

**Adult Services and Aging
Home and Community-Based Services Workgroup
May 29, 2015**

Members Present: Chris Qualm, Department of Health; Loren Diekman, Jenkin's Living Center; Sarah Jennings, AARP; Rep. Jean Hunhoff; Ronda Williams, Department of Human Services; Ramona Simon, West Winds Home Health; Deb Fischer-Clemens, Avera; Scott Duke, South Dakota Association of Healthcare Organizations (SDAHO); Leslie Morrow, Alzheimer's Association; Yvette Thomas, Department of Social Services; Amy Iversen- Pollreisz, Department of Social Services; Carol Cameron, Consumer; Marcy Ramsey, Phillip Health Services; Paul Millman, Interim Healthcare; Mark Deak, South Dakota Health Care Association (SDHCA); Sen. Bruce Rambelberg; Steven Novotny, Homecare Services of SD; Gerald Beninga, Advisory Council on Aging; Lisa Griffin, Caregiver.

Also attending:

Erik Nelson, AARP; Wendy Mead, SDAHO; Kelsey Webb, Governor's Office ; and Alison Ramsdell, US Attorney's Office.

Purpose of Meeting

The purpose of the workgroup is to explore options to increase availability of community-based services and further explore information on other supports currently being utilized in South Dakota.

Overview of ASA/Waiver Services

Yvette Thomas presented information on Adult Services and Aging programs. During the discussion of adult day care centers, Gerald Beninga was asked to provide additional information on their Ceili Cottage model of day care. Gerald explained that in addition to the Daybreak adult day center, Active Generations operates a second center called Ceili Cottage. The cottage was set up to serve people with advancing dementia who benefit from a quieter environment. Gerald shared that they can serve up to eight people in this setting, and they have been full since they opened. There followed some discussion about caregiver services and the benefits to family caregivers, including resource information.

Overview of the Abt Report

Yvette Thomas provided information on South Dakota's Long Term Care Study Update.

There was discussion about the number of access critical nursing facilities, the outcome measures associated with the ADRC grant, and other data included in the report. The group discussed the nursing home bed moratorium and the request for proposals (RFP) process put into place to periodically evaluate and provide for additional nursing home beds in area of need. The process was used in March 2014 to provide additional beds in the Rapid City area after a need was identified. Provider and consumer input is important in initiating the process to re-evaluate the need to issue additional RFPs. Members briefly discussed the challenges hospitals face in discharging individuals with special needs to community nursing homes and the actions the state has taken to address the issue; for example, creating units within community nursing homes with specialized skills for caring for individuals with behavioral health issues.

Home & Community Based- Services Survey

Yvette Thomas provided information on a recent Home and Community-Based Services Survey.

Members discussed the strong independence of individuals in South Dakota as well as their tendency to underestimate their own needs. Consumers may not see the need for assistance that their family, health care providers, or the Adult Services and Aging Specialist might see. Sarah Jennings offered to share electronically with members the results of the Caregiver Survey recently completed by AARP. The group also discussed the issue of folks who fall through the cracks and how to better identify them as well as couples who are co-dependent; they do well as a team, but if one of them becomes ill or dies, the other tends to struggle. There was some discussion about the benefit of parish nursing and congregational involvement, and Gerald Beninga shared comments about research completed by the Wilder Foundation <http://www.wilder.org/Programs-Services/caregiving-resource-center/Pages/default.aspx>.

Barriers to Home and Community-Based Services

Yvette Thomas presented information on challenges and barriers to providing home and community-based services and provided information on waiver programs in South Dakota and the surrounding states.

There was discussion among the workgroup regarding the different waiver services available, both in South Dakota and the surrounding states. Discussion centered on how certain services are covered in other states, for example some states specifically target mental health issues and other states incorporate individuals needing those services under a larger umbrella. The option of self-direction of services was discussed, including an explanation that the individual hires their own personal attendants – selecting the provider, training them, and managing them. In these situations, the personal attendant is hired through an agency that provides oversight. Steven Novotny explained the process from the provider agency perspective – the agency case manager does an assessment and then assists the individual consumer in hiring their own attendant. Steven indicated this process works well for a specific population of people who know what they want and are motivated to do their own hiring and management. There are also challenges including finding staff and the responsibility that comes with self-direction. It was noted there is no prohibition against hiring family members to be the provider.

There was a short recap of the Money Follows the Person (MFP) program, which was pursued after a previous workgroup's recommendation. This program works with both the elderly population and the developmentally disabled population to assist them in returning to community living. To be eligible for this program, the individual must be Medicaid eligible and have been living in an institution for 100 days. This is different than people who enter a skilled nursing facility for a planned rehabilitation stay and go home at 90 or 100 days. The group discussed the benefits of either expanding current waivers by adding services or creating new waivers with new target groups. New waivers would allow specific services targeted to individuals with specific needs. Expansion of current waivers would require following the amendment process and getting approval from the Centers for Medicare and Medicaid Services (CMS), as well as getting budgetary approval through the legislative process. Regarding the funding, it is based on the state's current Federal Medical Assistance Percentage (FMAP), which is currently at approximately 50/50.

The group also discussed other barriers such as staffing in rural areas. Self-direction was mentioned as a solution with the ability to hire family members. The state is responsible for the safety, health, and welfare of any participant of waiver services, making some oversight important. Oversight also helps assure that services being paid for are actually delivered. The workgroup requested additional

information from other states with self-direction programs to determine their models for oversight and accountability that would be flexible yet retain the necessary oversight.

Providers shared that the average person they are serving has much higher care needs (medically) than was once the case. They also noted substance abuse issues, family dynamics issues, and housing issues as challenges. The group discussed the Medically Fragile waiver specified in other states. This is a group that is served in South Dakota, but there isn't a waiver targeted specifically to them.

The workgroup also discussed the benefits of education – caregivers need to be aware of what assistance is available and to understand that resources are available to provide support. In addition, the challenge of finding care providers in rural areas who are willing to provide care and supervision for 15 hours a day or more was discussed. It was suggested there isn't enough people willing to serve as caregivers and the presentation mentioned the low number of caregivers per individual aged 65+ in South Dakota (Policy Institute Analysis of 2010-2012 American Community Survey Public Use Microdata Sample; Census Bureau 2010-2012 Resident Population Estimates). Concern was expressed that if we expand services, there may not be the personnel to staff the services. Part of the issue with staffing is wages. Workgroup members suggested review of some of the programs and incentives that are being used to persuade individuals to stay in South Dakota at the next meeting, including programs available through the Office of Rural Health which offers rural recruitment bonuses.

Workgroup members asked for information on current programs that are under-utilized. Telehealth is one such program. It was noted that the Veteran's Administration uses this technology frequently.

The next meeting date is scheduled for Thursday, July 9 at RedRossa in Pierre from 10am – 3pm. The agenda will be sent with a meeting reminder closer to the date. Meeting adjourned.