Medicaid Solutions Workgroup
Home and Community Based Services Subcommittee
Minutes for May 25, 2012

Members Present:	Laurie Gill, Dept. Human Services, Chair; Brad Saathoff, Black Hills Workshop; Kris Killeas, Volunteers of America; Vicki Kerkvliet, Independent Living Choices; Betty Oldenkamp, Lutheran Social Services; Shelly Pfaff, Coalition of Citizens with Disabilities; Jean Hunhoff, State Senator; Steven Novotny, Homecare Services of SD; Loren Diekman, Jenkins Living Center; Daryl Reinicke, West Hills Village Health Care Facility; 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; Yvette Thomas, Dept. of Social Services; Ann Schwartz, Dept. of Social Services
Members Absent:	Gloria Pearson, Ability Building Services, Inc.; Dianna Miller, MFP Project Director; Vikki Day, Parent; Grady Kickul, Dept. of human Services; 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

Welcome and Introductions
Meeting was opened with welcome from Laurie Gill and then introductions were made. Gill informed the group that the Medicaid Solutions Workgroup has eleven formal recommendations in the final report. Three of the recommendations, Community First Choice, Domiciliary Care and Money Follows the Person, will be evaluated by this subcommittee. When the subcommittee is done, we will formulate a proposal for each of the three recommendations. We will determine if the infrastructure is currently present to accommodate each program, and/or if implementation of each program puts a greater financial burden on the state.

Dianna Miller is the consultant for MFP and was not able to be present at today's meeting. Dianna will be working closely with Ann Schwartz and the MFP planning grant.

Since we started down the path of this workgroup, the state applied for MFP planning grant. Today's meeting will focus on MFP rather than the other two recommendations, due to the timing of the planning grant. The subcommittee is tasked with understanding what the planning grant is and looking at budget impact, application process, participant eligibility, data reporting, and performance measures.

Services for Individuals with Intellectual/Developmental Disabilities and Elderly
PowerPoint presentations by Dan Lusk and Yvette Thomas provided an overview of how things in the current Home and Community Based Services (HCBS) waivers work for understanding as we move into these new initiatives.

Comments during Yvette's presentation on the Elderly HCBS waiver:
Shelly Pfaff inquired about what could constitute a "qualifying disability" in the elderly waiver. Yvette explained that it's a disability that would prevent a person from living in less restrictive environment. People with physical or mental disabilities may qualify. Registered Nurse and Social worker determine the Level of Care.

General comments during presentations on HCBS Waivers:
A person cannot be on two waivers. The waivers cannot provide State Plan services.

Money Follows the Person
PowerPoint presentation by Ann Schwartz provided an overview of MFP planning grant. It is a federal initiative aimed at balancing Long Term Care programs. During first year of grant, it cuts State's portion of FMAP in half and applies it to the federal share. Grants are awarded for five years. It is South Dakota's intent to apply by August 2012.

Ann handed out to the subcommittee MFP Draft Operational Protocol Elements and Waiver Services documents. In order to be eligible for MFP, the person must have been residing in ICF/MR or nursing facility for a period of 90 days. Kris Killeas asked if the 90 days had to be consecutive at one facility. Ann wasn't sure and will confirm with Dianna. At Laurie's request, Dan Lusk and Ted Williams briefly explained an ICF/MR.

Senator Jean Hunhoff posed the question, "Who are the people at SDDC and NF who want to get out and would potentially use MFP?
ICF/MR LOC – The South Dakota Developmental Center currently serves about 141 individuals; Children's Care Hospital currently serves about 66 individuals.
Nursing Facility LOC – Dept. of Social Services identified 230 for residents under age 60 whose care is reimbursed by Medicaid.
General Needs categories-

1) Rehab: 23 (13 have discharged recently or have active discharge plans. Examples include stroke, one side paralysis, diabetes, Parkinson's).

2) Special Care: 16 (includes those with skin integrity issues from skin ulcers or surgical wounds, feeding tubes, respiratory therapy, cerebral palsy, multiple sclerosis, quadriplegia, ventilator support, iv medications as examples).

3) Clinically Complex: 54 (includes those with pneumonia, septicemia, diabetes requiring daily insulin injection, comatose, receiving chemotherapy, dialysis, transfusions, oxygen therapy as examples).

4) Impaired Cognition: 11 (dementia, West Nile encephalitis, cerebral palsy with seizures, dementia as examples).

5) Behaviors: 12 (includes diagnosis of dementia, schizophrenia, MR/DD and TBI).

6) Physically Impaired: 69

Daryl Reinicke asked the question, "What about folks on the assisted living waivers? Would they be eligible for MFP?" The response was the belief is they would not be eligible because they'll already be receiving HCBS LOC. MFP is intended for Nursing or ICF/MR transition to community.

Ann discussed Demonstration Services and Supplemental Services. Demonstration Services receive enhanced FMAP while Supplemental Services receive an FMAP standard adjustment however not to the extent of the Demonstration Services. Ann looked at seven states' demonstrations and couldn't find any examples of Supplemental Services. Will work with Dianna to determine what this can look like for our state. MFP Demonstration Services can target disabilities but not geographical locations. For example, the State of New York targets TBI in their MFP.

Both Ann and Dan discussed the role of self-direction in current HCBS waivers. Shelly asked the question, "Are there demographics of who/type of people included in the 10% of people who want self-direction nation-wide?" Dan's response was that he was not aware of information on this. Both the CHOICES and Elderly waivers do not offer self-direction. ADLS and Family Support 360 offer self-direction. Steve Novotny explained from the ADLS perspective that self-direction is provided with managed care components to 1) prevent fraud; and 2) to reduce the burden that goes along with self-directing services. The ruralness of our state makes it difficult to offer true self-direction. The group had open discussions surrounding self-direction and the role it has in MFP. Betty Oldenkamp stated that it has to have the ability for those that have the capacity and desire. Laurie Gill asked the question, "When would determination occur?" Yvette and Ann responded by saying a quality of live assessment has to be done at the beginning (enrollment). Brad Saathoff stated that it makes sense for self-direction to be in CHOICES rather than MFP because these folks are leaving an institution. Dan offered recent discussions the Division of Developmental Disabilities has had with CMS about allowing for the option to occur. In rural areas, can they hire a hospital worker for example. Certified providers become an issue – how do we certify them? Shelly mentioned cash and counseling, is it still there? Shelly will look into this and get back to the group. Amy Iversen-Pollreisz suggested we use MFP to see if self-direction is viable to put in other waivers. Laurie explained that if we offer self-direction in MFP, then transition to waiver after first year, we have two waivers that do not that have self–direction in place. It needs to be offered in the waivers if it is offered in MFP. Unanimous decision made by subcommittee that self-direction should be explored in MFP.

Ann presented the subcommittee with the question, "What are some transition barriers?" Common responses from the subcommittee included family pushback, socialization, housing, access to providers, and age/cognitive. Ted Williams asked, "Who administers MFP?" Amy replied by stating it depends on your target population. The State Medicaid Agency is the "owner" of MFP, however your target population would determine which agency oversees the operational function of MFP. Ann presented several slides with different potential scenarios that present barriers that we may encounter after MFP implementation. The subcommittee, after assessing each circumstance, determined what barriers might be evident. Laurie recommended we pick a target population to avoid all the variables/barriers the group mentioned.

The subcommittee discussed stakeholder involvement. We know that Tribal input is required and it is suggested that consumer and families are brought to the table, albeit separately. The subcommittee is to identify who our stakeholders are and how many. Forums were also suggested as a network of obtaining participation. Possible questions will need to be determined.

Next Steps
Laurie wrapped up the meeting by explaining next steps. Laurie will work with Ann to determine what is needed as coordination occurs, including feedback Ann needs prior to next meeting and what is needed from the subcommittee at future meetings.

Ann can be reached at 773-4087 or at ann.schwartz@state.sd.us

Future Meeting Plans
Laurie will work with Marilyn Hanson to schedule two or three meetings in the near future to discuss the other two recommendations.

Meeting was adjourned at 2:00 pm