

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 26, 2024

Brenda Tidball-Zeltinger
Director, Medical Services
South Dakota Department of Social Services
700 Governors Drive, Kneip Building
Pierre, SD 57501-2291

Dear Director Tidball-Zeltinger:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Summative Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC #33 “Summative Evaluation Report” of the state’s section 1115 demonstration, “South Dakota Former Foster Care Youth” (Project No: 11-W-00319/8). The demonstration was approved on April 30, 2018 for a period of performance of May 1, 2018 through April 30, 2023, and subsequently temporarily extended through October 31, 2023. This Summative Evaluation Report covers the period from May 2018 through April 2023. CMS determined that the Evaluation Report, submitted on December 4, 2023, is in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the state’s Summative Evaluation Report.

Despite limitations of a small sample size and the use of mainly descriptive statistics, there are several important findings from this report. The Summative Evaluation Report indicated the demonstration provided continued coverage for eligible former foster care youth as intended, and these individuals were able to access care. However, the state was unable to conduct analyses for health outcomes due to the number of individuals in the demonstration. We look forward to future analysis that will come as the state continues to refine the program during the current demonstration period.

In accordance with STC #36 “Public Access,” the approved Evaluation Report may now be posted to the state’s Medicaid website within 30 days. CMS will also post the Summative Evaluation Report on Medicaid.gov.

We look forward to our continued partnership on the South Dakota Former Foster Care Youth section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S
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Date: 2024.03.26 09:02:20 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Mandy Strom, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

South Dakota Former Foster Care Youth Summative Evaluation Report

State: South Dakota

Approved start and end date of the Demonstration: May 1, 2018 - April 30, 2023

A. Executive Summary-

South Dakota's Former Foster Care Youth Demonstration was approved by CMS on April 30, 2018. The demonstration allowed Medicaid to continue to provide full Medicaid state plan benefits to former foster care youth who are under age 26 with household income up to 182 percent of the Federal Poverty Level (FPL), were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected for termination of Federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid on the date of aging out of foster care, and applied for Medicaid in South Dakota. This group was covered under the Medicaid state plan prior to April 30, 2018. Based on CMS's revised interpretation of federal regulations this group was no longer able to be covered under the state plan and had to be transitioned to coverage under an 1115 demonstration.

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 provided eligibility to a total of 13 individuals. Annual expenditures associated with this demonstration generally have ranged from approximately \$20,000 to \$30,000.

The demonstration has provided continued coverage for this population as intended. Based on the small number of individuals in the demonstration it is not feasible to draw conclusions about whether the health outcomes for the demonstration population were improved or maintained; however, the demonstration has ensured these individuals continue to have access to healthcare.

The State received approval of its extension request on October 23, 2023 for individuals that do not qualify for the state plan option that went into effect on January 1, 2023.

B. General Background Information-

South Dakota is utilizing the 1115 Demonstration Waiver to 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.

Individuals eligible for this demonstration are limited to "out-of-state former foster care youth" who are defined as individuals under age 26 that meet the following criteria:

- a) were in foster care under the responsibility of a state other than South Dakota or a tribe in such other state when they turned age 18 (or such higher age as the state has elected for termination of Federal foster care assistance under title IV-E of the Act);
- b) were enrolled in Medicaid at the time of aging out of foster care;
- c) turned 18 on or before December 31, 2022;
- d) are now applying for Medicaid in South Dakota; and,
- e) are not otherwise eligible for Medicaid.

The South Dakota Former Foster Care Youth 1115 Demonstration Waiver was approved on date with an evaluation period from May 1, 2018- April 30, 2023.

The population group impacted by the demonstration are those listed in the criteria above with an income up to 182 percent of the Federal Poverty Level, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid on the date of aging out, and are now applying for Medicaid in South Dakota.

C. Evaluation Questions and Hypothesis

The state’s demonstration goals were quantified based on the following using administrative data and descriptive statistics¹:

Goal 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.

Does the demonstration provide continuous health insurance coverage?

Hypothesis: Beneficiaries will be continuously enrolled for 12 months.

- Number of beneficiaries continuously enrolled/ total number of enrollees

How did the beneficiaries utilize health services?

Hypothesis: Beneficiaries will access health services.

- Number of beneficiaries who had an ambulatory care visit/ Total number of beneficiaries
- Number of beneficiaries who had an emergency department visit/ Total number of beneficiaries
- Number of beneficiaries who had an inpatient visit/ Total number of beneficiaries
- Number of beneficiaries who had a behavioral health encounter /Total number of beneficiaries

Alignment: By tracking coverage for beneficiaries in this coverage group the state is able to identify if the demonstration helps beneficiaries maintain coverage when they would not be otherwise eligible for Medicaid coverage which, in turn, will increase utilization of health services.

Goal 2: Improve or maintain health outcomes for the demonstration population.

What do health outcomes look like for beneficiaries?

¹ The driver diagram is outlined using a table format in the Appendix on page two of the Final Evaluation Plan

Hypothesis: Beneficiaries will have positive health outcomes [as defined by NQF measures]

- Number of beneficiaries with appropriate follow-up care for hospitalizations (physical and/or mental illness) / Total number of beneficiaries with hospitalizations
- Total number of beneficiaries with appropriate medication management for people with asthma / Total number of beneficiaries on medication for asthma
- Total number of beneficiaries on persistent medications with annual monitoring / Total number of beneficiaries on persistent medications
- Total number of beneficiaries with an annual preventive visit / Total number of beneficiaries
- Total number of beneficiaries with a cervical cancer screening/ Total number of beneficiaries eligible for cervical cancer screen

Alignment: By reviewing health outcomes as defined by NQF measures, the state is able to determine if beneficiaries' health improves over the period of time they are covered by Medicaid.

All hypotheses promote the objectives of Titles XIX and Title XXI by increasing eligibility for health care to low-income adults who would have otherwise been eligible under a parent's insurance until age 26.

D. Methodology-

The evaluation design outlined is a one group posttest-only design as outlined in the evaluation plan. This design was chosen based on historical enrollment and claims data which would exclude the use of baseline or comparative group data based on sample and population size.

The target population is former foster care youth under age 26 with an income up to 182 percent of the Federal Poverty Level, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid on the date of aging out, and are now applying for Medicaid in South Dakota.

Data was collected and reported annually during the duration of the evaluation period (May 1, 2018 - April 30, 2023). Data collection ended with the end of the evaluation period and analysis was completed only on data collected for that time frame.

The waiver's success is measured by data analysts and is based on goals outlined in the program evaluation which were selected to mirror HEDIS measures.

Data was obtained through claims and enrollment records. Enrollment was verified and individual claims data was pulled. Due to the small sample size, individual records could be reviewed and validated manually.

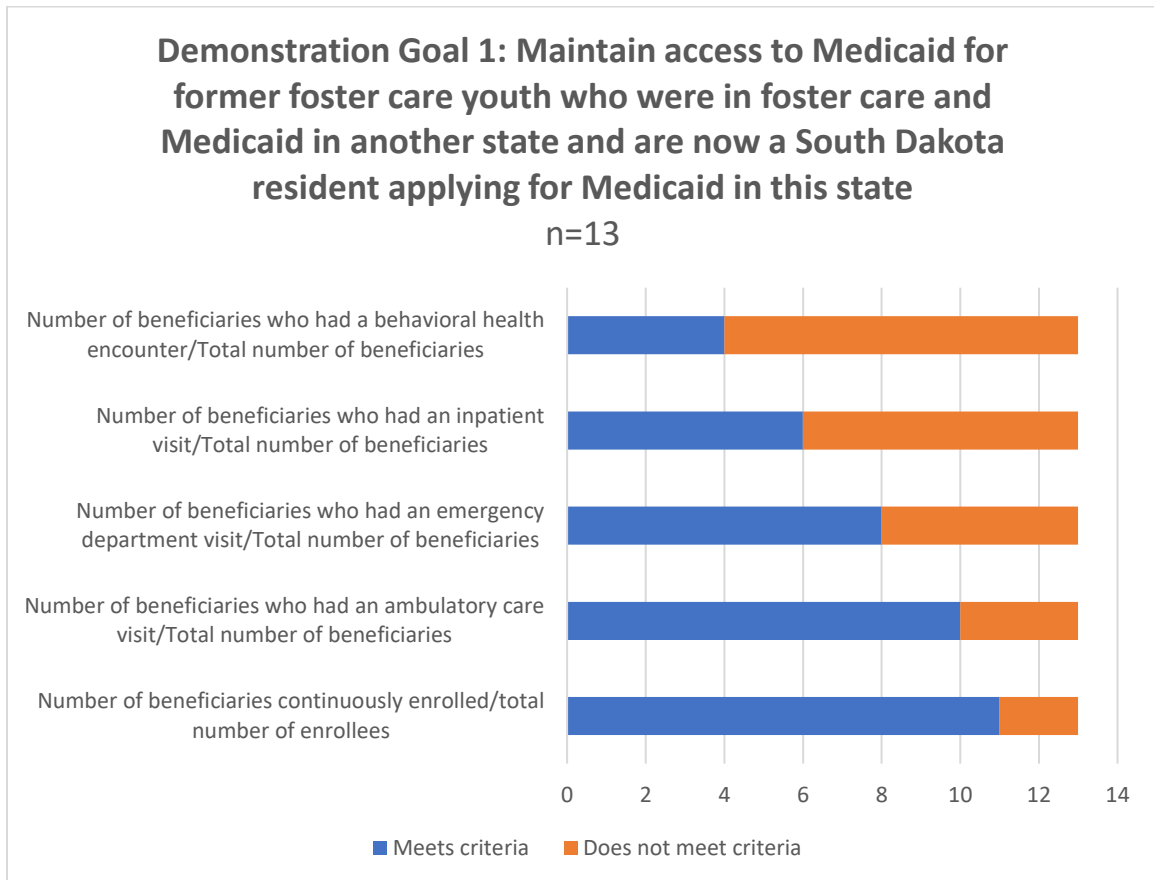
The data analysis is considered statistically insignificant based on sample size. While data is pulled in accordance with the HEDIS measures a sample size of less than .01% of the population would lead to invalid comparisons to overall outcomes of the population.

E. Methodological Limitations-

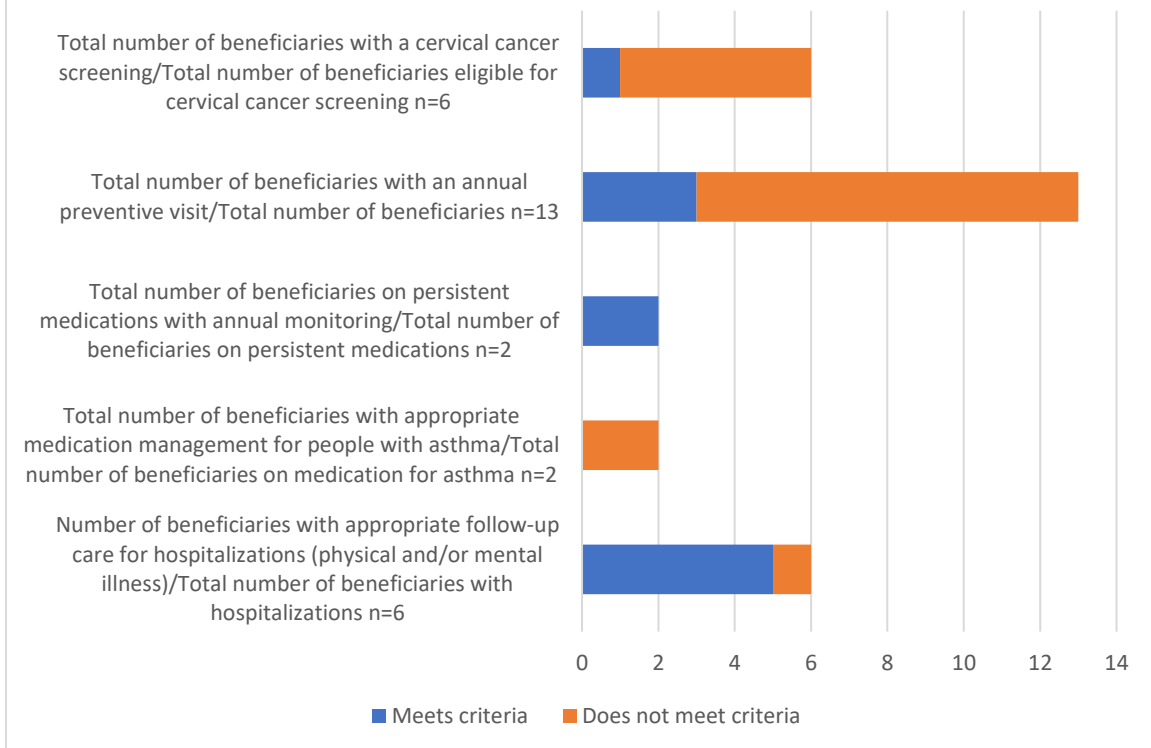
Strengths of this design include the availability of Medicaid enrollment and claims data for analysis, ease of implementation, and ease of evaluation.

Limitations include the small number of participants (13) in the demonstration. Due to a low number of program participants, statistical analysis is considered invalid.

F. Results-



Demonstration Goal 2: Improve or maintain health outcomes for the demonstration population.



The total sample size (n=13) is statistically insignificant. The Medicaid population covered under other authorities ranged from approximately 120,000-150,000 during the demonstration period. Due to these variables, we are unable to compare outcomes from the population to the sample size but can evaluate outcomes in the population. The measures followed NQF measures.

The Goal 1 chart shows that all but one (1) recipient held continuous coverage for 12 months and that recipients used behavioral, inpatient, emergency, and ambulatory services indicating that access to care and insurance coverage were available and utilized. The Goal 2 chart demonstrates that recipients had access to care and were given the opportunity to maintain or improve health outcomes.

G. Conclusion-

The State achieved its goal of providing access to care for the target population. Due to the small number of individuals enrolled under the demonstration the State cannot conclude whether the demonstration achieved goal two.

H. Interpretations, and Policy Implications and Interactions with Other State Initiatives-

This demonstration provides eligibility for FFCC by allowing access to full coverage benefits that they may not have previously been eligible for. Due to Section 1002(a) of the SUPPORT Act providing state plan coverage to individuals who turn 18 on or after January 1, 2023 we anticipate fewer individuals qualifying for coverage under the demonstration. South Dakota requested an extension of this demonstration to continue coverage for individuals who turned 18 years old on or before December 31, 2022, until a beneficiary reaches age 26.

I. Lessons Learned and Recommendations-

This demonstration provides access to health care for individuals who do not qualify for state plan coverage. Other states may want to consider pursuing an 1115 demonstration to provide Medicaid coverage for individuals who do not under the state plan FFCY coverage groups.

J. **Attachment(s)- 1) Evaluation Design: Provide the CMS-approved Evaluation Design**

**South Dakota Former Foster Care Youth
Draft Evaluation Plan**

Demonstration Objectives/Goals

The purpose of this demonstration is to provide Medicaid coverage to former foster care youth under age 26 with an income up to 182 percent of the Federal Poverty Level, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid on the date of aging out, and are now applying for Medicaid in South Dakota. The Medicaid program objectives of this demonstration are to increase and strengthen overall coverage of former foster care youth and improve health outcomes for this population.

The demonstration goals that will be tested are as follows:

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's core evaluation questions, hypothesis, data sources, and analytical approaches are provided in the table below.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Demonstration Goal 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.					
Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure [Reported for each Demonstration Year]	Recommended Data Source	Analytic Approach
Process	Does the demonstration provide continuous health insurance coverage?	Beneficiaries will be continuously enrolled for 12 months.	Number of beneficiaries continuously enrolled/ total number of enrollees	Administrative data – enrollment and disenrollment data	Descriptive statistics (frequency and percentage)
	How did beneficiaries utilize health services?	Beneficiaries will access health services.	Number of beneficiaries who had an ambulatory care visit/ Total number of beneficiaries	Administrative data – Medicaid claims	Descriptive statistics (frequencies and percentages)
			Number of beneficiaries who had an emergency department visit/ Total number of beneficiaries		
			Number of beneficiaries who had an inpatient visit/ Total number of beneficiaries		
			Number of beneficiaries who had a behavioral health encounter /Total number of beneficiaries		
Demonstration Goal 2: Improve or maintain health outcomes for the demonstration population.					
Outcomes/ Impact	What do health outcomes look like for beneficiaries?	Beneficiaries will have positive health outcomes [as defined by NQF measures]	Number of beneficiaries with appropriate follow-up care for hospitalizations (physical and/or mental illness) / Total number of beneficiaries with hospitalizations	Administrative data – Medicaid claims	Descriptive statistics
			Total number of beneficiaries with appropriate medication management for people with asthma / Total number of beneficiaries on medication for asthma		
			Total number of beneficiaries on persistent medications with annual monitoring / Total number of beneficiaries on persistent medications		
			Total number of beneficiaries with an annual preventive visit / Total number of beneficiaries		
			Total number of beneficiaries with a cervical cancer screening/ Total number of beneficiaries eligible for cervical cancer screen		

Methodology

1. Evaluation design: The evaluation design will utilize a post-only assessment. The timeframe for the post-only period will begin when the demonstration begins and ends when the demonstration ends.
2. Data Collection and Sources: The former foster care youth demonstration population will be tracked by South Dakota as they enroll. The State will pull enrollment data, disenrollment data, and claims data annually. The evaluation will be based on the entire former foster care youth demonstration population. All data will be collected retrospectively through administrative data. The State is not aware of any limitations of the data.
3. Data Analysis Strategy: South Dakota will use quantitative methods to analyze the data. For the hypotheses described in the table above the State will use descriptive statistics.

Justification for Excluding Comparison Groups and Baseline Data

When the out of state former foster care youth population was covered under state plan authority it generally consisted of three or fewer enrolled individuals. The State anticipates an average of three individual being covered under this demonstration annually. Due to the small demonstration population the State would be unable to draw meaningful comparisons using baseline data or a comparison group. Therefore, South Dakota's evaluation design does not include baseline data or a comparison group. The State will still capture all proposed metrics for the demonstration population.

Evaluation Reports

Interim and summative evaluation reports will be submitted to CMS within the timeframes stated in the Specials Terms and Conditions.