

**Advisory Council on Aging Meeting Thursday, May 9, 2019**  
**1:00-4:00pm CDT**  
**Department of Human Services 3800 E. Hwy 34**  
**Hillview Plaza – Large Conference Room**

The Advisory Council on Aging meeting was held in person on May 9, 2019.

**Members Present - Gerald Beninga, Donna Seaton, Gale Walker, Carol Cameron, and Erik Gaikowski. Staff present from the Department of Human Services included Shawnie Rechtenbaugh, Yvette Thomas, Beth Dokken, Leslie Lowe, Deb Petersen, Cassie Lindquist, Donna Fischer, Jennifer Larson, Sam Dewell, and Robert McCarthy.**

New Cabinet Secretary, Shawnie Rechtenbaugh was introduced to the Advisory Council on Aging.

Chairman Gerald Beninga called the meeting to order at 1:06 pm CST.

The proposed agenda was reviewed. A motion to approve was offered by Gale Walker and seconded by Erik Gaikowski. Motion passed.

The draft minutes of the last meeting on October 29, 2018 were reviewed. A motion was passed to approve the minutes offered by Gale Walker and seconded by Donna Seaton. Motion passed.

Beth Dokken, Long Term Services and Supports (LTSS) Assistant Director, gave an update on new LTSS staff members in the State office. These positions were part of an LTSS reorganization designed to increase efficiency of programs and service delivery across the division. Jennifer Larson, Field Operations Manager, started in February and provides oversight to LTSS Regional Supervisors and case managers located across the state. Brooke Templeton serves as the Elder Rights and Older Americans Act Program Supervisor. Brooke supervises the Adult Protective Services (APS) and Older Americans Act staff. The Older American Act programs include Adult Day, Nutrition, Transportation, and Caregiver services.

Leslie Lowe, HCBS Settings Specialist, provided an update on the Statewide Transition Plan (STP). The Department of Human Services (DHS) has been working to achieve final approval of its STP by updating and clarifying how LTSS will comply with the Home and Community Based Settings (HCBS) Final Rule. Several rounds of questions and responses have occurred with the Centers for Medicare and Medicaid Services (CMS) to ensure clarity of rule compliance. The STP will be submitted back to CMS in the near future in hopes that South Dakota will be given final approval of its STP.

Leslie discussed LTSS' progress regarding compliance with the Home and Community Based Services (HCBS) Settings Final Rule that revises requirements HCBS settings must meet (includes Assisted Living and Adult Day Services settings). The intent of the rule is to ensure consumers receiving services have access to the most integrated setting and full access to community living benefits. Requirements of this rule includes making consumers aware that they retain their individual rights and ability to make choices in care settings. All Medicaid enrolled Assisted Living Centers and Adult Day Service programs were required to complete the HCBS Provider Self-Assessment survey and submit evidence of compliance with the Settings Rule /Adult Day Service (e.g. admissions agreement, resident handbook, etc.). If an Assisted Living Center is not in compliance with the HCBS Settings Final Rule, they will need to determine if they want to make the necessary changes to their policies to become compliant or

discontinue enrollment with Medicaid. All HCBS settings will need to be in complete compliance by March of 2022. Existing facilities under new ownership are all reviewed as part of the new provider enrollment process to ensure compliance. Currently, 26 Assisted Living Centers are co-located with an institutional setting and need to obtain approval from CMS through the heightened scrutiny process. 14 settings are unlikely to be able to obtain compliance with their current structure and must decide whether they will put forth the effort necessary to adhere to the HCBS Settings requirements or unenroll as Medicaid providers. These are nursing homes with one or two beds licensed by the Department of Health as Assisted Living beds.

The HOPE Waiver staff are working on implementation of four new waiver services:

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 will assist the individual to locate housing and set up necessary services. LTSS is working to finalize a contract with an agency who has expressed interest in being a provider for Community Transition services.
3. Community Living Homes– can be owned by an individual or an agency, up to four people can reside in the home and HOPE Waiver recipients are provided services and supervision in alignment with their care needs.
4. Structured Family Caregiving – an individual can reside with family or fictive kin, and a maximum of two participants can reside in the home. This service allows family caregiving with some oversight and a daily stipend to the caregiver. Senior Link is currently the only enrolled provider for Structured Family Caregiving and will provide service statewide once training is completed in all areas of the state. Training regarding this new service was provided to LTSS staff in the Southeastern part of the state in March and training will occur in the Northeast part of the state in June. Western South Dakota will receive training in the coming months thereafter.

Beth Dokken, Assistant Division Director shared that LTSS is in the process of moving to a new case management system, THERAP. This system will allow for more robust reporting options than the current system being utilized help streamline several processes. THERAP is also utilized by the Division of Developmental Disabilities. Fiscal, case management, and other data are all contained within the THERAP platform but access to information is HIPPA compliant, enabling providers to have role-based access to the system to communicate with LTSS staff, receive referrals and authorizations for services, and submit claims for reimbursement. LTSS is still in the process of determining if and how Older American Act funded program management will be incorporated into THERAP as well. Initial training will occur in late May for LTSS staff and there will be training opportunities offered for providers at a later date, closer to implementation.

Donna Fischer, State Long Term Care Ombudsman presented on Person Centered Thinking (PCT) efforts within the division. She provided an overview of what PCT is and the benefit of using PCT tools. PCT is newer to LTSS and is being adapted for use in LTSS programs and services, both with individuals living in the community and those residing in a nursing homes or assisted living center. Select LTSS staff attend quarterly department meetings focusing on PCT tools and practices and have recently begun hosting internal monthly PCT round-table discussions to further educate all LTSS staff about PCT tools and practices. PCT tools and techniques can be used in a variety of settings and situations, including to assist individuals with cognitive decline or mental health issues live their best life. Donna has recently become a PCT trainer and LTSS has offered PCT training opportunities to home health, assisted living, and nursing home providers.

Deb Petersen, Lifespan Respite Project Manager, attended the 2019 National Lifespan Respite Conference held in Buffalo, NY from April 29th to May 2nd. Administration for Community Living shared that noncompeting continuation funding will be available to grantees. SD's grant funding ends August 2020. The 2020 Lifespan Respite Conference will be held in Madison, Wisconsin in conjunction with the International "Short Break" Conference. Discussion at this year's conference included how to reach caregivers who do not self-identify and how important respite is based on the number (28 to 30 percent) of caregivers who are dying before those they care for. Marketing: other states recommend not using terms like respite or caregiver but to use wording such as "Do you care for a loved one" or "Take a short break". Several states are using images of people or animals to market their messages to caregivers versus actual people or photos. As part of grant progress, an individual respite provider application is being finalized for individuals to be listed on the online respite provider directory. As the employer, the caregiver is responsible to complete all reference and background checks before hiring an individual respite provider. LTSS in collaboration with CAREgivers through Active Generations are providing training to DHS staff on caregiving issues, caring for someone with dementia and the stages of dementia, CAREgivers services, and State of SD respite and caregiver support programs.

Samantha Dewell, Older Americans Act Program Specialist, presented on the Older Americans Program Statistics Title III expenditures are projected to increase. 14,791 more meals were served than last year. Next year the forecast is 1.3 million eligible meals in total (based on a 2% increase over meals served). The current trend is lower for congregate meals being served, but an increase in home-delivered meals. Adult Day Service units increased by 27,000 from last year. Numbers have been trending down, so we will likely see a slight decrease in units at just under 300,000 for SFY20.

Erik Gaikowski, AARP, gave an update on the Livable Communities Program. A 2012 survey revealed 85% of individuals surveyed wanted to live in their communities and called on AARP to work in their local communities to make them more livable. The Longevity Economy shows a significant negative economic impact if an aging population leaves the local community. Baby-boomers and Millennials have the same livable community ideals as older populations. The 8 domains of Livability reflect the main identified criteria of livability. Age-friendly communities show a balance between the "Built Environment" (infrastructure) versus the "Social Environment" (cultural topography). Livable 605 is a group of 44 organizations that collaboratively have developed enhanced livability ideas in SD. More information can be found at <https://www.aarp.org/livable-communities/>

Erik discussed the process for a community to become involved. The first step is to contact SD AARP. The process is a 5-years process– the first 2 years are commitment & plan development followed by community input. Community involvement is central to success. Strategies may be simple (adding more bench seats in walking areas downtown) to much more complex community revitalization projects.

Cassie Lindquist, Adult Protective Services Program Specialist presented on the Adult Protective Services Program (APS) specialization that rolled out April 1st. APS formerly was delivered through 55 field staff delivering all services through the central LTSS intake process. The reorganization of service delivery now uses 6 APS specialists covering the state through a regional system. The planning process examined how many specialists were needed and where they should be located. The National Adult Maltreatment Reporting System (NAMRS) is the first comprehensive, national reporting system for adult protective services (APS) programs. Intake receives the initial call, classifies the call as APS, and forwards to Cassie for assignment. Cassie assigns action on the referral to the appropriate APS Specialist depending on location and availability. Quarterly training is planned with law enforcement staff to help build better collaboration.

Not all referrals need to be shared with law enforcement as they may be resolved by implementing services. Reports including alleged criminal activity are referred to law enforcement. Reports including alleged abuse, neglect or exploitation in a facility licensed by the Department of Health are referred to DOH for coordinated follow up.

Yvette Thomas, LTSS Director refreshed the group on the follow up of the LTSS Stakeholder Group in 2017-2018. At the time the workgroup ended, it was agreed that the monitoring of developed metrics, goals and strategies will be handed over to the Advisory Council on Aging. Yvette then led the group through a review of the metrics. Contacts to Dakota at Home is the first metric, showing a slight increase in number of contacts. The Dakota at Home virtual call center went live May 10, 2018, so this is a partial year of data. The next metric tracks the goal to have 100% of care plans in LTSS be person-centered. To date the care plans reviewed have been primarily waiver care plans, which will be expanded to include non-waiver care plans as well. The third metric tracks the provision of home and community-based services prior to a nursing facility admission. The fourth metric is related to nursing facility residents with lower case mix scores, indicating lesser needs. This data is derived from nursing home resident assessment for all consumers. The data trend indicates few residents of nursing facilities with case mix scores in the lower ranges. The final metric is the Rebalancing of Medicaid expenditures. This metric measures the percentage of Medicaid funds spent on institutional care (nursing facility) versus Home and Community Based Services (in-home, assisted living). SD has made significant progress in this area, exceeding the goal for 2020 of reaching 22% Home and Community Based. The statewide performance average in 2017 was 33% and the states receiving the commendation for best-performing were at near 50%

Yvette reminded the Council that there are open positions due to the resignation of Jen Porter and Ruth Thomas moving out of state. Yvette asked if the current council members had any ideas of recommendation to share. Recommendations will be sent to the Governor's Office for review. Representation from West River communities would be good to balance the geographic representation. Any suggestions are welcome and should be forwarded to Yvette and Beth.

Chairman Gerald Beninga offered the opportunity for public comment. No public comments were brought forward.

The next meeting date will be in Fall 2019. Date options will be forwarded to the Council at a later time.

A motion was made to adjourn the meeting by Erik Gaikowski. Gale Walker provided a second to the motion. The Meeting adjourned at 4:06 pm CST.