

**Advisory Council on Aging - Agenda**  
**Thursday, January 11, 2018**  
**2 p.m. – 5 p.m. (CST)**  
**Conference Call**

The Advisory Council on Aging meeting was held via conference call on January 11, 2018.

Members Present: Carol Cameron, Gerald Beninga, Ruth Thomas, Gale Walker, Donna Seaton, Dick Palmer, Erik Gaikowski. Other attendees included staff from the Department of Human Services, including Yvette Thomas, Beth Dokken, Misty Black Bear, Deb Petersen, Donna Fischer, and Cassie Lindquist.

Members Absent: Jen Porter

Chairman Gerald Beninga called meeting to order at 2:04 pm CST

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

The minutes from the May 10, 2017 meeting were reviewed. A motion to approve the minutes was offered by Erik Gaikowski and seconded by Donna Seaton. 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). She provided an overview of the waiver amendment that will go out for public comments in January 2018. The amendment will include four additional areas of service to include Community Transition Supports, Community Transition Services, Structured Family Caregiving, and Community Living Homes. The Community Transition Supports will sustain Money Follows the Person and will be available to cover one-time expenses such as household expenses, one-time deposits and other one-time expenses that are necessary for a successful transition. The Community Transition Services include development of a transition care plan and transition support to individuals moving to a less restrictive environment. The Structured Family Caregiving will be available to qualified individuals that reside with family or fictive kin. The Community Living Home will be available for eligible individuals to reside in a smaller, home-like setting. Other Waiver amendments will focus on Conflict Free Externalized case management and Self-direction. The objective is to increase options available for participants statewide. Discussion was held about the number of individuals anticipated to utilize the transition services ranging from 50 to 100 per year.

LTSS is currently planning to complete another waiver amendment later in 2018 in which Conflict Free Case Management will be added as a billable service to the HOPE waiver. Case management services will be outsourced to provider entities instead of having LTSS staff provide case management. This will enhance case management for LTSS consumers.

Beth Dokken provided information on efforts to divert individuals from entering nursing facilities and receiving the necessary supports in the community, as appropriate. The Health Information Exchange (HIE) is utilized by staff who are notified through HIE whenever one of their consumers is admitted or discharged from the hospital or emergency room. Staff works

with hospital personnel to identify additional services needed for the consumer to make a successful discharge back home. Each month there is an average of 350 HIE notifications. Due to the implementation of this process, there have been five successful diversion completed. An internal review team evaluates to ensure the diversions are successful and appropriate. LTSS has created a new position that will serve as the main contact for HIE to provide consistent information to hospital discharge planners.

LTSS is working with the Division of Behavioral Health and Division of Developmental Disabilities to update Administrative Rules of South Dakota regarding Preadmission Screening and Resident Review (PASSR). PASSR is a screening completed prior to anyone being admitted into a nursing facility or swing bed. It is anticipated the ARSD updates will occur in April 2018.

Each person residing in a nursing facility has a quarterly Minimum Data Set (MDS) Assessment which includes the Section Q process. Section Q of the MDS Assessment asks individuals about their preferences regarding returning to the community. An educational webinar was provided to nursing facilities to educate providers of their responsibility in regards to Section Q. The webinar was also provided to increase awareness of supports available in the community and increase referrals to LTSS through the Section Q process.

Yvette Thomas provided updates on the Aging and Disability Resource Connections (ADRC). The rebranded name will be "Dakota at Home". Surveys and focus groups showed there is a lot of opportunity for growth with this program. The media campaign will begin March 1<sup>st</sup>. Currently there are five call centers with five different numbers to serve this program. These are all being combined into one virtual call center and four specialists will be reassigned to solely manage the "Dakota at Home" lines. This will increase the ability to track calls and provide consumers with more consistent information. Discussion centered on the new name and clarification that the current call center numbers will automatically re-direct to the new phone number.

Deb Petersen provided information on the Lifespan Respite Grant. South Dakota is one of two states that received this three-year grant in September 2017. The Lifespan Respite Grant is to be used to develop or enhance Lifespan Respite systems to include planned or emergency respite for all ages. LTSS has partnered with the Division of Developmental Disabilities and other stakeholders to form a SD Respite Coalition. The SD Respite Coalition will meet on February 28, 2018 in Pierre.

Yvette Thomas provided updates on the LTSS Enhancement Efforts identified through the goals and metrics. This is a concerted effort to rebalance spending and options available to consumers resulting in different services. Utilizing the AARP scorecard as much as possible, five metrics were developed to measure growth. The metrics include: 14,000 ADRC consumer contacts by year 2020; 50% of consumers receive home and community based services prior to entering nursing facilities; 100% of consumers will receive person centered planning by year 2020; decrease the rate of low needs consumers receiving nursing facility care by 2.7% to 13% overall by year 2020; and rebalance Medicaid expenditures from the current 18% spent on HCBS to 22% of all Medicaid expenditures spent on HCBS by year 2020. The workgroup will have a final meeting in March and intends to dissolve after that meeting. The Advisory Council on Aging is being asked to take over the role the Workgroup has provided to ensure outside input is included. Discussion centered on the magnitude of rebalancing the Medicaid budget and educating legislators.

Donna Fischer presented information about the Ombudsman program and the new nursing facility federal regulations. The top five complaints in FY16 are as follows: 1. Care; 2. Abuse; 3. Autonomy, choice, and Tie 4 & 5. Dietary & Staffing. The new federal regulations are being implemented in three phases. Phase 1 provisions included: quality of life; added definition for representatives supporting residents; person centered care plans; respect & dignity; visitation regulations; privacy with electronic communication; grievance process to include more follow-up from the facility; and admission, transfer, and discharge. The second phase was to be implemented in November 2017 and it includes: person centered planning; care plan completed within 48 hours after admission; regulations on staffing; and updated information on infection control, anti-psychotic drugs, etc. The third phase includes parts of the initial two phases. Discussion was held on phase one regulations currently being in place and phase two in place however there is an 18 month moratorium in place in which facilities will receive training instead of receiving enforcement. This means health inspection star ratings have been frozen from November 28, 2017 until November 27, 2018.

Cassie Lindquist provided an update from the Elder Abuse Task Force. LTSS and Law Enforcement are required to make reports to the Attorney General's office when a referral with criminal aspects is received. Reports of abuse received by Adult Protective Services from July 1, 2017 until November 29, 2017 resulted in 215 cases referred to law enforcement, 7 cases referred to tribal police/elder protection, and 283 cases reviewed by LTSS staff. Discussion was held regarding how most referrals come from family members and concerned neighbors with very few self-reports.

The next meeting date was discussed and set for spring 2018. An email will be sent to all members to determine a date and time that work for council members.

A motion to adjourn was made by Carol Cameron and seconded by Dick Palmer. Motion passed. Meeting adjourned at 3:54 pm CST.