

Advisory Council on Aging Meeting Thursday, October 15, 2019

1:30-4:30pm 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 October 15, 2019.

Members Present - Gerald Beninga, Donna Seaton, Carol Cameron, Erik Gaikowski, Brett Hoffman, Cheryl Anagnopoulos, Deloris LeBeau, Dick Palmer, Jean Person, and Tammy Hatting.

Members Absent – Gale Walker

Staff present from the Department of Human Services - Yvette Thomas, Leslie Lowe, Donna Fischer, Sam Dewell, Krista Miller, and Rhonda Burris.

Chairman Gerald Beninga called the meeting to order at 1:33 pm CST.

The draft minutes of the last meeting on May 9, 2019 were reviewed. A motion was passed to approve the minutes offered by Dick Palmer and seconded by Erick Gaikowski. Motion passed.

New members of the Advisory Council introduced themselves and provided a little background information about themselves:

- Tammy Hatting
- Cheryl Anagnopoulos
- Jean Person
- Deloris LeBeau
- Brett Hoffman

Existing members introduced themselves and provided background information about themselves for the new members.

Long Term Services and Support Overview. Yvette Thomas provided an overview of the Division, which was formerly known as Adult Services and Aging for new members. In 2017, the LTSS Division was moved from the Department of Social Services (DSS), to the Department of Human Services (DHS) by an executive order which included changing the name to Long Term Services and Supports. There are a variety of services offered by LTSS with the goal of keeping people in their own homes and independent for as long as possible. Services that assist with this goal include homemaker, personal care services, chore services, and nursing services to name a few.

- The Medicaid Waiver program allows us to support an individual at nursing facility level of care and provide those services at home. Income and eligibility requirements must be met to qualify for the Waiver services. One of the services available under the Waiver is Structured Family Caregiving which Leslie will describe more thoroughly later. Another service available is residential living in an Assisted Living Center.
- Under the Optional Medicaid State Plan program for personal services, eligible individuals can access personal care, homemaker and nursing; there are service limitations in this program.
- Under the Non-Medicaid funded program, many of the same services such as homemaker, nursing, and emergency response services are available; however, the total annual care plan amount allowed is less. The non-Medicaid program is funded by Social Services Block grant funds, participant fees and general funds. A demonstrated need for services and income guidelines must be met. A sliding scale is used to calculate a mandatory cost share based on the participant's income and resources; some participants have very limited income and are assessed only a voluntary co-pay.
- The Ombudsman program provides advocacy for those in long term care settings including

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nursing homes, assisted living centers, and residential living centers. The Ombudsman team follows up on concerns, provides training and education on resident's rights, visits facilities, provides consultation to facility staff, and mediates disputes between residents.

- Adult Protective Services Unit is also within LTSS. Neglect, self-Neglect, fraud, exploitation, and abuse concerns are investigated and forwarded to law enforcement if there is indication of criminal activity. Every attempt is made to get people out of bad situations; some of these calls results in a referral for services.
- The SHIINE program is funded by three Administration for Community Living (ACL) grants. The volunteer base working with the SHIINE program is outstanding and helps get people in the best plans possible for their Medicare Part D Plans; the plan finder allows volunteers to find the best options based on the prescriptions being taken. Open enrollment for Medicare Part D begins today, October 15. Other activities of the SHIINE program include Medicare fraud awareness and education funded by the Senior Medicare Patrol (SMP) grant from ACL. The third grant program is the Medicare Improvements for Patients and Providers Act (MIPPA), which assists low-income Medicare beneficiaries access programs that help make their health care and prescriptions more affordable.
- Working under another grant from ACL, the Lifespan Respite grant, LTSS is working to develop a respite website and directory for caregivers. The directory will provide a list of individuals who are willing to provide respite care, what locations they are available, and what age group of people they prefer to work with. The directory will also provide a mechanism for determining if individuals on the directory have completed and passed a background check.
- The budget for Individuals supported by Medicaid residing in Long Term Care facilities is also included in the LTSS budget. The trend has shown fewer people are in long term care as more in-home options are being made available through the HOPE waiver program.
- The Adult Nutrition Program is administered by LTSS and includes home delivered and congregate meals. There are 16 nutrition providers, including 5 tribal nutrition providers, who receive reimbursement from the Older Americans Act Title IIIC Nutrition Program.
- LTSS partners with the Department of Transportation (DOT) to support transportation programs for individuals >60 years of age. The service might be utilized to access meal sites, travel to appointments, or attend other activities.
- Legal Services for people >60 are provided under a contract arrangement with East River Legal Services and Dakota Plains Legal Services. Some examples of legal issues include bankruptcy, landlord and tenant issues, etc.
- In response to a question about nursing facility closures, Yvette provided information regarding the Golden Living (Skyline) facilities and the eventual sale to Avantara (Legacy Healthcare). Skyline, which leased the buildings from Golden Living became insolvent as a corporation and Golden Living as Blackhills Receiver petitioned the Court to become the Receiver for the facilities since they owned the buildings. They were able to keep the facilities operational and stabilize operations so vendors could be paid, and the facilities could stay open. Local staff and administration of the involved facilities were critical in assuring the health and welfare of the residents during the transition from Skyline to Blackhills Receiver to Avantara. Two facilities (Mobridge and Madison) were closed by Blackhills Receiver during the receivership period. Residents found placement in other facilities around the state; Medicine Wheel nursing facility in Eagle Butte opened around the same time as the Mobridge closure, so some of the residents were relocated to Eagle Butte. In some cases, this brought them closer to home.

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Jennifer Gant provided an overview of Dakota at Home. The Aging and Disability Resource Center was not widely recognized so it was rebranded to Dakota at Home in 2018. Dakota at Home moved to a virtual call center with 6 staff dedicated to the call line throughout the state 8-5 Central Time Monday – Friday. There is also a link on the website that will allow on line referrals. There has been a noticeable uptick in calls; over 1,000 a month for the last few months. People are learning about us and using this to contact Dakota at Home to make referrals or determine if they meet the qualifications for services. The resource directory associated with Dakota at Home has a map and list of providers throughout the state, and there is a learning library tool on the website. Dakota at Home intake staff offer options counseling to referents, which provides people with options to plan for their future and educates them on the services and supports available to them.

Anyone who logs into the website or calls Dakota at Home has the option to complete a survey. This allows us to ensure the intake specialists are providing good customer service. Direct referrals to other divisions within Human Services is a goal the Division is working toward. Using the phone software utilized by Dakota at Home staff, the Division can track how many calls come in from what parts of state, how many were answered, how many went to voicemail, length of call etc. The case management system includes an intake and referral module where staff log calls, referrals, topics discussed during the call and the outcome of the call. This module also records from where the calls are originating and from whom.

In response to the question about brochures available at Senior Centers, Jennifer responded that yes, we know they are available at some locations. Forms to request brochures are available online. Members noted they appreciated the feature that enables Font size enlargement on the website. In response to the question about advertising utilized, Jennifer responded that Dakota at Home utilizes newspapers, magazines, tv, and radio. DHS has a Facebook page that includes Dakota at Home material.

Rhonda provided information regarding trends in the last few years.

	2016	2019
Adult Protection Services - Consumers	462	1461
Caregive & Respite Unduplicated Consumers	431	449

	2016	2018
Ombudsman Cases	385	352
Ombudsman Consultations Facilities/Providers	247	706
Ombudsman Routine Visits	1901	2102
Ombudsman Complaint Visits	172	241
Ombudsman Information & Consultation to Individuals	160	296

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	2016	2019
Aging and Disability Resource Center Contacts	10380	11170
Consumers	7815	8403
In Home Non-Title XIX	5164	4633
State Plan	625	722
HOPE Waiver	1663	2240

There was discussion regarding fraud and the Elder Abuse Taskforce. The Elder Abuse Taskforce was a Governor appointed taskforce which has since concluded its work. The Attorney General's Office has made staff available to concentrate on reports of elder abuse and financial exploitation. It was also noted that banks are becoming more involved in assisting with monitoring for fraudulent transactions in the accounts of vulnerable, elderly adults.

Structured Family Caregiving. Leslie Lowe provided an updated on the implementation of Structured Family Caregiving. This service officially started in Sioux Falls in April 2019. It has expanded throughout the state the last few months. Under the Structured Family Caregiving program, an agency enrolls as a Medicaid provider and is responsible for assessing the caregiver and home to determine if Structured Family Caregiving will be a good fit. If so, they initiate the fingerprint background check on the principal caregiver and all individuals residing in the home that are 18 ear of age and older. The agency makes the final determination regarding approving a family for Structured Family Caregiving Services. Once approved, the caregiver received support from professional coaches that are employed by the agency and are also provided education and resources specific to the needs of the caregiver. This education and support enable caregivers to continue providing care to their family member longer than they likely would have been able to without the additional support. A portion of the payment received by the enrolled Medicaid provider is passed along to the Caregiver in the form of a stipend. LTSS provides case management services to the care recipient to ensure the recipient's needs are being met. Respite is available to the Caregiver to provide a break from caregiving, and other services which are not a part of the Structured Family Caregiving service, like nursing, can be authorized in addition to the Structured Family Caregiving service. Access to care coaches is available through a secure application or via phone, depending on the preference of the caregiver, and SeniorLink can provide support to the caregiver at any time. In addition, there is a private Facebook community called Caregiver Nation that was created by SeniorLink but is run by the family caregiver community.

Currently, SeniorLink, based in Boston, MA, is the only enrolled provider. Senior Link provides similar services in several different states.

Eligibility for the HOPE Waiver is a requirement for this program. In order to qualify, the care recipient must demonstrate a need for hands on personal care or daily nursing or weekly therapy. The participant and recipient must be family members; either a blood relative or someone that is considered a family member (Fictive Kin). A success story that Leslie shared was about a 73-yr. old woman who is provided

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care by her granddaughter. The granddaughter used the stipend provided by the Waiver Program, through SeniorLink, to fix the family van to allow her grandmother to be able to go out into the community.

Statewide Transition Plan Approval. Leslie explained the Home and Community Based Settings (HCBS) Final Rule that set forth requirements for those receiving waiver services in 2014. The purpose of this Rule was to make sure participants have access to the community and community-based services. The Rule also ensures that consumers do not lose individuals rights when they move into a provider-controlled setting, such as an Assisted Living. The Transition Plan was developed as a roadmap of how the State would ensure compliance with the HCBS Final Rule by the deadline of 3/17/22. Final approval of our State plan was received on 8/8/19. LTSS is currently recertifying all AL facilities to ensure they comply, which includes a facility self-assessment as well as evidence to show they are complying. The facilities must have the rights of the residents included in the resident agreement/handbook. On-site visits by LTSS staff are conducted to ensure all evidence submitted is true and accurate. Consumer experience surveys, completed by LTSS staff visiting with residents, are reviewed to make sure the participant viewpoint is included in the review process and is consistent with what is reported by the center. LTSS will continue to monitor settings on a scheduled basis.

Any facility location attached to a hospital or nursing home is considered a “heightened scrutiny” setting. CMS will review the list of these facilities and the documentation submitted by the State which supports why the State has approved them as a compliant home or community-based setting. A question was asked if there is a fear that the facilities will flip beds from AL to nursing facility beds? That is a possibility as a nursing home with only a few AL beds may relicense those beds as nursing facility beds. If they do so, and no longer have any AL beds in the facility, or are no longer enrolled as a Medicaid provider of Assisted Living services in that facility, they will fall off the heightened scrutiny list. LTSS is in the first 1/3 of all states to receive approval of the Transition Plan.

SHIINE. Yvette provided updates on the SHIINE program on behalf of Caitlin Christensen, SHIINE Director. 35 new volunteers were trained in July & September. 192 people went through recertification training in September and October. 4 individuals completed online training. 4 additional volunteers from the Pierre office will be going through the full training process in a mentored process. Open enrollment for Medicare Part D begins today and runs through December 7. A new and updated plan finder has changed the way counseling sessions are completed; beneficiaries will need to create a new login or login to an existing account with Medicare. From there they will be able to access their current list of prescription drugs and utilize the plan finder to evaluation options. Counseling sessions are anticipated to take a little longer as volunteers become used to the new process.

Most communities have a SHIINE volunteer; if not, they can be referred to a volunteer close to them. It was noted by a member that pharmacists also assist people. This is accurate, and SHIINE has also worked with pharmacists and pharmacy students to increase access to assistance. The STARS reporting system was new last year and was a challenge for volunteers. Over the last year, volunteers were provided with training and step-by-step directions which will improve the ease of use and accuracy of the STARS reporting system. SD is part of the ACL customer satisfaction survey; 100 surveys were received from consumers who attended a training on fraud, each will be called to get feedback on their experience. ACL has also changed how they wanted the savings provided by the SHIINE program

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reported. This year volunteers were trained on how to record original and new plan costs to determine accurate savings provided.

Three Medicare scams surfaced this year: Genetic Testing. This scam targeted individuals to complete genetic testing screening with the suggestion that Medicare would cover the cost. Medicare only covers genetic testing for specific conditions, and if it is specifically ordered by a physician. Medicare card upgrade. consumers were contacted with the request to update their Medicare card which requires them providing information from their current Medicare card, opening them up for fraud. Medicare does not make calls to beneficiaries regarding updates to their cards. Medicare scam related to braces. Consumers were called and asked specific questions relative to knee or joint pains and told they qualified for a brace covered by Medicare. Fraudulent claims were filed to Medicare, and the consumers were sent braces that they did not ask for, often did not match their reported joint pain and that were not requested by their physician. All these scams have been reported to the Office of the Inspector General (OIG) and the SD Attorney General's Office and are under investigation. Questions were asked regarding ways to avoid scams. Education is the key; the SHIINE program continues to provide education and support to ensure the consumers know how to spot and avoid scams and Medicare fraud. The State currently has contracts with 2 agencies that provide Regional SHIINE services. One agency has announced their intent to end their contract 10/31/19. Preparations are ongoing to cover the gaps created by their termination of their contract and to ensure services are delivered. SHIINE Director Caitlin Christensen will be ensuring enrollment events are staffed and volunteers are supported moving forward. Caitlin has already been in contact with all the SHIINE volunteers statewide.

Lunch and Learn. Samantha Dewell provided information regarding the Lunch & Learn Outreach Events conducted over the summer. LTSS staff, in conjunction with contracted Nutrition Providers across the state hosted lunch for community members, listened to their concerns, and provided educational materials regarding the services provided by LTSS and other DHS programs. Other DHS Divisions and programs including Services to the Blind and Visually Impaired (SBVI), Division of Rehabilitation Services (DRS) and Vocational Rehabilitation providers partnered with LTSS to provide additional support and service information. 13 consumers attended in Murdo, 155 in Sisseton, 53 in Martin, 67 in Mitchell, and 31 in Platte. The Sturgis Lunch & Learn event was cancelled until spring due to weather. Members wanted to know what type of questions are asked by consumers during lunch & learn. Sam responded that most questions were relative to specific programs and the availability throughout the State. The dates have not been set yet for the 2020 outreach program; Erik Gaikowski with AARP volunteered to help with advertising for this event in the future. A member asked if advanced care plans are discussed at these events. Brochures with information about advance care planning are distributed as a part of the information packet along with information about Legal Services. A member asked about service limitations and the response was that services are not always available in rural areas due to lack of providers. The Division continues to work on this issue.

Sam also discussed the Nutrition program trends; home-delivered and congregate meals are both projected to increase by 2% this year. All providers throughout the state are working to increase the number of meals they serve to eligible participants.

ASTHO Learning Collaborative. Krista Miller provided an overview of the Learning Collaborative facilitated by the Association of State and Territorial Health Organizations (ASTHO). The Department of

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Human Services (Yvette Thomas and Krista Miller) partnered with the Department of Health (Susan Alverson), AARP (Erik Gaikowski), and the South Dakota Alzheimer's Association (Leslie Morrow), to address cognitive impairment and brain health. The learning collaborative is based on the Healthy Brain Initiative (HBI) Roadmap and 25 specific actions proposed in four domains of public health. South Dakota chose to concentrate on two action steps under "Educate and Empower". The first action step we chose was "Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being." Our second action step was to "Strengthen knowledge about, and greater use of, care planning and related tools for people with all stages of dementia." Over the course of an approximately 9-month period, the team held three virtual meetings with ASTHO and other states to discuss ideas and initiatives.

Our Action Plans included strategies that meet our priority needs and available resources. Caregiver health & wellbeing will be a focus with trainings being provided to caregivers regarding their health and happiness. Brochures will be provided and distributed at outreach events. Social media campaigns are being developed targeting caregivers. Townhall sessions, outreach, and advertising are methods planned to reach as many caregivers as possible. LTSS is promoting National Family Caregiving and National Alzheimer's Month in November through a proclamation from the governor to raise awareness and connect caregivers with services to promote their wellbeing. LTSS is working towards reducing the stigma of dementia by building dementia friendly communities statewide. The collaboration with other states has been invaluable.

Nursing Home Innovation Grants. Yvette provided an update on the grant proposals. \$5M in funding was made available for nursing home innovation grants to encourage innovative thoughts and ideas. 56 applications totaling approximately \$10M in requests were received. A lot of consideration was given to ensuring the proposals were innovative and not something that should have already been provided as part of the service. Some examples of requests were for upgraded call light systems, telehealth, and dementia care training. The process of evaluation continues, and announcement of awards are expected to be made soon.

A member asked about the new provider for nursing facility services, Avantara. Yvette explained that Avantara is the operational arm that purchased the facilities from Golden Living. After the financial instability of Skyline, Golden Living assumed control and operation of the facilities (they owned the physical buildings and had leased them to Skyline) through a petition to the Court as Black Hills Receiver. Black Hills Receiver made the decision to close 2 facilities (Mobridge and Madison) at the beginning of the year, with an additional decision to close Covington in Sioux Falls in August, just prior to the sale of the businesses to Avera. Placement for residents from all 3 closed locations were secured. All remaining facilities were sold to Legacy Healthcare which seems to have a good reputation; reports coming from facilities have been good so far. The sale was effective 7/1/19; however, Avantara is still working on completing the Change in Ownership with the Centers for Medicare and Medicaid Services (CMS) and enrolling as a provider under SD Medicaid. Avantara has a representative sitting on a few State workgroups.

State Long-term Care Ombudsman Report. Donna Fischer provided an overview of the State Long Term Care Ombudsman Report which is prepared each year as a part of the requirement from ACL Administration. The Report is completed after the National Ombudsman Reporting System (NORS) data

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is reported to CMS in January and includes comments and explanations of the trends identified in the submitted data. Once the NORS data has been certified by ACL, the report is compiled. FFY 2018 facts:

- 321 complaints were verified,
- 510 complaints were investigated,
- 2222 routine visits were completed,
- 719 consultations to facility staff were completed,
- 254 complaint visits were completed, and
- 294 consultations to individuals were completed.

These activities were carried out with only 7 staff who cover a large geographical area and work hard to visit nursing facilities monthly. Weather including snow, blizzards, and flooding has been problematic.

The “Top 10” complaints received were reviewed with the members. Care has been the # 1 concern for a while. Challenges identified include needing more education regarding care for people with dementia and mental health concerns and staffing in general. On a positive note, a great example of a community coming together occurred in Madison. When flooding was imminent, and the Bethel facility was at risk, the community of Madison (football team, community members, etc.) moved all the residents AND beds from Bethel nursing home to the Madison Community Center. The residents remained there over the weekend until the danger passed. Donna shared some comments received from consumers and reiterated the Ombudsman Program’s mission to work for the best outcome for the resident.

Donna also shared that ACL recently issued a call for proposals and has awarded funds to 4 groups for 5-year projects to serve non-medical needs of target populations. Focus will be on volunteers taking consumers to appts, visiting, taking consumers grocery shopping, etc. Small stipends or class credits will be issued to the volunteers.

Council Members requested that the handouts and flyers provided at the meeting be sent electronically to the members who were on the phone and/or couldn’t attend.

Dick stated that he has served on a lot of committees, boards, and councils, but the organization and staff here in Pierre is more dedicated than any he has ever known, and he is impressed with the job done here.

Travel reimbursement and w-9 forms were passed out for completion.

Next meeting date tentatively set for spring. Dates for May will be sent out the end of March.

Tammy Hatting made the motion to adjourn the meeting. Brett Hoffman seconded the motion. Meeting was adjourned at 4:37pm.