

Advisory Council on Aging Meeting Monday, July 13, 2020
2:00-5:00pm CDT
Department of Human Services 3800 E. Hwy 34
Hillsview Plaza – Zoom Meeting

The Advisory Council on Aging meeting was held via Zoom on July 13, 2020.

Members Present - Gerald Beninga, Carol Cameron, Erik Gaikowski, Brett Hoffman, Cheryl Anagnopoulos, Dick Palmer, Jean Person, and Michella Sybesma for Tammy Hatting.

Members Absent – Gale Walker, Deloris LeBeau, Tammy Hatting, and Donna Seaton

Public Participant- Tim Neyhart

Staff present from the Department of Human Services - Yvette Thomas, Beth Dokken, Leslie Lowe, Jennifer Larson, Misty Black Bear, Brooke Templeton, and Jennifer Gant.

Chairman Gerald Beninga called the meeting to order at 2:07 pm CST.

Approval of Agenda- The agenda was reviewed. Motion for approval by Cheryl Anagnopoulos, Dick Palmer second. Motion passed.

Approval of Last Meeting Minutes- Motion for approval of the minutes from October 15, 2019 by Cheryl Anagnopoulos, Carol Cameron second. Motion passed.

LTSS COVID-19 Response (Yvette Thomas)- Mid March, LTSS received instruction for staff to begin working remotely wherever possible. We had a few staff that remained working within the office. Yvette felt the Division was well prepared with laptops and cell phones for remote work. Return to office rollout plans were designated to Cabinet Secretaries. DHS returned to offices on June 1, 2020. There are some staff that continued to work remotely due to either being in the High Risk category or childcare issues.

Centers for Medicare and Medicaid services (CMS) implemented some blanket waivers for states to utilize in response to COVID-19. For example, they lifted restrictions to make it easier for hospital discharges (i.e.- the normal requirements of a qualifying 3 day hospital stay prior to a Medicare covered nursing home stay was lifted, expediting transfers out of hospitals to free up hospital beds); there were also temporary changes that States could request, under an 1135 waiver. South Dakota requested more flexibility in several areas, including the Pre Admission Screening and Resident Review (PASRR) process. In addition, the State was able to submit an Appendix K regarding the HOPE waiver, and other waivers operated by the Department of Human Services. Such requests included, but not limited to increased flexibility in timelines, approval of services at alternative sites, and remote telephonic assessments. The Division also worked with partner agencies to increase flexibilities, such as money designated for congregate meals could be used for home delivered meals, and expanded funding which accommodated a lot more people, through the Families First Coronavirus Act for Nutrition Providers and Cares Act Funds. Both the Families First Coronavirus Act Funds and the CARES act funds are specific pots of money allotted to the Administration for Community Living (ACL) and distributed to States. States then distribute money to providers within their state. For the CARES act funds, provider agencies were asked to send in a spending plan. Additional money may be distributed as a grant program covering unmet expenses. An example would be for Adult Day programs which have lost revenue due to having to close during the pandemic. Dakota At Home was able to take advantage of new technology and upgrade cabling so that intake staff could take their work phone (a Voice Over Internet Phone or VOIP) home and plug into their own internet so that they could start taking live calls again. This was a great enhancement during the work from home period.

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Questions/Comments:

How are our nursing facilities fairing across SD? The Department of Health (DOH) has led the effort since they hold licensure authority over the nursing facilities. DOH provided early guidance following CDC guidance and visitation was and has been restricted to provide enhanced safety from exposure for residents. Facilities are now working on “opening” back up. They have been utilizing more virtual visits and patio visits in the interim. Civil Monetary Penalty (CMP) Fund is a collection of money from nursing homes for deficiencies cited during inspection. The collection of CMP is dictated by the federal government, with the payment being passed back to the State improve nursing home care and quality. The South Dakota Nursing Home Related Associations submitted a request to utilize some of this money to purchase equipment to make virtual visits easier for their consumers. With this funding each nursing facility received a few I-Pads to facilitate virtual visits. The facilities have tried their hardest to maintain visitation on a limited basis and still keep people safe. South Dakota nursing facilities have generally done a good job with keeping spread low, a few experienced some small outbreaks within their facility. DOH did mass testing of both employees and residents of Nursing Facilities and Assisted Living Centers. In order to complete the testing, the resident or employee had to have a Physician’s Order and a consent for testing by the subject. This was completed at no cost to the facilities, as DOH was able to use grant money to fund the testing. Facilities are now moving to sentinel testing (random testing) of at least one patient and one employee per week to watch for positives, again at no cost to the facility.

Senior Health Information and Insurance Education (SHIINE) (Beth Dokken)- SHIINE is a grant funded program provided by the Administration for Community Living (ACL). The main 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 works closely with partners and stakeholders across the state to achieve its goals. The SHIINE program published a Request for Proposal (RFP) last winter to secure a new contractor for the Western and Central regions after the former contractor chose to terminate their contract with the state. Active Generations now covers the Eastern and Central regions and Western SD Community Action Agency covers the Western Region of the state. SHIINE was able to save Medicare beneficiaries \$5,793,943.26 during the last open enrollment period, which is held October 15-December 7th each year. The SHIINE program is mainly compiled of volunteers who assist during Open Enrollment, so the amount of savings we are able to accomplish is quite significant.

The SHIINE program has several media campaigns currently in progress. SHIINE is currently in the process of producing a new television commercial targeted toward education and awareness of the Medicare Savings Programs and Low Income Subsidy program for individuals who meet the income guidelines. These programs help pay for Medicare Part B costs and various costs associated with Part D plans, depending on the person’s income and eligibility. SHIINE is also currently running a radio advertisement to prevent fraud and/or scams specifically around COVID-19. Other means of promoting education and awareness include Facebook advertisements targeted towards preventing Medicare fraud and scams related to Durable Medical Equipment (DME) and COVID-19. SHIINE is also running Facebook advertisements to recruit more volunteers for the program.

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IT System Updates (Yvette Thomas)- The Division has moved away from our prior case management system, SAMS. A new vendor was selected through the request for proposals process. The awarded vendor is Therap. Therap was a system originally built for Developmental Disabilities case management. They were interested in getting into the Aging market so proposed a very attractive offer. They have been modifying the system to fit for LTSS, the last phase is billing. Billing has been initiated as a soft launch, allowing individual providers to start using the billing module at their own pace, but we will need to have a hard go live established in the near future. A major advantage will be that staff will no longer have to maintain authorization information in 2 systems. Therap does not currently have the resources to accommodate the needs of the Adult Protective Services (APS) and Ombudsman programs. This is not an issue, since the ideal situation is that the APS and Ombudsman databases are separate from other systems. APS purchased the LEAPS system from JUMP technology, an off the shelf type of application which was under the cost threshold for the Request for Proposals (RFP) process. The system will complete and submit all national reporting requirements. Intake staff enter reports of abuse, neglect and exploitation directly into the LEAPS system, where the cases are reviewed and assigned for follow up. Additionally, the APS referral link on the DHS website has been updated with a direct link to LEAPS – the report goes directly into the system for review and assignment. This change has decreased the workload and increased the oversight capabilities of APS; we are looking forward to the enhanced reporting capabilities. In the same fashion, the Ombudsman Program has procured the Get Care System from RTZ, another off the shelf type system. This system has similar reporting and recording capabilities as Ombudsmanager. Nutrition and Adult Day providers are now being trained in utilization of Therap as well. For nutrition providers this will mean they will use the same billing process for both Waiver meals and the Title III program.

EVV and Billing Implementation (Misty Black Bear)-

The 21st Century Cares Act requires Electronic Visit Verification (EVV) for all Medicaid funded home and community based personal care services requiring an in home visit by a provider, effective January 1, 2021. EVV requires providers to verify that scheduled visits for in home services occurred. Data is collected electronically during visits including: the type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends. The State has chosen to require EVV for all in home services, both Medicaid and State funded.

GPS location is the best sources of data collection for the location; however, there are other acceptable means to collect the required data when GPS is not available.

The Division of Long Term Services and Supports has been working with their IT solution for EVV, Therap Services, to meet the EVV requirements by the 2021 deadline. The State has implemented a soft go live date in order to allow providers ready to use the State provided EVV system to move forward with doing so. The State's solution also allows providers to use their own systems for EVV if they request to do so and their system can meet the requirements.

HOPE Waiver Amendment (Misty Black Bear)- The HOPE waiver serves individuals 65 or older or those 18 and older with a qualifying disability. Significant changes to the HOPE waiver require CMS approval through an amendment process. LTSS recently submitted an amendment due to a significant change in

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the rate methodology for assisted living services, which is a service available through the HOPE waiver. The change in rate methodology was a result of Senate Bill 147, which required DHS and DSS to work together to review rate methodologies for providers. A workgroup was established to review the assisted living rate methodology. The workgroup recommended rate tiers based on the needs of each individual and additional time needed to serve those with higher needs. The tiered rate methodology was proposed and passed by the legislature in the 2020 session.

The change in rate methodology was the primary purpose of recent HOPE waiver amendment, but LTSS took the opportunity to make additional updates to the HOPE waiver, including: Addition of Adult Day as a provider type for personal care and respite; Addition of language that consumers would receive the most appropriate services by definition, which would require a referral for Structured Family if the participant's situation meets that definition; updated waiver projections for expenditures and participants to reflect actual projections; updated/corrected background check information; and updated frequency for onsite visit for in home providers from annual basis to every 3 years. A July 1, 2020 effective date was requested for these changes. The amendment was submitted for approval in mid-June and LTSS is awaiting approval.

New Service Implementation Updates for the HOPE waiver (Leslie Lowe)- Leslie gave definition of Structured Family Caregiving (SFC) and services offered; purpose is to allow people to keep living at home and receive services from a family member or someone they live with. Leslie shared a numbers chart of those individuals currently receiving SFC services. Currently, there are 75 individuals receiving SFC- Sioux Falls is the area with the highest number. LTSS staff are working on updates with communication to make the process with eligibility smoother with the provider. LTSS has received positive feedback from consumers as well as the principle care givers that utilize SFC.

Questions/Comments:

Numbers are impressive- any projections on future numbers? Leslie believes our projection is around 100 by next year. Currently, there are less SFC services in the West. Staff are working at getting the word out more, creating brochures, creating talking points and promoting the service through Dakota At Home

Erik Gaikowski - Family Caregiving awareness month is in November; AARP would like to alert their members of SFC as a new option. Leslie Lowe will work with Dan Hoblick to share our Public Service Announcements (PSAs) regarding SFC with Erik.

Yvette Thomas- DHS is consciously trying to increase social media posts; Erik (or anyone in the group) can share information with LTSS that they would like to share, and we can get those posted on the DHS side, for example the Family Caregiving awareness month. Erik shared that they are always on the lookout for social media content as well

Updated Eligibility Policy for State Funded In-home Services Program (Jennifer Gant) – The Policy workgroup has been meeting for approximately the last year working on the eligibility policy; the goal is to emphasize our targeted population of 60 and older. The modified eligibility policy, more readily targets those with the highest need, provides more guidance on how to look at assets and resources; and provides a new LTSS application for services. This action will require updates to other policies that

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are somehow touched by the new eligibility policy. The tentative effective date for the updated Eligibility Policy will be Oct. 1 to coincide with the federal fiscal year and reporting requirements

Nursing Home Rate Methodology Review (Yvette Thomas)- During the 2017 legislative session a bill was passed, SB 147, which dictates that the Departments of Human Services and Social Services look at the rate methodology for home and community based service providers at least every 5 years; a committee of Department staff and stakeholders met and developed a consensus framework for the program. The committee looked at several different factors and developed a schedule of which providers would be reviewed each year. For DHS the 1st year In-home care providers (nursing, adult day, home makers and personal care) were reviewed; in the 2nd yr., Assisted Living Center Providers were reviewed. The Assisted Living rate tiers funded in 2020 were a result of this workgroup. Community Support Providers were scheduled for year 3 and nursing facilities for year four. Year five was scheduled to be basically a “free” year. During the 2019 Legislative Session DHS was asked to move up the nursing facilities on the review schedule. Although the Community Support Providers were already in progress, the Department agreed to start on the nursing facility review as soon as possible. The Department used the request for proposal process to hire a consultant. The workgroup made up of representatives from the nursing home industry is in the process of reviewing the methodology; the SB147 review process is about reviewing the methodology, it is up to the Legislature to determine if there is money available to fully fund the methodology. A few comments from the workgroup: the positives include that the methodology is specific to the facility and the individual’s needs; some items that potentially need tweaking: electronic health records in place when the methodology was established. This is an example of changes that are being suggested for the methodology. A quality incentive is also being considered. The consultant is currently working on preparing a summary report of progress to date and recommendations, so the Department has information for a potential budget request. Another wrinkle with nursing home reimbursement is that last year the Centers for Medicare and Medicaid Services (CMS) changed the method by which they make payments to nursing facilities for care covered by Medicare. This change impacts the State’s ability to make Medicaid payments as they were proposing changes in the assessment dataset upon which the Medicaid payment is dependent. A lot of conversation and feedback has influenced CMS to keep the data necessary for current Medicaid payment in place. This will give the State some time to assess how the changing assessment would impact Medicaid payments and State budget.

Caregiver Program Updates (Yvette Thomas)- Updated Caregiver program information was recently sent out to those individuals who are a Caregiver Program participant and have been hiring a private care giver and to providers who provide the services as an agency. In order to prevent any misconception that any of these private individuals were an employee of the State, we needed to revise the reimbursement process. The individual can continue to have a private care giver; however, they will need to pay that individual and request reimbursement from the State. Other options are the caregiver can become an employee of an agency or the individual can choose an agency to provide the service. Services are not being taken away; we’re just changing the way the caregiver is paid.

Progress on LTSS Metrics (Yvette Thomas) As a reminder, these metrics were developed by the LTSS Stakeholder Workgroup in 2017-2018 and handed over to the Advisory Council on Aging for on-going monitoring at the end of that workgroup. Metric 1: ADRC contacts Dakota At Home. The definition of a contact is a phone call, email or walk into a local office. Efforts to increase the number of contacts

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annually are achieved through a media campaign which includes tv advertisement, online social media and magazines. In the upcoming year, we will utilize billboards as well. These efforts have resulted in a steady increase in contacts, though not quite to the level anticipated. The revised goal is for FFY 2020 is 12,500 contacts. Metric 2: Percentage of persons who receive home and community-based services prior to entering a nursing home for services. The target rate for 2020 is 50%. This metric is waiting for a database report to update status. Metric 3: Person Centered Planning: The SFY 2020 goal is that 100% of individuals we serve will have a Person-Centered plan- reflecting what they consider to be a “good life”. Person centered planning has been adopted as a core practice of our Division. The Division began participating in the National Core Indicators – Aging and Disability (NCI-AD) survey and is currently in the process of completing our second year of NCI/AD survey. Questions from the survey are utilized to gauge consumer satisfaction with services.

Metric 4: Low care needs recipients in Nursing Facilities: People with lower care needs are more likely to be able to be supported in home or in the community. The classification of needs is defined and classified by the Minimum Data Set (MDS) assessment completed with every resident of a nursing facility. We have recently compiled 2019 data; the goal was to get down to 13% in 2020; we are currently at 12.9% in 2019.

Metric 5: Rebalancing Medicaid expenditures- the amount of Medicaid expenditures spent on institutional care vs Home and Community Based Services (HCBS). South Dakota’s target goal for FFY 2020 is 22%. Data to date show 25.9% in 2018, and 26.8% in 2019. The Division will continue to reach for the National average of 33%. Yvette will send out a copy of the metrics via email to council members with the meeting minutes.

New Chair Nominations (Yvette Thomas)- Donna Seaton has requested to resign from the Council. Donna has provided many great years of service, but feels the traveling is too difficult at her age. Gerald Beninga has also indicated that he would like to take a break from chairman duties, a role he has filled for quite some time. Chairman Beninga entertained motions for chairperson. After a brief silence and after council members were reminded that State staff were not members and couldn’t nominate or vote, it was up to the Council, Cheryl Anagnopoulos asked a few questions, to which Gerald Beninga shared that State staff are very supportive of the Chair role. Cheryl then offered to fill the position with support from State staff. Carol Cameron moved to cease nominations; Dick Palmer provided a second. A Unanimous vote for Cheryl Anagnopoulos confirmed her as the new Chairwoman.

Input from Council Members- Carol shared that she admires how LTSS was able to continue to do our jobs throughout the epidemic. Brett Hoffman seconded Carol’s comments.

Public Comment- None

Next meeting date tentatively set for this fall and next spring. Beth Dokken will send out a Doodle Poll in regard to dates/times.

Dick Palmer made the motion to adjourn the meeting. Erik Gaikowski seconded the motion. Meeting was adjourned at 4:00pm.