

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

May 18, 2022

Sarah Aker
Director, Division of Medical Services
South Dakota Department of Social Services
700 Governors Drive, Kneip Building
Pierre, SD 57501-2291

Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Interim Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC #37 “Draft and Final Interim Evaluation Reports,” of South Dakota’s section 1115 demonstration, “South Dakota Former Foster Care Youth” (Project No: 11-W-00319/8), approved from May 1, 2018 through April 30, 2023. The Interim Evaluation Report covers the period from May 2018 through April 2021. CMS determined that the Interim Evaluation Report, submitted on April 29, 2022 and revised on May 11, 2022, is in alignment with the approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the state’s Interim Evaluation Report.

In accordance with STC #39 “Public Access,” the Interim Evaluation Report may now be posted to the state’s Medicaid website within thirty days. CMS will also post the report on Medicaid.gov.

In order to assess the effectiveness of the demonstration, the Interim Evaluation Report provides quantitative data on ten measures for the first three years of the demonstration organized under three research questions to test two evaluation hypotheses. We recognize the difficulty of producing an evaluation report with a small number of beneficiaries, and appreciate the state’s efforts to conduct the assessment and prepare the report. The report indicates that the small number of beneficiaries enrolled in the demonstration is generally maintaining coverage and receiving needed medical services, though the continuity of coverage during the third year of the demonstration likely corresponds to the implementation of the Families First Coronavirus Response Act.

We appreciate the state’s commitment to evaluating its current and future section 1115 demonstrations, as thoroughly as feasible, and 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 Digitally signed by
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Date: 2022.05.18
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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 Medicaid Section 1115 Demonstration
Project Number: 11-W-00319/8
Interim Evaluation Report**

Introduction

The purpose of the South Dakota Former Foster Care Youth section 1115 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 was approved on April 30, 2018 for the period of May 1, 2018 through April 30, 2023. This Interim Evaluation Report analyzes data from May 1, 2018 through April 30, 2021. The number of beneficiaries enrolled in the demonstration has ranged between 4 and 9 during the first three years of the demonstration.

Demonstration Goals

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.

Goal 1: Maintain Medicaid Access

For goal one there are two evaluation hypotheses being evaluated:

1. Beneficiaries will be continuously enrolled for 12 months.
2. Beneficiaries will access health services.

These hypotheses were analyzed using the measures outlined in the following table:

Measure	Year 1 May 1, 2018 – April 30, 2019	Year 2 May 1, 2019 – April 30, 2020	Year 3 May 1, 2020 – April 30, 2021
Number of beneficiaries continuously enrolled/ total number of enrollees	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***
Number of beneficiaries who had an ambulatory care visit/ Total number of beneficiaries	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***

Measure	Year 1 May 1, 2018 – April 30, 2019	Year 2 May 1, 2019 – April 30, 2020	Year 3 May 1, 2020 – April 30, 2021
Number of beneficiaries who had an emergency department visit/ Total number of beneficiaries	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***
Number of beneficiaries who had an inpatient visit/ Total number of beneficiaries	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***
Number of beneficiaries who had a behavioral health encounter /Total number of beneficiaries	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***

Conclusion

The demonstration has provided continuous health insurance coverage for the demonstration population. In addition, individuals in the demonstration population have access to health services and have utilized health services.

Goal 2: Improve or Maintain Health Outcomes

For demonstration goal two there is one evaluation hypothesis being evaluated:

- 1. Beneficiaries will have positive health outcomes.

This evaluation question was analyzed using the measures outlined in the following table:

Measure	Year 1 May 1, 2018 – April 30, 2019	Year 2 May 1, 2019 – April 30, 2020	Year 3 May 1, 2020 – April 30, 2021
Number of beneficiaries with appropriate follow-up care for hospitalizations (physical and/or mental illness)/Total number of beneficiaries with hospitalizations	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***

Measure	Year 1 May 1, 2018 – April 30, 2019	Year 2 May 1, 2019 – April 30, 2020	Year 3 May 1, 2020 – April 30, 2021
Total number of beneficiaries with appropriate medication management for people with asthma/ Total number of beneficiaries on medication for asthma	N/A – No recipients found with asthma for demonstration year.	N/A – No recipients found with asthma for demonstration year.	N/A – No recipients found with asthma for demonstration year.
Total number of beneficiaries on persistent medications with annual monitoring/ Total number of beneficiaries on persistent medications	N/A – No recipients found with persistent medications for demonstration year.	N/A – No recipients found with persistent medications for demonstration year.	N/A – No recipients found with persistent medications for demonstration year.
Total number of beneficiaries with an annual preventive visit/ Total number of beneficiaries	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***
Total number of beneficiaries with a cervical cancer screening/ Total number of beneficiaries eligible for cervical cancer screen	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***	***Data Suppressed – Denominator is between 1 and 10***

Conclusion

Based on the small number of individuals in the demonstration it is not feasible to draw a conclusion about whether the health outcomes for the demonstration population were improved or maintained.

Methodological Limitations

There are several limitations when evaluating this demonstration. The limited enrollment of the demonstration limits the ability to conduct statistical analyses. Additionally, the COVID-19 Public Health Emergency may have impacted the health utilization and outcomes of beneficiaries.