

Advisory Council on Aging Meeting Tuesday, February 15, 2022

1:00-3:00pm CDT

**Department of Human Services 3800 E. Hwy 34
Hillsview Plaza – Microsoft Teams Meeting**

The Advisory Council on Aging meeting was held via Microsoft Teams and in person on February 15, 2022.

Members Present - Gerald Beninga, Carol Cameron (joined after the meeting was called to order), Erik Gaikowski, Brett Hoffman, Dick Palmer, Jean Person, Tammy Hatting, Gale Walker, James Severson, and Gavin Van De Walle, Cheryl Anagnopoulos (joined after the meeting was called to order)

Members Absent – N/A

Public Participant- N/A

Staff present from the Department of Human Services - Yvette Thomas, Misty Black Bear, Cassie Lindquist, Sam Dewell, Donna Fischer, Caitlin Christensen, Caitlin Cleary, Brandon Boe and Jennifer Gant.

Former Chairman Gerald Beninga called the meeting to order at 1:16 pm CST due to the newly elected Chairperson being unable to join at the beginning.

Approval of Agenda (Gerald Beninga) The agenda was reviewed. Motion for approval by Gayle Walker, Tammy Hatting second. Motion passed.

Approval of Last Meeting Minutes (Gerald Beninga)- Motion for approval of the minutes from July 13, 2020, by Jean Person, Dick Palmer second. Motion passed.

Nursing Home Rate Methodology Review (Yvette Thomas)- Nursing Home Rate Methodology Review (NHRMR) is not directly linked to funding but is a process to make sure the NHRMR includes all the important and relevant criteria, so the state is reimbursing at the correct rate. For DHS the 1st year In-home care providers (nursing, adult day, home makers and personal care) were reviewed. Assisted Living Services were reviewed in the 2nd year and in the 3rd year, it was to be Community Support Providers through DDD. The legislature asked DHS to step up the NHRMR a year earlier, so DHS started two groups in 2019. CSP review was delayed due to COVID and completed theirs about two months ago. DHS started the NHRMR and had multiples meetings before halting for COVID but were able to get the final report out. The methodology still seems to be sound; members feel like there are good points, it was specific to facilities and individuals in those facilities. While South Dakota Medicaid doesn't pay as much as they like, Medicaid does pay quickly. There were a few suggestions to tweak the cost reporting. There was a significant inflationary increase for Nursing Facilities last year and that helped balance things out. DHS will be doing a 2nd NHRMR in March or April, due to some actions that CMS took with patient driven payment methodology (PDPM). CMS has already moved forward with PDPM for Medicare payment and eventually DHS will be forced to move away from our current method of calculating Medicaid reimbursement as well. Some of the information used to calculate the payment is going to be going away from the assessments. DHS has about a years' worth of data that we have been collecting for comparison. DHS plans to contract with a vender and go into a 2nd review to see how the PDPM methodology is going to affect Medicaid nursing home payments and if DHS will be able to remove extraordinary care payments that we currently calculate separately. The outcome is unclear until data as reviewed and other adjustments are made. Hopefully before session next year there will be a new rate methodology established for nursing homes.

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Gale Walker – Q? How often are we doing a rebase? A: There used to be an annual rebase and it would reset everything, they stopped doing that when the State was in a financial crunch. There was about 5 years where there was no rebase and in 2015 there was a partial rebase, but not enough for funding to do a 100% rebase. There was a hold harmless clause built into that so nobody would go backwards. While a rebase is good, it can also be harmful. We are hopeful that with the move to PDPM, it will help us level set everyone so we can get back to the annual review.

Tammy Hatting – Q? With the number of nursing homes that use travel staff, and the costs are not sustainable, will they get reimbursed at a higher rate? A: There are two parts to the nursing home rate; the Direct rate considers what the staffing for patient care is, so nursing and certified nursing assistant cost goes into that. Agencies with a lot of traveling staff will show higher direct care expenses than those that had very few to no travel staff. An additional complication is that the Federal Government has dispensed COVID funds, but the facilities will not have to count any of the COVID relief as income. That has helped the facilities manage the pandemic but will make the cost reports hard to interpret.

Gale Walker – Q? How far back are you on the Fiscal reports? A: The cost reports are on a 2-year lag. Our new Finance Director has suggested he would like to look at building in prospective costs to help with the lag.

Jean Person – Q? Will this include staff salaries? Direct care rate will cover the nurses and CNA's and Non-Direct Care will cover administration, janitorial staff and other staff that is shared. It's hard to find Nurses and CNA's – nursing homes are struggling because of staffing shortages

Brett Hoffman – Good Samaritan Center has increased wages 26% across board to increase staff and it's great to see wages go up, but they also must manage cost for COVID and keep doors open.

Dick Palmer – Q? Because of COVID, have you seen an increase of people trying to get from the hospital into a nursing home? Occupancy rates across state have dropped. We used to run at a statewide average of 85%. At our worst times around COVID, we were at 60% with a lot of unoccupied beds. Of course, there was a lot of deaths of older and vulnerable individuals, then staff shortages on top of this resulted in low occupancy. *Gayle Walker* Q? For reimbursement if you didn't make the statewide average there was penalties if they didn't meet occupancy, is that still in effect? A: We have moved away from imposing that penalty.

LTSS COVID -19 Response (Yvette Thomas)- There was a lot of funding that came into the state because of COVID, specifically in the form of Federal Grant money specific to Older Americans Act Programs through the Administration for Community Living. Individual Program staff will provide additional detail.

APS Funding (Cassie Lindquist)- Adult Protective Services (APS) received quite a bit of funding for the program with strict guidelines. CRRSA funding: APS put a spend plan together which included technology purchases so staff can work better in the field. APS updated phones and purchased iPads and received approval through ACL to purchase all-wheel-drive vehicles for APS Specialists. Having assigned vehicles will be important as APS staff put on up to 2,700 miles a month. The vehicles are ordered but not received. There are 6 APS specialists across the state: 2 in Sioux Falls, 1 in Watertown, 1 in Pierre, 1

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in Rapid City, and 1 in Hot Springs. APS also hired a temporary staff member that is in the Mitchell office. With additional funding, APS was able to focus on training and did an RFP for a public awareness campaign for APS. APS participates in training through the National Adult Protective Services Association (NAPSA). NAPSA's national conference was in San Diego November 2021 and 5 APS staff were able to attend.

With this new funding, APS now has emergency funding which can be used for extermination charges if someone would have an infestation in their house. APS is also able to help with deep cleanings, decluttering, supplies and relocating when needed. Personal protection equipment (PPE) has also been purchased. The first round of funding under the American Rescue Plan (ARP) has been approved and a round two of ARP funding is expected. For ARP funding, ACL required a 3–5-year operational plan that was due on January 31, 2022. Once all the state's operational plans are approved ACL will have them on their website. Included in the work plan are collaboration with the tribes, temporary staff, training, direct services, community outreach, and public awareness. Fresh Produce is the company APS will be working with for the public awareness campaign.

During COVID APS referrals dipped a little in the beginning, but our numbers have rebounded. APS received 200+ calls a month.

Jean Person – Q? If someone calls for APS assistance, do they have to meet a monetary status? A: No, we offer help no matter their financial status. If they are 65 or older, or an adult with a disability. APS does not screen out a lot of cases. We work with the Attorney General's office when it comes to consumer protection, scamming, financial self-neglect, and we educate people whenever we can. Dakota at home takes the initial referral call and there is also an option online to fill out an intake form, which comes directly into the database.

Vaccine Access Grants (Jennifer Gant)- Last year DHS received a grant in April for COVID-19 vaccine access. DHS chose to utilize the money to offer subgrants to community centers and senior centers throughout the state. Following multiple announcements asking centers if they wanted to participate in providing education on the COVID vaccine, there 11 subgrant applications. The total amount of the grant funding received was about \$400,000, which was awarded to those that applied. The funds are available to help centers conduct outreach, provide education, hold health fairs, put notices in newsletters, send information with home delivered meals. The funds are also helping with personnel expenses, equipment, and the day-to-day expenses of those centers. There a budget remaining of around \$90,000. Please feel free to provide any ideas you might have on how the rest of that grant money can be spent. The vaccine access is specific to the COVID vaccine only.

Dick Palmer – Q? Do we have any statistics on what age group has been vaccinated? It seems to be the average of young people are not getting vaccinated. Can we do something that reaches out to the younger and older populations? A: That's why we are reaching out through community centers to reach that younger age group and looking for more ideas on how to reach out to all age groups.

Grants for Lost Revenue (Yvette Thomas)- In the earlier part of the COVID pandemic DHS had some money available from ACL through the IIIB community support funding to offer grants for lost revenue because agencies had to shut down or restrict services. For those agencies to qualify they had to list any

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other funding they received (payroll protection program from the Federal Government or other grant opportunities from the Governor's office). Several entities were funded including adult day centers that had to shut down and couldn't be operational during COVID, homemaker services agencies that had to restrict their services, and one or two nutrition providers who were unable to operate congregates sites. The nutrition providers acted quickly and were fluid in making it possible to do home delivered meals so they could continue to serve the community. There was one transportation service we also funded because they had to shut down.

Targeted Healthcare Grants (Yvette Thomas)- The Governor's Office offered some opportunities for funding over the pandemic; recently offered targeted healthcare grants from COVID funds that came to the State of South Dakota. The awards were based on revenues paid to them by the state. Those that qualified were nursing facilities, nutrition providers, and Community Support Providers. The process was to respond to the offering, indicate they wanted the money and would use it as intended. Those payments went out in December, and they ranged from \$56 thousand to \$1.4 million. In all, it totaled to around \$20 million.

10% FMAP Provider Payments (Yvette Thomas)- This reflects an enhanced Federal Medicaid Assistance Percentage (FMAP) of 10%. The federal government will pay an additional 10% on top of the regular federal share if states use the additional funding to enhance community-based services. SD elected to direct those funds directly to home and community-based providers as a one-time payment. We currently are waiting on CMS for final approval on how we proposed to make payments and how they will be used. The Legislature is also debating whether they want DHS to go forward with those payments once approved by CMS or if there must be a special bill appropriated to make it happen. This would be all based on Medicaid expenditures, so providers would get a one-time payment based on their Medicaid revenue which would be used to support employee recruitment and retention, pay health and medical benefits, maternity/paternity leave, things that allow them to stay viable during COVID. The process is to complete a small application, say they want the money, attest they will provide information on how they plan to use the money within established guidelines and will use it as intended. The goal is to get the money out before the end of March.

Gale Walker – Q? What is the current FMPAP at now? We currently have a temporary 6% increase related to COVID so approximately 71%. Since South Dakota revenue is going up, the FMAP may go down and we might not get all the federal assistance we are currently receiving as it is based on State income levels.

Nutrition Dollars/Equipment Grants (Sam Dewell)- There was a \$1.2 million grant that was awarded to nutrition providers to upgrade nutrition equipment. The grant is available to cover stoves, food trucks, refrigerators, utensils, home delivered meal kits; like the bags and the to go items so that programs could adjust to closure of congregate sites. One highlight is the Pine Ridge reservation received a significant amount of funding to purchase 8 vehicles, which is exciting because now everyone on the reservation has the opportunity of being provided a home delivered meal and it also functions as a well check for those that are unable to leave their home due to transportation issues. Meals on Wheels was also able to purchase a few Hot Shot trucks, which includes refrigerated and heated elements inside the truck so they can deliver to those in the rural areas of Western South Dakota. Belle Fourche is looking at getting a new kitchen; currently the meals are delivered from Rapid City, a location which is involved in

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making thousands of meals 5 times week. Other examples include purchases of an Exhaust Hooded System, Walk-in Cooler and Freezer combo, new oven, and dishwasher machine.

Providers were also able to purchase Oliver Trays that allows providers to keep the meals fresh and protected from the elements. The handout provided will show the Funding. Federal money has helped us increase meals and get them to those that are isolated in their homes, which also allows for well checks.

The funding breakdown: Title III emergency funding: \$1.2 million in Families First Money in March and then in April 2022 \$2.4 million in Cares Act. Those funds were used for double meal rate reimbursement in the months of April and to help providers adjust to increased home delivered meals in the opening months of the COVID pandemic. The State was later awarded \$840,000 and that was all for nutrition equipment grants. The most recent award was under the American Rescue Plan. These additional funds have been extremely helpful to the Nutrition Program.

Ombudsman (Donna Fischer)- With the CARES act funding we received, we purchased simulation kits. Several kits were purchased including: RealCare Geriatric Simulator kit; Soft Skills Program Simulator; Hemiplegia Simulator; Geriatric Sensory Impairment Kit; Pressure Injury Simulation Kit; Geriatric Skin Conditions Simulation Set; and Elder Abuse Training Kit. (Handout attached)

These will be used as a residents rights training and help staff understand better the limitation of individuals they may be working with. The program plans on taking them to workshops and conferences to show people and help people understand what others are going through.

Jean Person- I suggest we use it on a family night so family can understand what their loved ones are going through when it comes to Alzheimer's. Even showers can be scary when you have Alzheimer's, and this education would be extremely helpful for family members. SHIINE would also be a good target group to use it with as well.

The Ombudsman program applied for a Civil Money Penalty (CMP) grant. A CMP is a penalty that gets leveraged against a nursing home if they have a survey that results in a deficiency. The grant is for dementia culture change education training. During the first year the program will be getting information out to skilled and non-skilled nursing homes, looking for 240 Champions within nursing homes. Half would be at the administration level and other half will be frontline workers like CNA's, dietary staff, etc. The Ombudsman program will select 4 champions from each facility that will go through Championship Skills Courses (CSC); Teepa Snows Positive Care – 4 modules. CSC will train staff on how to work with elderly more effectively. (Handout attached)

During the second year the Ombudsman program will find 27 individuals to become trainers in Positive Approach to Care (PAC) and 27 individuals to be a consultant in the PAC. One nursing home did use this program funded by an Innovation Grant and saw a decrease in staff turnover. Consultants will work on effective communication skills and challenge on different scenarios. Different Gem states help describe the progression of dementia. (Handout attached)

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The program will utilize CARES Act funding to do an awareness campaign on the Ombudsman program to increase the number of people that know about the Ombudsman program.

Carol Cameron – Q? How do you plan on using and getting the word out about these simulators? A: They will be utilized at South Dakota Association for Healthcare Organization (SDAHO) and South Dakota Health Care Association (SDHCA) conferences. Each time Ombudsman go to facilities for education opportunities and presentations they will bring the simulators, as well as demonstrations at any conferences invited to participate in.

Senior Health Information and Insurance Education (SHIINE) (Caitlin Christensen)- SHIINE is a grant funded program provided by the Administration for Community Living (ACL). The focus areas of the program are to assist Medicare beneficiaries with questions about Medicare, educate Medicare beneficiaries and those who are new to Medicare, help Medicare beneficiaries during the Open Enrollment Period with their Medicare Part D prescription drug plans, provide education and awareness regarding Medicare fraud, waste, and abuse, and promote awareness of assistance programs for low-income beneficiaries. The SHIINE program just finished open enrollment that ended on December 7th. The program was able to help 5,897 beneficiaries, which is about 4,967 counseling hours and \$5,396,724.96 saved.

SHIINE is currently in the process of producing a new television commercial targeted toward education and awareness about Medicare fraud, including billing errors. A Request for Proposals will be published soon for the 3 Regional SHIINE contract agencies. Typically, the contracts run on a 3–5-year period.

Caregiver Program Updates (Brandon Boe)- The program has been supporting 170 individuals on average on the caregiver program and in the last year, it has become 268 individuals. Under our 3 separate services, which are respite, caregiver, and supplemental services, that's over 200,000 hours of support We've been able to do a lot of amazing things through difficult times. Caregivers were really hit hard during the pandemic. You have those that need to take care of their own health, while still supporting other people through this pandemic. There are plans to create television, radio, and social media advertisements to raise awareness about caregiver burnout and how to provide support to caregivers.

The Life span respite grant started in 2017 and we just received a new 5-year enhancement grant that will end in 2026. Funding in the amount of \$420,930.55 can partially be used for emergency respite care; a program that can be used to take care of others in emergency situations, like if their own caretaker falls ill. Currently on our Respite Provider Registry we have 103 agency providers and recruited 21 non-agency providers, but we are always looking because we want more people. We offer free caregiver training and 37 individuals have completed that. The program is also looking to do outreach to educate the public on Alzheimer's and looking for people, particularly Caregivers to join the Life span Respite coalition.

HOPE Waiver Renewal (Caitlin Clarey)- The HOPE waiver serves individuals 65 or older or those 18 and older with a qualifying disability. This allows the State to use Medicaid dollars to care for individuals that meet a nursing facility level of care, so they can stay in their home. On October 1, 2021, the HOPE waiver was renewed with some changes including a residential respite service with a facility cost per day

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rather than a unit cost. The renewal also changed background checks in structured family caregiving situations to limit checks to those individuals that provide services, rather than anyone 18 or older in the household. The daily rate for Structured Family Caregiving was also increased.

Questions/Comments:

Input from Council Members Biggest challenges with COVID -19 (All)- Tammy Hatting and Brett Hoffman.

Visitation throughout the whole 2 years has been difficult. Many are unaware that CDC sets the guidelines, but CMS tells nursing homes what they can and cannot do, then DOH does evaluations in hospital/nursing home side to make sure the laws are being followed. The House Health visitation bill was passed by the house, and that says they must post visitation guidelines for nursing homes and assisted living facilities on their website. There was a bill that would force visitation, but that was dropped because it would violate CMS guidelines and then it would come down on the nursing homes. Visitation has been the biggest issue.

Many thanks to State and Providers during COVID to make everything work.

Public Comment (Yvette)- Opportunity for public comment was offered. No Public comment

Discuss Next Meeting Date (Misty Black Bear)- Next meeting date tentatively set for quarterly meetings, scheduled on a routine date and time. What preferences do the members have? Most indicate they like 1pm meeting, afternoons work best. Consensus that Misty will schedule quarterly and whoever can make it will make it.

Adjourn (Dick) - Dick made the motion to adjourn the meeting. James Severson seconded the motion. Meeting was adjourned at 3:07pm.