

## **SOUTH DAKOTA BOARD OF SOCIAL SERVICES**

### **Meeting Minutes**

**Monday, April 10, 2017**

**10:00 am – 2:00 pm CT**

**Dial in: 1-866-410-8397**

**Conference code: 986-314-4547**

**Call to Order and Declaration of Quorum:** The meeting was called to order by Julie Dvorak at 10:03 AM. Members present were Richard Palmer, Hugh Grogan, Kaye Neller, Steven Deming, and Linda Wordeman. Member not present: Cecelia Firethunder.

**Department staff present:** Lynne Valenti, Cabinet Secretary, Brenda Tidball-Zeltinger, Deputy Secretary, Amy Iversen-Pollreisz, Deputy Secretary, and Robert McCarthy, Senior Policy Analyst.

**Adoption of Agenda:** Motion to approve agenda by Kay Neller, seconded by Richard Palmer. **Motion carried.**

**Approval of Minutes from the December 22, 2016 Board Meeting:** Motion to approve minutes by Linda Wordeman, seconded by Kaye Neller. **Motion carried.**

#### **2017 Legislative Session Update:**

Secretary Valenti provided an update on South Dakota's 92<sup>nd</sup> legislative session that ended in March. Department of Social Services (DSS) introduced four bills. **SB 43** appropriated a one-time budget infusion of \$603,704 for DSS to expand methamphetamine treatment services. **SB 44** revises the definition of individuals with serious emotional disturbance and adds the International Classification of Diseases (ICD-10) clinical cataloging system for diagnostic coding purposes. **SB 45** removes an outdated reference for preventative treatment facilities. **SB 141** updates income guidelines for child support that have not been updated since 2008. All four bills passed and were signed by the Governor. DSS also tracked other legislation relevant to department interests. One bill permits law enforcement to initiate mental health illness holds in domestic violence situations, another updates processes in criminal justice actions when mental health issues are involved, and a third requires SNAP participants to cooperate with Division of Child Support personnel.

Secretary Valenti provided a budget update, noting that the SFY18 budget is tight, partly due to reduced sales tax revenues. DSS received 0.3% inflation for community service providers, \$100,000 to provide mental health training to legal and law enforcement professionals, approval to hire 6 FTE Child Protection Services Aides, and 2 FTEs in Adult Services and Aging.

#### **Executive Reorganization: Adult Services and Aging**

Governor Daugaard signed an Executive Order to integrate services and supports for South Dakota's aging population that is projected to increase 85% by the year 2035. Secretary Valenti described the existing organizational structure that splits waiver services between South Dakota's Department of Social Services and Department of Human Services (DHS). The reorganization moves Aging and Adult Services from DSS to DHS effective April 14<sup>th</sup>. The new model is consistent with other states and the federal LTC structure; it will also consolidate management of waiver services. No reduction in staffing will occur and a stakeholder group will be created to assist with planning and augment program efficacy.

### **Medicaid Reform Update**

Deputy Secretary Tidball-Zeltinger gave an overview of Medicaid reform. The American Health Care Act (AHCA) bill was pulled prior to a congressional vote; another version of the AHCA may be introduced. She noted that Medicaid funding models are being reviewed with an objective to reduce federal costs. The current financing structure matches federal payments to states with no funding cap. Proposed models include block grant or per-capita cap funding mechanisms; states can choose the model that would best serve their population's needs. Block grants provide funding certainty for the federal government, but shift risk for increases in enrollment and health care costs to the state. Grant funding can remain flat and may not include an inflationary factor. The per-capita cap model provides a fixed funding level (based on 2016 expenditures); this model still shifts risk of cost increases to the state, but allows for growth in enrollments. Other state considerations include how allotments are set or adjusted over time, state spending requirements, required services or populations, income guidelines, disproportionate share costs, supplemental payments, and funding for Indian Health Services. Neither funding model addresses those issues or variables such as new drugs, medical advances, public health crises, or high-need populations. These factors would influence program eligibility or scope of services. Another policy reform under consideration is that the new CMS administration has expressed a willingness to consider supporting employment requirements as a Medicaid eligibility criterion. The South Dakota Health Care Services Coalition (SDHCS) continues to meet with a focus on policy changes, including the focus on utilizing the CMS 100% FMAP policy change.

### **Weatherization State Plan**

Carrie Johnson, Director, and David Gall, Program Manager updated the committee on the State weatherization plan. South Dakota spent approximately \$2 million dollars in 2016 with average expenditures of \$8,400 per home. The federally funded grant program is effective at augmenting safety and reducing energy costs for program participants. There are no significant program changes in 2017, but funding levels are currently undetermined.

### **Featured Division: Human Services Center**

Dr. Troy Jones, Administrator, gave an overview of DSS's Human Service Center (HSC). HSC is the only public psychiatric hospital in the state. HSC is part of the larger

continuum of behavioral health services, which also include community-based services delivered through eleven Community Mental Health Centers. The continuum of care spans highly restrictive to low restrictive care environments. Services at HSC are provided for adults, adolescent and geriatric patients. South Dakota has the lowest unemployment rate in the country; recruiting qualified staff is challenging and retention remains a focus. Pay rate increases for direct care staff, approved during the 2016 Legislative Session, has helped with hiring and retention initiatives. Staff turnover is trending down. Dialectical Behavioral Therapy, Motivational Interviewing and Trauma Informed Care are best practices that are improving patient and program outcomes. Sensory Integration Therapy for the adolescent program is also very effective and may be expanded to the adult programs.

### **Medical Services Preventative Services Overview**

Sarah Aker, Deputy Director, described initiatives the Medical Services Division is working on that enhance access to well-child healthcare services. The goal is to better help service providers engage parents and to ensure children receive their well-child visits. Deputy Director Aker shared a letter targeting South Dakota Medicaid providers referencing the American Academy of Pediatrics comprehensive health guidelines that encourages providers to regularly consult the Bright Futures periodicity schedule. South Dakota Medicaid has made several changes to the provision of well-child services based on the Bright Futures schedule, which outlines recommended medical, dental, and vision care timetables for children from age 3 through age 21. Maternal child depression screening has been added as an additional health check to expand well-child program efficacy. The letter also provides information for well-child visit reimbursement codes and other allowed preventative screenings to help providers. She also shared a letter for parents that mirror recommendations and information given to providers on checkup and care visits as well as how to find more information on Medicaid program benefits.

### **Establish Next Meeting Date**

October 16, 2017

**Meeting Adjourned:** Julie Dvorak called for meeting adjournment at 12:40 p.m. Linda Wordeman seconded.