South Dakota Former Foster Care Youth
Year Six Annual Report

State: South Dakota
Demonstration Year: Six
Approved start and end date of the Demonstration: November 1, 2023 - October 31, 2024

A. Introduction

The goal of the demonstration is 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

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	3	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 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	0	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**
	November 2023	≤ 2
	December 2023	≤ 2
	January 2024	≤ 2
	February 2024	≤ 2
	March 2024	≤ 2
	April 2024	≤ 2
	May 2024	≤ 2
	June 2024	≤ 2
	July 2024	≤ 2
	August 2024	≤ 2
	September 2024	≤ 2
	October 2024	≤ 2
	Total number of beneficiaries with ambulatory care appointments	
	Month	**Number of Beneficiaries**
	November 2023	≤ 2
	December 2023	≤ 2
	January 2024	≤ 2
	February 2024	≤ 2
	March 2024	≤ 2
	April 2024	≤ 2
	May 2024	≤ 2
	June 2024	≤ 2
	July 2024	≤ 2
	August 2024	≤ 2
	September 2024	≤ 2
	October 2024	≤ 2
	Total number of beneficiaries with behavioral health appointments	
	Month	**Number of Beneficiaries**

Month	Number of Beneficiaries
November 2023	≤ 2
December 2023	≤ 2
January 2024	≤ 2
February 2024	≤ 2
March 2024	≤ 2
April 2024	≤ 2
May 2024	≤ 2
June 2024	≤ 2
July 2024	≤ 2
August 2024	≤ 2
September 2024	≤ 2
October 2024	≤ 2
Total number of beneficiaries with emergency department visits	
Month	**Number of Beneficiaries**
November 2023	≤ 2
December 2023	≤ 2
January 2024	≤ 2
February 2024	≤ 2
March 2024	≤ 2
April 2024	≤ 2
May 2024	≤ 2
June 2024	≤ 2
July 2024	≤ 2
August 2024	≤ 2
September 2024	≤ 2
October 2024	≤ 2
Total number of beneficiaries with inpatient visits	
Month	**Number of Beneficiaries**
November 2023	≤ 2
December 2023	≤ 2
January 2024	≤ 2
February 2024	≤ 2
March 2024	≤ 2
April 2024	≤ 2
May 2024	≤ 2
June 2024	≤ 2
July 2024	≤ 2
August 2024	≤ 2
September 2024	≤ 2
October 2024	≤ 2

D. Grievances and 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

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

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. A summative evaluation was submitted to CMS along with a request for 5-year extension which was approved October 30, 2023

G. Post Award Public Forum

Due to an error on part of the Medicaid agency, South Dakota missed holding a public forum for demonstration year 6. There have been no attendees at public forums held over the course of history of the waiver. A public forum is scheduled for demonstration year 7 for May 16, 2025, at 11:00am CST.

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	DY6
FFCY	2.1%	$420.39	$429.26	$438.32	$447.57	$457.01	$466.61

In year six of the demonstration there were 49 actual member months for demonstration enrollees. Total expenditures for year five of the demonstration were $21,692.97. The PMPM for DY% was $774.75, which is reflective of utilization volatility amongst the small number of demonstration participants as well as trends the state has seen in increased PMPM expenditures for state plan services.

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.