

SB147 Assisted Living Rate Group
August 21, 2018
1:00 – 4:00 pm
Drifters, 325 Hustan Ave.
Ft. Pierre, SD

Present: Gloria Pearson, Amanda Van Balen, Rhona Snyder, Laura Wilson, Brett Hoffman, Darin Ries, Katie Nagle, Paula Cape, Misty Black Bear, Steve Dueis, Roberta Hindberg, Leslie Lowe, Beth Dokken, Yvette Thomas. Via Phone: Paula Cape, Jeremy Schultes, Nathan Gelhaus.

Gloria Pearson welcomed the group and reviewed the previous meeting minutes. There was one correction; Brett Hoffman is with South Dakota Health Care Association (SDHCA). The minutes will be updated to reflect this correction.

In recap of the previous meeting, the State had agreed to take the Minnesota form, compare it to the existing Community Health Assessment (CHA) routinely used for Assisted Living waiver residents and compare what could be captured either directly or indirectly in support of the Assisted Living Services Specification document. Leslie Lowe described the modifications to the chart and walked through the specifications by group. The Minnesota document was used as a base, times and frequencies were added. There was robust discussion regarding some of the items, for example, the designated personnel. Paula shared that many staff are cross trained to work in several areas; is it necessary to designate “who” will do the activity or move to a more broad definition – “appropriately trained and/or licensed”. Under housekeeping, changing bedding weekly is the standard; a suggestion to add more than weekly linen changes in the housekeeping area. Under personal care, it was suggested to add a toileting program to Tier 2. There was also robust discussion regarding nursing tasks, medication management and diabetic patient management. Providers were interested in a definition for a “positive support plan”. It was also suggested to change the language to reflect Basic Care Package (Tier 1), Tier 2 and Tier 3.”

One provider asked how the process would work. Assisted Living staff, along with the Long Term Services and Supports (LTSS) Specialist/case manager and the consumer (and possibly his or her family) would meet together to mark the items on the Services Specifications sheet. If there were changes later, the facility would need to reach out to the Specialist for a “significant change”. Providers also asked if there would be training on how to bill. Yes, primarily the adjustments for rate changes would be in place with the use of “modifiers” to code the higher tier.

Amanda Van Balen then walked through a proposed methodology. Using the providers actual cost reports, a median cost per day was determined for the Assisted Living Centers. The cost reports also reflect a cost of approximately \$21/hour. The tiers would be increased by a projected 0.5 hours of additional time per day for Tier 2 and 1.0 hours per day for Tier 3. In order to take the next step, LTSS needs to be able to anticipate the number of people who will fall into each tier.

Jeremy Schultes shared that they have a current Assisted Living resident who is standby assist for activities and they assist her to eat. She would be 2 hours of additional assistance per day at a minimum. Jeremy also shared that the market trend is that people come to the Assisted Living when their in-home services have been exhausted, so he feels many would be at a Tier 2 or 3 upon admission.

There was discussion regarding the need to have a distribution across the tiers to avoid a situation where everyone is paid the same. The objective is to find a rate methodology that facilitates Assisted Living Centers keeping individuals in their care for a longer period of time. Workgroup members indicated support for the idea of taking the current form, completing it for their current residents supported by Medicaid, and bringing the data back to the next meeting. This will help inform the workgroup how the tiers might work.

The group was asked if there were other considerations to bring forward. With none being offered, the discussion moved to next steps. Leslie will send out the updated tool and providers will gather an estimate of how current residents supported by Medicaid will fall into the tiers according to current design. There was discussion regarding a short survey to ask how many people are discharged to nursing facilities on a monthly basis and the reason. Other suggested questions were how many referrals do Assisted Living Centers decline and why? What is the average private pay rate? If the survey can be put together in a short turn-around time, Brett offered to help distribute.

The next meeting is scheduled for September 4 at Drifters; even though this is a short turn around, the group thought it was important to continue moving forward.