

# LTSS HOPE Waiver

## Upcoming Waiver Amendment



# Purpose of Amendment:

## Addition of Community Transition Services

1. Community Transition Supports which will sustain services currently available in South Dakota's Money Follows the Person Program, which will end effective June 30, 2018
2. Community Transition Coordination services which will sustain transition coordination currently available under South Dakota's Money Follows the Person Program and assist in the transition of waiver participants to a less restrictive environment

# Purpose of Amendment: Addition of Residential Options

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1. Addition of Community Living Home as an available service to provide another home and community-based settings option and increase provider capacity, specifically in smaller rural South Dakota areas
2. Addition of Structured Family Caregiving service to provide an opportunity for HOPE Waiver participants to reside in a family style home setting thus increasing provider capacity

# Purpose of Amendment- Miscellaneous

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1. Update of the nutritional supplements definition to expand access to HOPE waiver participants who have a need for nutritional supplements as documented by a physician
2. Updated nursing definition to clarify the nursing services available
3. Updated critical incident policy to coincide with updates made to policy since previous amendment and to incorporate processes for new services

# Community Transition Services

# Community Transition Supports

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Community Transition Services may include any or all of the following expenses:

- A security deposit required to obtain a rental lease for an apartment or house;
- Moving expenses required to occupy and use the residence;
- One-time non-refundable deposits or installation fees to establish utility and other essential service access, e.g., telephone, electricity, heating and water.
- One-time residential cleaning or pest extermination costs required for the individual to occupy the residence; and
- Non-medical transportation necessary to the transition.
- Essential household items necessary for a successful transition as determined by a needs assessment
  - The total cost of all items/services purchased shall not exceed \$5,000

# Community Transition Supports

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Essential household items may include:

- Furniture
- Small appliances
- One time/initial set up for groceries
- Household supplies (e.g. hand soap, detergent, toilet paper, paper towels, cleaning supplies)
- Bathroom, kitchen, and bedroom linens (e.g. hand towels, bath towels, dishrags, and bed sets)
  - The Community Transition Case Manager will accompany the consumer to purchase essential household items.
  - The total cost of the essential household items must not exceed \$500

# Community Transition Coordination

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- Available to individuals that are transitioning to a less restrictive setting
- Requires 1 or more Medicaid eligible days
- Assists in identifying, selecting and obtaining paid and unpaid services, integrated housing options
- Available 180 day prior to anticipated transition
- Available for 90 days following the date of waiver enrollment



# Community Transition Coordination

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Community Transition Coordination for community transitions shall be person-centered and include:

- An initial assessment and the ongoing reassessment of the individual's strengths and needs;
- Transition care plan development, evaluation and revision;
- Assistance to access service providers;
- Assistance in identifying and securing integrated community housing;
- Information and education on the HCBS Waiver service options, including the individual's rights and responsibilities; and
- Ongoing monitoring of the transition care plan implementation

# Residential Services

# Community Living Home Service

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- Provides an alternative long-term care option to individuals who meet Nursing Facility level of care and whose needs can be met in a lesser restrictive environment
- Residence may be owned, leased or rented by the Community Living Home provider
- Must be licensed by DOH
- Community Living Home provider must ensure the basic health and safety needs of the waiver participant are met 24/7
- Maximum number of participants receiving Community Living Home services in any one residence may not exceed four people
- Reimbursed at a daily rate with 3 tiers

# Community Living Home (CLH) Service

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What is included in the rate?

- Routine intermittent personal care, supervision, cueing, meals, homemaker services, chore services, medication management (to the extent permitted under State law), and other instrumental activities of daily living (e.g. transportation for necessary appointments and community activities, shopping, managing finances, and phone use)

What may be authorized for separate payment?

- Community transition supports, community transition coordination, adult companion services, adult day services, in-home nursing services, specialized medical equipment, specialized medical supplies, and nutritional supplements
- Respite care (when the Community Living Home is the full time residence of the owner/operator)
- Extraordinary personal care needs that exceed intermittent daily assistance; for example, when the participant requires more than one person assist to complete ADLs

NOTE: Services must be consistent with a participant's assessed needs and reflected in the person-centered care plan

# Community Living Home Service

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What may not be authorized for separate payment?

- Meals, homemaker services, chore services, emergency response systems, and environmental accessibility adaptations
- Payments made for Community Living Home services are not made for room and board, items of comfort or convenience, or the costs of home maintenance, upkeep and improvement.

# Structured Family Caregiving (SFC)

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- Provides care and supervision for the participant through a cooperative relationship between the participant, the principal caregiver, the participant's HOPE Waiver case manager, and the Medicaid enrolled SFC provider agency
- Provides an alternative long-term care option to individuals who meet Nursing Facility level of care and whose needs can be met in a lesser restrictive environment
- The SFC home must be the primary residence of both the principal caregiver and the waiver participant
- The Medicaid enrolled SFC provider agency may not own, lease or rent the residence. The residence must be owned/leased by either the principal caregiver or participant
- The number of participants receiving the SFC service in any one private home may not exceed two participants
- The SFC principal caregiver may be a related family member or a non-relative fictive kin. If the SFC principal caregiver is not a related family member or fictive kin, the home must also be licensed by DOH

# Structured Family Caregiving

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What is included in the rate?

- Routine intermittent personal care, supervision, cueing, meals, homemaker, chore services, medication management (to the extent permitted under State law), and other instrumental activities of daily living (e.g. transportation for necessary appointments and community activities, shopping, managing finances, and phone use)

What may be authorized for separate payment?

- Community transition supports, community transition coordination, adult companion services, adult day services, respite care, emergency response systems, in-home nursing, specialized medical equipment, specialized medical supplies, environmental accessibility adaptations, and nutritional supplements
- Extraordinary personal care needs that exceed intermittent daily assistance; for example, when the participant requires more than one person assist to complete ADLs

# Structured Family Caregiving (SFC)

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What may not be authorized for separate payment?

- Separate payment for meals, homemaker services and/or chore services will not be provided on behalf of participants receiving Structured Family Caregiving services as these activities are integral to and inherent in the provision of Structured Family Caregiving
- Payments made for Structured Family Caregiving are not made for room and board, items of comfort or convenience, or the costs of home maintenance, upkeep and improvement



# Rate Tiers for Residential Models

Tier	% in sample	Daily Rate	Criteria
Tier 1	82.9%	\$40.57	<ul style="list-style-type: none"> <li>• ADL score is less than 6</li> <li>• Does NOT fall into the Behavior Category</li> <li>• Is NOT in the Special Rehabilitation or Extensive Services RUG categories.</li> </ul>
Tier 2	15.9%	\$50.65	<ul style="list-style-type: none"> <li>• ADL score is 6 or greater OR Does fall into the Special Rehabilitation or Extensive Services RUG category</li> <li>• Is NOT in the Behavior Category</li> </ul>
Tier 3	1.2%	\$56.72	<ul style="list-style-type: none"> <li>• Meets the criteria for any of the Behavior Category RUGs (BA1, BA2, or BB0)</li> </ul>

# Residential Options

Community Living Home	Structured Family Caregiving
Reside with others in a smaller, home setting	Reside with family/fictive kin
Maximum of 4 participants	Maximum of 2 participants
Private individual or agency own home	Family or recipient own home
Provider enrolls independently or through qualified Medicaid enrolled agency	Family enrolls under qualified, Medicaid enrolled agency
Reimbursed at daily rate (3 tiers) to Medicaid Enrolled provider	Reimbursed at daily rate (3 tiers) to Medicaid Enrolled Oversight Agency
DOH licensure required	DOH licensure required if no established relationship exists (not family and/or fictive kin)

# Updated Definition: Nutritional Supplements

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**Previous Definition:** Nutritional supplements provided to a consumer who lives at home and is below his or her medically recommended body weight; nutritionally deficient or malnourished; or to manage a skin condition or promote wound healing. Services are under the direction of a physician.

**New Definition:** Nutritional supplements provided to a consumer who is below his or her medically recommended body weight; nutritionally deficient or malnourished; to promote wound healing, or to manage other health conditions. Services are under the direction of a physician.

# Updated Definition: Nursing

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**Previous Definition:** Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State of South Dakota Codified Law. Services are provided to consumers who live at home. Approved State Plan services for the in-home nursing services are provided under the waiver when nursing services furnished under the approved State Plan limits are exhausted. The scope and nature of these services do not differ from nursing services furnished under the State Plan. The provider qualifications specified in the State Plan apply. The additional amount of services that are provided through the waiver is the provision of additional nursing services over and above the amount allowed in the State Plan. Services are under the direction of a physician.

**New Definition:** Care provided by a licensed nurse within the scope of State of South Dakota Codified Law. In-home nursing services are provided under the waiver when nursing services furnished under the approved State Plan limits are exhausted. The scope and nature of these services do not differ from nursing services furnished under the State Plan. The provider qualifications specified in the State Plan apply. Services are under the direction of a physician.