# SOUTH DAKOTA BOARD OF SOCIAL SERVICES

**Meeting Agenda**
**Tuesday, October 23, 2018**
**10:00 am – 2:00 pm CT**
**Dial in: 1-866-410-8397**
**Conference code: 986-314-4547**
**Kneip Building, 1st Floor Kneip Conference Room #3, Pierre**

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**Board Members Present:** Hugh Grogan; Kaye Neller; Steven Deming; Jesse Ronning; Patricia Johnson.

**Board Members Absent:** Cecelia Fire Thunder; Linda Wordeman

**Others Present:** Lynne Valenti, Department of Social Services (DSS) Cabinet Secretary; Brenda Tidball-Zeltinger, DSS Deputy Secretary; Amy Iversen-Pollreisz, DSS Deputy Secretary; Ken Cole, Administrator, Human Services Center; Marilyn Kinsman, Senior Policy Analyst, DSS.

**Call to Order and Declaration of Quorum:** The meeting was called to order by Hugh Grogan, at 10:02 AM and a quorum was determined.

**Approval of Minutes from the April 10th, 2018 Board Meeting:** Motion to approve minutes by Steven Deming, seconded by Kaye Neller. Motion carried.

**Review of Conduct of Conduct/Conflict of Interest Policy:** Marilyn Kinsman presented information about the Code of Conduct and Conflict of Interest Policy that was adopted by the Governor's State Board of Internal Control in June of 2018. The policy applies to Board members when acting within their official public service capacity. The purpose of the policy is to establish a set of minimum ethical principles and guidelines for members. Any violations or suspected violations should be reported to Lynne Valenti. Board members were directed to contact a private attorney if they have questions about how the conflict of interest laws apply to their own interests. Motion was made by Steve Deming to adopt the policy as written, seconded by Jesse Ronning. Motion carried. Refer to the *DSS Boards Code of Conduct and Conflict of Interest* PowerPoint and the *Code of Conduct and Conflict of Interest Policy for Use by State Authority, Board, Commission, and Committee Members* handouts.

**Featured Division-Human Services Center:** Ken Cole presented information regarding the Human Services Center (HSC), the state's only public psychiatric hospital. Services are provided at HSC to those individuals who cannot be served in a less restrictive setting. The majority of individuals (eighty-seven percent in FY18) are involuntarily committed to HSC, primarily due to being a danger to themselves or unable to care for self. A person may be subject to an involuntary committal if the person has a severe mental illness; due to the severe mental illness, the person is a danger to self or others or has a chronic disability; or the person needs and is likely to benefit from treatment; and hospitalization is the least restrictive option. Over 70% of individuals admitted to HSC are between the

age of 18-64. Treatment programs include adult acute, adult psychiatric rehabilitation, adult inpatient chemical dependency, adolescent and geriatric nursing home. The adult acute, adolescent and geriatric programs are certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicare or Medicaid revenue. The adult acute and adolescent units are licensed as a specialized hospital by the South Dakota Department of Health (DOH). The geriatrics program is licensed as a nursing facility. DOH surveys all licensed hospitals in South Dakota to determine compliance with state licensing rules and CMS Conditions of Participation. Current initiatives include zero suicide, dialectical behavior therapy and motivational interviewing. With these three initiatives, the department is working closely with the community mental health system and the state correctional facility staff to ensure consistency regardless of where the individual is served. HSC has been working to address direct care shortages. With the Legislature's appropriation, the department can pay an incentive payment for weekend work. The HSC human resource office has been involved in recruitment and retention efforts. Additionally, academic assistance is supported when a person agrees to stay with HSC for at least two years. Holding rapid hire events has proven to be helpful as well. The department has partnered with the Department of Labor and the community at job fairs and events to assist with recruitment and retention of direct staff. HSC is also piloting a mentoring program. Congress does not allow HSC to receive incentives for direct staff through the loan forgiveness program, as hospitals are excluded. Refer to the *South Dakota Human Services Center* PowerPoint presentation.

**Mental Health Access Summer Study:** Amy Iversen-Pollreisz shared that the Legislature chose mental health as a topic this year. Senator Deb Soholt is chairing the Mental Health Access Summer Study committee and Representative Herman Otten is Vice Chair. The Study includes a review of mental health services that are currently available in South Dakota and the capacity of the available services and includes looking at the continuum of care, gaps, and financial costs of community funded mental health services. Continuum of care includes prevention services, early intervention services, crisis supports, outpatient mental health services, specialized outpatient mental health services provided through 11 community mental health centers in South Dakota, specialized mental health with housing/residential supports through assisted livings and transitional housing, day treatment supports for people residing in their own home, and inpatient psychiatric care as the most restrictive option. The focus of the Study is identifying where mental health services are needed, where the gaps are, and addressing crisis support such as mobile crisis teams that help people where they are and links them to the services they need to be successful in their homes and communities. It is recognized that not every service can be provided in every community. Mental health care is not unlike medical care in that people may need to travel a distance to receive treatment options. Additional telehealth options for mental health care is being considered as a way to increase access to services in rural areas. The committee discussed workforce challenges and using 211 as an option across the state when people are needing information that is currently not available. The intent is to make mental health services available as much as possible in the communities in which individuals reside, following the regional concept from the Governor's Behavioral Health Services workgroup. Recommendations of the committee will be presented during the upcoming Legislative Session.

**Coalition Work Update:** Brenda Tidball-Zeltinger provided information about the State's 100% Federal Medical Assistance Percentage (FMAP) Reinvestment Initiative. The Initiative addresses access issues in Medicaid and improves healthcare outcomes for recipients of Medicaid, particularly Native Americans. In 2016 there was a federal policy change around how the funding mechanism works, allowing states to claim 100% FMAP for certain services to American Indians referred by Indian Health Services (IHS) under a Care Coordination Agreement. This increases the federal match rate for services and generates state savings to allow the state to reinvest in Medicaid. Currently, American Indians who access care through IHS are covered at 100% federal funds. If the same individual is referred to a non-IHS location, or they choose to go to a non-IHS provider, the state pays 55% and federal government pay 45%. Key requirements of the federal policy include the following: participation must be voluntary; service must be referred by HIS; IHS and non-IHS providers must have a Care Coordination Agreement; and IHS and the non-IHS provider must share medical records to get the 100% FMAP. In SFY17, South Dakota spent $97 million in state general funds for American Indians for care outside IHS. While this represents the total amount of care, not all expenditures meet the policy requirements because not all care is referred care. The first phase of implementation focused on care that already originates at IHS today. Year one savings of $4.6 million were built into the SFY19 budget. 85% of the savings were used to increase community-based provider rates and address service gaps in Medicaid. The remaining 15% is to be shared with the providers and IHS who implement the program. Funding is prioritized to address service gaps in existing Medicaid with the goal to avoid more expensive hospital and emergency care; increase provider rates for identified Department of Social Services, Department of Human Services and Department of Corrections community-based providers; and share savings with providers. Providers only benefit to the extent they participate in Care Coordination Agreements with IHS and generate savings to the state Medicaid program. Next steps are to enhance Medicaid provider rates up to 100% of costs. The department is currently working with skilled nursing facilities, psychiatric residential treatment facilities, and community support providers to implement a referral process with IHS. The department is also working with Federally Qualified Health Centers (FQHC) and tribal partners to develop an 1115 waiver to pilot an alternative service delivery model to increase access to primary care for American Indians. The goal of the waiver is to increase primary care and reduce other higher levels/cost services. The overall efforts of the work in leveraging the policy is on adding value to the patient, enhancing patient care, getting the patient access to care at the least restrictive level, and getting more investment back to providers. Refer to the *100% FMAP Reinvestment Initiative* handout.

**Medicaid Work Requirement Update:** Lynne Valenti provided an update on the status of the Medicaid work requirements and waiver. As a reminder, federal regulations currently prohibit work requirements as a condition of eligibility of Medicaid; however, recently the Centers for Medicare and Medicaid Services (CMS) indicated they would consider flexibility using 1115 waiver authority, for states to implement a mandatory work component. In August the department applied for an 1115 waiver that will require able-bodied parents with children age 1 or older to participate in an intensive employment and training program as a condition of Medicaid eligibility. Some individuals will be exempt, for example, full-time students, pregnant women, medically frail individuals, parents of

dependent children under one-year old living in the parent's residence, etc. A two-year pilot in Minnehaha and Pennington counties was proposed since these areas have the greatest availability of jobs and employment and training resources. DSS continues to partner with the Department of Labor and Regulation (DLR) and the work component became effective on a voluntary basis July 1, 2018. It is estimated that 1,300 recipients will be impacted in these two counties. The next phase is for CMS to schedule a call with DSS to discuss input from their public comment period. There is no timeline in which CMS must approve the 1115 waiver application.

**Opioid Grants and Work Plan:** Amy Iversen-Pollreisz shared that the Division of Behavioral Health has been focusing on addressing the opioid crisis. While South Dakota is not experiencing the opioid crisis other states are, our rates of opioid usage are increasing. We want to be proactive in assessing the impact of the opioid epidemic in South Dakota and provide coordinated efforts in the areas of education, prevention, treatment and recovery to curb this trend. In 2015, South Dakota had the 9th lowest number of opioid painkiller prescriptions per 100 people in the nation. However, during this time, South Dakotans were prescribed enough opiates to medicate every adult in the state around-the-clock for 19 straight days. Improvements have been made in the past two years. In 2016, it was for 17 days and in 2017, it was for 15 days. Controlled substance registrants are now required to be enrolled in the state's Prescription Drug Monitoring Program (PDMP). An initial federal grant was awarded to the Division of Behavioral Health in 2017 providing $2 million over a 2-year period to implement strategies to address opioid misuse. In Fall 2018, the Division of Behavioral Health was awarded a second federal grant for $4 million over a 2-year period to address the opioid crisis by increasing access to medication assisted treatment, reducing unmet treatment need, and reducing opioid overdose deaths through the provision of prevention, treatment, and recovery activities. DSS partnered with the South Dakota Department of Health (DOH) and the Opioid Abuse Advisory Committee to conduct a needs assessment and develop a strategic plan. Key objectives include prevention and early intervention, treatment and recovery, reducing illicit supply, and response to opioid misuse and abuse. Several activities have taken place such as increasing public awareness through a media campaign and the creation of a hotline and website. Various education/training events have taken place, for example education around various best practices in prescribing and treatment. In keeping with the Centers for Disease Control and Prevention and other clinical guidance, Medicaid is limiting how soon a recipient may refill a prescription, a 7-day supply and a maximum dosage limit, and additional prior authorization criteria. In addition, efforts to emergency response have included training over 700 emergency response professionals on how to administer Naloxone to reverse overdose effects and save a life. Naloxone has also been distributed to various entities, such as emergency response services, hospitals, police departments, sheriff's offices, etc. Prevention efforts will also focus on youth in reservations and schools with high numbers of Native American children. The message will be targeted to school age children and will include information about the harmful effects of opioids, not to use, and why.

**Additional Agenda Items:** Steven Deming asked about the Indian Child Welfare Act (ICWA) lawsuit. The Eighth Circuit Court of Appeals granted DSS' request and dismissed portions of the lawsuit. It remains an ongoing case.

**2019 Legislative Issues:** The department is in the process of considering drafts and potential legislative issues.

**Public Comment:** No one appeared for public comment. No public comments were heard.

**Establish Next Meeting Date:** The next meeting date is set for Tuesday, April 16, 2019 from 10:00 AM to 2:00 PM (CST).

**Adjourn:** The meeting was adjourned at 1:42 PM.