

DHS Strategic Plan - Goal One Objective One

Pre-Employment Transition Services

Increase the number of students receiving Pre-Employment Transition Services by 10% by State Fiscal Year 2020.

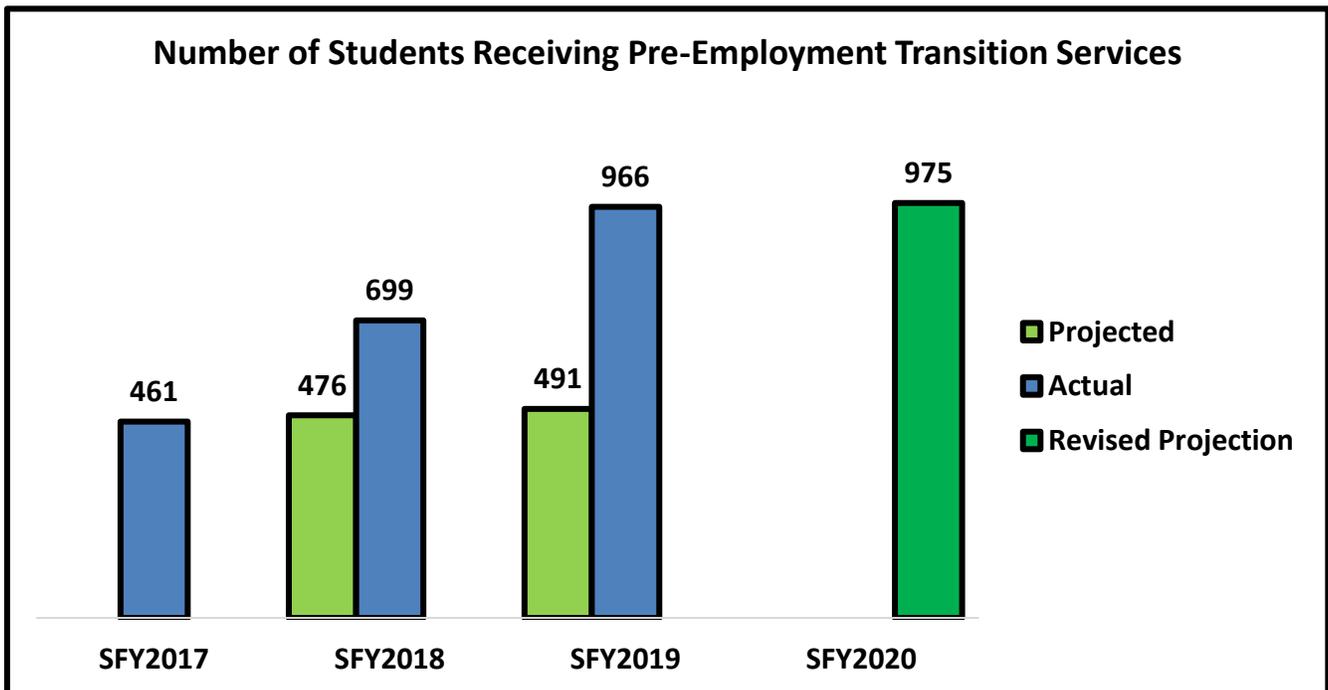
SFY2017 Baseline	Updated SFY2020 DHS Target
461	975

Significance: Research shows that South Dakota students with disabilities who participate in Vocational Rehabilitation and receive Pre-Employment Transition Services are 60% more likely to be employed or in post-secondary education after they graduate from high school. Under the Workforce Innovation and Opportunity Act, 15% of the VR funds must be used for services that facilitate the transition of such students from the receipt of educational services in school to postsecondary life.

Definition: Pre-Employment Transition Services defined in 34CFR§361.48(a)(2) includes job exploration counseling, work-based learning experiences, counseling on opportunities for postsecondary, workplace readiness, and self-advocacy trainings.

Data Source: VR Federal Case Service Report.

Update: Goal Achieved. The SFY 2018 & 19 actuals exceeded our expectations by 37%. This was a result of a concerted effort by the department to increase focus on serving more students. Due to achieving the goal sooner than projected, the department has updated the SFY 2020 projection. The department anticipates that performance on this measure will plateau in future years.



DHS Strategic Plan - Goal One Objective Two

Rebalancing of Medicaid Expenditures

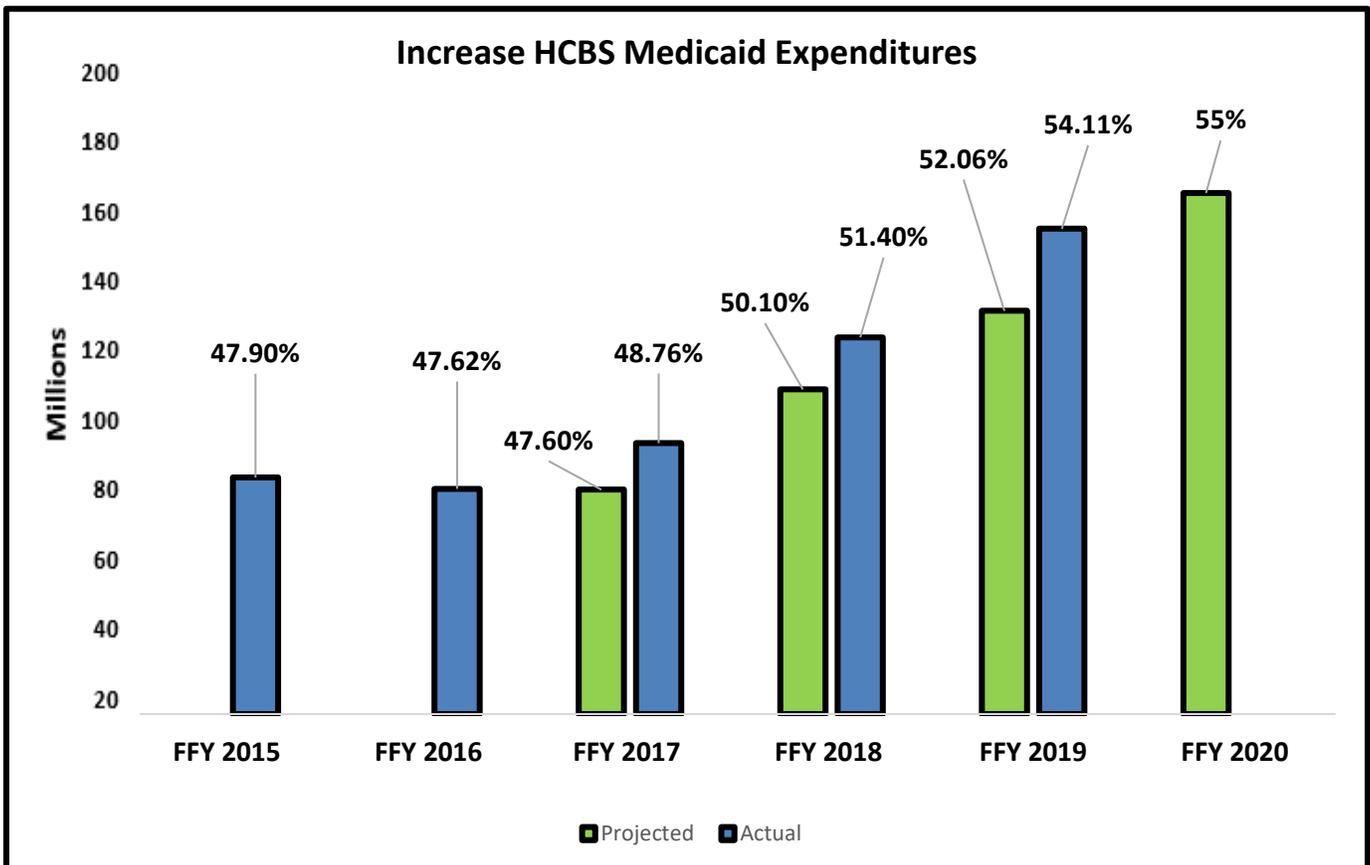
Increase the percentage of Medicaid expenditures going to HCBS for individuals with disabilities from 47.9% in 2016 to 55% by Federal Fiscal Year (FFY) end 2020.

FFY 2015 Baseline – SD HCBS	FFY2020 DHS Target	U.S. Median
47.9%	55%	51%

Significance: Despite an overwhelming preference among people to receive services in their home and communities, Medicaid expenditures continue to be spent on institutional care. As people live longer and grow older, the need for supports will increase significantly. Developing and sustaining a high- performing system of care, complete with robust home and community options, will be imperative for sustainability.

Data Source: Medicaid Expenditure Data, SD Department of Social Services. Medicaid.gov – community-based services by state

Update: Through concentrated efforts to expand the options for Home and Community-Based services for all individuals supported through Department of Human Services programs, the department has made significant process toward increasing the percentage of Medicaid expenditures in Home and Community-Based services and is on track to meet or surpass the FFY 2020 goal.



DHS Strategic Plan - Goal One Objective Three Person Centered Planning

Ensure 100% of individuals with disabilities receiving Home and Community Based Services (HCBS) will have a person-centered plan that contributes to a good life as defined by that person by State Fiscal Year 2020.

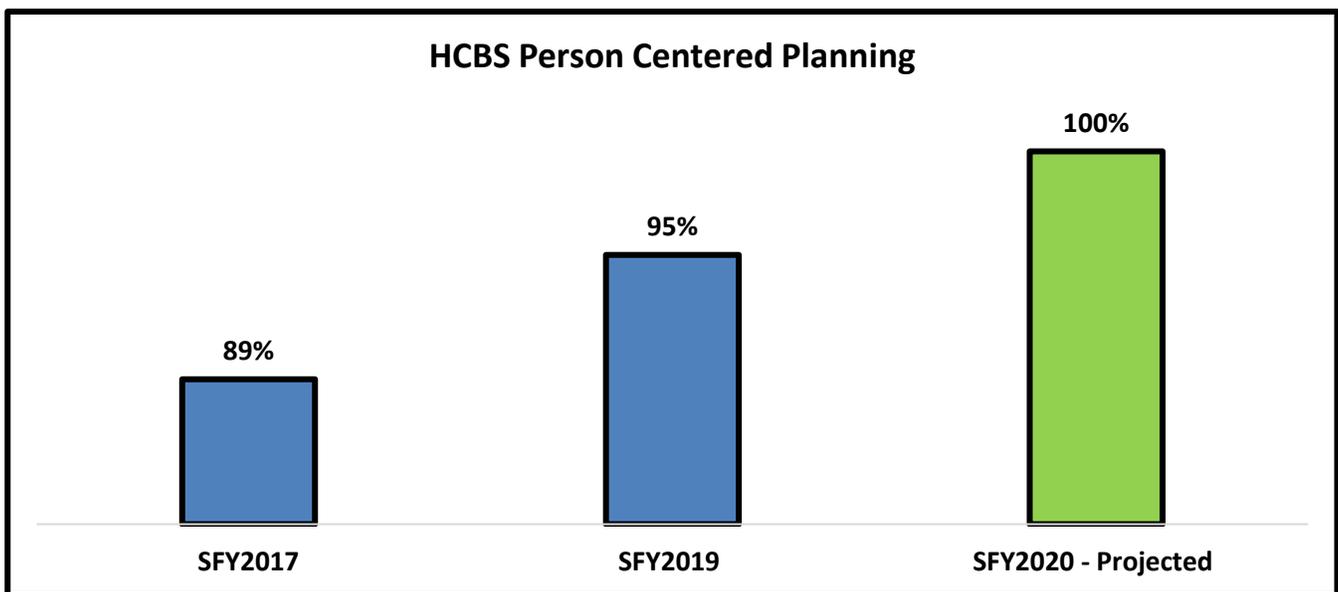
SFY2017 Baseline	FFY2020 DHS Target	U.S. Average
89%	100%	91%

Definition: Percent waiver participants who have a good life as they define it as a result of HCBS services and supports.

Significance: The Home and Community Based Services Settings Final Rule requires “person centered planning that that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals, reflects services and supports (paid and unpaid) provided, and assists the individual in achieving personally defined outcomes in the most integrated community setting.” All services and supports provided or facilitated by DHS should be designed in a manner that is directed by the individual with disabilities with the contribution others chosen by the individual.

Data Source: National Core Indicators Consumer Survey 2015-2019.

Update: In SFY 2017, the Division of Developmental Disabilities (DDD) began tracking participant satisfaction survey results relevant to person-centered planning. The Division of Long-Term Services and Supports (LTSS) began implementing person centered planning after joining the department in 2017. LTSS has completed their first year of the NCI-AD survey in SFY 19 and is completing a second year in SFY20. This performance data will be gathered in alternating years between DDD and LTSS going forward.



DHS Strategic Plan - Goal Two Objective One LTSS HCBS Workgroup

Aging and Disability Resource Center Contacts: Dakota at Home

Increase the number of contacts to Dakota at Home, South Dakota’s Aging and Disability Resource Center (ADRC), to 14,000 by Federal Fiscal Year end 2020.

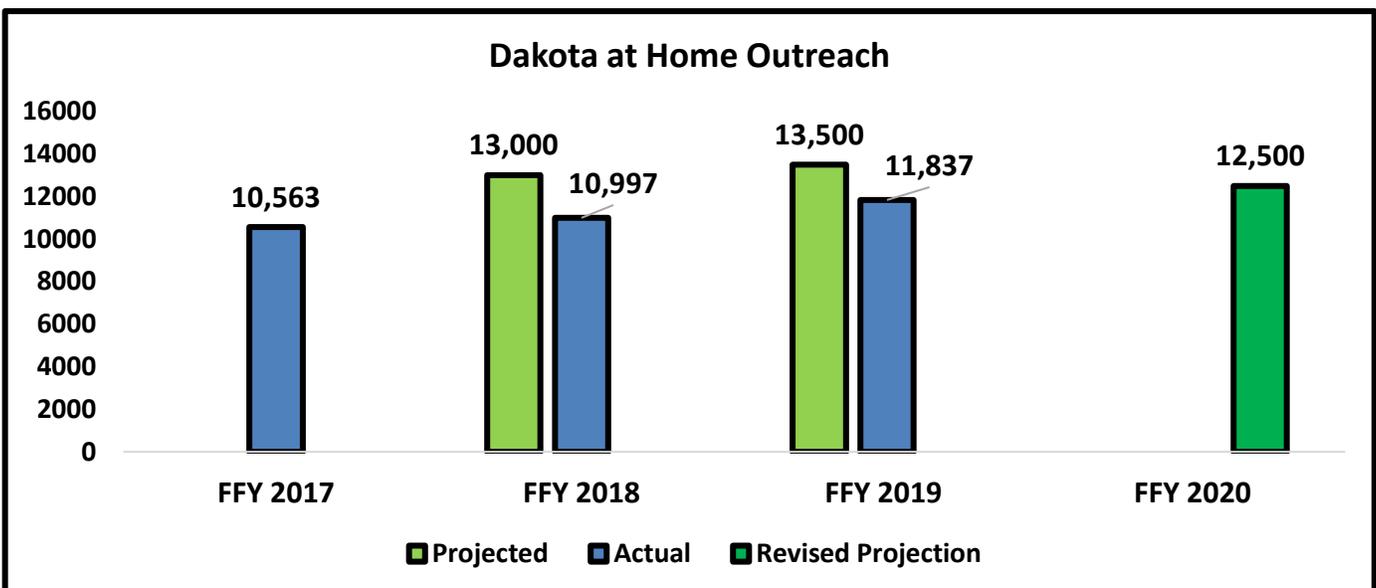
FFY2017 Baseline Dakota at Home Contacts	Updated FFY2020 DHS Target
10,563	12,500

Significance: South Dakota’s No Wrong Door system streamlines access to Long Term Services and Support options for all populations and all payers. Tailored support is the heart of the Person and Family Centered Practice approach and an essential component of the No Wrong Door network. No-cost options counseling services through Dakota at Home minimize confusion, enhance individual and family choices, and support informed decision making through program outreach, referrals, assessments, functional and financial eligibility determinations.

Definition: Contacts including phone calls, email or in-person visits to the ADRC center per federal fiscal year.

Data Source: Social Assistance Management System Intake/Referral Data Center.

Update: The department continues to move toward our goal of increasing the number of contacts to Dakota at Home. The Dakota at Home media campaign remains in place, which includes advertising on television, online, and social media platforms. We have been seeing a steady increase in Dakota at Home outreach each year, however growth has been slower than originally projected. Therefore, the department has outlined a new growth projection for FFY 2020.



DHS Strategic Plan - Goal Two Objective Two

Expanding Service Options

Expand service options by increasing the number of program participants receiving supports through Shared Living by 25 people by Federal Fiscal Year (FFY) end 2020.

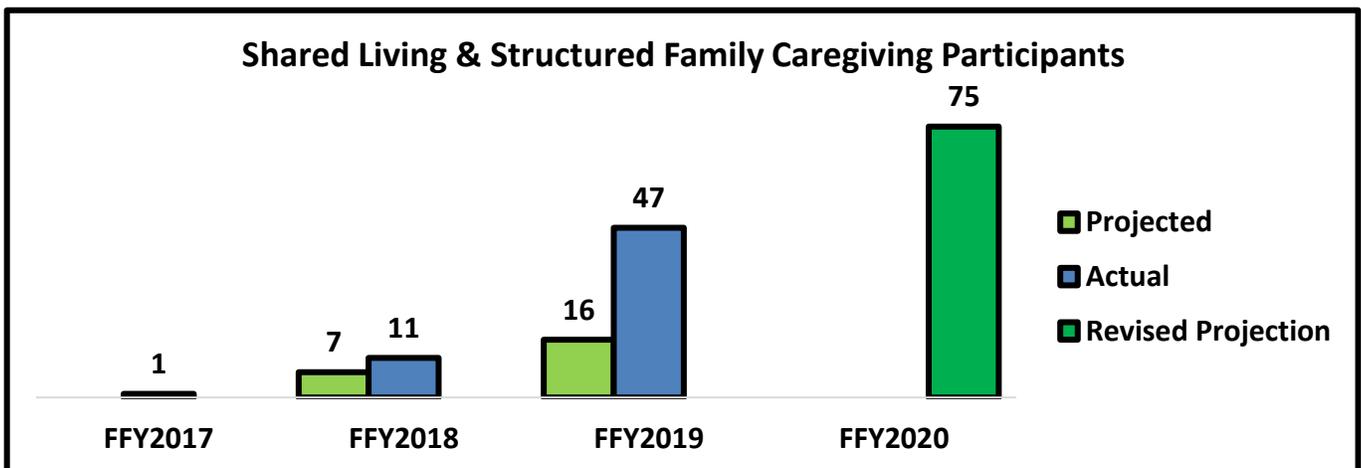
FFY2017 Baseline	Updated FFY2020 DHS Target
1	75

Significance: Shared Living/Structured Family Caregiving (SL/SFC) offers an independent and person-centered approach to delivering the supports a person with a disability needs to remain successful in their community. SL/SFC is a cooperative sharing of space and supports between adults. The person with a disability becomes part of the fabric of the SL/SFC provider’s life, the provider’s family, home and community. The SL/SFC model is proven to be a good means for providing true inclusion in a person’s community when the individual is matched with the right caregiver and well supported.

Definition: Shared Living is an arrangement of services provided in the private home of a CHOICES participant, or a family, in which care is provided to a CHOICES participant. Structured Family Caregiving provides an opportunity for HOPE waiver participants to either move into a home of a family member who will provide daily service and support or have the family member move into the home owned by the HOPE participant and provide daily services and supports. In exchange for providing these supports, the family receives a stipend.

Data Sources: Data sources includes DDD and LTSS waiver performance.

Update: Goal Achieved. In the past two FFYs, the department has exceeded participant totals by expanding service options. Our hope is to see Shared Living become one of the most commonly received services within the CHOICES program and, by doing so, expand the provider workforce and increase participant outcomes and satisfaction. The implementation of Structured Family Caregiving in FFY 19 has helped increase the figures shown below. As Structured Family Caregiving is expanded statewide, the department is hopeful that utilization will continue to increase driving improved participant outcomes and satisfaction. Due to the success of Shared Living and Structured Family Caregiving in the past two years, the department has projected a new goal for FFY 2020.



DHS Strategic Plan - Goal Three Objective One

Respite Care Provider Directory

Increase the availability of respite care providers listed on the Respite Care directory from 0 in Federal Fiscal Year (FFY) 2017 to 50 across the state by FFY end 2020.



Significance: Respite is one of the most important components in alleviating caregiver stress; respite breaks add longevity to a caregiver’s ability to support their loved ones and family at home for lengthy periods of time.

Definition: Individuals providing respite (excluding agency providers) included on the South Dakota Respite Coalition Directory that are experienced, able and willing to provide respite care.

Data Source: South Dakota Respite Coalition Respite Provider Directory.

Statistical Trend: FFY (Oct 1-Sept 30).

Update: No new data to report. The department continues to work with the South Dakota Respite Coalition to create a new Respite provider directory and Respite website. Both components are very close to implementation; however, the initiative has been delayed due to a sudden staffing vacancy (medical issues) which has temporarily postponed Respite Coalition meetings. The Division of Long-Term Services and Supports (LTSS) is currently working to fill the vacated position. We expect to launch the new website and provider directory by April 2020.

DHS Strategic Plan - Goal Three Objective Two Supporting People Through Technology

Increase the percentage of waiver participants utilizing technology that promotes independence and reduces reliance on paid supports 10% by Federal Fiscal Year (FFY) end 2020.



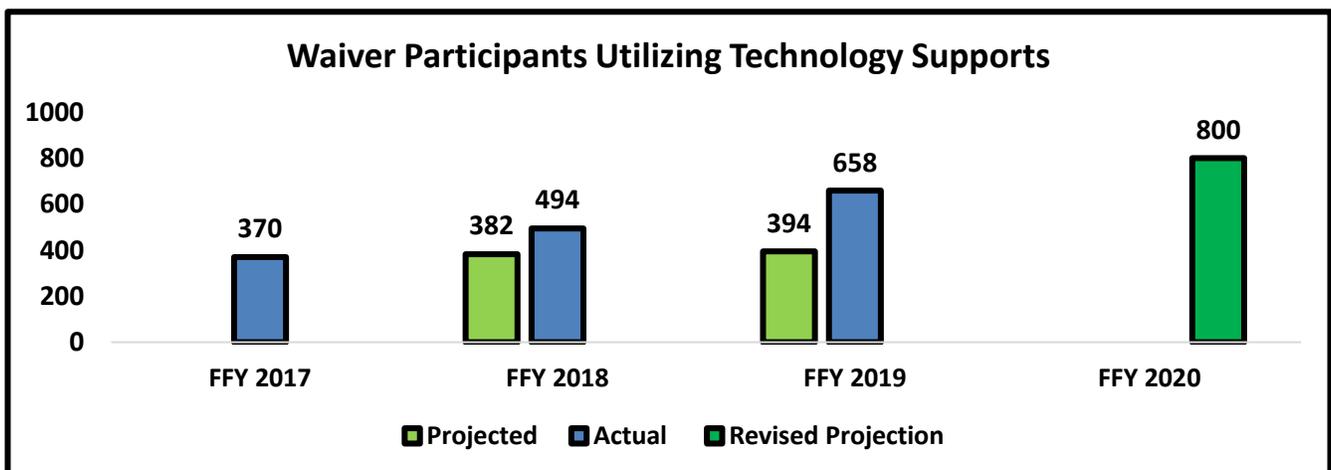
Significance: Technology is an integral part of contemporary lifestyles; a majority of people rely on various devices and applications to assist them in daily life. Technology is another tool to support persons with disabilities on their terms. DHS envisions waiver participants living independently or with their families as valued members of the community. Technology also offers support providers flexibility to reallocate staff resources and increase the goal of community integration.

Definition: High-tech devices can help those with disabilities lead full and fulfilling lives. For the purposes of this goal, the DHS monitors the use of the following technologies:

- Remote supervision to include: sensors, cameras, or similar real-time supervision
- Personal Emergency Response Systems (PERS)
- Telehealth
- Applications (apps) that assist a person to complete daily activities more independently (reminders, instructions, transportation directions, etc.)
- Medication Administration devices

Data Sources: Division of Developmental Disabilities technology programs within CHOICES waiver; Division of Long-Term Services and Supports technology service within HOPE waiver, and Division of Rehabilitation Services within ADLS waiver.

Update: Goal Achieved. The department has exceeded its initial projects in supporting waiver participants through the use of technology. We will continue our commitment in offering these supports to enable more waiver participants to live independently. Based on progress, the department has established a new projection for FFY 2020.



DHS Strategic Plan – Goal Three Objective Three Expand Departmentwide Person Centered Training

Expand Person Centered Training knowledge and skills department-wide by increasing the number of coaches 20% by year end (YE) 2020.

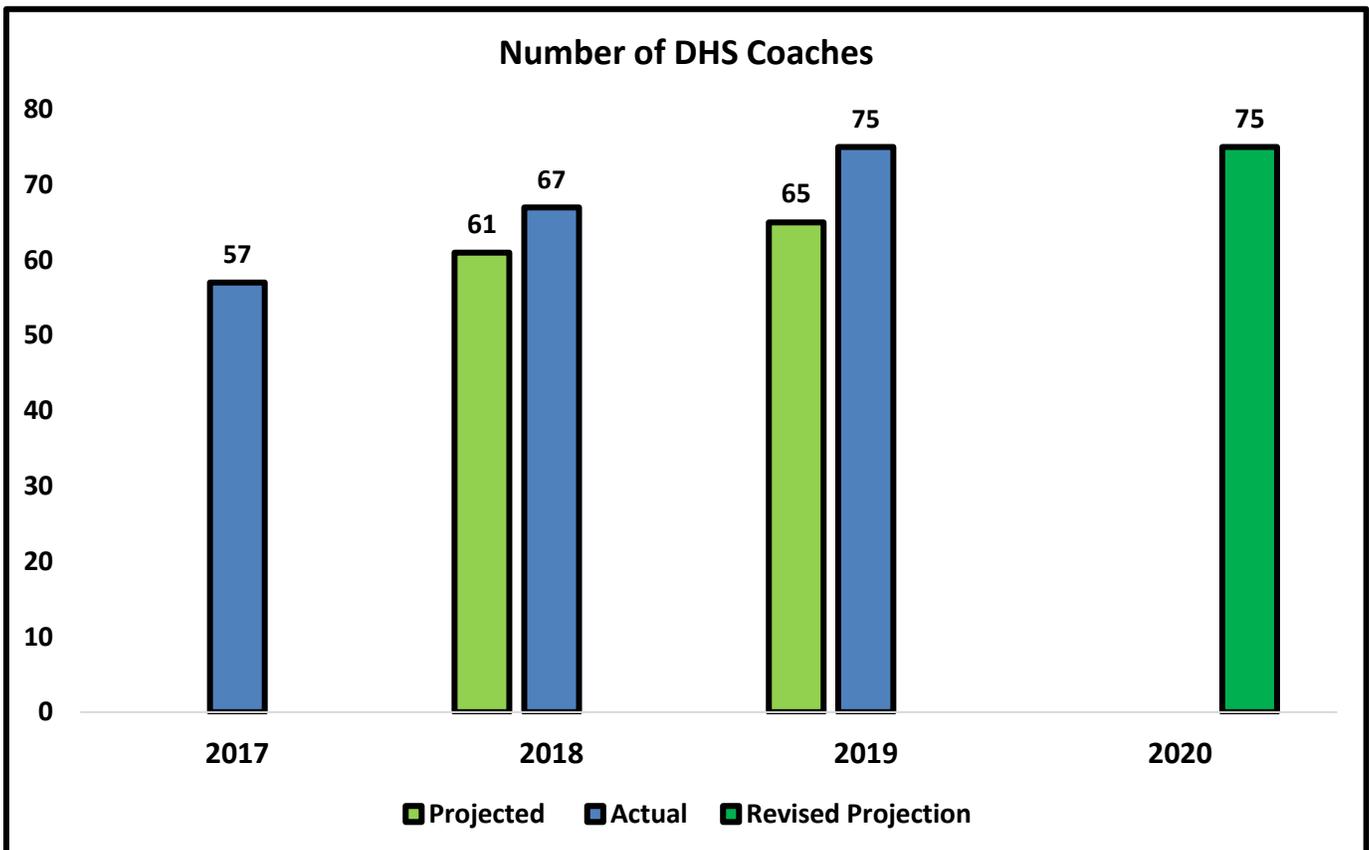


Significance: Employees who complete the Person-Centered Coaches Training are prepared as mentors to implement person centered practices that result in collaborative, integrated, and more desirable outcomes for supported individuals.

Definition: The number of DHS staff completing the Person-Centered Training Program who become a coach.

Data Sources: Department of Human Services records.

Update: Goal Achieved. All divisions within DHS are now implementing person-centered practices. We have met and exceeded our original goal and will now focus on maintaining the current level of coaches.



DHS Strategic Plan - Goal Four Objective One Dakota at Home Customer Satisfaction

Ensure a 95% satisfaction rate for customers who make contact to Dakota at Home, South Dakota’s Aging and Disability Resource Center (ADRC), by end of Federal Fiscal Year (FFY) 2020.

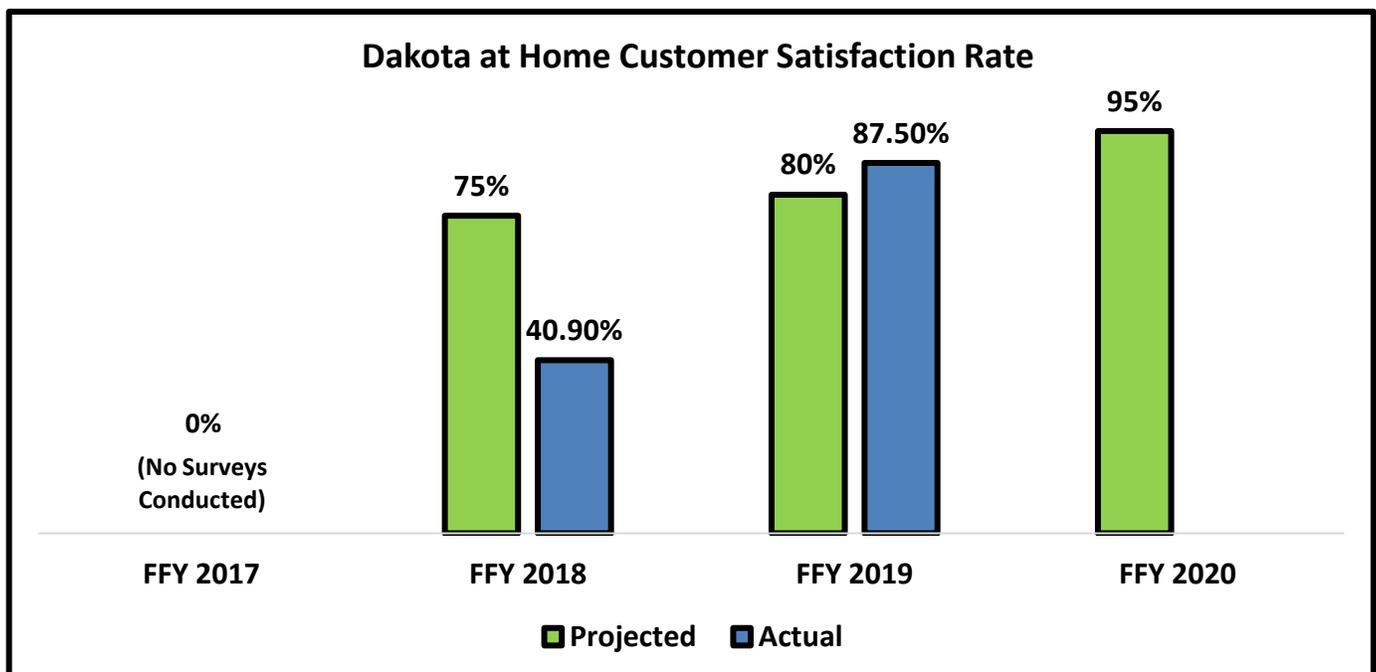
FFY 2017 Baseline	FFY2020 DHS Target Rate
Not Applicable	95%

Significance: Promoting the No Wrong Door system through Dakota at Home is a state initiative that streamlines access to long term services and supports for all populations regardless of support needs. Dakota at Home contacts satisfied during their initial call are likely to share positive feedback with others and call back for future assistance. The Division of Long-Term Services and Supports has developed a survey process for a sampling of received calls to assess and monitor customer experience and satisfaction.

Definition: Ongoing and random follow ups made monthly to customers communicating with Dakota at Home.

Data Source: Dakota at Home call back surveys.

Update: DHS continuously strives to ensure customers are satisfied with their experience when contacting Dakota at Home. The implementation of the customer satisfaction survey on the website and the phone took longer than anticipated. The website survey became available in April 2018, followed by the phone survey in December 2018. Through ongoing training opportunities and supervisory call monitoring, DHS continues to make progress in ensuring our customers are satisfied with their interaction with Dakota at Home staff.



DHS Strategic Plan - Goal Four Objective Two

Expand Service Delivery Models

Increase the number of Medicaid enrolled providers that offer services for more than one of South Dakota’s Home and Community Based Services (HCBS) Waiver programs from 1 in 2016 to 10 by Federal Fiscal Year (FFY) end 2020.



Significance: To facilitate South Dakota Medicaid serving individuals in their homes and communities, in lieu of more costly and restrictive institutional services, while acknowledging the challenges with a limited provider base, it is vital for Medicaid providers to increase the range of services offered and expand beyond their typical clientele to serve individuals across waivers.

Definition: Medicaid enrolled in-home services providers who provide services for South Dakota’s four HCBS Waiver programs, including the HOPE waiver, CHOICES waiver, Family Support 360 waiver, and ADLS waiver.

Data Source: Medicaid Provider Enrollment Database.

Statistical Trend: Number of providers who are enrolled with SD Medicaid to provide services under more than one HCBS waiver.

Update: Goal Achieved. The department has been successful in encouraging providers to serve people outside their typical clientele. The number of providers providing services under more than one waiver has nearly doubled since 2016. Based on the success in prior FFYs, the department has established a new projection for FFY 2020.

