

LTSS Stakeholder Workgroup

Aging and Disability Resource Center Contacts: Dakota at Home

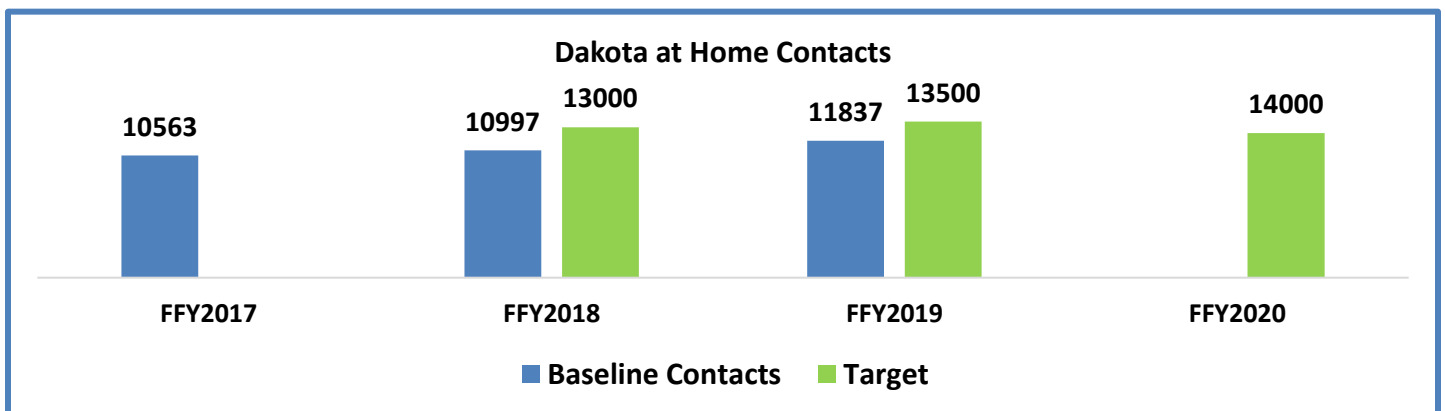
Increase the number of contacts to Dakota at Home, South Dakota’s Aging and Disability Resource Center (ADRC); the no wrong door access point from 10,563 in 2016 to 14,000 by Federal Fiscal Year end 2020.

FFY 2017 Baseline Contacts	2020 Target
10,563	14,000

Significance: South Dakota’s No Wrong Door system streamlines access to Long Term Services and Support options for all populations and all payers. Tailored support is the heart of the Person and Family Centered Practice approach and an essential component of the No Wrong Door network. No-cost options counseling services through Dakota at Home minimize confusion, enhance individual and family choices, and support informed decision making through program outreach, referrals, assessments, functional and financial eligibility determinations.

Definition: Contacts including phone calls, email or in-person visits to the ADRC center per federal fiscal year.

Update: The department continues to move toward our goal of increasing the number of contacts to Dakota at Home. The Dakota at Home media campaign remains in place, which includes advertising on television, online and social media platforms. We have been seeing a steady increase in Dakota at Home outreach each year; however, growth has been slower than originally projected. Therefore, the department has outlined a new growth projection for FFY2020.



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Person Centered Planning

Ensure 100% of older individuals and individuals with disabilities receiving home and community-based services (HCBS) will have a person-centered plan that contributes to a good life as defined by that person by State Fiscal Year 2020.

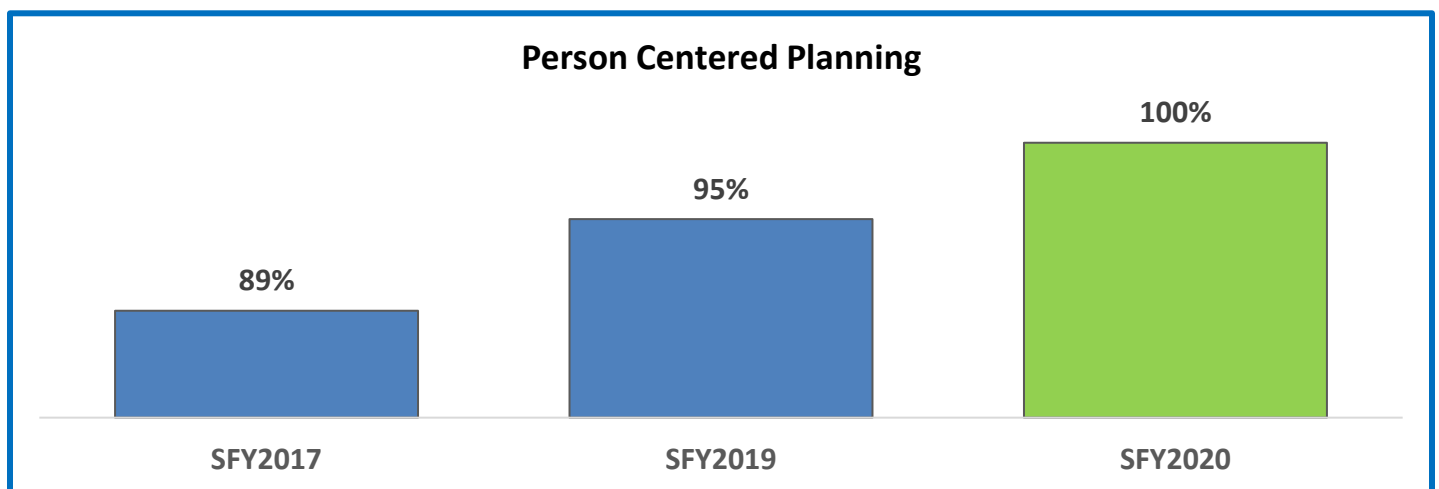
SFY17 Baseline	SFY20 Target	U.S. Average
89%	100%	91%

Definition: Percent of waiver participants who have a good life, as they define it, as a result of the HCBS services and supports.

Significance: The Home and Community Based Services Settings Final Rule requires “person centered planning that that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals, reflects services and supports (paid and unpaid) provided, and assists the individual in achieving personally defined outcomes in the most integrated community setting.” All services and supports provided or facilitated by DHS should be designed in a manner that is directed by the individual with the contrition of others chosen by the individual.

Data Source: National Core Indicators Consumer Survey 2015-2019.

Update: In SFY2017, after joining the Department of Human Services, the Division of Long-Term Services and Supports (LTSS) began implementing person-centered planning as a core practice. In order to create a baseline, LTSS completed the initial year of NCI-AD Survey in SFY19 and is in progress of completing the second year in SFY20. This performance data will be gathered on a bi-annual basis going forward.



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Home and Community Based Services Prior to Nursing Facility Admission

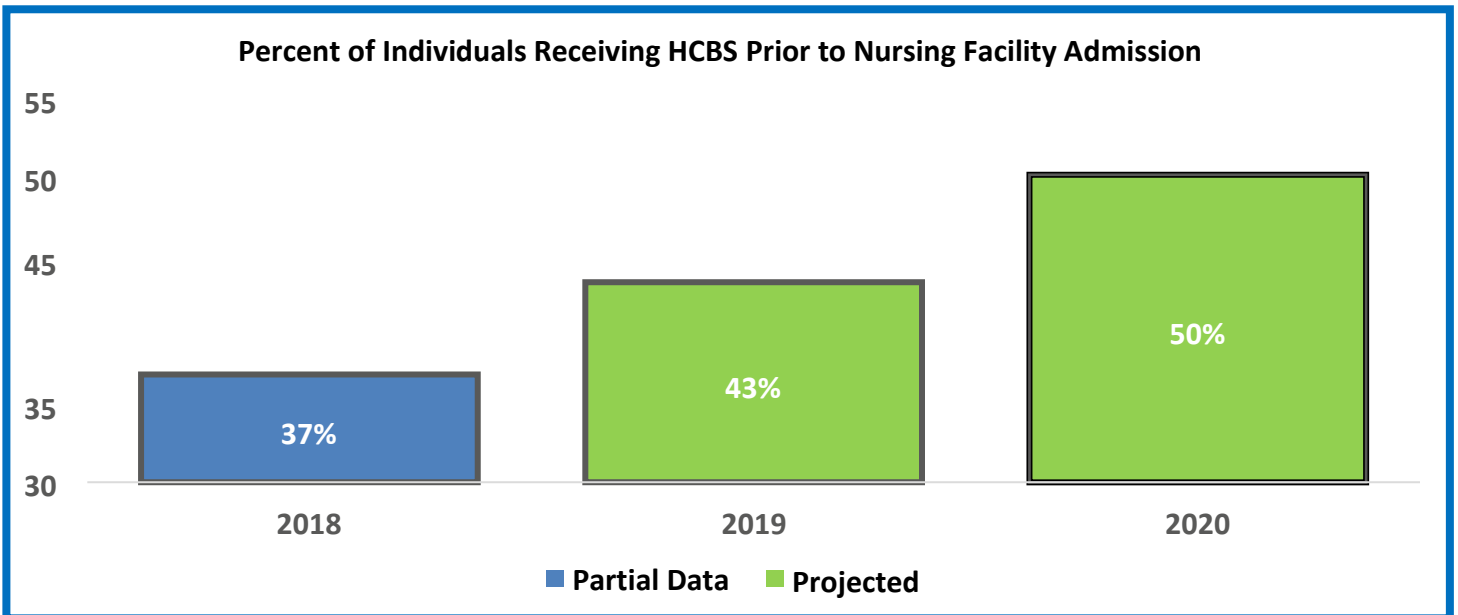
Increase the percentage of individuals receiving home and community-based services (HCBS) before being admitted to a nursing facility (NF) from 37% in 2018 to 50% by end of federal fiscal year 2020.

*FFY 2018 SD Rate	2020 Target Rate	U.S. Rate
37%	50%	55%

Significance: Access to home and community services and supports delays or prevents the need for admission to a nursing facility, which allows individuals to remain in their preferred community setting longer. Measuring access to HCBS prior to NF admissions informs the use and potential awareness of services that help to guide outreach, education, and referrals.

Definitions: Home and Community Based Services are those services and supports available in a community-based setting that allow individuals to remain safe and medically stable in their home. Services include, but are not limited to, homemaker, chore, and nursing services, personal care, emergency response systems, nutritional support, assistive technology, adult day and senior centers. Services and supports may be funded through Medicaid and/or other state programs.

Data Source: DHS Level-of-Care database.



*Partial Year Data

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Percentage of Low Care Needs Recipients:

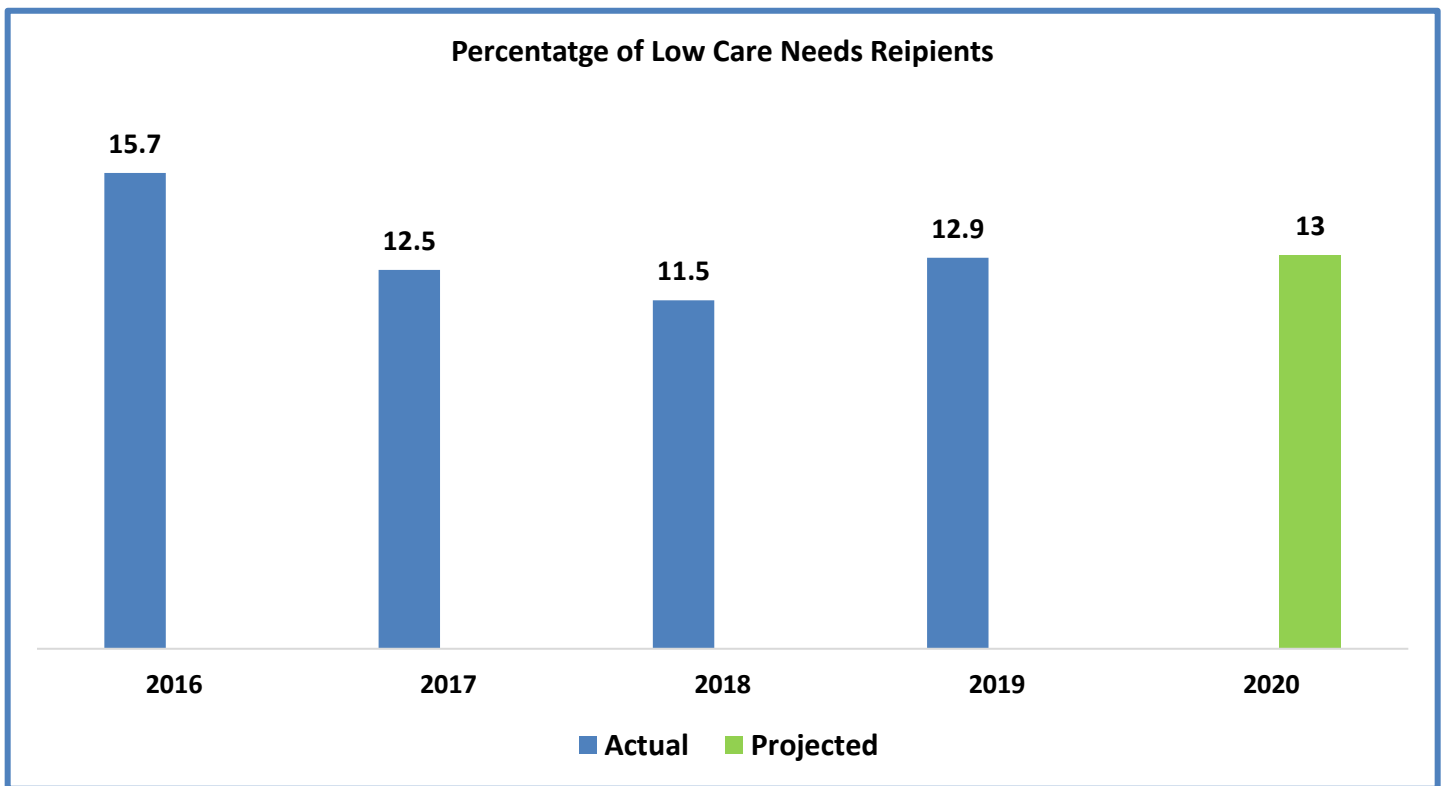
Decrease the percentage of Medicaid supported individuals in nursing facilities with low care needs from 15.7% in 2016 to 13% by the end of federal fiscal year (FFY) 2020.

S.D. 2016 Rate	2020 Target	U.S. Rate
15.7%	13.0%	11.2%

Significance: Individuals with low care needs are more likely able to be supported in home and community-based settings and successfully remain in the community than individuals with very high care needs.

Definitions: Low care needs belong to one of the 8 low care classification (RUGS) levels as determined by the Minimum Data Set (MDS) assessment, a standardized tool required to be completed on every resident of a nursing facility. The specific RUGS levels included are PA1, BA1, PA2, BA2, PB1, PB2, PC1, BB1 and represent a case mix score of 0.87 or less.

Data Source: MDS Data Statistical Trend:



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Rebalancing of Medicaid Expenditures

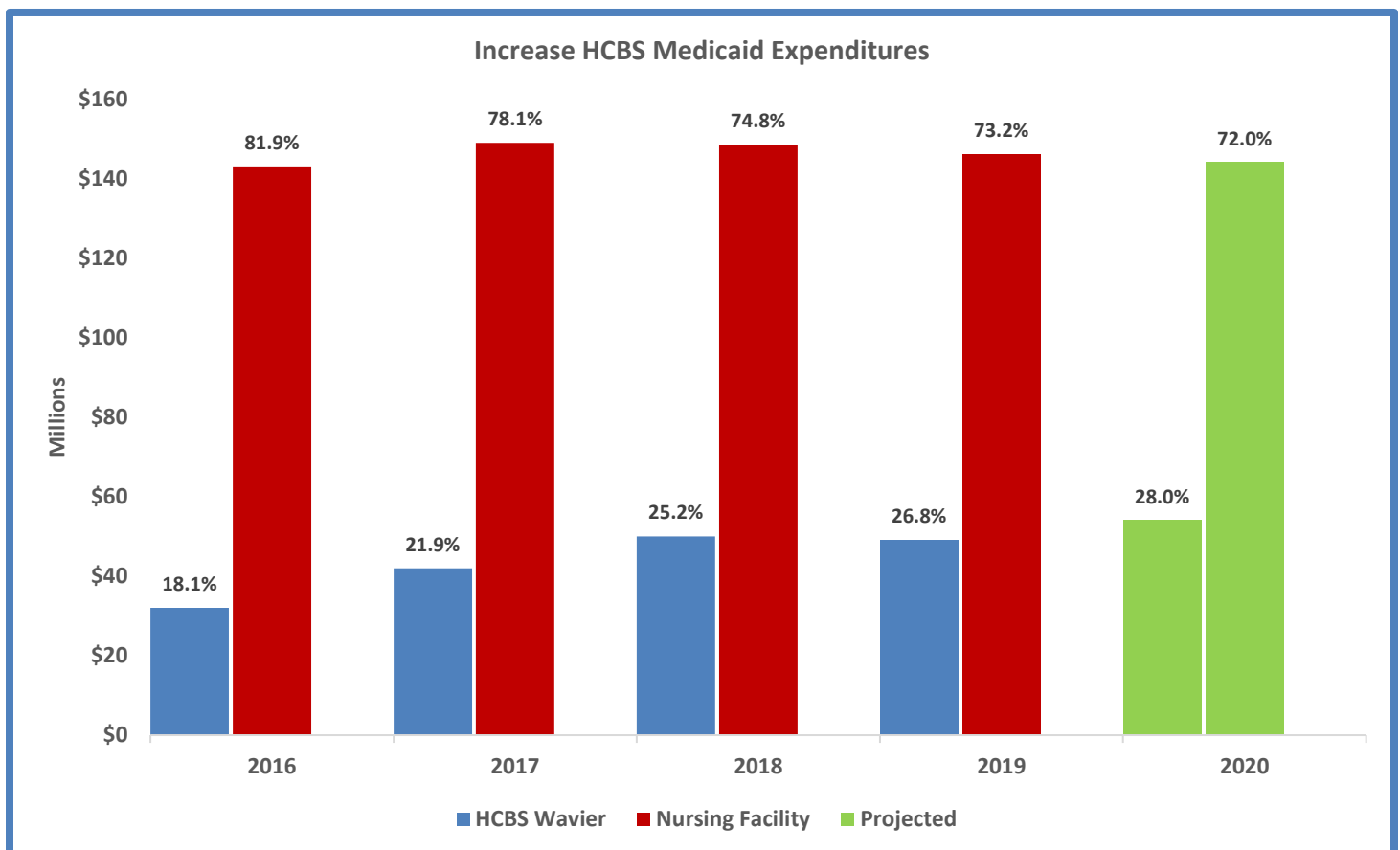
Increase the percentage of Medicaid expenditures going to HCBS for older adults and adults with disabilities from 18% in 2016 to 22% by Federal Fiscal Year (FFY) end 2020.

SD 2016 HCBS	2020 Target	U.S. Average
18%	22%	*31%

Significance: Despite an overwhelming preference among people to receive services in their home and communities, many Medicaid expenditures continue to be spent on institutional care. As people live longer and grow older, the need for supports will increase significantly. Developing and sustaining a high-performing system of care, complete with robust home and community options, will be imperative for sustainability of the long-term services and supports system.

Data Source: Medicaid Expenditure Data.

Statistical Trend



*2017 AARP Scorecard (average of all states)