

ADLS Public Webinar/Teleconference Transcript 2/18/2016

Thank you for joining us for the Assistive Daily Living Services, or as we call it, ADLS, public webinar today. Please be sure to mute your line so we don't get any feedback. *6 to mute line or select the Mute button on your phone. If you have any technical issues, please use the chat box and Jennifer will try to assist you.

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Good morning. My name is Ronda Williams and I work for the Division of Rehabilitation Services within the Department of Human Services, where I manage the Assistive Daily Living Services waiver. Also in attendance with me here is Eric Weiss, DRS Division Director, Jennifer Geuther, VR Program Specialist, who will be managing the chat box, and Becky Blume, DRS Senior Secretary, who will be taking notes on any questions or comments we receive.

Our intent today is to gather input, answer questions and get comments during the public comment period, which is part of the waiver amendment process. When we submit the waiver amendment to Centers for Medicare and Medicaid, known as CMS, which we plan to do by April 1st, 2016, we will also be submitting information about public input and information that we've gathered. As part of this process, we have sent emails out to ADLS participants, provider agencies, stakeholders, Department of Human Services boards and councils, and advocacy groups. We've also sent out flyers to be posted in Department of Human Services VR offices, Department of Social Services local offices, Centers for Independent Living, advocacy offices, and ADLS provider agency locations. We also mailed notification to all ADLS participants.

You can utilize the chat box or the phone line to ask questions or make comments within the allotted time we have for the webinar today. I want to go through the presentation first because I may answer your question on another slide, then we will take time for you to ask questions and provide comments at the end of the presentation. We are recording this webinar and you will be able to access this webinar and these slides on the DHS website, which can be found on the last slide of the presentation.

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Review the agenda:
History of the ADLS waiver
Self Direction and what that means
Why make changes?
Review proposed changes
How this impacts ADLS participants
Timeline
Questions/Comment period

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The ADLS waiver was established in 1994 by a group of people who were receiving some personal assistance services through the state attendant care program. The ADLS waiver has been renewed every 5 years since 1994, with very few modifications to the program. In 2011, an amendment to the waiver removed earned income from the cost share, so it would remove the disincentive to work and allow people to earn a living and not have all that they've earned go toward their services. Aside from that change and a few other minimal changes, the waiver really has stayed pretty much the same for over 22 years. The current waiver ends in 2017, but we felt a need to amend it now, instead of waiting to renew it in 2017.

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Prior to 1994, the Department of Human Services state attendant care program for people with spinal cord injuries was small, and those participants felt that more was needed, so they advocated and assisted the Department of Human Services in writing a new waiver for people with quadriplegia. The philosophy of self direction and consumer choice was the foundation that this waiver was started on. Those who developed it were in favor of managing and directing their own personal attendants instead of someone else doing that for them.

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It has been important for participants of the waiver be able to select, hire, train and schedule their personal attendants in ways they are comfortable with, and we have provider agencies out there that are very good at supporting them in that process. One of the benefits of this program is that a participant can hire a family member, friend or neighbor to provide those services if they meet the hiring criteria of the provider agency. When a participant hires their personal attendant, whether they hire a family member, or have to place an ad in the newspaper and interview an applicant, the participant is the one who decides who comes into their home, how tasks should be performed in a manner they are comfortable with, and when the scheduled shifts will be. Participants do this with support from the provider agencies who assist and support the participant to

communicate with their PA's, teach them how to maintain a professional relationship with their PA's, help them to problem solve, and support them when turnover occurs and they need to hire additional personal attendants. The ADLS waiver will continue to maintain that self direction philosophy moving forward.

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We sent out a survey to participants last summer and got some very good feedback. I want to acknowledge that many people seem very satisfied with the services they are receiving right now. That is great! But we also heard of concerns and difficulties people were having trying to manage personal attendant services. Participants also expressed interest in additional services. We established a workgroup last fall to provide comments and suggestions regarding changes we were considering. This workgroup was comprised of ADLS participants, family members, providers, and other stakeholders, including advocacy, and the workgroup has been very helpful in providing us with the information we needed to get to the point where we are at today. We felt that program improvements were needed, and that was the main reason for amending the waiver, but we also knew that there had been new Home and Community Based Services (HCBS) waiver requirements that went into effect in March 2014 that we would need to come into compliance with.

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HCBS regulations had new requirements for community integration of residential and non-residential settings, person centered planning and conflict free case management.

While the other regulations did not require changes to the ADLS waiver, we are out of compliance with conflict free case management.

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In this new requirement for all 1915(c) waivers, states are required to separate case management from other service delivery functions. When the ADLS waiver was established, the provider agency provided case management along with other services, including consumer preparation services, skilled nursing services, as well as being the provider agency employing personal attendants that ADLS participants hire. And that is how the process works today. In order to be in compliance with new regulations, case management must be provided externally by someone who has no stake in what services are being offered, how services are being offered, or by what agency. This conflict is removed when case management is external from an agency providing other services to the participant, and the case managers are able to offer full freedom of choice.

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Case management is a critical role in the ADLS waiver. Our current case managers have done an excellent job of providing case management services to ADLS participants for over 20 years. Case managers assess the participant for the ADLS waiver program every year, they help the participant identify their needs and preferences, provide a full array of all service and provider options, and are knowledgeable of other available resources that participants can be referred to in order to be as independent as possible in their own home and community. CM's assist the participant in developing their individualized service plan, at least annually but more often as needed, and as requested by the participant.

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So how are we going to come into compliance with the new HCBS rule? To be considered conflict free, DHS is planning to hire two case managers, referred to as DRS Service Coordinators, who will only provide case management duties. We will remove case management as a service within the waiver and it will be considered a Department of Human Services administrative function and no longer a service that is billed by a contract provider.

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Department of Human Services will be in the process in the next few months of announcing these positions within state government, then interviewing and hiring two DRS Service Coordinators. These positions will not be located within the current provider agency locations. They will be housed within local Department of Human Services offices. Once the DRS Service Coordinators are hired, DRS will provide training and work with current case managers to make this transition as smooth as possible, by sharing information and keeping that line of communication open. During this process, we will notify all participants of their new DRS Service Coordinator. Our goal is to have DRS Service Coordinators on the job by July 1, 2016.

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Fortunately for us, the current ADLS providers will still be there, providing consumer preparation services to assist participants to hire their PA's, they will still be the employer for the personal attendants that are hired, some of them may provide skilled nursing services, and they will also be able to provide respite care, which is a new service we're adding. It'll be critical for our new DRS Service Coordinators to communicate and work closely with these providers while participants continue to receive quality services.

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As part of the waiver process, we want to add services that were identified as a need based on the survey results we got last summer. Specialized Medical Equipment includes devices, controls or appliances that enable individuals to increase their ability to perform activities of daily living, or to perceive, control or communicate with their environment. This may include devices programmed to automatically dispense medications, telehealth equipment that monitors health status, or assistive devices not otherwise covered by the Medicaid State Plan services. Examples of assistive devices are canes, grab bars, lift chairs, scooters, compu-med, telehealth, ted hose.

Another service is Environmental Accessibility Adaptations, which are those physical adaptations which are necessary to ensure the health, welfare and safety of the individual, or which enables the individual to function with greater independence without which the individual would require institutionalization. Such adaptations may include the installation of ramps, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

Respite Care includes services provided to individuals unable to care for themselves. It is furnished on a frequency determined in the individual's service plan because of the absence or need for relief of those persons normally providing care. Respite gives caregivers a break from caring for an adult family member with disabilities, and the goal is to reduce stress, provide families with time to relax and rejuvenate, and help improve long-term stability by reducing the need for nursing home placement.

The last service to add is vehicle modifications. Examples of this would include lifts and tie downs to accommodate wheelchairs.

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In addition to adding services, we are also looking at revising some services and how they are being provided. Because we have seen an increase in incontinence supply costs, we are increasing the maximum amount supply limit from \$100 per month to \$200 per month. We will also increase personal attendant services from the standard maximum level of 42 hours per week to 50 hours per week.

One more revision we are proposing allows for a little more flexibility in hiring and scheduling personal attendants. Due to difficulties some participants have in being able to hire and maintain personal attendants for all scheduled shifts, we are going to allow participants to hire personal attendants through Medicaid approved in-home health agencies under certain circumstances.

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In last year's survey, many participants commented that they were unable to hire qualified personal attendants due to low wages. One of their requests was to increase wages so they could hire and keep qualified employees. We've been fortunate to be able to work with our providers to increase personal attendant wages, which is resulting in participants being able to hire and retain quality personal attendants. But if ADLS participants are still having difficulty filling all shifts in a week and have used all efforts to hire their own with no success, then they can arrange with an in-home service provider to fill those gaps for up to 7 hours per week. It will be the responsibility of the participant to make those arrangements, and they will work with their Service Coordinator who can provide a list of in-home service providers located in their area. This option can also be used as a part of an emergency back-up plan. Participants will want to access their hired personal attendants as backup whenever possible, but if that isn't an option, the participant can contact an in-home provider to discuss and arrange with them in advance the need for emergency backup when necessary. In addition, our goal is to transition people out of nursing homes, and we'd like to utilize this option for people who are transitioning out of nursing homes and don't have available family, friends or neighbors they can hire as PA's. This will be limited, however, to 30 days. During that 30 day period, the consumer preparation specialist needs to be working very closely with the participant to hire their own PA's through the self-directed hiring process. In order to continue with the self direction philosophy, we are not considering providing extensive in home services on a long term basis to participants, but it will be used as a supplement to self directed hiring of their own personal attendants. The last situation for in-home services is under extraordinary circumstances when DRS deems it necessary to provide health, safety and welfare of a participant.

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Other changes we are proposing include revising the cost share formula. This will move to 300% of the federal benefit rate, and will still allow an exclusion for earned income. This removal of the cost share is a benefit not only to the participants on the program, but also to provider agencies who won't have the administrative burden of collecting that cost share from participants who they are providing services to.

We also want to change language in the waiver to allow participants to select a non-legal representative to manage and direct their services, but not require the representative to be present while services are being provided, which is the way the waiver is currently written.

Finally, we want to use aggregate per capita expenditures under the waiver instead of individual cost. This will allow us to be more flexible in allowing some applicants onto the program who may have higher needs.

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When will these changes happen? There is still more to do before these proposed changes are incorporated into the ADLS waiver. The changes we are proposing will have to be approved by the state legislature and the Centers for Medicare and Medicaid Services. Also, we are anticipating with the many changes we are proposing, that it will take some time to fully implement all these changes. Our goal is to implement case management and revisions of current services on July 1, 2016. Other changes may take more time to implement. Finding qualified providers to provide these new services, creating policies and procedures, and getting the billing process set up for new qualified providers will take some time. Our goal to have full implementation of this proposed waiver amendment is January 1, 2017.

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Now that we are at the end of the presentation, we have time for questions and comments. You can use the chat box or unmute your phone to ask questions or make comments. To unmute your phone, hit #6.

ADLS Public Webinar Questions/Comments:

Public comments may be made via phone, email, mail, or during the public comment session of the webinar. March 9, 2016 is the final day to submit comments.

The link to the webinar is on the DRS website. <http://dhs.sd.gov/drs/>

Questions/Comments received during the webinar:

Matt Cain, Director, Independent Living Choices– What do you anticipate the case management transition from case manager to state’s service provider to look like?

Eric Weiss, DRS Division Director– DRS is hoping to have someone hired prior to July 1st. There will need to be a lot of communication between current case managers and newly hired service coordinators during the transition. Service coordinators will need to meet participants and get up to speed on how things will work. It is a change for providers and everyone involved, so communication will be key.

Ronda Williams, ADLS Waiver Manager– DRS will be working with providers on more specific plans for transition in the near future.

Randy commented via chat room that he really enjoys working with ILC and is happy with the services ADLS provides.

If there are no further comments, we will end the webinar at this time. Feel free to access the slides and recorded webinar on our website once it gets added, and my contact information is included in the slides if you want to make comments through that method. Thank you for joining us today.