

Community-Based Services Workgroup Report

1. Recommend DHS amend and expand flexible homemaker program and establish new reimbursement rates.

These changes would provide individuals with more support at home, offer greater staff flexibility, and offer home care providers reimbursement for new services or services already being provided.

Resources Needed:

- Establish in rule a med aide rate to provide reimbursement for a med aide and allow virtual supervision of med aide services.
- Establish in rule mileage reimbursement for home care providers providing patient transportation services for medical appointments, assisting with living errands (groceries, hair care, other appointments), etc.
- Amend rule to provide greater flexibility for units for unexpected/urgent situations.
- Eliminate rules requiring duplicative DHS assessments and agency/provider assessments.
- Establish in rule centralized services/location for bathing assistance and nail care and provide reimbursement for these services.
- Establish in rule and trained aide rates for nail care services.
- Establish in rule rural vs. urban rate for homecare providers to compensate for additional travel time and mileage in rural settings.

2. Recommend DHS provide greater reimbursement for remote patient monitoring services.

These changes would keep more individuals in their home and improve rural services.

Resources Needed:

- Establish in rule more robust reimbursement rates for remote patient monitoring services, including sensor technologies, vital readings, etc.
- Provide more education on what telehealth and home modifications can currently be reimbursed.

3. Recommend DHS provide additional education on structured family caregiving.

Structured family caregiving provides personal care and support services to a client in the client or principal caregiver's home. This includes routine intermittent personal care, supervision, meals, chores, medication management, and activities of daily living including transportation to appointments and shopping. Increasing advertising and funding of the structured family caregiving program could be beneficial for many communities and meet client needs.

Resources Needed:

- Provide more education to providers regarding the structured family caregiving program.

4. Recommend DHS redefine eligibility for community support provider services for TBI patients over age 22.

TBI patients are not eligible for CSPs unless the TBI occurs before age 22. The only TBI facilities in SD are Irene SNF (8 beds) and Brown Health Program in Rapid City (3 beds). If TBI patients would be eligible for CSP services, more TBI services could be offered throughout the state. The state currently recognizes around 1,300 TBI patients, and some cared for out of state.

Resources Needed:

- Amend rule defining eligibility for community support provider services for TBI patients over age 22.

5. Recommend DHS update Dakota@Home processes.

These changes would help streamline the Dakota@Home process, reduce redundancies between providers and agencies, and provide greater clarity for Dakota@Home users.

Resources Needed:

- Eliminate duplicative DHS assessments and agency/provider assessments.
- Include a waiver for release of information for agencies so the agency can continue to assist clients with best referred services.
- Provide greater transparency in the Dakota@Home process so providers and clients can see where an individual is at in the process.
- Integrate advance care planning duties to allow case managers to secure appropriate documents for clients and distribute to all appropriate providers.

6. Recommend draft legislation regarding palliative care.

More palliative care, including advance care planning, should be provided to LTSS waiver and Medicaid recipients to ensure quality of life and control expenditures.

Resources Needed:

- Legislation defining palliative care in state regulations to be inclusive of the entire interdisciplinary team, including physician, advance practice provider, registered nurse, social worker, chaplain, and reimbursed appropriately for the entire team.
- Amend reimbursement codes. Specifically, advance care planning should be reimbursed as an add-on service to residents of nursing homes.