DRAFT LTSS Stakeholder Workgroup Meeting
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November 15, 2017

Present:
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
Matt Cain – Independent Living Choices
Craig Eschenbaum – Chairman, Statewide Independent Living Council
Erik Nelson – AARP Sioux Falls
Jen Porter – SD Association of Healthcare Organizations
Shelly Pfaff – SD Coalition
Jen Red Bear – Executive Director, Western Resources for Independent Living
Mark Burkett – Administrator, Platte Health Center
Gloria Pearson – Secretary, Department of Human Services (DHS)
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
Dan Hoblick – Communications Director, DHS
Denise Houlette – Director of Budget & Finance, DHS
Matthew Ballard – DSS, Medicaid State Plan, Policy Analyst

Not Present:
Steven Novotny – Home Care Services of SD
Kristen Bunt – SD Association of Healthcare Organizations
Gerald Beninga – Active Generations
Kimberly Clown – Administrator – Medicine Wheel Village

Secretary Pearson opened the meeting and welcomed everyone. She thanked all members of the workgroup for their participation and had everyone introduce themselves and share a memory of an older individual.

Yvette Thomas provided updates on SB 147. DHS and DSS need to have a consensus rate setting methodology. The consensus framework developed includes current cost report data, specific delivery and staffing requirements, training and fidelity standards associated with related service models, current market factors, and current and impending state and federal policies that may impact the cost of service delivery. Factors to consider include acuity, hard to care for consumers that burn out providers and geography. It is hard to fully assess the cost to serve people in some areas of the state because some are not really being served at this point. Two maps were provided showing the population broken down by population per square mile for individuals' ages 60+.

> Questions were raised regarding the number of providers currently available throughout the State. Additionally a question was asked regarding the number of DDS consumers statewide.

Misty Black Bear provided updates on the LTSS Hope Waiver amendments. Misty presented information on the 1st amendment to be submitted in January 2018 will focus on Community Transition Supports (items needed to transition to the least restrictive environment and essential household items to assist in a successful diversion), Community Transition Coordination (a case manager helps the consumer transitioning to identify, select and integrate services necessary to make the transition), and Residential Options of either Structured Family Caregiving Homes or Community Living Homes. The 2nd amendment to be submitted in the spring of 2018 will focus on Conflict Free/Externalized Case Management.

What is the best name for the Community Transition position? The potential names discussed included Case Manager, Transition Specialist, and Transition Case Manager.

Representative Jean Hunhoff asked about the eligibility requirements for the program; to be eligible for the HOPE Waiver, a consumer must be 65 and older or a consumer 18 and older with a qualifying disability who meet 1) Nursing Facility Level of Care and 2) financial and other eligibility.

Representative Jean Hunhoff asked how a consumer continues to get services after the transition and how many different case managers they will have; the Transition Services are one component of the HOPE Waiver so the consumer will have a case manager that will help implement additional services through the HOPE Waiver upon the transition date. Depending on the implementation of external case management, the consumer may have the same case manager throughout the transition and thereafter.

The question was raised regarding how many people can be in a Residential Option; and What will this model look like in communities.

Denise Houlette provided an overview of the Structured Family Caregiving/Community Living Home rate Methodology. A three tier system is used with tier 1 being the lower need consumers. Currently all tiers are based on Acuity and Yvette is working to identify a vendor to conduct reviews so additional criteria can be incorporated into the tier unit cost amounts.

Deb Peterson provided an overview of the Respite Care grant South Dakota was recently awarded. The grant requires match, the development of a Respite coalition, and must be tied to ADRC. South Dakota was one of only two states awarded the grant this year. The coalition had its first meeting November 13-14th and they have identified workgroups.

Gloria provided updates on the Goals and Strategies previously identified by this Workgroup.

Goal 1 – Long Term Services and Supports are available to people in their home communities.

- ADRC has been working on re-branding and a new name: “Dakota at Home: One Call Countless Resources”
    - The question was raised asking how this works and what resources are used; staff currently takes calls through five different call centers. DHS/LTSS is evaluating resources to provide a more person centered approach. This will include having one consistent number for all services and identifying a way to ensure more consistent responses to consumers.

- A survey will be conducted with all providers to identify gaps in provider coverage.
    - The question was raised if DHS has identified other providers that aren't Medicaid eligible and how are providers that aren't currently enrolled reached; steps are being taken to determine what are considered "core services" and then additional outreach will be determined.

- LTSS specialists will work with senior centers, the Dakota at Home line will share lists of senior centers with those calling; DSS will use social media to get information out about senior centers.
    - Do we need to look at different models instead of just the senior center model? LTSS staff may go to the local programs and tell them what options are available and work with local centers to make everyone more knowledgeable about resources.

- Combine ADLS and HOPE waivers
- Implement community living models and utilize local residents
    - The question was raised about how LTSS staff will be reallocated to not burden staff even more; DHS/LTSS is working to implement some external case management to help alleviate the workload of LTSS Specialists prior to adding new duties.

Goal 2 – Family Caregivers receive the help they need to support people at home.

- Develop a Respite care provider directory
- Make recommendations to simplify facility-based respite providers
- Implement statewide Respite Care Needs Assessment
- Expand use of family caregivers – this could happen now as long as the family member is hired by a provider
- Person-centered care plans in place for 100% of participants by 2020 – review back-up care plans, develop a one-page overview for a care plan
- Authorize nursing visits to educate caregivers especially post hospital discharge

Goal 3 – Use best practices to address needs and develop services.

- Update state administrative rules
- Incorporate National core Indicators
- Implement Conflict Free Case Management/Person Centered Practices Tools/Self-direction to Hope Waiver
- Increase awareness of the recycling program for Durable Medical Equipment
    - Dakota Link refurbishes equipment- more information is needed about this recycling program.

Goal 4 – Expand Long Term Services and Support Workforce.

- Self-direction for hiring
- Encourage supported employment programs
- Improve perception of work positions – for example look at collaborating with CTE High School and other similar entities
- Expansion of services by existing providers – have already seen this happening with very limited marketing
- Collaborate with DOH to share information with providers during onsite reviews

Gloria reviewed the five metrics that will be measured over time.

1. Rebrand ADRC to Dakota at Home and increase utilization
2. Increase community service prior to entering nursing home
3. Strengthen the use of Person Centered Plans
4. Decrease the percentage of low care needs recipients who are institutionalized.
5. Rebalance Medicaid expenditures – increase the number of people being served in the community

Gloria closed the meeting by gathering closing remarks from workgroup members and thanked everyone for attending.

Next meeting: March 14, 2018