

**Medicaid Solutions Workgroup**  
**Home and Community Based Services Subcommittee**  
Minutes for August 20, 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; Shelly Pfaff, Coalition of Citizens with Disabilities; Jean Hunhoff, State Senator; Loren Diekman, Jenkins Living Center; 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; Daryl Reinicke, West Hills Village Health Care Facility; Vikki Day, Parent; 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

**Welcome and Introductions**

Meeting was opened with welcome from Subcommittee Chair Laurie Gill and then introductions were made. Gill informed the group that the subcommittee's meetings minutes are posted on the DHS website.

**Money Follows the Person**

Ann Schwartz led discussions on MFP by presenting Money Follows the Person PowerPoint (handout). Schwartz indicated the MFP draft protocol was submitted to CMS on time on August 8, 2012. Several subcommittee members reviewed the draft protocol before its submission. CMS is currently reviewing the draft protocol and we should expect CMS to respond back with questions that will need to be addressed in timely fashion. Schwartz talked about the items incorporated in the draft protocol, including proposals of measurable benchmarks (two required; four proposed), demonstration services, MFP organization/administration and our next steps in the process.

Proposed Benchmarks

Some benchmarks, such as “annual increase in the percentage of MFP participants that remain in the community for at least one year following transition” will require us to continue to track individuals 365 days from their transition to the community.

#### Demonstration Services

Proposed demonstration services are determined by a transition team that determines amount and scope up to the approved limit. Demonstration services could affect geographical placement and are to be individualized. Utilizing other services in the community and expertise from other entities will be key. Assistive Technology and Behavior Crisis Intervention do not have dollar/unit limits due to the difficulty in gaging the scope, amount, duration and frequency of these services.

#### MFP Organization/Administration

Dianna Miller will serve as interim coordinator until a long-term replacement is assigned. Miller will continue visiting providers and working on the marketing and obtaining feedback on the protocol.

#### Other Items

It's important to remember MFP operates on a calendar year.

We have to show correlation: money that is being saved in institution is going to HCBS. MFP is shifting institution funds to HCBS therefore MFP is budget neutral with the goal of saving money – this will be important to include in our final report.

Future update on the MFP draft protocol will be shared at next meeting.

#### **Domiciliary Care**

Laurie Gill began discussions about Domiciliary (Dom) Care by providing a definition: a supervised living arrangement in a home-like environment for adults who are unable to live alone because of age-related impairments or physical, mental or visual disabilities.

#### South Dakota's Current Programs

Yvette Thomas provided information about the Adult Foster Care program administered by the Department of Social Services (DSS). Currently there are roughly 22 homes and about 60 beds available for foster home care. Caregiver cannot be offender of abuse/assault and a minimum of 200 square feet of living area is a required part of the home. The typical participant is not able to live independently; not a danger to self or others, but may need prompts/minimal queues to allow activities of daily living to not be compromised. DSS assumes case management role for eight (8) individuals with a median age of 77. Quarterly meetings and annual follow-up meetings occur. Many of the other foster home recipients are private pay. The Department of Health provides the licensure, but there is no overarching entity that oversees it all. The state has established caregiver reimbursement rates that go through an annual COLA; funding source is general fund dollars.

Dan Lusk described the Department of Human Services' (DHS) Adult Foster Care program, which currently serves three (3) people. The assessment process is the same as previously described by Thomas. The DHS discussed alternative residential options during recent CHOICES waiver renewal efforts. There is not a large demand for this type of option, however the marketing for this option is largely lacking. DOH's website contains a provider tab which shows where licensed foster homes are located. Caregivers are required to be made available 24 hours/day.

Gloria Pearson mentioned companionship exemption and how in the State of Missouri the recipient owns the home and pays stipend to the person assisting, excluding overtime pay (exemption).

### **Senior Link**

Officials from Senior Link were present telephonically to discuss how they've assisted other states implement and manage Structured Family Caregiving (SFC) models (handout). Senior Link uses an electronic logging system (electronic care record) to manage and collaborate.

### Structured Family Caregiving

Under SFC, caregivers contract directly with the state as a fee-for-service (FSS) model. FSS creates huge flexibility in this model. Model/Service: consumers are matched with qualifying homes and caregivers. A per diem goes through Senior Link and a stipend is then given to the caregiver. No other exceptions through the IRS. Room & Board is not a component of the rate received from the state. Room & Board is determined between caregiver and participant. Usually SSI pays for the Room & Board. The participant is responsible for overhead costs of home, however an agreement is in place with caregiver before the participant or caregiver moves in. Other states have incorporated into their waivers as an alternative residential option. CMS may support multiple participants per one caregiver. Caregivers are not typically licensed by the state. Most states delegate procurement standards and qualifications to the agency provider. Senior Link is not licensed, but is qualified by CMS and requires periodic audits by state staff. Satisfaction surveys and results are administered to participants.

### Recruiting Caregivers

Senior Link assists in the recruiting of caregivers in rural areas by way of awareness tools, gatherings, ads to get the word out. Assessments are used to determine how successful a caregiver might be. It is easier to identify the family as caregiver than non-family. Many recruiting efforts have been put into place in other states. Senior Link efforts attempt to keep consumer in the program, which is the reason for alternative caregivers, announced/unannounced visits (a function of what the state would minimally require) and computerized monitoring.

Discussions after Call w/ Senior Link

There is a need for reassurance amongst subcommittee members about maintaining good quality providers amidst not having enough program oversight. Laurie Gill stated that she will see if DOH is willing to join our next meeting to talk about this concern.

Another topic to be addressed is potential issues that arise when paying family members. There are family members of waiver participants who perform many supports for their family member without pay. Allowing family members to be paid opens the door for unintended consequences. However, we'll realize more success in recruiting caregivers in rural areas if we allow family members to be paid. As part of the Family Support 360 waiver renewal, we allowed for family members to be paid. ADLS waiver also allows for family members to be paid. Elderly waiver would require an amendment to allow for this. Payments to family members will be a consideration in CHOICES waiver.

The consensus of the subcommittee is that a program such as this might help reduce costs rather than building new infrastructure, is consistent with person-centeredness, fills a void, could benefit those receiving level 2 and level 3 residential supports from the CHOICES waiver and probably can be adopted into our current Adult Foster Care programs.

**Next Steps**

Laurie Gill, in closing, will find more information on Dom Care (DOH, pilot, fitting into waivers, VA initiatives, etc.) and will do more research on funding/costs under the premise of not wanting to do more harm in the Medicaid system.

**Future Meeting Plans**

Laurie will work with Marilyn Hanson to schedule the September 17, 2012 meeting and agenda.

Meeting was adjourned at 2:00 pm