

The Advisory Council on Aging meeting was held via Microsoft Teams and in person on July 12, 2022.

Members Present – Brett Hoffman, Cheryl Anagnopoulos, Erik Nelson (for Erik Gaikowski), Gavin Van De Walle, Gerald Beninga, James (Jim) Severson, Jean Person, Tammy Hatting

Members Absent – Gale Walker, Richard Palmer (Richard has terminated his term on the Advisory Council on Aging)

Public Participant- Thomas Elness, SD Alzheimer's Association

Staff present from the Department of Human Services -Heather Krzmarzick and Misty Black Bear

Heather Krzmarzick, LTSS Director, introduced herself to the group and a round of introductions was completed.

Chairman Cheryl Anagnopoulos called the meeting to order at 1:10 pm CST.

Approval of Agenda (Cheryl Anagnopoulos)- The agenda was reviewed. Motion for approval by Jim, Tammy second. Motion passed.

Approval of Last Meeting Minutes (Cheryl Anagnopoulos)- Misty sent out notes and distributed to those in person and members were given time to review. Motion for approval by Tammy, Gerald, second. Motion passed.

Long Term Services and Supports Overview

Heather provided a high-level overview of LTSS and LTSS services provided as a refresher for the group. The overview included the LTSS Mission statement, LTSS Service Delivery, LTSS Services and programs and numbers serviced through LTSS programs. Heather described some of the services in more detail as follows:

Structured family caregiving- This service is available through the HOPE waiver program. LTSS pays caregivers to take care of family member in their home. This is a newer service and was implemented in August of 2018.

Chore services- outside the home like mowing and snow removal and chores that could result in a violation of city ordinance.

Community Services, like other service are provided by providers throughout the state.

Congregate and home delivered meals- meals provided for individuals either in their homes or on site.

Adult day- Active Generations in Sioux Falls is an example. Sometimes there are people in the home to take care of the consumer, but they can go to adult day during the day, so their caregiver can continue to work or have respite.

Assisted Living- 24/7 care supervision and assistance as needed. Consumer resides there in a homelike setting.

CLH- newer service- developed around 2017. A couple in SD. The step before AL where the intent is to have a regular home where up to 4 people can reside and have supervision with some services such as meals.

Nursing Facility Care- There are nurses there 24/7.

Adult Protective Services Program- Adult Protective services helps with vulnerable adult situations where our team responds to keep people safe.

Ombudsman Program- works with residents in facilities to advocate for their rights and wishes.

Caregiver services- large focus to promote caregiver services.

SHIINE- volunteers and staff throughout the state to help people with Medicare questions and concerns

Along with Mission, we want people to stay in their homes and communities and have quality services to meet needs.

Nursing Home Closures

There have been closures recently. Heather discussed how South Dakota will always need Nursing Homes and they are a great service, but it's also important to talk about how the closures affect the consumer and communities. Looking nation wide at closures, they are happening everywhere. The trends are related to workforce shortages and declining occupancy. In SD, we have seen the decrease in occupancy, but greater utilization in in-home services as well. Trends for closures to talk about in this group- how to we deliver services to those that are aging and over age 18 with a disability. Thinking of network of aging is part of what we will discuss today. In Heather's personal experience the community's support of a NH is really crucial.

Input from Council Members Future of LTSS

The council broke in to two subgroups and took some time to discuss the future of long-term services and supports in South Dakota. The groups were given several questions (see agenda) to guide the discussion. The larger group reconvened, and each group presented on their ideas.

The following were items of discussion and consideration from Group A:

- Aging in Place- People want to remain independent in least restrictive place as possible. People are wanting community options.
- Closeness to family in community is important to people.
- Workforce aspect and looking at players in health systems are investing in virtual programs.
- Impact on caregivers including the burn out factor.
- Technology- Where can we look at technology- independence and aging in place.
- Support nursing homes, but measures to balance that and in home services.
- Discussed occupancy in nursing homes and the future of occupancy and how different generations may affect the numbers.
- Research shows that people would like more information about options and level of care and services.
- Looking at proactive approach- nutrition counseling and other preventative measures to prevent falls, which can lead people to an institution environment.
- Different levels of services- will we see a shift of people being in hospital be cared for in NH and NH in AL? Do we need to see a shift in that direction?

The following were items of discussion and consideration from Group B:

- Changing the image of LTC could be a good strategy. It's so expensive and it's the thought of where you go to die, so making it more home like could be helpful. Is there a way to get away from institutional and if so moving toward that model.
- People don't want to be a drain on their family, so making sure that we are paying the staff well in the facilities- a point that contributes to nursing home care.

- There seems to be a lot of frustration regarding cost of and people being able to afford LTC- is there a way the state could purchase insurance – lots of LTC insurance carriers getting out of the business. People don't want to lose all of their life savings – people would rather not have to spend down.
- This is a hard field to work in, so recruitment and retention is important.
- Different levels of care- getting away from all federal regulations and civil monetary penalties- could there be a state funded program to get away from all the regs?
- Infrastructure changes due to infrastructure getting old. How can we share resources across services?
- Focus on rural. Need to embrace nursing homes as they are a vital part of the community, but small communities really difficult to keep going.
- Nutrition services can be vital, so if there is a way to get that going, that would be great.

Heather asked the group if there are high priorities. She mentioned that it seemed that the groups kept coming back to the community living homes, so digging into the reason community living homes haven't taken hold. Group members mentioned how funding and housing could be biggest hurdles.

Gavin talked about one initiative he has read about, the Greenhouse Project. According to what he knows it is more community based, so wouldn't be as highly regulated and seems to fit the model that is the most desired. All residents have their own rooms, it's more open and less institutional

Jean talked about a concept, similar to something like Extreme Makeover where they build a smaller house for families in need. Could we somehow a bigger house for these types of communities. Jim mentioned the Governor's Home concept. Tammy mentioned that long term services has been a popular topic in legislation. They've bumped up the rates.

Bret asked about Structured Family (SFC) and Community Living Home (CLH) options– and if they have been successful, grown etc. Misty gave information regarding SFC, CLH updates. SFC has grown more and currently serves approximately 150-170 people. SD has two licensed CLH. One currently takes Medicaid consumers, the other does not.

Tammy inquired about the PACE program. No one in the group had a lot of information about this program.

Heather spoke to a pilot program that DSS is doing that we may be able to collaborate with. The focus is preventative health and might be interesting to partner with them. According to Erik Nelson, the State just applied to the program, so it is very new, and AARP has some people on the Advisory Board for this group.

Heather showed map of Assisted Living and Nursing Homes so members could get an idea of where those providers are located today.

Misty advised that Richard Palmer has resigned from his membership on the council. Gerald asked about term length. According to correspondence located from past documents the term is three years

with no limit. Heather advised she will be submitted nominations to the Governor's office for the two vacancies at this time.

Public Comment

There were no public comments.

Next Meeting

Tuesday October 11, 2022 is the next meeting. meetings will continue to be held.

Tammy and Cheryl both indicated the hybrid is nice. Gerald suggested we gather once a year for an in person.

The group agreed it would be good to have next meeting in person, especially if we would be brining any recommendations to the legislature.

Gerald suggested it would be nice to see numbers of level of care pre covid and post covid. Cost per person may also be beneficial. Legislators sometimes like to see this, so education and where we are at with statistical information can be important.

Jim motioned to adjourn the meeting. Gerald second. Motion passed and meeting adjourned at 2:48 PM.