



# **Regulation of Nursing and Assisted Living Beds**

**Interim Committee**

**July 12, 2016**

**South Dakota's Long Term Care Study Update**

# ADULT SERVICES AND AGING

## CONTINUUM OF LONG TERM SERVICES AND SUPPORTS

**HOME AND COMMUNITY**

**INSTITUTION**

CONGREGATE MEALS  
 HOME DELIVERED MEALS  
 TRANSPORTATION  
  
 PREVENTIVE HEALTH  
 PRESCRIPTION ASSISTANCE  
 INTAKE  
 INFORMATION AND REFERRAL  
 OPTIONS PLANNING  
 CASE MANAGEMENT  
 HEALTH INSURANCE COUNSELING (SHIINE)

CAREGIVER/RESPITE  
 HOMEMAKER SERVICES  
 ADULT COMPANION  
  
 PERSONAL CARE  
 IN-HOME NURSING  
 EMERGENCY RESPONSE  
 SPECIALIZED MEDICAL EQUIPMENT  
 SPECIALIZED MEDICAL SUPPLIES  
  
 PROTECTIVE SERVICES  
 LEGAL SERVICES

ASSISTED LIVING  
  
 MEDICATION MANAGEMENT  
 ASSISTIVE DEVICES  
 HOME MODIFICATIONS  
 ADULT DAY SERVICES  
  
 OMBUDSMAN

PASRR  
  
 ADULT FOSTER CARE  
 HOSPICE

NURSING  
FACILITY

**INDEPENDENCE**

**DEPENDENCE**

# Community-Based Services

## Annual Expenditures (FY15):

Assisted Living	\$9.0 million
Homemaker/Nursing (Medical Services & ASA)	\$13.9 million
Senior Meals	\$4.3 million

## Annual Number Served (FY15):

Assisted Living	720
Homemaker/Nursing	5,458
Senior Meals (average monthly number of consumers served)	4,870

## Number of Providers (FY15):

Assisted Living	123
Homemaker/Nursing	37
Senior Meals	17

## Nursing Facility

Annual Expenditures: \$136.2 million

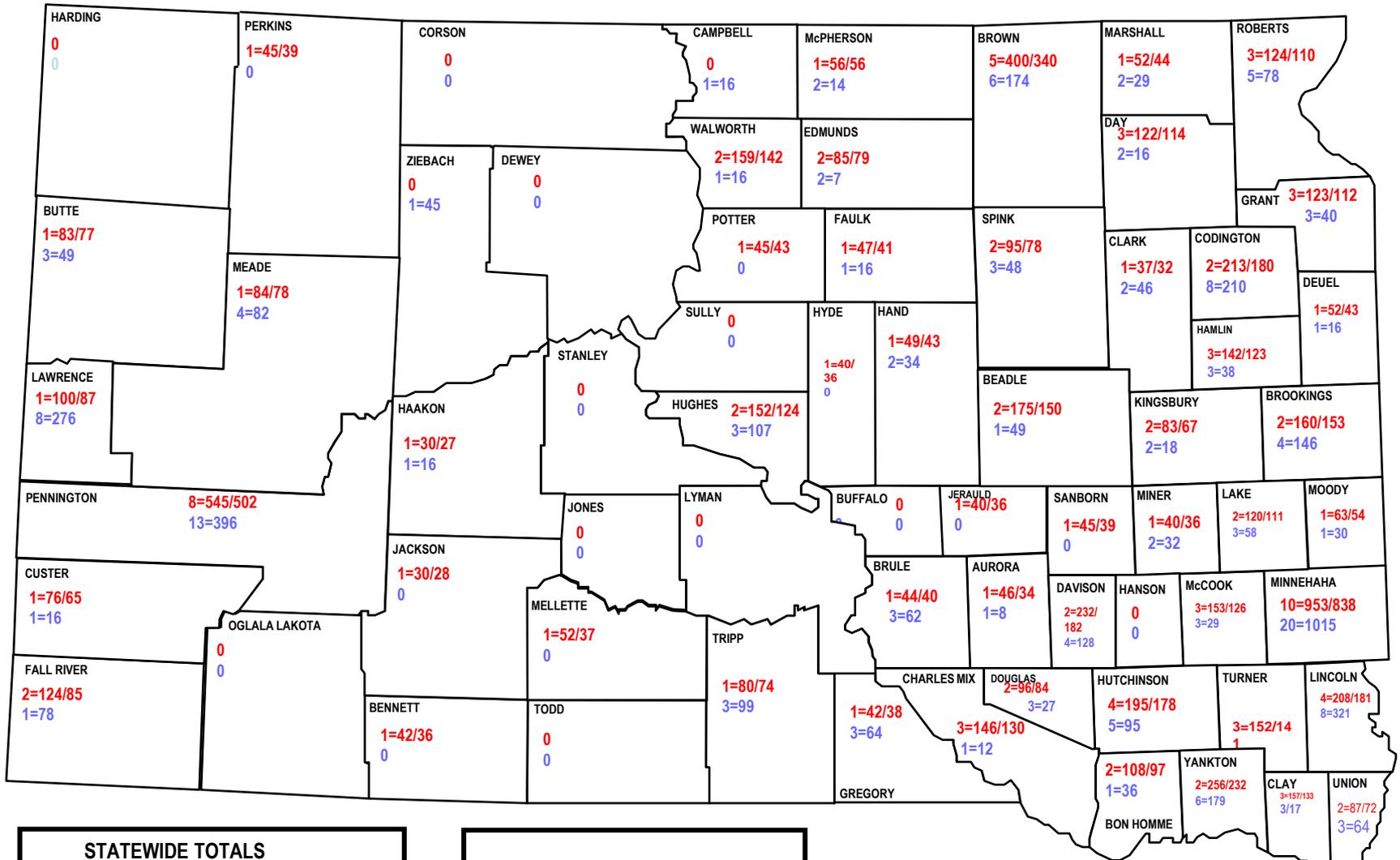
Annual Number Served: 3,252

Number of Providers: 110

9 facilities designated as Medicaid Access Critical  
(SDCL 34-12-35.5)

- Medicaid pays for approximately 55% of nursing facility residents in South Dakota
- SFY 2016 average facility daily rate \$132.33

# Nursing Facility & Assisted Living Beds 2016



**STATEWIDE TOTALS**  
 Number of Nursing Facilities = 110  
 Licensed Beds = 6885  
 Occupied Beds = 6027  
 Number of Assisted Living Centers = 164  
 Licensed Beds = 4433

Number of Moratorium Beds = 8039  
 Moratorium Occupancy % = 74.97%  
 % of Beds Occupied = 87.54%  
 May 2016

# History of Abt Long Term Care Study

## 2007 Study Key Findings

- Rapidly aging population with elderly population expected to double by 2025
- Geographic mismatch where services existed and where elderly population was expected to grow
  - Projected higher West River vs East River
  - Rapid City and Sioux Falls greatest growth rates.
- Higher rates of nursing home bed utilization & lower rates of HCBS compared to national indicators

## 2015 Study Key Findings

- Growth in elders has slowed relative to 2007 projections with elderly population expected to grow by 84% in the year 2035
- Growth rates for elderly and disabled are again projected to be higher West River vs East River
- Rapid City and Sioux Falls continue to see greatest growth rates as seniors migrate toward more urban areas and medical centers

# History of Abt Long Term Care Study

## 2007 Study Key Findings

- SD 10<sup>th</sup> in nation with 61 licensed nursing home beds per 1,000 elders
- Nursing home utilization = 6.4%
- SD 15<sup>th</sup> in nation for available assisted living beds
- SD 2<sup>nd</sup> lowest in the nation for Medicare skilled care utilization
- Low utilization of home and community-based services

## 2015 Study Key Findings

- SD 16<sup>th</sup> in the nation with 48 licensed nursing home beds per 1,000 elders
- Nursing home utilization = 4.7%
- SD 16<sup>th</sup> in the nation for available assisted living beds
- 2015 study – SD remains 2<sup>nd</sup> lowest nationally
- No evidence of perceptible shifts in availability of home and community-based services

# History of Abt Long Term Care Study

## 2007 Recommendations

- Study identified three scenarios to address future demand for services:
  - Scenario 1 – do nothing
  - Scenario 2 – take moderate steps to address future demand
  - Scenario 3 – take aggressive approach to address future demand

## 2008 Long Term Care Task Force Formed

- Charged with developing recommendations and using the most aggressive approach to addressing future demand
- Task Force developed seven recommendations

## 2008 LTC Task Force Recommendations

1. Develop a Single Point of Entry system for long-term care services
2. Expand and enhance existing home and community-based services
3. Implement an access critical nursing facility model
4. Right-size the nursing facility industry by realigning moratorium bed levels to reflect projected demand for nursing facility services
5. Expand nursing facilities through a Request for Proposals (RFP) process developed by state agencies for areas in the state that will need additional nursing facility services
6. Maintain a sustainable financial infrastructure for the current and future system of care
7. Collect data and analyze the need for additional assisted living facilities

## 2015 Conclusions - Long Term Care Study Update

- Policy changes made by the state have successfully accelerated the decline in nursing home utilization, reducing the gap relative to national utilization rates
- Assisted living utilization has increased in parallel
- No concurrent increases in skilled Medicare home health or home and community-based services have occurred

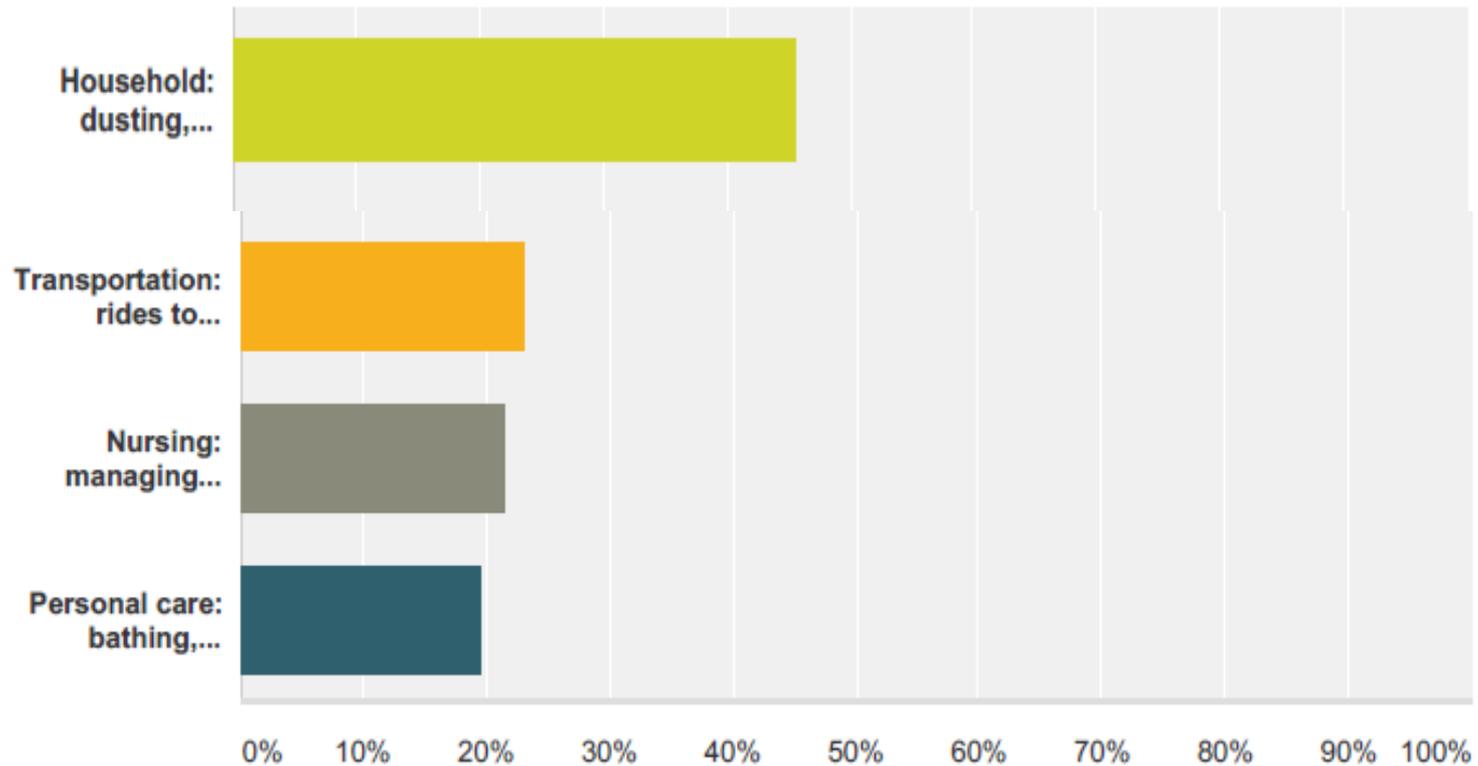
# 2015 Recommendations - Long Term Care Study Update

1. Further explore care preferences and gather more information regarding informal or other supports that elders are utilizing in lieu of seeking assistance from state programs
2. Continue to expand and enhance HCBS and other community-based care
3. SD should continue to utilize options counseling through the ADRC to educate consumers and families about community-based care alternatives, in attempts to reduce nursing home admissions

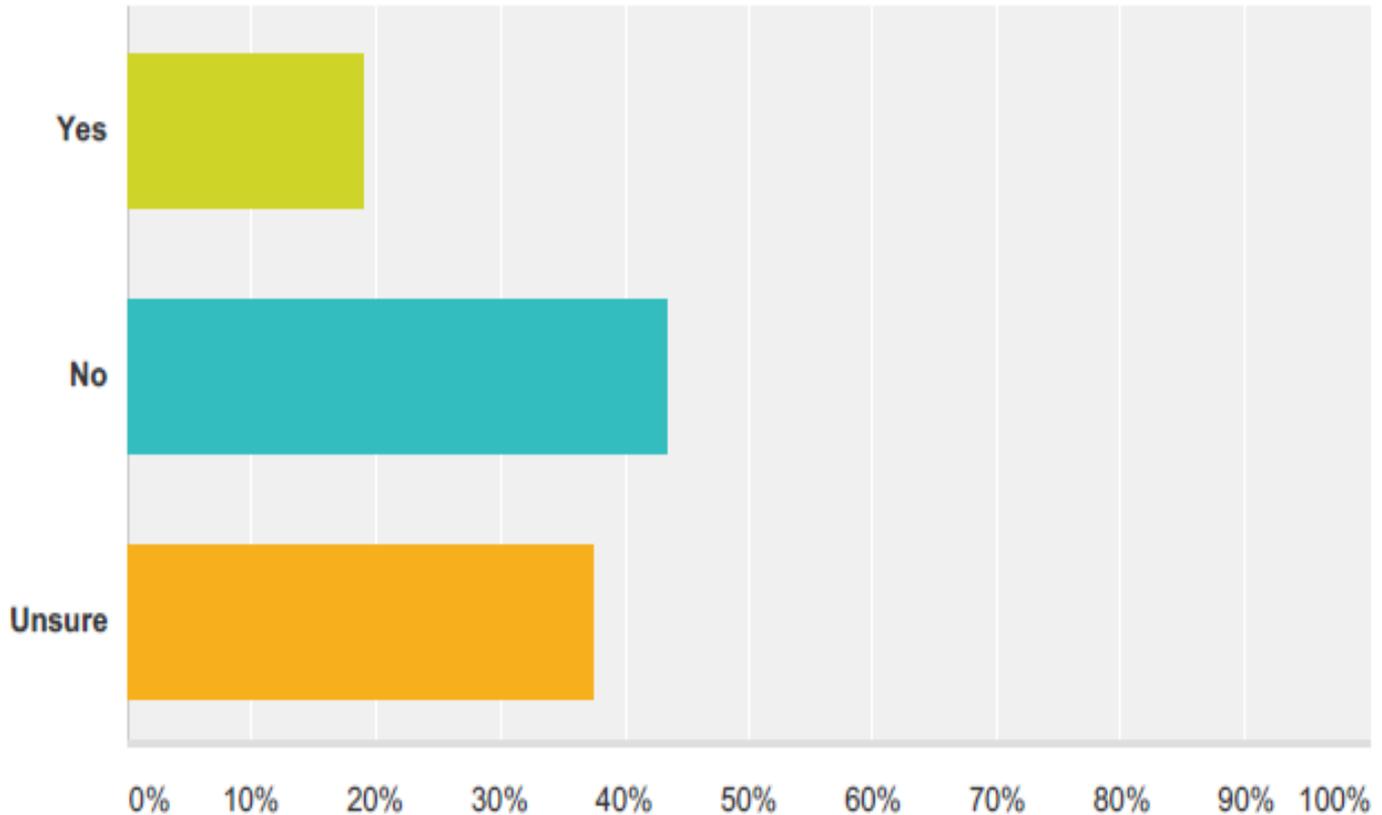
## Progress Following 2015 Updated Study

- Developed Consumer Survey to identify service needs, awareness of services and determine natural supports currently being utilized
  - 7,500 surveys were distributed
  - Approximately 1,000 responses
  - 63% are supported by DSS services; 27% are supported by family and 22% by private paid provider

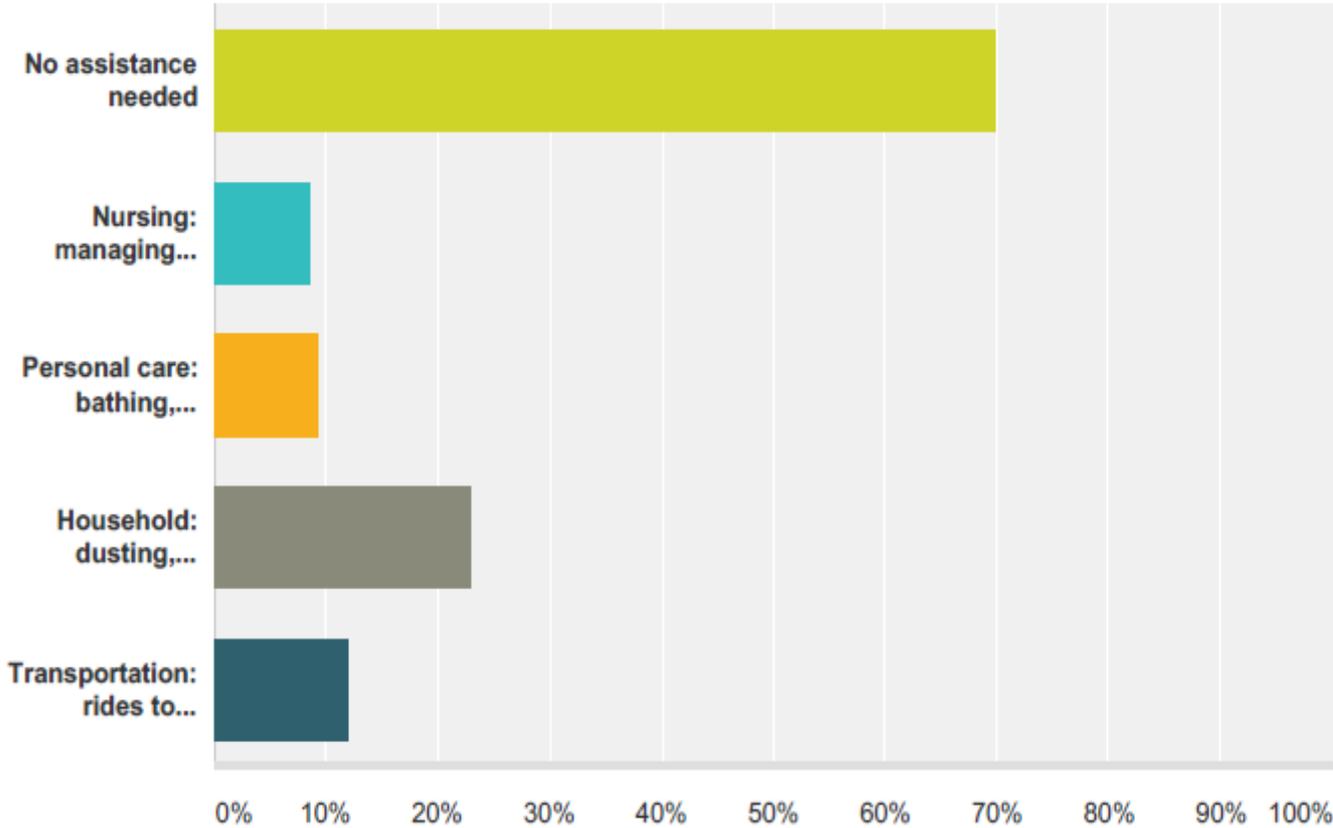
# Current in home assistance received



# Without services, I could remain at home



# What would help you remain at home?



## Progress Following 2015 Updated Study (Con't)

- Formed Adult Services and Aging Home and Community-Based Services Workgroup to focus on rebalancing the long term services and supports system
  - View online <http://dss.sd.gov/asa/hcbsworkgroup.aspx>.
  - Goals were to evaluate barriers to Medicare skilled home health utilization and increase availability of home and community-based services and supports
  - Stakeholders including government agencies, providers, legislators and other interested parties met three times from May - August, 2015
  - Workgroup had four recommendations

## Recommendation #1 - ASA HCBS Workgroup

1. Provide education and training to health care practitioners on reimbursement availability for physician oversight of Medicare skilled home health services and support and education on the reimbursement request process
  - Collaborating with stakeholders to determine education and training currently available and identify gaps

## Recommendation #2 - ASA HCBS Workgroup

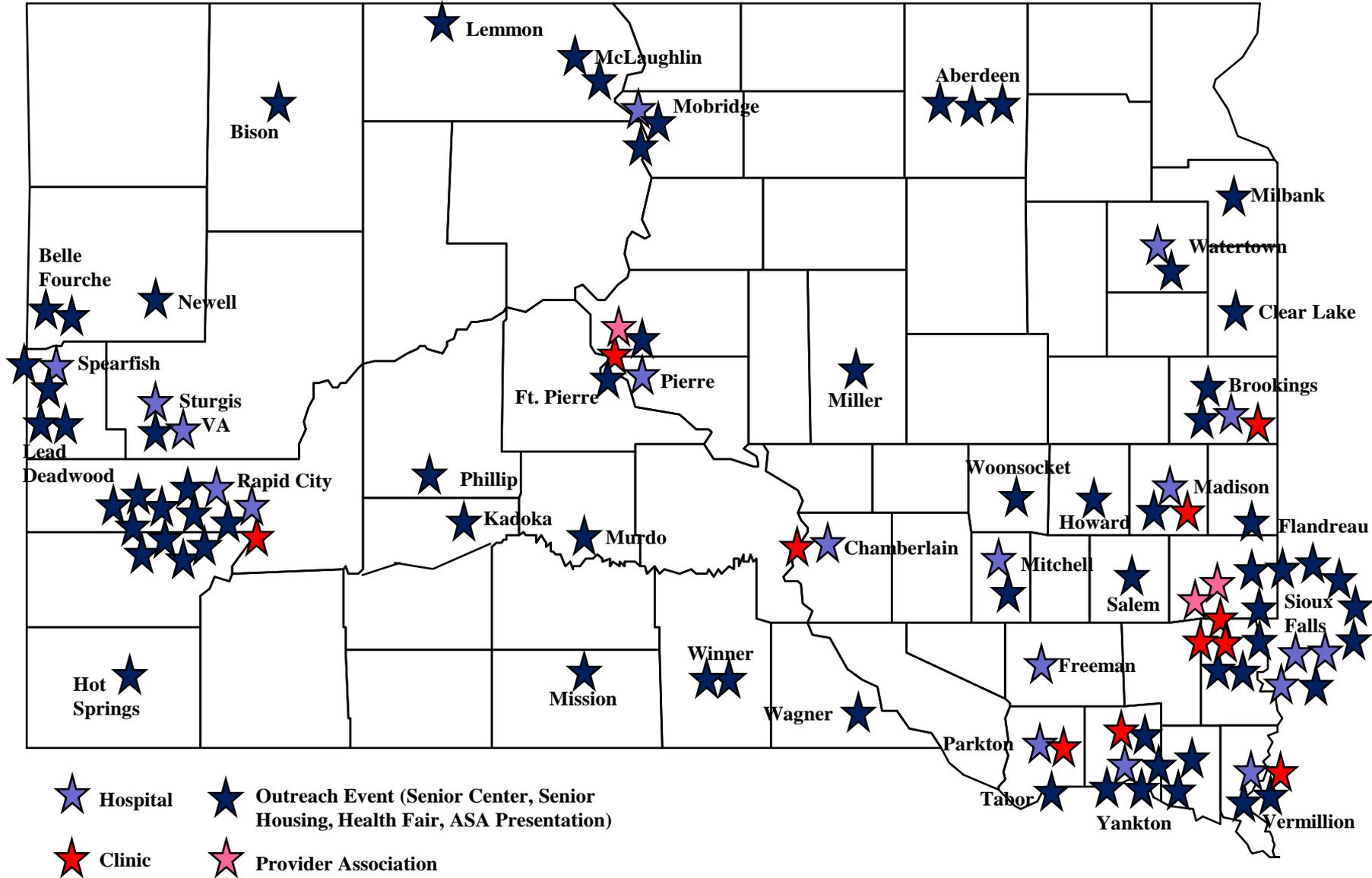
2. Analyze expansion of home and community-based waiver services including training and counseling for unpaid caregivers as well as compensating for the expenses related to live in caregivers; chore services; assistive technology; non-medical transportation; vehicle modifications; community transition services; and day habilitation
  - Waiver renewal includes the addition of chore services; expansion of specialized medical equipment definition to include assistive technology; increase in earned income allowance for Assisted Living Waiver consumers; increase in standard needs allowance for In-home Waiver consumers
  - Exploring non-medical transportation, vehicle modifications, community transition services, day habilitation for future
  - Active Generations is piloting stress buster classes for caregivers
  - Education to providers on how to compensate caregivers/relatives

## Recommendation #3 - ASA HCBS Workgroup

3. Enhance awareness and understanding of the ADRC process through presentations and education

- ASA staff continue to present information on the Aging and Disability Resource Connections Call Centers, Information and Referral, Options Planning, and assistance to access home and community-based services available through ASA
- Presentations are given to provider associations, hospitals, clinics and other stakeholder groups to enhance awareness and understanding of the ADRC process to access services

# ASA Outreach



## Recommendation #4 - ASA HCBS Workgroup

4. Review ADRC process, and work with home health providers and targeted consumer groups to ensure smooth transitions between hospital and home for individuals by enhancing the Hospital Discharge Referral Protocols developed by ASA and the ADRC Workgroup Partners

- ADRC Hospital Discharge Referral Protocol has been updated and is being shared with hospitals and clinics to assist with the transition process
- In-home providers required to communicate all ASA consumer hospitalizations with ASA to assist with the transition process

## Conclusions

- Federal efforts are ongoing with emphasis on home & community-based services, providing access to care in the least restrictive environment possible and supporting integration into the community
- CMS placed an emphasis on home and community-based services in the HCBS Settings Final Rule
  - Maximizes the opportunities for participants in HCBS programs to have access to the benefits of community living and allows participants to receive services in the most integrated setting
  - States are required to ensure compliance with federal regulations

## Conclusions (Continued)

- Federal efforts are consistent with stakeholder workgroups, Task Force recommendations and 2007 and 2015 Studies which all support expansion and enhancement of home and community-based services and transitioning people from institutional settings into community settings
- Adequate capacity of nursing homes exist in SD
- Focus will remain on expanding & enhancing HCBS

## Resources

- 2007 & 2015 Long Term Care Study Final Reports  
<https://dss.sd.gov/keyresources/news/reports/default.aspx>
- DSS Occupancy Report  
<http://dss.sd.gov/docs/asa/rptoccupancyreport.pdf>
- HCBS Settings Final Rule <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>
- View the Statewide Transition Plan at  
[https://dss.sd.gov/docs/medicaid/hcbs\\_revised\\_stp.pdf](https://dss.sd.gov/docs/medicaid/hcbs_revised_stp.pdf)



**THANK YOU!**