

SOUTH DAKOTA BOARD OF SOCIAL SERVICES

Meeting Minutes

Monday, October 16, 2017

10:00 am – 2:00 pm CT

Red Redrossa Italian Grille

808 W Sioux Ave, Suite 200,

Call to Order and Declaration of Quorum: The meeting was called to order by Julie Dvorak at 10:04 AM. Members present were: Hugh Grogan, Kaye Neller, and Steven Deming. Member not present were: Cecelia Firethunder, and Linda Wordeman.

Department staff present: Department staff present: Lynne Valenti, Cabinet Secretary, Brenda Tidball-Zeltinger, Deputy Secretary, Amy Iversen-Pollreisz, Deputy Secretary, Carrie Johnson, Economic Assistance Division Director, Bill Snyder, Medical Services Division Director, Sarah Aker, Deputy Director, Medical Services, and Robert McCarthy, Senior Policy Analyst, Office of the Secretary.

Adoption of Agenda: Motion to approve agenda by Hugh Grogan, seconded by Kaye Neller. **Motion carried.**

Approval of Minutes from the April 10, 2017 Board Meeting: Motion to approve minutes by Kaye Neller, seconded by Hugh Grogan. **Motion carried.**

Executive Reorganization: ASA Update

Secretary Valenti provided an update on the Adult Services and Aging Program (ASA) that was relocated from the Department of Social Services (DSS) to Department of Human Service's (DHS) Division of Long Term Services and Supports in April 2017. That move aligned South Dakota's service model with other states and the federal LTC structure. The migration from DSS to DHS was seamless for both clients and staff. DSS has a presence on the Long Term Services and Support Stakeholder Workgroup.

Featured Division: Economic Assistance

Carrie Johnson, Director, provided an overview of the Division of Economic Assistance (EA). EA administers several programs that provide medical, nutritional, financial and case management services to help support lower income families, children, and persons with disabilities. The Supplemental Nutrition Assistance Program (SNAP) helps low-income South Dakotans buy food needed for a nutritionally adequate diet. SNAP provides benefits monthly to more than 94,000 South Dakotans. The majority of SNAP recipients are children, adults who are age 60 or older, or individuals with disabilities. Benefits and participatory rules determined by federal guidelines are based on household size, income, and expenses; work requirements are required unless an exemption is applicable. The average number of months on SNAP is approximately 8 months and about 40% of SNAP households have at least one working adult in the home. South Dakota House Bill 1191 took effect July 2017 requires SNAP participants to cooperate with the DSS Division of Child Support to maintain program eligibility. Temporary Assistance for Needy Families (TANF) is a needs-based program designed to assist with basic needs for very low income families with children. 81% of South Dakota's TANF cases are caretaker relatives, the remainder are parents who are required to participate in work activities. Other key functions of EA are administration of Medicaid and the Children's

Health Insurance Program (CHIP), the Low Income Energy Assistance Program (LIEAP) and Weatherization Program.

Health Homes

Bill Snyder, Director, and Sarah Aker, Deputy Director, discussed South Dakota's Medicaid Health Homes (HH) program. The Health Home is an Affordable Care Act (ACA) defined initiative with six required core services: comprehensive care management; care coordination; health promotion; comprehensive transitional care; patient and family support; and referral to community and support services. The HH initiative customizes Medicaid healthcare for recipients through person-centered care teams. Recipients receive rapid follow-up assistance from visits to certain medical institutions, pro-active patient management services such as appointment reminders or help rescheduling missed appointments, referrals to other community services, and healthy behavior counseling. Program participants typically have multiple chronic conditions and/or risk factors. The main goals of HH and Behavioral Health Homes are to provide treatment in primary care settings and help participants effectively manage their conditions through preventative practices. Health Homes report every six months based on several performance measures. FY 2016 performance results reflect decreased avoidable emergency room visits or hospital admissions and significantly improved recipient health outcomes. Net cost savings are estimated to be \$4.2 – \$5.6 million dollars for the most recent year analyzed. HH participants have an average of 4.8 chronic conditions, 69% are adults, aged, blind, or disabled, 61% are female, and the average length of Medicaid enrollment for someone in the HH program is 11.6 months. 119 Health Homes served 123 locations in FY 2016. The HH program is on track to exceed goals set for 2017. HH effectively coordinates care between primary care providers and specialists; another benefit is that barriers to improved care are more easily identified. More information can be found on the DSS website at <http://dss.sd.gov/healthhome/dashboard.aspx>

South Dakota Health Care Solutions Coalition (SDHSC) Work Update

Brenda Tidball-Zeltinger, Deputy Secretary, provided an update on SDHSC activities. In February 2016, Centers for Medicaid & Medicare Services (CMS) issued a State Health Official letter (SHO), which amended Medicaid funding policy to expand covered Indian Health Services (IHS). The new policy created the ability for IHS/Tribal facilities to form coordinated care agreements with non-IHS/Tribal providers for certain services at a 100% federal match rate. The intent is to help states, IHS, and Tribes improve delivery systems and strengthen continuity of care for American Indians and Alaska Natives (AI/AN) populations. Participation by individuals and providers is voluntary. Implementation of the new policy requires providers to sign an agreement and share medical records with IHS, IHS must maintain responsibility for the patient's care, the State of South Dakota is required to track care coordination agreements and ensure accurate billing. Resulting savings will fund prior coalition recommendations which include expanding substance abuse treatment to cover eligible Medicaid recipients and developing a Medicaid Community Health Worker program. Other recommendations include adding Medicaid eligible behavioral health and substance abuse disorder providers, and developing innovation grants for primary and prenatal care. SDHSC is also working on an alternative service delivery model that uses federally qualified health centers (FQHC) to expand primary care capacity for Medicaid recipients; a draft Medicaid waiver has also been developed.

DSS Performance Dashboards

DSS has developed a dashboard report for 2016 that includes results of key outcome measures in conjunction with its strategic plan. The document includes key performance measures and also includes targets. SNAP and TANF program efforts to help participants obtain and maintain employment and the Child Care program subsidies are successfully linking people to work. In the Medicaid program, SD exceeded national averages and targets across 4 key measures for access to healthcare. The Home Health (HH) program improved care coordination between patients and increased primary care utilization, resulting in improved patient health outcomes and significant cost avoidance to SD Medicaid. Money Follows the Person (MFP) successfully transitioned targeted individuals out of nursing facilities or other institutional settings to home or community based settings. The Human Services Center (HSC) provided geriatric psychiatric reviews for seniors, achieving target goals to reduce inappropriate admissions to HSC. Correctional Behavioral Health Service's provision of mental health and substance use services to individuals in custody at the Department of Corrections made approximately 4,000 psychiatric contacts and provided substance abuse treatment to 1,357 individuals. Community Based Mental Health Services provided counseling, psychiatric treatment and wrap around services to a significant number recipients resulting in increased in employment outcomes, reduced ER visits, and reduction in inpatient admissions. Community Based Substance Use Treatment Services achieved discharge and employment outcomes that exceed national averages for justice involved populations. Child Protection Services goals to ensure safety for children exceed the national averages by over 40%. Several South Dakota programs have also received national recognition including: SD Medicaid, SNAP, Child Support, and Child Care Services. More information can be found [here](#).

Establish Next Meeting Date

The next meeting date was tentatively set for April 10, 2018.

Adjourn: The meeting was adjourned at 1:14pm.