own, with the support of family and friends. These trips include:

- Visiting the public library
- Coffee dates and restaurant meals
- Family events
- Faith community activities
- General errands.

The setting also supports a daily activity calendar that is designed to support people with cognitive impairments. On-site, programmed activities include: chapel services, an exercise program, baking activities, and games of various kinds.

#### **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
Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals.	(Please select) Compliant
<ul> <li>☑ Compliant documentation submitted with attestation</li> <li>☑ Observation made during on-site visit</li> </ul>	
The setting provided an HCBS compliant lease agreement as documentation through the provider attestation process. The administrator provided a move-in packet during the site visit that included a lease agreement.	

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. Each unit also had a private bathroom, to allow people in the memory care setting additional privacy.	
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	
People living in this setting do not share rooms unless they share a room with a spouse, partner, or other person of their choice. Some people served in this setting have shared a unit with a spouse. The setting offers larger units for couples.	
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 setting's 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	
The administrator confirmed during the setting site visit that people living in the setting can control their daily schedules, in terms of waking, going to bed, and coming and going and eating as they would like. The two cottages have a large living room and common kitchen area. Food and drink are available in the common kitchen throughout the day. Food and drink can also be stored and accessed in peoples' living units.	

The setting allows people to have visitors at any time.	Compliant
oxtimesCompliant documentation submitted with attestation	
⊠Observation made during on-site visit	
The administrator confirmed that people living in the setting can have visitors at any time. There is a separate entrance and parking area for this setting. Family, friends, and other visitors use the separate entrance, as do the people living in the setting.	
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 the time of the site visit the administrator was not aware of any people in the setting that are working or volunteering. However, the administrator and staff confirmed that people in the setting can make decisions about the flow of their days, and the provider accommodates their preferences.	
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 many accessibility features. The administrator confirmed that they work with people living in the setting if they need a modification to their living units, 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. Trips into the wider community are less frequent in this setting because the people living in the setting have memory care needs, and a higher level of staff and family support is needed for outings. However, family and friends are very supportive in the setting, and many people living in the setting make trips into the community with their support. The setting also offers a varied activity	

calendar with activities tailored to interests of individual people living in the setting and the needs of people with cognitive impairment.	
The administrator confirmed that people served in the setting are informed that they can choose service providers of their choice, including medical service providers in the wider community.	
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 policy that is compliant with the HCBS rule related to assisting 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	
Staff working in the setting are trained to respect the privacy of people living in the setting. People's living units are respected as private spaces. Staff only gain access to the living units at the permission of the person living in the setting, or in cases of emergency. The setting conveys the following rights to people living in the setting in the "Resident Handbook":	
<ul> <li>Privacy when you have visitors.</li> <li>Privacy during personal cares</li> <li>Privacy for phone calls, texts, email or other personal communications</li> <li>Privacy of your personal information including financial, service, health and medical.</li> </ul>	
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 setting felt very home-like, and people living in the setting seemed very at-home in the space.	

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 on the Minnesota Home Care Bill of Rights and the Minnesota Vulnerable Adults Act. People also receive this document that explains 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	
The administrator confirmed that services are tailored to each individual. Individualized care plans are used to personalize care and services in this setting. Each person's interests and needs are taken in to account in the planning activities and delivering services.	

#### **Pictures of the HCBS setting**



Common area for planned and person-led activity



Setting kitchen, with snacks available through the day



Secured courtyard between the cottages; people can use the space whenever they like



Accessibility features in unit bathrooms

#### **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.