

Medicaid Solutions Workgroup
Home and Community Based Services Subcommittee
Minutes for July 13, 2012

Members Present: Laurie Gill, Dept. Human Services, Chair; Gloria Pearson, Ability Building Services, Inc.; Kris Killeas, Volunteers of America; Shelly Pfaff, Coalition of Citizens with Disabilities; Jean Hunhoff, State Senator (via telephonically); Steven Novotny, Homecare Services of SD; 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; Ann Schwartz, Dept. of Social Services; Grady Kickul, Dept. of Human Services; Dianna Miller, MFP Project Director

Members Absent: Brad Saathoff, Black Hills Works; Vicki Kerkvliet, Independent Living Choices; Betty Oldenkamp, Lutheran Social Services; Loren Diekman, Jenkins Living Center; Yvette Thomas, Dept. of Social Services; Vikki Day, Parent; Dorothy Mueller, Consumer (resigned from the group)

Other's Present: Carol Ruen, Dept. of Human Services; Darryl Millner, Dept. of Human Services; Mark Deak, 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 consensus for future face-to-face meeting dates is Monday, August 20, 2012 and Monday, September 17, 2012. Items/topics for these meetings as well as a meeting date in October will be determined in the near future.

Money Follows the Person

Ann Schwartz facilitated discussions on MFP through the Money Follows the Person PowerPoint (handout). Schwartz stated that several letters of endorsement have been received to date. The more letters received the better to demonstrate the broadness of providers that are willing to participate in MFP. MFP would bring FMAP (Federal Medical Assistance Percentages) to just under 80%. The MFP draft demonstration grant request is due to Centers for Medicare and Medicaid Services (CMS) by August 8, 2012. CMS will work with the State to make any necessary revisions.

Dianna Miller, MFP consultant, discussed her role in the MFP process. Miller has visited several locations across the State of South Dakota, including some Community Support Providers (CHOICES & FS 360), SDDC (ICF/MR), and Independent Living Choices (ADLS), learning about current services and asking "In a perfect world, what do you

need for services when people transition from an institution?” In the next few weeks, Miller will be working with Schwartz to draft the protocol for the grant application. Consideration for focus groups, obtaining American Indian input, etc. will continue to occur after August 8, 2012. Amendments to the protocol can be made after submission. Shelly Pfaff wants to assure that participant input is involved. Miller agrees and wants to hear from participants and plans to continue visiting agencies (ILC, SDDC) to talk/meet with families and participants. We are here with this to represent the people. Pfaff suggested that the discussions with families, participants, and agencies are separate to avoid the dynamics that can occur.

Starting small with this grant will be important, i.e. start with 40 people or so then expand by five per year. It will be critical to move people to places that have services that are equal or better than those received from the institution.

Group discussions surrounding the top five themes (issues/barriers/opportunities) other states have faced in the MFP grant:

1. Housing – appropriateness, availability, transportation costs
2. Training – participant training, staff training (i.e. behavior specialists, addiction specialists, etc.)
3. Transportation – medical appointments, church, groups, etc.
4. Additional Clinical Help – additional staff or contracting
5. Employment – employability of people

Miller stated that outreach is an important theme/issue as is the need for this group’s creative input on housing. Sioux Falls and Rapid City both have three-year waiting lists (1,500 to 1,800 people in Minnehaha County) for Section 8 housing, causing a major barrier. Senator Hunhoff mentioned transportation in rural areas can become a liability issue that we’ll need to somehow address. Dan Lusk pointed out a need to consider alternative residential options so folks can stay in smaller communities if they so desire. The CHOICES waiver renewal will run in conjunction with MFP efforts to transition to the community.

Organization & Structure

Schwartz discussed next steps, talking about MFP organization and administration, including staffing and structure. Who will be key in this structure? What would team make-up look like? The possibility would be the creation of a Transition Coordinator who would fill the role of Case Manager. Transition Coordinators will work closely with the person supported for at least one year. Assessment of services and follow-up by the Transition Coordinator will occur prior to the transition, after 11 months and then again after 24 months. Documentation of administration and travel to the federal government after the initial 20% admin costs will be very critical. Miller explained the grant operates on calendar year, not fiscal year, so we’ll need to project and be cognizant that our budget is a best guess. Gloria Pearson stated that it is important to individualize this process and

not have formal standards. Amy Iverson-Pollreisz agreed, stating that it is important not to arbitrarily set standards for different people/situations. Dan Lusk mentioned that Person Centered Planning will be essential.

Benchmarks

Discussions moved into Example Benchmarks (handout). States are required to have two benchmarks. Other states typically have three optional benchmarks. What stands out to you? Ted Williams mentioned that at one time SDDC served nearly 1,200 people. This can be benchmarked as these numbers are tracked with the numbers of people who stay in the community. We can use the current structure to establish benchmarks and assist with keeping people in the community. Shelly Pfaff asked if the benchmarks can be revised annually. Ann Schwartz replied by confirming that the benchmarks remain constant. Dan Lusk suggested a satisfaction survey benchmark to gain knowledge of participant satisfaction.

Self-Direction

Dianna Miller talked about self-direction (handout). Of the state's four HCBS Medicaid waivers, two of them offer participant self-direction. Grady Kickul discussed the Assisted Daily Living Services (ADLS) Waiver Program (handout), which affords self-direction and serves about 150 people with quadriplegia. Family Support 360 uses Agency-with-Choice model, which means the provider operates as a common-law employer (co-employer of record) with the waiver participant and/or their legal representative, who serves as the managing employer, for the purpose of ensuring that the necessary employer-related duties and tasks, including payroll are carried out. Iverson-Pollreisz mentioned it will be important during the MFP efforts that we monitor where the CHOICES waiver goes with self-direction and asked Dan Lusk if he sees CHOICES affording self-direction in the renewal. Lusk replied by stating yes, but we need to deal with the waiver's reimbursement structure first; self-direction may come later as an amendment to the waiver.

Benefits & Services

Supplemental services do not offer increased FMAP. What types of services are needed? Among those services mentioned for consideration were crisis supports, access to primary care (medical or specialty), transportation, benefit specialist/counselors, satisfaction surveys, psychiatry training, and training for the consumer that the providers can access.

Steven Novotny explained the biggest issues he encounters with a transition to the ADLS program is staffing and funding.

ASA already has flexibility to reimburse for technology in its current services; CHOICES waiver is having these types of discussions for the renewal.

Psychiatry – 139 people in SDDC have mental health needs. This will put a strain on community resources and is something we'll need to consider. Mental health professionals have full case loads.

Next Steps

Ann Schwartz is working on the protocol with Dianna. Please send letters of endorsement no later than July 27, 2012. Laurie concluded the meeting by explaining the next steps. Laurie will work with Ann Schwartz to determine what is needed as coordination occurs, including feedback Schwartz needs prior to next meeting and what is needed from the subcommittee at future meetings.

Dianna Miller can be reached at 605-360-8108 or at dianna.miller@sio.midco.net

Future Meeting Plans

Laurie will work with Marilyn Hanson to schedule the August 20, 2012 and September 17, 2012 meetings. During those meetings we will receive MFP updates and move into the other programs (Domiciliary Care and Community First Choice Option) for review, discussion and analysis.

Meeting was adjourned at 2:30 pm