

DRAFT LTSS Stakeholder Workgroup Meeting  
View 34  
March 14, 2018

Present:

Gloria Pearson – Secretary, Department of Human Services (DHS)  
Steven Novotny – Home Care Services of SD  
Matt Cain – Independent Living Choices  
Shelly Pfaff – SD Coalition  
Jen Red Bear – Executive Director, Western Resources for Independent Living  
Brett Hoffman – Sioux Falls  
Erik Gaikowski – State Director AARP, Sioux Falls  
Kristen Bunt – SD Association of Healthcare Organizations  
Matthew Ballard – DSS, Medicaid State Plan, Policy Analyst  
Yvette Thomas – Director, DHS, Div. of Long Term Services and Supports (LTSS)  
Beth Dokken – Deputy Director, DHS, LTSS  
Misty Black Bear – HCBS Waiver Manager, DHS, LTSS  
Leslie Lowe – HCBS Settings Specialist, DHS, LTSS  
Jennifer Gant – Program Specialist, DHS, LTSS  
Deb Petersen – Project Manager, DHS, LTSS  
Dan Hoblick – Communications Director, DHS  
Jennifer Geuther – ADLS Waiver Manager, DHS, DRS  
Eric Weiss – Director, DHS, DRS  
Darryl Millner – Director, DHS, Div. of Developmental Disabilities

Not Present:

Gerald Beninga – Active Generations  
Kimberly Clown – Administrator, Medicine Wheel Village  
Jessica Pickett – Director, James Valley Community Services  
Representative Jean Hunhoff – Yankton Area  
Senator Deb Soholt – District 14  
Laura Wilson – Administrator, Tieszen Memorial Home  
Tim Neyhart – Disability Rights South Dakota  
Mark Deak – SD Healthcare Association  
Craig Eschenbaum – Chairman, Statewide Independent Living Council  
Erik Nelson – AARP Sioux Falls  
Jen Porter – SD Association of Healthcare Organizations  
Mark Burkett – Administrator, Platte Health Center

Secretary Pearson opened the meeting and welcomed everyone. She thanked all members of the workgroup for making the trip and acknowledged several members were not able to attend today's meeting. There was a round of opening introductions.

Secretary Pearson shared some information from legislative session. The 2018 South Dakota Legislature approved a base funding increase to 90% of methodology cost reimbursement for In-Home and Assisted Living providers and an additional 2% base rate increase to all community based providers effective April 1, 2018. The 2018 Legislature also approved one-time provider funding enhancements to Nursing Homes, Senior Meals, and Community Support Providers who are currently reimbursed at or above 90%

of methodology costs. Pearson thanked all the providers for their advocacy and support in the area of provider increases.

Long-Term Services and Supports Program Specialist Jennifer Gant presented information regarding Dakota at Home, a new centralized intake system that was rebranded from the current ADRC. LTSS currently has five intake lines covered by staff in Rapid City, Pierre, Watertown, Mitchell and Sioux Falls. This will change to one intake line/phone number with four intake specialists handling all calls statewide. Jennifer navigated through the new Dakota at Home website, including the Resource Directory and how to search for information within it. Additionally, she shared the online ads featuring a fox, turtle and chipmunk. LTSS Division Director Yvette Thomas shared that Insight conducted research prior to developing the ads to ensure characters selected for use with Dakota at Home were unique. Secretary Pearson shared that most South Dakota citizens are not aware of the services available through LTSS, that Dakota at Home will be a central hub for all of DHS and callers will be directed to the appropriate division/program/staff member through the Dakota at Home intake specialist.

Shelly Pfaff asked if there is a way for them to share information regarding new providers/new companies that may want to participate in the resource directory. Deb Petersen asked that any requests for inclusion be sent to her directly.

Erik Gaikowski asked when the new site would be live and if DHS would like members of the committee to post information related to Dakota at Home on their websites. Secretary Pearson appreciated and welcomed any agency to share the Dakota at Home information.

Jennifer Gant informed the group about the LTSS training scheduled for next week (March 19-20). The four intake specialists will receive specialized training for their new role.

Darryl Millner asked where the intake specialists will be located. The locations include Spearfish, Brookings, and 2 in Mitchell, but Yvette Thomas also explained these four staff can log in from wherever they are and complete their work from any location. Darryl also asked if these four staff will have an equal amount of knowledge to inform the public of services available statewide. Yvette confirmed they would be receiving specialized training for the intake position.

Matt Cain asked who LTSS worked with to develop the new campaign. Yvette responded that LTSS contracted with Insight Marketing Design out of Sioux Falls for this campaign.

Deb Petersen and Jennifer Gant provided more information about how the Resource Directory works and explained there are several ways to search for information, including the ability to click on any county on a map of South Dakota to get county specific information and the services available/providers that cover that county.

Next, Long Term Services and Supports Waiver Manager Misty Black Bear presented information on the HOPE Waiver amendment, which will add Structured Family Caregiving and Community Living Home services as available waiver services. This amendment will also include Community Transition Supports and Community Transition Coordination services.

- Community Transition Supports – one-time expenses paid for individuals transitioning to a less restrictive environment, not to exceed \$5000, including essential household items (not to exceed \$500)
- Community Transition Coordination – service to assist a person to successfully transition out into the community

Steven Novotny asked if this service would also assist an individual to transition back to a higher level of care (i.e. from home to AL or NH). Misty explained this service is specifically designed to transition individual to a less restrictive environments. Transition to a nursing facility would not be allowed.

Misty reviewed the Community Living Home service. Community Living Homes provide an alternative to long term care for individuals who meet nursing facility level of care. Misty reviewed the services provided by a Community Living Home, as well as which services will be available as a separate payment. These additional services must be based on the assessed need of the individual.

Shelly Pfaff asked more about what “medication management to the extent permitted under state law” meant for Community Living Homes and expressed concern with this if Community Living Homes do not require oversight of medication. She explained that when medication management is provided through a Community Support Provider there are rules in place and oversight is provided by a registered nurse. How will these individuals in Community Living Homes be protected?

Misty and Beth Dokken explained medication management allowed in a Community Living Home is based on Board of Nursing requirements and follows state law regarding who can provide medication management. Yvette Thomas added that any person receiving this service will also have an assigned case manager who will have ongoing contact/communication with the recipient. Secretary Pearson also explained that the individuals wishing to provide this service will have to meet several provider requirements before becoming an approved Community Living Home.

Misty also reviewed Structured Family Caregiving services. Structured Family Caregiving provides an alternative to long-term care for individuals that meet nursing facility level of care, but is different than a Community Living Home in that the recipient lives with a family member (or the family member lives with the recipient) and the family member can be paid to provide care to the recipient via an oversight agency (a Medicaid enrolled provider agency to provide oversight and payment to the Structured Family Caregiving caregiver). Misty reviewed the payment that these new residential models will receive, which include 3 tiers of payment amounts that are dependent on the recipient needs/behaviors. These are the rates that the enrolled Medicaid provider will receive; the enrolled Medicaid provider will pay the Structured Family Caregiving caregiver directly. There are many similarities between the two models; however, both provide more options for individuals needing an alternative to long-term care.

Misty reviewed the next steps with the waiver amendment, including finalizing modifications to the amendment based on public comment, submitting the amendment to CMS and waiting for approval. In addition, there are plans to continue to engage with potential providers of these new services to ensure statewide implementation once CMS approval is received.

Division of Developmental Disabilities (DD) Director Darryl Millner presented information on the Shared Living services provided through DD. Host home and companion care are two models available through Shared Living. DD is currently drafting Administrative Rules and policy for Shared Living and have recently received approval to move forward with Administrative Rules. Darryl explained they spent a

lot of time during the public input process to reach out to families and were told the rules were too much/too overwhelming/too similar to group homes. Input received was used to “scale down” the rules to allow for more flexibility within Shared Living homes. Darryl shared that families are excited about this new model, but also have fear regarding how their family member will be safe/be taken care of. Darryl stated there is more information related to Shared Living available on the DHS website if any providers are interested in learning more about it. Darryl brought the Shared Living brochure to share with the group. The brochure will be made available across the state in the coming months. Secretary Pearson also explained that there is a matching process that is used by shared living to ensure the individuals that will be living together are a good match as the hope is this will be a long-term living arrangement.

Matt Cain asked if providers will be notified when DHS is ready to roll services. Secretary Pearson explained DHS would be reaching out to providers of these services in other states to learn more about how this works from a provider perspective so that everyone is clear and can follow the regulations determined for these services.

Shelly Pfaff asked about conflict free case management. She asked how a company like RHD will provide services. Secretary Pearson explained that anyone receiving case management through RHD would not also be able to receive services from them. Shelly is concerned this may be confusing to recipients. Yvette Thomas added that it will take time to work everything out.

Secretary Pearson brought up another subject that is somewhat related to shared living and that is self-direction. Self-direction is where the participant directs their own services and supports. Eric Weiss, Director of the Division of Rehabilitation Services, explained more about the ADLS waiver self-direction option. Basically, instead of the provider identifying the needs and then hiring and training the caregiver, the recipient is in control of hiring the person they want and providing the training to that person directly.

Matt Cain shared his experience providing support to individuals self-directing their services. Matt explained that Independent Living Choices is federally mandated to have self-directed services. They assist individuals with learning or re-learning skills needed to live independently. They also provide home modification services. The end goal is to increase the person’s ability to live independently while ensuring they remain healthy and safe. On the ADLS side, only 5-10% of recipients actually want to self-direct their services. Matt indicated that self-direction works great for individuals who have a specific person/family member providing the services.

Steven Novotny agreed that self-direction works best for recipients who have family members providing the support and care. However, he believes that many individuals do not want the full responsibility of directing their services. For individuals receiving services from provider staff, the recipient still wants a say in their services (particularly with training), but from a staffing/coverage standpoint the agency provides more assistance than what would typically be considered “self-directed”.

Matt Cain explained that a lot of this is dependent on staffing of the agencies providing services. He shared that recipients tend to go back and forth between provider agencies which complicates matters for the agencies involved. Secretary Pearson stated that DHS plans to eventually combine waivers to ease the providers’ process in submitting claims and working between two waivers/funding sources.

Long Term Services and Supports Program Specialist Deb Petersen provided an update on the Lifespan Respite Grant. This grant has been issued to 37 states and the District of Columbia. South Dakota applied for and received this grant in 2017. Some states have never applied, including Wyoming. South Dakota has created a Lifespan Respite Coalition with 24 members and so far, has held two meetings with the next scheduled for the beginning of May. They created a mission statement and established sub-groups within the coalition to lead specific tasks determined by the group. They have developed a survey to collect more information about respite needs in SD and will also be developing a caregiver needs assessment to get more information directly from caregivers. There will also be a Respite brochure developed.

Long Term Services and Supports Assistant Division Director Beth Dokken presented some information about Senior Centers. Bobbi Jo Leggit participated by phone to speak to the work she is doing with senior centers across the state. Over the next 6 months to a year, LTSS will be reaching out to the senior centers to initiate conversations regarding rebranding them as community centers (not specific to seniors) and to assist them with becoming more integrated in the community. These strategies/ideas will be shared with others across the state to really improve the information/services being provided through the senior centers. LTSS staff will be reaching out to the senior centers across the state in the upcoming months to learn more about them and to engage with centers we haven't had a lot of interaction with in the past. Through this process, they may determine LTSS staff should provide limited office hours in the centers to increase awareness of services available to them through DHS. Bobbi Jo spoke about the Caregiving program and how she has been visiting various senior centers across the state. She has learned these locations are mainly nutrition sites and community members have no access to other resources, information or funding options for care. Bobbi Jo spoke about the Caregiving Core Curriculum available to communities; there are 10 classes and these can be taught in a variety of ways (e.g. all at once, spread out over weeks, etc.). Bobbi Jo explained more details about the curriculum and let everyone know to contact her if they had any questions.

Secretary Pearson presented on Alzheimer's Disease and Related Dementia (ADRD) and spoke about the rationale behind the ADRD plan. Concerns identified included the ability to find caregivers, how to provide training to caregivers, and how to handle the stigma still prevalent in South Dakotan communities. Leslie Morrow, with the South Dakota Alzheimer's Association, is working to develop subject specific workgroups and welcomes participation by any related entity. If anyone is interested in learning more, please contact Leslie. South Dakota Alzheimer's Association: 605-339-4543 & [southdakota@alz.org](mailto:southdakota@alz.org)

Yvette Thomas presented information regarding the Community-Based Providers Shared Savings Workgroup. 'Received through policy' is specific to services through IHS. When an American Indian is Medicaid eligible and gets services from IHS, IHS will bill Medicaid directly and these services will be paid at 100% FMAP. For services not received from IHS the FMAP will be at the state percentage, which is approximately 55% federal funds and 45% state funds. More services are now considered eligible through HIS, but participation must be voluntary.

With the savings, the state will accomplish the following in FY2019:

- Address service gaps in the Medicaid program
- Share savings with participating providers
- Increase rates for Medicaid providers

More information can be found via <http://boardsandcommissions.sd.gov> – Search for Health Care Solutions Coalition, South Dakota

Yvette reviewed a handout showing the 100% FMAP Feasibility Matrix for Skilled Nursing Facilities, Community Support Providers and Psychiatric Residential Treatment Facilities, as well as a map representing individuals receiving services and the number of years since their last IHS visit.

A review of the goals and objectives agreed on by the committee was conducted. Secretary Pearson presented the “Vision for South Dakota LTSS” and asked for feedback from the group on their thoughts regarding the information presented and the direction we are headed. Secretary Pearson discussed the need to rebalance LTSS to become aligned with federal initiatives of providing services through home and community based services rather than institutions. This requires more options for people who do not need nursing home level of care. Directly related to this, there is a shortage of home health aides that make it difficult to move towards home and community based services. At the same time we need to fully support nursing home facilities which are very important.

The metrics were also reviewed. Many challenges lie ahead. Workforce will continue to be a challenge. The LTSS Stakeholder Workgroup will pass the baton to the Advisory Council on Aging to monitor progress. The DHS may also share progress reports with the SILC and DD Council or others who are interested.

#### Group discussion and Recap

Erik Gaikowski’s group talked about the positive steps we’ve made in SD and the improvements we hope to make over the next several years.

Eric Weiss’s group talked about changing the status quo, how many of the issues don’t have easy solutions (e.g. bed bugs) and how to provide services while dealing with the issues, especially considering the number of people needing services will continue to increase.

Matthew Ballard’s group talked about how monitoring progress is going to be important as we move forward with this work and that we will need to have enough flexibility to adjust strategies as we move forward to ensure we can actually achieve the goals we set.

Beth Dokken’s group reported they think we are making good strides in the community, but also discussed the importance of LTC facilities. The group also talked about creative ways to increase the Adult Day services available. Shelly Pfaff suggested that the work completed by this committee should also be included within other workgroups that are ongoing across the state (not just the Council on Aging).

Secretary Pearson thanked everyone for their participation in the workgroup and adjourned the meeting.