Dakota at Home

One Call
Countless Resources

South Dakota DHS

Dakota at Home - Agenda

- History
- Overview
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- Call Scenarios
- Dakota At Home Team
- Data
- Funding
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- 2018 Program Evaluation

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History

- Older Americans Act
  - Implement Aging and Disability Resource Centers (ADRC) in all states
  - ADRC -Trusted source for long term care options, provide personalized assistance

- SD ADRC local call centers transitioned to statewide ADRC

- 2017 Rebranded as Dakota at Home

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Overview

What is Dakota At Home?

Dakota At Home is a free service for individuals in need that provides objective information, referrals, and options planning. Dakota At Home assists all persons regardless of age, disability or income to assist them in identifying and accessing public and private services and supports in their local communities.

Dakota At Home is also an intake services for Adult Protective Services and the Ombudsman Programs. Dakota At Home has a “no wrong door” approach and provides the following:

- Virtual Call Center
- Toll Free Phone Number
- Online Referral Options
- Email Referral Options

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Overview (cont.)

Who uses Dakota At Home?
Dakota At Home receives calls and referrals from individuals needing help, families looking for assistance, medical providers on behalf of their customers, and anyone in the community with questions or needs on public and private supports for the aging and disabled.

What are possible outcomes from Dakota At Home contacts?
When an individual contacts Dakota At Home, their call could result in, *but is not limited to,* one of the following:

- Referrals to community resources;
- Options planning;
- Referrals to employment services with the Division of Rehabilitation Services;
- Assignment of an LTSS Adult Protection Specialist;
- Assignment of LTSS staff to set up in-home services and supports (non-waiver state funded services **or** HOPE Waiver Medicaid funded services);
- Referral to DSS to apply for Medicaid or other benefits, such as SNAP or Energy Assistance.

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Long Term Services and Supports

- Homemaker
- Personal Care
- Nursing
- Chore Services
- Respite Care
- Adult Companion
- Structured Family Caregiving
- Assistive Devices
- Emergency Response System
- Nutritional Supplements
- Medical Supplies
- Medical Equipment (including Assistive Technology)
- Environmental Accessibility Adaptations (Mobility modifications)

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Long Term Services and Supports (cont.)

- Congregate and Home Delivered Meals
- Adult Day Services
- Assisted Living
- Community Living Homes
- Residential Respite
- Caregiver Program
- Ombudsman Program
- SHIINE
- Adult Protective Services
- Nursing Facility
- Other

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Call Scenarios: Options Planning

Scenario: Bette* normally lives alone but had been living with daughter due to broken hip. She needed help to return home and wanted to know her options.

Dakota At Home: An LTSS Intake Specialist explained the various services and programs available in Bette's community. She felt homemaker services would be a good option for her, so the Intake Specialist initiated the assessment process. While financial screening showed her assets were over the resource limit for assistance from LTSS or DSS, Dakota at Home offered a list of agencies that would provide the services if Bette wanted to pay privately. Bette was also interested in an available meal program. Information on these options was mailed to her on the same date.

Timeframe: All services were provided on the same date as the call from Bette.

*Name changed for confidentiality purposes as it was a real call.

Call Scenarios: In-Home (non-waiver)

Scenario: Marvin* called Dakota at Home requesting assistance with cleaning his home as he's an older adult with several health conditions.

Dakota At Home: An LTSS intake specialist completed the assessment. Marvin initially met the screening criteria to be assessed for the In-Home Services state funded program (non-waiver, no DSS involvement). Dakota at Home offered assistance in completing application and Marvin declined needing it. If he had requested it, a referral would have gone to LTSS Case Management to go to the home and assist. An application with a postage-paid return envelope was mailed by DHS the same day and Marvin was encouraged to complete and return it as quickly as possible. Once Marvin got the application, he filled it out and mailed it back within a few days.

Timeframe: The process from call to LTSS services being in place took 10 days (6 days waiting for Marvin to return the application and 4 days to set up and start services).

*Name changed for confidentiality purposes as it was a real call.

Call Scenarios: HOPE Waiver (Medicaid)

Scenario: Laura* (age 68) was referred by her physician to call Dakota at Home. She is often short of breath, has been losing weight, and fears injuries from falls. She avoids showering and struggles to complete housework, locate transportation, and go shopping.

Dakota At Home: An LTSS Intake Specialist completed an assessment, including screening for nutrition risks. Based on these assessments, Laura appeared to be a good candidate for the HOPE Waiver: In-Home. Laura chose to have a paper Medicaid application with a postage-paid return envelope mailed to her (rather than apply through another method) and declined help in completing the application from a DSS Benefits Specialist. When DSS received the application, a template was sent to Dakota At Home, who assigned a Case Management Specialist to schedule a home visit and complete a plan of care. Laura was approved for the HOPE Waiver and the following services: emergency response system, personal care services, homemaker, nutritional supplements, and shower chair.

Timeframe: The process from call to HOPE Waiver services being in place took 44 days (Laura did not return the application for 36 days – when it was received, it took 8 days to be approved for Medicaid and have services in place).

*Name changed for confidentiality purposes as it was a real call.

HOPE Waiver (Medicaid)

Dakota At Home & DSS

An individual can seek services through the HOPE Waiver by:

1. Contacting Dakota At Home; or
2. Submitting a Medicaid application to DSS.

If individuals need assistance with completing applications, DSS staff are available by phone, text, email, mail, fax, or in person. Applications can be submitted through all these modalities.

There are two parts to waiver eligibility:

1. Level of Care/Care Plan (DHS); and
2. financial eligibility (DSS).

When DSS receives an application, a template with customer information is sent to Dakota At Home, who assigns an LTSS Case Management Specialist. This specialist gathers information for the Medical Review Team to make a level of care determination while also working with the individual to identify and set up services. DSS staff simultaneously work with the applicant to gather any financial information they do not already have on file or can't locate through available interfaces to determine Medicaid eligibility.

Dakota at Home Team

Intake Specialists

The Dakota At Home team is comprised of seven (7) Intake Specialists who have all completed the Alliance of Information and Referral Systems (AIRS)/Inform USA certification exam and are credentialed as Certified Community Resource Specialists in Aging and Disabilities.

Additional Trainings:

- Making the Connection, Aging and Disability Symposium: Bringing Community Living Home, The Effectiveness of Active Listening in a Crisis, Dispelling the Myth of the “One True Path” to Resilience, Providing Better Service for People who have Autism Spectrum Disorder, Social security: Breaking down financial barriers for Seniors and People with Disabilities, Empowering Callers from Vulnerable Populations, Not all Contacts are Created Equal, Four Key Principles for Gathering Sensitive Demographic Information, Supporting those in Grief: Connection through Validation, Into Ableism, Anatomy of a Good Call, The “Unspoken Rules” of People Living in Poverty, Leaning into the “I” of I & R, Working with Challenging Calls, Superheroes of Data Quality, Veterans Justice Outreach Program and the Health Care for Reentry Veterans Program, Serving the Military Symposium – A Focus on Resources, Using Motivational Interviewing to make a Difference, Two Sides of the Same Coin: Call Efficiency and Connection with Callers, Person-Centered Thinking and more….

Data: Referrals

Calendar Year	Total Referrals from all Sources	Average Referrals Per month	% Increase from previous year
2018	10,828	902	N/A
2019	12,711	1,059	17.39%
2020	13,831	1,153	8.81%
2021	15,269	1,272	10.39%
2022	15,870	1,323	3.93%
2023 (*Jan-May)	7,046*	1,409*	Projected 6.54%*

- Referrals = contact with caller or referent
- Calls are counted by referral, not all incoming/outgoing calls/emails
- Total referrals includes all types – in person, calls, emails, and online
- Accounts for Division of Long Term Services and Supports

Data: Calls

Average Speed of Answer = 22 seconds

Calls Abandoned (hang up if not answered live) = 4%

Average time to Abandon = 1 minute, 23 seconds

Answered live = 56.4%

Data: Referral Sources

Providers/Professionals: 53%

Includes hospitals, nursing homes, assisted livings, clinics, and mental health.

Relatives: 22%

Self: 20%

Other: 5%

Data: Contact Reasons/Outcomes

40% **Referral for Assessment/Application**

38% **Information**

12% **Options Planning**

4% **Referral for other DHS programs**

4% **Referral for other public or non-public services**

1% **Referral for other DSS Programs**

1% **Other**

Data: Call Monitoring

Quality Control

Dakota at Home Program Manager conducts call monitoring to ensure quality service by the Intake Specialists.

Call Monitoring Metrics

- Greeting;
- Listening and communication skills;
- Service delivery;
- Documentation and data entry;
- Areas of Strength/Development;
- Recommendations.

Funding

Dakota At Home Cost Tracking

- FY 21 = $828,413
- FY 22 = $838,192
- FY 23 = $887,242

Staff time allocated by time studies:

- Federal grants through Older Americans Act (Title III)
- Social Services Block Grant – Adults
- Medicaid – Federal Financial Participation
- State General Funds
- Common to all – allocated

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Promotion – Marketing Agency

LAWRENCE & SCHILLER

VIDEO PRODUCTION

PUBLIC RELATIONS
& DISRUPTIVE TACTICS

WEB DESIGN
& DEVELOPMENT

MEDIA STRATEGY
& PLACEMENT

BRANDING &
POSITIONING

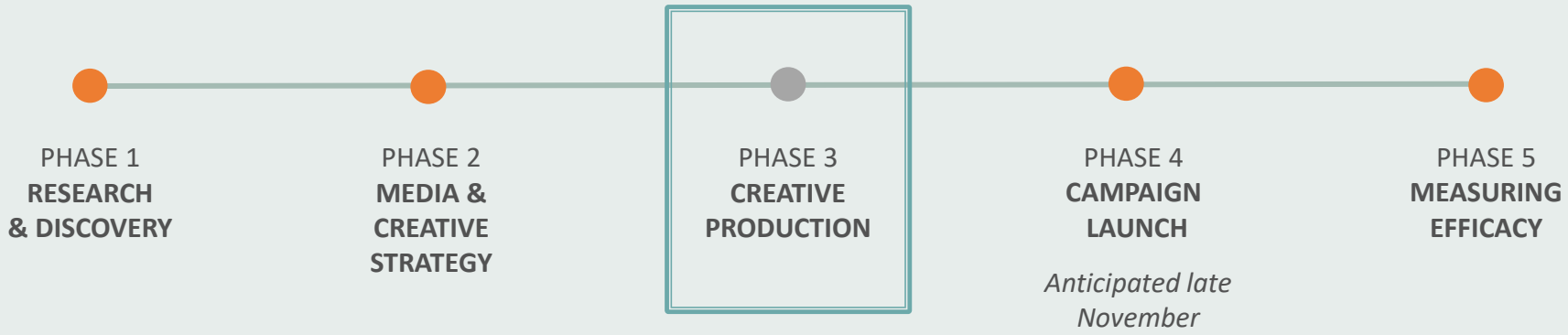
DESIGN

INSIGHTS & STRATEGY

DIGITAL MARKETING
& CONTENT CREATION

BUSINESS
INTELLIGENCE

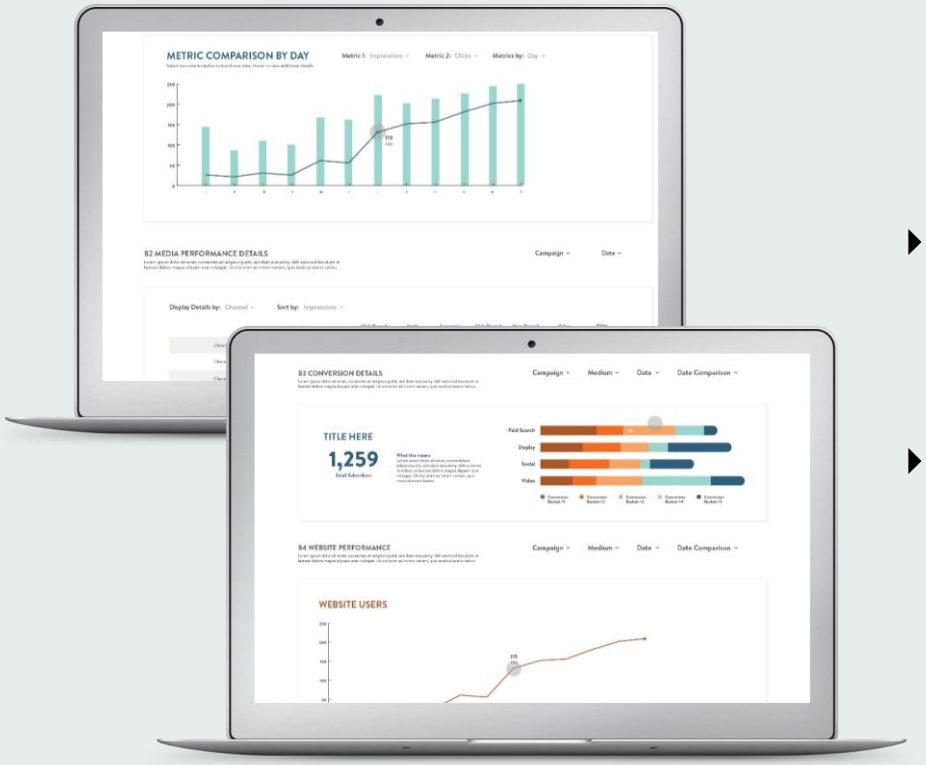
L&S Approach to Campaign Development



Promotion

Awareness	Engagement	Action
➢Digital Billboards	➢Display ads	➢Paid online search ads
➢Magazines	➢Rich media	➢Website retargeting display ads
➢Statewide newspaper ad	➢Facebook	
➢Coffee sleeves	➢Instagram	
➢TV commercials	➢Native articles	
➢TV Segments		
➢Radio ads		

Promotion - Measuring Success



- Dashboards to provide real-time look at campaign impact including paid media, website traffic and business data
- Continuous optimizations to media channels and creative based on performance
- Additionally, we are setting up discussion groups to gather mid-campaign insights from caregivers, recipients and providers which will provide key learnings for future efforts

Promotion

Each Region conducts:

- Outreach
- Community group presentations
- Provider presentations/visits

HOSPITALS	
Avera Hospital	Tuesday, February 21, 2023
Avera Heart Hospital	
Brookings Health System	
Canton Sanford	
Dell Rapids	
Encompass Health Rehab	Friday, March 3, 2023
Flandreau Avera	
Madison Regional	Thursday, August 24, 2023
Sanford Hospital	Tuesday, February 28, 2023
NURSING HOMES	
Avantara Norton	
Bethany Lutheran - Brandon	
Bethany Lutheran - Sioux Falls	
Bethel - Madison	Thursday, August 24, 2023
Brookings Health System	
Dells Nursing and Rehab	
Deu Rummel	
Flandreau	
GS - Canton	
GS Center	
GS Luther Manor	
GS Village	
Neighborhoods at Brookview	
Palisade Manor - Garretson	
Prince of Peace	
United Living - Brookings	

Provider	Month Last visited
HOME HEALTH	
Allied Assisted Living	Tuesday, August 1, 2023
Alpha Sigma	Thursday, July 27, 2023
Bethany Home care	
Brookings Health Systems	
Circle of Life	
Comfort Keepers	Thursday, August 24, 2023
Eli Home care	
Gift Home Health	Tuesday, July 25, 2023
Good Samaritan	
Haven Home care	
Hendricks Comm Hosp	
Home care - SF	Tuesday, August 1, 2023
Home care - Madison	Thursday, August 24, 2023
Home care - Brookings	
Home Instead - Mitchell	
Interim	Tuesday, July 25, 2023
Interim - Brookings	
Kare Carer	Tuesday, August 1, 2023
Loyal	Tuesday, August 8, 2023
Madison Regional	Thursday, August 24, 2023
Prairie Lakes Home Conn.	
Prosperity Hands	Monday, August 21, 2023
Prosperous Home Health	
RAM	Monday, August 14, 2023
Right at Home	Wednesday, August 23, 2023
Senior Link	Friday, August 4, 2023
SF Primary	Monday, May 1, 2023
Spectrum	Wednesday, August 16, 2023
Stay Graceful	Tuesday, August 1, 2023
Universal Pediatrics	
Visiting Angels	Friday, August 11, 2023
Weber Home Care	Tuesday, September 12, 2023
DME	
Avera Home Medical	
Avera Home Med - Madison	Thursday, August 24, 2023
Avera Home Med - Brookings	
Missouri Breaks	
Sanford Homemed-Brookings	Monday, September 25, 2023
Sanford - Canton	
Sanford Home Medical	
HOSPITALS	

Resource Directory

Dakota at Home operates an online directory of resources at https://dakotaathome.org/.

- List of providers and services
- Search by organization, county, zip code, services, or keyword
- Inclusion policy

Agis/Pacific Resources vendor manages directory

- Updates occur at least annually to verify current information
- Requested via email, then phone call, verify if website current
- Providers can also confirm or update information online

Testimonials

South Dakota Association of Healthcare Organizations

SDAHO is a member organization supporting healthcare providers through advocacy, education and quality integration. Our members span the full continuum of care including hospitals, healthcare systems, nursing facilities, home health agencies, assisted living centers, hospice & palliative care organizations. Frequently, we have individuals call our association for assistance with information on South Dakota's healthcare services or help with navigating complex health issues.

We rely on help from our member organizations to answer questions when possible, but many times we find the best resource for callers is the Dakota at Home call center and website. It is assuring to know that consumers can speak to trained staff and get help regardless of their situation when they call Dakota at Home. We appreciate the "one stop shop" and access to resources.

Testimonials

Hello, my name is [redacted] S.D. and I am a caregiver for my wife who has battled Parkinson's' Disease for the past 30 years. We have remained in our home, which we are hoping to continue for as long as we are able.

We have worked with Stephanie Fleming for many years, and I want you to know how much we appreciate her. She is a very caring person who listens to her clients and their needs, and in turn seeks ways in which Dakota at Home can be of further assistance.

We are very grateful for the respite care Dakota at Home provides through our home care agency, Right at Home. When Stephanie and I recently visited about the progression of my wife's disability and the toll it was taking on me, she took it upon herself to be our advocate in seeking additional respite care hours for myself.

I'm also assuming you were also part of that decision in providing additional respite care hours on my behalf. I wanted to personally thank you and give much praise and appreciation to Stephanie for her efforts in helping her clients who are experiencing some of the worst challenges in caring for loved ones.

Please know you and Stephanie are very much appreciated and are a blessing to our family.

Sincerely,

Program Evaluation Recommendation #1

Recommendation 1: The Department of Human Services should assign a budget center specific to Dakota at Home.

- ✓ Completed

Follow-Up Report: Expenditures reported above are strictly the salaries of the 6.0 FTE who are assigned to take the intake calls for Dakota At Home. Employees assigned to intake calls charge their time based on each individual they serve during the intake process. This process begins with a request for information for services available. The specific funding type that the requests relate to include both Medicaid programs and non-Medicaid programs. Costs are allocated through the Department of Human Services cost allocation plan approved by the Federal Department of Health and Human Services. Expenditures cannot be tracked by a single Dakota at Home budget center because the funding comes from many sources which must be tracked and reported individually in accordance with the DHS cost allocation plan. Dakota at Home services utilize federal funding sources: Medicaid Title XIX, Social Services Block Grant Title XX, Older Americans Act Title III which includes the following:

- III-B Supportive Services, Title III-C Nutrition Services, Title III-D Preventive Health Services (Community Support), and Title III-E Family Caregiver Support."

Program Evaluation Recommendation #2

Recommendation 2: The Department of Human Services should work with the Department of Social Services, the state's Medicaid agency, to establish an agreement to submit claims for the Dakota at Home/ADRC Medicaid administrative activities.

- ✓ Completed

Follow-Up Report: Following this recommendation, the U.S. Department of Health and Human Services reviewed our cost allocation scheme (which is used to capture the federal match) and affirmed it was correct. No changes were made.

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Program Evaluation Recommendation #3

Recommendation 3: The Department of Human Services should update its policies and procedures and pursue additional training for Dakota at Home staff.

- ✓ Completed

Dakota at Home regularly updates policies and procedures with the most recent revision June 2023.

DHS informed the evaluation team that Dakota at Home Intake Specialists and the Supervisor will receive the Alliance of Information & Referral Systems (AIRS) CIRS-A/D certification. The CIRS-A/D certification is a certification for Information and Referral Specialists who work with individuals and providers in the aging and disabilities area.

This was completed.

Program Evaluation Recommendation #4

Recommendation 4: The Department of Human Services should conduct a comprehensive survey to gauge consumer satisfaction regarding the services provided by Dakota at Home and utilize those results to enhance service delivery.

- ✓ Completed

A Dakota at Home online consumer satisfaction survey has been in place since October 2018. The survey offers the opportunity for individuals to complete an online consumer satisfaction survey of Dakota at Home. The link to this online survey is prominently displayed on the Dakota at Home webpage, just below the phone number that connects information seekers to program staff. A telephone survey was created and implemented in December 2018. The survey uses an Interactive Voice Response system to record caller feedback. At the conclusion of the call with Dakota At Home staff, the caller is automatically transferred to the survey. The information is compiled and utilized to inform changes to improve services.

Additionally, we are working on some updates to the survey questions to increase the effectiveness and instead of the online survey, asking if we can email or mail it to consumers to increase surveys completed

2018 Program Evaluation Findings/Recommendations Summary

1. **DHS does not track or reports costs for Dakota at Home**
   - ✓ Costs have been and will continued to be tracked
2. **DHS does not utilize Medicaid Administrative Federal Financial Participation for Dakota at Home/ADRC, which provides a 50% federal match rate for eligible ADRC services and activities.**
   - ✓ Has always received and will continue to receive federal match rate
3. **DHS is utilizing outdated policies and procedures and does not have a formalized training plan in place for Dakota at Home staff**
   - ✓ Policies and procedures have been updated; Training plan in place
4. **DHS does not utilize surveys to gauge consumer satisfaction with Dakota at Home services.**
   - ✓ Survey was implemented in October 2018;
   - ✓ Ongoing efforts to improve survey and response
5. **DHS should work with their IT system vendor to obtain better access to their data**
   - ✓ New IT vendor started April 2018