LTSS Stakeholder Workgroup Meeting
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August 16, 2017

Present:
Shelly Pfaff – SD Coalition
Erik Gaikowski – AARP Sioux Falls
Craig Eschenbaum – Chairman, Statewide Independent Living Council
Matt Cain – Independent Living Choices
Steven Novotny – Home Care Services of SD
Tim Neyhart – Disability Rights South Dakota
Kristen Bunt –SD Association of Healthcare Organizations
Laura Wilson – Administrator, Tieszen Memorial Home
Mark Deak – SD Healthcare Association
Mark Burkett – Administrator, Platte Health Center
Gloria Pearson – Secretary, Department of Human Services (DHS)
Yvette Thomas – Director, DHS, Div. of Long Term Services and Supports (LTSS)
Beth Dokken – Deputy Director, DHS, LTSS
Matthew Ballard – DSS, Medicaid State Plan, Policy Analysis
Leslie Lowe – Program Specialist, DHS, LTSS
Jennifer Gant – Program Specialist, DHS, LTSS
Misty Black Bear – HCBS Waiver Manager, DHS, LTSS
Dan Hoblick – Communications Director, DHS
Eric Weiss – Director, DHS, Division of Rehabilitation Services

Not present:
Gerald Beninga – Active Generations
Jessica Pickett – Director, James Valley Community Services
Chad Rattigan – Executive Director, Western Resources for Independent Living
Senator Deb Soholt - District 14
Kimberly Clown – Administrator, Medicine Wheel Village
Representative Jean Hunhoff – Yankton Area

Secretary Pearson opened the meeting and welcomed everyone. She thanked all members of the workgroup for their participation and started off the opening round whereby everyone introduced themselves and shared highlights of the summer.

Gloria reviewed the working agreements regarding the day's meeting. Misty Black Bear and Beth Dokken presented information about the services provided through the Department of Human Services. (attached)

Shelly Pfaff asked a question regarding individuals experiencing domestic violence who are turned away from shelters due to not being considered a "domestic partner"; the question was referred for further follow up. (see attached follow up document)

Tim Neyhart also asked if the Human Services Center (HSC) is participating with HIE; yes HSC is participating.

Mark Burkett asked if we are tracking diversions/people that do not meet criteria for the HOPE waiver? Beth shared that we are currently tracking information but do not have enough data to see trends in discharge. Burkett asked how we help people when discharge planners don't have the access to information or awareness of what's available to assist the person with appropriate discharge. Gloria Pearson shared that this is a reason for the workgroup. What does the State need to do to enhance capacity? First we need to educate providers regarding what we already have, gather information about the gaps identified by the workgroup and determine what we need to do to close the gaps identified by the workgroup.

Tim Neyhart asked if the MDS is done on everyone in a Nursing Facility and asked when the assessment is done? Yes, everyone receives the assessment initially upon admission and quarterly thereafter. What happens if a resident desires to leave prior to the MDS being completed? If the resident expresses a desire to move out, the facility is required to make that referral to LTSS.

Mark Burkett asked if MFP is only available to persons that have been a resident for a certain length of time. Is there any discussion on expanding the program? Gloria responded that the MFP program is winding down and we hope to add transition services to the HOPE waiver to continue assisting individuals to leave institutional care. Steven Novotny asked how many successful MFP transitions have occurred since it began? We don't have the data to share on these numbers today, but can get more information to the group. MFP is administered by the Department of Social Services; we know a good percentage of the successful transitions have been residents at the Developmental Center in Redfield, but that there have been successful transitions from nursing facilities as well.

Shelly Pfaff asked if part of the reason a person is in institutional care is because there are no providers in the area to provide the care? That has been identified as a gap that needs to be addressed.
Tim Neyhart asked if transportation is part of the problem and asked if that would be a part of the discussion/solution of this group? Transportation has also been identified as a gap in service.

Gloria shared that the draft rules for the Community Living Home were sent to the workgroup to review and provide feedback.

Mark Burkett asked how a person is recognized as being a waiver participant. There is nothing currently that would indicate to hospital staff that a person was on waiver. The Specialists maintain a list of waiver consumers which is uploaded to the HIE to be flagged if someone on the list admits to the hospital.

Steven Novotny asked how the CFCM would work as compared to now. The

referral would still come to LTSS. LTSS would identify if the person is eligible for waiver and if eligible, LTSS would assist the person to choose a CFCM and make the appropriate contact with that provider/individual to become the case manager. The case manager would complete the care planning and be responsible for the written care plan.

Tim Neyhart asked if the same providers as the CHOICES waiver were being considered. This has not been entirely decided yet, but we are hoping they will be willing to be a part of the services. Will training be provided to staff/individuals regarding self-direction? Yes, this will be a part of the services, similar to the ADLS. Will there be bundling services of services? No, bundling of services is not favored; the services will be fee-for-service.

Provider Capacity. See "In-Home Services by County" map in packet. Misty explained that a requirement from CMS is that all Waiver consumers have choice of at least two providers of any available service. Map shows the current provider capacity gaps in SD

Mark Burkett asked if there is information available on mileage reimbursement for coverage of areas further away. Mileage reimbursement is not available to Medicaid programs, including waivers.

Jennifer Gant demonstrated GIS mapping of providers and LTSS consumers (all individuals being served through LTSS) located across the state.

1. Consumer and Provider Map - Green represents consumers; red represents providers. The mapping includes a "zoom" feature that allows a more clear view of individual dots and/or locations. It also can provide mileage figures between two locations.
2. Consumer and Provider Heat Map - More clearly shows the distance some LTSS consumers are from the closest provider.

Goals/Strategy Discussion - Small Group Work
Members worked to develop action steps for the strategies previously identified. The summary of those efforts is attached. Some parking lot items were noted where suggestions are not under the direction of DHS but we wanted to record the suggestion.

Discussion surrounding proposed Metrics:
Metrics for LTSS Initiatives Outcomes were presented for input from Members. These measures were selected to be similar to the AARP Scorecard, but based on data points that can be tracked by the state.

- ADRC Contacts
- Community Services prior to Nursing Facility Admission
    - Suggest lowering percentage to 50%
- Person Centered Plan
    - All LTSS Care Plans are currently reviewed annually
- Percentage of Low Care Needs Recipients

    - To get to our target rate, 80 people per year (that fall within these categories during their stay) would need to be transitioned;
    - Suggest raising the percentage to 13% as a target rate; keep target date as 2020
- Rebalancing of Medicaid Expenditures
    - It was suggested this would be the most difficult measure given the reality of the budgeting process
    - Mark Burkett asked if there will be an appropriation for Community Living Homes through Legislature. Yvette explained that Community Living Home providers will be reimbursed as a service under the Waiver programs.
    - Suggestion to lower the target rate to 22% (2% equals roughly 2 million dollars)

Gloria closed the meeting with a closing round and thanked everyone for attending.

Next Meeting: November 15, 2017

Homework to submit prior to next meeting:

- any innovative practices
- ways to leverage services already being provided
- ways to work together to fill gaps
- anything that could help with goals identified.