

Minnesota Site Visit Report and Remediation Updated with State Responses

This report contains the findings from the CMS Site Visit Report to Minnesota in July 2022, as well as the responses from the state to these findings. Through work on their Home and Community-Based Services (HCBS) Settings Corrective Action Plan (CAP), the state has provided responses to the CMS findings including remediation strategies where necessary with associated timelines. As outlined in the following pages, CMS agrees with the state's approach to ensuring full compliance with the HCBS settings rule with the remediation of the non-compliance findings from the site visit and the application of remediation strategies to address the systemic findings also outlined in this report.

Site Visit Date: July 25-July 27, 2022

Systemic Findings:

- CMS requests that the state provide a written response providing updated information describing how the state will remediate both the process for developing and implementing the person-centered service plan.
- CMS suggests the provision of technical assistance to ensure that expectations for community integration across HCBS providers and service coordinators is understood. As indicated in the attached report, the state indicated that community integration is the responsibility of service coordinators, and not the HCBS providers. While the service coordinator has responsibility to ensure the development of a person-centered service plan that identifies the individual's preferences for community integration and identifies supports that they need, the regulatory criteria place extensive responsibility on HCBS providers to ensure that settings in which HCBS are received are facilitating individuals' goals and support needs for community integration, as outlined in person-centered service plans. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

State's Response: The Minnesota Department of Human Services (DHS) uses two primary methods to validate providers' compliance with the settings requirements following initial enrollment: licensing site visits and case management reviews. Each method is described in detail here. For brevity, this detail is not included in the subsequent responses.

- **Licensing Reviews.** Site reviews of providers that are required to comply with the settings rule are completed by state licensurers. These reviews are completed by DHS through the Licensing Division under the Office of Inspector General or through the Minnesota Department of Health (MDH), Division of Health Regulation. Jurisdiction concerning which entity is responsible for oversight is provided in state law and each have an established licensing cycles. The respective agencies also investigate licensing complaints.
 - DHS has jurisdiction over adult day services.
 - MDH has jurisdiction over assisted living settings.

- **Contracts with the Managed Care Organizations (MCOs).**

- Lead agency reviews (LARs): Site reviews of county and tribal human service organizations (contracted with DHS) are conducted by DHS through the Fiscal Analysis and Results Management Division. Site reviews are completed on a rotating schedule and include a review of support plans and interviews with case managers. During the last cycle of site visits, 90 lead agencies (87 counties and three tribal human service organizations) were reviewed. This included review of over 6,800 case files and discussions with over 2,300 agency staff.
- MCOs annually audit support plans for compliance with assessment and care planning requirements. The annual audit-review requirements are similar to the LAR process. The MCOs submit findings to DHS. DHS' HCBS policy staff review findings related to case management and follow-up if deficiencies are identified.

- **Case Management Reviews.** Reviews are conducted of county, tribal human service organizations (contracted with DHS), and managed care organizations to evaluate that each is meeting requirements for assessing beneficiaries' needs, developing person-centered service plans, coordinating services, and overseeing that services are provided in accordance with the approved service plans. The reviews are completed directly by DHS or for MCOs, the process is required in the DHS

In addition to these review/audit functions, the state has several other controls that have been described in detail in previous materials. Four key controls are mentioned here because they are underpinnings to DHS' oversight and are useful when reviewing the state's responses.

- ❖ Case management functions, including service plan oversight.
- ❖ MnCHOICES evaluation process, including workflows to assure service plans are signed by the beneficiary and shared with providers.
- ❖ DHS provider pre-enrollment and five-year reevaluation processes, including provider attestations for all settings related requirements. See [DHS-7618-ENG](#) form.
- ❖ [Provider training](#), including basic information covering all of the settings requirements that providers must complete before they can be enrolled as a Minnesota Health Care Programs provider.
- ❖ MMIS edits, including those that link service authorizations and claims payment to enrolled providers.

Minnesota will continue to implement our ongoing strategies to assure these entities are collaborating on the compliance with development and monitoring of person-centered plans by: Adding information specific to person-centered planning expectations to the CBSM - Case management and care coordination policies and the HCBS Waiver Services provider manual; Distributing policy information related to person-centered planning expectations via lead agency/stakeholder electronic distribution lists and provider newsletter; Providing training to case managers, care coordinators and providers on person-centered planning expectations, ongoing through multiple avenues including through the "Building your skills: Developing a Support plan" training series. This is a monthly webinar to build foundational knowledge of support planning expectations; Providing training and technical support to case managers and care coordinators on person-centered planning expectations, ongoing through DSD quarterly regional update meetings and monthly MCO care coordinator workgroup meetings; Monitoring provider compliance through Minnesota's licensing review processes and case management; and, monitoring lead agency compliance through Minnesota's lead agency

review processes.

DHS audits the process for developing and implementing the person-centered service plan through the LARs and MCO review processes (as described in the State Preface above). Case managers are responsible to monitor that the services in the plan meet the beneficiaries' needs and are being provided. Additionally, licensing reviews (described in the State Preface) evaluate whether providers are implementing the service plan.

The state confirms that as of January 29, 2024, all licensed assisted living facilities and adult day settings were in compliance with facilitating the individuals' preferences for community integration and related support needs, as outlined in their person-centered service plans.

Minnesota will continue to implement our ongoing strategies to assure lead agencies and providers understand community integration expectations by: Distributing the HCBS provider toolkit and previous training related to community integration expectations to providers and lead agencies; Providing training to case managers, care coordinators and providers on person-centered planning expectations, ongoing through multiple avenues including through the "Building your skills: Developing a Support plan" training series. This is a monthly webinar to build foundational knowledge of support planning expectations, including developing plans that support individual community integration needs and that providers facilitate goals for community integration as outlined in the person-centered plan; Providing ongoing training and technical support to providers specific to community integration expectations, using information, resources and promising practices outlined in the provider toolkit; Monitoring provider compliance through Minnesota's licensing review processes and case management; and monitoring lead agency compliance through Minnesota's lead agency review processes.

DHS validates that provider service plans are completed and carried out in accordance with state requirements through licensing reviews (as described in the State Preface above).

The state confirms that as of January 29, 2024, all licensed assisted living facilities and adult day settings were in compliance with facilitating the individuals' preferences for community integration and related support needs, as outlined in their person-centered service plans.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including direct support professionals on the HCBS requirements through Minnesota's disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota's licensing review processes and case management.

DHS validates that individuals' rights of privacy, dignity, and respect, and freedom from coercion and restraint are protected through oversight of provider requirements that are included in licensing reviews (as described in the State Preface above). These rights are identified and provided for in state law.

Please note that individual support plans may modify privacy requirements based on the beneficiary's assessed needs. Case managers must follow the State's protocol to determine whether a person's privacy may be restricted and the service plan must specifically address any limits.

The state confirms that as of January 29, 2024, all licensed assisted living facilities and adult day settings were in compliance with requirements related to ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including direct support professionals on the HCBS requirements through Minnesota's disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota's licensing review processes and case management.

DHS validates that providers licensed as Assisted Living Facilities must maintain a legally enforceable agreement with beneficiaries receiving services. The agreement minimally must include that beneficiaries have the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law(s) of the state, county, city or other designated entity. Licensing reviews (as described in the State Preface above) ensure that providers comply with these requirements.

The state confirms that as of 2019, all licensed assisted living facilities were in compliance with requirements related to maintaining a legally enforceable agreement with beneficiaries receiving services. The agreements included that beneficiaries have the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law(s) of the state, county, city or other designated entity.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including direct support professionals on the HCBS requirements through Minnesota's disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota's licensing review processes and case management.

DHS validates that providers meet the physical plant requirements through licensing reviews (as described in the State Preface above). These include reviewing that entrance doors may be locked by the beneficiary with only appropriate staff having keys to the doors.

Please note that individual support plans may modify requirements related to lockable doors based on the beneficiary's assessed needs. Case managers must follow the State's protocol to determine whether a person's privacy may be restricted and the service plan must specifically address any limits.

The state confirms that as of January 29, 2024, all licensed assisted living facilities were in compliance with having entrance doors lockable by the individual with only appropriate staff having keys to doors.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including

direct support professionals on the HCBS requirements through Minnesota’s disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota’s licensing review processes and case management.

DHS validates thorough licensing reviews (as described in the State Preface above) that beneficiaries’ rights to have freedom and support to control their own schedules and activities and have access to food at any time is protected. This is completed by reviewing of provider service plans.

Please note that individual support plans may modify the beneficiary’s access to food based on the based on the beneficiary’s assessed needs. Case managers must follow the State’s protocol to determine whether access to food may be restricted and the service plan must specifically address any limits.

The state confirms that as of January 29, 2024, all licensed assisted living facilities and adult day settings were in compliance with individuals having the freedom and support to control their own schedules and activities and having access to food at any time.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including direct support professionals on the HCBS requirements through Minnesota’s disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota’s licensing review processes and case management.

DHS validates through licensing reviews (as described in the State Preface above) that modifications of the conditions identified under §441.301(c)(4)(vi)(A) through (D), are supported by a specific assessed need and justified in the person-centered service plan. Additionally, case managers also oversee the beneficiary’s service plan.

Further, providers must attest when they enroll with DHS to their compliance with the HCBS settings requirements, including the requirement that “The additional conditions for residential settings will only be modified for a person receiving services if the modifications meet all the following:

- Are agreed to and documented in the person's service plan.
- Will not result in a setting having the qualities of an institution.
- Are not imposed upon others in the same residence.
- Are the least restrictive alternative, imposed for the shortest possible time, to meet the person's needs.”

The state confirms that as of January 29, 2024, all licensed assisted living facilities and adult day settings were in compliance with modification requirements.

Minnesota will continue to implement our ongoing strategies to assure providers understand and put into practice the tenants of the HCBS settings regulations by: Distributing the HCBS provider toolkit and Waiver 101 training- HCBS module to all HCBS providers with instructions to review information and use to train staff; Providing ongoing (real-time/on-demand) training and technical support to providers, including

direct support professionals on the HCBS requirements through Minnesota’s disability services, aging and adult services and licensing entities; and, monitoring provider compliance through Minnesota’s licensing review processes and case management.

DHS assures that providers (for whom the settings requirements apply) meet the state’s training requirements through its provider enrollment process. Providers must complete [HCBS Waiver and Alternative Care Provider Training 101 / Minnesota Department of Human Services \(mn.gov\)](#), before they may be enrolled. DHS staff confirm this is completed before enrollment is completed and MMIS edits preclude service agreements from being authorized unless the provider is enrolled.

For examples and more information regarding DHS’ training options available in LEAD AGENCY SYSTEMIC REMEDIATION STRATEGIES FOR DEVELOPING AND IMPLEMENTING THE PERSON-CENTERED SERVICE PLAN section, the PROVIDER SYSTEMIC REMEDIATION STRATEGIES FOR DEVELOPING AND IMPLEMENTING THE PERSON-CENTERED SERVICE PLAN section, LEAD AGENCY SYSTEMIC REMEDIATION STRATEGIES RELEVANT TO HCBS SETTINGS RULE CRITERIA section and the PROVIDER SYSTEMIC REMEDIATION STRATEGIES RELEVANT TO HCBS SETTINGS RULE CRITERIA section of the Minnesota’s Evidence of HCBS Rule Compliance document.

CMS summarizes its findings from the sites visited in July 2022 and provides feedback on the state’s response provided on December 28, 2022. CMS’ most recent feedback dated Feb. 8, 2024, in general acknowledges the state’s training options, support materials, and tool kits, but asks the state to provide information on how the state assures that the setting’s that were reviewed are now in compliance with the deficits that were identified. DHS received and evaluated documentation from the sites demonstrating that they have made the changes as required. DHS submitted this compliance information to CMS on Feb. 8, 2024. A summary response is added in the following tables. Note: The state added dates to the column headers.

Ebenezer Ridges Adult Day Center

Regulation Citation	Violation Finding Based on Site Visit	State's Response
<p>441.301(c)(4)(vi)(F)</p> <p>Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.*</p>	<p>The ADC setting is locked with key access only by staff. Participants are unable to come and go as they choose. The door requires unlocking when entering from the outside, as well as unlocking to exit the setting. The state and agency staff were not aware of a reason why the setting was locked.</p> <p>The setting should evaluate its reliance on locking the door, to facilitate individuals being able to come and go as they choose. CMS is available for needed technical assistance on how to implement individually-focused practices.</p> <p>Use of person-centered service plans should be used to document any individualized modifications.</p>	<p>Minnesota DHS will distribute remediation plans to the Ebenezer Ridges Adult Day Center by January 13, 2023, to assure this setting complies with the following regulatory requirement which was found out of compliance by CMS during their site visit.</p> <p>Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plan.</p> <p>Also see systemic findings section for state's systemic remediation effort.</p> <p>Ebenezer Adult Day submitted an action plan on 2/14/23 with supporting evidence to validate compliance.</p> <p>The state assures ongoing compliance through: county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Additional Provision	Visitation based on Site Visit	State's Response
<p>State Medicaid Director Letter #19-001¹</p> <p>Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state.</p>	<p>Staff indicated they receive initial and annual training on various topics, but were unaware of the settings rule or settings criteria.</p> <p>This setting should ensure all employees have consistent and reinforced training on the HCBS settings regulatory criteria.</p>	<p>Minnesota DHS will distribute remediation plans to the Ebenezer Ridges Adult Day Center by January 13, 2023 to assure this setting complies with the following regulatory requirement which was found out of compliance by CMS during their site visit.</p> <p>Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plan.</p> <p>Also see systemic findings section for state's systemic remediation efforts.</p> <p>Ebenezer Adult Day submitted an action plan on 2/14/23 with supporting evidence to validate compliance.</p> <p>The state assures ongoing compliance through: provider enrollment criteria and licensing/certification reviews.</p>

Isabelle's House at Parmly on the Lake and Vindauga View Assisted Living

Regulation Citation	Violation Finding Based on Site Visit	State's Response
<p>441.301(c)(4)(i)</p> <p>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the</p>	<p>Based on review of PCSPs, staff interviews, and participant interviews, the site visit team noted there is minimal evidence of community integration. People are sitting; they don't leave. If they have family, they might leave on occasion. There was nothing in the PCSPs that indicated community integration. Participants reported being</p>	<p>Minnesota DHS will distribute remediation plans to Isabelle's House at Parmly and Vindauga View by January 13, 2023 to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p>Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p>

¹ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

Regulation Citation	Violation Finding Based on Site Visit	State's Response
<p>community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>bored and indicated if they leave the facility, to go to church or other activities, it is with family.</p> <p>A staff member at one of the settings noted that it was not their role to assure integration; state staff agreed, noting it is the case manager's role.</p> <p>Staff noted community integration has been impacted by COVID. The team noted a reliance on families in order for participants to leave the facility. One resident goes into the community to get her hair done if her family takes her, but they would not always do that. Staff was unaware that they should assist her in accessing the community.</p> <p>There is also no public transportation available. The setting used to have a van, but then they got a new owner who sold the van.</p> <p>There is a huge lake located very close to the campus; fishing is very popular in Minnesota and a staff member at one of the settings noted that people may get a fishing license and fish, but it's contingent on if they have a family member to take them.</p> <p>The staff noted group outings two times per month using Arrowhead transportation paid for by the facility. Staff noted this was hard to maintain due to cost and people cancelling. Outings included trips to Dairy Queen, and a scenic overlook.</p>	<p>Also see systemic findings section for state's systemic remediation efforts.</p> <p>Isabelle's House at Parmly on the Lake and Vindauga View submitted their action plans on 2/14/23 with supporting evidence to validate compliance.</p> <p>The state assures ongoing compliance through county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Regulation Citation	Violation Finding Based on Site Visit	State's Response
	<p>These settings should ensure their model of service delivery aligns with the regulatory criteria to facilitate community integration, without relying on an external case manager to accomplish this alignment. Establishing partnerships with community resources and leveraging existing community transportation options should supplement reliance on informal supports.</p>	
<p>441.301(c)(4)(vi)(B)(1)</p> <p>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>Two staff misunderstood the use of a master key. They said all the locks on the residents' rooms are the same because they could get into all the rooms with that one key. But the administrator indicated that what staff have is a master key. One individual noted he has a lock on his door and a key "somewhere." Other individuals were unsure if they had locks/keys.</p> <p>These settings are to ensure that individuals understand that they may lock their doors and be provided keys.</p>	<p>Minnesota DHS will distribute remediation plans to Isabelle's House at Parmly and Vindauga View by January 13, 2023 to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p>Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p> <p>Also see systemic findings section for state's systemic remediation efforts.</p> <p>Isabelle's House at Parmly on the Lake and Vindauga View submitted their action plans on 2/14/23 with supporting evidence to validate compliance.</p> <p>The state assures ongoing compliance through county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Regulation Citation	Violation Finding Based on Site Visit	State's Response
		<p>The state assures Isabelle's House at Parmly and Vindauga View completed remediation, and the settings are in compliance with this requirement on January 29, 2024.</p>
<p>441.301(c)(4)(vi)(F)</p> <p>Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.*</p>	<p>The lease/residency agreement and administration reported having a locked memory care unit; noting a blanket restriction. Through conversation and demonstration, the site visit team noted the setting actually has delayed egress. If someone pushed on the door it will open but then the alarm will sound. It is not locked. The door opens to a work/staff area with a nurse station, chairs, etc. On the other side of the room is a keypad to disarm the alarm. If people walk through, the alarm will sound. It is a less restrictive area, but staff may be in there or nearby to hear the alarm. It gives the person a second to be side-tracked to get where they wanted to go. Also noted in the residency agreement was an acknowledgement that an electronic system is used to alert staff if a resident for whom the system is used goes through a door. There was no evidence there is such a system in operation; only delayed egress.</p> <p>These settings should ensure alignment between existing practices and the language used in residency agreements. Use of</p>	<p>Minnesota DHS will distribute remediation plans to Isabelle's House at Parmly and Vindauga View by January 13, 2023, to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p>Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p> <p>Also see systemic findings section for state's systemic remediation efforts</p> <p>Isabelle's House at Parmly on the Lake and Vindauga View submitted their action plans on 2/14/23 with supporting evidence to validate compliance.</p> <p>The state assures ongoing compliance through county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Regulation Citation	Violation Finding Based on Site Visit	State's Response
	person-centered service plans should be used to document any individualized modifications.	

Additional Provision	Violation Finding Based on Site Visit	State's Response
<p data-bbox="109 345 583 410">State Medicaid Director Letter #19-001²</p> <p data-bbox="109 443 590 727">Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state.</p>	<p data-bbox="621 345 1209 1003">The site visit team was impressed with one staff member; her name tag indicated she was a “Peer Mentor.” She was more knowledgeable than other staff who were interviewed, noting her job was to know the residents and provide care how they wanted, but acknowledged the service plans did not include information about the person being served. She noted staff are to complete a “get to know me” sheet with each new individual and spend time with the person and the family to fill it out. The site visit team was unable to locate these types of forms in the record provided; it was not part of the PCSP. No other specific training around HCBS was noted by other staff or administrators.</p> <p data-bbox="621 1044 1199 1143">These settings should ensure all employees have consistent and reinforced training on the HCBS settings regulatory criteria.</p>	<p data-bbox="1251 345 1978 524">Minnesota DHS will distribute remediation plans to Isabelle’s House at Parmly and Vindauga View by January 13, 2023, to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p data-bbox="1251 557 1978 662">Minnesota DHS will provided targeted support to this provider to assist them to comply with their remediation plans.</p> <p data-bbox="1251 695 1948 768">Also see systemic findings section for state’s systemic remediation efforts.</p> <p data-bbox="1251 800 1896 906">Isabelle’s House at Parmly and Vindauga View submitted action plans on 2/14/23 with supporting evidence to validate compliance.</p> <p data-bbox="1251 938 1965 1011">The state assures ongoing compliance through provider enrollment criteria and licensing/certification reviews.</p>

² [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)

Centennial Care: Centennial Villa Assisted Living Memory Care, Centennial Villa Assisted Living, and Centennial Villa Congregate Apartments

Regulation Citation	Violation Finding Based on Site Visit	State’s Response
<p>441.301(c)(4)(i)</p> <p>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Through interviews with participants and staff, it was noted that prior to COVID, community access was better, and more frequent. The setting has a residential coordinator onsite who serves all three settings on campus. This person coordinates group activities onsite. Participants indicated that rather than going out of the setting to shop, the recreational coordinator purchases items for the general store and they can buy things there. Staff noted a “dining out” program which consisted of staff going to McDonald’s to pick up food and bring it back to residents.</p> <p>Participants/staff noted that if people get out of the setting to shop, participate in community activities, or go out to eat, that is facilitated by family, not staff. Staff don’t help people get out into the community.</p> <p>The settings do not have a facility van and no public transportation is available. Some residents have cars and they may take a friend to church or friends come pick them up for church. There is a dependency on residents for supports, rather than the setting, to get out in the community.</p> <p>Through the review of the PCSPs, the site visit team was unable to determine if participants were engaged in their</p>	<p>Minnesota DHS will distribute remediation plans to the Centennial settings by January 13, 2023 to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit. Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p> <p>Also see systemic findings section for state’s systemic remediation efforts.</p> <p>The three Centennial settings submitted their action plans with supporting evidence to validate compliance on 2/14/23.</p> <p>The state assures ongoing compliance through county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Regulation Citation	Violation Finding Based on Site Visit	State's Response
	<p>communities, either through social activities or employment. It was noted by the state to the team that participants often choose not to share their PCSPs with their residential providers due to privacy issues; this choice was supported by the state. The team noted nothing in the PCSP that would indicate a heightened need for restricting access to the PCSP for providers the individual selected.</p> <p>Additionally, the state indicated that the setting is not responsible for community integration; this is the function of the service coordinator. Further, the state indicated that additional services, provided by other providers than the residential provider, were responsible for community integration. This was not evidenced in review of the PCSPs, or through interviews with participants or staff. The Centennial Care settings should ensure their model of service delivery aligns with the regulatory criteria to facilitate community integration, without relying on one person or position to accomplish this alignment.</p> <p>Establishing partnerships with community resources and leveraging existing community transportation options should supplement reliance on informal supports.</p>	

Regulation Citation	Violation Finding Based on Site Visit	State's Response
<p data-bbox="107 139 369 172">441.301(c)(4)(vi)(C)</p> <p data-bbox="107 207 537 347">Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p data-bbox="632 139 1226 496">On the setting's menu and posted on a sign in the congregate dining room, participants are directed that they must review menus and indicate what they intend to eat by a certain day/time; otherwise, they will not receive a meal. When discussing this concern with staff they noted people would get something to eat even if they missed the deadline and noted the signage was misleading as to what really occurs.</p> <p data-bbox="632 537 1226 711">The Centennial Care settings should remove any signage that indicates a meal will not be provided under any circumstances and ensure that individuals have access to food at any time.</p>	<p data-bbox="1251 139 1969 318">Minnesota DHS will distribute remediation plans to the Centennial settings by January 13, 2023, to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p data-bbox="1251 354 1969 461">Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p> <p data-bbox="1251 496 1969 561">Also see systemic findings section for state's systemic remediation efforts.</p> <p data-bbox="1251 597 1969 704">The three Centennial settings submitted their action plans with supporting evidence to validate compliance on 2/14/23.</p> <p data-bbox="1251 740 1969 883">The state assures ongoing compliance through county on-site physical plant reviews; case management visits with people receiving services; Lead Agency Review audits and licensing/certification reviews.</p>

Additional Provision	Violation Finding Based on Site Visit	State's Response
<p data-bbox="96 141 604 203">State Medicaid Director Letter #19-001³</p> <p data-bbox="96 240 604 527">Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards as described in the waiver or in community training policies and procedures established by the state.</p>	<p data-bbox="613 141 1234 243">Staff indicated they receive initial and annual training on various topics but were unaware of the settings rule or settings criteria.</p> <p data-bbox="613 280 1234 418">The Centennial Care settings should ensure all employees have consistent and reinforced training on the HCBS settings regulatory criteria.</p>	<p data-bbox="1243 141 1990 316">Minnesota DHS will distribute remediation plans to the Centennial settings by January 13, 2023, to assure these settings comply with the following regulatory requirements which were found out of compliance by CMS during their site visit.</p> <p data-bbox="1243 354 1990 459">Minnesota DHS will provide targeted support to this provider to assist them to comply with their remediation plans.</p> <p data-bbox="1243 496 1990 560">Also see systemic findings section for state's systemic remediation efforts.</p> <p data-bbox="1243 597 1990 703">The three Centennial settings submitted their action plans with supporting evidence to validate compliance on 2/14/23.</p> <p data-bbox="1243 740 1990 803">The state assures ongoing compliance through provider enrollment criteria and licensing/certification reviews.</p>

³ [Heightened Scrutiny SMD-SMDL Final \(medicaid.gov\); see question 10](#)