

SOUTH DAKOTA BOARD OF SOCIAL SERVICES

Meeting Agenda

Tuesday, April 18, 2023

1:30 pm – 4:00 pm CT

Kneip Building, 1st Floor, DSS Conference Room

700 Governors Drive, Pierre, SD 57501

Join Zoom Meeting

<https://state-sd.zoom.us/j/91203644000?pwd=V3UwWHpEYWp0Z1BxUmQra29xL0RkUT09>

Meeting ID: 912 0364 4000 Passcode: 095959

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1. Call to Order and Declaration of Quorum – Matt Althoff
 2. Welcome and Introductions – Matt Althoff
 3. Election of Board Chair
 4. Adoption of Agenda
 5. Approval of Minutes from October 18, 2022, Board Meeting
 6. Behavioral Health Awareness Campaign- Tiffany Wolfgang
 7. Medicaid Updates/Discussion- Sarah Aker
 - Unwinding the Public Health Emergency
 - Medicaid Expansion
 - Pregnancy Coverage Changes
 - Pregnancy Health Home Program
 8. Weatherization and Energy Assistance Update – Dave Gall
 9. Legislative Update – Matt Althoff
 10. Future Agenda Items/Next Meeting Date
 11. Adjourn

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<https://state-sd.zoom.us/j/92082385493?pwd=SORoazd2elpoUTJHQ1Q1cFE1NG4rQT09>

Meeting ID: 920 8238 5493

Passcode: 998384

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Board Members Present: Elton Blemaster, Howard Grinager, Karen Michels, Stacey Tieszen, Cecelia Fire Thunder, and Sandy Diegel.

Board Members Absent: Colleen Winters

Others Present: Laurie Gill, Department of Social Services (DSS) Cabinet Secretary; Brenda Tidball-Zeltinger, Deputy Secretary and Chief of Operations; Tiffany Wolfgang, Chief of Behavioral Health; Alex Mayer, Chief of Children and Family Services; Max Wetz, Director of Child Support; Becky Nelson, Licensing & Accreditation Administrator, Pamela Bennett, Director of Child Protection Services; Ashley Lauing, Policy Strategy Manager; and Tracy Mercer, Special Projects Coordinator.

Call to Order and Declaration of Quorum: Cabinet Secretary Laurie Gill called the meeting to order at 1:32 p.m. (CDT). Gill agreed to chair the meeting since a Chair has yet to be named.

Introductions and Welcome: Introductions of board members and DSS staff members present were made. Gill gave an overview of DSS, explaining that everything we do works to strengthen families. We want to keep families together and reunify if it all possible. She also explained the different divisions of DSS: Behavioral Health, Child Care, Child Protection, Child Support, Economic Assistance, and Medicaid. She noted one transition that was directed by the Governor is currently happening. It is the move of behavioral health services for SD prisoners from DSS to the Department of Correction along with health care.

Election of Board President: The Board annually elects the Chair of Board of Social Services. Tidball-Zeltinger explained that the chair facilitates the meetings, calls the meeting to order, and approves the minutes. At the April Board meeting members were polled to see if they had an interest in the position. She noted that Colleen Winters has expressed some interest in the chair position, but she wasn't able to attend today due to illness. Members agreed to postpone the election until the next meeting. It was also noted that if any other members had interest in the position to please make it be known.

Adoption of Agenda: Motion to approve the agenda was made by Grinager, seconded by Blemaster. Motion carried.

Approval of Minutes from April 19, 2022: Motion to approve the April 19, 2022, meeting minutes was made by Blemaster, seconded by Grinager. Motion carried.

Child Care Listening Sessions: Alex Mayer gave a brief overview of the summer listening sessions. Mayer explained that DSS has \$38 million in discretionary funding from the American Rescue Plan Act to support child care. Funds can be used for any allowable use of federal Child Care Development Funds and must meet all federal requirements. DSS held listening session to provide opportunities for child care providers, community members, and families to give their input on how the one-time funding should be spent. Grinager asked for the current top issues of child care. Mayer said workforce, child care facilities, investing in education and training, CPR certification, direct support for tax support, behavioral health, health and safety grants, reduced barrier for facilities in licensing. Advancing quality education through scholarships was discussed. Grinager inquired about the scholarship requirements. Tidball-Zeltinger said one requirement is that after graduation they agree to work in South Dakota for two to three years. If they leave the state before the agreed upon time the scholarship turns into a loan. Work force and pay is a big factor and is a balancing act in elevating the child care profession. Mayer noted that a workforce study will be conducted to get the specific numbers on salaries and communication of the value of the child care workforce. Blemaster commented that state of the art training and extended training with more pay gives that feeling of empowerment. Grinager said you can improve the reputation of child care industry but if the pay doesn't go up, they will have to go elsewhere to pay the bills. Gill stated that when she came to DSS the only thing being done towards child care was a subsidy to parents. The external market was not considered. The pandemic changed that and highlighted the great need for child care. Federal dollars were used for stabilizing. Discretionary money can be used for new day care, pay issues, and workforce studies. The question is what happens next and what role should state Government have in child care and the effort to bolster the profession. Tidball-Zeltinger added on focus has been on regulation and streamlining licensure to reduce costs and make the process easier. Fire Thunder said we need to focus on rural communities because the need for child care is great. Mayer replied that they are looking at the different needs of urban and rural areas. Grinager asked about employers and their involvement. Mayer explained that they had a specific employer session. Tieszen said she appreciates the work on such an important area. Gill agreed this is one of the biggest issues we are working towards improving.

Behavioral Health Updates: Tiffany Wolfgang provided a presentation on Behavioral Health updates. Regarding crisis services and supports she explained the 988 suicide and crisis lifeline and how they are using the Building Local Capacity grant to improve state response to 988 contacts. She also spoke about mobile crisis teams and virtual crisis care. Fire Thunder asked if 911 centers are receiving training. Wolfgang stated they do get training in 988. Gill clarified 911 is Public Safety 988 is through DSS. It was asked if there was a way to track calls. The answer was yes. Fire Thunder asked about data for reservation locations. Wolfgang said they have a workgroup that identifies hotspots and make data available in real time. She gave a summary of the 2022 Suicide Prevention Conference that took place in August along with perceptions and suggestions from the conference. Blemaster commented with behavioral health follow up services are key. Grinager asked how the conference was advertised. Wolfgang explained that it was shared with behavioral health providers and other identified stakeholders such as schools, veteran serving organizations and tribal partners. Grinager said it would be a good idea to share the information with church officials. Wolfgang spoke about the South Dakota Human Services Center in Yankton and how staffing remains a challenging area. Gill said she did some listening sessions in Yankton because she had heard previously that staff felt like they had no voice in Pierre. She wanted to make them feel heard. Notes were taken during those sessions from which action plans are being formed to improve the culture. Fire Thunder asked if there are enough workers for all the positions and Wolfgang responded no. There is great competition for workers right now and we are competing like everyone else. Gill said that Behavioral

Health is a large focus area for DSS, and we are working on a media campaign to explain our services. She suggested that the Board of Social Services could be a benefit to the campaign. Wolfgang also spoke to the current collaboration with the Unified Justice System, the Department of Corrections, and DSS. Representatives from these agencies meet regularly to discuss success, challenges, and outcomes.

Stronger Families Campaign – Year-One Success: Pamela Bennett and Becky Nelson gave a brief explanation of the Stronger Families Campaign and the Year-One Success. "Stronger Families Together" is a call to action to recruit, prepare, and support foster and adoptive families based on the following principles:

- All children deserve to grow up in a family where they are loved and protected.
- Foster families are needed to care for children and support their families when they are experiencing challenges that cause the children to be unsafe.
- Encouragement, support, and services are needed for parents, kinship families, foster families, and adoptive families to provide the best care possible for children.
- Families are needed to provide children a safe, stable, and permanent forever family if they cannot return home.

The Board were referred to Year one highlights: Stronger Families Together video located at <https://www.youtube.com/watch?v=Th8s4YnoXqs&t=476s> to learn more about the successes of the first year of the campaign.

Bennett explained the majority of children in need of foster families have experienced some kind of trauma. Those parents need additional parenting skills. Nelson asked the Board for advice on how to recruit for families. Grinager stated that churches should continue to be a resource. Fire Thunder asked how many children in the system are needing foster families. Bennett responded that 1,035 children are currently in state custody. She reminded the group that the DSS website is rich with statistical information. Fire Thunder asked how many are native so she can advocate for foster parents. What she hears is that the children coming to these foster families are in need of therapy. Gill asked Bennett to explain what is available for children who have mental health problems. Bennett said they can assist with counselling and additional training.

Well Child Affinity Group – Ashley Lauing gave a presentation and answered questions on the Well Child Affinity Group. She stated that by December 2023, the South Dakota Infant Well-Child team intends to increase the percent of children 0-15 months who have 6 or more well-child visits, specifically for the AI/AN population by 10% points from 20.63% to 30.36%. This population was chosen specifically as they traditionally fall below state-wide Medicaid rate for well-child visits. Partners include: Horizon Healthcare, South Dakota Urban Indian Health, WIC Offices, and Indian Health Services. The most accurate data is 6 months behind due to claims runoff and timely filing rules. Because visits are spaced 2-3 months apart, tracking effectiveness on change ideas requires looking back 9 months from the start of a change idea. Provider and partner willingness to participate changes the dynamics of how a change idea may play out in actuality versus anticipated. Rack cards were distributed to 3 Horizon facilities and WIC offices. Clinics were asked to track the Medicaid ID of families who were given the rack card and well-child visits were discussed. That data is turned back in to DSS staff, and the ID numbers are tracked for visits. The goal is to see if a physical reminder will increase well-child visit compliance. Acute Care to Well-Child (SD UIH): SD UIH is working to transition an acute care visit to a well-child visit when clinically indicated. Quantitative data is hard to review with small numbers, but the qualitative feedback has been helpful in shaping the change idea. Another goal is to see if capturing a well-child visit while in office for an acute care visit is effective strategy to increasing well-child visits. We are learning that access to medical records is proving to be a large issue with new patients. Lauing talked about Social Media efforts. A culturally tailored social

media campaign was launched in August with 9 images using Lakota language, depicting the Native American Child specifically, and slogans tied to cultural beliefs. References to immunizations were specifically left off the campaign. Many parents call for immunizations and trigger a nurse visit but do not get a full well-child visit. The goal is to see if increasing education and awareness, increases visits. If the impact of this intervention is limited, alternative education and awareness strategies may need to be tried or we may need to look at addressing other issues such as SDOH. Lauing noted that the SD team has been recognized by CMS for high level data utilization and have been asked to present to other states participating with CMS in the affinity group. It was asked if there was immunization information. Did they drop off in the last few years? Lauing said they did not drop off due to innovation like drive thru shot clinics. Fire Thunder stated that many tribal children qualify for Medicaid but are not enrolled. How can we provide more awareness? Lauing said she would provide her contract information so when she talks to mother maybe she could share ideas.

Public Comment: No one appeared for public comment.

Future Agenda Items/Next Meeting Date: The next meeting date is set for April 18, 2022, from 1:30 to 4:00. Gill asked Board members what they would like to see at these meetings. Grinager asked about orthodontic care under Medicare. He would also like to know what SD covers for Medicaid and what is optional. Gill said SD does provide medically necessary orthodontics. We must be smart with tax payer money. Gill also suggested talking about SNAP and dollars that were available during the pandemic. Grinager asked about the possible Medicaid expansion. Gill said that we can add that to the April Agenda.

Adjourn: Howard Grinager made a motion to adjourn. Seconded by Elton Blemaster. Motion carried and the meeting was adjourned at 4:03 PM (CT).



Medicaid Updates

April 2023



Agenda



Continuous Coverage Requirement & Unwinding



Medicaid Expansion



Pregnancy Coverage Changes & Pregnancy Health Home

Continuous Coverage Requirement & Unwinding

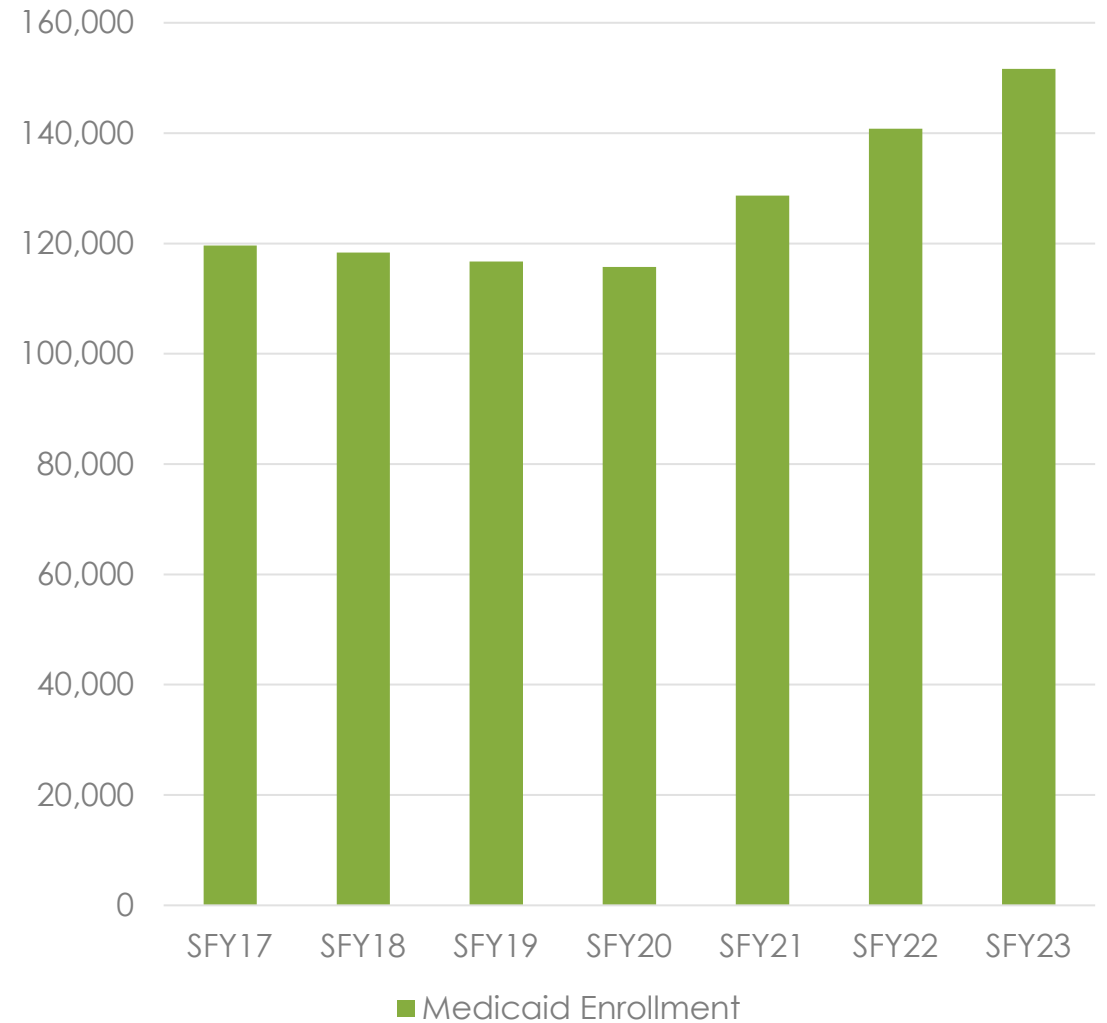
Continuous Coverage

The Families First Coronavirus Relief Act (FFRCA) required “continuous coverage” for Medicaid during the public health emergency (PHE). Any Medicaid recipient (not including CHIP) eligible on or after March 18, 2020, has not been able to lose coverage unless they:

- request closure,
- are deceased,
- move out of state, or
- were incorrectly enrolled.

South Dakota Medicaid monthly enrollment has increased over 30% from 114,689 in March 2020 to 151,640 in January 2023 due to the continuous coverage requirement.

Average Monthly Medicaid Enrollment



Decoupling Continuous Coverage from the PHE



Federal law set an end date to the continuous coverage requirement effective April 1, 2023. It is no longer tied to the PHE.

Effective April 1, 2023, Medicaid coverage can be closed again for individuals who are no longer eligible. This period where states return to regular operations is called the “unwinding.” States must meet certain federal conditions during unwinding to qualify for enhanced FMAP:

Condition #1: Eligibility Operations

States must meet all federal requirements for renewals. The Centers for Medicare and Medicaid Services (CMS) recommends states initiate no more than 1/9 of their total caseload renewals in any given month during the unwinding.

Condition #2: Enrollee Contact Information

States must maintain up-to-date contact information for individuals that will undergo redetermination. States can use reliable sources of information outside of the eligibility system to improve contact information. Examples of possible sources include other public programs.

Condition #3: Contacting Ineligible Individuals

States cannot disenroll individuals solely based on mail that is returned. States must make a “good faith effort” to contact all recipients using more than one mode of communication.

Preparation for Unwinding

The Department of Social Services (DSS) has been proactively planning for unwinding and the Medicaid Return to Regular Operations while awaiting the Federal declaration ending the continuous coverage requirement. This included:

- Continuing to Process Annual Renewals for Medicaid Recipients
- Providing regular updates to Medicaid recipients;
- Reminding Medicaid Recipients to Keep Information Current; and
- Alerting Medicaid Recipients to the unwinding process.

To prepare for the start of unwinding in April, DSS has communicated with Medicaid recipients and providers and created a new webpage for resources related to return to regular operations.

DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE

CLICK HERE TO LEARN MORE ABOUT UPCOMING CHANGES TO MEDICAID ELIGIBILITY

Following these steps will help determine if you still qualify:



Make sure your contact information is up to date.



Watch for communication from Department of Social Services



Complete your renewal form (if you receive one)

Online Updates

Provider and recipient resources can be located online by going to **Important Changes Coming Soon to Medicaid Eligibility** at dss.sd.gov.

South Dakota's Unwinding Plan

South Dakota submitted its plan to CMS for approval in February 2023. The proposed plan prioritizes cases for review focusing first on cases most likely to be ineligible based on those who no longer meet a coverage group, aged out of a coverage group, the time limit in the coverage group expired, or income has increased. South Dakota will also return to regular operations for annual renewals.



Timeline

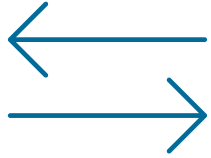
Beginning February 2023, reviews will be conducted to assess continued eligibility or need for disenrollment. The soonest an individual could lose coverage is April 1, 2023. DSS will follow CMS' recommendation to work on no more than 1/9 of the total caseload per month. DSS estimates it will take up to 9 months to work through cases most likely to be found ineligible.



Eligibility Redeterminations

Over the next several months, DSS staff will be redetermining Medicaid eligibility. Prior to redeterminations, individuals on Medicaid will receive a Medicaid review form. Once a Medicaid recipient receives their review form, they should complete it right away.

Transitions and Closures



Transitions

Cases set to close will be screened for other Medicaid programs prior to coverage ending. If an individual is eligible for another aid category, they will continue to receive Medicaid coverage.



Closures

If a recipient is no longer eligible, their coverage will close at the end of the first month the Department can provide 10-day advance notice, but no sooner than effective April 1, 2023. Individuals who have lost coverage can reapply for Medicaid with DSS at any time.

Health Insurance Marketplace

HealthCare.gov

Individuals denied for Medicaid may still be able to get health insurance, and help paying for it, through the **Health Insurance Marketplace**. For more information on the **Health Insurance Marketplace**, please call (800) 318-2596 (TTY: 1-855-889-4325) or visit www.healthcare.gov.

Customer Support

DSS is taking actions to minimize beneficiary burden and limit gaps in coverage by:

- Asking providers to assist with keeping customer addresses up to date;
- Screening beneficiaries for all available coverage groups prior to disenrollment;
- Automatically transferring accounts to the Federal Marketplace for ineligible individuals;
- Screening individuals for expansion eligibility;
- Notifying Primary Care Providers of their customers who are likely to be found ineligible;
- Hosting webinars for providers, stakeholders and others to educate about unwinding;
- Creating a FAQ of questions from providers, stakeholders and others about unwinding;
- Highlighting coverage resources on the DSS website;
- Partnering with stakeholders and community resources to provide eligibility information; and
- Leveraging social media and dss.sd.gov updates with information for customers.

Individuals disenrolled and screened for potential expansion eligibility will:

- Receive a notice at disenrollment to apply again as soon as July 1; and
- Receive a reminder letter in June with expansion and application information.

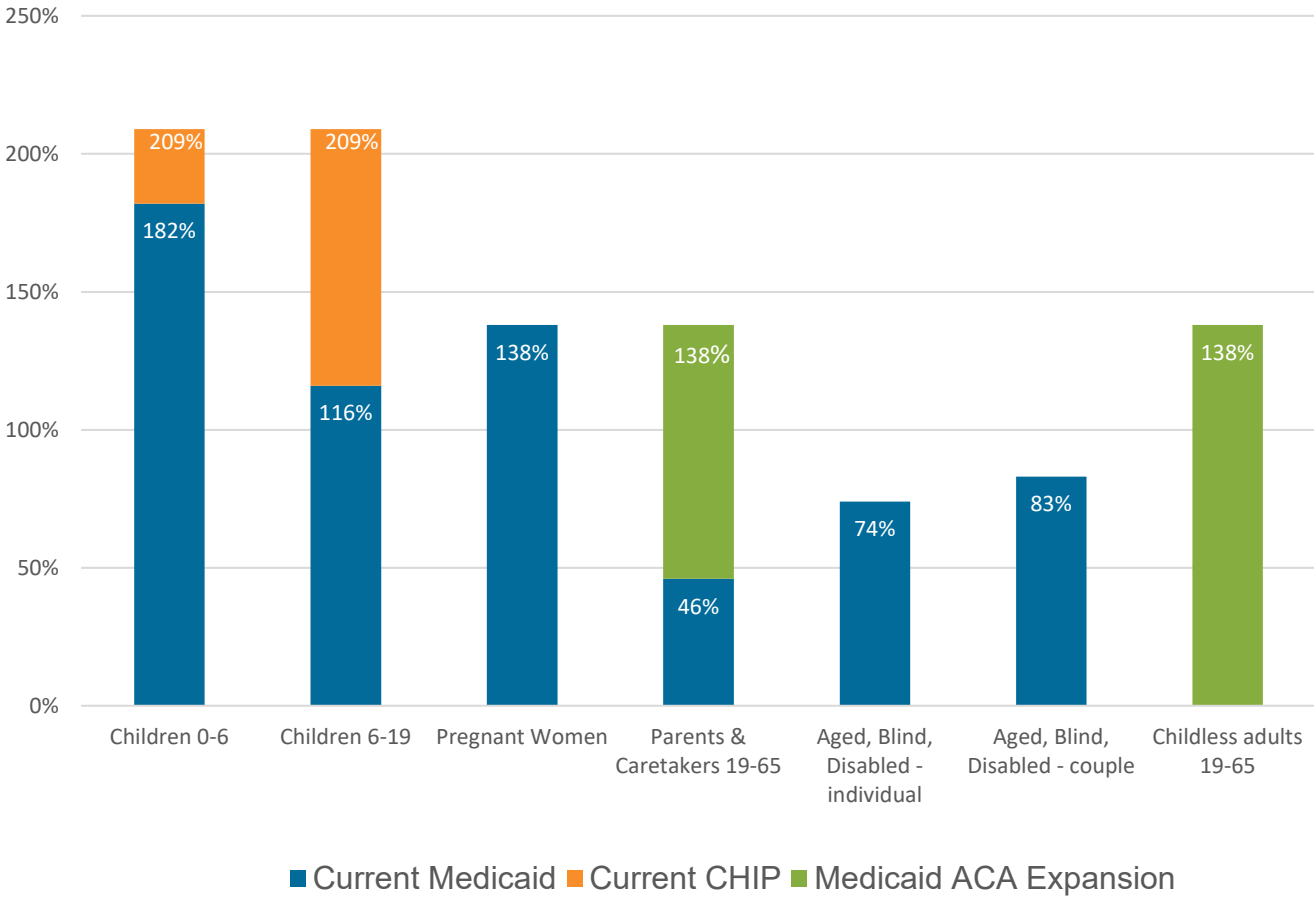
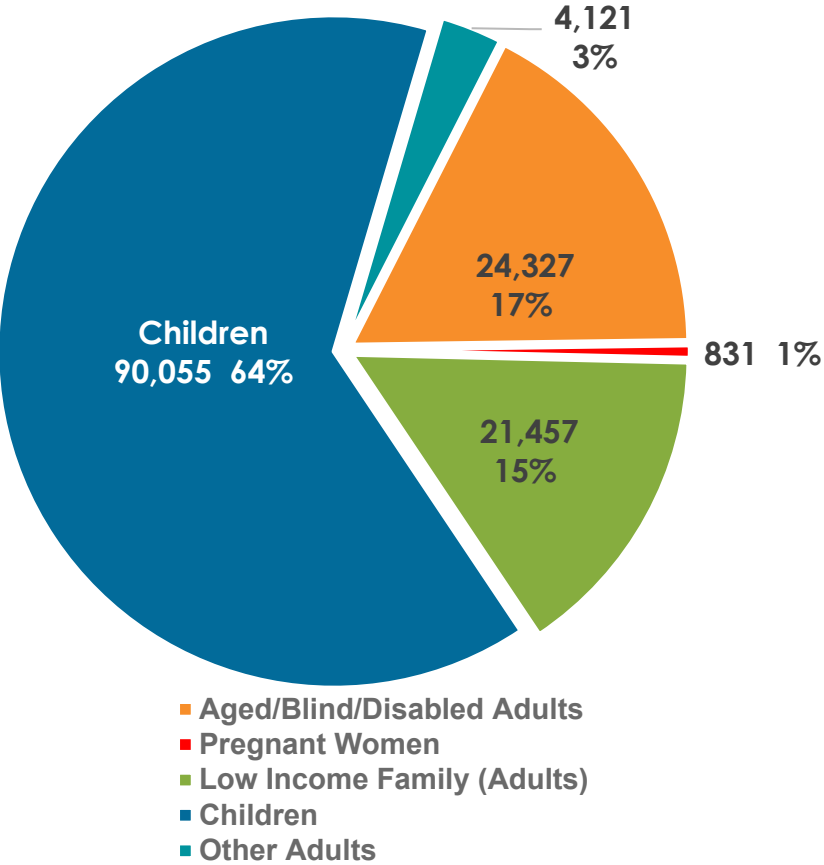
Medicaid Expansion

Medicaid Expansion Overview

- South Dakota voters approved Constitutional Amendment D in November 2022.
- Under Constitutional Amendment D, adults ages 19 to 64 with incomes up to 138% of the federal poverty level will be eligible to enroll in Medicaid.
- Two key dates in the Constitutional Amendment:
 - Requires coverage effective July 1, 2023.
 - Requires DSS to submit amendments to the Medicaid State Plan in March 2023.
- DSS estimates approximately 52,000 individuals will be eligible for Medicaid Expansion in South Dakota.
- The SFY 2024 Budget includes:
 - \$578.9 million to fund the benefit and administrative costs for Medicaid Expansion.
 - 68 FTE for the Department of Social Services

Medicaid Today & Medicaid Expansion

SFY2022: 140,791
Average Monthly Eligible



Federal Poverty Level & DSS Programs

2023 CALENDAR YEAR FEDERAL POVERTY GUIDELINES

Annual Amount at Various Income Percentage Levels

Family Size	100%	130%	138%	182%	185%	200%	209%
1	\$14,580	\$18,954	\$20,120	\$26,536	\$26,973	\$29,160	\$30,472
2	\$19,720	\$25,636	\$27,214	\$35,890	\$36,482	\$39,440	\$41,215
3	\$24,860	\$32,318	\$34,307	\$45,245	\$45,991	\$49,720	\$51,957
4	\$30,000	\$39,000	\$41,400	\$54,600	\$55,500	\$60,000	\$62,700
5	\$35,140	\$45,682	\$48,493	\$63,955	\$65,009	\$70,280	\$73,443
6	\$40,280	\$52,364	\$55,586	\$73,310	\$74,518	\$80,560	\$84,185
7	\$45,420	\$59,046	\$62,680	\$82,664	\$84,027	\$90,840	\$94,928
8	\$50,560	\$65,728	\$69,773	\$92,019	\$93,536	\$101,120	\$105,670

South Dakota

Medicaid Expansion	138%
Medicaid Children	182%
CHIP Children's Health Insurance Program	209%
SNAP	130%
LIEAP	200%
Child Care	209%
Community Behavioral Health	185%



Adult Expansion Eligibility Criteria

- Aged 19 through 64
- Income below 133% of the Federal Poverty Limit for 2023
- Not entitled to or enrolled in Medicare (Part A or B)
- Not otherwise eligible for or enrolled in another aid category



Application Process

The application process will not change. Adults who may be eligible for this group may begin applying in June 2023 for coverage July 1, 2023.

Medicaid Expansion Application Process



Applications are available:

1. **Online:** <http://dss.sd.gov/applyonline>
2. **DSS website:** <http://dss.sd.gov/formsandpubs/>
3. **All Department of Social Services offices**
4. **Most South Dakota Medicaid providers**

Application Process

The application process for Medicaid can be done entirely by mail or online. No interview is required.

An application for one Medicaid program is considered an application for all programs.

SSI recipients are automatically eligible for the South Dakota Medicaid program and do not need to apply.

Individuals can reapply at any time.

Benefits

- Constitutional Amendment D states that Medicaid expansion enrollees “shall receive coverage that meets or exceeds the benchmark or benchmark-equivalent coverage requirements, as such terms are defined by federal law as of January 1, 2021.”
- South Dakota’s [benchmark plan](#) is established by the South Dakota Division of Insurance. Benchmark plan covered services for adults include the 10 essential health benefits for expansion.
- The current Medicaid benefit package includes the 10 essential health benefit categories in the benchmark plan as well as additional services for adults such as adult dental, adult optometry and eyeglasses, and non-emergency medical transportation.

Essential Health Benefits

1. Outpatient care, such as services delivered in ambulatory care settings
2. Emergency services
3. Hospitalizations, such as surgery and overnight stays
4. Pregnancy, maternity, and newborn care both before and after birth
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive services, wellness services, and chronic disease management
10. Pediatric services, including oral and vision care

Medicaid Expansion Benefits, Providers, and Rates

- **Medicaid Expansion recipients will have the same benefit package and coverage as traditional adult Medicaid recipients.**
 - Medicaid Expansion recipients will be subject to the same service limits, coverage criteria, and prior authorization requirements as traditional adult Medicaid recipients.
 - Coverage will be consistent as individuals move between coverage groups.
- Medicaid Expansion recipients will use the same providers as traditional Medicaid. Medicaid providers will **not** have to make enrollment changes to see Medicaid Expansion recipients. Medicaid providers can start seeing Medicaid Expansion recipients on July 1, 2023.
- Medicaid Expansion will use the same reimbursement rates as traditional Medicaid. Payments to providers will **not** change.

Care Management Programs



Primary Care Case Management: PCP Program

- The Primary Care Provider Program (PCP) is designed to improve access to medical care for Medicaid recipients as well as improve the quality of care they receive by giving them a medical home.
- Recipients either choose or are assigned a Primary Care Provider (PCP). This allows the recipient and their physician to develop a relationship in which the best medical care can be provided. South Dakota Medicaid allows Medicaid recipients to change their PCP at any time for any reason.
- Individuals in the PCP program receive primary care services from their PCP and require a referral from their PCP for non-emergent specialty and hospital services. This ensures the PCP acts as a medical home and assists Medicaid recipients in coordinating care.

Health Home Program

- The Health Home Program offers enhanced services to Medicaid recipients with chronic medical or behavioral health conditions. The Health Home Program provides 6 core services designed to reduce inpatient hospitalization and ER visits, increase integration between primary care and behavioral health services, and enhance transitional care between institutions and community-based care.
- Individuals are enrolled in the Health Home program based on claims data or provider referral.

Medicaid Expansion recipients will participate in the PCP and Health Home Programs on the same basis as traditional adult Medicaid recipients.

Cost Sharing

Cost sharing is a small portion of a medical bill, often called a co-insurance or co-pay. Cost sharing is limited to 5% of a household's income.

Medicaid Expansion recipients will have the same cost sharing as traditional adult Medicaid recipients.

Services Exempt from Cost Sharing

- True emergency services
- Family planning services and supplies
- Services relating to a pregnancy, postpartum condition, a condition caused by the pregnancy, or a condition that may complicate the pregnancy;
- Provider-preventable services
- Laboratory services
- Psychiatric inpatient and rehabilitation services;
- Radiological services; and
- Substance use disorder treatment.

Individuals Exempt from Cost Sharing

- Children under age 21;
- Individuals receiving hospice care;
- Individuals residing in a long-term care facility or receiving home and community-based services;
- American Indians who have ever received an item or service furnished by an Indian Health Services (IHS) provider or through referral under contract health services; and
- Individuals eligible for Medicaid through the Breast and Cervical Cancer program.

Customer Support

DSS is taking action to get ready for Medicaid Expansion by:

- Streamlining coverage;
- Reusing existing enrollment processes;
- Publishing income eligibility standards for the new Adult Group alongside other Medicaid Eligibility Information;
- Creating Fact Sheets for the stakeholders and the public about Eligibility, Covered Services, Benefits and Operational Costs, and Expansion Overview;
- Highlighting key resources on a single page on the dss.sd.gov;
- Hosting webinars for providers, stakeholders, and the public in May and June 2023;
- Providing education and resources to tribes at Medicaid Tribal Consultation and CMS In-Person trainings;
- Creating a FAQ of questions from providers, stakeholders and the public;
- Updating Medicaid eligibility and claims processing systems for Expansion; and
- Updating Medicaid provider manuals and Recipient Handbook with Expansion information.

Pregnancy Coverage Changes & Pregnancy Health Home

Pregnancy Coverage Changes

Pregnancy Coverage

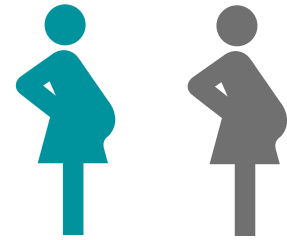
- Current Coverage is limited to pregnancy related services including prenatal care, labor/delivery, hospitalization due to delivery, and treatment of medical issues caused by the pregnancy or that directly affect the health of the baby.
- **Effective July 1, pregnant women will have full Medicaid coverage.**
- Unborn Children coverage will not change.

Postpartum Coverage

- Current coverage is limited to the postpartum exam, family planning, and medical conditions directly related to the pregnancy and/or delivery. Coverage is limited to 60 days following delivery.
- **Effective July 1, postpartum women will have full Medicaid coverage.**
- **Effective July 1, postpartum coverage will extend to 12 months after delivery**

Pregnancy Health Home

- Quality pregnancy and postpartum care are key to ensuring babies and moms are healthy.
- DSS been working collaboratively with Department of Health (DOH) and our federal partners to explore and support innovative ideas that can change the outcomes for pregnant women, babies, and young children.
- DSS knows that enhanced care management makes a difference.
 - DSS's Health Home model has shown robust avoidance and better outcomes for individuals with chronic conditions.
 - DSS tested the concept of enhanced care management for pregnant Medicaid recipients through Primary Care and Prenatal Care Innovation Grants. Results showed increased high risk screening rates, and increased breastfeeding and the potential to decrease the number of infants that require a NICU stay.
- Governor Noem's recommended budget included \$3.1 million to support the creation of a new Pregnancy Health Home to deliver enhanced care coordination and care management services to ensure that pregnant women receive all of the support needed during their pregnancy.



Medicaid covers about
HALF of all births in
South
Dakota.



50% of children
born in South Dakota
will be on Medicaid or
CHIP during their first
year of life.

- DSS will build a health home model for pregnant women using the framework of South Dakota's existing Health Home Program.
- As part of the program, providers will be asked to do more care management and coordination of care for pregnant women.
 - Screening and referrals for behavioral health need such as depression and substance use;
 - Screening for other needs such as food, housing and legal services and connecting women to these resources;
 - Supporting women referred to specialist care during pregnancy;
 - Encouraging women to adopt healthy behaviors and self-manage their conditions.
- The Provider will work closely with DOH programs supporting pregnancy such as Bright Start, Pregnancy Care and WIC to provide wrap around services and home visiting services.
- Providers will work on quality improvement projects to enhance care delivery for patients in their communities. DSS and DOH will provide technical assistance and support to providers for their projects.

What will the Pregnancy Health Home do?

Next Steps

- DSS has been working with DOH to start designing the model.
- DSS will convene a stakeholder work group to provide input on the design of the model. Expected stakeholders will include:
 - Medicaid Recipients
 - Prenatal Care Providers
 - Health Systems and Clinics
 - Federally Qualified Health Centers and Rural Health Clinics
 - Indian Health Service and Tribal Providers
 - Department of Social Services Staff
 - Department of Health Staff
- Model is expected to launch in 2024.



Questions?

dss.sd.gov



605-773-3495



sarah.aker@state.sd.us





WEATHERIZATION AND ENERGY ASSISTANCE PROGRAMS



Weatherization Assistance Program

Purpose

- Improve energy efficiency of homes occupied by low-income individuals and families
- Reduce monthly heating and cooling costs
- Improve the health and safety
- Educate households on energy saving practices

Program Overview

- Weatherization is a 100% federally funded by the U.S. Department of Energy.
- The State contracts with Community Action Agencies to Weatherize homes.
 - Inter-Lakes Community Action Partnership (Madison)
 - Grow SD (Sisseton)
 - Rural Office of Community Services (Wagner)
 - Western Community Action Agency (Rapid City)

Program Overview (continued)

- Annual State Plan required
- Funding amount for SFY 2024
 - \$2,302,723
- Projecting to Weatherize 161 homes
- 219 homes were weatherized at an average cost of \$11,554 in SFY 2022

Eligibility

- Income below 200% FPL
- Priority is given to households with:
 - Elderly
 - Disabled
 - Children under the age of 19
- Once a home is weatherized, federal rule states that a home cannot receive additional Weatherization services for 15 years.

Weatherization Process

- On-Site Energy Audit
 - Specially trained agency staff conduct visual inspection along with extensive diagnostic testing
- Post Energy Audit
 - Information gathered from audit entered into specialized computer software
- Installation of measures by agency staff or contractors
- Final home inspection
 - Must be completed by a certified Quality Control Inspector

Weatherization measures may include:

- Weather-stripping of doors and windows
- Caulking and sealing cracks and holes in a building structure
- Insulating attics, walls and under floors
- Repair, tune-up or replacement of non-functional heating systems
- Incidental repairs necessary to protect the weatherization material

Health and safety of occupants is also considered:

- Testing heating systems and appliances for combustion safety
- Testing for carbon monoxide and gas leaks
- Monitoring for possible moisture damage or mold infestations
- Checking electrical panels and wiring for safety
- Replacing and/or providing tune-ups for unsafe heating systems
- Installing smoke and carbon monoxide detectors

Low Income Energy Assistance Program

Helps eligible households with home heating costs by paying the energy supplier directly.

Natural Gas and Electric Heat:

Eligible households receive assistance for any unpaid heating charges from regular meter read dates from October 1 through May 15.

Propane and Fuel Oil:

Eligible households receive assistance for any unpaid heating charges from tank fills from July 1 through April 30.

The program may also help:

- If the heating costs are included in the cost of the rent.
- Households that pay their heating costs directly to their landlord in addition to the rent.

Eligibility and Funding

Eligibility for the program is based on:

- **Income-** household income must be at or below 200% of the Federal Poverty Level.
- **Heating Source-** South Dakota assists with the household's primary heating source. Heating sources include: coal, electric, fuel oil, natural gas, propane, wood and heat included in rent.
- **Location-** South Dakota has designated four heating regions assigned to specific counties based on heating degree data

Funding

LIEAP is a 100% Federally funded program

LIEAP funding is allocated to States based on:

- Average temperature data
- Residential energy expenditures and heating consumption
- Number of low-income households (as determined by Census data)

Tribal LIEAP

- Tribes may apply for direct LIEAP funding. In South Dakota, five tribes administer their own LIEAP program. For those Tribes that administer their own program, they apply directly to ACF; the State has no oversight responsibilities.
 - Cheyenne River
 - Oglala
 - Rosebud
 - Standing Rock
 - Yankton
- Tribal funding is determined based on the number of low-income Native American households in the counties served by the Tribe (as determined by Census data)
 - The Department has State-Tribe Agreements with each tribe that doubles the funding percentage they receive from ACF

Emergency Reconnect/Crisis Prevention Program

Households that are in an emergency situation may qualify for the Emergency Reconnect/Crisis Prevention Program. Those situations include:

- Household is currently disconnected or has received a disconnect notice
- Household has less than 20% in their tank (fuel oil/propane households)
- Household has received an eviction notice

Households that are in an emergency situation become a priority and have their case processed right away. Eligible households can receive an Emergency benefit paid directly to the supplier to ensure that they are no longer in a emergency situation. This benefit is separate from the regular heating assistance benefits.

Emergency Furnace Repair/Replacement

The Emergency Furnace Repair or Replacement program provides assistance to LIEAP eligible households whose furnace is not working or not working correctly. Community Action Agencies provide furnace repair or replacement.



Thank You

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