

Advisory Council on Aging
Wednesday, May 09, 2018
1 p.m. – 4 p.m.
Department of Human Services
Hillsview Plaza – Large Conference Room

The Advisory Council on Aging meeting was held in person on May 9, 2018.

Members Present – Carol Cameron, Gale Walker, Dick Palmer, Erik Gaikowski, Donna Seaton. Members attending via phone included Gerald Beninga. Other attendees included staff from the Department of Human Services, including Yvette Thomas, Beth Dokken, Misty Black Bear, Jennifer Gant, Leslie Lowe, and Deb Petersen.

Members Absent - Ruth Thomas

Chairman Gerald Beninga called the meeting to order at 1:12 pm CST

The proposed agenda was reviewed. A motion to approve the agenda was offered by Gale Walker and seconded by Carol Cameron. Motion passed.

Misty Black Bear presented information regarding efforts within the Division of Long Term Services and Supports (LTSS) to expand access to Home and Community Based Services (HCBS). As part of this effort, a waiver amendment was submitted to the Centers for Medicare and Medicaid Services (CMS) in late April. The amendment included the addition of community transition services for HOPE waiver consumers. Communities Transition Services include 1. Community Transition Supports – one-time expenses such as security deposits, furniture, household supplies, etc. 2. Community Transition Coordination – case management to help individuals successfully transition to their own home or less restrictive setting. A case manager would assist the individual to locate housing, and set up necessary services. Community Transition Coordination would be available for up to 6 months prior to the individual transitioning to a less restrictive setting and up to 60 days following the transition. The amendment also includes the addition of two residential options, which may be beneficial for those that can't maintain their own home. 1. Community Living Home – can be owned by an individual or an agency, up to 4 people can reside in the home, and a 3 tier method is used to determine reimbursement rates. 2. Structured Family Caregiving – the individual can reside with family or fictive kin, maximum of 2 participants can reside in the home, and the family needs to enroll in with a Medicaid approved agency that will serve as an oversight agency.

The Waiver Amendment is currently under CMS review. The proposed effective date for the waiver amendment and additional services is August 1, 2018.

Discussion was held about rates for the residential options, minimum age for the program, need for medication administration training and amount of financial assets an individual participating in this program can have. LTSS is currently working on policies and procedures to prepare for these new services to become effective.

An extended discussion centered on other options for residential/shared living and current trends. Some current trends in shared living include: Home Sharing – several people decide to live together and share

expenses; Niche communities – people with similar interests develop a community such as college based where they take classes; and Multigenerational living – families live together, parents with their children; they are called “next gen homes” where they live side by side but still have separate living areas. LTSS staff is tracking these nationwide trends to see how they develop. Council members shared other shared living opportunities they are aware of such as millennials moving in with Boomers to help with various duties around the house and caring for the older individual; have others rent rooms in the home and assist with care; and shared one example of a family that built a duplex with the mother on one side and the daughter on the other side, etc. Numerous families are involved in structured caregiving.

Yvette Thomas covered the goals and metrics for the Department of Human Services Strategic Plan. LTSS is involved in the metrics for several of the objectives under each goal. Specific metrics LTSS will use for measuring the established goals include: Goal 1, Objective 2-Increase the percentage of Medicaid expenditures going to HCBS for older adults and adults with disabilities from 18% in 2016 to 22% by 2020. LTSS is making progress toward this goal. A shift of 4% equates to \$3 million in expenditures, so although it doesn't seem like a big percentage, it will shift the spending by a significant amount. Goal 1, Objective 3-Ensure 100% of individuals receiving Home and Community Based Services (HCBS) have a person-centered plan. DHS staff participate in a quarterly meeting to determine how to use person-centered tools most effectively to help people identify what is best for them. Goal 2, Objective 1-Increase the number of contacts to Dakota at Home, South Dakota's Aging and Disability Resource Center (ADRC) to 14,000 contacts by 2020. Goal 2, Objective 2- Expand service options by increasing the number of program participants receiving supports through Shared Living. LTSS anticipates having a shared living service available soon, once the HOPE waiver amendment is approved. Goal 3, Objective 1-Increase the availability of respite care providers listed on the Respite Care directory. The goal is to have at least 50 respite care providers listed on the directory by 2020. Goal 3, Objective 2-Increase the number of waiver participants utilizing technology. Goal 3, Objective 3-Expand Department-wide Person Centered Training (PCT) knowledge and skills by increasing the number of coaches. LTSS currently has 26 coaches participating in the quarterly PCT meetings. Goal 4, Objective 1-Ensure a 95% satisfaction rate for customers who make contact to Dakota at Home. The goal is to validate that people have successful interactions with Dakota at Home and are happy with the customer service they receive. Goal 4, Objective 2-Increase the number of Medicaid enrolled providers that offer services for more than one of South Dakota's HCBS waiver programs. DHS' goal is to expand the service delivery models by encouraging providers to become an enrolled provider for more than one of South Dakota's four waiver programs.

LTSS has been working with a consultant group called Navigant to evaluate its office structure. As part of their work, Navigant combined all metrics and performance measures for LTSS programs and incorporated them all into one document. The first two pages of the document cover the main performance measures LTSS will focus on in the next few years.

Additional metrics were also developed through the recent LTSS Stakeholder Workgroup. The Advisory Council on Aging will take over the role of the LTSS Stakeholder Workgroup to help monitor progress of the metrics developed during the workgroup. Yvette will send the goals and metrics from the workgroup to the Advisory Council members.

Deb Petersen, Lifespan Respite Project Manager provided an overview of the Lifespan Respite Grant and the SD Respite Coalition. Since November 2017 the Coalition has held three meetings and formed 3 subgroups to work on tasks identified in the respite grant work plan. A public awareness subgroup is

focusing on a definition of respite, a respite brochure and a respite website. A respite provider subgroup is creating a respite provider application form. A survey subgroup developed a respite survey utilizing SurveyMonkey and created a post card, flyer, and a letter to reach caregivers to complete the survey in order to gather baseline data on the needs of caregivers in the state. Caregivers are being asked to complete the survey during the timeframe of June 1, 2018 to August 31, 2018. Next year the plan would be to re-issue the survey for data comparison purposes. The SD Respite Coalition's next meeting is scheduled to be held in September 2018.

Leslie Lowe provided information about the Home and Community Based Services (HCBS) Settings Final Rule released on January 16, 2014 by the Centers for Medicare and Medicaid Services (CMS). The intent of the Final Rule is to ensure consumers receiving home and community based services have the most integrated setting and have full access to the benefits of community living. A new assessment to identify consumers' experience with the services received was implemented in May 2018. A new HCBS Provider Self-Assessment was also developed to assess progress with South Dakota's compliance with the Final Rule requirements. The HCBS Provider Self-Assessment will require providers to submit evidence of compliance with the Final Rule. The results of these two assessments will be analyzed to determine compliance with the Final Rule for all Medicaid enrolled providers of HCBS. Moving forward, each assisted living provider will have an individual site visit and every Medicaid enrolled assisted living provider will be required to follow the HCBS Settings Final Rule. LTSS will work closely with the Department of Health (DOH) to assure the Departments are aligned regarding the rule. Discussion was held about the assisted living and nursing homes located in the same building. CMS calls these facilities "heightened scrutiny" and LTSS will need to provide CMS with evidence supporting the need for this type of arrangement in geographically sparse areas.

Beth Dokken provided an overview of a nationwide project that LTSS is working to initiate called National Core Indicators – Aging and Disabilities (NCI-AD). A map of all states that currently participate in NCI-AD was provided to the group. South Dakota is one of several states participating in NCI-AD, which aims to measure the impact services have on the individual's quality of life. A random sample of individuals receiving services from the State of South Dakota will be asked to participate in a survey that will be conducted across the state from June 1, 2018 to May 31, 2019. The Center for Disabilities in Sioux Falls will conduct the surveys and will receive training prior to beginning the survey process from NCI-AD staff. At minimum, 400 individuals will be surveyed. The data received from the surveys will be compiled and then submitted back to the NCI-AD team. Discussion was held regarding what South Dakota will gain from participating in this survey. The survey will be an important way for South Dakota to get information from those we serve and make sure we are meeting the needs of individuals. The information will also help LTSS with ranking on the AARP Scorecard, which is a comparison amongst states. The Division of Developmental Disabilities (DDD) has been doing a very similar survey for individuals with developmental disabilities for approximately 8 years.

Jennifer Gant provided an update on Dakota At Home, South Dakota's Aging and Disabilities Resource Center (ADRC). The new Dakota At Home website includes a DHS resource directory that has a state map that allows the user to click on each county to get a list of services available across South Dakota. Individuals can also get information about available services by zip code or by conducting a key word search. The website also includes a learning library with various topics individuals might find beneficial. This is a work in progress and LTSS is always striving to add more information and resources.

Dedicated intake specialists are now in place and they will help get people in touch with resources throughout the state. The new call center system will help identify key data elements, such as determine

peak call times, record the number of calls received, the length of calls, and where calls originate from. LTSS has had a number of callers due to the new Dakota at Home media campaign. Discussion was held about the reaction of callers being positive and thinking this was a beneficial service. Brochures are being developed and they will be available for public distribution to senior centers, local housing authorities, and various other entities. The brochure will also be added to the caregiver packet AARP is putting out for a caregiver campaign in November.

The next meeting date was discussed and tentatively set for September 19th or 20th in Pierre. Topics Council members indicated an interest in learning more about in upcoming meetings include:

- Information about nursing homes going into receivership and/or closing;
- Foster grandparent program & RSVP;
- Liveable communities and age friendly communities – Erik offered to bring information regarding this topic to the next meeting; and
- Midcontinent sponsored ads in support of meals on wheels in years past to raise awareness of the program; discussion of similar efforts possible

Motion to adjourn was made by Erik Gaikowski and seconded by Donna Seaton. Motion carried.

Meeting adjourned at 3:07 pm CST.