

SOUTH DAKOTA BOARD OF SOCIAL SERVICES
Meeting Agenda
Tuesday, April 16, 2019
1:30pm – 3:30pm CT
Teleconference
Dial in: 1-866-410-8397
Conference code: 986-314-4547
Kneip Building, 1st Floor Kneip Conference Room #3, Pierre

1. Call to Order and Declaration of Quorum
2. Adoption of Agenda
3. Approval of Minutes from October 23, 2018 Board Meeting
4. 2019 Legislative Session Update
5. Career Connector
6. Weatherization State Plan
7. Medicaid Community Health Worker
8. Primary Care/Nursing Home Innovation Grants
9. Behavioral Health - New Initiatives
10. Featured Program - DSS Opioid Grants
11. Additional Agenda Items
12. Public Comment
13. Establish Next Meeting Date
14. Adjourn

SOUTH DAKOTA BOARD OF SOCIAL SERVICES
Meeting Minutes
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

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-Pollreizs 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.

DRAFT

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation Other (specify): <input type="checkbox"/> Revision	
3. Date Received 04/08/2017		4. Applicant Identifier:	
5a. Fed Entity Identifier:		5b. Federal Award Identifier: DE-EE0007950	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
a. Legal Name: STATE OF SOUTH DAKOTA			
b. Employer/Taxpayer Identification Number (EIN/TIN): 466000364		c. Organizational DUNS: 809587900	
d. Address:			
Street 1:	910 E. Sioux Ave		
Street 2:			
City:	PIERRE		
County:	HUGHES County		
State:	SD		
Province:			
Country:	U.S.A.		
Zip / Postal Code:	575014517		
e. Organizational Unit:			
Department Name: DEPARTMENT OF SOCIAL SERVICES		Division Name: DEPARTMENT OF SOCIAL SERVICES	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Mr	First Name:	David
Middle Name:			
Last Name:	Gall		
Suffix:			
Title:	Program Administrator		
Organizational Affiliation:			
Telephone Number:	6057734131	Fax Number:	6057736657
Email:	david.gall@state.sd.us		

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

9. Type of Applicant:

A State Government

10. Name of Federal Agency:

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.042

CFDA Title:

Weatherization Assistance Program

12. Funding Opportunity Number:

DE-WAP-0002019

Title:

2019 Weatherization Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of South Dakota

15. Descriptive Title of Applicant's Project:

Weatherization of low-income homes in the state of South Dakota.

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

16. Congressional District Of:

a. Applicant: South Dakota At-Large Congressional District b. Program/Project: SD-Statewide

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

a. Start Date: 07/01/2017 b. End Date: 06/30/2018

18. Estimated Funding (\$):

a. Federal	2,136,561.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	2,136,561.00

19. Is Application subject to Review By State Under Executive Order 12372 Process?:

- a. This application was made available to the State under the Executive Order 12372 Process for review
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)

No

21. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to**

I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency

Authorized Representative:

Prefix: Dr First Name: M. Gregory
Middle Name:
Last Name: DeSautel, MD
Suffix:

Title: Department of Social Services Secretary

Telephone Number: 6057733166 Fax Number:

Email: Greg.DeSautel@state.sd.us

Signature of Authorized Representative:

Date Signed:

BUDGET INFORMATION - Non-Construction Programs

1. Program/Project Identification No. EE0007950		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517		4. Program/Project Start Date 07/01/2017	5. Completion Date 06/30/2018

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Federal	81.042	\$ 0.00		\$ 2,136,561.00		\$ 2,136,561.00
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 2,136,561.00	\$ 0.00	\$ 2,136,561.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) DOE	(2) GRANTEE ADMINISTRA TION	(3) SUBGRANTE E ADMINISTRA	(4) GRANTEE T&TA	
a. Personnel	\$ 0.00	\$ 31,176.00	\$ 0.00	\$ 0.00	\$ 31,176.00
b. Fringe Benefits	\$ 0.00	\$ 9,210.00	\$ 0.00	\$ 0.00	\$ 9,210.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,000.00	\$ 12,000.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contract	\$ 0.00	\$ 0.00	\$ 142,889.00	\$ 15,400.00	\$ 2,056,675.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other Direct Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges	\$ 0.00	\$ 40,386.00	\$ 142,889.00	\$ 27,400.00	\$ 2,109,061.00
j. Indirect Costs	\$ 0.00	\$ 27,500.00	\$ 0.00	\$ 0.00	\$ 27,500.00
k. Totals	\$ 0.00	\$ 67,886.00	\$ 142,889.00	\$ 27,400.00	\$ 2,136,561.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

BUDGET INFORMATION - Non-Construction Programs

1. Program/Project Identification No. EE0007950		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517	4. Program/Project Start Date 07/01/2017		
	5. Completion Date 06/30/2018		

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 2,136,561.00	\$ 0.00	\$ 2,136,561.00

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) SUBGRANTEE T&TA	(2) PROGRAM OPERATIONS	(3) HEALTH AND SAFETY	(4) LIABILITY INSURANCE	
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 31,176.00
b. Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,210.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,000.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contract	\$ 184,050.00	\$ 1,333,509.00	\$ 333,377.00	\$ 29,200.00	\$ 2,056,675.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other Direct Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges	\$ 184,050.00	\$ 1,333,509.00	\$ 333,377.00	\$ 29,200.00	\$ 2,109,061.00
j. Indirect Costs	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 27,500.00
k. Totals	\$ 184,050.00	\$ 1,333,509.00	\$ 333,377.00	\$ 29,200.00	\$ 2,136,561.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

BUDGET INFORMATION - Non-Construction Programs

1. Program/Project Identification No. EE0007950		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517	4. Program/Project Start Date 07/01/2017		
	5. Completion Date 06/30/2018		

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 2,136,561.00	\$ 0.00	\$ 2,136,561.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) FINANCIAL AUDITS	(2)	(3)	(4)	
a. Personnel	\$ 0.00				\$ 31,176.00
b. Fringe Benefits	\$ 0.00				\$ 9,210.00
c. Travel	\$ 0.00				\$ 12,000.00
d. Equipment	\$ 0.00				\$ 0.00
e. Supplies	\$ 0.00				\$ 0.00
f. Contract	\$ 18,250.00				\$ 2,056,675.00
g. Construction	\$ 0.00				\$ 0.00
h. Other Direct Costs	\$ 0.00				\$ 0.00
i. Total Direct Charges	\$ 18,250.00				\$ 2,109,061.00
j. Indirect Costs	\$ 0.00				\$ 27,500.00
k. Totals	\$ 18,250.00				\$ 2,136,561.00
7. Program Income	\$ 0.00				\$ 0.00

**U.S. Department of Energy
WEATHERIZATION ASSISTANCE PROGRAM (WAP)
WEATHERIZATION ANNUAL FILE WORKSHEET**

(Grant Number: EE0007950, State: SD, Program Year: 2019)

IV.1 Subgrantees

Subgrantee (City)	Planned Funds/Units
Interlakes Community Action Agency (Madison)	\$528,418.00 58
Northeast SD Community Action Agency (Sisseton)	\$425,790.00 42
Rural Office of Community Services (Lake Andes)	\$506,725.00 54
Western SD Community Action Agency (Rapid City)	\$580,343.00 60
Total:	\$2,041,276.00 214

IV.2 WAP Production Schedule

Weatherization Plans	Units
Total Units (excluding reweatherized)	214
Reweatherized Units	0

Note: Planned units by quarter or category are no longer required, no information required for persons.

Average Unit Costs, Units subject to DOE Project Rules		
VEHICLE & EQUIPMENT AVERAGE COST PER DWELLING UNIT (DOE RULES)		
A	Total Vehicles & Equipment (\$5,000 or more) Budget	\$0.00
B	Total Units Weatherized	214
C	Total Units Reweatherized	00
D	Total Dwelling Units to be Weatherized and Reweatherized (B + C)	214
E	Average Vehicles & Equipment Acquisition Cost per Unit (A divided by D)	\$0.00
AVERAGE COST PER DWELLING UNIT (DOE RULES)		
F	Total Funds for Program Operations	\$1,333,509.00
G	Total Dwelling Units to be Weatherized and Reweatherized (from line D)	214
H	Average Program Operations Costs per Unit (F divided by G)	\$6,231.35
I	Average Vehicles & Equipment Acquisition Cost per Unit (from line E)	\$0.00
J	Total Average Cost per Dwelling (H plus I)	\$6,231.35

IV.3 Energy Savings

Method used to calculate savings: <input checked="" type="checkbox"/> WAP algorithm <input type="checkbox"/> Other (describe below)			
	Units	Savings Calculator (MBtus)	Energy Savings
This Year Estimate	214	29.3	6270
Prior Year Estimate	229	29.3	6710
Prior Year Actual	69	29.3	2022

Method used to calculate savings description:

South Dakota's estimated energy savings for 2017-2018 are shown on the following algorithm:

**U.S. Department of Energy
WEATHERIZATION ASSISTANCE PROGRAM (WAP)
WEATHERIZATION ANNUAL FILE WORKSHEET**

(Grant Number: EE0007950, State: SD, Program Year: 2019)

<p>DOE Program Amount</p> <p>(A) Total DOE State Weatherization Allocation \$2,136,561</p> <p>(B) Total Cost associated with Administration, T&TA, H&S, Audits, Liability Ins. \$759,544</p> <p>(C) Subtract the amount entered in line (B) from line (A), for total Federal (DOE) funds available to weatherize homes \$1,321,891</p> <p>(D) Estimated State Average Cost per Home - \$6,231.35</p> <p>(E) Divide the amount entered on line (C) by the amount entered on line (D), for Total Estimated Homes to be Weatherized-214.</p> <p>(F) Multiply (E) by 29.3 MBtu for Total Annual Estimated Energy Savings resulting from DOE appropriated fund 6,710.22 MBtu's</p>
--

IV.4 DOE-Funded Leveraging Activities

IV.5 Policy Advisory Council Members

Check if an existing state council or commission serves in this category and add name below

--	--

IV.6 State Plan Hearings (Note: attach notes and transcripts to the SF-424)

Date Held	Newspapers that publicized the hearings and the dates the notice ran
04/18/2019	Notice of Public Hearing ran in the following newspapers- Aberdeen American News - 04-07-2018, Sioux Falls Argus Leader - 04-07-2018, Pierre Capital Journal - 04-06-2018, Rapid City Journal - 04-07-2018, and the Mitchell Daily Republic - 04-07-2018. The Notice also ran on the DSS Website for Public Hearings from 04-03-2018 to 04-17-2018.

IV.7 Miscellaneous

<p>Recipient Business Officer Bill Regynski bill.regynski@state.sd.us 700 Governors Drive Pierre, SD 57501 605-773-5182</p> <p>Recipient Principal Investigator David Gall david.gall@state.sd.us 910 E. Sioux Ave Pierre, SD 57501 605-773-4131</p>
--

Community Health Worker (CHW) Services

CHW services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.

- Must be ordered by a physician, physician assistant, nurse practitioners, or a certified nurse midwife. The service must be ordered or referred by the recipient's primary care provider or health home if applicable.
- must be delivered according to a care plan.

Enrollment as CHWs

- A community health worker (CHW) agency is required to be enrolled with South Dakota Medicaid to be reimbursed for services.
- Individual CHWs must be employed and supervised by an enrolled CHW agency.

Community Health Worker (CHW) Services

Covered services include:

- Health system navigation and resource coordination
- Health promotion and coaching including providing information or education to recipients that makes positive contributions to their health status
- Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects

Innovation Grants

During the 2019 legislative session, one-time funding was appropriated to implement innovation grants in the areas of primary care, prenatal care, and nursing home care. The grants are intended to provide funding for:

- Community nursing homes to develop and implement new and innovative approaches to nursing facility care and to implement ideas they have but are unable to support with existing funds
 - \$5 million
- New ideas and better ways to deliver primary and prenatal care that improve people's health and reduce the need for more costly care
 - \$1 million

Innovation Grants


Schedule of activities (subject to change)

Activity	Due
RFP Publication	April 1, 2019
Letter of Intent to Respond	April 15, 2019
Submission of Written Inquiries	April 15, 2019
Responses to Offeror Questions	April 29, 2019
Proposal Submission	May 20, 2019, 5pm CT
Individual Offeror Conf. Call	May 29 & 30, 2019
Anticipated Award Decision/ Contract Negotiation	July 1, 2019

Avoid Opioid



PRESCRIPTION ADDICTION



What you need
to **know** about
opioid misuse,
abuse, and
addiction

AvoidOpioidSD.com

South Dakota Opioid Resource Hotline
[1-800-920-4343](tel:1-800-920-4343)



What are opioids?

Opioids are highly addictive narcotic substances commonly prescribed for chronic pain after surgery or injury. Opioids must be used with extreme caution even though they can provide powerful relief for those struggling with chronic pain.

Regular use – even as prescribed by a doctor – can lead to dependence. **Misuse – taking a larger quantity than prescribed**, using for a different reason other than prescribed, or taking without a prescription can lead to addiction, overdose and even death. Some of the most commonly prescribed opioids are:

Generic Name	Brand Name
Hydrocodone Bitartrate/ Acetaminophen	NORCO, Vicodin
Tramadol HCL	Ultram, ConZip
Oxycodone HCL	Oxycontin, Roxicodone
Morphine Sulfate	Duramorph, Infumorph P/F
Acetaminophen with Codeine Phosphate	Tylenol-Codeine
Fentanyl	Duragesic, Subsys

A Note on Illicit or Illegal Use

Fentanyl is a synthetic opioid often used to treat severe pain caused by advanced cancer and is 50-100X more potent than morphine. While fentanyl is a prescription drug, most overdose and death is linked to illegally made fentanyl which is often mixed with heroin and/or cocaine.

Heroin is an illegal and highly addictive opioid drug. Its use has increased dramatically in the United States among men and women, most age groups, and all income levels. Nearly all of the people who used heroin also used at least 1 other drug or alcohol which is especially dangerous because it increases the risk of overdose.

If you suspect illegal activity, contact local law enforcement.



OPIOID ADDICTION
can start before you know it.
Talk to your doctor about
the **RISKS** before they
become a problem.

What are the risks?

Even when prescribed by a physician or dentist – *anyone* who takes prescription opioids can become addicted to them.

The rate of unintentional overdose continues to rise across the country at alarming rates.

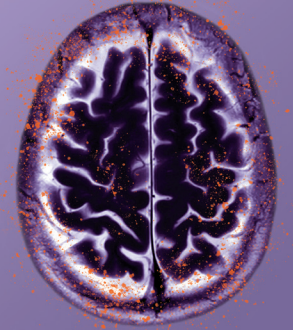
The risk for misuse or abuse is increased when there is:

- past or current substance use disorder
- untreated psychiatric disorder
- first use of an opioid or other drug at a young age
- social or family environments that encourage misuse

Since 2012,
OPIOID DEATHS have
INCREASED
in South Dakota



How do opioids affect the brain?



Opioids activate receptors in the brain to block pain signals. They can cause drowsiness, confusion, nausea, shallow breathing, or stop a person's breathing completely.

They can also cause euphoria, especially when more pills than prescribed are taken, when mixed with alcohol or other medications, or taken for reasons other than intended.

What are the side effects?

Even when taken as directed, prescription opioids can cause harmful side effects including:

- Increased sensitivity to pain
- Nausea & vomiting
- Constipation
- Confusion
- Low energy & depression
- Lower sex drive



AvoidOpioidSD.com

What can I do?

Never mix.

Never take opioids with alcohol or any other prescribed or over-the-counter medications.

No loose pills.

Keep prescriptions in the bottle provided by the pharmacy and keep track of how many have been taken and how many are left.

Never share or sell.

Selling your prescription opioids is illegal and sharing them can result in life-changing consequences. Don't risk it.

Store in a secure place.

Keep prescriptions in a locked cabinet – out of reach of children, family, friends, and visitors.

Properly dispose of unused medication.

Find drug take-back locations in your community or talk to your pharmacist.

Talk about it.

Talk to your doctor, your pharmacist, your children, and family and friends.



1 in 4 people
who are prescribed opioids
STRUGGLE with ADDICTION



Funding for this material was made possible by 1H79TI080268 from SAMHSA. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



South Dakota Opioid Resource Hotline
1-800-920-4343

Find Help.

If you have an emergency, dial 911. Saving someone from an opioid overdose **requires a QUICK RESPONSE.**

In South Dakota, Good Samaritan laws provide limited immunity for minor drug violations, drug paraphernalia, and being under the influence at the time of the medical emergency.

Opioid Texting Support

Text **OPIOID** to **898211** to connect with local resources that best fit your needs. Answer a few questions and get help for yourself or a loved one who is struggling.

Addiction Treatment

Additional services can be located by calling:

South Dakota Opioid Resource Hotline
1-800-920-4343



AvoidOpioidSD.com

If you or someone you know is struggling with opioid addiction – **don't wait.**

Reach out... You just might save a life.



Opioids 101: What You Need to Know About Opioid Misuse, Abuse, and Addiction

What are Opioids?

Opioids are highly addictive narcotic substances commonly prescribed for chronic pain after surgery or injury. Opioids must be used with extreme caution even though they can provide powerful relief for those struggling with chronic pain.

Regular use – even as prescribed by a doctor – can lead to dependence.

Misuse – taking a larger quantity than prescribed, using for a different reason other than prescribed, or taking without a prescription – can lead to addiction, overdose and even death.

Some of the most commonly prescribed opioids are:

Actiq	Exalgo	MS-Contin
Astramorph	Hydrocodone	Norco
Codeine	(Vicodin)	Oxycodone
Conzip	Hydromorphone	(Oxycontin/Oxecta)
Demerol	Fentanyl	Percocet
DepoDur	Lorcet	Roxicet
Dilaudid	Lortab	Roxicodone
Duragesic	Meperidine	Tramadol
Duramorph	Methadone	Ultram
Endocet	Morphine	Ventura

What about Fentanyl?

Fentanyl is a synthetic opioid often used to treat severe pain caused by advanced cancer and is 50-100X more potent than morphine. Most fentanyl related harm, overdose, and death is linked to illegally made fentanyl. Illegally made fentanyl is often mixed with heroin and/or cocaine – with or without the user's knowledge – to increase its euphoric effects.

What about Heroin?


Heroin is an illegal and highly addictive opioid drug. Its use has increased dramatically in the United States among men and women, most age groups, and all income levels. Nearly all of the people who use heroin also use at least one other drug or alcohol, which is especially dangerous because it increases the risk of overdose.



South Dakota Opioid Resource Hotline
1-800-920-4343

AvoidOpioidSD.com





OPIOID ADDICTION
can start before you know it.
Talk to your doctor about
the **RISKS** before they
become a problem.

What can I do?

Never mix.

Never take opioids with alcohol or any other prescribed or over-the-counter medications.

No loose pills.

Keep prescriptions in the bottle provided by the pharmacy and keep track of how many have been taken and how many are left.

Never share or sell.

Selling your prescription opioids is illegal and sharing them can result in life-changing consequences. Don't risk it.

Store in a secure place.

Keep prescriptions in a locked cabinet – out of reach of children, family, friends, and visitors.

Properly dispose of unused medication.

Find drug take-back locations in your community or talk to your pharmacist about alternative options.

Talk about it.

Talk to your doctor, your pharmacist, your children, family and friends.

Can opioid overdoses be reversed?

NALOXONE is a non-addictive, life-saving drug that can reverse the effects of an opioid overdose when administered in time.

South Dakota law allows naloxone to be prescribed to friends, family members, or other close third parties of a person at risk of an opioid overdose.

Find Help

If you have an emergency, dial 911. Saving someone from an opioid overdose requires a **QUICK RESPONSE**.

In South Dakota, Good Samaritan laws provide limited immunity for minor drug violations, drug paraphernalia, and being under the influence at the time of the medical emergency.

Opioid Texting Support

Text **OPIOID** to **898211** to connect with local resources that best fit your needs. Answer a few questions and get help for yourself or a loved one.

Addiction Treatment

Additional services can be located by calling:

South Dakota Opioid Resource Hotline
1-800-920-4343

AvoidOpioidSD.com

If you or someone you know is struggling with opioid addiction – don't wait. Reach out.

You just might save a life.



Content was developed in partnership with the South Dakota Department of Social Services - Division of Behavioral Health and the South Dakota Department of Health. Funding for this material was made possible by 1H79TI080268 from SAMHSA. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.