South Dakota Former Foster Care Youth
Year Five Annual Report

State: South Dakota
Demonstration Year: Five
Approved start and end date of the Demonstration: May 1, 2018 - April 30, 2023

A. Introduction

Please describe the goal(s) and objectives of the demonstration and status of key operational milestones.

The goals of the demonstration are the following:

1. Maintain access to Medicaid for former foster care youth who were in foster care and Medicaid in another state and are now a South Dakota resident applying for Medicaid in this state.
2. Improve or maintain health outcomes for the demonstration population.

The demonstration has been successful in its goal of maintaining access to Medicaid for former foster care youth who were in foster care and Medicaid in another state and are now a South Dakota resident applying for Medicaid in this state. As the State noted in the approval process, the small number of individuals eligible under the demonstration make it challenging to measure whether the demonstration improves or maintains health outcomes for the demonstration population. The demonstration is fully operational.

B. Eligibility and Enrollment Information, including member month reporting

Topic	Measure	Narrative
Total Enrollment	8	The total enrollment number is aligned with the State's expectations for total enrollment.
New Enrollment	0	The number of new enrollees is aligned with the State's expectations in relation to total enrollment. The State includes questions about foster care in all of its applications for Medical Assistance to identify potentially eligible recipients and includes information about the program on the Department of Social Service's website.

Re-Enrollment	0	The number of re-enrollees is aligned with the State's expectations in relation to total enrollment. Due to the low total enrollment there should be very few individuals who disenroll and re-enroll during a period.
Disenrollment	5	The disenrollment number is aligned with the State's expectations in relation to total enrollment. The historical primary reasons for disenrollment among our former foster care programs are "aging out" of the program and being unable to locate recipients. Recipients are frequently reminded to report address changes.

C. Utilization Monitoring

The following is a summary of utilization through a review of claims/encounter data for the demonstration population. If two or fewer beneficiaries utilized a service in a particular month, "≤ 2" is used to deidentify the data.

Topic	Measure	
Utilization Monitoring	**Total number of beneficiaries with any claim**	
	Month	**Number of Beneficiaries**
	May 2022	4
	June 2022	4
	July 2022	4
	August 2022	4
	September 2022	4
	October 2022	4
	November 2022	4
	December 2022	5
	January 2023	4
	February 2023	5
	March 2023	4
	April 2023	3
	Total number of beneficiaries with primary care appointments	
	Month	**Number of Beneficiaries**
	May 2022	3
	June 2022	≤ 2
	July 2022	≤ 2
	August 2022	≤ 2
	September 2022	≤ 2
	October 2022	≤ 2
	November 2022	≤ 2
	December 2022	≤ 2

January 2023	≤ 2
February 2023	≤ 2
March 2023	≤ 2
April 2023	≤ 2
Total number of beneficiaries with behavioral health appointments	
Month	**Number of Beneficiaries**
May 2022	≤ 2
June 2022	≤ 2
July 2022	≤ 2
August 2022	≤ 2
September 2022	≤ 2
October 2022	≤ 2
November 2022	≤ 2
December 2022	≤ 2
January 2023	≤ 2
February 2023	≤ 2
March 2023	≤ 2
April 2023	≤ 2
Total number of beneficiaries with emergency department visits	
Month	**Number of Beneficiaries**
May 2022	3
June 2022	≤ 2
July 2022	≤ 2
August 2022	≤ 2
September 2022	≤ 2
October 2022	≤ 2
November 2022	3
December 2022	≤ 2
January 2023	≤ 2
February 2023	≤ 2
March 2023	≤ 2
April 2023	≤ 2
Total number of beneficiaries with inpatient visits	
Month	**Number of Beneficiaries**
May 2022	3
June 2022	≤ 2
July 2022	≤ 2
August 2022	≤ 2
September 2022	≤ 2
October 2022	≤ 2
November 2022	3
December 2022	≤ 2
January 2023	≤ 2
February 2023	≤ 2
March 2023	≤ 2
April 2023	≤ 2

D. Grievances and Appeals

Describe any grievances and appeals filed during the quarters by the demonstration population by type, highlighting any patterns that are concerning. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

The State has not received any grievances or appeals regarding eligibility or prior authorizations for medical services.

E. Operational/Policy/Systems/Fiscal Developments/Issues and Action Plans

Identify and describe any other significant program developments/issues/problems that have occurred in the current quarters or are anticipated to occur in the near future that affect the operation or evaluation of the demonstration, including but not limited to program development, access to care, quality of care, approval and contracting with Managed Care Entities, managed care contract compliance, fiscal issues, systems issues, and pertinent legislative or litigation activity.

Please provide a description of each issue as well as any immediate and long-term action plans to address any problems identified. Include a discussion of the status of action plans implemented in previous periods until resolved.

This demonstration continued coverage for an eligibility group that was previously covered under the Medicaid State Plan. The State has not encountered any significant program developments/issues/problems and does not anticipate any to occur in the near future.

F. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

- *Status of progress against timelines outlined in the approved Evaluation Design.*
- *Any challenges encountered and how they are being addressed.*
- *Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).*
- *Description of any interim findings or reports, as they become available.*

The demonstration has been successful in its goal of maintaining access to Medicaid for former foster care youth who were in foster care and Medicaid in another state and are now a South Dakota resident applying for Medicaid in this state. An interim evaluation was submitted to CMS on April 29, 2022. CMS approved the interim evaluation on May 18, 2022.

G. Post Award Public Forum

South Dakota held a public forum on June 29, 2022, in Pierre, South Dakota and July 06, 2022, in Hot Springs, South Dakota. The public had the option of attending in person or via phone. No members of the public attended the public forum. The State did not receive any

written inquiries regarding the demonstration.

H. Budget Neutrality Monitoring

The expected costs and growth trend comprising the "without-waiver" budget neutrality expenditure limit are reflected in the table below.

Waiver Name	Trend Rate	DY1	DY2	DY3	DY4	DY5
FFCY	2.1%	$420.39	$429.26	$438.32	$447.57	$457.01

In year five of the demonstration there were 83 actual member months for demonstration enrollees. Total expenditures for year five of the demonstration were $21,710.01. The PMPM for DY% was $226.15.

I. Program Integrity and Quality Assurance Monitoring Activities

Services reimbursed under the demonstration are subject to the same program integrity and quality assurance monitoring activities as all other services provided to South Dakota Medicaid recipients. Reviews include, but are not limited to, the following:

- DSS Quality Assurance Monthly Review: The demonstration population is included in the universe for sampling for this review by the department. The review utilizes the same methodology as PERM.
- DSS Supervisor Reviews: On a monthly basis each Benefit Specialist has 10 cases reviewed at random by their supervisor to verify the accuracy of their eligibility determinations.
- Program Integrity Unit Reviews: The Program Integrity Unit conducts post-payment provider reviews.
- Quality Improvement Organization: This program reviews inpatient hospital claims to ensure quality of services and correct coding.
- Office of Recoveries and Fraud Investigations: This division conducts investigations of recipient fraud and recovers payments from third party liability sources.
- Drug Utilization Review: In partnership with South Dakota State University, this program conducts a retrospective review of recipients' drug claims and provides education to physicians.

In addition to these internal reviews, external reviews include:

- Unified Program Integrity Contractors: This program involves federal contractors conducting independent audits of providers.
- Medicaid Fraud Control Unit: This unit is located in the South Dakota Attorney General's Office and investigates fraudulent practices.

South Dakota Medicaid also does a comparative analysis of the CMS 64 and claims data

to ensure there is no duplication of federal funding.