

A consumer resource

Housing with Services

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A joint handbook of the Minnesota Board on Aging
and the Office of Ombudsman for Long-Term Care



Office of
Ombudsman for
Long-Term Care

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Overview of “Housing with Services”

Some housing sites in Minnesota offer services to the people that live there. They are called “Housing with Services” (HWS). HWS settings include:

- Apartments.
- Board and lodging. In these sites tenants might have a private bedroom or bathroom. Or, they might share these rooms. The common areas are shared with other tenants.
- Corporate adult foster care. In these homes up to five people age 55 and older live. Services are often supplied by staff in eight hour shifts.
- Certain sections of nursing homes.

HWS offer health services such as nursing care. They also help with grooming and medicines. Support services may include help with laundry, paying bills, making doctor appointments and arrangements for rides. Often meals, social activities, a hair salon, exercise room, and emergency call systems are offered, too. Some services are called “assisted living”. These are a mixture of health and support services.

The state Department of Health ensures that HWS sites meet certain care standards. Some HWS sites have their own home care license. Some hire a licensed home care agency. The HWS home care license is called either Class A or Class F. The class depends on the way services are offered.

Not all housing for seniors is a registered HWS site. Only those that offer the right mix of health and support care need to be registered.

HWS Fees

The tenant pays the rent at a HWS site. The tenant also pays for health and support services, if they need them. If a HWS offers assisted living services, the tenant must often purchase at least one health care or support service.

Fees might be for a single service (such as \$27 for a 30-minute whirlpool bath). Or, fees might be for a package of services (such as Package 1 or 2, or Tier A or B). These types of fees are called “bundled services”.

Legal Issues

Housing sites required to become registered as a Housing With Services are those that house 80% or more tenants age 55 and older, and offers one or more licensed home care/health-related service or offers two or more supportive services. Except for adult foster homes, there is no limit to the number of tenants who can live in a HWS setting. Registration is through the Minnesota Department of Health.

All HWS sites must meet the Fair Housing Act and Americans with Disabilities Act. Other laws that HWS must follow include fire and building codes. HWS must also meet boarding and lodging and food service laws.

The Contract. HWS tenants have safeguards. One is that the HWS 17-point contract must contain certain information (see page 8).

The Service Plan. The Service Plan is shaped by the state's home care rules (see page 7). The service plan is also called a service agreement. If the HWS has its own home care license, it is called a "combined" provider. This means it provides housing, health and supportive services. A combined provider will often put the housing contact and service plan in one paper. If so, it must state the exact rent. It must also state the charge for each service included in the HWS base rate.

Each landlord must give the tenant a Certificate of Rent Paid every year. Tenants must receive it by January 31st. The Certificate allows them to claim a tax credit, if eligible.

Special Care Unit. If a HWS says it has special care for memory diseases, like Alzheimer's, it is called a special care unit. These HWSs must give written disclosure information about the services provided to prospective tenants or those helping the tenant find a HWS setting (see page 9).

Class A or Class F in HWS

A HWS site that says it offers help with personal care or taking medicine must do one of two things. It must have its own home care license. Or, it can contract with a Class A or F licensed agency. Class A means it is a professional home care agency. Class F means it has a home care license to operate in a HWS site only.



Rules vary between Class A and F licenses. Both Class A and F must follow regulations that make sure that certain standards are maintained when delivering services. This would include an individualized client service plan and staff qualifications, training and supervision.

HWS tenants who get health services are considered “home care clients”. This means they have safeguards under the home care bill of rights.

Service Agreement and Service Plan

Class A sites use a Service Agreement. Class F sites use a Service Plan. Each paper shows the health care services agreed upon by the tenant or the person representing the tenant. There is a timeline for completing it.

The Agreement or Plan:

1. Sets the services to be provided. It also tells how often services will occur. The services will be based on an assessment.
2. Shows the persons or types of people who will provide the service.
3. Lists how the services will be supervised, if any.
4. Lists fees for each service.
5. Gives an alternate action plan. This plan will include:
 - The action to be taken by the provider, tenant, and responsible persons if scheduled services cannot be provided.
 - The way the tenant or responsible person should contact the provider when staff provide services.
 - Who to contact in case of emergency or if the tenant’s condition changes significantly for the worse.
 - How the provider should contact the tenant’s representative, if any.
 - When emergency medical services should not to be called. This must be in line with the tenant’s living will or health care directive. (Minnesota Statutes, chapters 145B and 145C.)

Assisted Living

Assisted living services are offered in a HWS setting. Some, not all, HWS offer assisted living. Assisted living is a mixture of health and support services. Services are offered under a Class A or Class F license.

An HWS can use the term “assisted living” if it:

1. Offers help with medication and at least three of the following: bathing, dressing, grooming, eating, transferring, continence care and toileting.
2. Has a registered nurse (RN) that assesses the tenant’s physical and cognitive needs.
3. Ensures the RN has a system to delegate health care activities.
4. Has access to an on-call RN 24/7.
5. Has a way for tenants to ask staff for help for health and safety needs 24/7. Staff must be:
 - Awake (unless there are 12 or fewer tenants)
 - Located in the same or an attached building. Or staff must be on the same campus as the HWS site
 - Capable of communicating with tenants
 - Able to recognize the need for help
 - Able to provide the help needed or able to get the right assistance
 - Able to follow directions
6. Has a system in place to check on each client at least daily.
7. Provides or makes available:
 - Two meals per day
 - Weekly housekeeping and laundry services
 - Arrangement for rides to certain appointments and community resources
 - Chances for tenants to socialize
8. Makes the Uniform Consumer Information Guide available to all prospective and current tenants (see page 9).



Home Care Bill of Right #16 for Assisted Living Consumers

You have the right to reasonable, advance notice of changes in services or charges, including at least 30 days advance notice of the termination of a service by a provider, except in cases where:

1. The recipient (client) of services behaves in a way that changes the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;(*see Page 6 End of Home Care for Those Not On Assisted Living.)
2. An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider;(*see Page 6 End of Home Care for Those Not On Assisted Living) or
3. The provider has not received payment for services, for which at least ten days advance notice of termination of a service shall be provided.

Termination of Assisted Living Services

Sometimes an arranged home care provider (either a Class A that is not Medicare certified or a Class F) must terminate a service agreement or service plan with an assisted living client. If this happens, the home care provider shall provide the AL client and the legal or designated representatives of the client, if any, with a written termination notice. The notice must include:

1. The effective termination date;
2. The reason for termination;
3. Without extending the termination date, an offer to meet with the assisted living client or the client's representatives within no more than five business days of the date of the termination notice to discuss the termination;
4. Contact information for a reasonable number of other home care providers in the client's geographic area;
5. A statement that the provider will participate in a coordinated transfer of the client's care to another provider or caregiver;
6. The name and contact information of a representative of the home care provider with whom the client may discuss the notice of termination;
7. A copy of the Home Care Bill of Rights; and,
8. A statement that the notice of termination of home care services by the home care provider does not constitute notice of termination of the HWS contract.

Termination of HWS Contract/Lease/Residency Agreement

ALL HWS TENANTS

Along with the termination notice, all HWS sites must provide information about how to contact the Office of the Ombudsman for Long-Term Care. The information must include the address, phone number and a statement of how to request problem-solving assistance.

The Minnesota Landlord Tenant law also applies in HWS settings.

ASSISTED LIVING CONSUMERS

The HWS site must provide the assisted living client, and the legal or designated representative of the client, if any, a written termination notice which includes:

1. The effective date of termination;
2. The section of the contract (lease or residency agreement) that authorizes the termination;
3. An affirmative offer to meet with the client and representative within no more than five business days of the date of the termination notice to discuss the termination;
4. An explanation that:
 - the assisted living client must vacate the apartment, along with all personal possessions, on or before the effective date of termination;
 - failure to vacate the apartment by the termination date may result in the filing of an eviction action in court, and that the client may present a defense to the court at that time; and,
 - the client may seek legal counsel in connection with the notice of termination;
5. A statement that, with respect to the termination notice, reasonable accommodation is available for the client's disability.
6. The name and contact information of the representative of the building with whom the client or client rep may discuss the notice of termination.

End of Home Care for Those Not On Assisted Living

Some HWS tenants get health-related services that are not assisted living. They must also be told if services are to end. In most cases tenants must be given at least 10 days notice. This notice is different from a notice to end the housing contract.



Home Care Bill of Rights

Some HWS tenants get health-related services including assisted living services. They are considered home care clients. These clients have rights under the Minnesota Home Care Bill of Rights. Clients who get Medicare home care services also have rights under the federal Medicare home care bill of rights.

There are five types of home care rights:

1. Combined state and federal rights. These are for people who get home care services paid by Medicare.
2. State rights for people who get home care services from a provider that has a state license.
3. Combined state and federal rights for persons who receive assisted living services paid by Medicare.
4. State rights for persons who receive assisted living services from a provider who has a Class A or Class F home care license.
5. Minnesota Home Care Bill of Rights for people who get home care services from providers exempt from having a state home care license or Medicare certification. For example, a Personal Care Provider Organization that offers only Personal Care Attendant services to only clients who participate in Medical Assistance must give their clients this bill of rights.

Hospice Bill of Rights

Consumers who receive hospice services – regardless of setting – have rights. They must receive either the combined Medicare and Minnesota Hospice Bill of Rights or the Minnesota Hospice Bill of Rights from their hospice provider. If the hospice services are paid by Medicare, they are to receive the combined Medicare and Minnesota Hospice Bill of Rights.

Hospice services are licensed by the Minnesota Department of Health. Hospice programs that receive reimbursement from Medicare are “Medicare-certified.”

For a copy of all the home care and hospice bills of rights, visit:

www.health.state.mn.us/divs/fpc/consinfo.html or call the Office of Ombudsman for Long-Term Care to request a copy at (651) 431-2555 or 1-800-657-3591.

Housing with Services Contract

The HWS must provide the tenant (or the tenant's representative) a complete copy of the contract. This must include all supporting documents and attachments. It must be provided again whenever changes are made.

The contract (also called a lease or residency agreement) must include (either in the contract or in supporting documents or attachments):

1. The name, street address and mailing address of the establishment.
2. The name and mailing address of the owner(s) establishment. If the owner(s) is not a natural person, identification of the type of business entity of the owner(s).
3. The name and mailing address of the managing agent (if there is a management or lease agreement) of the establishment, if different from the owner(s).
4. The name and address of at least one natural person who is authorized to accept services on behalf the owner(s) and managing agent.
5. A statement describing the site's registration and licensure status. In addition, the statement must include any provider providing health-related or supportive services under an arrangement with the site.
6. The term of the contract.
7. A description of the services to be provided to the resident in the base rate to be paid by the resident. This must disclose what portion of the base rate is rent. It must also disclose the fee for each service included in the base rate.
8. A description of any additional services, including home care services, available for an additional fee. The description must include a schedule of fees charged for these services. These services can be from the establishment directly or through arrangements with the site.
9. A description of how the contract may be modified, amended, or terminated.
10. A description of the site's complaint resolution process. This must include the toll-free complaint line for the Office of Ombudsman for Long-Term Care.
11. The resident's designated representative, if any.
12. The site's referral procedures if the contract is terminated.
13. Residency requirements used by the establishment to determine who may reside or continue to reside at the site.



14. Billing and payment procedures and requirements.
15. A statement that describes how residents can receive services from service providers with whom the site does not have an arrangement.
16. A statement about public funds available for payment of rent or services at the site.
17. A statement notifying the client of the availability of and contact information for Long Term Care Consultation services available in the county in which the site is located.

Housing with Services Uniform Consumer Information Guide

Prospective and current HWS tenants must receive a copy of the site's current Uniform Consumer Information Guide.

This guide—available at <http://www.health.state.mn.us/divs/fpc/profinfo/lic/lichws.htm> outlines:

1. The name, address, phone number, fax and website of the HWS, the contact person for the HWS and the date of the information contained in the guide
2. Community resources and complaint handling and advocacy resources
3. A description of the home care provider also referred to as the “arranged home care provider” (if the home care provider has a Class A or F license)
4. Building features
5. Staff availability
6. Payment for rent and services
7. Availability and price of supportive services
8. Availability and price of personal care assistance (also called activities of daily living)
9. Availability and price of other health care related services
10. Consumer legal rights

Disclosure of Special Care Status

“Special Care Units” are HWS sites that offer or say they offer secure, segregated or special programs for persons with Alzheimer’s or a related disorder. All special care units must provide a written disclosure to each person seeking residence or to the person’s authorized representative. This has to happen before there is an agreement entered into to provide the care. The disclosure must include:

1. A statement of the site’s overall philosophy. This must reflect the special needs of residents with Alzheimer’s disease or other dementias.
2. The criteria for determining who may reside in the special care unit.
3. The process used to assess and develop the service plan or agreement, including how the plan responds to changes in the resident’s condition.
4. Staffing credentials, job descriptions and staff duties and availability, including any training specific to dementia.
5. Physical environment as well as design and security features that specifically address the needs of residents having dementia.
6. Frequency and type of programs and activities.
7. Family involvement in resident care.
8. Available family support programs.
9. Fee schedules for additional resident services.
10. A statement that residents will be given a written notice 30 days prior to changes in the fee schedule.

In addition to these disclosures, the residence’s direct care staff and their supervisors must be trained in dementia care. Required training includes:

- An explanation of Alzheimer’s disease and related disorders
- Assistance with activities of daily living;
- Problem solving with challenging behaviors
- Communication skills

The site must provide a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This can be provided in written or electronic form.



The dementia disclosure must also be given to the Office of Ombudsman for Long-Term Care, and to the Commissioner of Health upon request. Substantial changes to the disclosure must also be provided to these agencies. The disclosure must also be attached to the Uniform Consumer Information Guide.

Exploring Options and Finding Resources

Before you make a move, consider bringing services into the home. There are services available in your community to help you remain in your current home. If you are living in a nursing home, they can help you when you move back to your home or another home setting. Minnesota agencies offer many services. They include house cleaning, shopping, chores, and rides, to name a few.

One cost effective option is adult day services. For an average of \$70 a day the senior goes to a community center or adult foster home in the morning for socialization. There is a noon meal, and the senior returns home mid or late afternoon. Help with medications and personal care may be available for an additional charge. Some providers offer evening or weekend services.

There are easy ways to learn about available services. Call a Linkage Line or visit its website:

Disability Linkage Line® (866) 333-2466
www.MinnesotaHelp.info

Senior LinkAge Line® (800) 333-2433
www.MinnesotaHelp.info

Veterans Linkage Line™ (888) 546-5838
www.minnesotaveteran.org

MN Department of Health (regarding inspection and complaint investigations of licensed and certified home care and hospice agencies) (651) 201-4101
www.health.state.mn.us/divs/fpc/consinfo.html

Stratis Health (to report a concern about the quality of Medicare home care and hospice services) (877) 787-2847
www.stratishealth.org

Medicare home care agencies in your area
www.medicare.gov/HHCompare/home.asp

Office of Health Facility Complaints (to report or discuss a complaint about home care or hospice services licensed or Medicare certified by the Minnesota Department of Health) (651) 201-4201 or (800) 369-7994
www.health.state.mn.us/divs/fpc/ohfcinfo/filecomp.htm

Office of Ombudsman for Long-Term Care (to talk with a consumer advocate about the rights, regulations and quality of in-home, community services and housing with services or to seek help in resolving a problem about these services) (651) 431-2555 or (800) 657-3591
www.mnaging.org

Other Consumer Tips

1. Planning ahead for a move is easier than having to move immediately. Those who plan ahead are more likely to feel more satisfied with the move. Satisfaction with moving into a congregate setting may include: increased socialization; prepared meals; better nutrition; no concerns about yard work or home repairs; and a sense of safety.
2. The HWS contract and the home care service plan/service agreement are two separate requirements. However, the contents of both may be merged together into one document.
3. Before you choose a HWS site, make sure the amount of rent and fees for services are clear to you. If they are not clearly outlined, ask for clarification before you sign anything.
4. Tenants may choose their own home care provider. This can be the one arranged by the HWS or they can make their own arrangements. However, the HWS site may require tenants to purchase a minimum amount of service (whether or not the tenant chooses to use the service) in order to live there. If a tenant needs daily home care services, the cheaper option may be with the arranged home care provider at the site.
5. If the arranged home care provider terminates services to the HWS tenant, the tenant can make other home care arrangements with another home care provider.
6. Tenants who receive health-related services are considered home care clients and have rights under the Home Care Bill of Rights.
7. HWS which offer congregate meals must meet state food safety regulations. These mainly relate to proper storage, handling and preparation. There is no requirement to offer special diets or specific foods under the HWS law.
8. HWS which offer assisted living must provide opportunities for socialization.
9. HWS that offer specific services to persons with dementia (commonly called “memory care”) must provide activities for the residents.
10. The Minnesota Landlord Tenant law affects both the HWS tenants and owners (landlords.) Although some HWS require a one year lease, a month to month tenancy is most common. Month to month tenancy means that the tenant and the landlord must give a full month plus one day notice. This must happen if the tenant plans to move or if the landlord plans to end the tenancy.
11. Tenants have safeguards under the federal Fair Housing Act (FHA). They are to be free from discrimination on the basis of race, color, religion, gender, national origin, family status or disability.
12. The FHA requires owners to make reasonable exceptions in their policies and operations to give people with disabilities equal housing opportunities.



13. Tenants have safeguards through the Americans with Disabilities Act (ADA.) The ADA prohibits exclusion, segregation and unequal treatment based on disability; requires architectural standards for new and altered buildings and requires reasonable accommodations to policies, practices and procedures.
14. Each HWS and home care employee must have cleared a background study prior to employment. Home care licensure outlines standards for staff qualifications, training and supervision. Licensure also outlines medication administration delegated by a registered nurse as well as other consumer safeguards.
15. About falls and memory loss: Falls happen regardless of setting. An emergency call service is available to people living alone. Should a fall occur and the person is conscious, the person activates a button (worn on the wrist or around the neck) that activates a call for help. Living alone combined with memory loss can threaten safety: walking outside and getting lost, or being at risk for burns due cooking, are reasons to explore safer housing arrangements.

For questions, contact the Office of Ombudsman for Long-Term Care
651-431-2555 or 1-800-657-3591.

**For more information or additional assistance,
please call the Senior LinkAge Line®:
A One Stop Shop for Minnesota Seniors at
1-800-333-2433. You may also find
additional resources at www.MinnesotaHelp.info®.**