

Medicaid Solutions Workgroup
Home and Community Based Services Subcommittee
Minutes for September 17, 2012

Members Present: Laurie Gill, Dept. of Human Services, Chair; Gloria Pearson, Ability Building Services, Inc.; Brad Saathoff, Black Hills Works; Kris Killeas, Volunteers of America; Vicki Kerkvliet, Independent Living Choices; Vikki Day, Parent; Shelly Pfaff, Coalition of Citizens with Disabilities; Jean Hunhoff, State Senator; Terry Dosch, Community Mental Health Centers; Dan Lusk, Dept. of Human Services; Ted Williams, South Dakota Developmental Center; John Hanson, Dept. of Human Services; Amy Iverson-Pollreisz, Dept. of Social Services; Ann Schwartz, Dept. of Social Services; Yvette Thomas, Dept. of Social Services; Grady Kickul, Dept. of Human Services

Members Absent: Betty Oldenkamp, Lutheran Social Services; Steven Novotny, Homecare Services of SD; Loren Diekman, Jenkins Living Center; Daryl Reinicke, West Hills Village Health Care Facility; Dianna Miller, MFP Project Director; Dorothy Mueller, Consumer (resigned from the group)

Other's Present: Carol Ruen, Dept. of Human Services; Darryl Millner, Dept. of Human Services; Ken Sanger, South Dakota Health Care Association; Angie Brown, Children's Care Hospital & School; Bob Stahl, Dept. of Health; Mark Deak, South Dakota Health Care Association

Welcome and Introductions

Meeting was opened with welcome from Subcommittee Chair Laurie Gill and then introductions were made. Gill informed the group that this will be our last scheduled meeting. Consensus on the three options (Community First Choice, Dom Care, and MFP) will be discussed today. By the end of our work, Dept. of Human Services' staff will write a report that includes our recommendation(s).

Money Follows the Person

Ann Schwartz provided an update on the MFP draft proposal, which was submitted to CMS on August 8, 2012. Schwartz stated that a request from CMS for additional clarifying information, mainly budgetary questions, will be responded to within two weeks of receipt. There were no questions surrounding the procedural aspect of MFP, however it is expected that additional questions will follow. Schwartz continues to work with Dianna Miller and meeting with providers across the state. In November, Schwartz will attend the National MFP Coordinator Conference. Schwartz will continue to keep the subcommittee updated on the MFP process.

Adult Foster Care

Chair Gill restated the purpose of the subcommittee and provided some brief background of current programs in the state. When the subcommittee adjourned last meeting, we talked about a pilot as a starting point. Bob Stahl, Dept. of Health (DOH) joined the subcommittee at this meeting to discuss Adult Foster Care (AFC) licensing requirements and how those requirements and current processes can be utilized within the specifications of a pilot.

Licensing

Bob Stahl presented a PowerPoint presentation (handout) about the licensing of foster homes under Dept. of Health (DOH) authority. DOH was granted regulatory authority in 2000 – per ARSD §44:04:19 (handout); some of ARSD §44:05 also applies. DOH has seen a steady decline in foster care beds over recent years due to the aging of caregivers and/or death of caregivers. Before a license is issued, DOH reviews for hazards, prevention of egress, ADA guidelines, etc. Reviews are conducted as requested, due to a complaint, or randomly unannounced. DOH also conducts reviews/monitoring with DSS when a complaint is filed. Although there are always exceptions, AFC involves very limited hands on services. The recipient should be an active participant of bathing and dressing and should be able to ambulate on their own. Food should be elevated off the floor, rodent-free, not outdated, dent-free cans, and stored at proper temperature.

In terms of implementing a pilot to consider expansion of AFC, the biggest potential burden for DOH would be staffing. DOH has about a two week turnaround for reviews. There are currently approximately 40 locations with about 60 licensed beds. Stahl stated that these numbers could probably be doubled without creating a major burden to DOH's current workload.

Pilot Project

Dan Lusk led discussions surrounding a possible pilot project. There are currently close to 1,000 individuals living and receiving supports in residential settings that are supported by staff less than 24hr a day. These individuals receive services through the CHOICES waiver and during recent public forums for the CHOICES waiver renewal; forum participants indicated a desire for smaller sized homes. These individuals are a possible target population for a pilot.

Lusk described the scope of a possible pilot and the targeted population, stating that the recipient must be receiving at least one waiver service and would potentially reside in either Rapid City or Sioux Falls due to the size in populations. The pilot can be administered under the current waiver so that eligibility is already established and monitored. The home size would be limited to no more than two individuals with a disability. Senator Hunhoff brought to light a potential barrier in the self-administering of medication as the recipient is responsible for independently taking medication in the correct dosage at the correct times. Stahl confirmed for the subcommittee that if these things cannot be done independently a medication aide/nursing supervisor is needed; if a

family member is the caregiver this requirement softens. Lusk explained that for the type of population we would target for the pilot, these individuals could administer their own medication.

The pilot will define eligibility through DOH ARSD and define CMS assurances through waiver assurances already in place and DDD ARSD. Funding can be obtained through waiver FMAP, Medicaid State Plan, and SSA benefits. Senator Hunhoff mentioned that tax credits for the caregiver/provider should be explored to create incentive and reduce any barriers. Private funding should also be a consideration. Outreach and oversight will need to be considered as well as residence accessibility.

Chair Gill asked the subcommittee for its final reactions to the pilot. The members of the subcommittee responded favorably to the idea of a pilot, stating that it provides more choice and “the dignity of risk”. There is a need for reassurance amongst subcommittee members about medication management, staffing, and the ability for the recipient to keep their own home. Complications to these concerns need to be addressed up front. Tax credits are important. Understanding the tax exposure and if it offsets the benefits is important to confirm.

Community First Choice Option

The 1915(k) Community Choice First (CFC) option became available in 2011 and allows the state to leverage FMAP. Services must be available statewide; cannot limit eligibility; no waiting lists. Only California is currently implementing a 1915(k).

South Dakota’s Current Programs

Yvette Thomas presented PowerPoint presentation on Personal Care Services (handout). Currently there are about 700 statewide participants, many of whom are elderly and/or physically disabled. Services are provided through the Medicaid State Plan under DSS authority – per ARSD §67:16. All recipients receive a nationally recognized Community Health Assessment to determine service needs. Personal Care is not an extensive service but has many advantages including statewide availability, it’s already in place, there is limited reporting required, and utilization is controlled by limitation of hours per consumer per month.

Dan Lusk explained that both DDD waivers have personal care. In the CHOICES waiver it called Residential Services; in the Family Support 360 waiver it is called Personal Care 1 and Personal Care 2, which is utilized after the State Plan Personal Care is exhausted.

Grady Kickul described Personal Attendant Care in the ADLS waiver. It is very similar to the State Plan Personal Care, but can go up to 42hrs per week. To be eligible for this service the recipient must not have use of all four limbs.

Another Option for South Dakota

Ann Schwartz presented PowerPoint presentation on CFC 1915(k) (handout). CFC is a Medicaid State Plan option that allows states to provide home and community-based attendant services and supports in community settings. Requirements include institutional level of care, person centered service planning based on a functional assessment, statewideness, allow for self-direction, a continuous quality improvement plan, and the creation of a Development and Implementation Council.

Subcommittee members shared their concern of the impact a waiting list can have in our state as well as the concern of adding another waiver to the menu of current services that may confuse consumers and the public.

Subcommittee Recommendations

Chair Gill asked for the subcommittee's final recommendations to be included in the report that will be crafted for the Governor. The report will explain how this subcommittee was developed and list assigned the duties. The final report will balance this subcommittee's charge to Medicaid solutions/saving money along with offering more choice, "the dignity of risk," and providing services that are responsive to the people South Dakota serves.

Money Follows the Person

The subcommittee agreed to continue to move forward with this option. MFP is already in place and we already know how it will work. A supportive statement in the final report to the Governor's workgroup to describe what is currently happening will be included.

Adult Foster Care

The subcommittee will recommend consideration of a pilot within the DDD to identify points that need to be addressed and parameters. The pilot will be looked at open-mindedly. Discussions surrounding the pilot will involve DOH. The pilot will be narrow initially (i.e. individuals with DD/ID), but can eventually branch out to other populations (elderly, etc.). The possibility of building AFC into the CHOICES waiver renewal can be explored.

Community First Choice

The subcommittee recommends that the consideration of implementing a 1915(k) be set aside while continuing to monitor potential benefits.

Next Steps

The DHS will work on drafting the final report to the Governor's workgroup in the coming weeks. The draft report will be distributed to subcommittee members for review prior to submission.

If anyone would like to continue work with MFP or want more information on what is happening with MFP, please contact Ann Schwartz.

Meeting was adjourned at 1:50 pm.