

Department of Social Services



Fiscal Year 2015

Recommended Budget

July 1, 2014 – June 30, 2015

Presented to the Joint Appropriations Committee
January 28-30, 2014

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Acronyms:

<i>ACF - Administration for Children and Families</i>	<i>HIT - Health Information Technology</i>
<i>ADRC - Aging and Disability Resource Connections</i>	<i>HH - Health Homes</i>
<i>CARE - Continuous Assistance, Rehabilitation, and Education</i>	<i>IDEA - Individuals with Disabilities Education Act</i>
<i>CJI- Criminal Justice Initiative</i>	<i>IHS - Indian Health Services</i>
<i>CMS - Centers for Medicare and Medicaid Services</i>	<i>IMPACT -Individualized Mobile Programs of Assertive Community Treatment</i>
<i>DHS - Department of Human Services</i>	<i>LIEAP - Low Income Energy Assistance Program</i>
<i>DME - Durable Medical Equipment</i>	<i>MCN - Mickelson Center for theNeurosciences</i>
<i>DOC - Department of Corrections</i>	<i>MOE - Maintenance of Effort</i>
<i>DOE - Department of Education</i>	<i>Part D - Medicare Prescription Drug Program</i>
<i>DOH - Department of Health</i>	<i>SED - Serious Emotional Disturbance</i>
<i>DSH - Disproportionate Share Hospital</i>	<i>SHINE - Senior Health Information & Insurance Education</i>
<i>DSS - Department of Social Services</i>	<i>SNAP - Supplemental Nutrition Assistance Program</i>
<i>EBT - Electronic Benefits Transfer</i>	<i>SSA - Social Security Administration</i>
<i>EPSDT - Early and Periodic Screeing, Diagnosis, Treatment</i>	<i>SSI - Supplemental Security Income</i>
<i>FFM - Federally Facilitated Marketplace</i>	<i>TANF - Temporary Assistance for Needy Families</i>
<i>FMAP - Federal Medical Assistance Percentage</i>	<i>Title IV E - Foster Care and Adoption Assistance</i>
<i>FTE - Full Time Equivalent</i>	<i>Title XIX - Medicaid</i>
<i>GME - Graduate Medical Education</i>	<i>Title XXI (CHIP) - Children's Health Insurance Program</i>
	<i>UJS - Unified Judicial System</i>

Department of Social Services Website: <http://dss.sd.gov/>

DSS Management Team Contact List:

Department of Social Services

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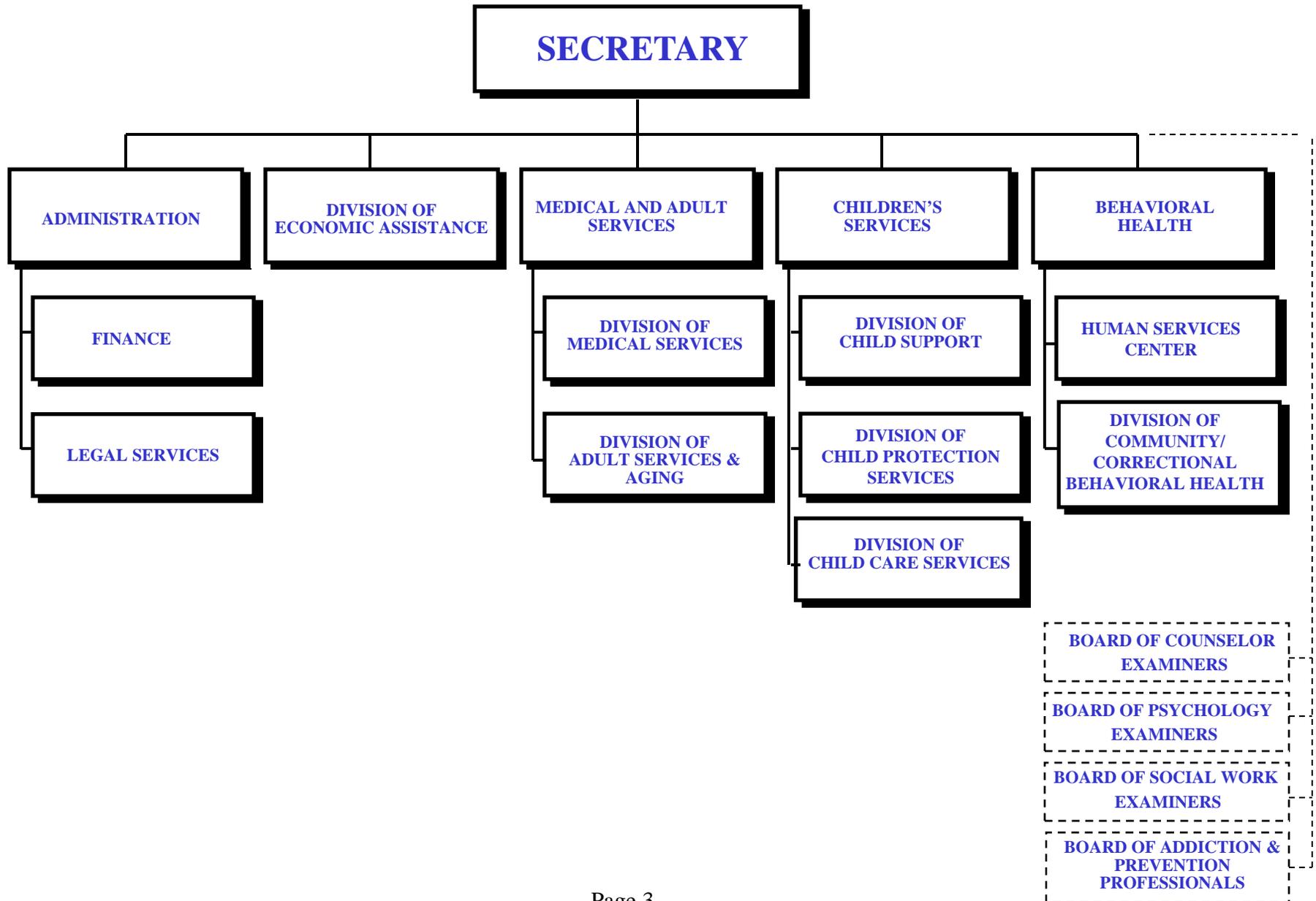
Division of Comm/Corr Behavioral Health

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Division of Adult Services & Aging

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Department of Social Services



Department of Social Services

Vision: *Strong Families – South Dakota's
Foundation & Our Future*

Mission: *Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.*

Department of Social Services

Guiding Principles:

- *We believe families have the right to be safe and secure.*
- *We believe in providing opportunities and choices that support the needs of families through available and accessible services.*
- *We believe in collaborative communications, teamwork, partnerships and trust for essential family services.*
- *We believe in respecting individual and cultural differences by treating people with dignity, fairness and respect.*
- *We believe in focusing on results, quality and continuous improvement and on using state-of-the-art technology to be more efficient and effective.*
- *We believe in professional and well-trained staff who are competent, accountable and empowered.*
- *We believe in providing quality, timely customer service through the “no wrong door” approach.*

Department of Social Services

Strategic Plan Goals:

Goal 1: Ensure access to services for our customers.

Goal 2: Protect individuals from abuse, neglect and exploitation.

Goal 3: Foster partnerships to leverage resources for our customers.

Goal 4: Improve outcomes through continuous quality improvement.

Goal 5: Strengthen and align human resources to meet our mission.

Department of Social Services

Key Initiatives:

- **Implementation of the Affordable Care Act**
 - Application and eligibility process changes
 - Medicaid program changes
- **Developing and managing services for people with behavioral health needs**
 - Criminal Justice Initiative (CJI)
 - Continued implementation of Behavioral Health Workgroup recommendations
- **Continued implementation of the Medicaid Solutions Workgroup Recommendations**
 - Health Homes
- **Other**
 - Dementia Care Workgroup
 - Foster Care Recruitment

Department of Social Services

2013 CALENDAR YEAR FEDERAL POVERTY GUIDELINES

Annual Amount at Various Percentage Levels

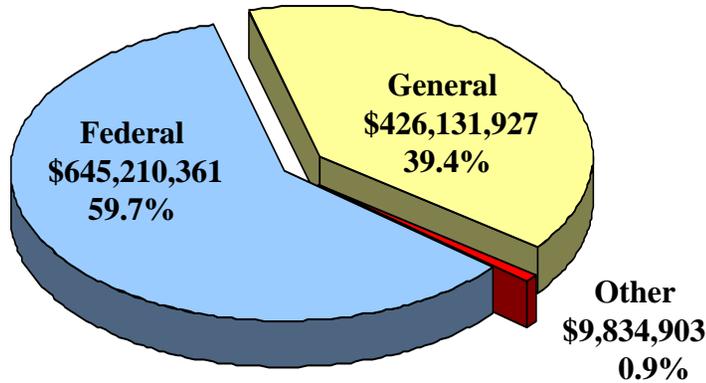
Family Size	100%	130%	133%	140%	175%	185%	200%
1	\$11,490	\$14,937	\$15,282	\$16,086	\$20,108	\$21,257	\$22,980
2	\$15,510	\$20,163	\$20,629	\$21,174	\$27,143	\$28,694	\$31,020
3	\$19,530	\$25,389	\$25,975	\$27,342	\$34,178	\$36,131	\$39,060
4	\$23,550	\$30,615	\$31,322	\$32,970	\$41,213	\$43,568	\$47,100
5	\$27,570	\$35,841	\$36,669	\$38,598	\$48,248	\$51,005	\$55,140
6	\$31,590	\$41,067	\$42,015	\$44,226	\$55,283	\$58,442	\$63,180
7	\$35,610	\$46,293	\$47,362	\$49,854	\$62,318	\$65,879	\$71,220
8	\$39,630	\$51,519	\$52,708	\$55,482	\$69,353	\$73,316	\$79,260
Each Additional (approximately)	\$4,020	\$5,226	\$5,347	\$5,628	\$7,035	\$7,437	\$8,040

	<u>Federal Minimum</u>	<u>South Dakota</u>
<i>Medicaid (Pregnant Women)</i>	<i>133%</i>	<i>133%</i>
<i>Medicaid</i>		
<i>Children Under Six</i>	<i>133%</i>	<i>140%</i>
<i>Children Over Six</i>	<i>100%</i>	<i>140%</i>
<i>CHIP Children's Health Insurance Program</i>	<i>141%</i>	<i>200%</i>
<i>SNAP</i>	<i>130%</i>	<i>130%</i>
<i>LIEAP</i>	<i>110%</i>	<i>175%</i>
<i>Child Care</i>	<i>N/A</i>	<i>175%</i>
<i>Community Behavioral Health</i>	<i>N/A</i>	<i>185%</i>

Department of Social Services

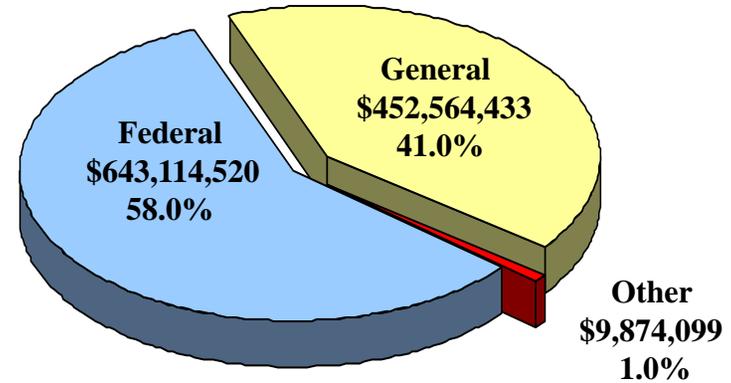
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$1,081,177,191 and 1,652.3FTE

FY15 Recommended Budget

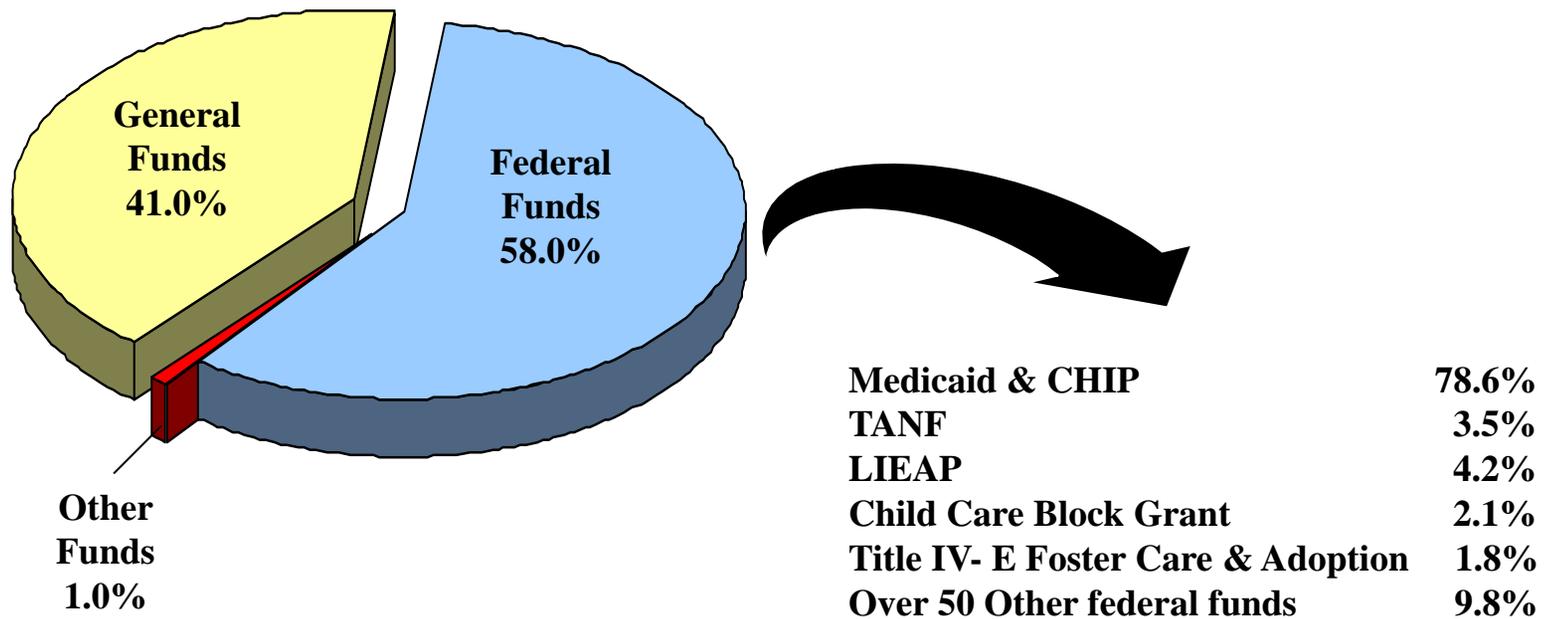


Total: \$1,105,553,052 and 1,656.3 FTE

	GENERAL	FEDERAL	OTHER	TOTAL
FY14 Operating Budget – 1,652.3 FTE:	\$426,131,927	\$645,210,361	\$9,834,903	\$1,081,177,191
FY15 Recommended Budget – 1,656.3 FTE:	\$452,564,433	\$643,114,520	\$9,874,099	\$1,105,553,052
FY15 Recommended Inc./Dec. 4.0 FTE:	\$26,432,506	(\$2,095,841)	\$39,196	\$24,375,861

Department of Social Services

FY15 Budget – Total \$1,105,553,052



Major General Fund Impacts to DSS Budget

❑ **Federal Medical Assistance Percentage (FMAP) - \$12,791,094 Gen.**

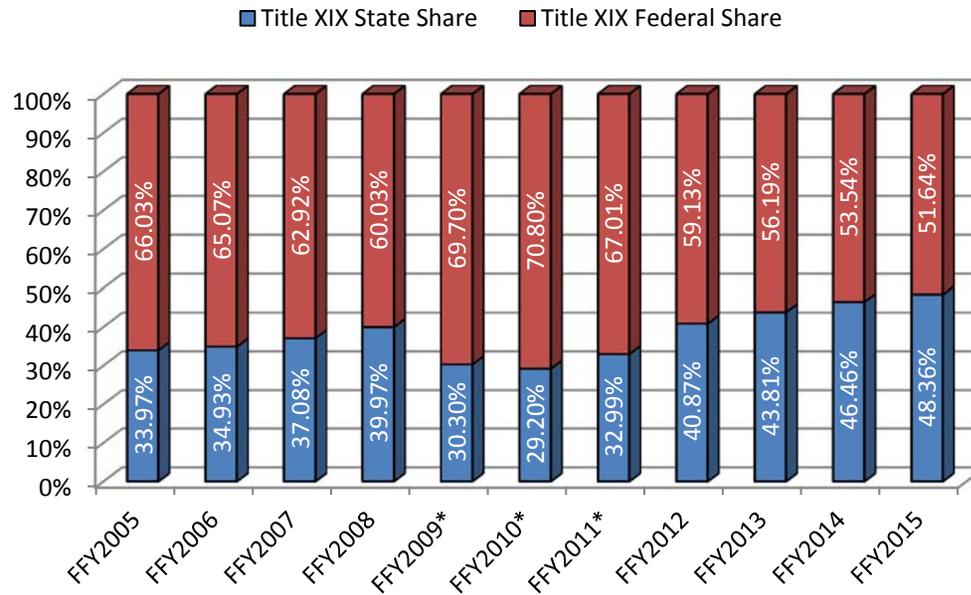
- **The FMAP determines how much the state and federal government pay for their share of Medicaid expenditures.**
- **The FMAP is determined annually for the federal fiscal year (10/1 – 9/30) using previous 3 year’s personal income data from each state.**
- **Formula compares each State’s average per capita income change in relation to each other.**
- **State FMAP rates range anywhere from 50% to 74%.**
- **For budgeting purposes, a “blended” FMAP rate is calculated using the FMAP rate in effect for each quarter. This includes a blend of 1 quarter from one federal fiscal year and 3 quarters from another federal fiscal year.**

SFY15 FMAP Blended Rates:

- **Title XIX: From a state match of 45.80% in FY14 to a state match of 47.88% in FY15**
Title XIX: From a federal match of 54.20% in FY14 to a federal match of 52.12% in FY15
- **Title XXI (CHIP): From a state match of 32.06% in FY14 to a state match of 33.52% in FY15**
Title XXI (CHIP): From a federal match of 67.94% in FY14 to a federal match of 66.48% in FY15

Department of Social Services

Title XIX History of FMAP – Federal Fiscal Year



**FFY09, FFY10, FFY11 adjusted for ARRA. FMAP rates without ARRA adjustment: FFY09 62.55% federal/37.45% general, FFY10 62.72% federal/ 37.28% general, FFY11 61.25% federal/ 38.75% general.*

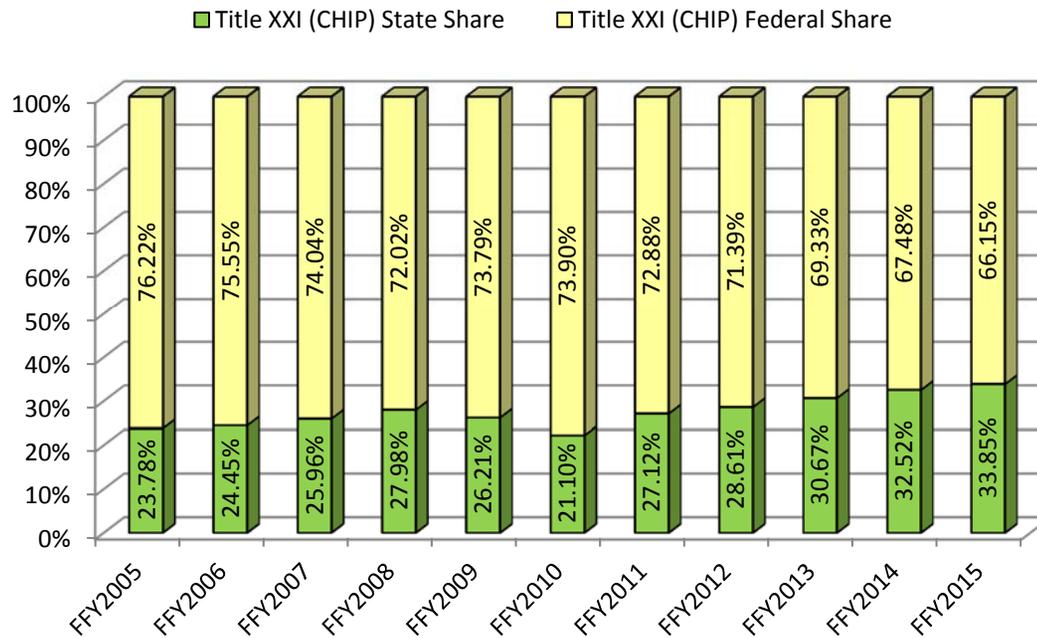
- For budgeting purposes, a “blended” FMAP rate is calculated using the FMAP rate in effect for each quarter. This includes a blend of 1 quarter from one federal fiscal year and 3 quarters from another federal fiscal year.

SFY15 Title XIX FMAP Blended Rates:

- Title XIX: From a state match of 45.80% in FY14 to a state match of 47.88% in FY15
- Title XIX: From a federal match of 54.20% in FY14 to a federal match of 52.12% in FY15

Department of Social Services

Title XXI CHIP History of FMAP – Federal Fiscal Year



SFY15 Title XXI (CHIP) Enhanced FMAP Blended Rates:

- Title XXI (CHIP): From a state match of 32.06% in FY14 to a state match of 33.52% in FY15
- Title XXI (CHIP): From a federal match of 67.94% in FY14 to a federal match of 66.48% in FY15

Major General Fund Impacts - Cont.

- ❑ **Provider Inflation - \$12,700,696 Gen.**
 - **Mandatory Inflation**
 - **Discretionary Inflation**

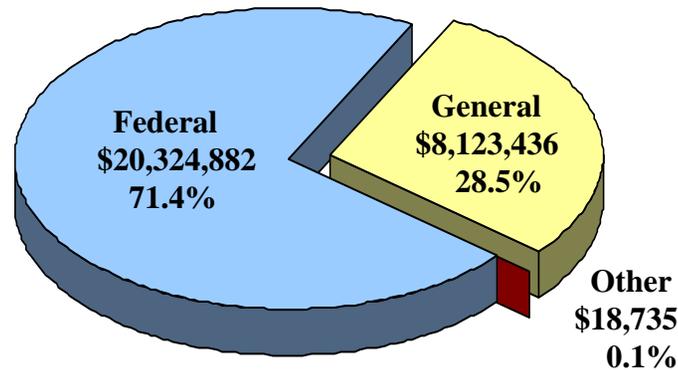
- ❑ **Changes in Medicaid - \$1,044,774 Gen.**
 - **Medicaid Changes in Eligibles, Cost, & Utilization**
 - **Includes 1,100 eligibles for “woodwork effect”**

- ❑ **Behavioral Health Expansion - \$1,686,133 Gen.**
 - **CARE – Services for 94 individuals on waiting lists**
 - **IMPACT – Services for 60 individuals in northeast SD**
 - **IMPACT – Services for 42 individuals in central SD**
 - **IMPACT Transition Program – Services for 12 individuals**

- ❑ **Other Reductions/Increases - (\$1,790,191) Gen.**
 - **Bond Payment Reductions**
 - **Child Protection Services**
 - **Other Items**

Office of the Secretary

FY14 Operating Budget:



Total: \$28,467,053 and 182.7 FTE

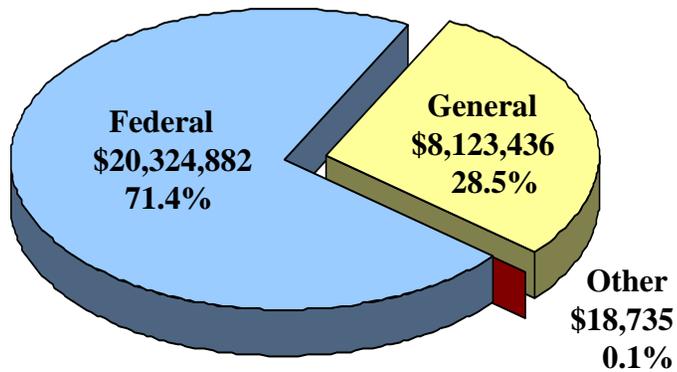
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
Administration	112.2	\$2,248,157	\$3,179,024	\$0	\$5,427,181
Field Office Clerical	95.2	\$1,540,141	\$2,241,058	\$0	\$3,781,199
Finance	62.5	\$5,563,256	\$16,721,900	\$18,735	\$22,303,891
Legal	8.0	\$312,023	\$423,958	\$0	\$735,981
Total Office of the Secretary	182.7	\$8,123,436	\$20,324,882	\$18,735	\$28,467,053
Personal Services	182.7	\$3,994,767	\$5,190,328	\$9,467	\$9,194,562
Operating Expense	0.0	\$4,128,669	\$15,134,554	\$9,268	\$19,272,491
Total Office of the Secretary	182.7	\$8,123,436	\$20,324,882	\$18,735	\$28,467,053

Office of the Secretary

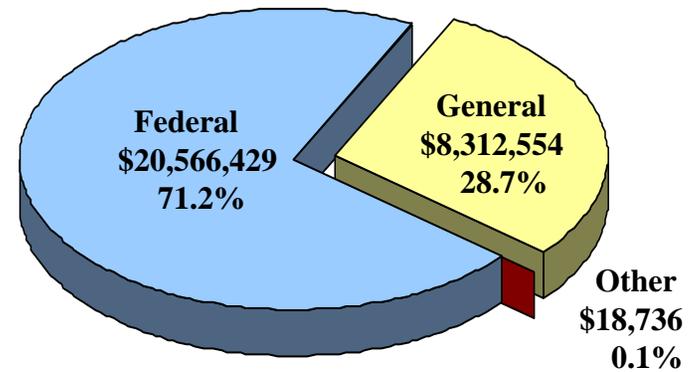
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$28,467,053 and 182.7 FTE

FY15 Recommended Budget



Total: \$28,897,719 and 182.7 FTE

MAJOR BUDGET INCREASES AND DECREASES	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$9,815	(\$9,815)	\$0	\$0
Other Reductions/Increases: Increases due to changes in bureau billings.	\$179,303	\$251,362	\$1	\$430,666
Totals:	\$189,118	\$241,547	\$1	\$430,666

Department of Social Services



Division of Economic Assistance (EA)

Division of Economic Assistance

Who we serve:

- Low income families, pregnant women, and children
- Elderly
- People with disabilities

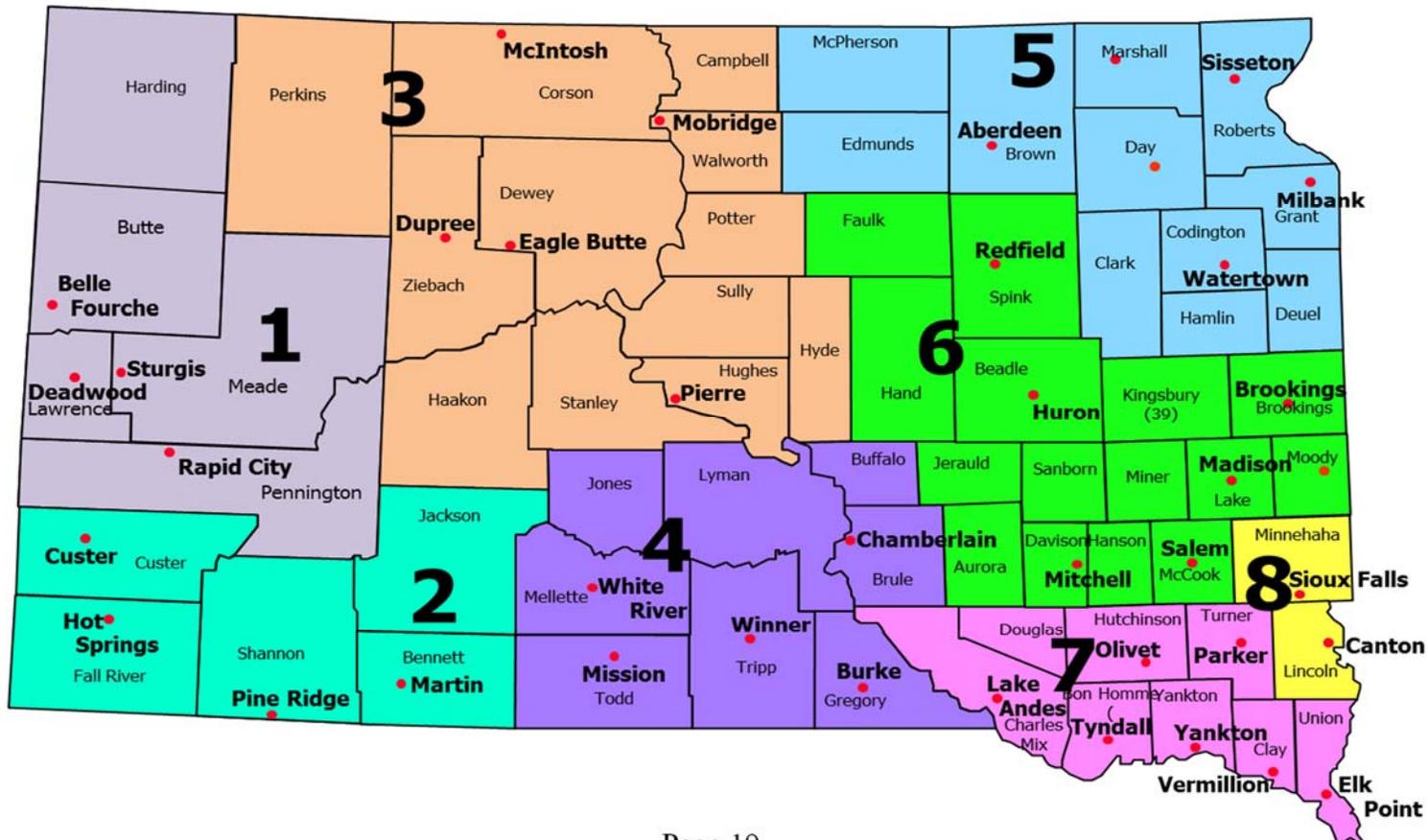
Services Provided:

- **Eligibility determination for programs including:**
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Medicaid and Children's Health Insurance Program (CHIP)
 - Low Income Energy Assistance Program (LIEAP) and Weatherization
- **Education assistance for youth in out of home placements (Auxiliary Placement)**
- **Services to low income individuals by Community Action Programs**

Division of Economic Assistance

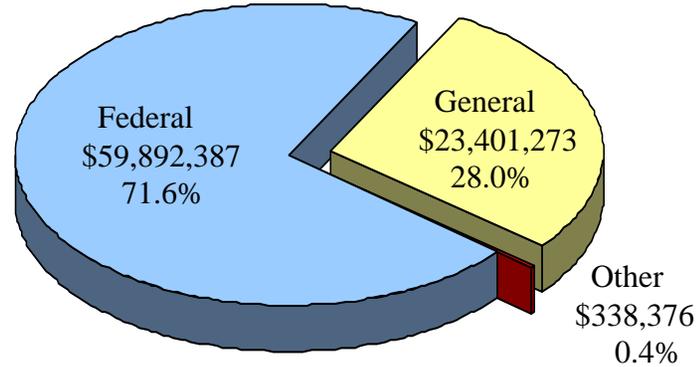
Service Delivery:

- Economic Assistance staff are located full time and itinerantly in 63 offices across the state.
- 320.5 FTE located in 8 regions across the state.
- How to Apply: DSS office, mail, on-line, kiosks, and telephone



Division of Economic Assistance

FY14 Operating Budget:



Total: \$83,632,036 and 320.5 FTE

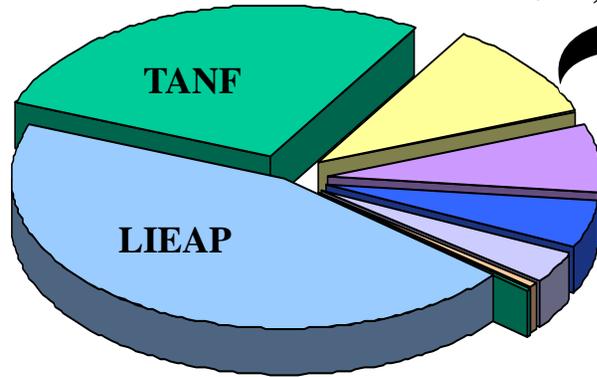
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
EA Administration and Field Staff	318.5	\$10,527,445	\$15,882,363	\$190,259	\$26,600,067
TANF Cash Grants	0.0	\$6,071,402	\$10,653,494	\$0	\$16,724,896
Auxiliary Placement	2.0	\$6,037,762	\$2,410,827	\$148,117	\$8,596,706
Supplemental Security Income (SSI) State Supplementation	0.0	\$764,664	\$0	\$0	\$764,664
Energy Assistance (LIEAP) and Weatherization	0.0	\$0	\$27,845,850	\$0	\$27,845,850
Community Action Programs	0.0	\$0	\$3,099,853	\$0	\$3,099,853
Total EA	320.5	\$23,401,273	\$59,892,387	\$338,376	\$83,632,036
Personal Services	320.5	\$7,324,590	\$10,277,859	\$21,355	\$17,623,804
Operating Expense	0.0	\$16,076,683	\$49,614,528	\$317,021	\$66,008,232
Total EA	320.5	\$23,401,273	\$59,892,387	\$338,376	\$83,632,036

Division of Economic Assistance

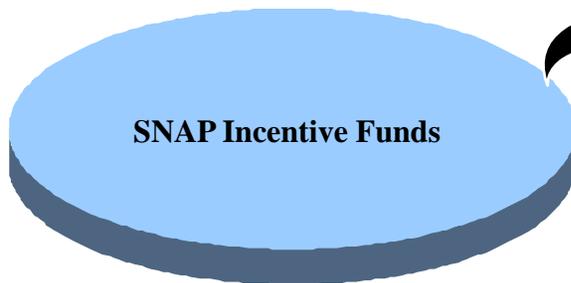
FY14 Funding Sources

Federal Fund Sources – Total \$59,892,387



LIEAP	44.72%
TANF	28.00%
SNAP	10.59%
Medicaid & CHIP	7.22%
Community Services Block Grant	5.25%
Weatherization	3.41%
IDEA – DOE Funding	0.51%
Other Fund Sources	0.30%

Other Fund Sources – Total \$338,376



SNAP Incentive Funds	100.00%
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Division of Economic Assistance

EA Administration and Field Staff:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	318.5	\$10,527,445	\$15,882,363	\$190,259	\$26,600,067

Supplemental Nutrition Assistance Program (SNAP):

- **SNAP is a federal program administered by DSS.**
- **Benefits are 100% federally funded and issued through the South Dakota Electronic Benefits Transfer (EBT) card.**
 - FY13 benefits issued: \$165.7 million
 - **Federal funds for benefits not part of DSS budget**
- **Eligibility requirements are established federally through the United States Department of Agriculture's (USDA) Food and Nutrition Services (FNS).**
- **SNAP helps individuals and families by supplementing their food budget, and providing nutrition education.**
 - SNAP benefits may not be used for non-food items, beer, wine, tobacco

Division of Economic Assistance

SNAP - Who We Serve:

- 67% of SNAP recipients are children, adults age 60 or older, or individuals with disabilities.
 - Average monthly benefit \$303
 - Average number of months on benefits: 8.6
- 40% of SNAP households have at least one working adult in the home.
 - Average household size: 2
 - Average monthly income \$1,063 per month
- 45% of SNAP households income source Social Security (SSA) or Supplemental Security Income (SSI) as their income source

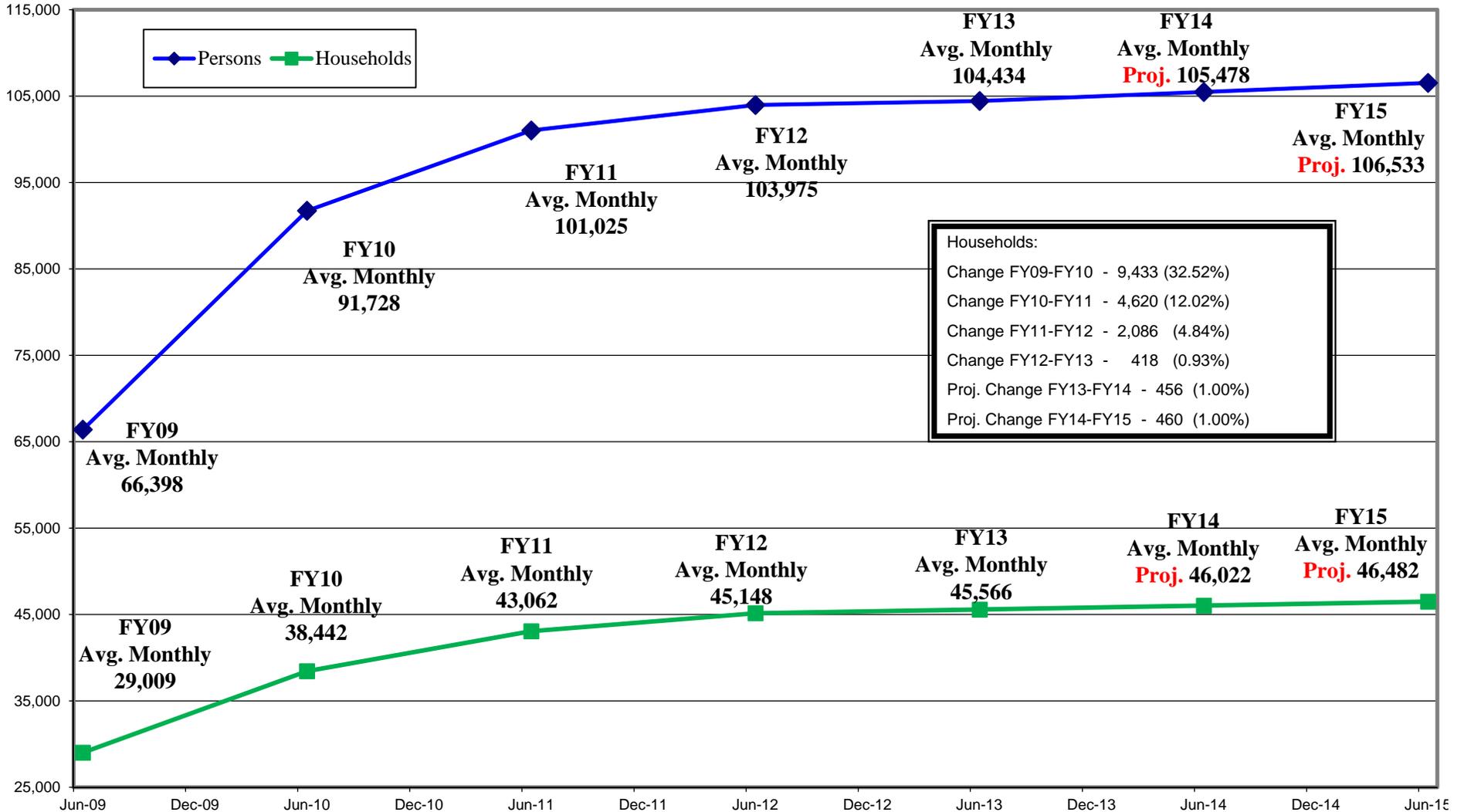
Division of Economic Assistance

SNAP- Eligibility:

- Income limit: 130% of the federal poverty level. (\$30,624 family of four)
- Resource limit: \$2,000
- Work Requirements: Individuals, ages 18-59, able to work, not attending school or not caring for a dependent child under age 6 must work at least 30 hours per week or actively be seeking work.
- Specific Employment and Training programs located in state's two largest counties – Minnehaha and Pennington.
 - DSS contracts with Department of Labor and Regulation

Division of Economic Assistance

Supplemental Nutrition Assistance Program – Avg. Persons/Households



Division of Economic Assistance

SNAP - Program Integrity:

- **SNAP utilizes several quality assurance mechanisms to ensure program integrity.**
 - Formal federally approved quality assurance program
 - External federal audits
 - Internal quality assurance
- **South Dakota has an unmatched record in meeting federal requirements and making accurate and timely eligibility determinations.**
- **For 29 consecutive years, South Dakota has received performance bonuses from the federal government due to our high level of integrity in administering the program.**
 - 2013 South Dakota SNAP was ranked 1st in the nation for accurate eligibility determinations and 3rd in the nation for accurate benefit determinations

Division of Economic Assistance

Medicaid and Children's Health Insurance Program (CHIP):

- **Medical assistance for low income children and families.**
- **Economic Assistance staff determine eligibility for the program in accordance with South Dakota's federally approved Medicaid State Plan.**
- **Majority of Administrative costs are funded with 50% general fund match.**

Division of Economic Assistance

Title XIX & Title XXI (CHIP) - Eligibility:

- Eligibility and coverage for individuals is based on several factors including age, financial and non-financial criteria, and resources (if applicable).
- To be eligible for Medicaid, an individual must be a member of a coverage group.
 - Children under age 19
 - Low income families with children under age 19
 - Pregnant women
 - Elderly
 - Persons who are disabled
- Income and resource limits vary by coverage group

	<i>Federal</i>	<i>South</i>
	<u><i>Minimum</i></u>	<u><i>Dakota</i></u>
<i>Low-Income Families (LIF)</i>	<i>N/A</i>	<i>49%</i>
<i>Medicaid (Pregnant Women)</i>	<i>133%</i>	<i>133%</i>
<i>Medicaid</i>		
<i>Children Under Six</i>	<i>133%</i>	<i>140%</i>
<i>Children Over Six</i>	<i>100%</i>	<i>140%</i>
<i>CHIP Children's Health Insurance Program</i>	<i>141%</i>	<i>200%</i>

Division of Economic Assistance

Title XIX & Title XXI (CHIP) – Eligibility - Continued:

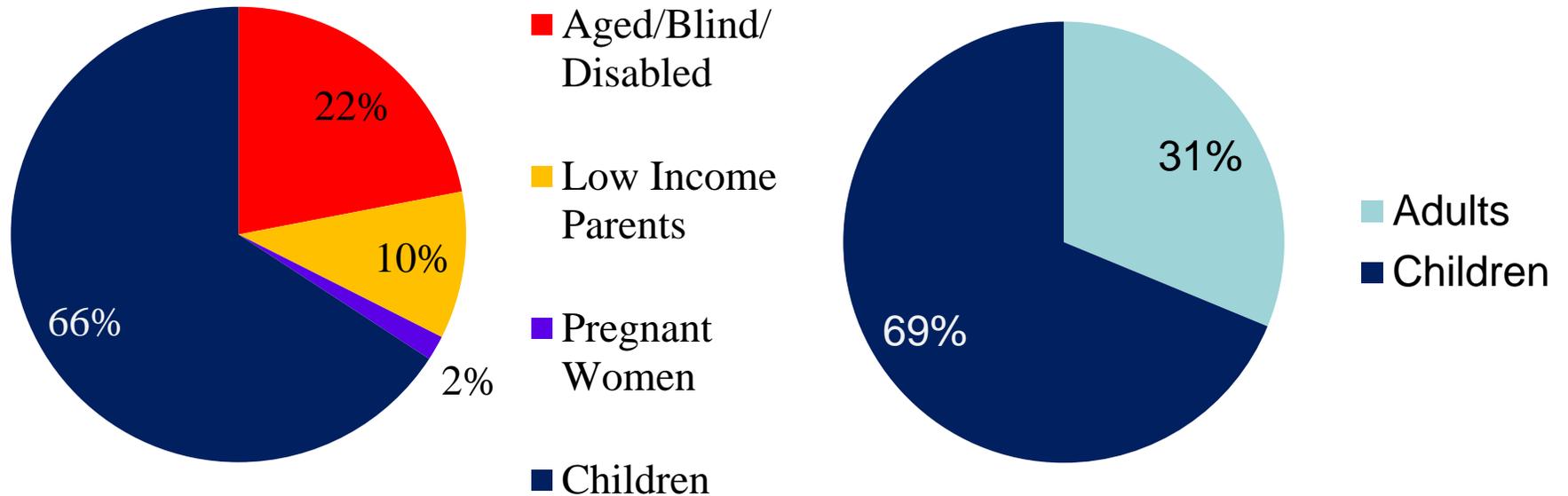
- **Additional requirements**
 - State residency
 - U.S. Citizenship or qualified alien
 - Assigning rights to medical support and payment
 - Assisting in pursuing third parties that may be liable to pay for care and services
- **The last two cycles of federal reviews indicated South Dakota ranked #1 with the lowest error rate in determining Medicaid eligibility.**

Division of Economic Assistance

- Who Does Medicaid Cover?

Medicaid and Children's Health Insurance Program (CHIP)

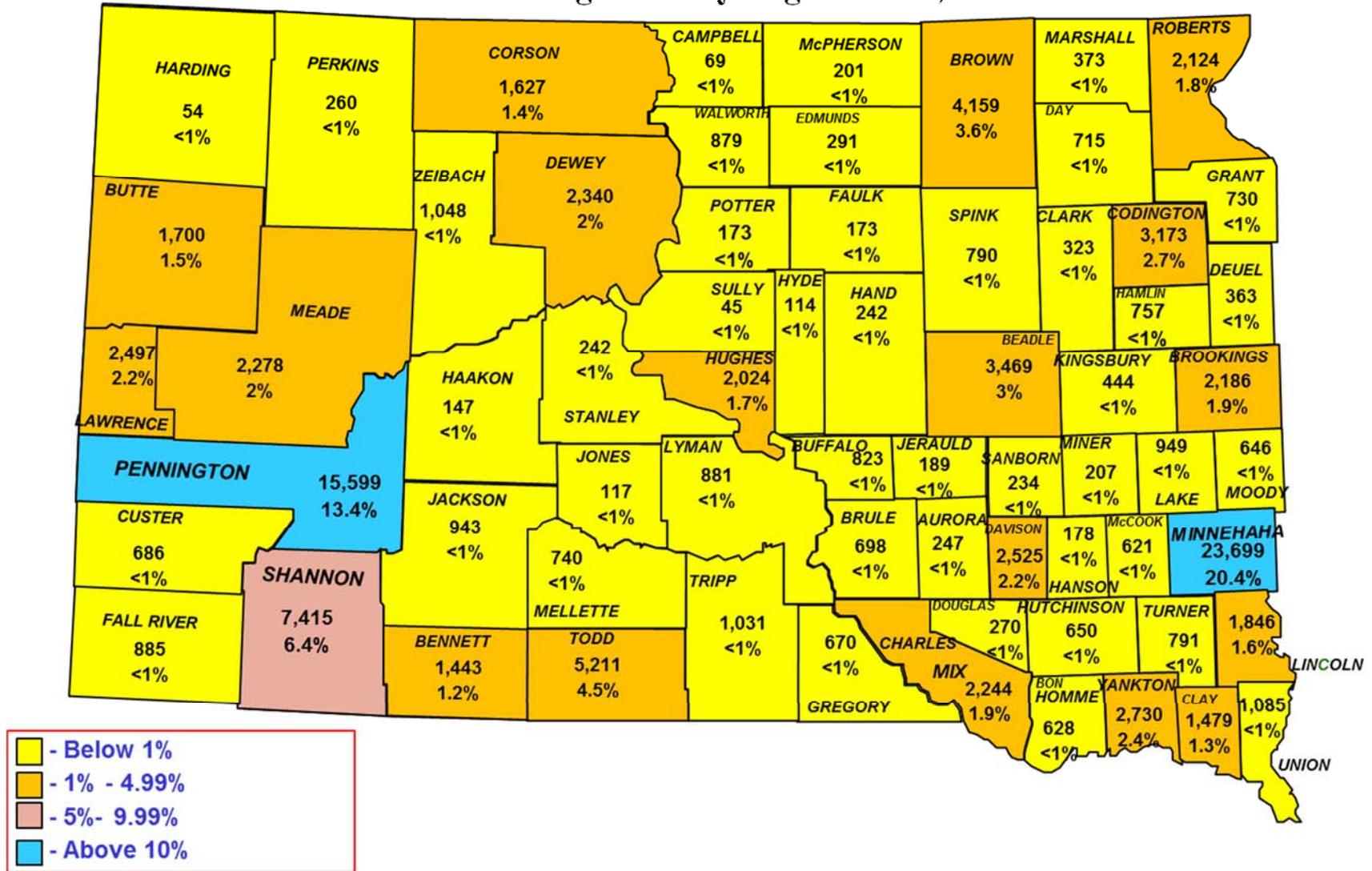
SFY13 Actual Average Monthly Eligibles – 116,128



Division of Economic Assistance

Percentage of Total Medicaid Eligibles by County

FY 13 Avg. Monthly Eligibles: 116,128



Division of Economic Assistance

Changes effective January 1, 2014 – Affordable Care Act:

- **Changes in the basis for determining Medicaid eligibility**
- **Use of gross income vs. net income as the basis for determining Medicaid eligibility nationally**
 - Asset/resource test eliminated for certain coverage groups
 - Parents/Caretaker relatives
 - Children
 - Pregnant Women
 - Federal Poverty Levels converted using gross income
 - LIF Low-Income Family Adults 49%
 - Pregnant Women 138%
 - Medicaid Children 182%
 - CHIP 209%
- **States must verify information electronically**
- **No changes to long term care eligibility**

Division of Economic Assistance

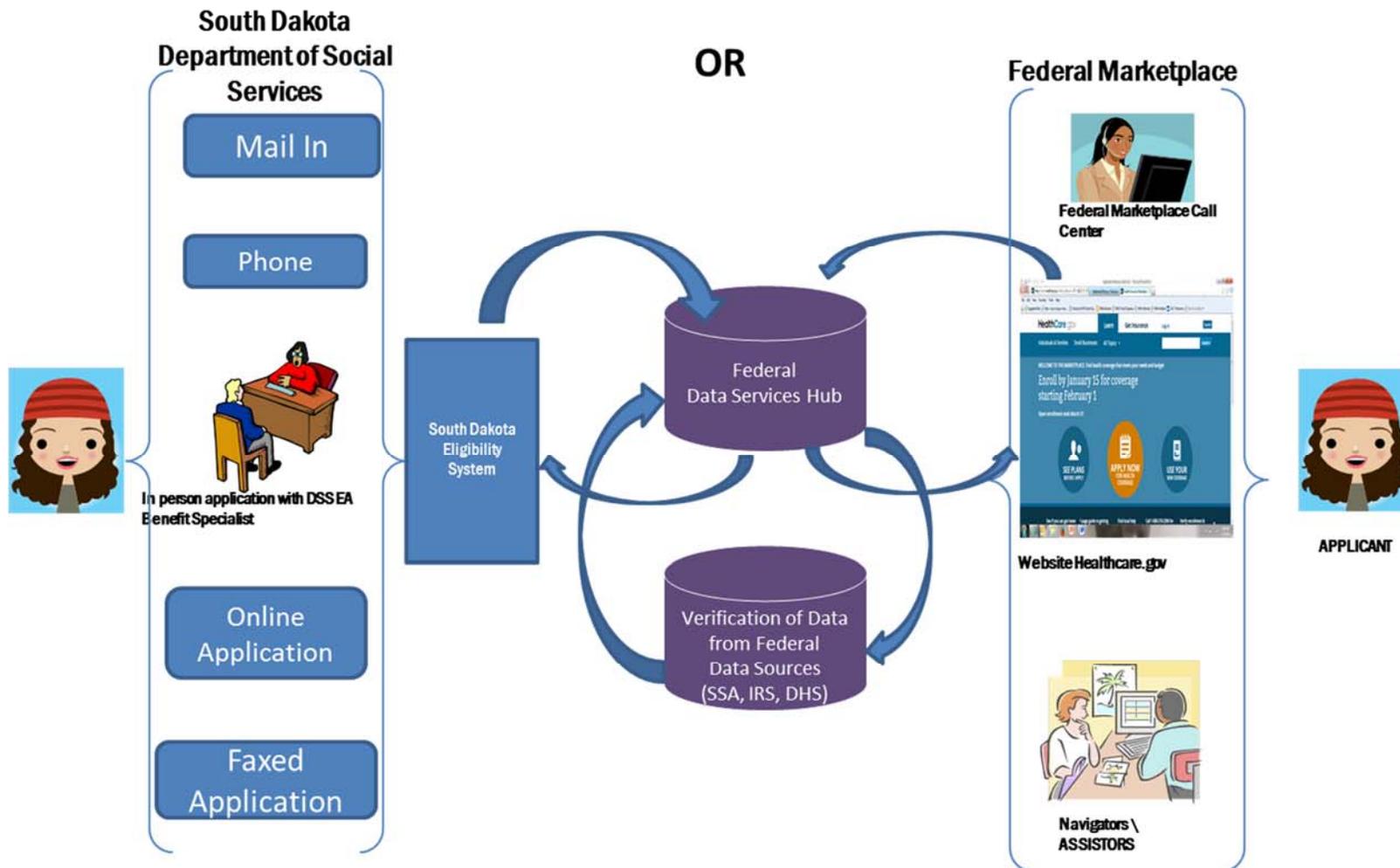
Changes effective January 1, 2014 – Affordable Care Act- con't:

- **Changes to the process applicants use to apply**
 - In addition to how people apply for Medicaid now, applicants must be able to apply on-line directly to the State Medicaid Agency or to the Federally Facilitated Marketplace (FFM) or a State established Exchange
 - South Dakota is utilizing the Federally Facilitated Marketplace
- **State Medicaid agencies must be able to receive applications from the FFM and send applications to the FFM**

Division of Economic Assistance

ACA Application Pathways and Coordination Between DSS and FFM

Applicants can apply to the State Medicaid Agency (DSS) **or** the Federal Marketplace



Division of Economic Assistance

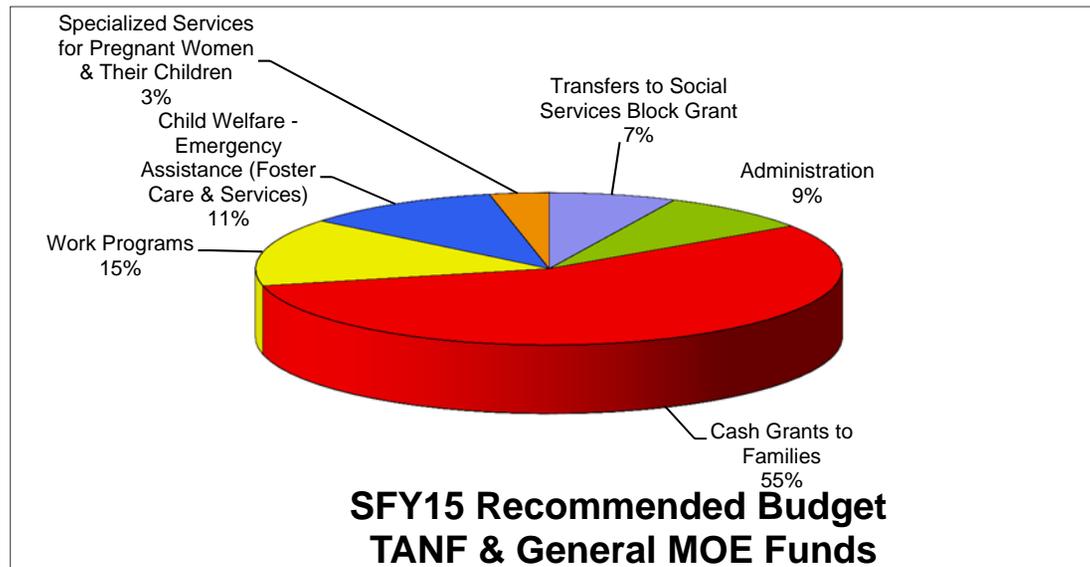
Changes effective January 1, 2014 – Affordable Care Act con't:

- Challenges with the launch of the Federally Facilitated Marketplace:
 - FFM delay in ability to transfer account information to states
 - Testing still underway relative to this account transfer functionality
 - Federal requirement to test only 5 cases
 - FFM contingency plan until account transfer information is working is to send each state a “flat file” that includes applicant information
 - Information received via the flat file indicates the FFM assessing individuals as potentially Medicaid who are not
 - No Medicaid program group
 - Over income
 - Medicare eligible
 - Flat file also includes people already on Medicaid
 - In addition, some individuals ineligible for Medicaid are unable to continue with enrollment into a qualified health plan through the FFM.

Division of Economic Assistance

Temporary Assistance for Needy Families (TANF):

- Through welfare reform the Aid for Families with Dependent Children (AFDC) program was transitioned to the federal TANF block grant.
- TANF is used to fund a variety of programs including
 - Cash grants to families
 - Work programs
 - Child welfare/emergency assistance
 - Specialized services for pregnant women and their children



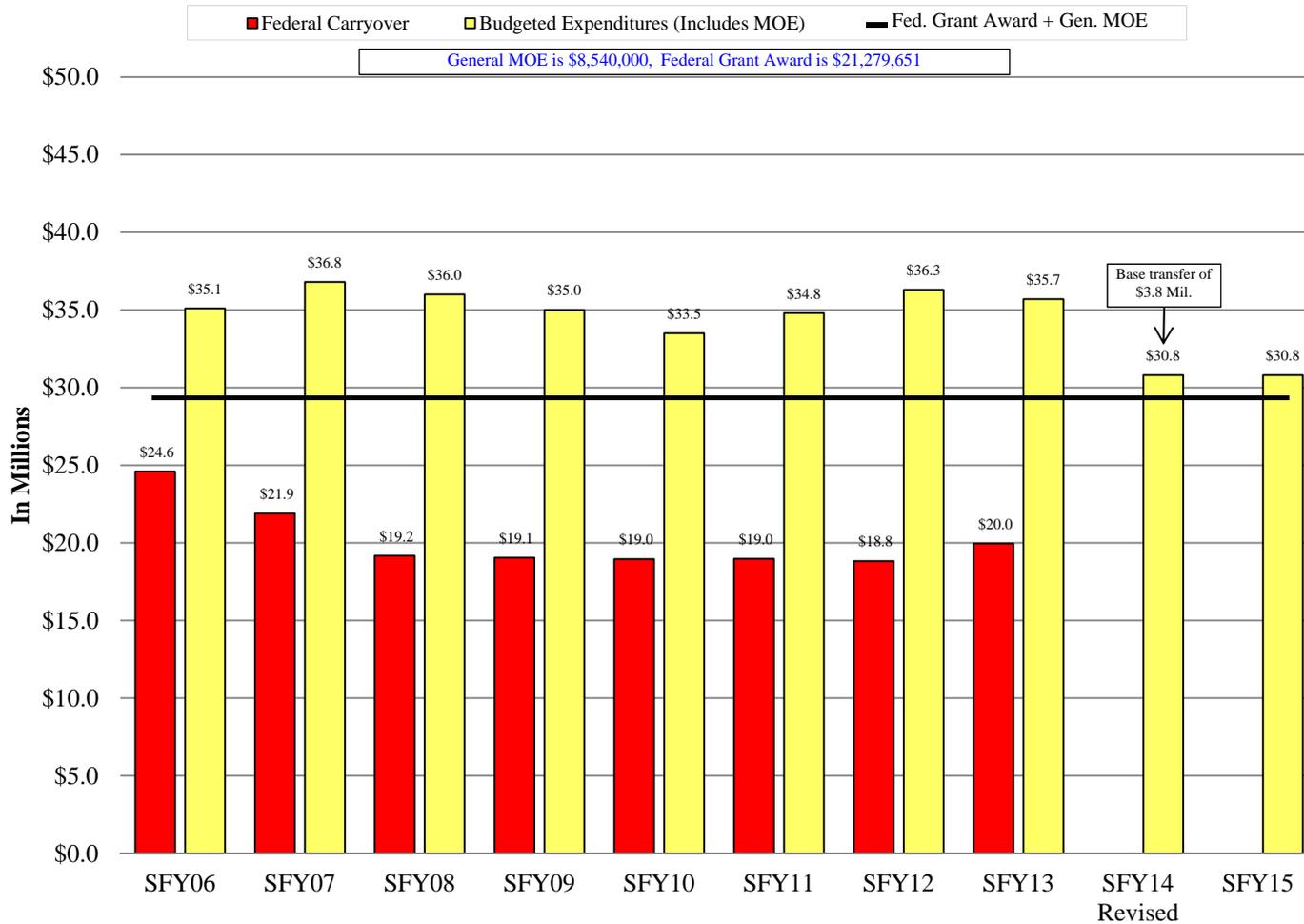
Division of Economic Assistance

Temporary Assistance for Needy Families (TANF) - Continued:

- **The TANF annual federal award is \$21,279,651 and we are required to match with general funds \$8,540,000 as our required Maintenance of effort (MOE)**
 - There are no anticipated increases to the federal award
- **Like most states nationally, the program maintains a one-time federal fund carryover balance that started when the program was first implemented**
- **The TANF grant has had a structural deficit for at least the last decade.**
- **Historically general funds available at fiscal year-end have been transferred to TANF funded areas to minimize general fund requests in these areas and to maintain carryover balances**
- **At the end of SFY13, the structural deficit for FY14 was addressed with a base transfer of \$3.8 million**

Division of Economic Assistance

Available TANF Grant Carryover



Division of Economic Assistance

Temporary Assistance for Needy Families (TANF) Cash Grants:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$6,071,402	\$10,653,494	\$0	\$16,724,896

- **Needs based cash assistance program for families with children who need financial support because of the death of a parent, a parent is absent from the home, or physical or mental incapacity or unemployment of a parent.**
- **TANF is a work program and individuals must meet work requirements.**
- **In addition to individual work requirements, States are required to meet 50% work participation rate to receive federal TANF funds**
 - South Dakota work participation rate: 53%
- **TANF benefits are intended to assist individuals and their families in meeting their basic needs such as food, clothing, shelter, utilities, household items, and personal care items.**
- **Majority of benefits are issued via Electronic Payment Card.**

Division of Economic Assistance

TANF- Who We Serve:

- **SFY13 Average monthly caseload: 3,206**
 - Average monthly benefit: \$403.70
 - Average length of time on benefits: 4.3 months

TANF- Eligibility:

- **Income limit: 28% of the federal poverty level (\$6,594 annually for a family of four)**
- **Resource limit: \$2,000**
- **Over 2/3 of TANF cases are non-parent relative caretakers.**
 - Benefit is for children only- relative caretaker not included in benefit and no work requirements for these cases
 - These are children who would be in foster care without relative placements or would be at risk of foster care placements
 - FY13 Monthly average caseload: 2,312

Division of Economic Assistance

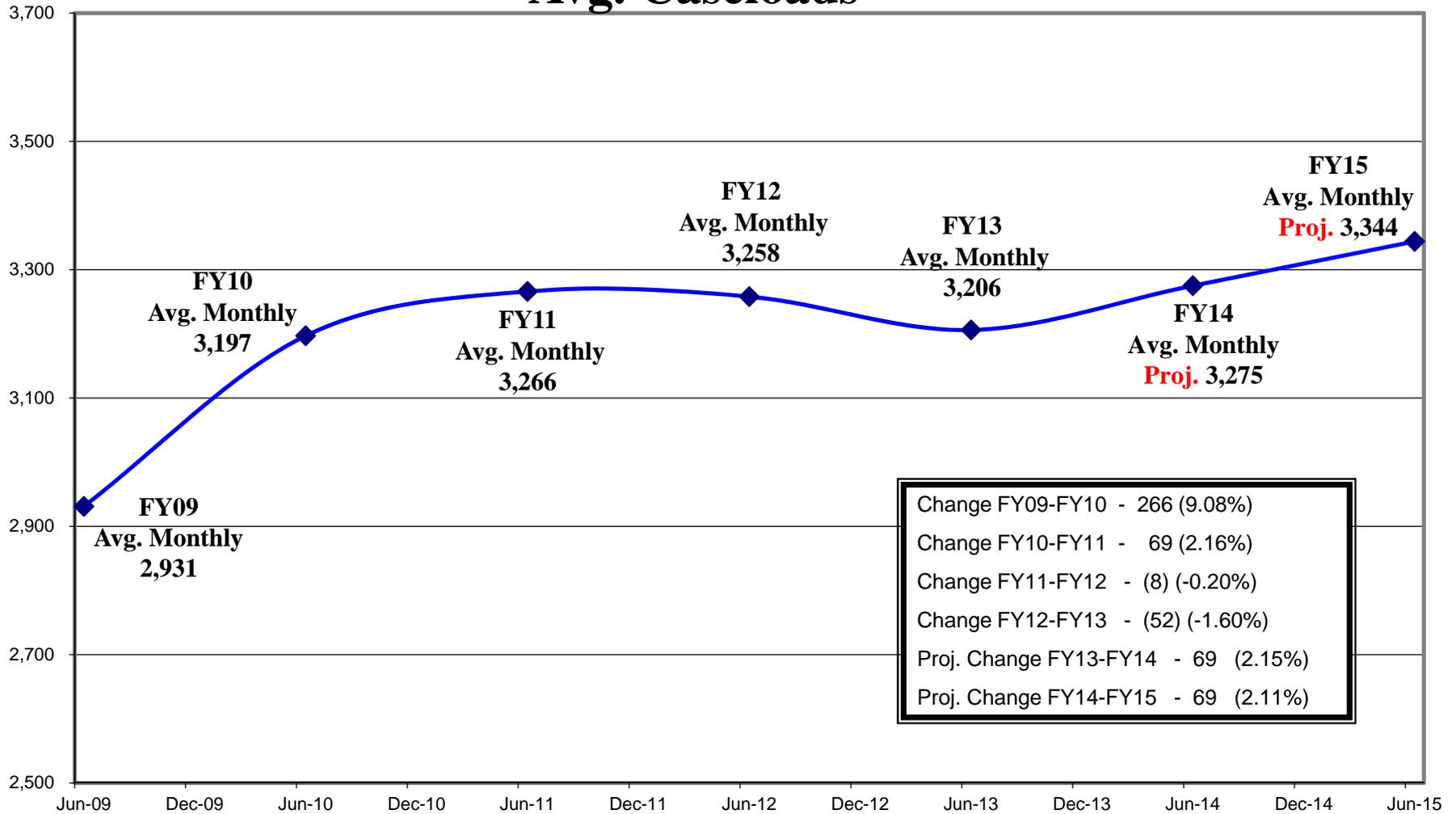
TANF Eligibility:

- **Remainder of cases are parents that are required to participate in work activities 20 or 30 hours per week based on the age of the youngest child in the home.**
 - Parents receiving SSI, SSDI or 100% VA disability or with a child under 12 weeks of age exempt from work requirements
 - FY13 Monthly average caseload: 894
- **DSS contracts with Department of Labor and Regulation**
 - Placement in work activities including employment, job search and job training, vocational education, and community service
- **SFY13 Outcome Data for TANF Work participants**
 - 1,012 entered employment

Division of Economic Assistance

Temporary Assistance for Needy Families (TANF)

Avg. Caseloads



Division of Economic Assistance

Auxiliary Placement:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	2.0	\$6,037,762	\$2,410,827	\$148,117	\$8,596,706

- **Provides funding for tuition costs for children in state custody in certain settings- DSS or Department of Corrections**
- **Children Served: 490**
 - 445 children served by residential treatment providers
 - 45 children served by Community Support Providers
- **Staff lead state placement team to ensure children are placed in the least restrictive setting.**

Division of Economic Assistance

Supplemental Security Income (SSI) State Supplement:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$764,664	\$0	\$0	\$764,664

- **SSI State Supplement pays a nominal monthly benefit to individuals whose sole source of income is SSI.**
- **Individuals must be living independently**
 - FY13 Average Monthly eligible: 3,901
 - Monthly benefit: \$15
- **Federally required**

Division of Economic Assistance

Energy Assistance (LIEAP) and Weatherization:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$27,845,850	\$0	\$27,845,850

- **Energy Assistance**
 - Low Income Energy Assistance Program (LIEAP)
 - Financial assistance to low income families to assist with heating expenses
 - Federally funded block grant
- **Weatherization**
 - The Weatherization Assistance Program enables low-income families to reduce their energy bills by making their homes more energy efficient
 - Federally funded block grant

Division of Economic Assistance

Energy Assistance - Low Income Energy Assistance Program (LIEAP):

Who we Serve:

- **52.5% are households with individuals who are over age 59 or disabled**
- **43.4% are households with children**
- **Approved Households: 23,879 with 57,085 individuals**
 - Average benefit amount \$970.22 per year
 - Average household size: 2.4

Division of Economic Assistance

LIEAP Eligibility:

- **Income limit: 175% of the federal poverty level (\$41,212 annually for a family of four)**
- **Benefit amounts vary based on income, heat regions, and heat source**
- **Pay directly to providers for heating assistance**
- **Income limits and heat regions can be found online at <http://dss.sd.gov/energyassistance>**
- **Six of South Dakota's nine tribes administer their own programs**
 - Cheyenne River Sioux Tribe
 - Lower Brule Sioux Tribe
 - Oglala Sioux Tribe
 - Rosebud Sioux Tribe
 - Standing Rock Sioux Tribe
 - Yankton Sioux Tribe

Division of Economic Assistance

Energy Assistance - Weatherization Program:

Who We Serve:

- **60% of all households have individuals over age 59 or disabled**
- **44.5% of all households have children**

- **FY13 households weatherized: 557**
- **FY13 average cost per household \$6,620**

- **Contracts with community action programs**

Division of Economic Assistance

Community Action Programs:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$3,099,853	\$0	\$3,099,853

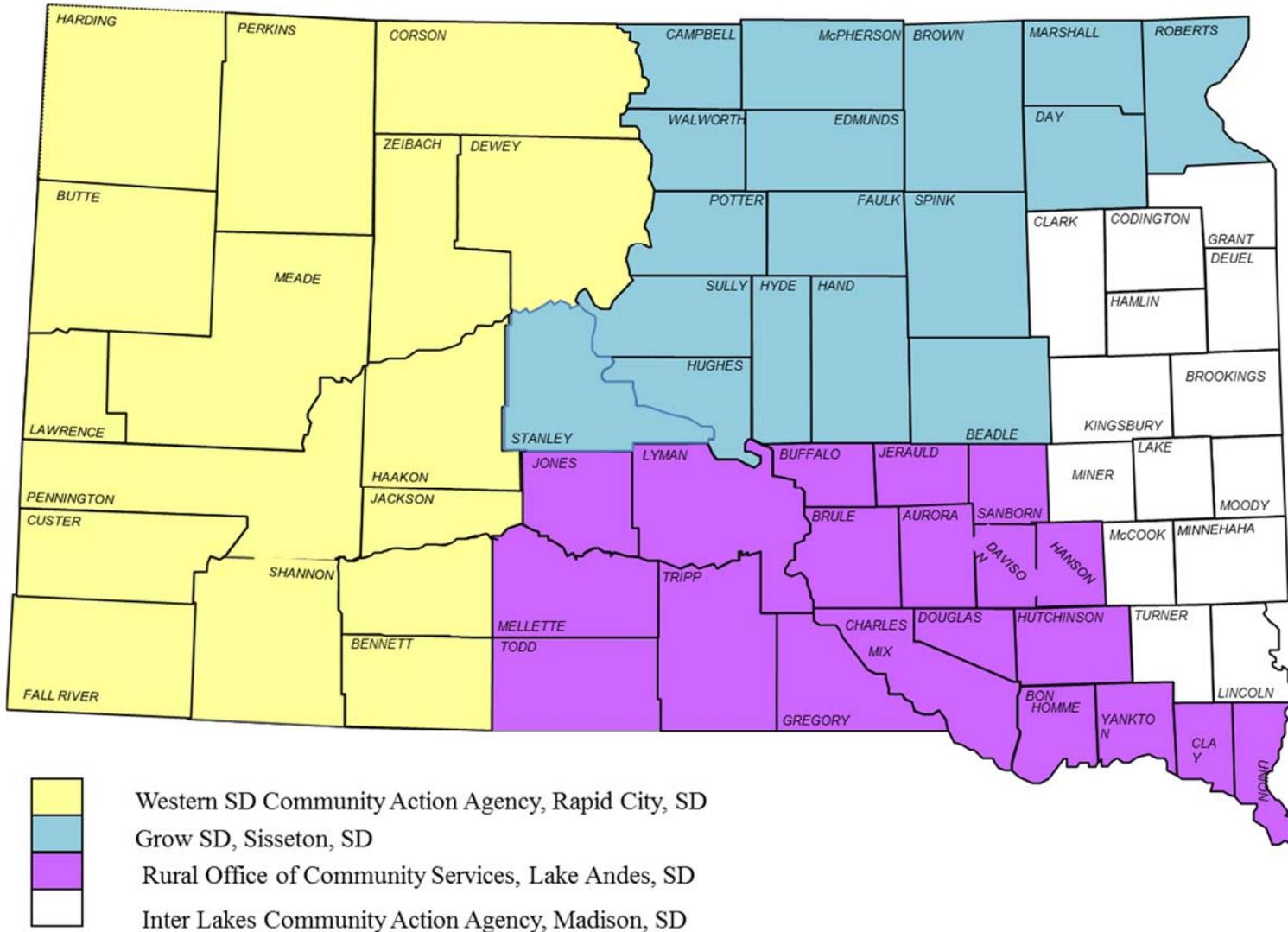
- **Federal block grant to help low income people and families move toward self sufficiency**
 - Assistance gaining employment, home rehabilitation
 - Emergency assistance (heat, rent, food) and transportation
- **Funding limited to federally defined Community Action Agencies**
- **Four tribes receive funding directly from the federal government**
 - Rosebud Sioux Tribe
 - Oglala Sioux Tribe
 - Sisseton-Wahpeton Sioux Tribe
 - Yankton Sioux Tribe

Eligibility:

Income limit: 125% of poverty. (\$14,363 family of one; \$29,438 family of four)

Division of Economic Assistance

South Dakota Community Action Program Service Areas



Division of Economic Assistance

Case examples:

Scenario 1: Single male working full time at minimum wage:

- Jim is a 50 year old single man. He works 72 hours a month at a security company and earns monthly gross wages of \$576 (\$8/hour). He also does part time maintenance work 69 hours a month, earning monthly gross wages of \$552 (\$8/hour). His income is at 118% of the federal poverty level. He has a 1997 car valued at \$1,900. He has no bank accounts. He pays \$406 a month rent and is responsible for heat, electricity, and telephone. Jim does not have health insurance.
- Jim is eligible for \$178 monthly Supplemental Nutrition Assistance Program (SNAP) benefits.
- Jim is eligible for heating assistance through the Low Income Energy Assistance Program (LIEAP). His total LIEAP benefit for the 2013-2014 heating season is \$500.
- Jim is Not eligible for Medicaid or TANF.

*Applies to December 2013 Benefit Amounts

Division of Economic Assistance

Case examples:

Scenario 2: College student working two part time jobs:

- Kelly is a 20 year old single female who is a full time college student. She works 58 hours a month at an assisted living facility earning monthly gross wages of \$461.10 (\$7.95/hour). She also works at a gas station 66 hours a month earning monthly gross wages of \$495.01 (\$7.50/hour). Her income is at 100% of the federal poverty level. She owns a 1999 car, valued at \$500, and has \$698 in a bank account. She pays \$400 a month rent and is responsible for heat, electricity, and telephone. Kelly does not have health insurance.
- Kelly is eligible for \$148 monthly Supplemental Nutrition Assistance Program (SNAP) benefits.
- Kelly is eligible for heating assistance through the Low Income Energy Assistance Program (LIEAP). Her total LIEAP benefit for the 2013-2014 heating season is \$728.
- Kelly is Not eligible for Medicaid or TANF.

*Applies to December 2013 Benefit Amounts

Division of Economic Assistance

Case examples:

Scenario 3: A single mom of 2 children at 60% FPL

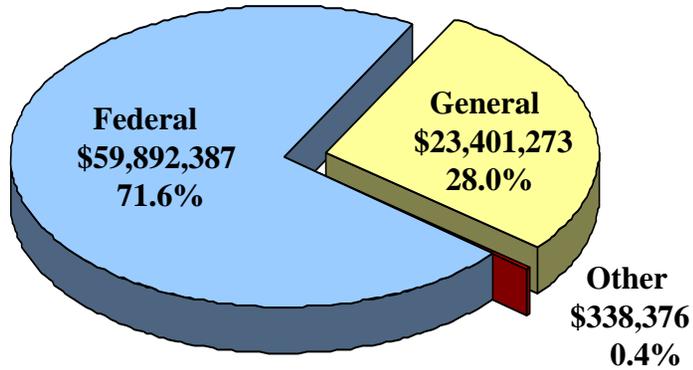
- Molly is a 33 year old single mother of two boys. She works at a bank and makes \$1,100 a month (\$7.50/hour) and receives sporadic child support. A three month average of her child support shows \$106.77 a month. Her income is at 60% of the federal poverty level. Molly owns a 2004 Chevy impala valued at \$6,000. The family has \$300 in savings and checking accounts. Molly has a mortgage of \$552.95 month (mortgage/insurance/taxes) and is responsible for all utilities. She pays \$96 monthly in child care with the remainder of her child costs paid by Child Care Assistance. Molly does not have health insurance.
- Molly is eligible for \$418 in monthly Supplemental Nutrition Assistance Program (SNAP) benefits.
- Molly is eligible for heating assistance through the Low Income Energy Assistance Program (LIEAP). Her total LIEAP benefit for the 2013-2014 heating season is \$844.00
- Molly is eligible for \$134 monthly assistance from the Child Care Assistance Program while she is working.
- The children are eligible for Medicaid. Molly is Not eligible for Medicaid.
- The family is Not eligible for TANF.

*Applies to December 2013 Benefit Amounts

Division of Economic Assistance

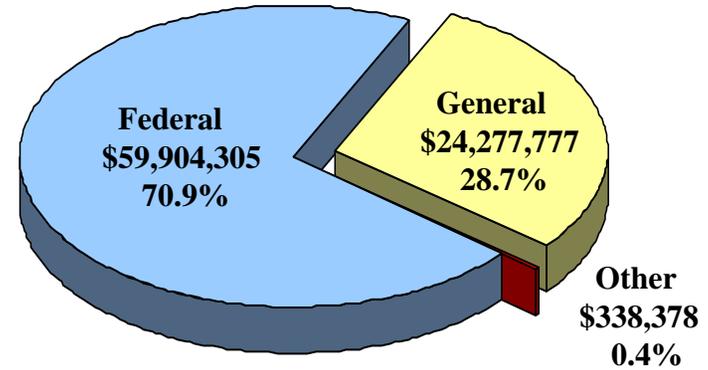
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$83,632,036 and 320.5 FTE

FY15 Recommended Budget



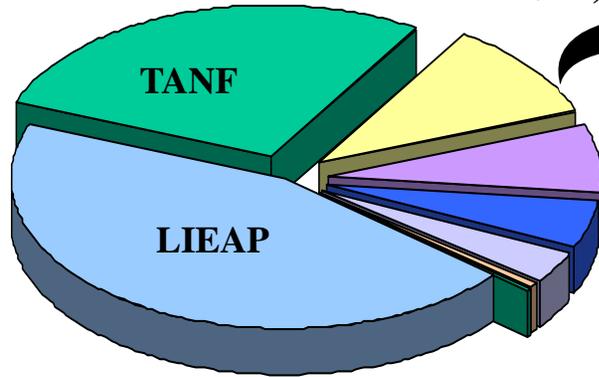
Total: \$84,520,460 and 320.5 FTE

MAJOR BUDGET INCREASES AND DECREASES	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$12,304	(\$12,304)	\$0	\$0
Inflation: Inflation for auxiliary placement, TANF, SNAP Employment & Training.	\$858,400	\$15,385	\$0	\$873,785
Other Reductions/Increases: Increases due to changes in bureau billings.	\$5,800	\$8,837	\$2	\$14,639
Totals:	\$876,504	\$11,918	\$2	\$888,424

Division of Economic Assistance

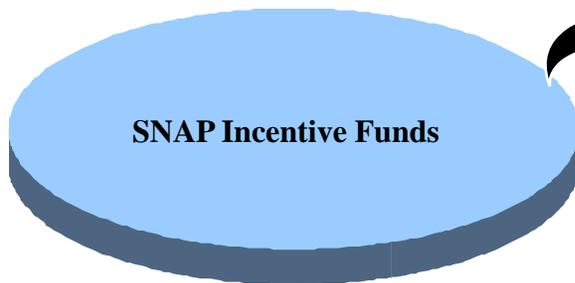
FY15 Funding Sources

Federal Fund Sources – Total \$59,904,305



LIEAP	44.72%
TANF	28.01%
SNAP	10.63%
Medicaid & CHIP	7.17%
Community Services Block Grant	5.25%
Weatherization	3.41%
IDEA – DOE Funding	0.51%
Other Funding Sources	0.30%

Other Fund Sources – Total \$338,378



SNAP Incentive Funds	100.00%
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Department of Social Services



Medical Services and Adult Services and Aging

- Division of Medical Services
- Division of Adult Services and Aging

Department of Social Services



Division of Medical Services (MS)

Division of Medical Services

Overview

- **What is Medicaid?**
- **Who We Serve**
- **Services Provided**
- **Budget Development**

Division of Medical Services

South Dakota Medicaid:

- **Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI the Children's Health Insurance Program (CHIP) enacted in 1997**
- **Medicaid is not Medicare**
 - Medicare is specific to the over 65 population and the disabled population who meet the federal disability criteria
 - Medicare is a federally administered and funded program
- **Medicaid is an entitlement program- all people eligible must be served**
- **Federal – State partnership governed by Medicaid State Plan**

Division of Medical Services

South Dakota Medicaid State Plan:

Is a contract between the state and the federal government describing how South Dakota administers the state's Medicaid program

- A contract with the federal government outlining who is served and what services are covered
- States administer the Medicaid program
- Each state plan is different due to optional services provided making it difficult to compare states side-by-side
- When you've seen one Medicaid program, you've seen one Medicaid program

Division of Medical Services

South Dakota Medicaid State Plan (cont.)

- Department of Social Services is the designated Single State Agency for overall administration
- Amendments to the State Plan reflect federal and state changes in the Medicaid program
- There is a formal process for making changes to the State Plan
 - An amendment must go through public notice and Tribal consultation prior to submission to the Regional Center for Medicare and Medicaid Services (CMS) for approval
- South Dakota State Plan can be found on the Department website at:
 - <http://dss.sd.gov/medicalservices/medicaidstateplan/index.asp>
- In addition, Medicaid Fee Schedules for Service (FFS) Reimbursement are maintained on the Department's website at:
 - <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx>

Division of Medical Services

Regulatory Structure:

- **Federal Rules**
 - Code of Federal Regulations (CFR)
 - Defines the mandatory Medicaid benefits and populations that the state is required to provide health care coverage for to receive federal funding
 - Provides optional Medicaid benefits and populations a state can cover
- **State Rules**
 - Administrative Rules of South Dakota (ARSD)
 - Implements federal and state legislative mandates/changes
 - Contains specific limits on the amount, duration and scope of services for South Dakota Medicaid providers and recipients

Division of Medical Services

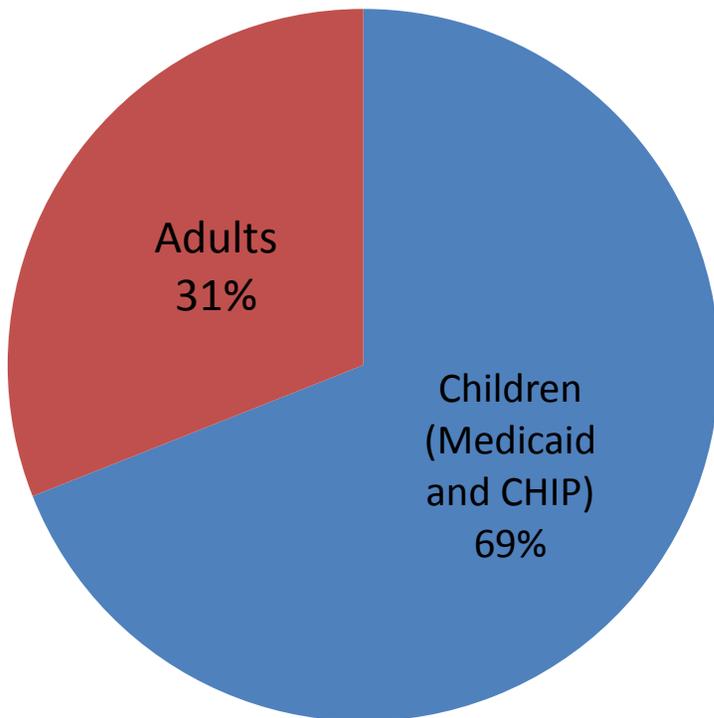
Who We Serve:

- **Provide Healthcare Coverage**
 - Low income children, pregnant women, adults and families
 - Elderly or disabled
 - Children in foster care
 - Adult coverage is limited to:
 - Elderly or disabled
 - Very low income families- 49% FPL (family of three \$9,552 annual income)
 - 69% children and 31% adults
- **SFY 2013 Average Monthly Eligible South Dakotans**
 - Elderly – 7,021
 - Disabled – 18,400
 - Pregnant Women (pregnancy only) – 2,780
 - Low-income Adults – 11,420
 - Children of Low-income Families – 63,179
 - Children covered by CHIP – 13,328
 - **Total Average Monthly – 116,128**

Division of Medical Services

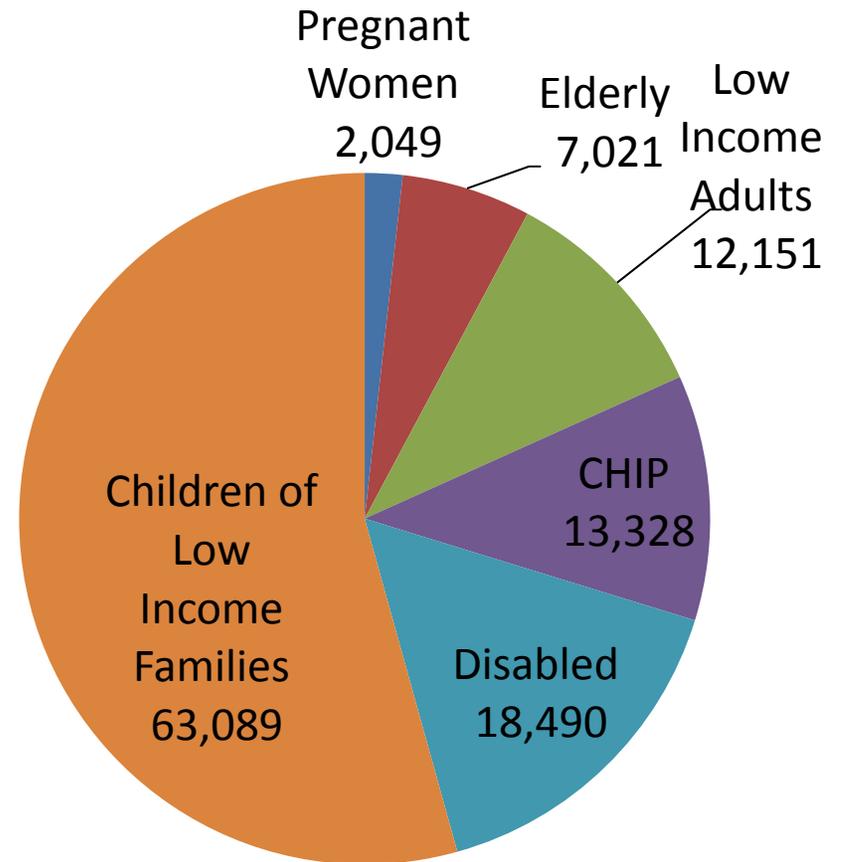
Medicaid Participation

Age
SFY 2013



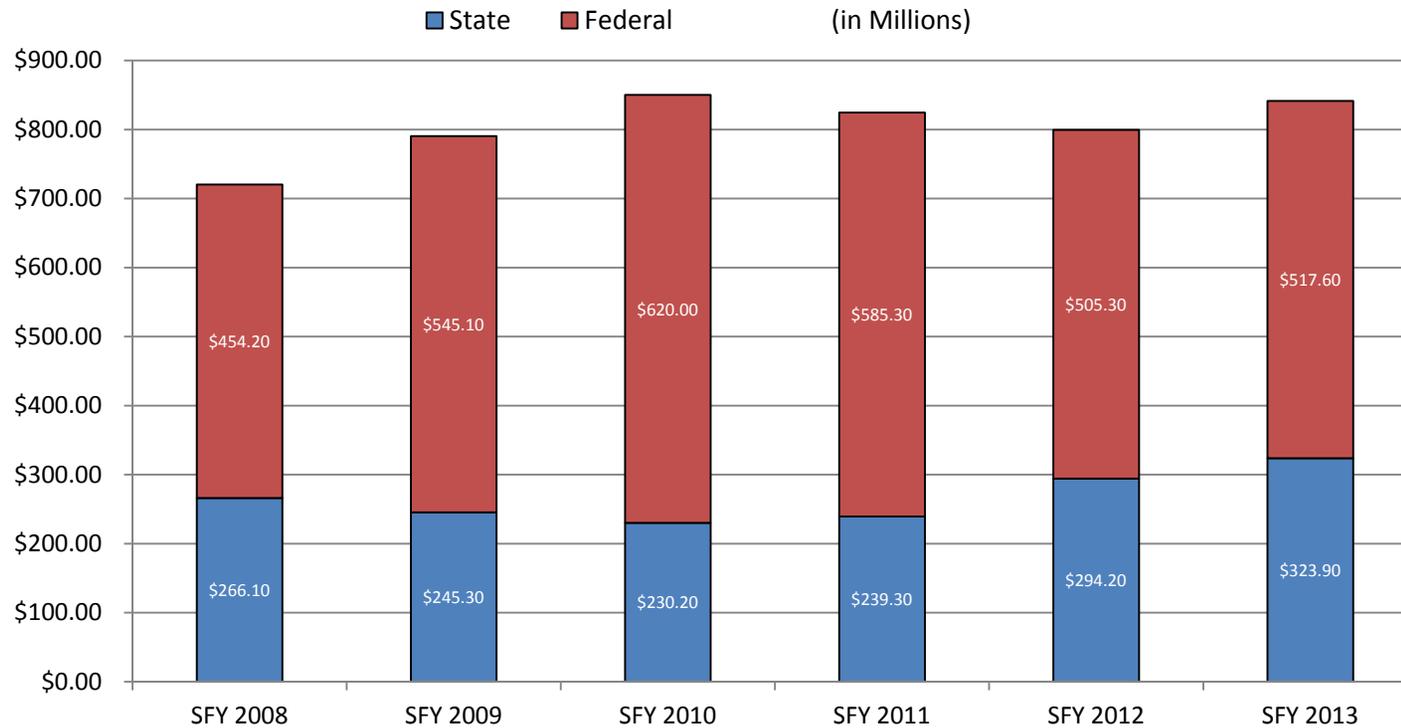
Medicaid Participation

Eligibility Category
SFY 2013



Division of Medical Services

South Dakota Medicaid Expenditures, SFY 2008-2013



*Includes all state agency Medicaid expenditures

Division of Medical Services

Majority of Expenses by Provider Type, SFY 2013

Provider	SFY 2013 Expense (Millions)	% of Total
Hospital	\$179.20	23.71%
Nursing Homes/Assisted Living Providers/Hospice	\$146.00	19.32%
Community Support Providers	\$111.50	14.75%
Physicians, Independent Practitioners and Clinics	\$95.50	12.64%
Indian Health Services	\$72.10	9.54%
South Dakota Developmental Center and Human Services Center	\$32.60	4.31%
Pharmacies	\$31.40	4.16%
Substance Abuse, Mental Health and Other Community Support Providers	\$22.30	2.95%
Psychiatric Residential Youth Care Providers	\$30.70	4.06%
Dentists	\$17.30	2.29%
Durable Medical Equipment Providers	\$ 9.80	1.30%
In-Home Service Providers for the Elderly and Skilled Home Health	\$ 7.30	0.97%
Total for Majority of Expenses	\$755.70	

*Includes all state agency Medicaid expenditures

Division of Medical Services

Medical Services - Average Cost of Service - SFY13:

		Avg. Eligibles
Aged	\$1,944	7,021
Blind/Disabled Adults	\$7,529	15,050
Blind/Disabled Children	\$12,267	3,440
Children of Low Income Families	\$2,331	63,089
Pregnant Women (Pregnancy Only)	\$8,151	2,780
Low Income Adults	\$5,843	11,420
Children's Health Insurance	\$1,598	13,328
		<hr/>
		116,128

* Does not include Medicare premiums, admin, drug rebates, & other non-direct service costs

Division of Medical Services

Service Delivery:

- **Medical Services Staff – 51.0 FTE**
 - Provider Enrollment
 - Process Claims
 - Prior Authorizations for services
 - Manage State Plan
 - Staff located in Pierre, Rapid City and Sioux Falls

Division of Medical Services

Health Care Services:

- Covered Healthcare Services must be medically necessary and physician ordered
- Recipients participate in cost sharing, but there are limits set federally and certain groups are exempt from cost sharing

Medicaid Mandatory Services (examples)	South Dakota Optional Services (examples)
<ul style="list-style-type: none"> • Inpatient hospital services • Outpatient hospital services • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services • All Medically Necessary care for eligible children under age 21 • Nursing facility services • Home health services • Physician services • Rural health clinic services • Federally qualified health center services • Laboratory and X-ray services • Nurse Midwife services • Certified Pediatric and Family Nurse Practitioner services • Transportation to medical care • Tobacco cessation counseling for pregnant women 	<ul style="list-style-type: none"> • Physician assistants • Psychologists and independent mental health practitioners • Intermediate Care Facilities for the Mentally Retarded (ICF/MR) • Podiatry • Prescription Drugs • Optometry • Chiropractic services • Durable medical equipment • Dental services • Physical, occupational, speech therapy, audiology • Prosthetic devices and eyeglasses • Hospice care, nursing services • Personal care services and home health aides

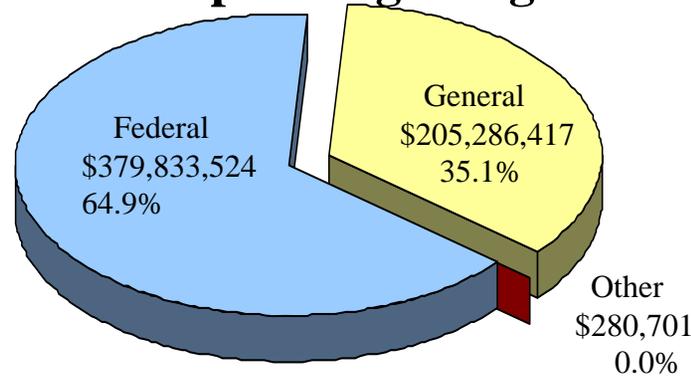
Division of Medical Services

Medicaid Waivers:

- **States can only get waivers for specific areas of Medicaid**
- **Cannot waive the basic tenants of Medicaid**
 - Cannot cap enrollment
 - Must be cost/budget neutral
- **Can only vary from existing federal Medicaid requirements in certain areas, e.g.**
 - Level of care requirements, i.e., serve people at home instead of institutions
 - Services or Populations Covered - usually used to expand services
- **Specific process to obtain waivers**
 - Requires a series of detailed steps, including an application and public notice
- **South Dakota has four Home and Community Based Waivers**
 - Provide services outside of institutions
 - DSS- aging and disabled waiver
 - DHS- 2 ID/DD waivers, 1 waiver for people with quadriplegia

Division of Medical Services

FY14 Operating Budget:



Total: \$585,400,642 and 51.0 FTE

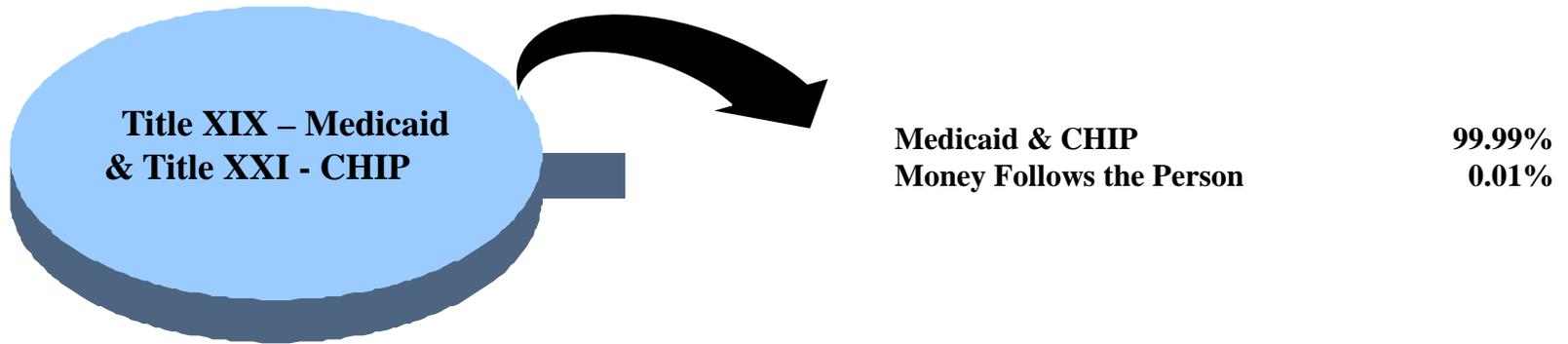
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
MS Administration and Field Staff	51.0	\$4,464,001	\$36,238,585	\$280,701	\$40,983,287
Physician Services	0.0	\$36,145,596	\$46,283,348	\$0	\$82,428,944
Inpatient Hospital	0.0	\$56,702,900	\$67,102,565	\$0	\$123,805,465
Outpatient Hospital	0.0	\$21,969,047	\$25,998,307	\$0	\$47,967,354
Prescription Drugs	0.0	\$13,244,540	\$14,549,431	\$0	\$27,793,971
Other Medical Services	0.0	\$7,152,868	\$8,464,754	\$0	\$15,617,622
Medicare Part A, B, D, and Crossovers	0.0	\$41,970,155	\$30,916,203	\$0	\$72,886,358
Early and Periodic Screening, Diagnosis, Treatment (EPSDT) Services	0.0	\$12,942,344	\$14,057,581	\$0	\$26,999,925
Children's Health Insurance Program (CHIP)	0.0	\$7,873,061	\$16,684,205	\$0	\$24,557,266
Indian Health Services	0.0	\$0	\$84,577,751	\$0	\$84,577,751
Health Information Technology	0.0	\$0	\$31,700,000	\$0	\$31,700,000
All Others	0.0	\$2,821,905	\$3,260,794	\$0	\$6,082,699
Total Medical Services	51.0	\$205,286,417	\$379,833,524	\$280,701	\$585,400,642
Personal Services	51.0	\$697,074	\$2,236,008	\$0	\$2,933,082
Operating Expense	0.0	\$204,589,343	\$377,597,516	\$280,701	\$582,467,560
Total Medical Services	51.0	\$205,286,417	\$379,833,524	\$280,701	\$585,400,642

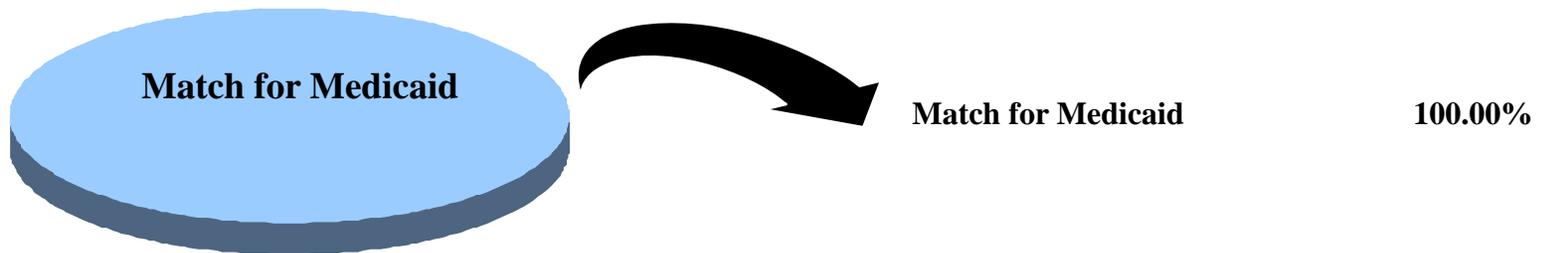
Division of Medical Services

FY14 Funding Sources

Federal Fund Sources – Total \$379,833,524



Other Fund Sources – Total \$280,701

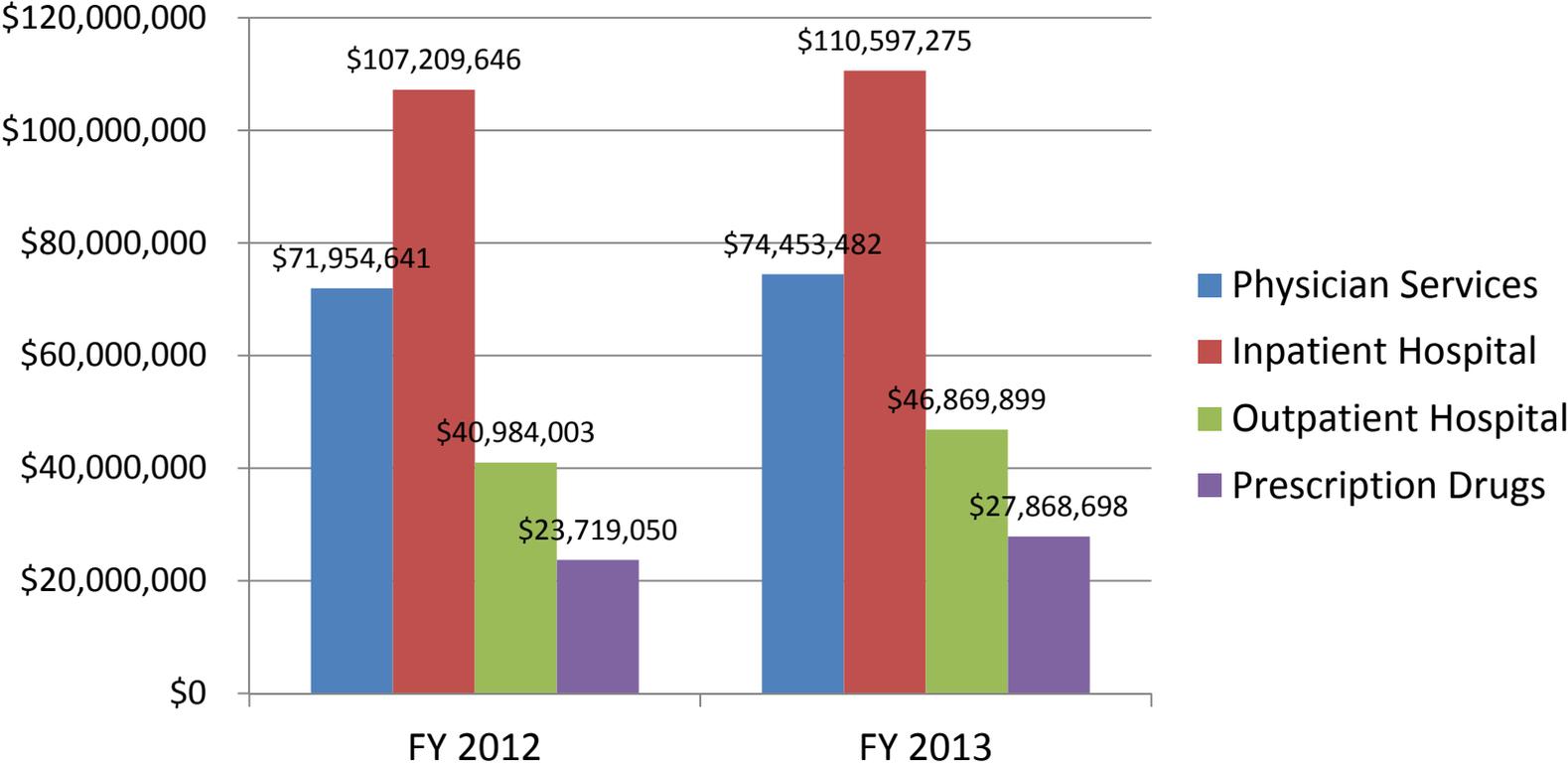


Division of Medical Services

Health Care Services:

- **Certain health care services represent the largest share of our Medical Services budget. These are sometimes referred to as “The Big 4”**

Actual Expenditures



Division of Medical Services

Physician Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$36,145,596	\$46,283,348	\$0	\$82,428,944

- Health care services provided by a Medicaid enrolled Physician or Advanced Practice Clinician
- Provided in settings such as clinics and hospitals
- Recipient copay is \$3.00 per visit

Division of Medical Services

Health Care Services – Physician Services - continued:

- **Primary Care Case Management Services**
 - Designed to improve access, availability, and continuity of care by appropriately and effectively managing health care utilization
 - Primary Care Provider (PCP) is responsible for managing recipient's health care by directing all Managed Care designated services
 - Provides referrals for specific health care services
 - Provides 24 hour, 7 day a week access to medical care
 - Per member per month fee paid to PCP is \$ 3.00 per recipient

Division of Medical Services

Inpatient Hospital:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$56,702,900	\$67,102,565	\$0	\$123,805,465

- Health care services furnished in a hospital under the direction of a physician that generally result in an overnight stay
- Room and board as well as services received during hospitalization such as hospital-based physician services, nursing, diagnostic services and therapy
- Recipient copay is \$50 per admission

Division of Medical Services

Health Cares Services - Inpatient Hospital Services – con't:

- Budget also includes:
 - **Graduate Medical Education (GME)**
 - Payments to 3 qualifying hospitals to support graduate medical education for primary care physicians
 - Payments based on number of Medicaid inpatient hospital days provided and number of primary care residents and interns
 - FY13 GME payments: \$2,845,831
 - \$910,002 - Rapid City Regional
 - \$954,130 – Sanford Health
 - \$981,699 – Avera McKennan
 - **Disproportionate Share Hospital Payments (DSH)**
 - Payments to qualifying hospitals that serve a disproportionate share of Medicaid and Medicare patients
 - FY13: \$1,441,644 total payments to 19 hospitals

Division of Medical Services

Outpatient Hospital:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$21,969,047	\$25,998,307	\$0	\$47,967,354

- Health care services provided in a hospital or clinic setting under the direction of a physician that do not result in an overnight stay
- Includes laboratory, radiology, emergency room and outpatient surgical
- Recipient copay is 5% or up to a maximum of \$50

Division of Medical Services

Prescription Drugs:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$13,244,540	\$14,549,431	\$0	\$27,793,971

- **Prescription Drugs**

- Prescribed by a physician or other licensed Medicaid provider and dispensed by a licensed pharmacist
- Recipient copay is \$1.00 per prescription for generic drugs and \$3.30 per prescription for brand name drugs
- Pharmacy & Therapeutics Committee reviews utilization of all drugs and recommends clinical criteria for use of identified medications
- High rate of generic drug utilization
 - SFY 2011 = 76.5%
 - SFY 2012 = 78.1%
 - SFY 2013 = 81.8%
 - SFY 2014 (5 months) = 82.6%
- Drug Utilization Review Committee retrospectively reviews medication utilization for inappropriate use, over use, under use and drug/disease interactions, poly-pharmacy

Division of Medical Services

Other Medical Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$7,152,868	\$8,464,754	\$0	\$15,617,622

- Durable Medical Equipment (DME)
 - Provides equipment such as wheelchairs, prosthetics, and enteral and parenteral nutritional supplements and supplies
 - Equipment and supplies intended for repeated use and appropriate for use in the home
 - DME must be ordered by a physician with a certificate of medical necessity prior to Medicaid payment
 - Institutional settings are not allowed to submit separate claims for DME
- Emergency Transportation

Division of Medical Services

Medicare Part A, B, D Premiums and Crossovers:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$41,970,155	\$30,916,203	\$0	\$72,886,358

- **Medicare Part A and Part B “Buy-In” program**
 - State Medicaid agency required to pay Medicare Part A and B premiums for individuals that qualify for both Medicare and Medicaid – known as dual eligibles
 - On average each month about 12,000 people are “dually eligible” and enrolled in both Medicaid and Medicare
 - Cost effective for the state as Medicare becomes primary insurance and Medicaid becomes secondary
- **Medicare Part D “Clawback”**
 - Began in 2006 when Medicare began providing prescription drug coverage for Medicare and Medicaid dual eligibles
 - State Medicaid agency required to make monthly payment to the federal government

Division of Medical Services

Early and Periodic Screening, Diagnosis, Treatment (EPSDT) Services :

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$12,942,344	\$14,057,581	\$0	\$26,999,925

- Early and periodic screening, diagnosis, and treatment or "EPSDT" includes services for children less than age 21 on Medicaid
- Federal requirement to cover screening and diagnostic services, and cover health care services needed by children, regardless of whether or not services are covered under the state's Medicaid plan

Division of Medical Services

Children's Health Insurance Program (CHIP):

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$7,873,061	\$16,684,205	\$0	\$24,557,266

- The Children's Health Insurance Program (CHIP) provides health coverage to children in families with incomes too high to qualify for Medicaid, but can't afford private coverage
- South Dakota CHIP children are under the age of 19 with no health insurance and family income under 200% FPL
- South Dakota's program is a Medicaid "look alike" program, meaning that CHIP covers the same services as Medicaid

Division of Medical Services

Indian Health Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$84,577,751	\$0	\$84,577,751

- **Indian Health Services (IHS)**

- Is the federal agency responsible for providing health care to American Indians
- American Indians who are an enrolled member of a tribe can receive health care service at IHS facilities
- IHS facilities included in the Aberdeen Area Service Unit include hospitals, health centers and a Tribally-Operated Health Service Site
- American Indians who are also Medicaid eligible can receive health care services at IHS facilities and/or non-IHS facilities

Division of Medical Services

Indian Health Services - continued:

- **American Indian health services funding**
 - IHS facilities are funded with 100% federal dollars for services they provide to American Indians and that are billed to Medicaid
 - Non-IHS facilities are funded at the Medicaid federal/state match FFP for the services they provide to Medicaid eligible American Indians
 - SFY 2013
 - 41,042 American Indians were on Medicaid every month representing 35.3% of all individuals eligible for Medicaid
 - In addition to IHS expenditures, \$171.1 million dollars were paid at Medicaid's normal match rate for health care services provided outside IHS entities for American Indians in SFY13

Division of Medical Services

Health Information Technology (HIT):

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$31,700,000	\$0	\$31,700,000

- **Electronic Health Records**

- A federal program established under the American Recovery and Reinvestment Act of 2009 to promote the adoption and meaningful use of electronic health records by health care providers
 - 2016 is the last year for health care providers to attest for EHR incentive payments
 - Meaningful use and provider eligibility is defined federally
- Incentive payments are 100% federal dollars
 - SFY 2013 total \$14,248,609
 - Eligible hospitals \$10,580,853
 - Eligible professionals \$3,667,756

Division of Medical Services

Health Care Services – All Others:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$2,821,905	\$3,260,794	\$0	\$6,082,699

- **Adult Dental**

- Diagnostic, preventive and restorative treatment for teeth and the oral cavity performed under the supervision of a dentist
 - Includes examinations, fillings, crowns, root canal therapy, and oral surgery
- Delta Dental processes claims from non-IHS providers
 - Prior authorizations for certain dental services
- Adult \$1,000 limit for non-emergency dental services
- Recipient copay is \$3.00 per procedure

Division of Medical Services

Health Care Service – All Others - continued:

- **Adult Optometric**
- **Chiropractic Services**
- **Premium Assistance**
 - Assist Medicaid eligible individuals/families to pay for private health insurance so Medicaid is the payor of last resort
 - Average monthly qualified participants of 90 individuals/families
 - Cost effective program - SFY 2013 premium expenditures were \$416,307 with a state general fund Medicaid healthcare claims savings of over \$4 million.
- **Renal Disease**

Division of Medical Services

Medicaid Claims Payment:

- **South Dakota pays Medicaid enrolled providers through the Medicaid Management Information System (MMIS)**
- **MMIS Replacement Project- SDMEDX- started in 2008**
- **Provider enrollment and portal went live 2010**
- **State terminated contract with vendor in fall, 2010**
- **Lawsuit and counterclaim**
- **CMS required the state to reengage with original contractor**
- **Current Status**
 - Contract negotiations continue on original scope of work
 - All meetings are facilitated by a mediator with CMS participation
 - Additional scope of work negotiated separately
 - Federal mandates
 - Program and claim changes

Division of Medical Services

Medicaid Claims Payment - continued:

- **South Dakota Medicaid pays for medically necessary, covered health care services**
- **Meet or exceed federal timely payment requirements**
- **Medical Services Division staff process and adjudicate Medicaid claims**
 - SFY 2012 – Total claims processed = 4,664,960
 - SFY 2013 – Total claims processed = 4,844,728
 - 81% are submitted electronically

Division of Medical Services

Medicaid Program Integrity:

- **Third Party Liability**
 - Medicaid is the payer of last resort for health care services
 - Office of Recoveries and Fraud Investigations track and recover payments from third party sources such as other insurances
 - SFY 2013 - \$8.3 million were recovered from third party sources
- **Internal and External Quality Assurance Review Processes**
 - **Internal**
 - Surveillance and Utilization Review Subsystem (SURS) Unit
 - MMIS claims edits
 - Prior authorization process
 - Hospital inpatient tracking
 - Provider enrollment procedures
 - **External**
 - Medicaid Fraud Control Unit (MFCU)
 - South Dakota Foundation for Medical Care

Division of Medical Services

Medicaid Program Integrity - continued:

- **Federal Audits**
 - **Payment Error Rate Measurement (PERM) Audit**
 - Three year cycle – South Dakota consistently among lowest error rates in the country
 - 2011 PERM results lowest error rate out of 17 states
 - Claims processing = 1.2% error rate
 - Eligibility determination = 0% error rate
 - **Medicaid Integrity Contractors (MIC) Project**
 - Reviews provider claims and audits providers to identify overpayments and educates providers
 - **National Correct Coding Initiative (NCCI)**
 - CMS initiative to reduce and control improper Medicaid claims coding and payments
 - **Medicaid Recovery Audit Contractor (RAC) Program**
 - In-depth Federal audit of state Medicaid providers
 - CMS has twice exempted South Dakota from this requirement due to our state's low PERM error rates

Division of Medical Services

Affordable Care Act (ACA) Impact:

- **ACA has significantly impacted Medicaid programs**
- **Significant New Requirements**
 - **Provider Enrollment**
 - Screening and validation of providers requesting enrollment
 - Federal database checks
 - Increased who has to enroll to include ordering, referring, and prescribing providers
 - Additional screening procedures required for “medium” and “high risk providers”
 - Onsite visits
 - Requires revalidation a minimum of once every five (5) years

Division of Medical Services

Provider Enrollment:

- **FTE Request - Program Assistant II**
 - Funding for one (1) FTE to oversee Provider Enrollment, Screening, and Validation process to comply with new ACA federal mandates in 42 CFR Parts 424 and 455.
 - Over 14,000 enrolled Medicaid providers
 - ACA Provider Enrollment Changes:
 - Required change from enrolling providers under an overarching business entity to enrolling all ordering, referring, and prescribing providers individually
 - Enrollment applications increased by 26.7%
 - Enrollment modifications increased by 15.7%
 - Each provider is required to revalidate once every 5 years
 - Increased provider credentialing requirements
 - Checking federal exclusionary databases

Division of Medical Services

ACA Impact - continued:

- **Primary Care Provider (PCP) Enhanced Rate**
 - Enhanced reimbursement to eligible PCPs between 1/1/2013 and 12/31/2014
 - Limited to certain PCPs and certain procedures
 - The enhanced payment is 100% federally funded
 - Total of \$6,695,723 PCP payments between 1/1/2013 to 12/31/2013
- **HIPAA 5010 Operating rules**
 - Specific criteria for electronic exchange of information between health payers and providers.
 - 3 step phased implementation will be complete in 2016
 - Still waiting for operational rules from CMS
- **ICD 10- Internal Classification of Diseases**
 - Used for diagnosis by providers and included on claims for payment
Approximate Number of Codes increasing from 18,000 to 140,000
 - Effective 10/1/2014

Division of Medical Services

Health Care Service Delivery:

- **Health Homes (HH)- provide enhanced health care services to individuals with high-cost chronic conditions or serious mental illnesses to increase health outcomes and reduce costs related to uncoordinated care**
 - Recommended by the Medicaid Solutions Workgroup
 - Implemented July, 2013
 - Two types of HH – Primary Care Physician and Community Mental Health Centers
 - Services provided by a Health Care Team based on individual plan of care

Division of Medical Services

Health Care Service Delivery - continued:

- Top 5% of Medicaid recipients represent 57% of all costs and the Health Home recipients are older and utilize more services than the average Medicaid recipient
 - Group is older - average age of 40 years vs. 12.4
 - Have more conditions – 4.5 vs. 0.2
 - Higher rate of inpatient hospitalizations – 918 vs. 9 (per 1,000)
 - Have more prescriptions – 45.1 vs. 2.3
- 83% of Health Home eligible individuals are included in the individuals who make up 5% of the highest cost, highest risk group

As of December 2013:

- Number of Health Homes – 110 serving 115 locations
- Number of Designated Providers – 545
- Number of recipients – 5,853

- Medicaid recipients with the following conditions are eligible for participation in a Health Home:
 - Chronic conditions and/or at risk conditions
 - Severe Mental Illness or Emotional Disturbance

Division of Medical Services

Health Care Service Delivery - continued:

- Health homes must provide 6 core services:
 - Comprehensive Care Management
 - Care Coordination
 - Health Promotion
 - Comprehensive Transitional Care
 - Patient and Family Support
 - Referrals to Community and Support Services
- Providers must apply and be trained
- Health Home reimbursement is per member, per month payment based on recipient tier
 - Recipients placed into 1 of 4 tiers according to need
 - Based on historical claims and diagnosis information
- Non Health Home services paid on current fee for service basis
- Outcome measures for providers
 - Will be used for program evaluation, along with cost and utilization information

Division of Medical Services

Budget Development – Overview:

- **Key factors that impact budget and expenditures**
- **Budget calculations for services budgets**
- **Development of projections for eligibles, utilization, and cost**
- **Projected cost per eligible**
- **FY14 Revised and FY15 Budget**
 - **Revision to current FY14 budget (GB amendment)**
 - **FY15 budget increases start from FY14 revised –**
 - **Actual FY15 budget request difference from FY14 appropriated**

Division of Medical Services

Key Budget Drivers:

- **Key factors that impact budget and expenditures**
 - FMAP
 - changes in the number of eligibles
 - changes in utilization
 - changes in cost

Division of Medical Services

Budget calculations for each service budget:

Avg. Projected Number of Eligibles X Avg. Projected Utilization X Avg. Projected Cost = (Recommended Budget)

- Average Title XIX Eligibles: Average monthly Title XIX adults and children
- Average Utilization: Average monthly utilization per Title XIX eligible
- Average Cost: Average monthly cost per Title XIX eligible
- Adjustments: Negative or positive adjustments for specific items in certain budget areas

	Avg. Title XIX Eligibles		Avg. Util		Avg Cost		# of Months	Adjustments		Calculated FY 15 Budget
Physician Services	0,000	x	0.00%	x	\$0.00	x	12	\$0	=	\$0

- Starting point of the FY15 budget is from FY14 Revised
- Changes from the FY15 calculated budget compared to the FY14 Appropriated is the major items recommendation for changes in eligibles, utilization and cost.

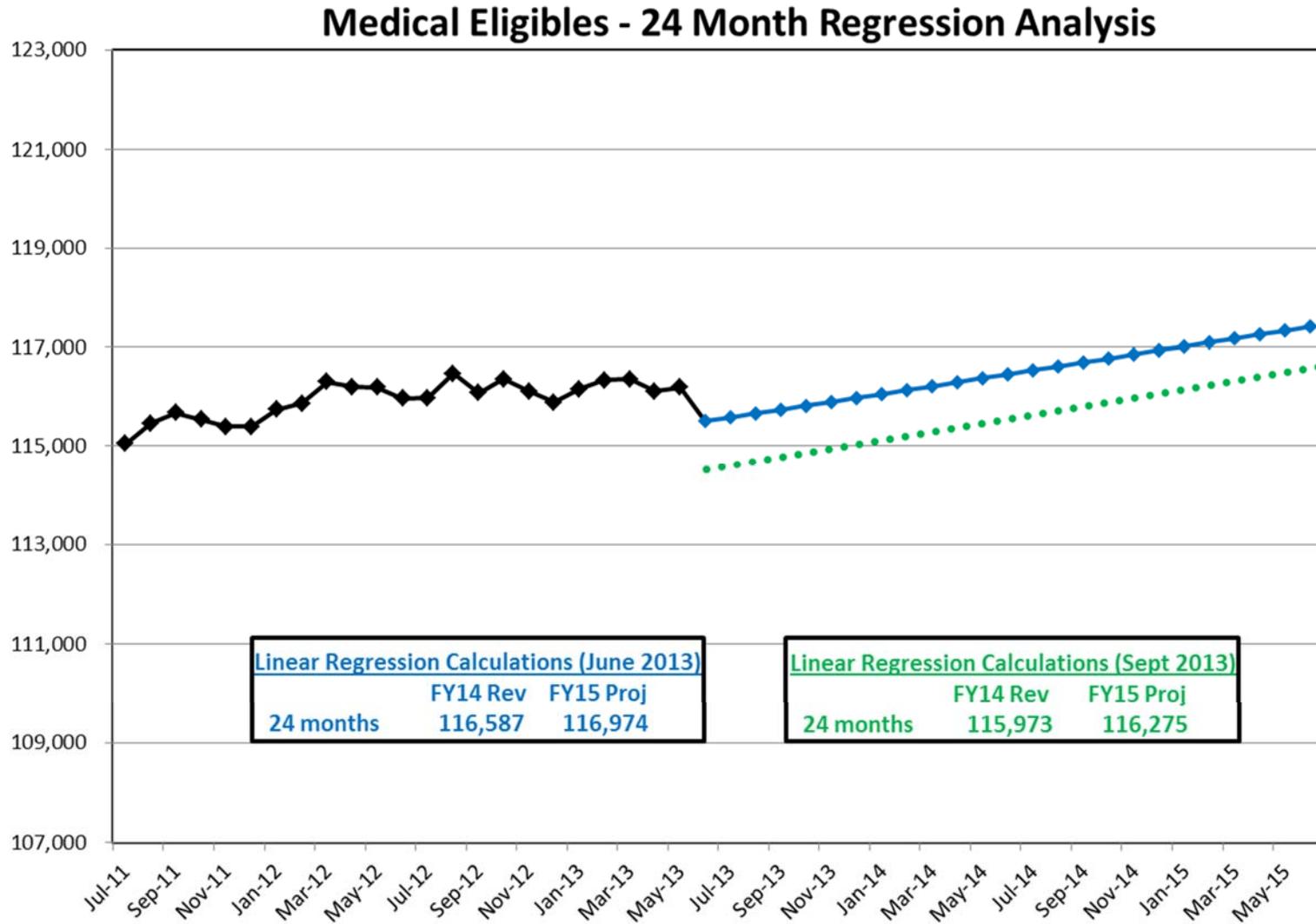
Division of Medical Services

Development of projections for Eligibles, Utilization, and Cost:

- **Regression models developed to analyze and forecast changes in eligibles, utilization, and cost**
 - Linear regression analysis is a statistically sound method that examines the past behavior of a series of historical data to forecast future behavior
 - Historical actual expenditures are also utilized and we apply judgment and adjust for known impacts
 - Continuous process incorporating most recent expenditure and cost information
 - Projections for following year built from revised projections for the current fiscal year

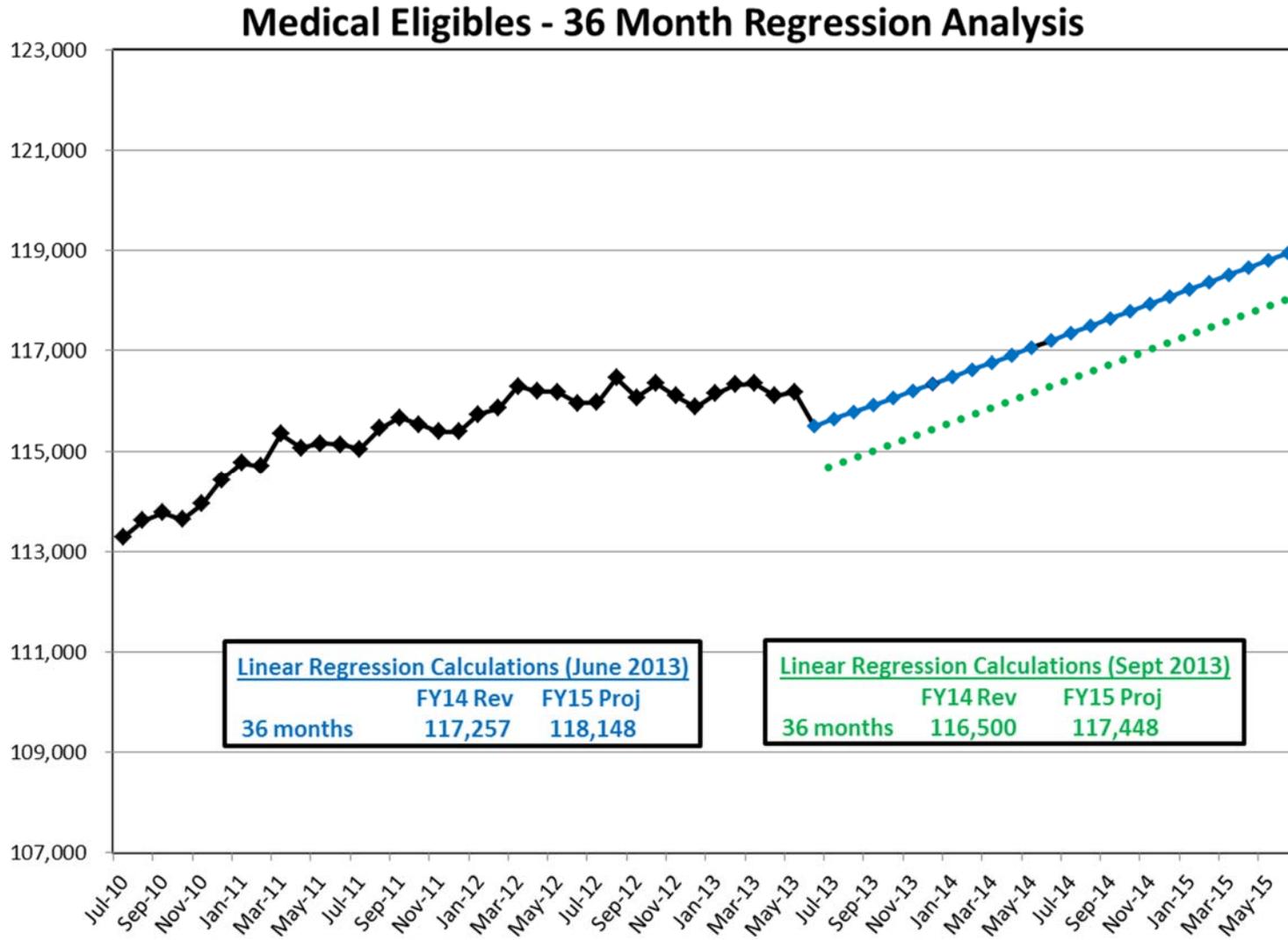
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Budget Development – Eligibles:



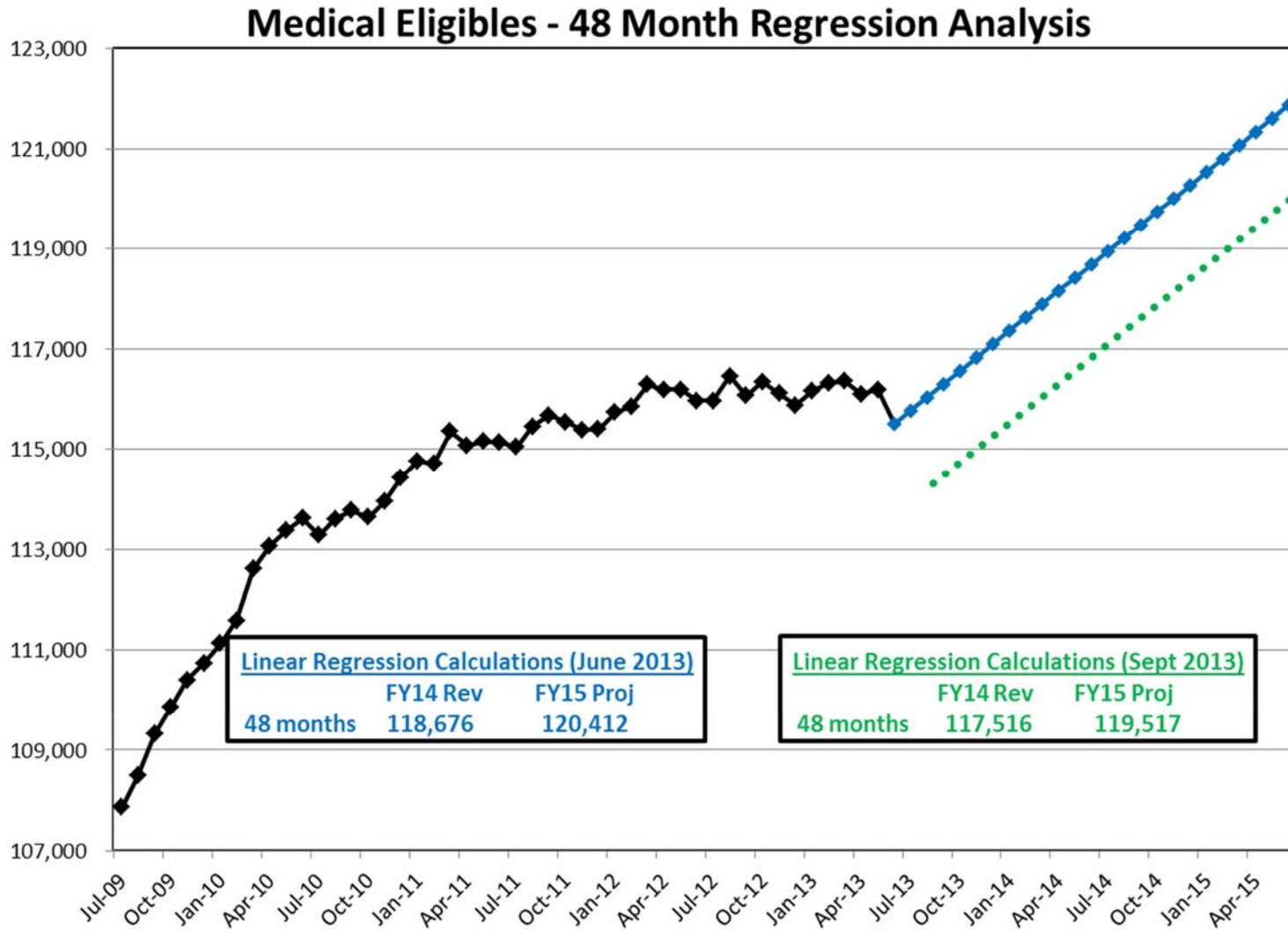
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Budget Development – Eligibles:



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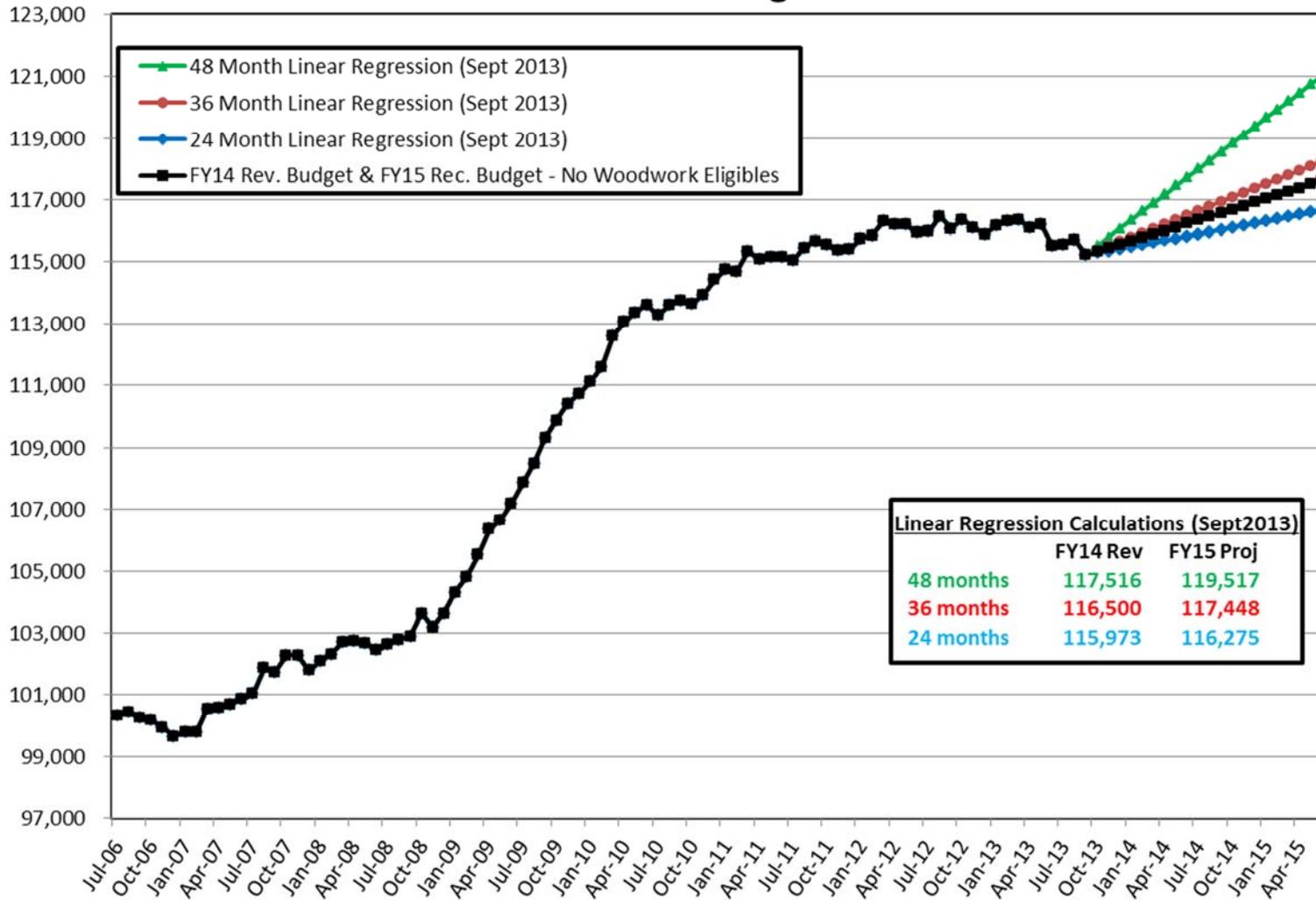
Budget Development – Eligibles:



Division of Medical Services

Budget Development – Eligibles:

Medical Eligibles



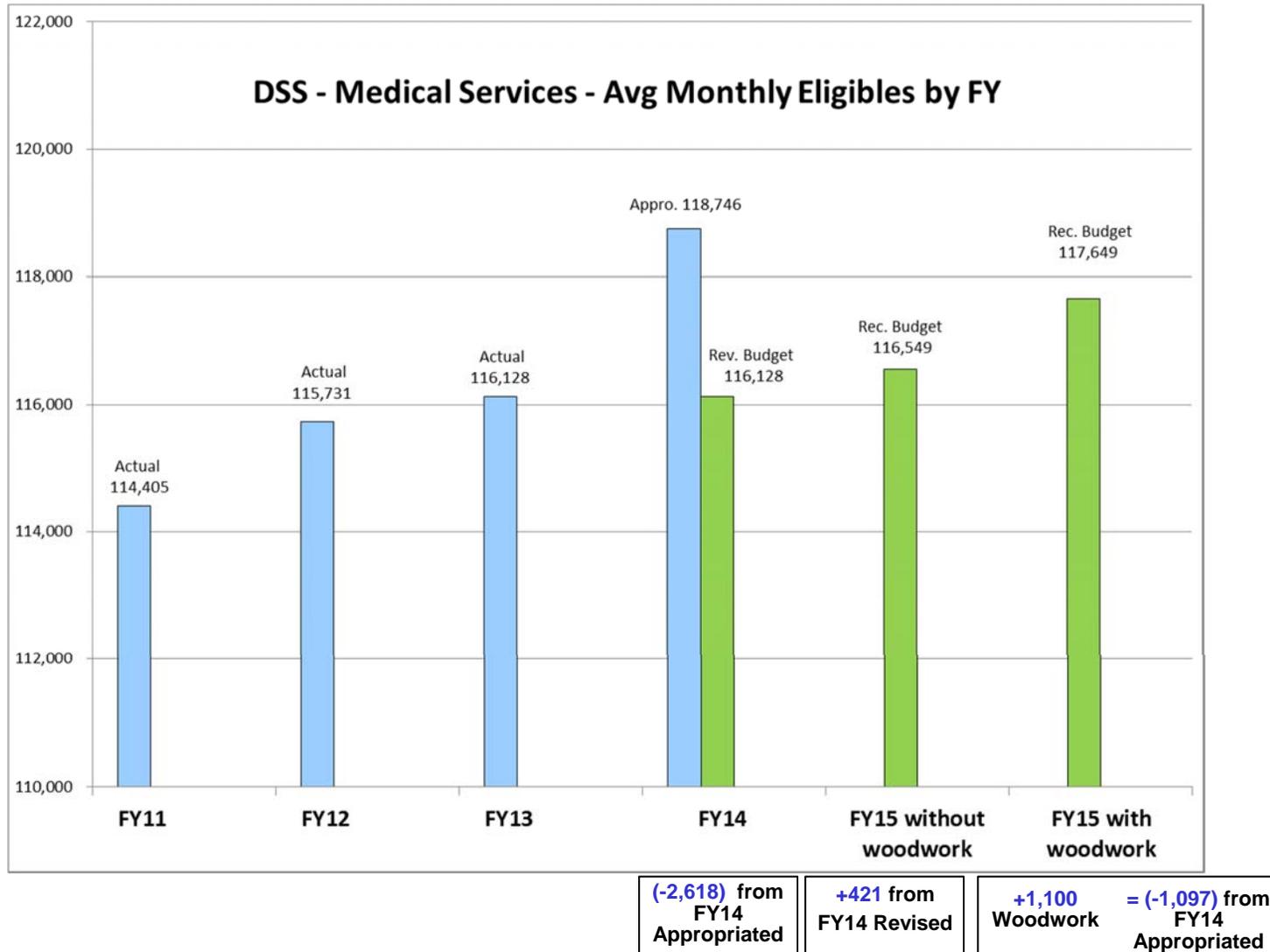
Division of Medical Services

Budget Development- Eligibles “ Woodwork Effect”:

- For FY15, a known impact to the regression analysis is the “woodwork effect”
- Nationally, states are expecting increased enrollment or a “woodwork effect” with increased awareness and outreach surrounding healthcare exchanges
- These individuals are eligible for the current program but have not enrolled
- FY15 budget includes projected 1,100 eligibles
 - Assuming take up rate of 20% of the 5,500 estimated from Market Decisions Report

Division of Medical Services

Budget Development - Eligibles:



Division of Medical Services

Budget Development - Eligibles:

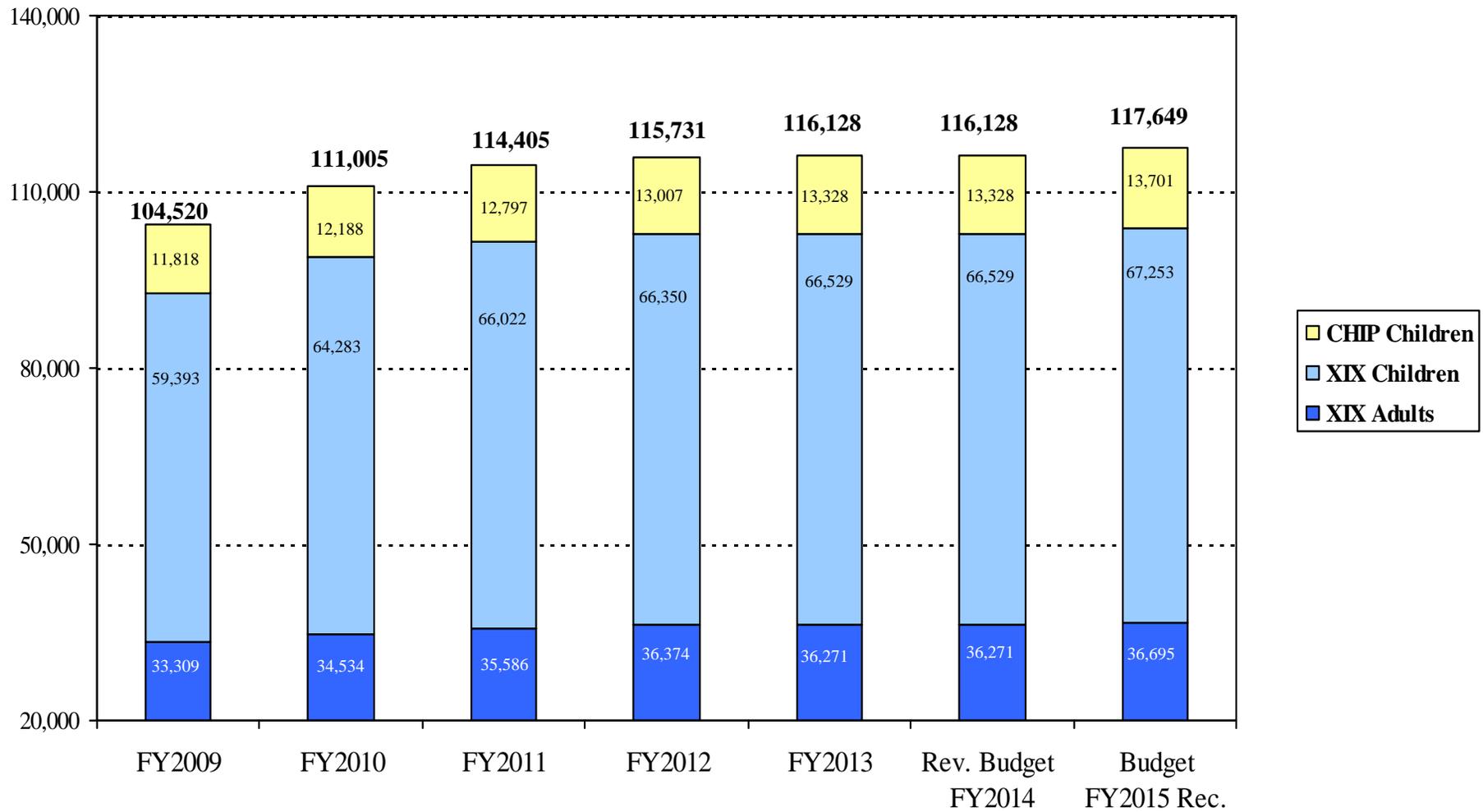
without
1,100
woodwork
↓

with
1,100
woodwork
↓

Average Monthly Medicaid Eligibles									Revised	Budget	Budget
	Actual	Budget	Rec.	Rec.							
	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY15
Title XIX Eligibles	89,178	89,163	90,839	92,702	98,817	101,608	102,724	102,800	102,800	102,848	103,948
Title XXI Eligibles	11,096	11,230	11,471	11,818	12,188	12,797	13,007	13,328	13,328	13,701	13,701
Total Eligibles	100,274	100,393	102,310	104,520	111,005	114,405	115,731	116,128	116,128	116,549	117,649
Change in eligibles by year									Revised	Rec.	Rec.
	Actual	Budget	Budget	Budget							
	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY15
Title XIX Eligibles	1,785	(15)	1,676	1,863	6,115	2,791	1,116	76	-	48	1,148
Title XXI Eligibles	679	134	241	347	370	609	210	321	-	373	373
Total Eligibles Change	2,464	119	1,917	2,210	6,485	3,400	1,326	397	-	421	1,521
% Change in eligibles by year									Revised	Rec.	Rec.
	Actual	Budget	Budget	Budget							
	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY15
Title XIX Eligibles	2.0%	0.0%	1.9%	2.1%	6.6%	2.8%	1.1%	0.1%	0.0%	0.0%	1.12%
Title XXI Eligibles	6.5%	1.2%	2.2%	3.1%	3.1%	5.0%	1.6%	2.5%	0.0%	2.8%	2.80%
	2.5%	0.1%	1.9%	2.2%	6.20%	3.06%	1.16%	0.34%	0.00%	0.36%	1.31%

Division of Medical Services

Medicaid Ave. Monthly Eligible Totals



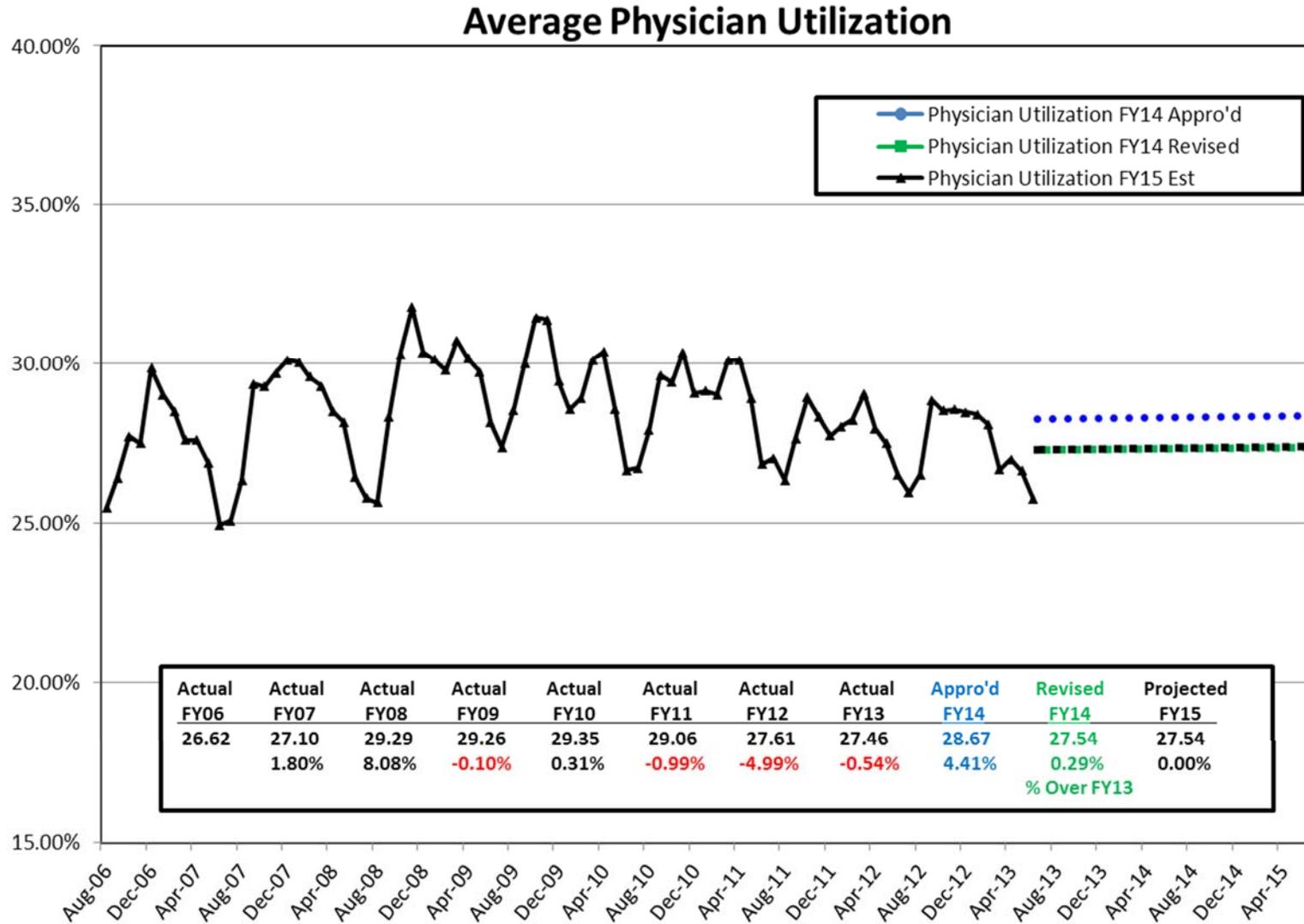
Division of Medical Services

Average Utilization Rate:

- As with any health plan, not everyone eligible uses each service every month.
- We measure utilization rates because it has a cost and budget implication.
- Utilization is the average percentage of eligible recipients utilizing the service.
 - Utilization rates vary by service.

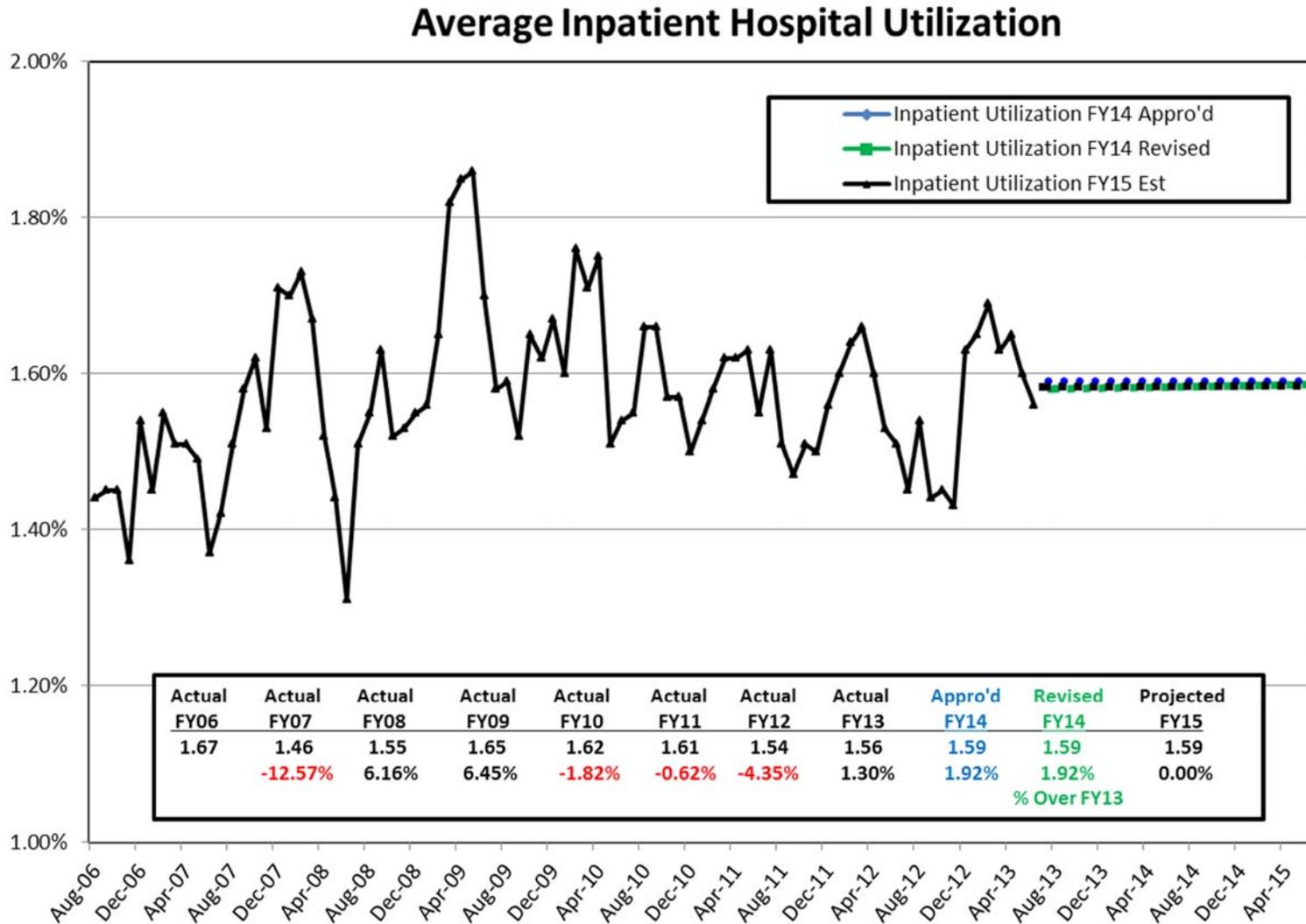
Division of Medical Services

Budget Development – Utilization rate:



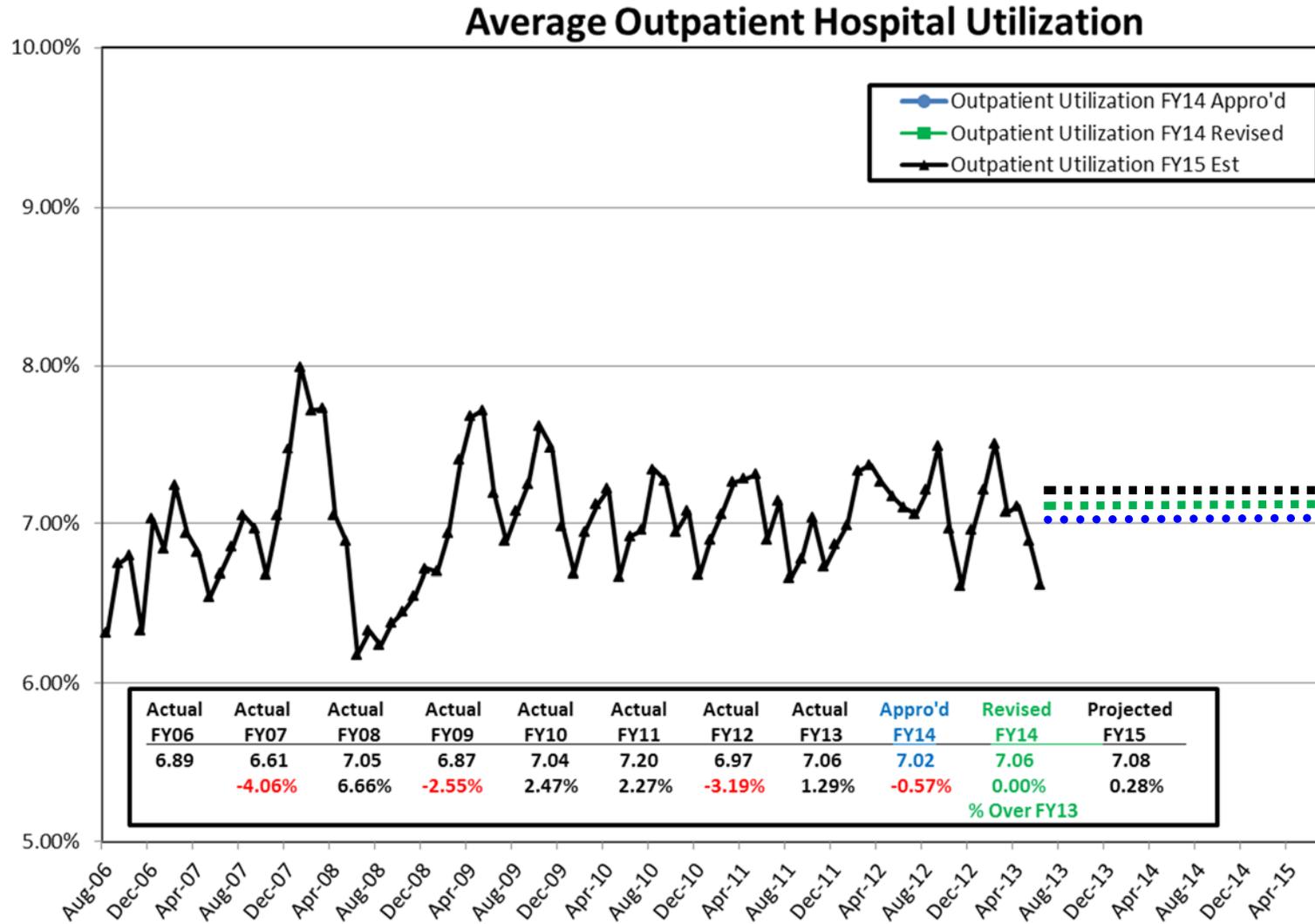
Division of Medical Services

Budget Development – Utilization rate:



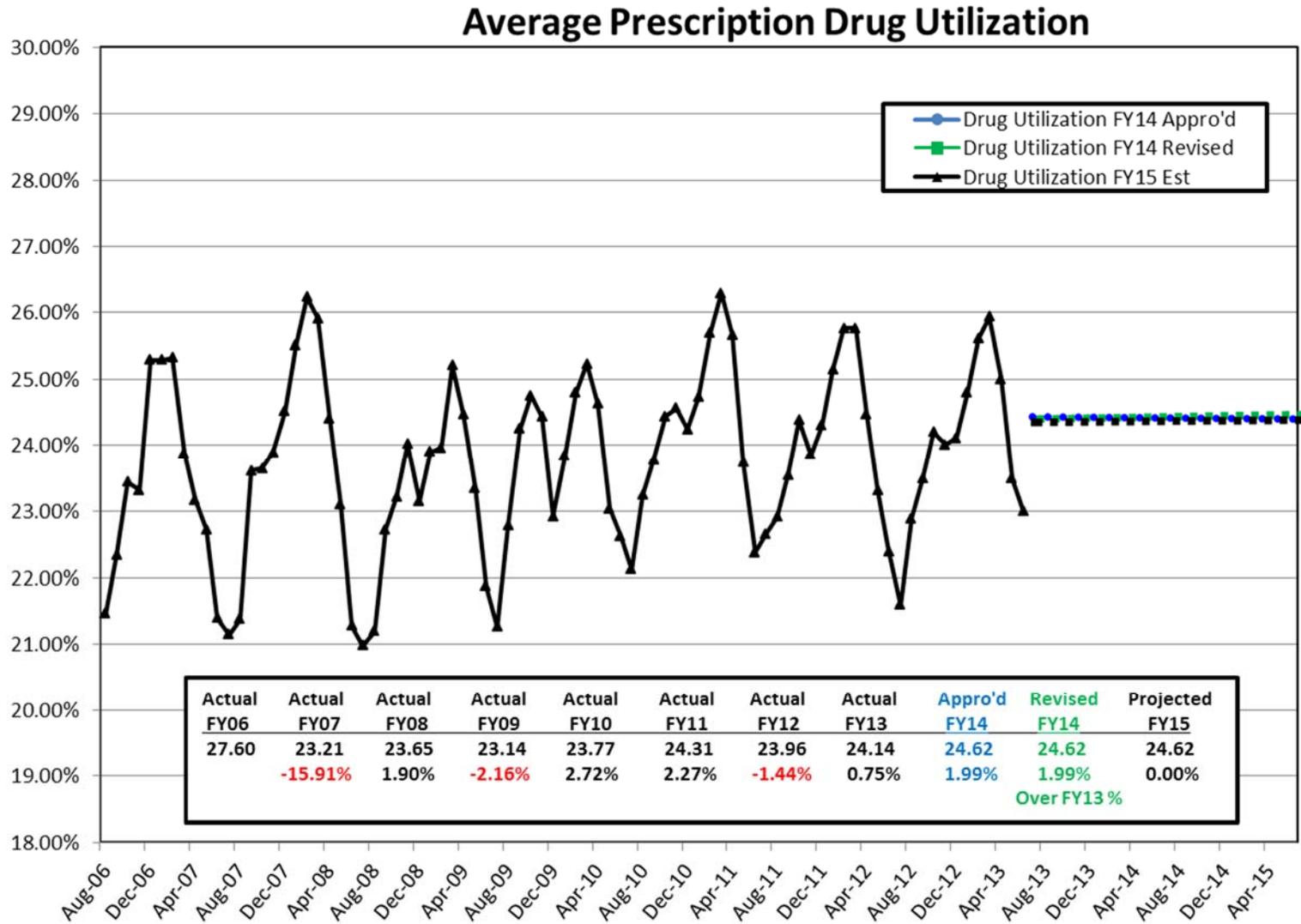
Division of Medical Services

Budget Development – Utilization rate:



Division of Medical Services

Budget Development – Utilization rate:



Division of Medical Services

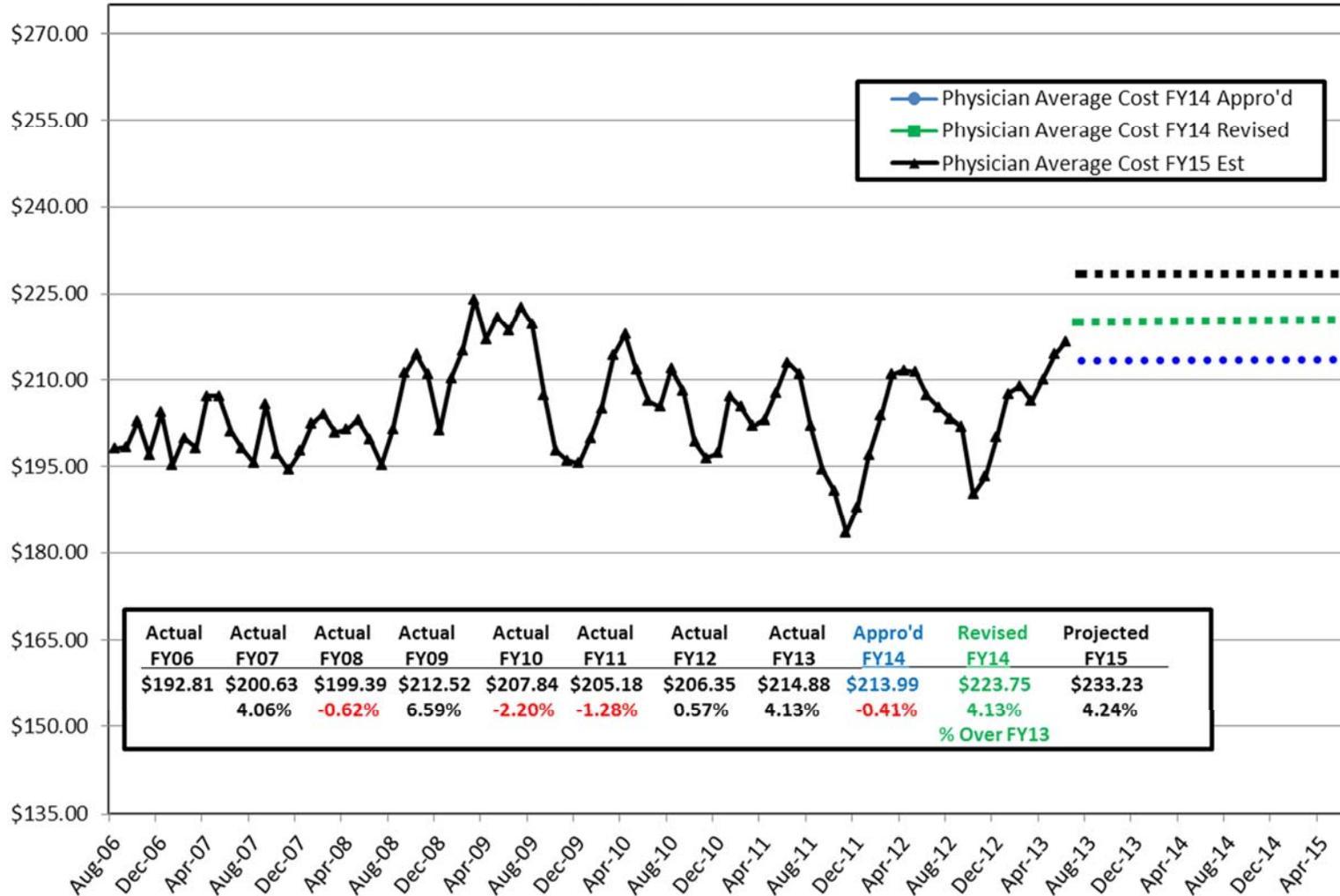
Average Cost:

- Similar to utilization, we measure the cost of individual services.
 - The average cost varies by service.

Division of Medical Services

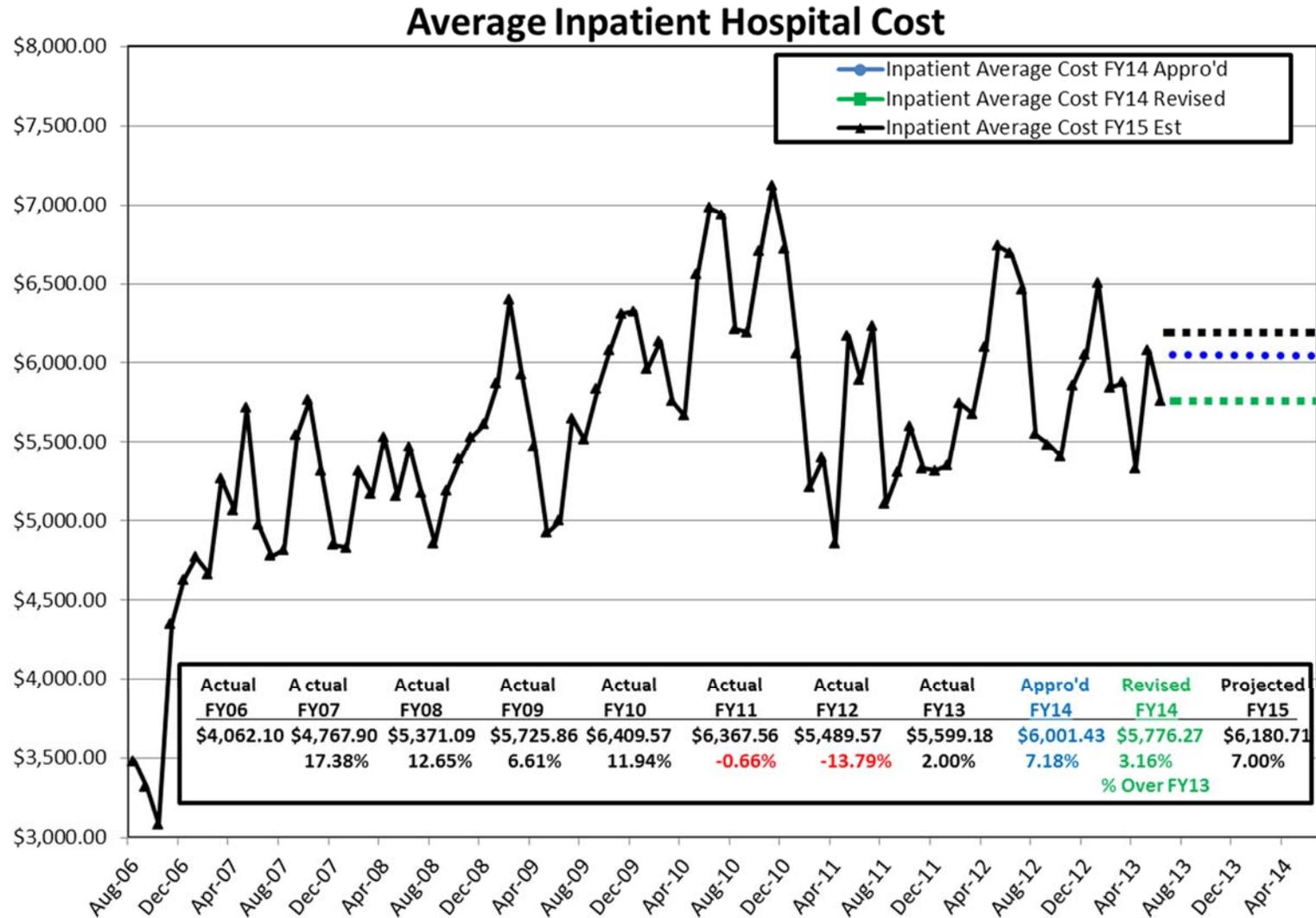
Budget Development – Cost:

Average Physician Cost



Division of Medical Services

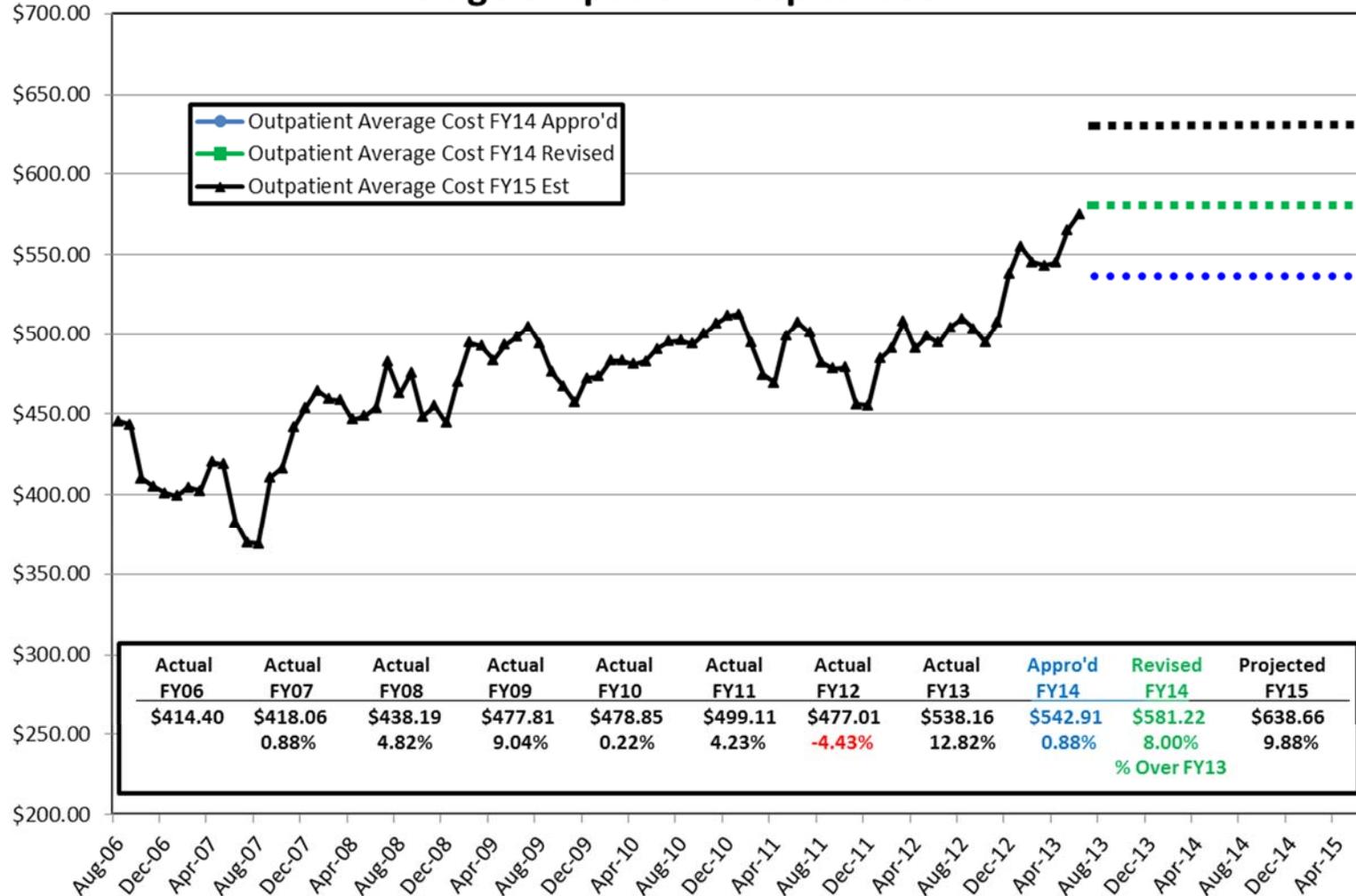
Budget Development – Cost:



Division of Medical Services

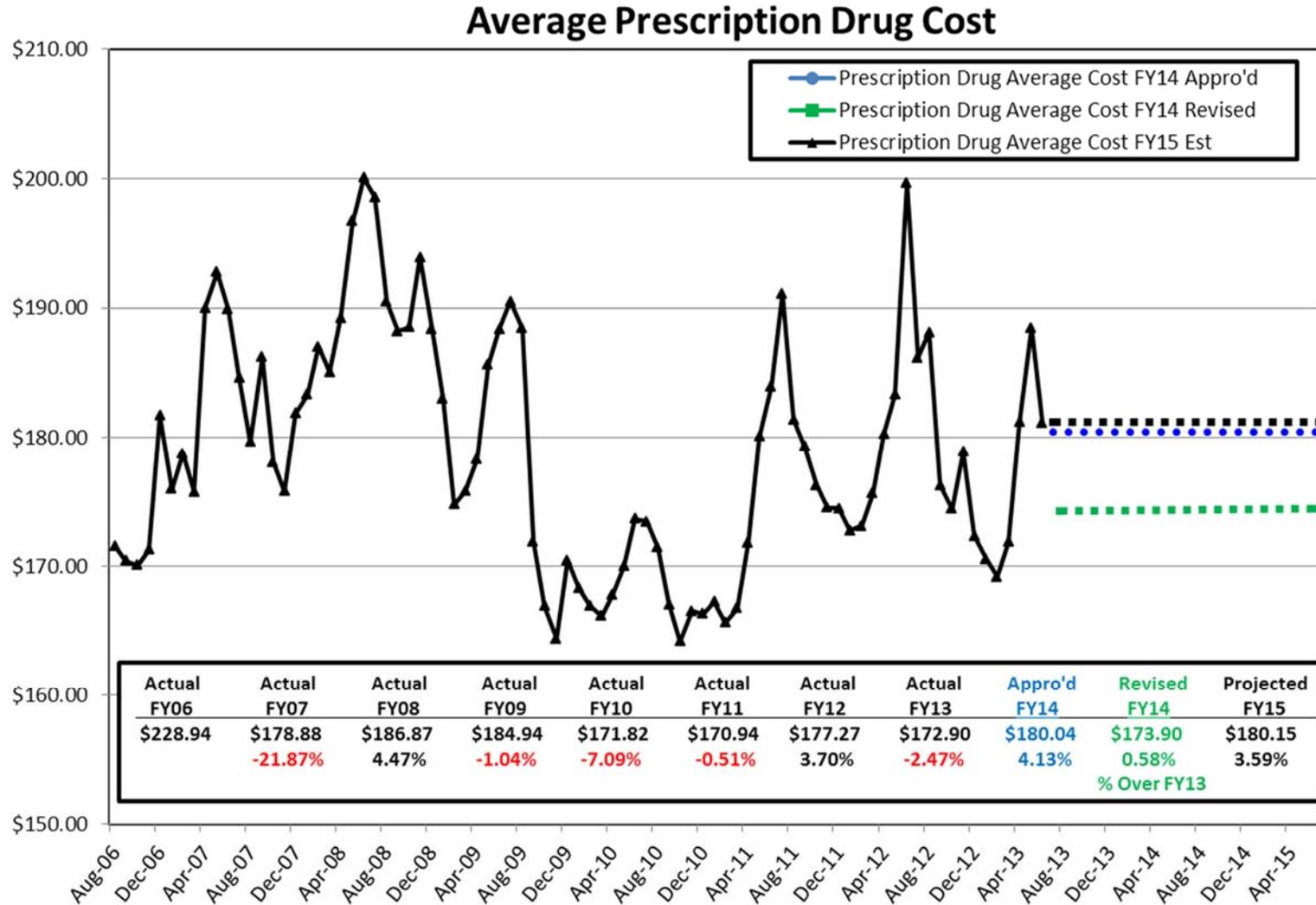
Budget Development – Cost:

Average Outpatient Hospital Cost



Division of Medical Services

Budget Development – Cost:



Division of Medical Services

Budget Calculation:

	Avg. Title XIX Eligibles		Avg. Util		Avg Cost		# of Months	Adjustments	Calculated FY 15 Budget		Avg per elig.
Physician Services	103,948	x	27.54%	x	\$233.23	x	12	\$3,454,213 =	\$83,573,707	1)	\$804
Inpatient Hosp., & Dispro	103,948	x	1.59%	x	\$6,180.71	x	12	\$3,724,445 =	\$126,308,122	2)	\$1,215
Outpatient Hosp.	103,948	x	7.08%	x	\$638.66	x	12	\$0 =	\$56,402,722		\$543
Prescription Drugs	103,948	x	24.62%	x	\$180.15	x	12	-\$26,688,798 =	\$28,636,207	3)	\$275
									<u>\$294,920,758</u>		

Adjustments:

- 1) This includes \$1,700,000 for the PRIME managed care fees, and primary care providers increase in payments - Accountable Care Act \$1,754,213
- 2) This includes GME payments of \$2,845,832, and \$878,613 for Disproportionate Share Payments (DSH)
- 3) This includes a reduction that reflects refunds from the drug rebate program (\$26,688,798)

Note : CHIP is budgeted separately, however CHIP would also have costs that would be associated for example with Physician Services etc.

Division of Medical Services

Budget Development- Annual Avg. Title XIX Cost Per Eligible:

Medical Services:

SFY15 Performance Indicators

FY15 Annual Average Cost Per Title XIX Eligible:		%
Physician Services	\$804	16.7%
Inpatient Hosp. & Dispro	\$1,215	25.3%
Outpatient Hosp	\$543	11.3%
Prescription Drugs	\$275	5.7%
All Others (Medicare Premiums, Dental, Chiropractic, etc.)	\$1,974	41.0%
Total	\$4,811	100.0%

*Does not include Title XXI (CHIP), MS Admin., & Non-Direct Services

Division of Medical Services

Budget Development – Medical Services Budget:

	\$4,810.79	Title XIX avg. - budget FY15
X	103,948	Title XIX eligibles - budget FY15
	\$500,072,311	Title XIX eligibles - budget FY15
	\$1,799.75	Title XXI (CHIP) avg. - budget FY15
X	13,701	Title XXI (CHIP) eligibles - budget FY15
	\$24,658,371	Medical Services CHIP - budget FY15
	\$74,092,069	Medical Services Admin. and Non-Direct Services
	\$598,822,748	Total FY15 Medical Services Budget

Division of Medical Services

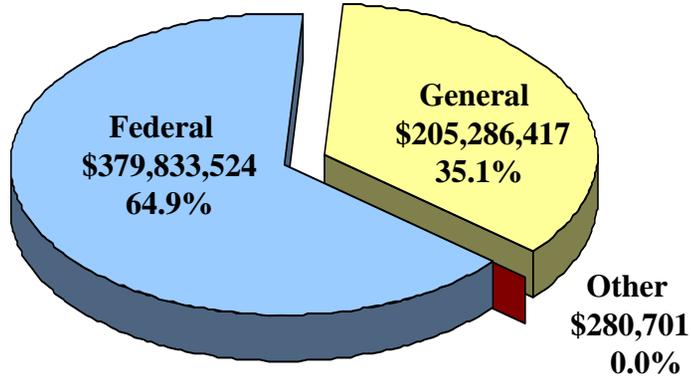
Budget Development – FY14 Revision & FY15 Recommended:

	FTE	General	Federal	Other	Total	Eligibles
Total FY 2014 Appropriated Budget	51.00	\$205,286,417	\$379,833,524	\$280,701	\$585,400,642	
FY14 Revised elig., util, & cost		(\$6,086,570)	(\$7,820,222)	\$0	(\$13,906,792)	General Bill SFY14 (2,618)
FY15 Change in elig., util, & cost		\$7,131,344	\$8,796,892	\$0	\$15,928,236	1,521
FY15 Change elig., util, & cost		\$1,044,774	\$976,670	\$0	\$2,021,444	(1,097)
FY15 FMAP		\$8,221,322	(\$8,221,322)	\$0	\$0	
FY15 Inflation		\$6,455,321	\$4,893,290	\$0	\$11,348,611	
Other	1.00	\$25,657	\$26,394	\$0	\$52,051	
FY15 Rec. Increase/(Decrease)	1.00	\$15,747,074	(\$2,324,968)	\$0	\$13,422,106	
Total Recommended FY 2015 Budget	52.00	\$221,033,491	\$377,508,556	\$280,701	\$598,822,748	

Division of Medical Services

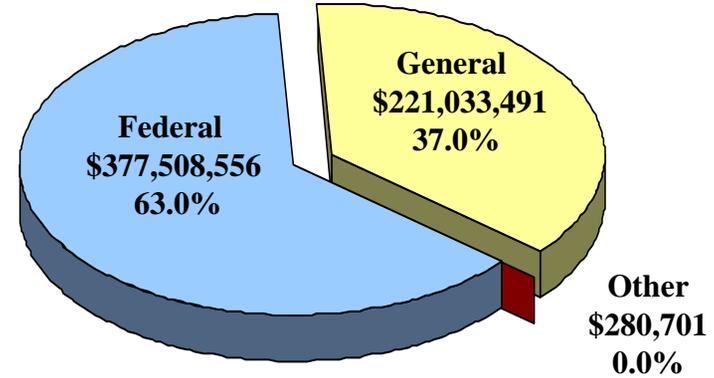
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$585,400,642 and 51.0 FTE

FY15 Recommended Budget



Total: \$598,822,748 and 52.0 FTE

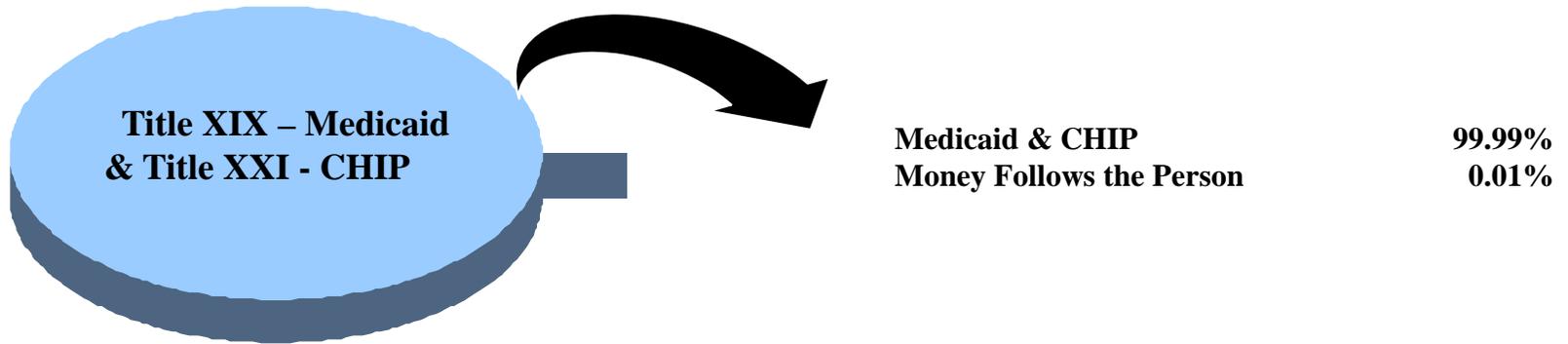
MAJOR BUDGET INCREASES AND DECREASES

	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$8,221,322	(\$8,221,322)	\$0	\$0
Mandatory Inflation:				
Primary Care Providers.	\$0	(\$1,754,213)	\$0	(\$1,754,213)
Federally Qualified Health Centers, Rural Health Clinics, Crossovers, Part A, B, & D.	\$1,716,192	\$1,267,745	\$0	\$2,983,937
Discretionary Inflation:	\$4,739,129	\$5,379,758	\$0	\$10,118,887

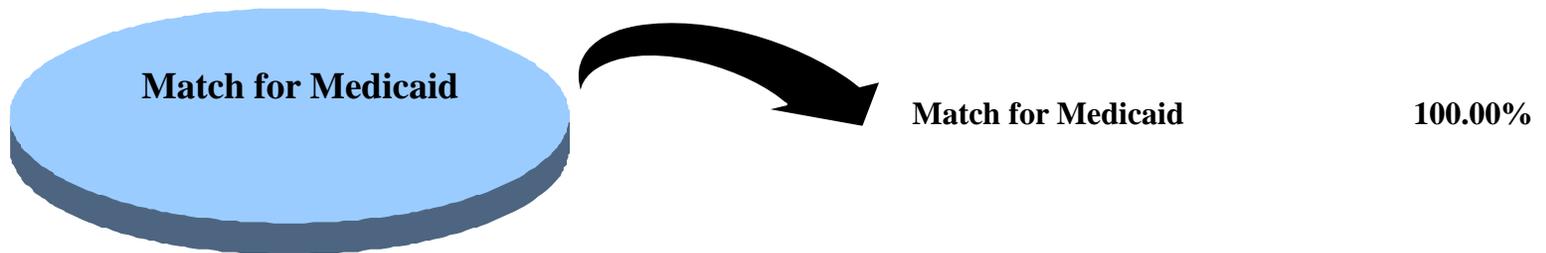
Division of Medical Services

FY15 Funding Sources

Federal Fund Sources – Total \$377,508,556



Other Fund Sources – Total \$280,701



Department of Social Services



Division of Adult Services & Aging (ASA)

Division of Adult Services and Aging

Who we serve:

- **Persons age 60 and older**
- **Adults with disabilities**
- **Victims of crime**

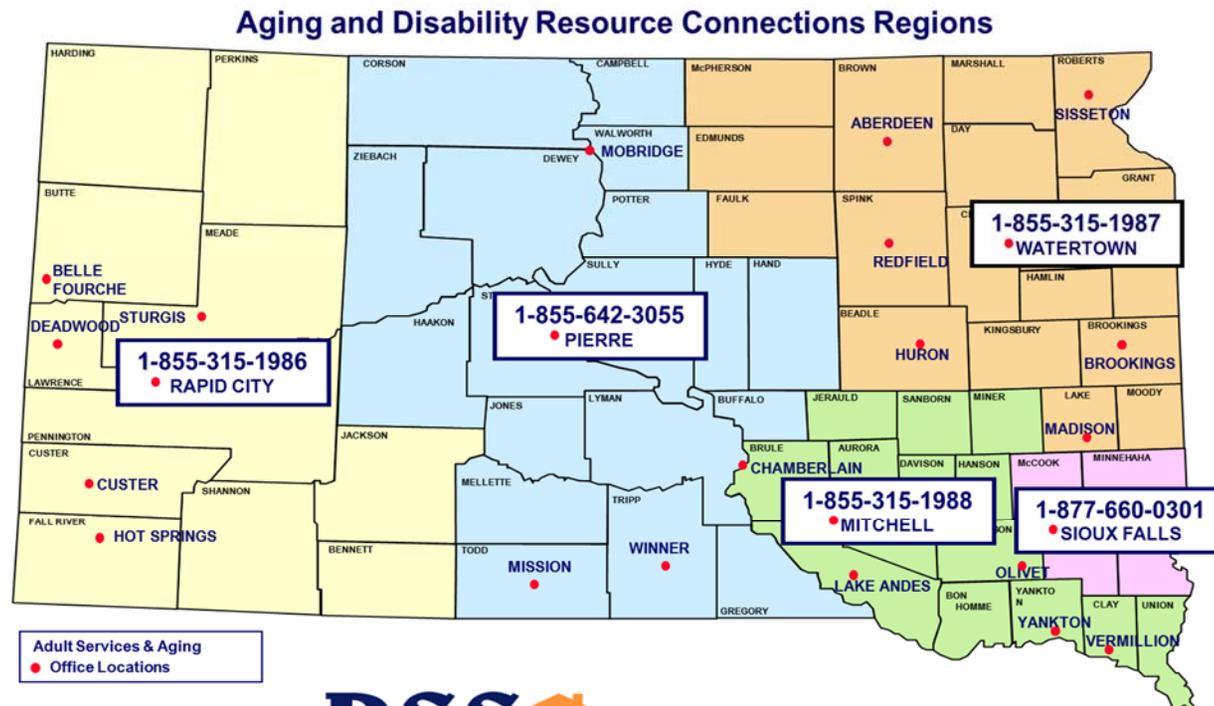
Services Provided:

- **Community Based Services**
 - In-home services - homemaker, nursing, personal care, assistive devices, medical equipment/supplies, tele-health, emergency response
 - Caregiver support and respite care
 - Community services - senior meals, adult day services, and transportation
- **Long-Term Care**
 - Nursing homes
 - Assisted living
 - Hospice
 - Adult foster care
- **Victims' Services**

Division of Adult Services and Aging

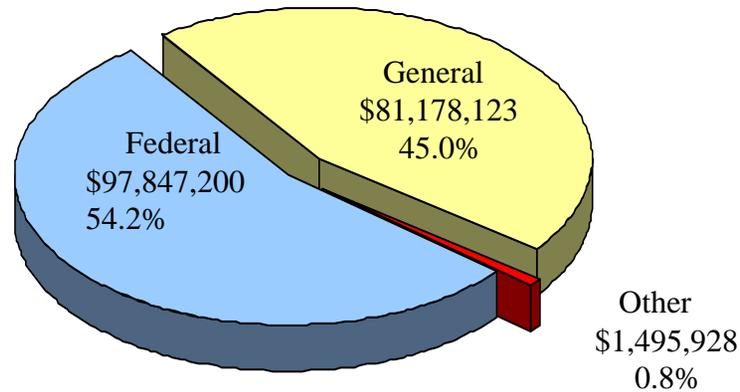
Service Delivery:

- Contracts with service providers
- ASA Specialists located in 25 communities provide statewide coverage
 - Aging and Disability Resource Connections (ADRC)
 - One-stop shop for access to information and referral
 - 5 regions



Division of Adult Services & Aging

FY14 Operating Budget:



Total: \$180,521,251 and 99.0 FTE

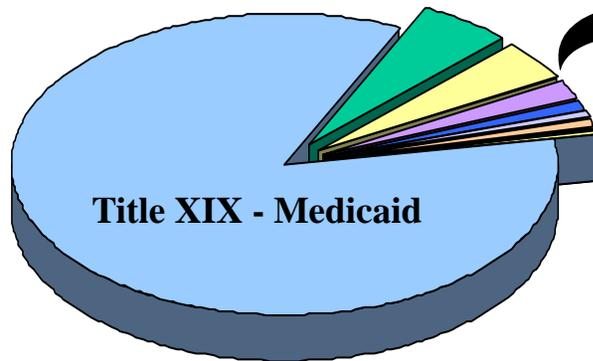
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
ASA Administration and Field Staff	94.0	\$2,497,956	\$4,730,836	\$23,113	\$7,251,905
Community Based Services	0.0	\$9,359,305	\$9,891,616	\$762,434	\$20,013,355
In-Home Services	0.0	\$7,083,459	\$5,007,880	\$734,042	\$12,825,381
Community Support Services	0.0	\$1,797,140	\$4,078,474	\$0	\$5,875,614
Respite & Caregiver Services	0.0	\$478,706	\$805,262	\$28,392	\$1,312,360
Long Term Care	0.0	\$68,912,078	\$79,599,456	\$0	\$148,511,534
Victims' Services	5.0	\$408,784	\$3,625,292	\$710,381	\$4,744,457
Total ASA	99.0	\$81,178,123	\$97,847,200	\$1,495,928	\$180,521,251
Personal Services	99.0	\$2,131,609	\$3,711,668	\$152,933	\$5,996,210
Operating Expense	0.0	\$79,046,514	\$94,135,532	\$1,342,995	\$174,525,041
Total ASA	99.0	\$81,178,123	\$97,847,200	\$1,495,928	\$180,521,251

Division of Adult Services & Aging

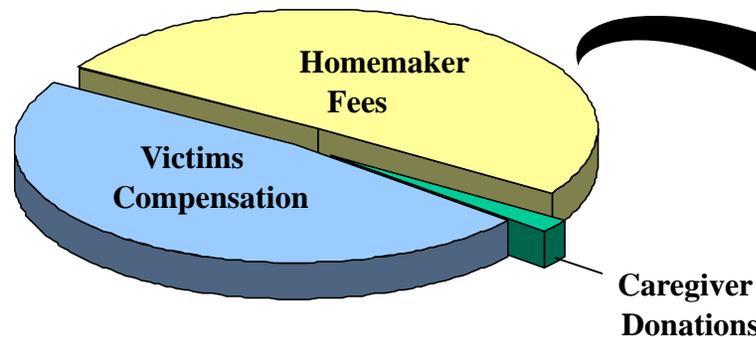
FY14 Funding Sources

Federal Fund Sources – Total \$97,847,200



Medicaid	84.82%
Title III Older Americans Act	5.52%
Social Services Block Grant	4.48%
Crime Victims	1.81%
Stop Violence	1.06%
Food & Nutrition	1.02%
Family Violence	0.75%
Health Information – SHINE	0.22%
Title VII Ombudsman/Elder Abuse	0.11%
Aging & Disability Grant	0.11%
Access & Visitation Grant	0.10%

Other Fund Sources – Total \$1,495,928



Homemaker Fees	50.60%
Victims Compensation	47.50%
Caregiver Donations	1.90%

Division of Adult Services & Aging

ASA Administration and Field Staff:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	94.0	\$2,497,956	\$4,730,836	\$23,113	\$7,251,905

- Includes personal services and operating expenses for 94.0 FTE located across the state.
- Adult protective services, legal services, ombudsman, Senior Health Insurance and Information Education (SHIINE)

Division of Adult Services & Aging

Community Based Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$9,359,305	\$9,891,616	\$762,434	\$20,013,355

- **Goal is to enable older South Dakotans and adults with disabilities to live independently in their homes and communities as long as possible**

Who we serve:

- **Individuals 60 or older and adults with disabilities**

Eligibility:

- **ASA staff conduct assessment to determine need for services**
- **Level of care determined by ASA nurses**
 - Deficit in at least two activities of daily living
 - Care plan developed
- **Financial eligibility requirements vary by service**

Division of Adult Services & Aging

Community Based Services- In-Home Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$7,083,459	\$5,007,880	\$734,042	\$12,825,381

- **Purpose is to maintain, strengthen and improve the living conditions of individuals and delay or prevent the need for care in an institution**
- **Makes it possible for older persons to live in their own homes or to return to their homes by providing assistance in completing tasks they are unable to manage alone**
- **Funding sources include Medicaid, block grant, etc.**
- **Homemaker Services**
 - Housekeeping, and laundry
 - Grocery shopping and meal preparation
 - Collect fees on a sliding fee scale used to support program

Division of Adult Services & Aging

Community Based Services- In-Home Services - continued:

- **Nursing Services**
 - Periodic evaluation, assessment, counseling and/or screening
 - Medication assistance
 - Injections, blood draws, and wound care
- **Personal Care**
 - Bathing, dressing, and personal hygiene
 - Eating
 - Toileting
- **Assistive Devices**
 - Bathroom and household accessories for safety purposes
 - Personal items that improve mobility/dexterity (wheelchairs, scooters, lift chairs)
 - Repairs to assistive devices

Division of Adult Services & Aging

Community Based Services - In-Home Services continued:

- **Specialized Medical Equipment and Supplies:**
 - Rental of specialized medical equipment to assist with prescription medications for individuals
 - Hospital bed or wheelchair
 - Medical equipment needed to assist an individual to live safely and independently in their own home or place of residence
 - Incontinence supplies – disposable briefs, urostomy/colostomy/ostomy supplies, skin disinfectant, incontinence products
 - Diabetic supplies – test strips, lancets, alcohol wipes, syringes
 - Wound care supplies – bandages, skin disinfectant, syringes, gloves

Division of Adult Services & Aging

Community Based Services - In-Home Services continued:

- **Tele-health Services**
 - Home based health monitoring system to remotely monitor heart rate, blood pressure, oxygen saturation, etc.
 - Data transmitted to the provider agency office where staff will review the information and respond as needed to the individual, family member, physician, and/or the Adult Services and Aging Specialist as appropriate
- **Emergency Response Systems**
 - Provide a 24 hour safeguard for elderly individuals and individuals with physical disabilities who are at a significant risk for falls
 - Pendants provide remote access to call previously programmed numbers in case of an emergency

SFY13 Numbers Served:

- **5,793 unduplicated**

Service Delivery:

- **Contracts with 46 home health providers across the state**

Division of Adult Services & Aging

Community Based Services- Community Support Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$1,797,140	\$4,078,474	\$0	\$5,875,614

- **Senior Meals**

- Hot, nutritious meals every weekday which meet one-third of an older person's dietary needs
- Congregate or home-delivered meals
- Participant donations, provider matching funds, and additional community resources support the program

SFY13 Numbers Served:

- 1,255,015 meals served/ 5,020 consumers served per day

Service Delivery:

- Contracts with 16 non-profit senior meals providers

Division of Adult Services & Aging

- **Transportation**
 - Provided in buses or vans
 - Services to medical providers, shopping, banking senior meals, adult day, etc.

SFY13 Numbers Served:

- 380,419 transportation trips

Service Delivery:

- Contracts with 6 transportation providers

- **Adult Day Services**

- Enable caregivers to continue caring for them at home by offering the opportunity for respite during the day
- Provide structured activities, care and supervision outside of the home for part of a day

SFY13 Numbers Served:

- 207 consumers served

Service Delivery:

- Contracts with 9 community agencies

Division of Adult Services & Aging

Community Based Services- Caregiver and Respite Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$2,131,609	\$3,711,668	\$152,933	\$5,996,210

- **Caregiver and Respite Support Services**
 - Provide family and informal caregivers temporary relief and support
 - Caregiver must be an informal, unpaid provider of care to a person who meets eligibility requirements
 - care for individuals who are age 60 or older and frail; or
 - care for individuals of any age who have a diagnosis of Alzheimer's disease
 - be a grandparent, step-grandparent, or relative caregiver (non-parents) over age 55 caring for children under age 18 or with severe disabilities
 - Caregiver Donations used to offset the cost of care

Division of Adult Services & Aging

Long Term Care:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$68,912,078	\$79,599,456	\$0	\$148,511,534

- **Residential services with a combination of supportive services and assistance**
 - Assisted Living
 - Nursing Home
 - Hospice
 - Adult Foster Care
- **Primary funding source is Medicaid. Medicaid provides funding for**
 - 57% of all nursing home residents
 - 25% of all assisted living residents

Eligibility:

- **ASA staff conduct assessment to determine need for services**
- **Level of care determined by five ASA nurses**
- **Financial eligibility determined by Economic Assistance Benefits Specialists**

Division of Adult Services & Aging

Long Term Care - Assisted Living:

- **Home and Community Based services waiver**
- **Assistance with daily living activities including:**
 - Eating, bathing, dressing and personal hygiene
 - Meals
 - Supervision of self-administration of medications
 - Laundry and housekeeping assistance
 - 24 hour staffing

FY13 Numbers Served:

- **683 Assisted Living Consumers – Monthly Average**

Service Delivery:

- **171 Licensed Assisted Living Centers regulated by the Department of Health**

Division of Adult Services & Aging

Long Term Care – Skilled Nursing Facility and Hospice Care:

- **Wide range of personal care and health services to people who cannot be cared for at home or in the community due to physical, emotional, or mental health issues**
 - Skilled nursing or medical care
 - Rehabilitation needed due to injury, disability or illness
 - Services for specialized populations
 - Challenging behaviors
 - Ventilator dependent
 - Traumatic Brain Injury
 - Wound care
 - Hospice services

SFY13 Numbers Served:

- **3,360 consumers – monthly average for skilled nursing facilities**

Service Delivery:

- **110 Licensed Skilled Nursing Facilities regulated by the Department of Health**

Division of Adult Services & Aging

Victims' Services:

	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Bud.	\$408,784	\$3,625,292	\$710,381	\$4,744,457

- **Administer a variety of federal grants that fund local providers of Victims' Services as well as the Crime Victims compensation program that provides benefits to individuals who are victims of violent crimes and their families.**
 - Shelter services for adults and children
 - Individual and group counseling and referral
- **Federal funding sources include the Victims of Crime Act, STOP Violence Against Women, Family Violence Prevention, Sexual Assault Services and Access and Visitation grants.**
- **Crime Victims' Compensation Program provides monetary assistance to victims of violent crimes**
 - Administered by DSS and can pay victims of state, tribal, or federal crimes, a maximum of \$15,000 for expenses incurred as a direct result of personal injury or death

Division of Adult Services & Aging

Victims' Services continued:

FY13 Numbers Served:

- **13,453 Unduplicated Victims Served**
- **236 Victim Compensation Claims Approved**

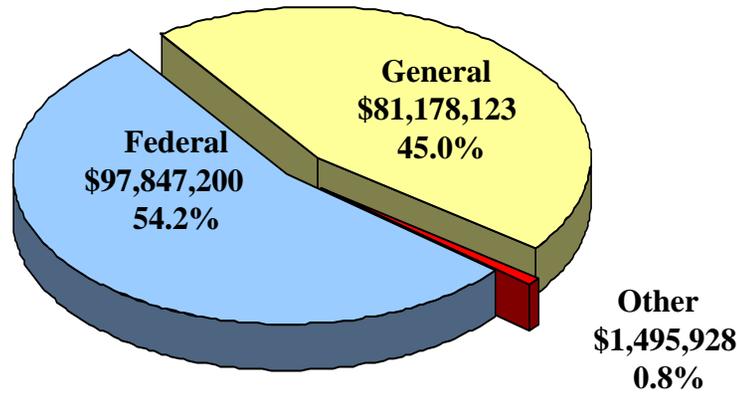
Service Delivery:

- **Contracts with counseling agencies, victims services, child assessment centers, and county victims assistant programs**

Division of Adult Services & Aging

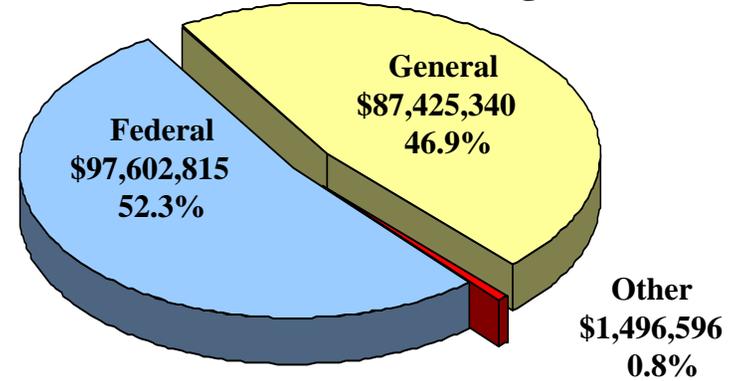
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$180,521,251 and 99.0 FTE

FY15 Recommended Budget



Total: \$186,524,751 and 99.0 FTE

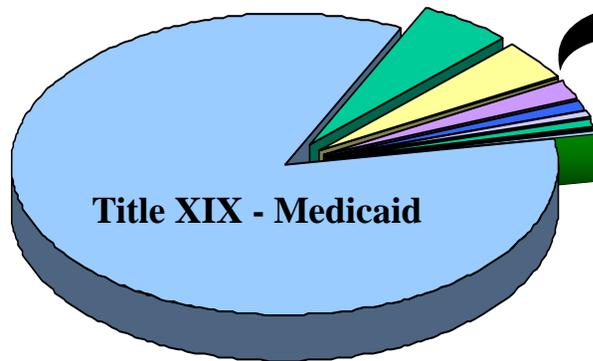
MAJOR BUDGET INCREASES AND DECREASES

	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$3,141,673	(\$3,141,673)	\$0	\$0
Mandatory Inflation: Mandatory inflation for assisted living.	\$47,825	\$0	\$0	\$47,825
Inflation: Inflation for nursing facilities, in-home services, and elderly nutrition.	\$3,054,568	\$2,892,920	\$0	\$5,947,488
Other Reductions/Increases: Increases due to changes in bureau billings.	\$3,151	\$4,368	\$668	\$8,187
Totals:	\$6,247,217	(\$244,385)	\$668	\$6,003,500

Division of Adult Services & Aging

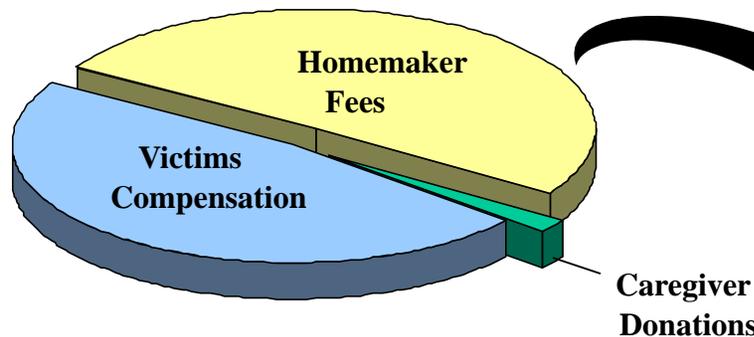
FY15 Funding Sources

Federal Fund Sources – Total \$97,602,815



Medicaid	84.80%
Title III Older Americans Act	5.53%
Social Services Block Grant	4.49%
Crime Victim's	1.81%
Stop Violence	1.06%
Food & Nutrition	1.02%
Family Violence	0.75%
Health Information – SHINE	0.22%
Title VII Ombudsman/Elder Abuse	0.11%
Aging & Disability Grant	0.11%
Access & Visitation Grant	0.10%

Other Fund Sources – Total \$1,496,596



Homemaker Fees	50.60%
Victims Compensation	47.50%
Caregiver Donations	1.90%

Department of Social Services



Children's Services

- Division of Child Support Services
- Division of Child Protection Services
- Division of Child Care Services

Department of Social Services



Division of Child Support (DCS)

Division of Child Support

Provide Services For:

- **Over 59,500 families who need help to collect child support**

Services Provided:

- **Locate non-custodial parents**
 - 10% of DCS cases
- **Establish paternity for children born outside of marriage**
 - Paternity was established for 505 children in SFY 2013
- **Establish and enforce child support orders**
 - 1,313 child support orders were established in SFY 2013
- **Enforce health insurance coverage included in child support orders**
 - 9,601 cases for SFY 2013
- **Process modification of support order requests**
 - 2,695 petitions for modifications in SFY 2013
- **Collect and distribute child support payments**
 - DCS processed \$110.7 million in SFY 2013

Division of Child Support

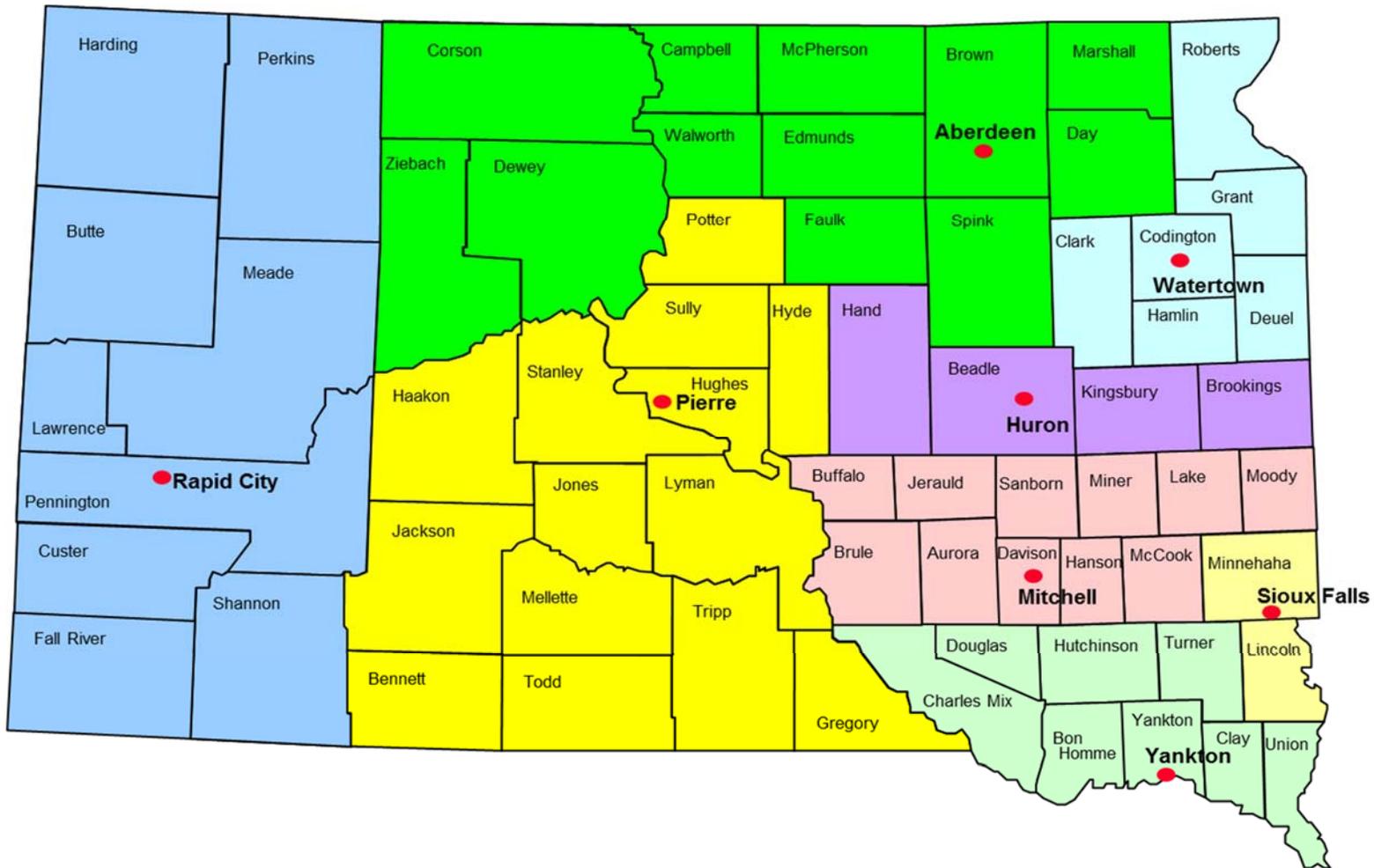
Eligible Populations:

- **Adults with legal guardianship/custody of minor children**
 - DCS provides assistance with establishment, enforcement and/or collection of child support
- **Recipients of TANF, low income family Medicaid or Child Care Subsidy services must establish child support cases if applicable**
- **Alleged fathers who need assistance establishing paternity**

Division of Child Support

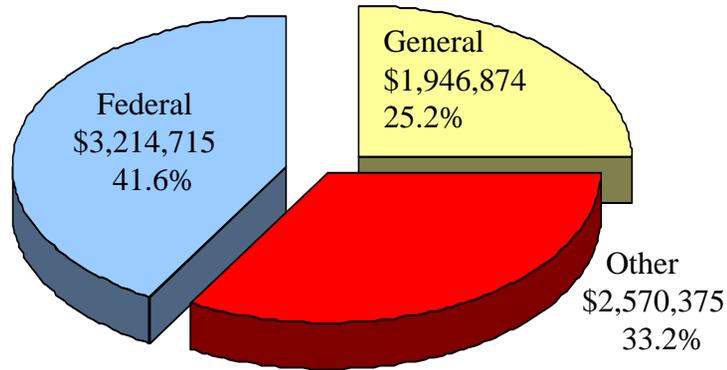
Service Delivery:

- Staff located in 8 communities throughout the state



Division of Child Support

FY14 Operating Budget:



Total: \$7,731,964 and 83.0 FTE

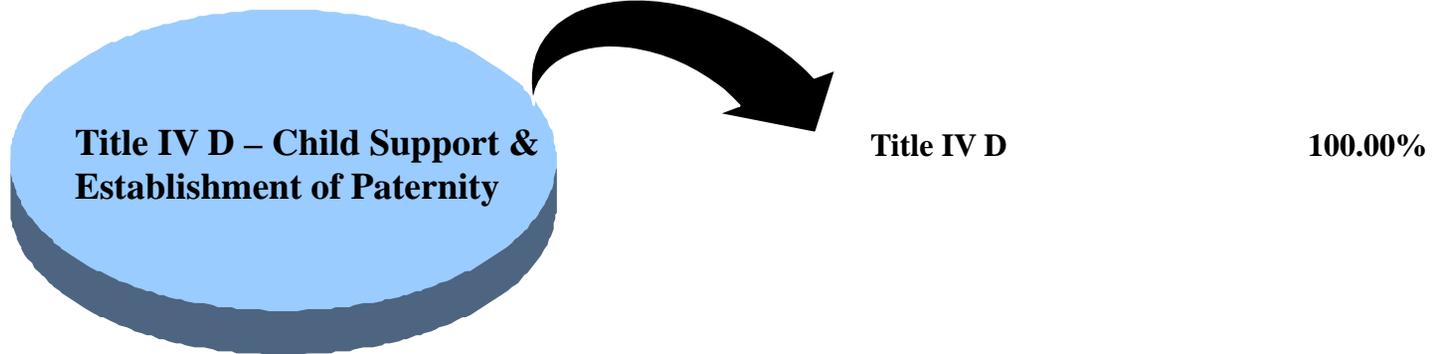
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
DCS Administration and Field Staff	83.0	\$1,754,097	\$2,673,354	\$1,554,909	\$5,982,360
Referee, Prosecutor Reimbursements and New Hire Reporting	0.0	\$192,777	\$541,361	\$1,015,466	\$1,749,604
Total DCS	83.0	\$1,946,874	\$3,214,715	\$2,570,375	\$7,731,964
Personal Services	83.0	\$1,087,629	\$1,746,138	\$1,554,909	\$4,388,676
Operating Expense	0.0	\$859,245	\$1,468,577	\$1,015,466	\$3,343,288
Total DCS	83.0	\$1,946,874	\$3,214,715	\$2,570,375	\$7,731,964

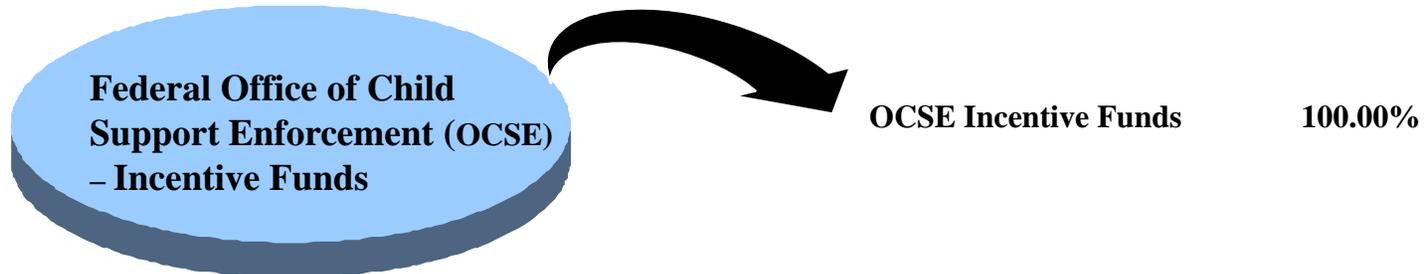
Division of Child Support

FY14 Funding Sources

Federal Fund Sources – Total \$3,214,715



Other Fund Sources – Total \$2,570,375



Division of Child Support

DCS Administration and Field Staff:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	83.0	\$1,754,097	\$2,673,354	\$1,554,909	\$5,982,360

- **Personal services and operating for 83.0 FTE across the state**

Division of Child Support

How is Child Support Order Established?

- **Notice of Support Debt (NSD) is served on the noncustodial parent requesting his/her financial information. A copy of NSD is also sent to the custodial parent.**
- **Upon receipt of financial information, a recommended child support obligation is established.**
 - DCS has access to Department of Labor and Regulation new hire and wage information which is used to verify income when applicable.
- **Notice is sent to both parents advising of the recommended obligation and the right to request a hearing before a UJS court appointed referee if they object.**
 - DCS pays referees according to rates established by UJS.
- **If no objections are filed, the child support order is sent to Circuit Court for the judge's signature and filing.**
- **If either party objects to an order after it has been entered in Circuit Court, he/she has 30 days to appeal to the Supreme Court.**

Division of Child Support

How is Child Support Amount Determined?

- **Child Support schedule is in SDCL**
- **Child Support Commission convenes every four years to review schedule as required by federal law**
- **Commission reviews economic data to determine whether or not changes to the schedule will be recommended**
- **Last changed in 2008**
- **2012 Commission recommended no changes to the schedule**

Division of Child Support

Child Support Calculation:

- **The combined monthly net incomes of both parents is used in determining the total monthly child support obligation.**
- **Allowable deductions from gross income include:**
 - Income taxes;
 - Social security and Medicare taxes;
 - Contributions to an IRS qualified retirement plan;
 - Actual business expenses of an employee, incurred for the benefit of his employer, not reimbursed
 - Payments made on other support and maintenance orders
- **The total obligation is divided proportionately between the parents based on their respective net incomes.**

Division of Child Support

Monthly Support Obligation Examples:

- Both parents earn minimum wage (\$1,257 per month). Noncustodial parent's obligation according to the child support guidelines for two children is \$279 per month.
- Custodial parent's gross income is \$36,533 per year (\$3,044 per month). Noncustodial parent's gross income is \$40,000 per year (\$3,333 per month). Each parent contributes 6% gross per month for retirement. According to the child support guidelines, the total monthly obligation for two children is \$1,334. Noncustodial parent's income is 52% of the total combined income meaning that his/her proportionate share of the total obligation is 52% or \$694 per month (52% of \$1,334).
- If either party objects to the recommended child support order, they may file objections and a hearing will be held.

Division of Child Support

Enforcement Tools:

- **When people don't pay their child support as ordered, DCS uses the following enforcement tools:**
 - Order to Withhold Income issued to employers
 - Child support arrears reported to credit bureaus
 - Restrict or revoke driver/professional licenses
 - Restrict issuance of hunting/fishing licenses
 - Restrict issuance/renewal of passports
 - Court referrals
 - States Attorneys and Special Assistant Attorney Generals contract with DCS and assist with court proceedings.

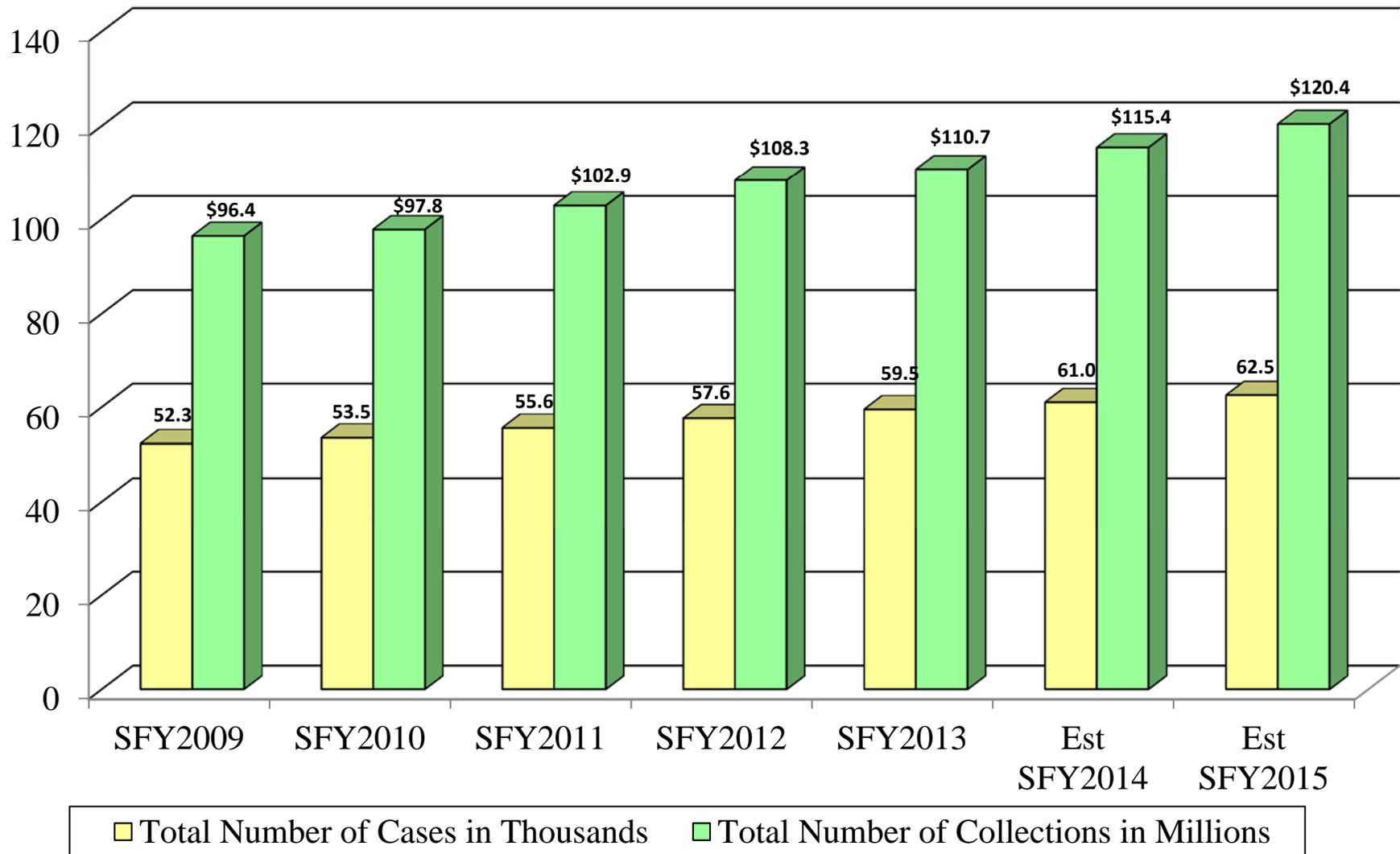
Division of Child Support

Federal Requirements:

- **DCS must comply with various federal requirements, examples include**
 - Disburse payments within 2 business days after receipt of payment
 - Meet timeframes to establish child support orders
- **DCS has various federal audits to ensure federal requirements are met, including IRS audits.**
- **For past 12 years, SD DCS's performance has been ranked the top 3 in the nation. State's performance is measured in five program areas and results are used to calculate the amount of federal incentives each state receives. The program areas include:**
 - 1) paternity establishment;
 - 2) cases with support orders;
 - 3) collections on current support;
 - 4) collection on arrears; and
 - 5) cost-effectiveness

Division of Child Support

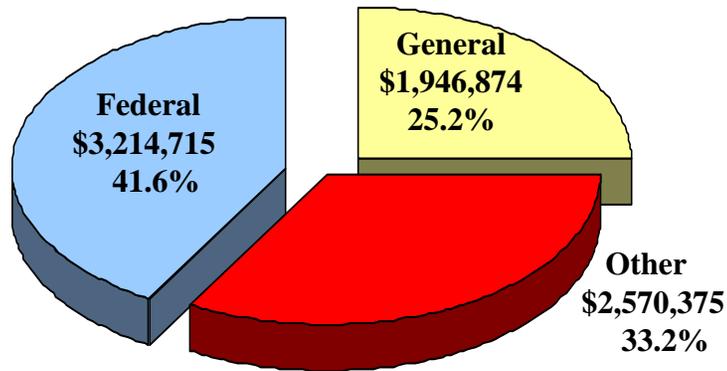
Number of Cases and Collections



Division of Child Support

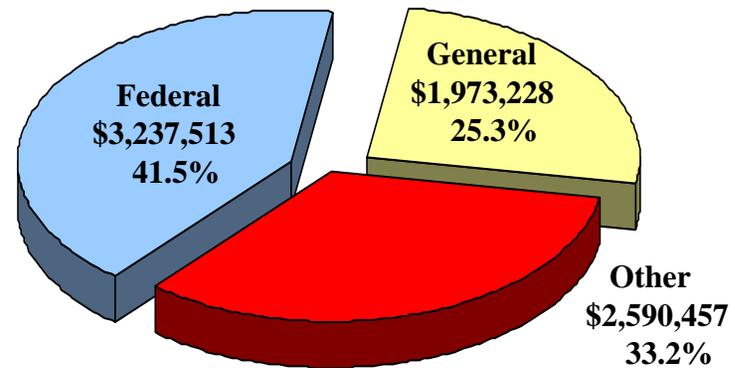
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$7,731,964 and 83.0 FTE

FY15 Recommended Budget



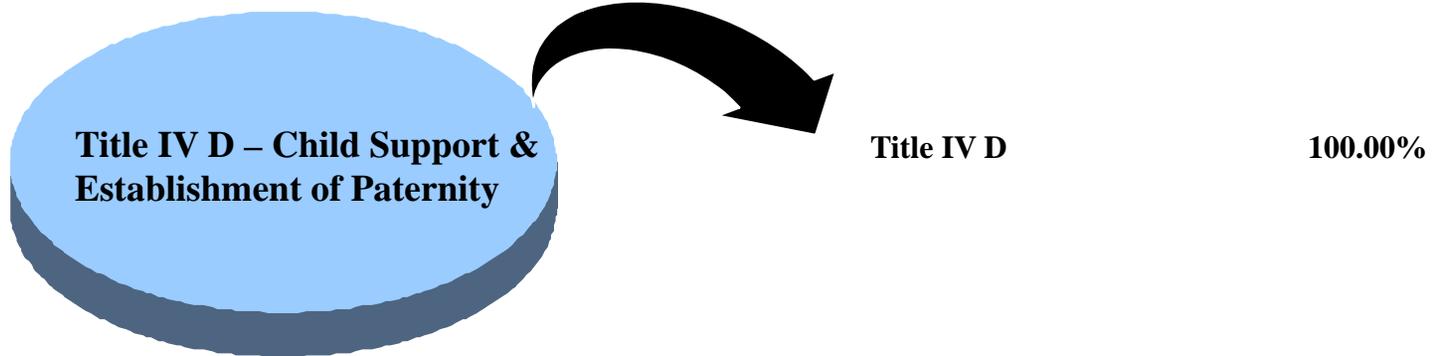
Total: \$7,801,198 and 83.0 FTE

MAJOR BUDGET INCREASES AND DECREASES	GENERAL	FEDERAL	OTHER	TOTAL
Inflation: Inflation for Referee, Prosecutor Reimbursements, and the New Hire Reporting Match.	\$23,907	\$18,712	\$20,079	\$62,698
Other Reductions/Increases: Increases due to changes in bureau billings.	\$2,447	\$4,086	\$3	\$6,536
Totals:	\$26,354	\$22,798	\$20,082	\$69,234

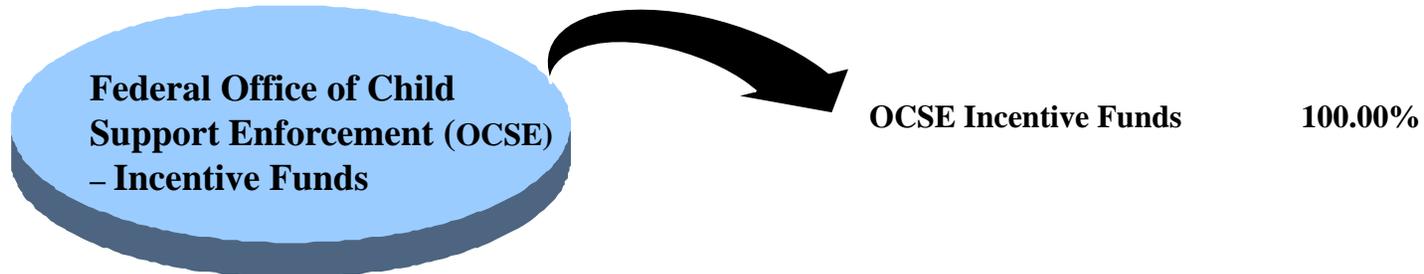
Division of Child Support

FY15 Funding Sources

Federal Fund Sources – Total \$3,237,513



Other Fund Sources – Total \$2,590,457



Department of Social Services



Division of Child Protection Services (CPS)

Division of Child Protection Services

Provide Services For:

- Families referred due to safety concerns of children relating to neglect, physical abuse, sexual abuse and emotional abuse
- Kinship, foster and adoptive families

Services Provided:

- Intake of reports of child abuse and neglect
- Family assessments
- Direct & referral services to maintain or reunite family
- Foster care and residential treatment placements for children
 - Licensing
- Independent living services for teens
- Adoption & post-adoption supports
- Parenting education

Division of Child Protection Services

Service Delivery:

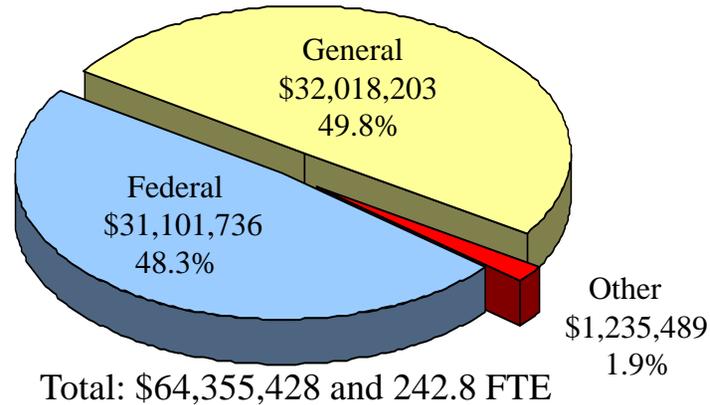
- Staff located in 20 communities throughout the state
- Contracts with service providers, including tribal agreements

Child Protection Services - Regions



Division of Child Protection Services

FY14 Operating Budget:



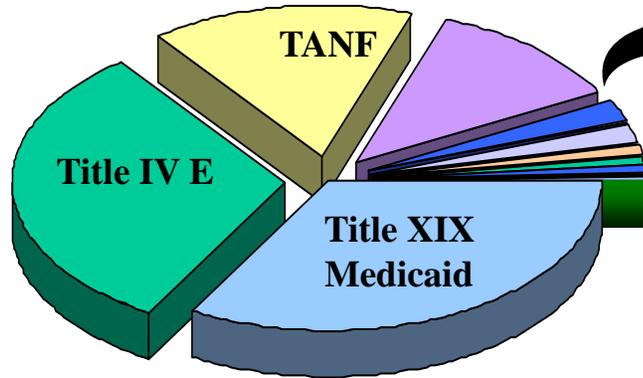
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
CPS Administration and Field Staff	242.8	\$10,467,006	\$8,376,020	\$0	\$18,843,026
Foster Care/Kinship and Support	0.0	\$4,170,267	\$4,716,961	\$908,052	\$9,795,280
Group Care and Psychiatric Residential Treatment Facilities	0.0	\$10,278,262	\$10,218,711	\$77,598	\$20,574,571
Subsidized Guardianship and Subsidized Adoption	0.0	\$5,619,240	\$5,322,738	\$6,188	\$10,948,166
Tribal Contracts	0.0	\$825,827	\$179,788	\$0	\$1,005,615
Independent Living	0.0	\$136,067	\$607,589	\$0	\$743,656
All Others	0.0	\$521,534	\$1,679,929	\$243,651	\$2,445,114
Total CPS	242.8	\$32,018,203	\$31,101,736	\$1,235,489	\$64,355,428
Personal Services	242.8	\$8,909,226	\$6,567,724	\$0	\$15,476,950
Operating Expense	0.0	\$23,108,977	\$24,534,012	\$1,235,489	\$48,878,478
Total CPS	242.8	\$32,018,203	\$31,101,736	\$1,235,489	\$64,355,428

Division of Child Protection Services

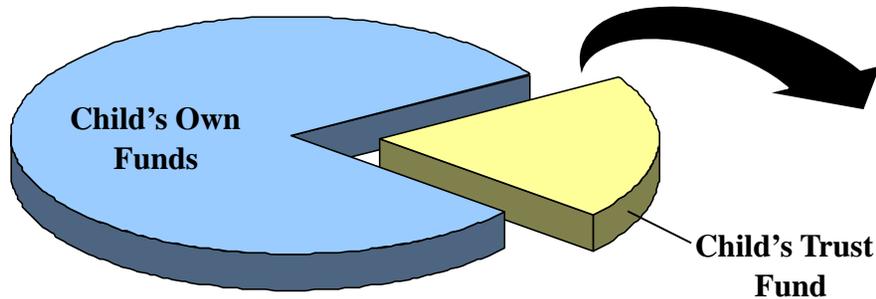
FY14 Funding Sources

Federal Fund Sources – Total \$31,101,736



Medicaid	33.46%
Title IV E Foster Care & Adoption	31.17%
Social Services Block Grant	15.71%
TANF	11.79%
Family Preservation	2.60%
Title IV B Child & Family	1.99%
Community Based	1.16%
Children's Justice Act	0.78%
Child Abuse & Neglect	0.65%
Education & Training	0.50%
Adoption Incentive	0.13%
Title III E - Caregiver	0.06%

Other Fund Sources – Total \$1,235,489



Child's Own Funds	80.28%
Child's Trust Fund	19.72%

Division of Child Protection Services

CPS Administration and Field Staff:

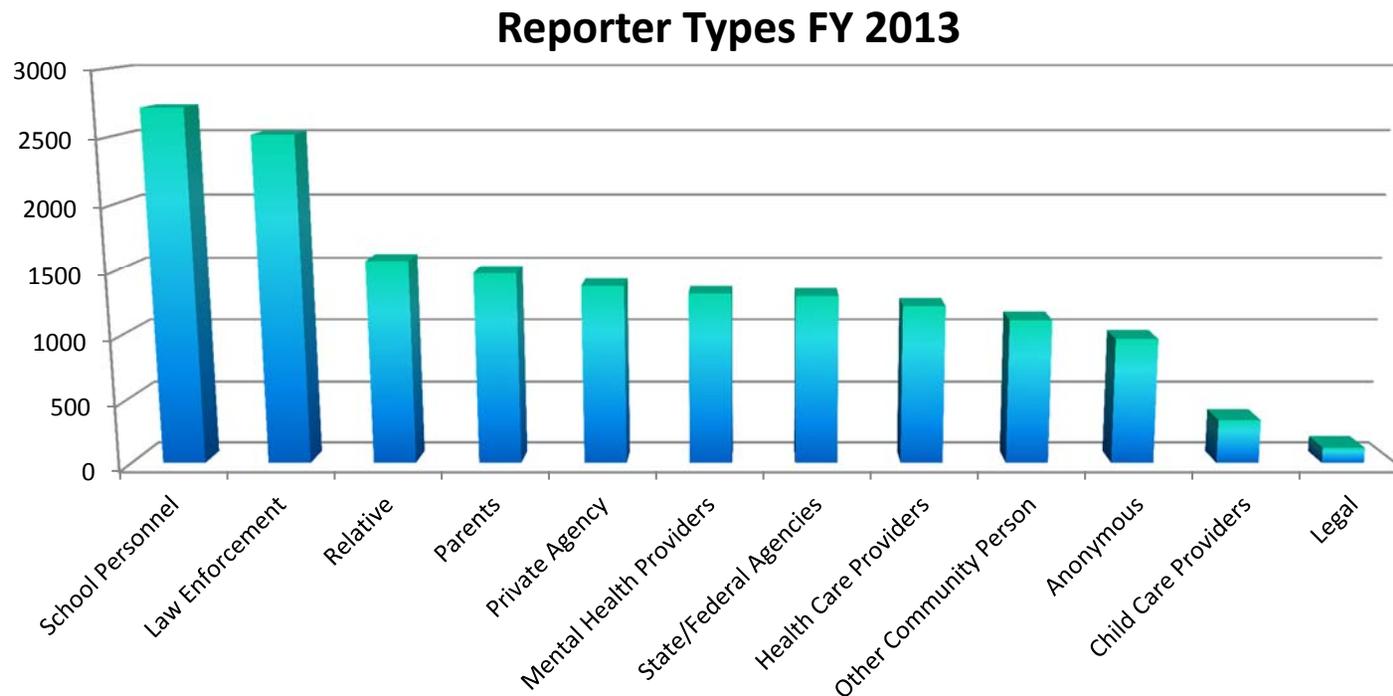
	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	242.8	\$10,467,006	\$8,376,020	\$0	\$18,843,026

- **Personal services and operating for 242.8 FTE across the state**

Division of Child Protection Services

Services Provided:

- **Intake of Reports of Child Abuse and Neglect**
 - Families referred due to safety concerns of children related to neglect, physical abuse, sexual abuse and emotional abuse
 - 16,047 reports received in SFY 2013
 - Mandatory Reporters - SDCL 26-8A-3



Division of Child Protection Services

Initial Family Assessment (IFA):

2,625 IFAs assigned involving 4,899 children

- To determine if there is an immediate danger to the child;
- To determine if concerns for child safety can be managed in the home or if further safety interventions are required;
- To determine the families who require ongoing services from CPS;
- To provide ongoing safety evaluations through the life of the case; and
- To determine the disposition of maltreatment allegations.

Division of Child Protection Services

Initial Family Assessment Outcomes:

- **No safety concerns identified - Case closed- no further intervention required**
- **Safety concerns identified and safety can be managed in the family's home**
 - Services provided by CPS
 - Services provided by community providers
- **When children are found to be unsafe and safety cannot be managed in the home, only law enforcement and the courts have the authority to remove a child from the home.**
- **Placement Options for Children**
 - Kinship
 - Foster Care
 - Group Care
 - Residential Treatment
 - Intensive Residential Treatment

Division of Child Protection Services

Demographics of Children in Care:

Ages

0-4	36.2%
5-11	36.0%
12-18	27.4%
18-21	0.4%

Gender

Male	50.1%
Female	49.9%

Race

Black	6.6%
Indian	58.9%
White	33.7%
Other	0.8%

* July-Sept. data SFY14

Division of Child Protection Services

Foster Care/Kinship and Support:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$4,170,267	\$4,716,961	\$908,052	\$9,795,280

Foster Care/Kinship and Support - Kinship:

- Kin include relatives by blood, marriage, adoption, and stepparents and can also include other responsible adults who have a bond or tie with a child and/or the child's parents.
- Continuous care provided for a child in custody in the home of a relative.
- Kinship care assures children will have connections to their families and their culture and precludes foster care placement
 - Relative Preference Law SDCL 26-7A-19
 - Kin are not required to be licensed, but can choose to become licensed
- Placement requires Kinship Home Study
- Funding to assist with the care of the child

Division of Child Protection Services

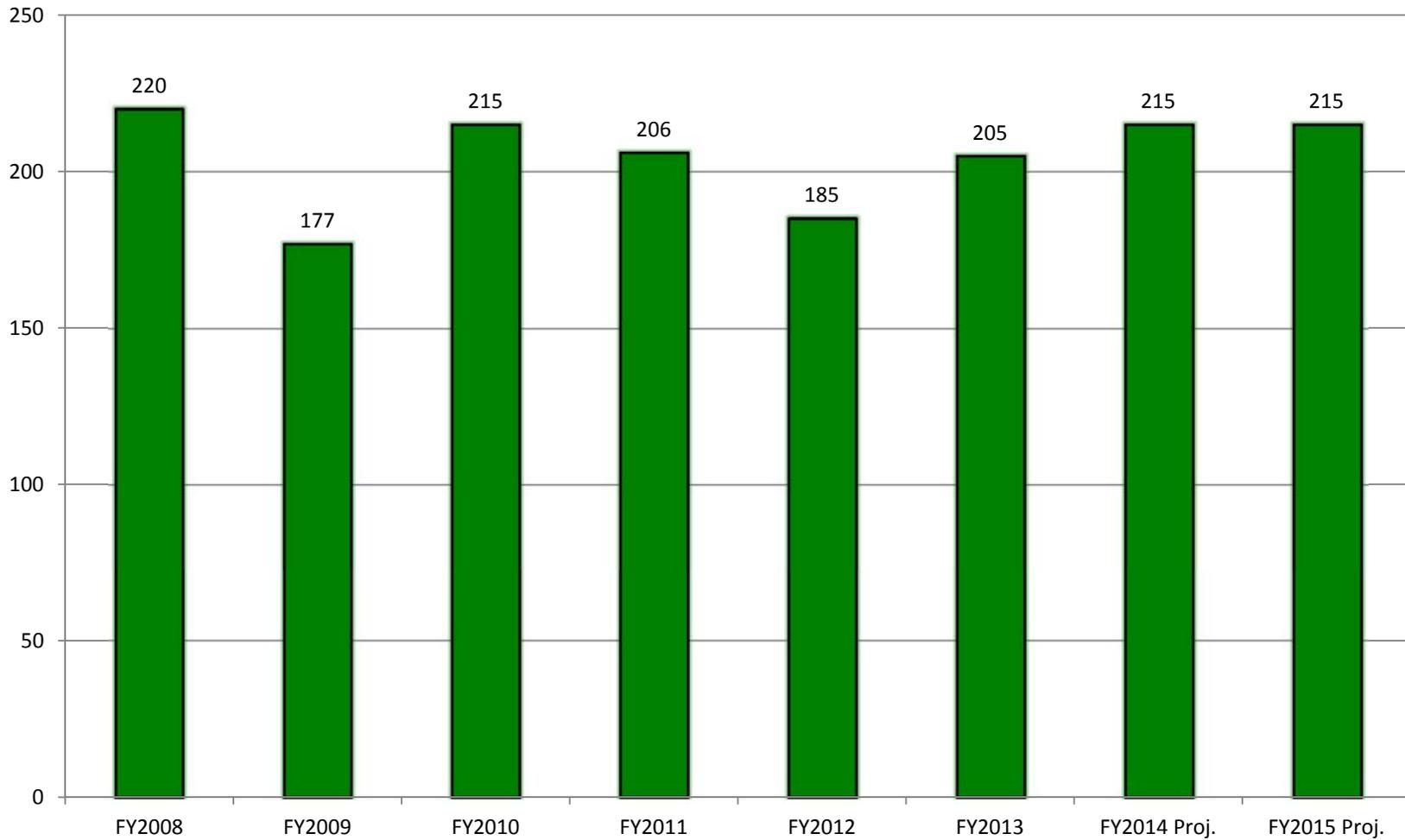
Foster Care/Kinship and Support - Kinship - continued:

- **Kinship Locators - Specialize in locating kin of children in custody**
 - **CPS has four Kinship Locators**
 - **DSS is requesting funding in the FY15 budget request to contract with an agency or individual to locate relatives for children in DSS custody**
 - **Locating and Engaging Kin**
 - Parents may not be willing to provide names of kin
 - May not be able to locate parents to obtain names of kin
 - Relative only has a PO Box, so have no ability to locate the home, not responding to letters
 - Personal contact with kin to engage, help them with process and obtain additional leads for other kin.
 - Document all efforts to locate kin and results

Division of Child Protection Services

Kinship

■ Number of Kinships



Division of Child Protection Services

Foster Care/Kinship and Support – Foster Care:

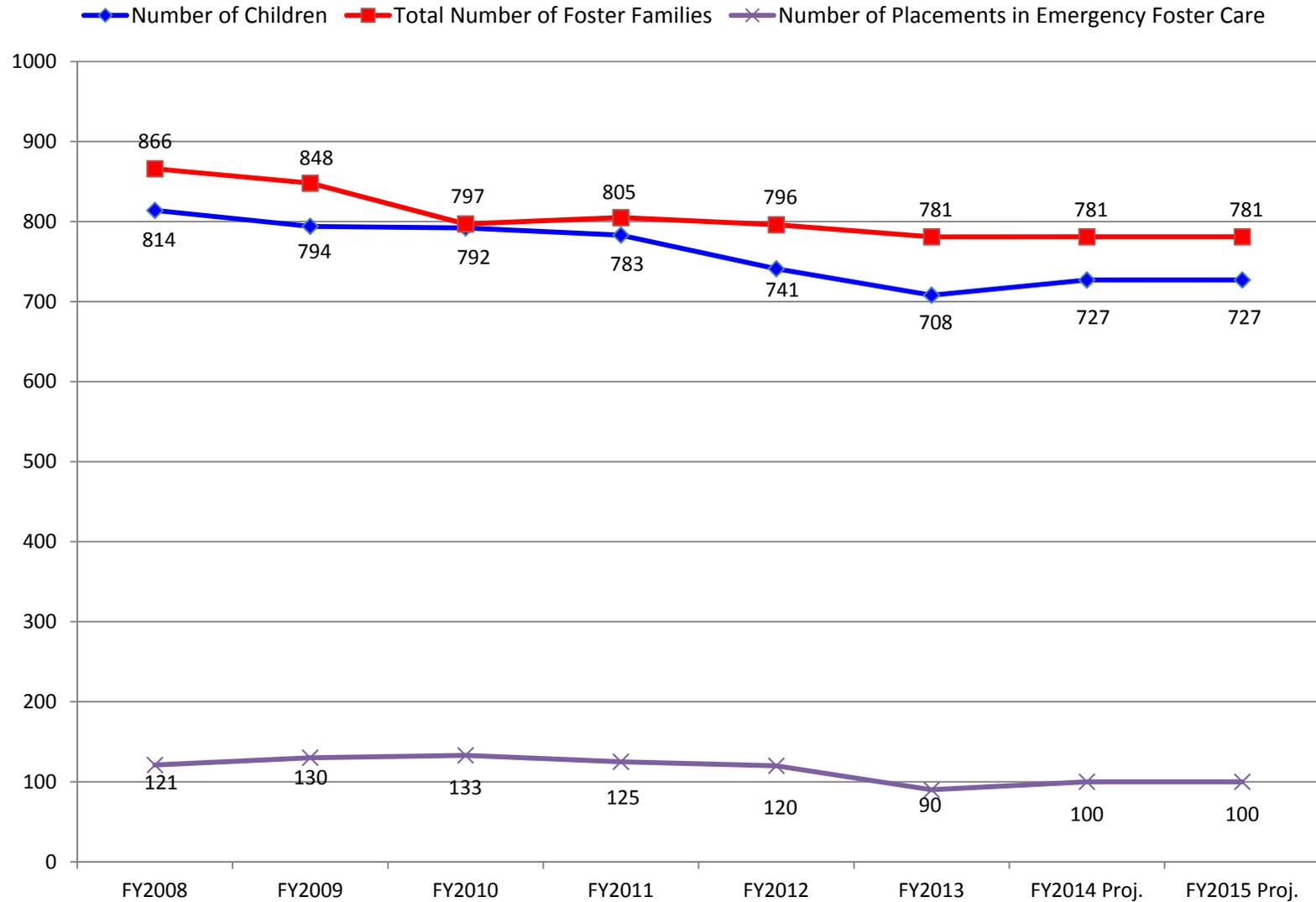
- **Emergency**
- **Basic**
- **Specialized**
- **Treatment**
- **Support for foster families**

Foster Families:

- **Federal government requires foster families to be licensed to receive reimbursement for care of children**
- **Safety requirements**
 - Criminal background checks
 - Central registry screen
 - Home safety check
- **30 hours of training**
- **References**
- **Health**
- **Home study**

Division of Child Protection Services

Foster Care & Foster Families



Division of Child Protection Services

Group Care and Psychiatric Residential Treatment Facilities (PRTF):

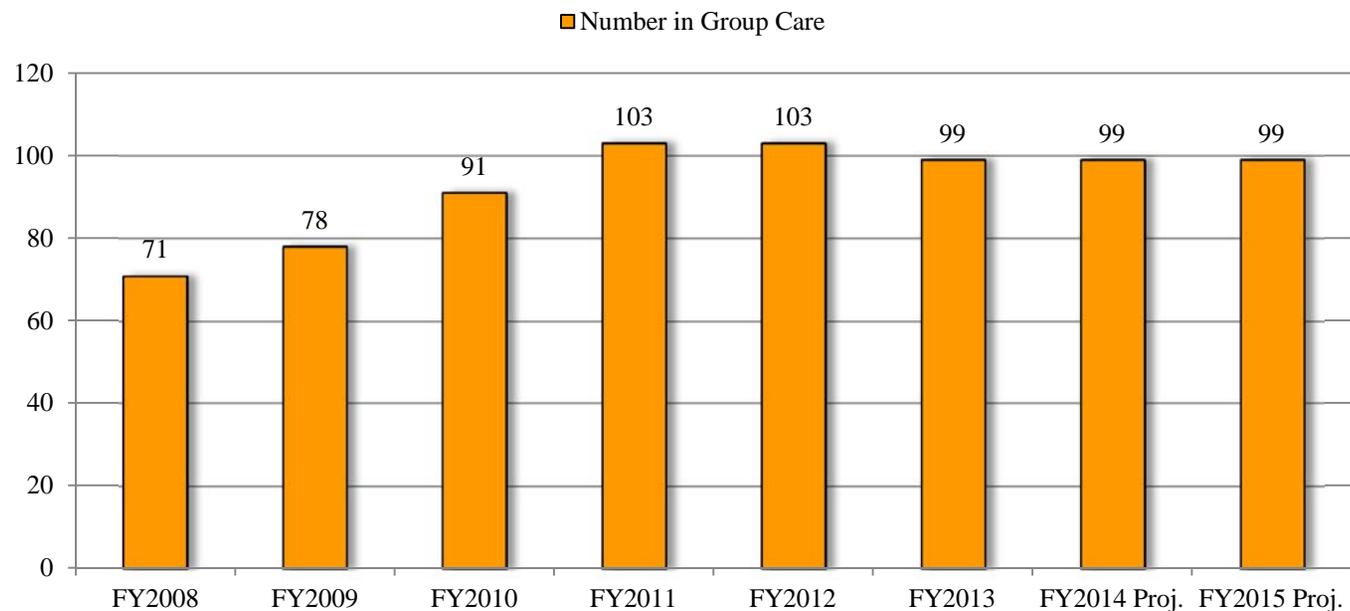
	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$10,278,262	\$10,218,711	\$77,598	\$20,574,571

- **Group Care**
- **Psychiatric Residential Treatment Facilities (PRTF)**

Division of Child Protection Services

Group Care and PRTF – Group Care:

- **Kinship Care and Foster Care have been unsuccessful**
- **Offers an inpatient structured setting for children**
- **Staff/Child Ratio of one staff per eight children**
- **Weekly therapy, but treatment focus is not psychiatric in nature**
- **Does not require accreditation, but are licensed by the state**
- **Placements require approval from State Office**



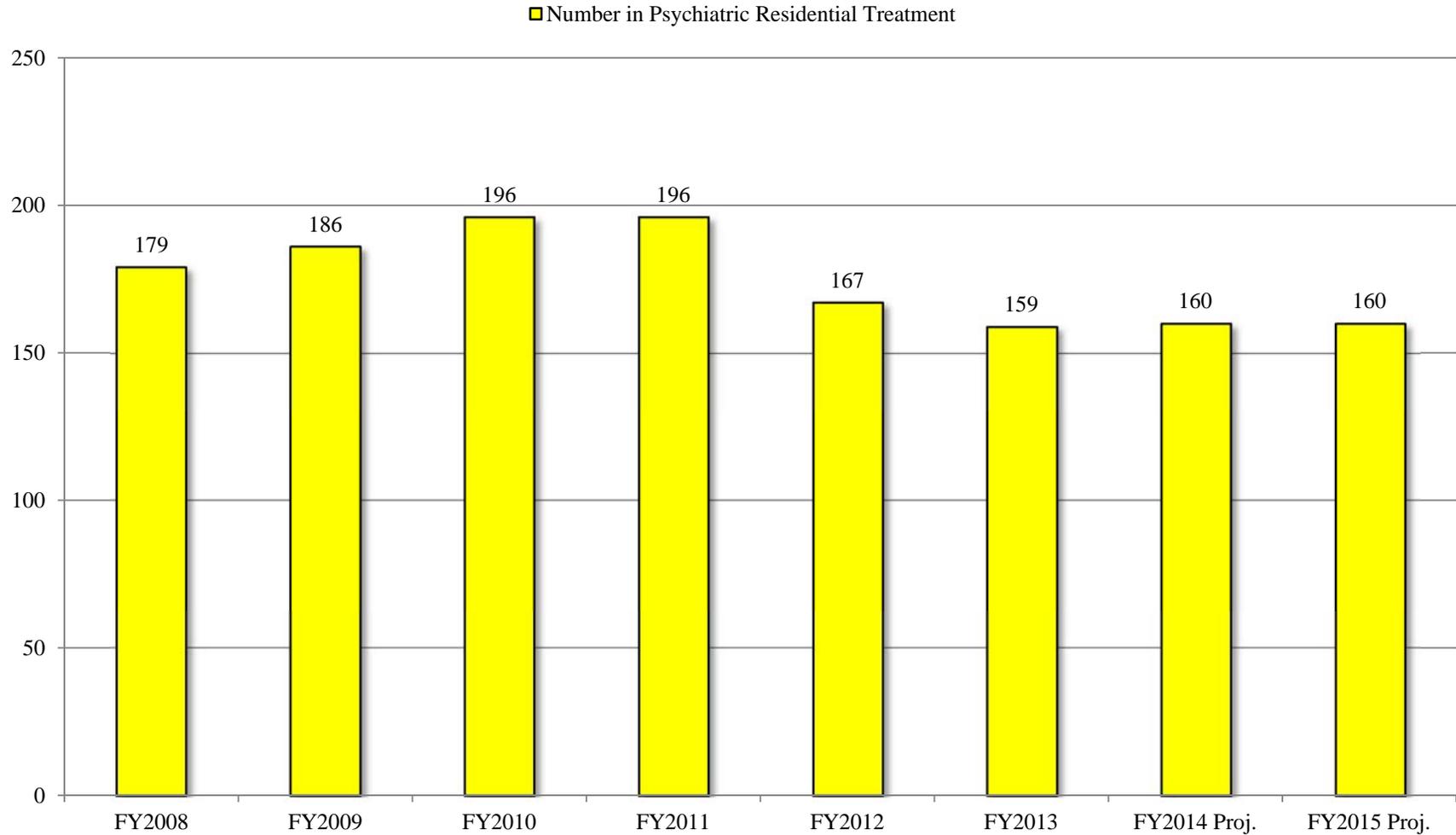
Division of Child Protection Services

Group Care and PRTF – PRTF:

- **Residential Treatment Centers (RTC)**
 - RTCs Staff/Child Ratio of one staff per six youth
 - RTCs offer a higher level of counseling than traditional group care centers for minors with some psychiatric interventions
- **Intensive Residential Treatment (IRT)**
 - IRTs Staff/Child Ratio of one staff per three youth
 - IRTs offer a more intense psychiatric therapeutic intervention
- **Less restrictive levels of care have been unsuccessful**
- **Placement approval via State Review Team and Medicaid Peer Review Organization (PRO)**
- **Providers must meet the federal requirements for a Psychiatric Residential Treatment Center including accreditation**

Division of Child Protection Services

Psychiatric Residential Treatment



Division of Child Protection Services

Tribal Contracts:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$825,827	\$179,788	\$0	\$1,005,615

- **Sisseton-Wahpeton Oyate**
- **Lakota Oyate Wakanyeja Owicakiyapi (LOWO), Inc.**
- **Flandreau Santee Sioux Tribe**
- **Standing Rock Sioux Tribe**
- **Tribes can enter into state-tribal agreements to provide child welfare and/or foster care services to their members.**
- **Tribes must meet all federal requirements and are subject to same federal reviews**
- **If tribes don't provide services, CPS does**

Division of Child Protection Services

Indian Child Welfare Act (ICWA):

- **To strengthen and preserve Native American families and culture**
- **Involves placement cases involving Indian children in state court (does not involve juvenile delinquency cases)**
- **Provide opportunity for tribes to intervene and be involved in state court proceedings**
- **Provides for the transfer of state court cases to tribal court**
- **Requires testimony from expert witnesses who are familiar with the child's culture before a child can be removed from his/her home.**
- **If a child is removed, either for foster care or adoption, the law requires that Indian children be placed with extended family members, other tribal members, or other N.A. families – Placement Preference**
- **States Attorney, Court and DSS all have a roles to play in ICWA cases**

Division of Child Protection Services

Role of DSS in Indian Child Welfare Act (ICWA) Cases:

- **Notify tribe when DSS is granted custody**
- **Attempt to locate relatives for possible placement of children**
- **If relatives are not available for placement, attempt to locate Indian foster family**
- **Provide case information to child's tribe when Tribe intervenes and/or transfers case**
- **Provide active efforts to parents to resolve safety issues resulting in custody of child**

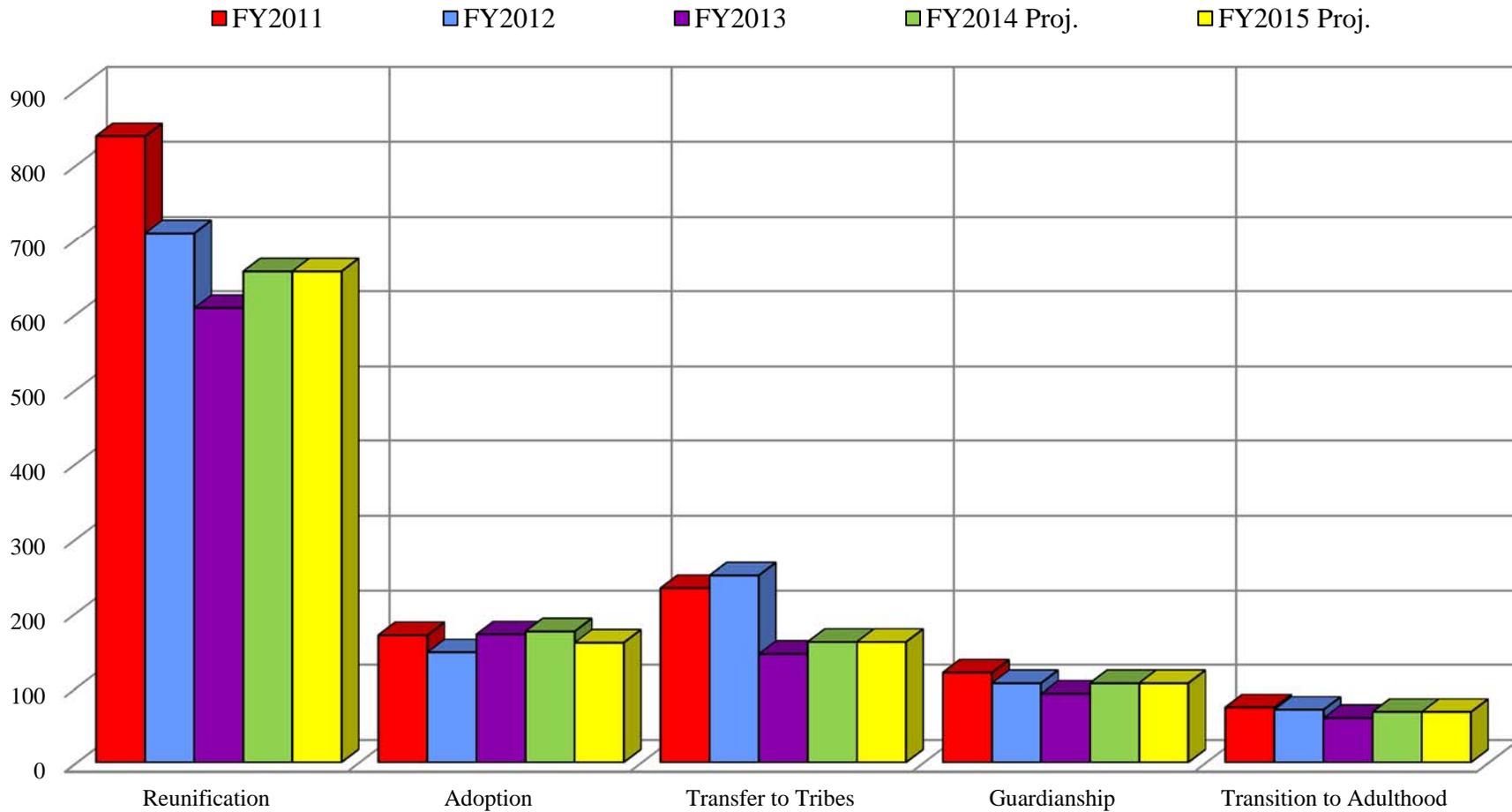
Division of Child Protection Services

Discharge Outcomes:

- Reunification
- Guardianship
- Adoption
- Transition to Adulthood
- Transfer to Tribes

Division of Child Protection Services

Discharge Outcomes

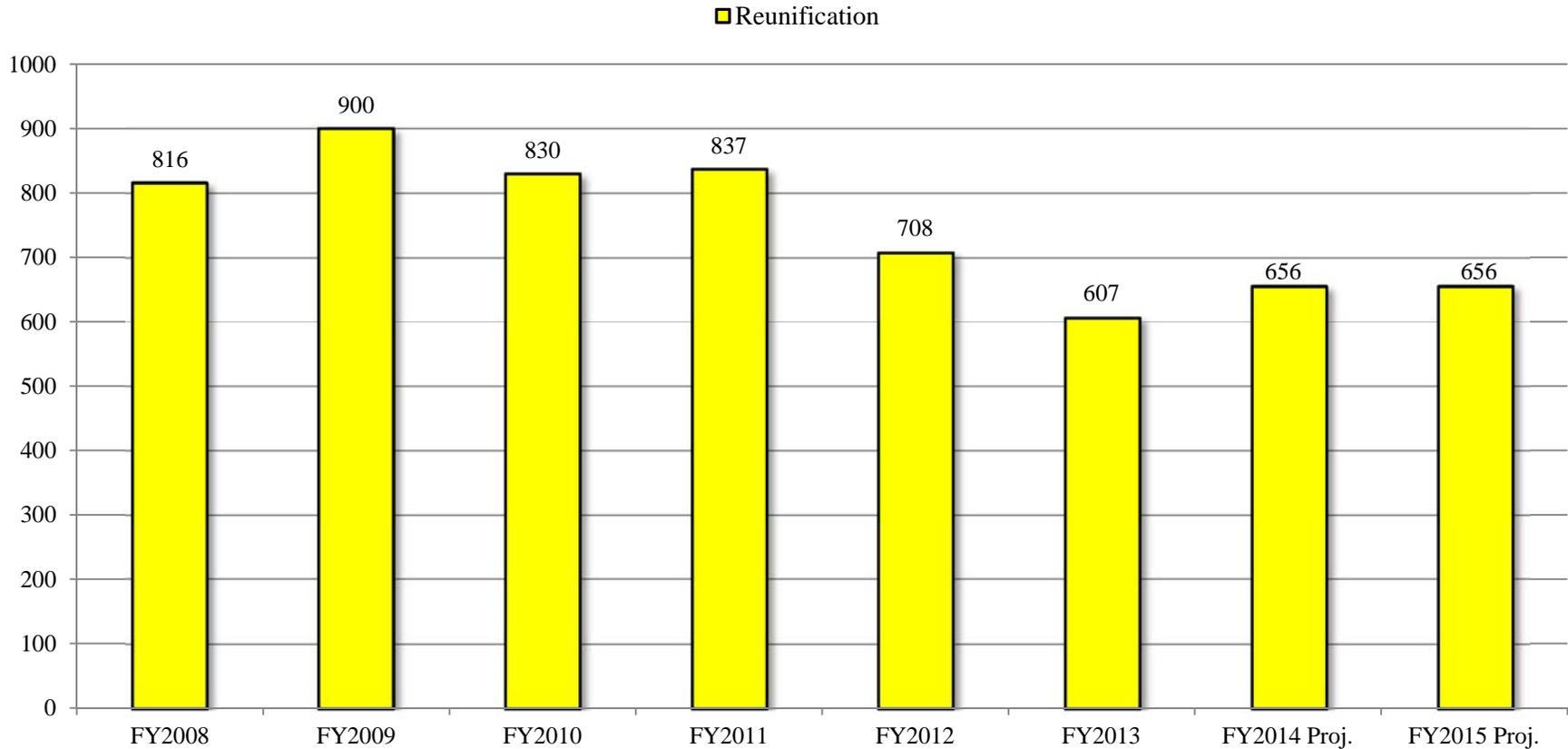


FY13	56.68% Reunifications	15.87% Adoption	13.45% to Transfer to Tribes	8.50% Guardianship	5.50% Transition to Adulthood
FY12	55.36% Reunifications	11.42% Adoption	19.55% to Transfer to Tribes	8.21% Guardianship	5.46% Transition to Adulthood
FY11	58.49% Reunifications	11.81% Adoption	16.28% to Transfer to Tribes	8.32% Guardianship	5.10% Transition to Adulthood

Division of Child Protection Services

Reunification:

- **Goal of CPS when working with families**
- **Keep children at home safely and return them home safely**
- **75% of children returned home within 12 months of placement**



Division of Child Protection Services

Subsidized Guardianship and Subsidized Adoption:

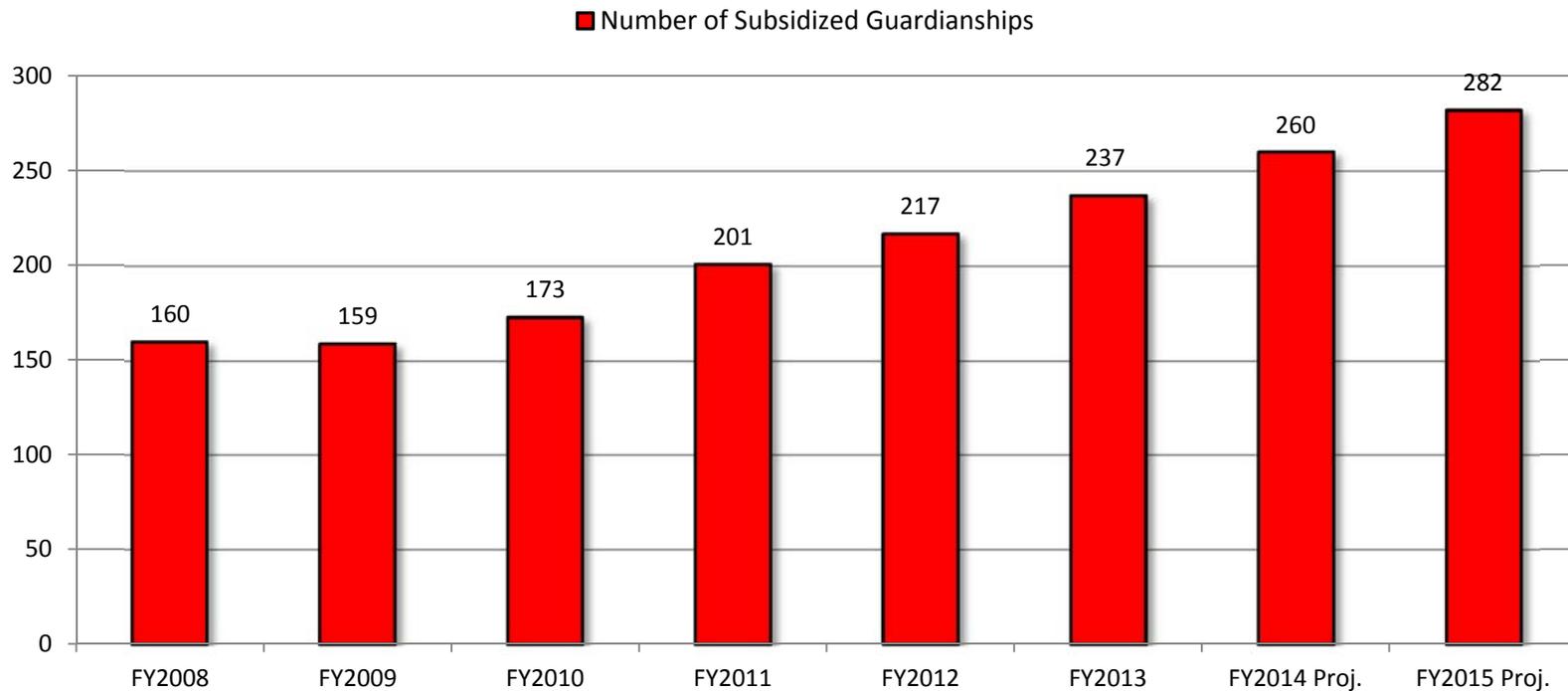
	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$5,619,240	\$5,322,738	\$6,188	\$10,948,166

- **Subsidized Guardianship**
- **Subsidized Adoption and Medical**

Division of Child Protection Services

Subsidized Guardianship and Subsidized Adoption – Subsidized Guardianship:

- Legal guardianship for a child with a family - related or not
- Provide children a permanency option when termination of parental rights is not feasible and/or adoption is not an option for the child
- Subsidies are available for families to assist with caring for the child



Division of Child Protection Services

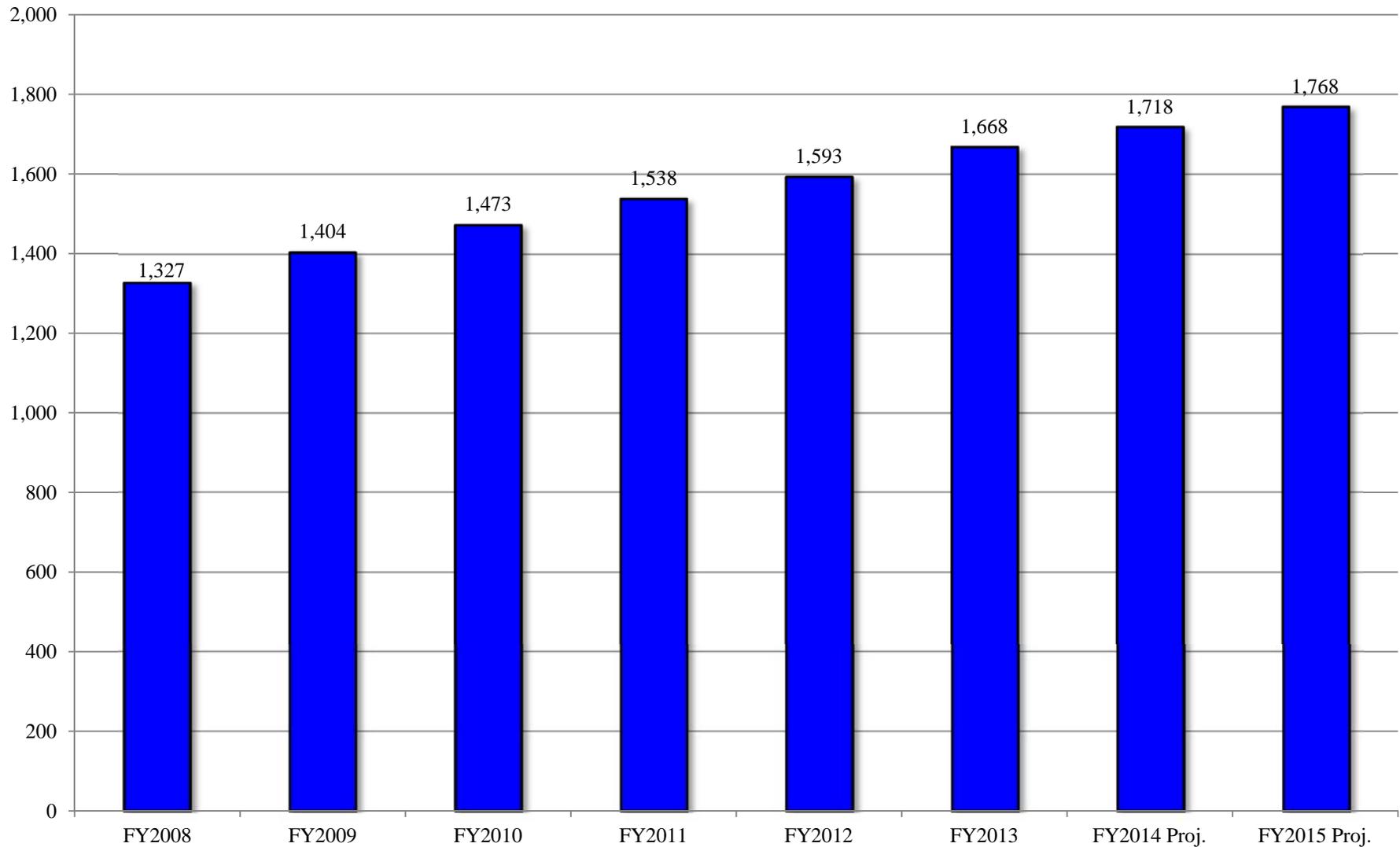
Subsidized Guardianship and Subsidized Adoption – Subsidized Adoption:

- **Adoptive family approval process**
 - Safety requirements
 - Criminal background checks
 - Central registry screen
 - Home safety check
 - 30 hours of training
 - References
 - Health
 - Home study
- **Children placed with an adoptive family may receive a subsidy up to the basic foster care rate for the child based on the needs of the child as well as Medicaid coverage**
- **Post adoptive supports**

Division of Child Protection Services

Adoption Subsidies

■ Number of Adoption Subsidies



Division of Child Protection Services

Independent Living:

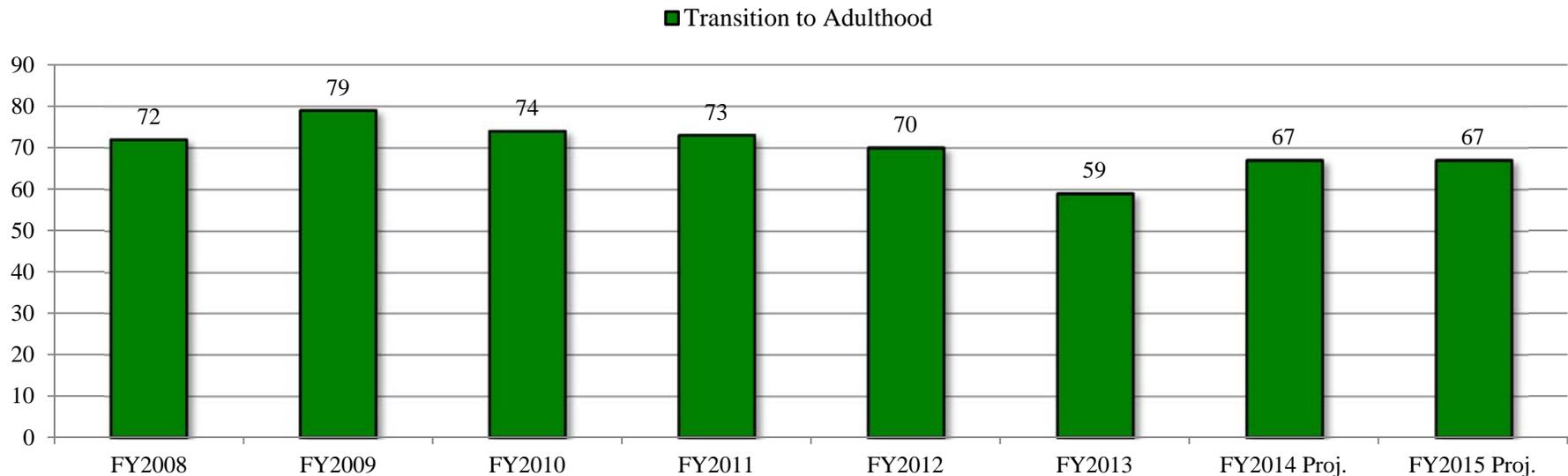
	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$136,067	\$607,589	\$0	\$743,656

- **Prepare youth in custody for transition**
 - **Age 16, 17 and 18 Meetings**
 - **Independent Living Assessments**
 - **Regional Workshops/Teen Conference**
 - **Discharge Plan**
 - College or Technical School
 - Work Force
 - Military
 - Connections
 - **Develop plans and services for youth who cannot transition to independence due to mental health or other issues**

Division of Child Protection Services

Transition to Adulthood continued:

- Provide services to young adult who have transitioned to adulthood with supports and assistance until they are 21
- Services include:
 - Housing assistance
 - Assistance with college or technical school
 - Support groups
 - Obtain credit reports
 - Independent living programs



Division of Child Protection Services

Others:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$521,534	\$1,679,929	\$243,651	\$2,445,114

- **Special Projects**
- **Family Preservation & Support**
- **Placement Resource Recruitment**
 - Foster One
- **Parenting Education**

Division of Child Protection Services

Federal Oversight:

- **Title IV-E**
 - State Plan
 - Federal Reviews
 - Title IV-E Fund Source follows Title XIX FMAP percentages
 - Eligibility Requirements
 - Title IV-E
 - Non Title IV-E
- **Child and Family Services Plan**
- **Other federal funding sources include Chafee, Child Abuse Prevention and Treatment Act Plan, and Children's Justice Act**

Division of Child Protection Services

Federal Oversight - continued:

- **Outcome Goals (Timeliness to Reunification, Repeat Maltreatment, Abuse in Foster Care, Placement Stability, Adoption, Permanency Outcomes)**
- **Caseworker Visits**
 - 97.44% of children visited every month (Federal requirement is 92%)
 - 92.77% of the visits taking place where the child resides

State Oversight:

- **State Court**
- **Tribal Court**

Division of Child Protection Services

Key Initiatives:

- **Recruitment of Placement Resources**
 - FosterOne
 - Kinship
- **Federal Initiatives**
 - Reduce Utilization of Psychotropic Medications
 - Trauma Informed Care
- **Supports for Young Adults Transitioning to Adulthood**

Division of Child Protection Services

FTE Request:

- **State Office - Program Assistant**
 - **IV-E Eligibility Determinations**
 - Maximize federal funding by accessing Title IV-E funding
 - IV-E funding is matched at state's FMAP rate
 - Expedite Title IV-E eligibility determinations
 - Children in DSS Custody
 - Tribes with State-Tribal Agreements
 - Yearly Redeterminations
 - Complex Process
 - Court Orders with required federal language
 - Verification of Financial Information
 - Who child was removed from
 - Verify placement resource is licensed
 - Verify Permanency Hearings are held
 - Federal Reviews

Division of Child Protection Services

FTE Request continued:

- **Intake Specialist – Sioux Falls Office**
 - **Increase in Number of Reports**
 - FY 2010 5,081
 - FY 2011 5,362
 - FY 2012 5,235
 - FY 2013 5,802 (10 % increase between FY12 and FY13)
 - **Intake Functions**
 - Gather information about family from reporter
 - Collateral contacts
 - Provide information to reporter
 - Determine if intervention is needed

Division of Child Protection Services

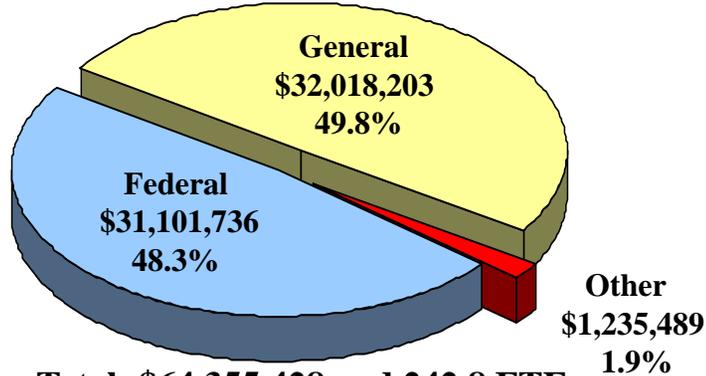
FTE Request - continued:

- **Family Services Specialist – Sioux Falls Office**
 - **Work with families after completion of the Initial Family Assessment to assure safety, permanency and well-being outcomes are met while children remain in the home with their parents when safety can be managed or when children are placed out of their home.**
 - Case planning with parents, children and placement resources
 - Assess safety through visits
 - Visitation between parents and children
 - Monthly caseworker visits with children in placement
 - Transportation to services when needed
 - Monitoring of progress with case plan
 - Court
 - Documentation

Division of Child Protection Services

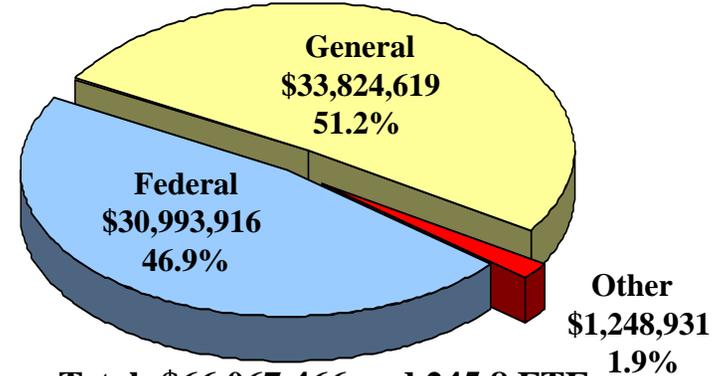
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$64,355,428 and 242.8 FTE

FY15 Recommended Budget



Total: \$66,067,466 and 245.8 FTE

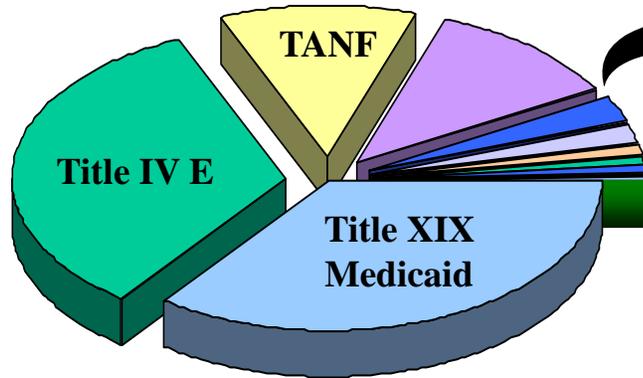
MAJOR BUDGET INCREASES AND DECREASES

		GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:		\$620,658	(\$620,658)	\$0	\$0
Inflation: Inflation for Tribal Contracts, Foster Care, Group Care, Psychiatric Residential Facilities, etc.		\$571,942	\$417,103	\$13,442	\$1,002,487
Subsidized Adoptions: Expansion requested to meet anticipated growth in adoptions from 1,718 in FY14 to 1,768 in FY15.		\$420,243	\$47,594	\$0	\$467,837
Placement Resource Recruitment/Training: Expansion requested for a contract with an agency or individual to locate relatives for children in DSS custody.		\$96,098	\$0	\$0	\$96,098
IV-E Eligibility Determination: Program Assistant	1.0 FTE	\$9,588	\$28,764	\$0	\$38,352
CPS Field Office: Intake Specialist	1.0 FTE	\$41,322	\$6,727	\$0	\$48,049
CPS Field Office: Family Service Specialist	1.0 FTE	\$41,322	\$6,727	\$0	\$48,049
Other Reductions/Increases: Increases due to changes in bureau billings.		\$5,243	\$5,923	\$0	\$11,166
Totals:	3.0 FTE	\$1,806,416	(\$107,820)	\$13,442	\$1,712,038

Division of Child Protection Services

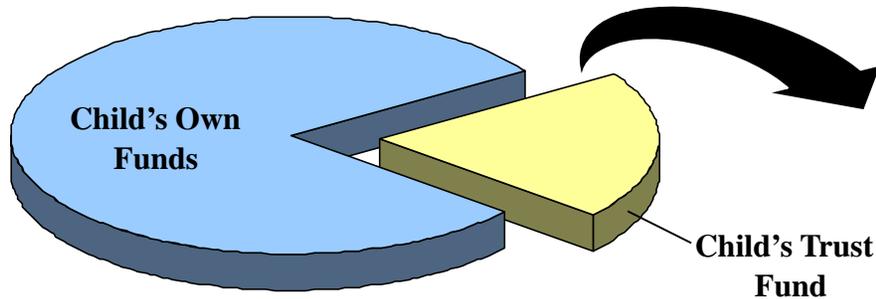
FY15 Funding Sources

Federal Fund Sources – Total \$30,993,916



Medicaid	35.20%
Title IV E Foster Care & Adoption	33.51%
Social Services Block Grant	11.86%
TANF	11.51%
Family Preservation	2.62%
Title IV B Child & Family	2.00%
Community Based	1.17%
Children's Justice Act	0.78%
Child Abuse & Neglect	0.66%
Education & Training	0.50%
Adoption Incentive	0.13%
Title III E - Caregiver	0.06%

Other Fund Sources – Total \$1,248,931



Child's Own Funds	79.74%
Child's Trust Fund	20.26%

Department of Social Services



Division of Child Care Services (CCS)

Division of Child Care Services

Provide Services For:

- Low income families with children
- Child care providers

Services Provided:

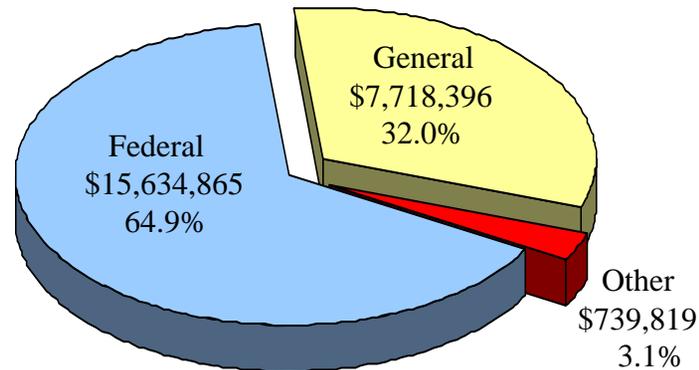
- Assistance to eligible working families with their child care costs
- Licensing and registration of child care programs
- Professional development and training opportunities for child care providers
- Child Safety Seat Program

Service Delivery:

- Centralized eligibility determinations for child care assistance
- Regional child care licensing and registration services located in 6 communities
- Contracts with service providers - Regional Early Childhood Enrichment & After School program development and support

Division of Child Care Services

FY14 Operating Budget:



Total: \$24,093,080 and 25.0 FTE

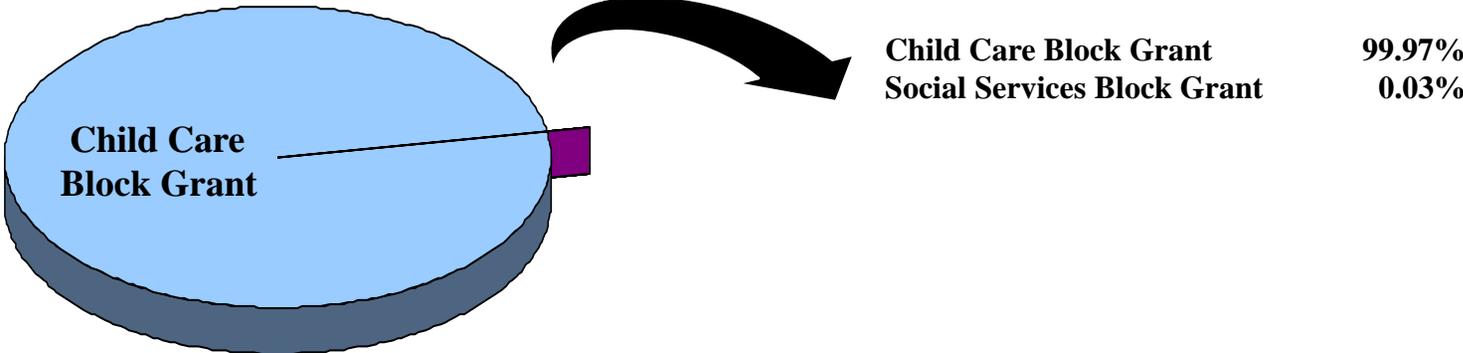
FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
CCS Administration and Field Staff	25.0	\$885,099	\$1,055,416	\$0	\$1,940,515
Child Care Subsidy	0.0	\$6,573,985	\$12,913,213	\$739,819	\$20,227,017
All Others	0.0	\$259,312	\$1,666,236	\$0	\$1,925,548
Total CCS	25.0	\$7,718,396	\$15,634,865	\$739,819	\$24,093,080
Personal Services	25.0	\$632,179	\$752,263	\$0	\$1,384,442
Operating Expense	0.0	\$7,086,217	\$14,882,602	\$739,819	\$22,708,638
Total CCS	25.0	\$7,718,396	\$15,634,865	\$739,819	\$24,093,080

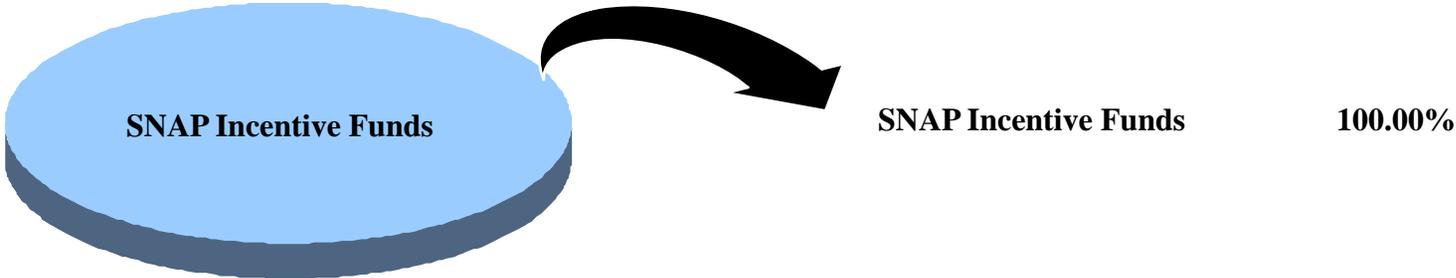
Division of Child Care Services (CCS)

FY14 Funding Sources

Federal Fund Sources – Total \$15,634,865



Other Fund Sources – Total \$739,819



Division of Child Care Services

CCS Administration and Field Staff:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	25.0	\$885,099	\$1,055,416	\$0	\$1,940,515

- **Personal services and operating for 25.0 FTE located across the state.**

Division of Child Care Services

Child Care Subsidy:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$6,573,985	\$12,913,213	\$739,819	\$20,227,017

Who We Serve:

- Parents working and/or attending school
- Foster and adoptive parents
- TANF recipients
- Children with special needs

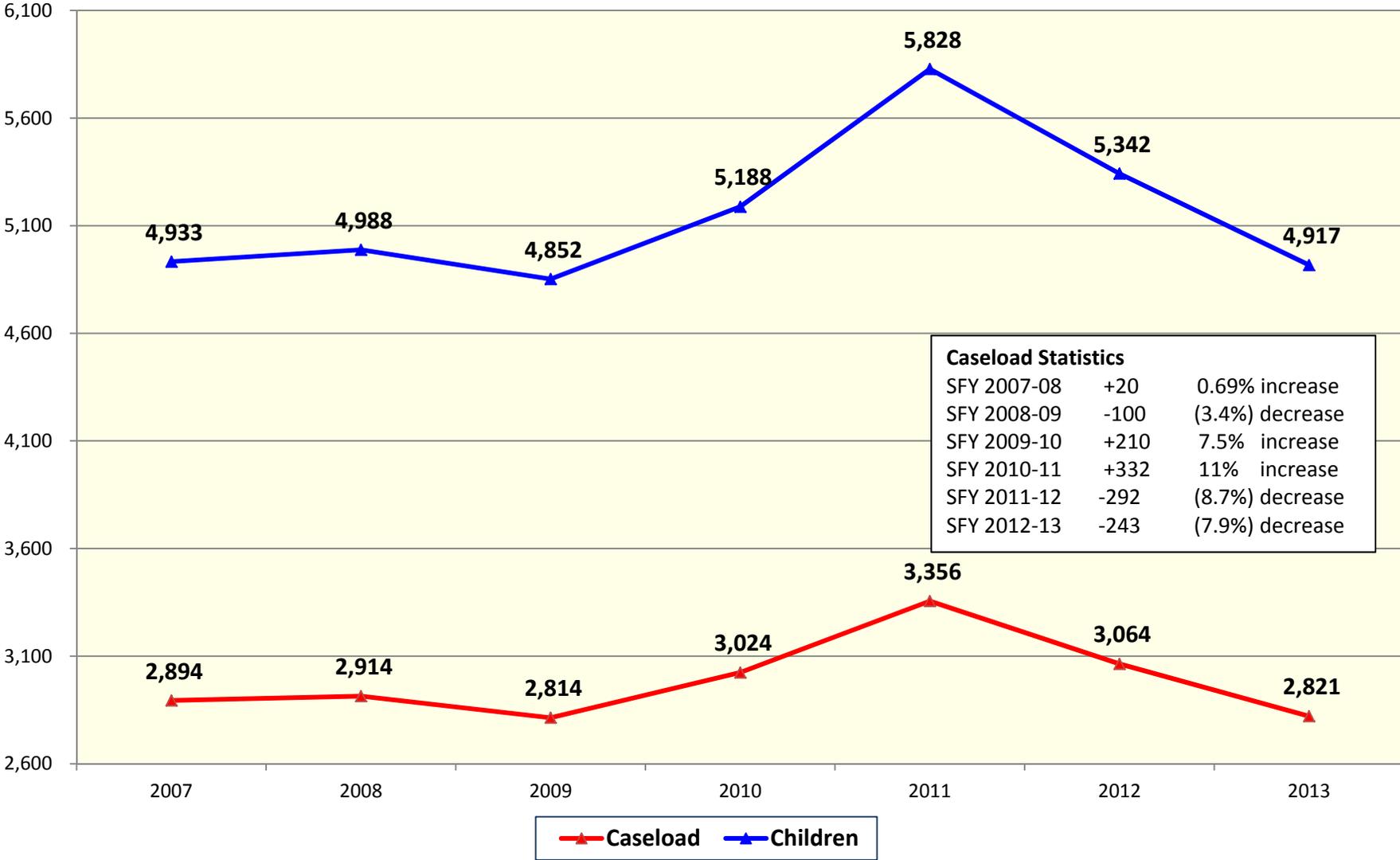
Division of Child Care Services

Child Care Subsidy - Eligibility:

- Income Level: 175% of federal poverty level (\$3,435 family of four)
- Must be working and/or attending school
- Must use an eligible provider (registered or licensed)
 - Child care provider paid directly for authorized care
 - Families have co-pays based on their family size and income
 - Cost of care for family of three with two children age 1 and 4 attending a child care center in Minnehaha county is approximately \$1,260.
 - Family co-pay by poverty level:
 - Poverty level or below - \$0
 - 150% - \$366
 - 175% - \$427
- A biennial Market Rate Survey is required to certify payment rates are sufficient to ensure access to child care
- Average monthly payment per case: \$495
- Average length of eligibility 14 months

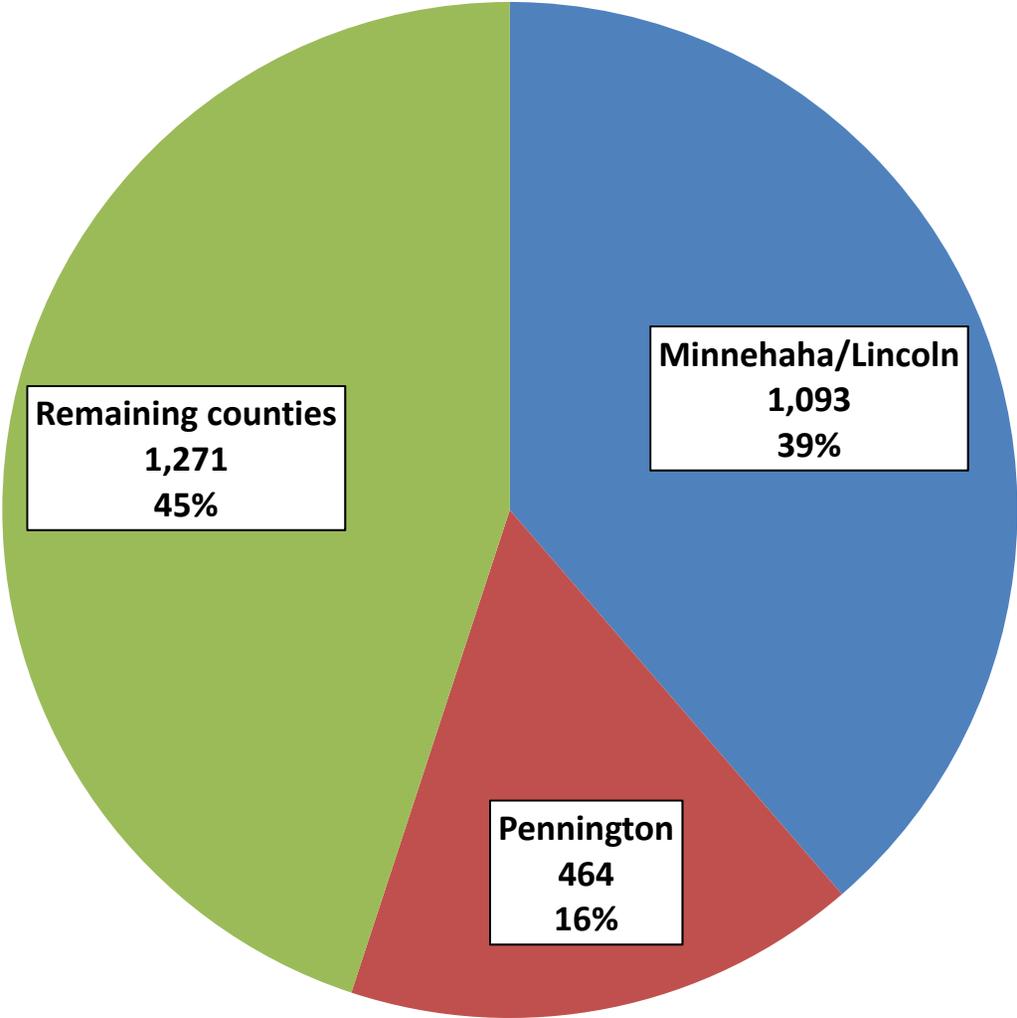
Division of Child Care Services

Child Care Subsidy - Monthly Average Caseload and Children served by Fiscal Year



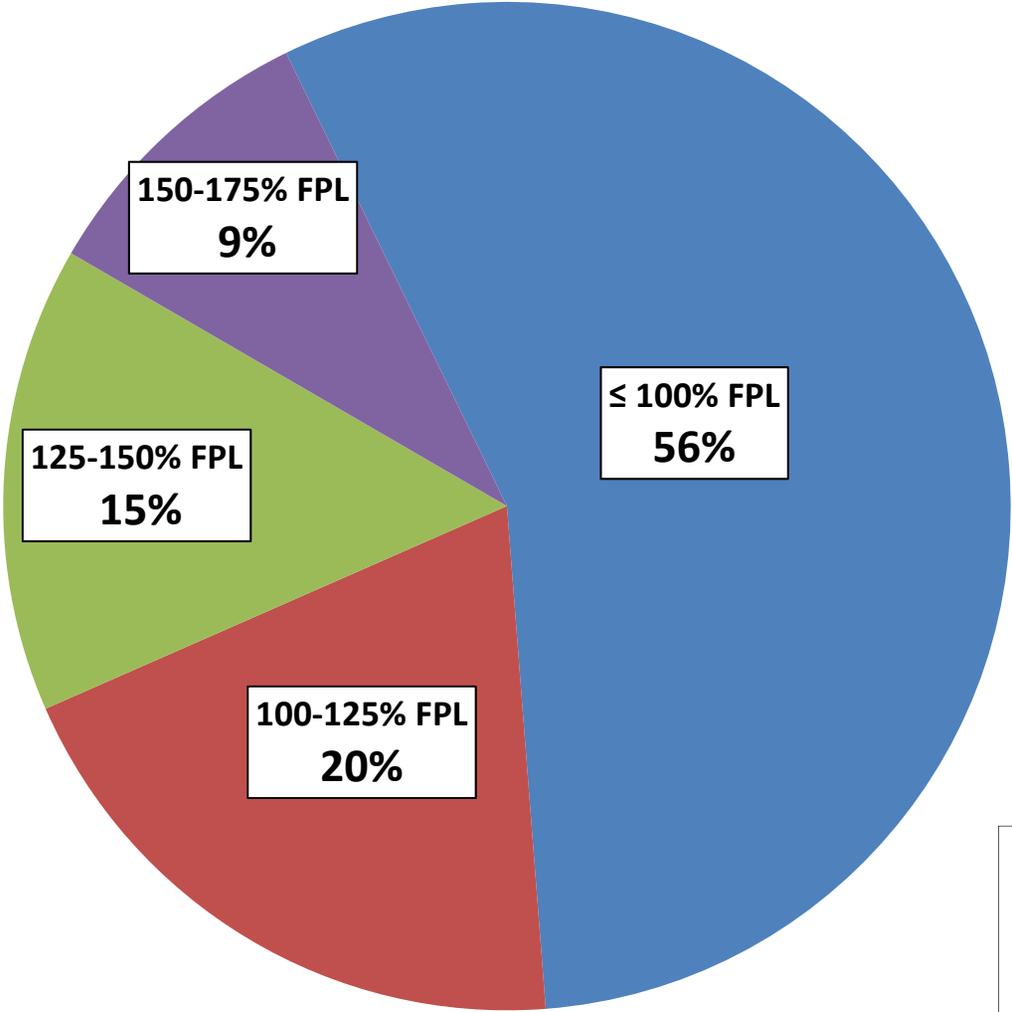
Division of Child Care Services

Monthly Average Caseload by Region SFY 2013



Division of Child Care Services

Distribution of Caseload by FPL SFY 2013



Division of Child Care Services

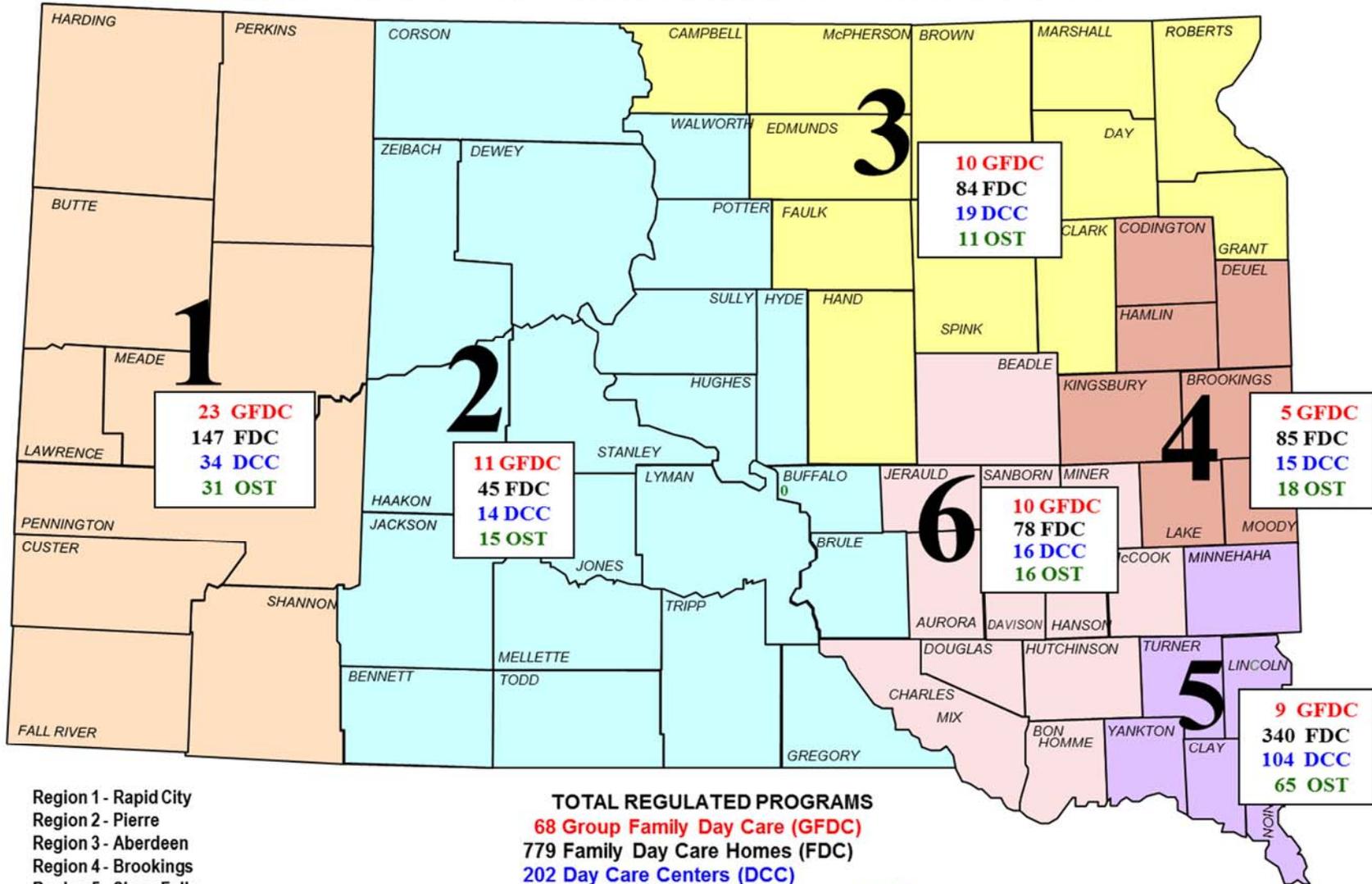
Other Child Care Programs:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$259,312	\$1,666,236	\$0	\$1,925,548

- **Contracts with service providers – Five regional Early Childhood Enrichment (ECE) programs for training and technical assistance and other activities to assist programs in meeting licensing requirements**
- **Other services for low income families**
 - Child Care Safety Seats
 - Individuals must also be eligible for other low income based programs
 - 2,893 seats distributed in FY13

Division of Child Care Services

CHILD CARE LICENSING REGIONS



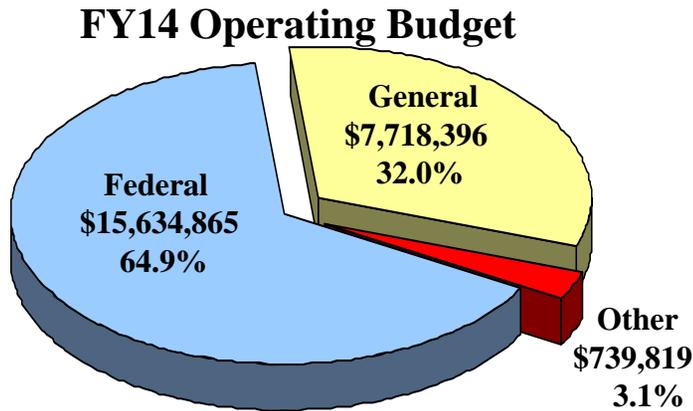
- Region 1 - Rapid City
- Region 2 - Pierre
- Region 3 - Aberdeen
- Region 4 - Brookings
- Region 5 - Sioux Falls
- Region 6 - Mitchell

TOTAL REGULATED PROGRAMS
68 Group Family Day Care (GFDC)
779 Family Day Care Homes (FDC)
202 Day Care Centers (DCC)
156 Out-of-School-Time Programs (OST)

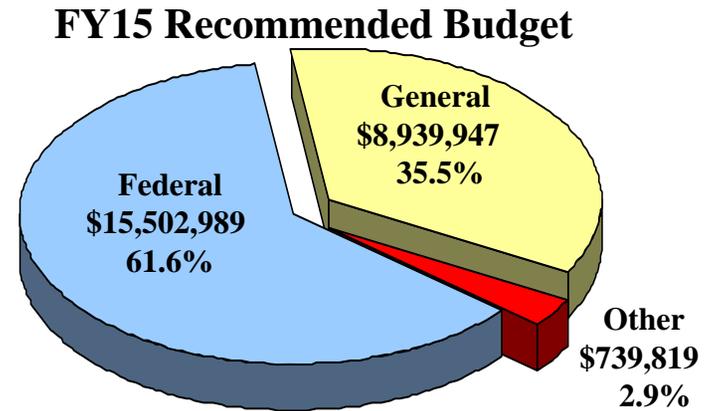
SFY13

Division of Child Care Services

FY14 Budget Compared to FY15



Total: \$24,093,080 and 25.0 FTE



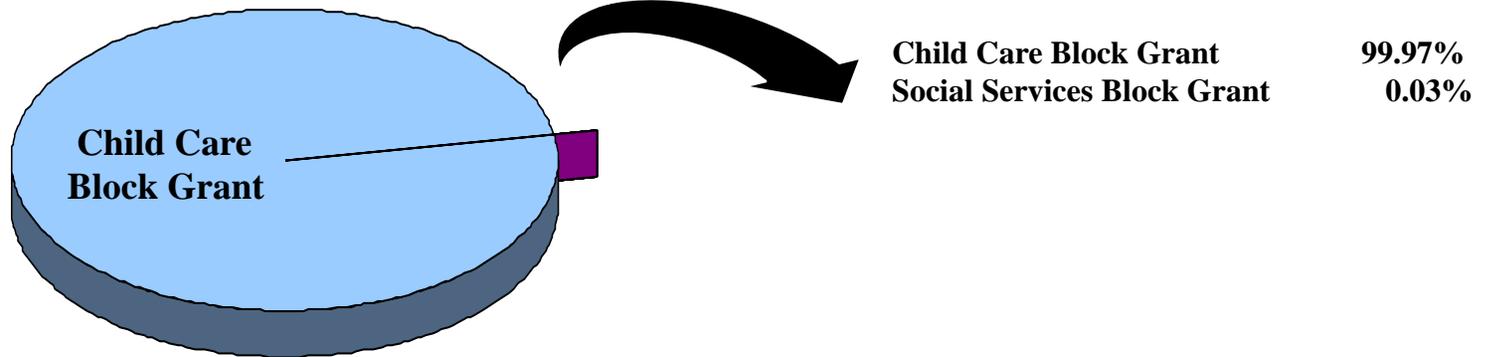
Total: \$25,182,755 and 25.0 FTE

MAJOR BUDGET INCREASES AND DECREASES	GENERAL	FEDERAL	OTHER	TOTAL
Child Care Block Grant Match Increase: (Corresponds to FMAP rates).	\$133,603	(\$133,603)	\$0	\$0
Inflation: Child Care Subsidy, Early Childhood Enrichment Programs (ECE), and other services.	\$1,086,645	\$0	\$0	\$1,086,645
Other Reductions/Increases: Increases due to changes in bureau billings.	\$1,303	\$1,727	\$0	\$3,030
Totals:	\$1,221,551	(\$131,876)	\$0	\$1,089,675

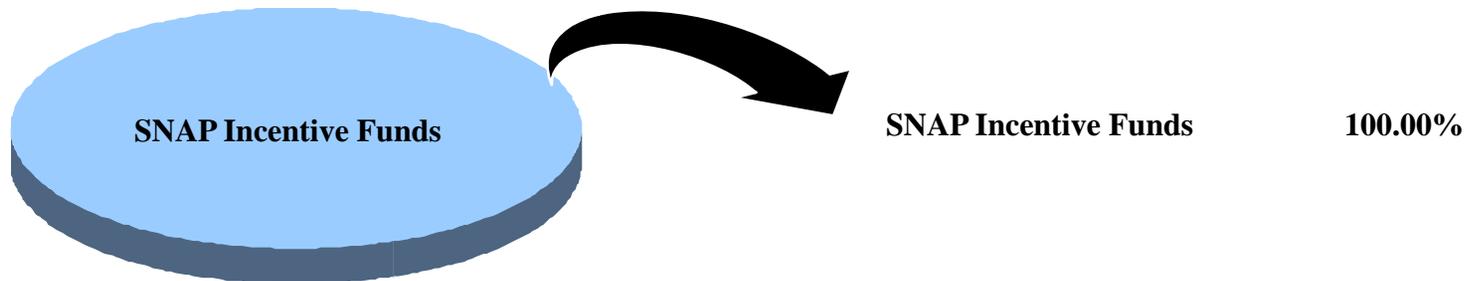
Division of Child Care Services

FY15 Funding Sources

Federal Fund Sources – Total \$15,502,989



Other Fund Sources – Total \$739,819



Department of Social Services



Behavioral Health

- Human Services Center
- Division Community/Correctional Behavioral Health

Behavioral Health

What is “Behavioral Health”?

- Behavioral health includes both mental disorders and substance abuse disorders
- It is common for people to have co-occurring mental health and substance abuse conditions
- Behavioral health treatment is most effective when services are integrated and provided simultaneously in the least restrictive environment

What is a “Severe Mental Illness”?

- Severe mental illness includes both a diagnosable mental disorder and functional impairments that significantly interfere with daily living
 - Mood Disorders
 - 9.5% of the population in a given year
 - Bipolar disorder, major depressive disorder, dysthymic disorder
 - Often co-occur with anxiety disorders and substance abuse
 - Schizophrenia
 - 1.1% of the population in a given year
 - Often appears in late adolescence or early adulthood

Behavioral Health

Prevalence: Mental Disorders:

- **An estimated 26.2% of Americans 18 and older – about 1 in 4 adults – experience a diagnosable mental disorder in a given year**
- **Approx. 1 in 10 children have a diagnosable mental disorder in a given year**
- **Although mental disorders are widespread in the population, about 1 in 17 people experience a severe mental illness**

Prevalence: Substance Abuse Disorders:

- **2011 National Survey on Drug Use and Health**
 - **Estimated 20.6 million persons (8% of the population age 12 or older) had substance dependence or abuse diagnosis**
 - **Of the 20.6 million, 2.6 million were classified with dependence or abuse of alcohol and illicit drugs and 14.1 million with only alcohol**

Behavioral Health

Behavioral Health Reorganization:

- **Executive order in 2011 by Governor Daugaard moving behavioral health services from DHS to DSS**
 - Division of Mental Health, Division of Alcohol & Drug Abuse, Human Services Center
- **Purpose was to create a more integrated approach and opportunities to:**
 - Leverage existing resources
 - Streamline various processes to minimize red tape
 - Change the laws to support effective service delivery
- **Created two new divisions and a program**
 - Division of Community Behavioral Health
 - Division of Correctional Behavioral Health
 - Prevention Program

Behavioral Health

Behavioral Health Workgroup:

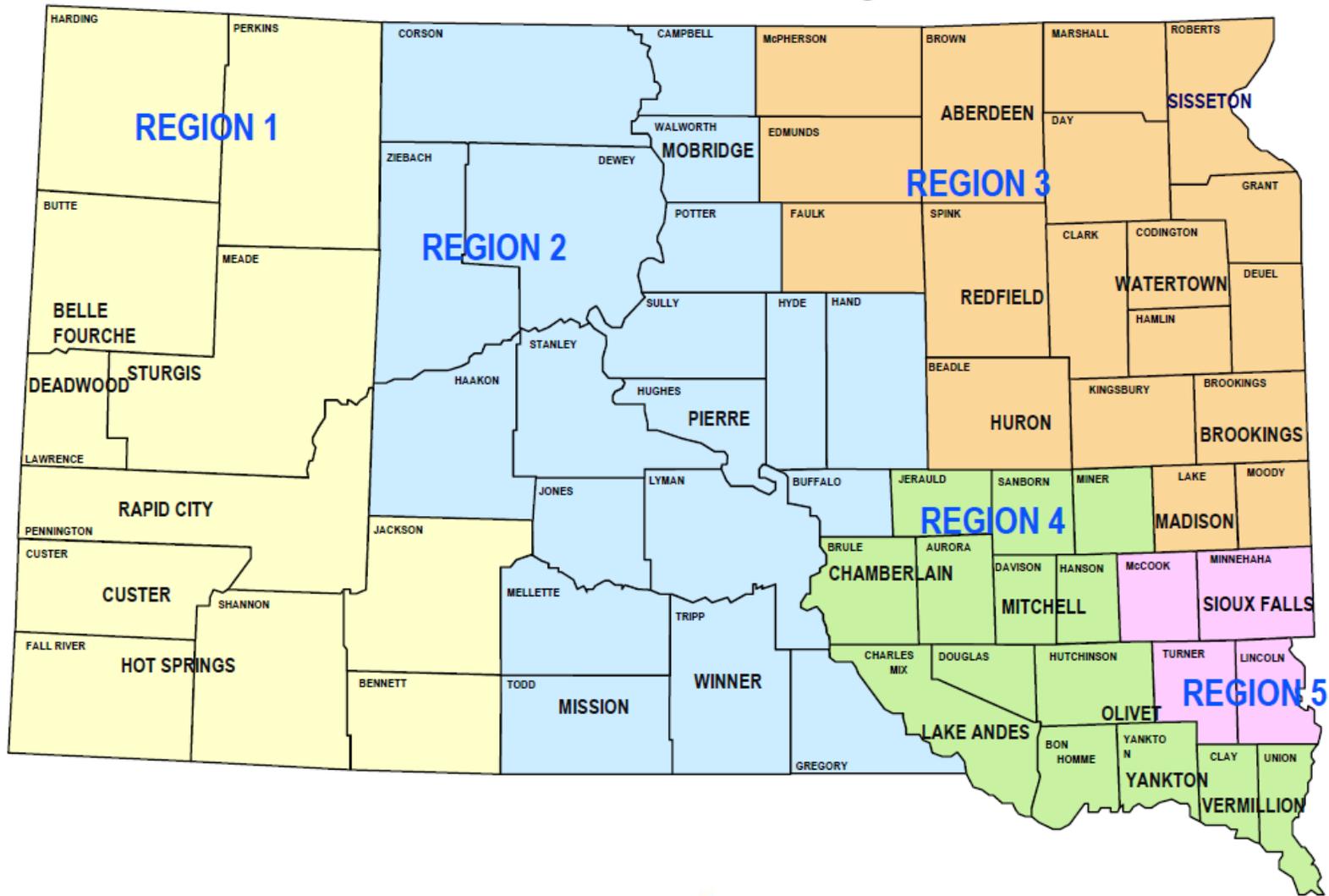
- **Established in 2011 by Governor Daugaard after reorganization of behavioral health services**
- **Created to guide the long-term vision of the behavioral health system**
- **Workgroup Goals**
 - Increase access to services throughout the state
 - Build the capacity of local communities to support behavioral health services
 - Develop a strategic statewide prevention plan
 - Consider the role of the Human Services Center
- **Workgroup Subcommittees**
 - Commitment Laws
 - Essential Services
 - Geriatric Services
 - Prevention Services

For more information, visit

<http://dss.sd.gov/behavioralhealthservices/index.asp>

Behavioral Health

Behavioral Health Regions



Department of Social Services



Human Services Center (HSC)



Human Services Center

Who We Serve:

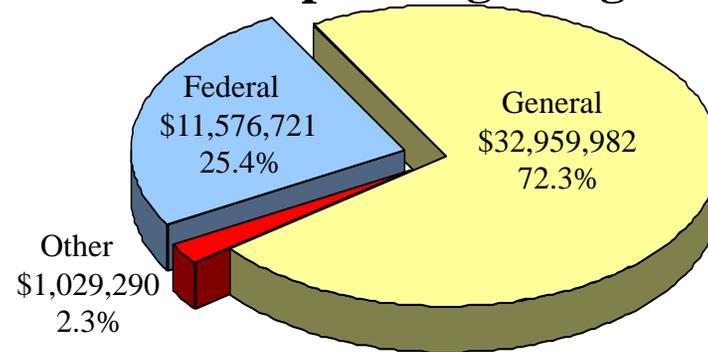
- **Individuals ages 12 to end of life who are unable to be served by other providers**
 - A less restrictive environment is not an option for care
- **Voluntary and involuntary admissions**

Services Provided:

- **Licensed specialty hospital, state's only public psychiatric hospital**
 - Adult & adolescent inpatient psychiatric treatment
 - Adult & adolescent inpatient substance abuse treatment
 - Geriatric psychiatric treatment (nursing facility)
 - Court ordered competency evaluations and restoration

Human Services Center

FY14 Operating Budget:



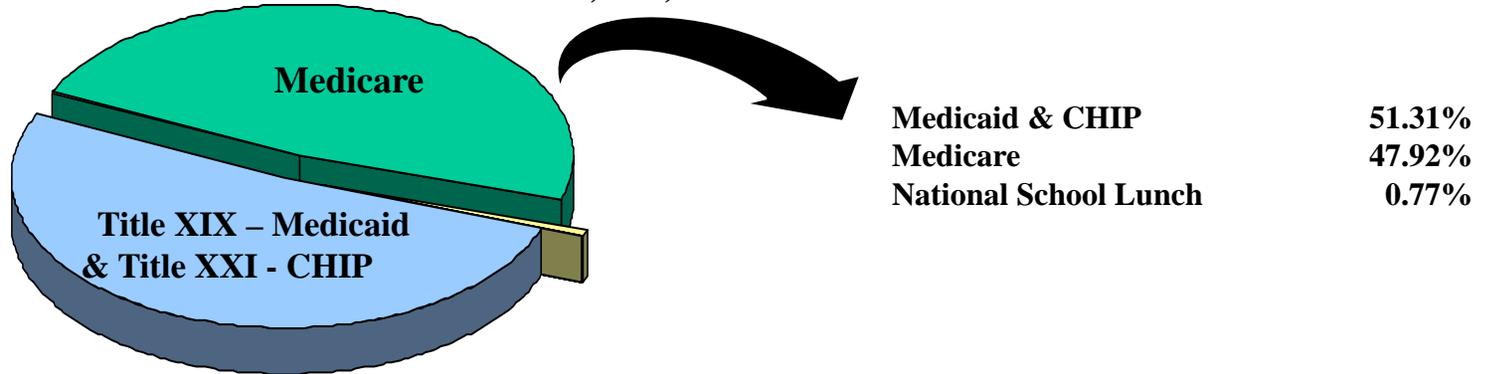
Total: \$45,565,993 and 566.0 FTE

FY14 Major Budget Areas:

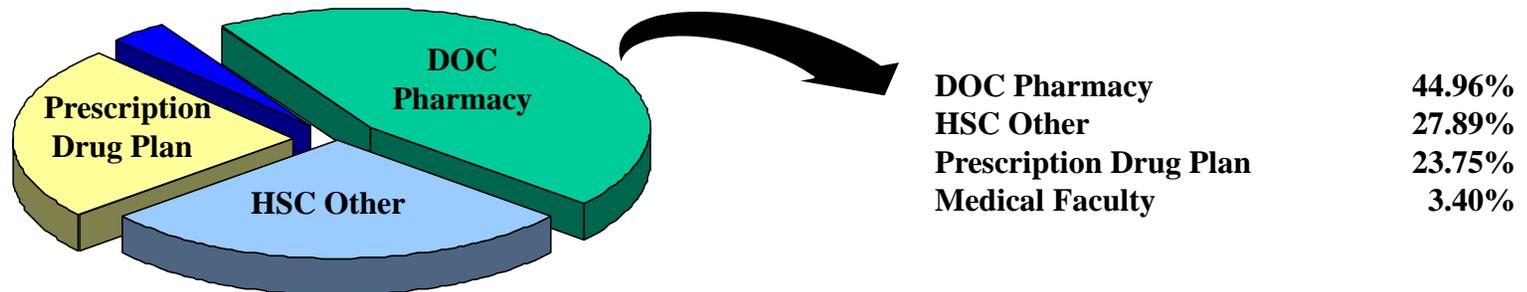
	FTE	General	Federal	Other	Total
HSC Administration	57.0	\$3,152,340	\$967,760	\$186,323	\$4,306,423
Inpatient Psychiatric Treatment	266.0	\$11,040,765	\$4,359,459	\$0	\$15,400,224
Inpatient Substance Abuse Treatment	48.0	\$2,135,651	\$688,795	\$0	\$2,824,446
Geriatric Services	91.0	\$3,980,035	\$1,188,959	\$0	\$5,168,994
Clinical Services	55.5	\$5,456,160	\$2,810,744	\$742,219	\$9,009,123
Facility Operations	48.5	\$3,848,977	\$1,561,004	\$100,748	\$5,510,729
Bond Payments	0.0	\$3,346,054	\$0	\$0	\$3,346,054
Total HSC	566.0	\$32,959,982	\$11,576,721	\$1,029,290	\$45,565,993
Personal Services	566.0	\$23,575,953	\$9,222,051	\$492,335	\$33,290,339
Operating Expense	0.0	\$9,384,029	\$2,354,670	\$536,955	\$12,275,654
Total HSC	566.0	\$32,959,982	\$11,576,721	\$1,029,290	\$45,565,993

Human Services Center FY14 Funding Sources

Federal Fund Sources – Total \$11,576,721



Other Fund Sources – Total \$1,029,290



Human Services Center

Service Delivery:

- **Each patient is assigned a psychiatrist who is responsible for coordination of treatment**
- **Treatment teams are used to plan, implement, and evaluate treatment and include:**
 - Patient and his/her family and/or significant others
 - Psychiatrist
 - Nurse
 - Social Worker
- **Discharge planning and arrangements for aftercare**

Human Services Center

HSC Staffing:

- **Total HSC Budgeted Full Time Equivalent Staff - 566.0 FTE**
 - Nurses - 98.0 FTE
 - Counselors - 81.5 FTE
 - Mental Health Technicians/Aides - 176.5 FTE
 - Social Workers - 16.0 FTE
 - Medical Professionals - 25.5 FTE
 - Facility Operations - 48.5 FTE
 - Administration - 57.0 FTE
 - Other - 63.0 FTE
- **Turnover Rate**
 - SFY 13 percent of direct care staff 25.4%
 - SFY13 percent of total turnover 21.4%

Human Services Center

HSC Administration:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	57.0	\$3,152,340	\$967,760	\$186,323	\$4,306,423

- **Administrative Services to operate HSC**
 - Administration
 - Business Office
 - Warehouse
 - Admissions
 - Medical Records
 - Utilization Review
 - Education
 - Support Services

Human Services Center

Admissions:

- **1,821 admissions in FY13**
 - **Adults**
 - Voluntary admissions (not court or board ordered) – 20%
 - Involuntary admissions – 80%
- **Types of admissions**
 - Adult acute – 1,365 individuals
 - Adult substance abuse – 184 individuals
 - Adolescent psychiatric – 215 individuals
 - Adolescent substance abuse – 57 individuals
- **Primary Diagnosis at time of admission:**
 - Depressive Disorders – 19.25%
 - Schizophrenic Disorders – 18.05%
 - Episodic Mood Disorders – 16.44%
 - Alcohol Dependence Syndrome – 7.34%
 - All other diagnosis – 38.92%
- FY13 average cost per day: \$474.47

Human Services Center

Inpatient Psychiatric Treatment:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	266.0	\$11,040,765	\$4,359,459	\$0	\$15,400,224

- **Psychiatric Treatment (SFY13)**
 - **Adult Services**
 - Acute Services – 68 beds
 - SFY13 Average length of stay – 13 days
 - SFY13 Average total cost per day: \$524.40
 - Long Term Services – 66 beds
 - SFY13 Average length of stay – 152 days
 - SFY13 Average total cost per day: \$400.34
 - **Adolescent Services – 54 beds**
 - Acute, Intermediate, and Long Term
 - SFY13 Average length of stay – 36 days
 - SFY13 Average total cost per day: \$507.18
 - School operated on site for youth – approved educational program

Human Services Center

Inpatient Substance Abuse Treatment:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	48.0	\$2,135,651	\$688,795	\$0	\$2,824,446

- **Substance Abuse Treatment (SFY13)**
 - **Adult Services – 24 Beds**
 - SFY13 Average length of stay – 26 days
 - SFY13 Average total cost per day: \$445.76
 - **Adolescent Services – 20 Beds**
 - Accredited by Commission on Accreditation of Rehabilitation Facilities (CARF)
 - SFY13 Average length of stay – 68 days
 - SFY13 Average total cost per day: \$489.39

Human Services Center

Geriatric Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	91.0	\$3,980,035	\$1,188,959	\$0	\$5,168,994

- **Geriatric Psychiatric Treatment – 69 beds**
 - 5-star rated nursing facility
 - SFY13 Average length of stay in – 283 days
 - SFY13 Average total cost per day: \$457.05
 - Working with community nursing facilities to develop the capacity to serve individuals with dementia and challenging behaviors in the community
 - HSC consulting team to provide psychiatric review/consultation to nursing facilities
 - Training to community nursing facilities

Human Services Center

Clinical Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	55.5	\$5,456,160	\$2,810,744	\$742,219	\$9,009,123

- **Provide medical services on site whenever possible**
 - Nursing
 - Laboratory
 - Specialty Clinic
 - Radiology
 - Dental
 - Speech Therapy
 - Medical Services
 - Psychology
 - Pharmacy

Human Services Center

Facility Operations:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	48.5	\$3,848,977	\$1,561,004	\$100,748	\$5,510,729

- **Plant Operations**
- **Laundry**
- **Custodial**
- **Security**
- **Food Service**
 - Use Department of Corrections trusties for labor
 - HSC provides meals for trusties

Human Services Center

Bonds:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$3,346,054	\$0	\$0	\$3,346,054

- **MCN Bond Payment**
- **Dietary Bond Payment**

Human Services Center

Outcomes:

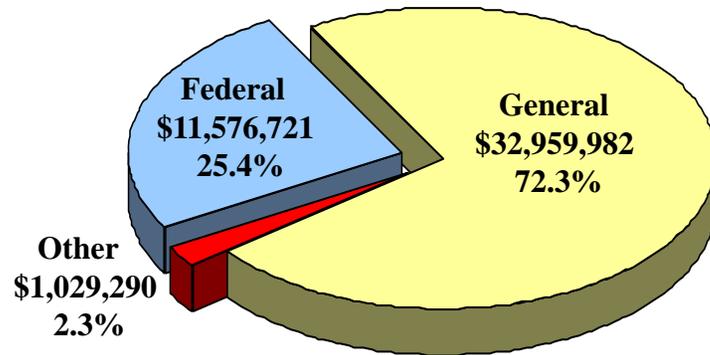
• **Patient Satisfaction Surveys (compared to Western Psychiatric State Hospital Association average)**

- Patient Dignity (83% HSC : 77% WPSHA)
- Patient Rights (71% HSC : 51% WPSHA)
- Care Environment (76% HSC : 64% WPSHA)
- Patient Outcomes (75% HSC : 71% WPSHA)
- Patient Participation (78% HSC : 62% WPSHA)

Human Services Center

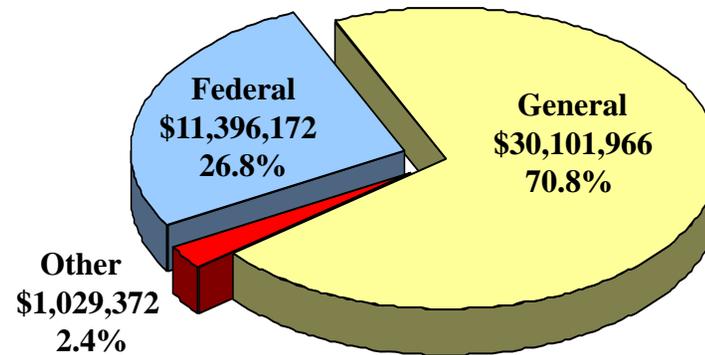
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$45,565,993 and 566.0 FTE

FY15 Recommended Budget



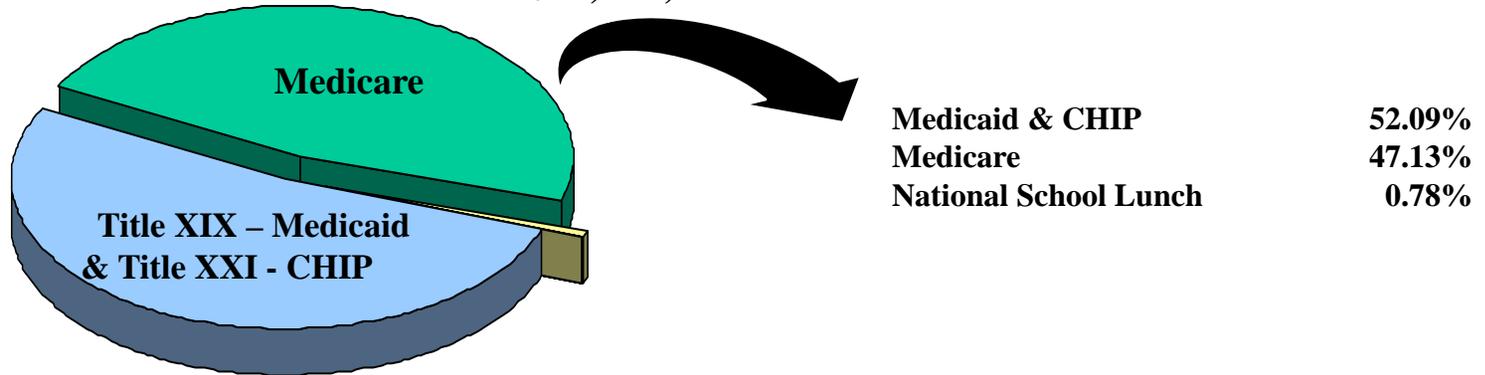
Total: \$42,527,510 and 566.0 FTE

MAJOR BUDGET INCREASES AND DECREASES

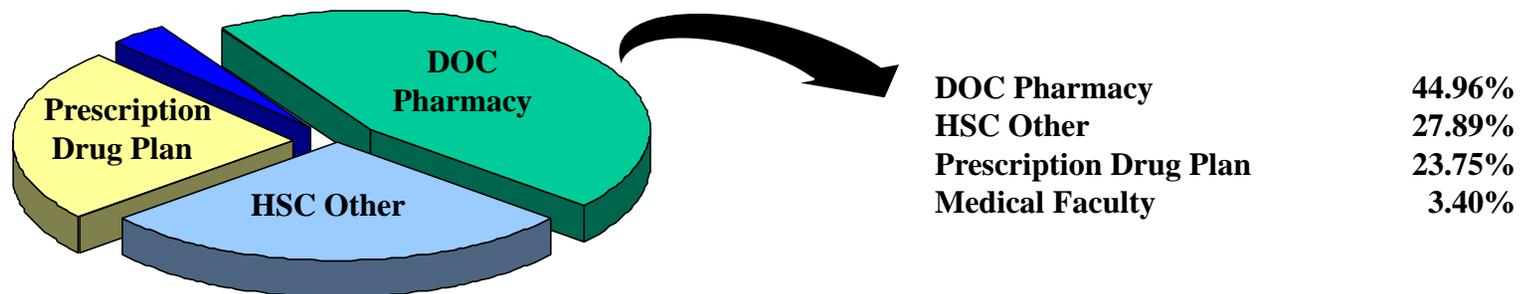
	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$223,159	(\$223,159)	\$0	\$0
Inflation: Inflation for prescription drugs and medical consultants.	\$46,509	\$11,943	\$0	\$58,452
Utility Costs: Based on utilization and projected rates from the Office of the State Engineer.	\$112,948	\$16,606	\$0	\$129,554
Food Service: Increase based on the projected cost per meal.	\$54,641	\$0	\$0	\$54,641
Other Reductions/Increases: Decrease in bond payments and increases due to changes in bureau billings.	\$32,201	\$14,061	\$82	\$46,344
MCN Bond: Reduction of bond payment to pay off existing bonds.	(\$2,870,299)	\$0	\$0	(\$2,870,299)
Dietary Bond: Reduction of bond payment to pay off existing bonds.	(\$457,175)	\$0	\$0	(\$457,175)
Totals:	(\$2,858,016)	(\$180,549)	\$82	(\$3,038,483)

Human Services Center FY15 Funding Sources

Federal Fund Sources – Total \$11,396,172



Other Fund Sources – Total \$1,029,372



Department of Social Services



Division of Community/Correctional Behavioral Health

Community Behavioral Health

Who We Serve:

- **Children with serious emotional disturbance**
- **Adults with severe mental illness**
- **Adolescents and adults with substance abuse disorders**
- **Youth and young adults in need of prevention services**

Services Provided:

- **Individual, family, and group therapy**
- **Case management**
- **Assessment and evaluation**
- **Crisis assessment and intervention**
- **Psychiatric services**
- **Inpatient and outpatient substance abuse treatment services**
- **Prevention services**

Services Eligibility:

- **Income limit:** 185% of the federal poverty level (\$43,568 annually for a family of four)

Community Behavioral Health

Service Delivery:

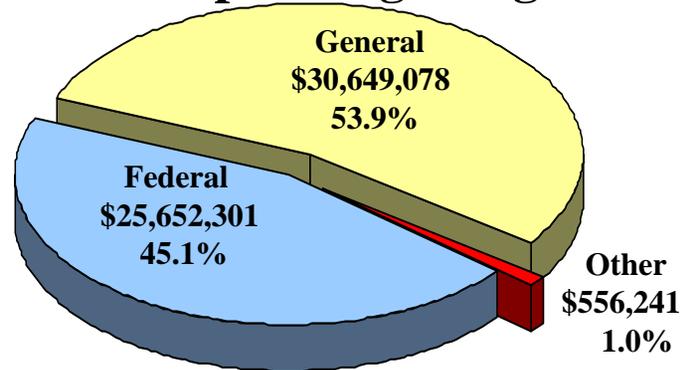
- **Contracts with 11 accredited community mental health centers**
- **Contracts with 43 accredited substance abuse and prevention providers**

Numbers Served:

- **15,774 individuals served annually through community mental health centers**
- **13,128 individuals served annually through substance abuse providers**

Community Behavioral Health

FY14 Operating Budget:



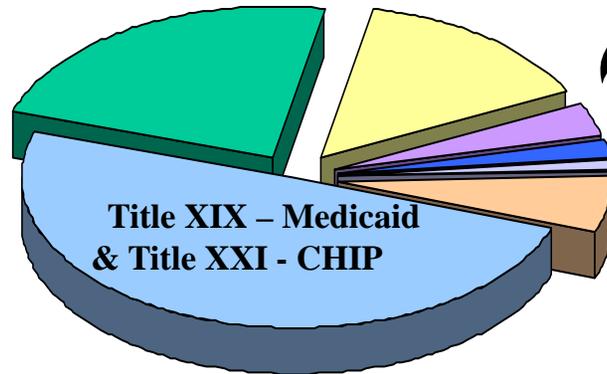
Total: \$56,857,620 and 20.0 FTE

FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
Community Behavioral Health Administration and Field Staff	20.0	\$1,217,405	\$564,466	\$170,307	\$1,952,178
Serious Emotional Disturbance (SED) - Mental Health	0.0	\$4,454,834	\$5,440,599	\$0	\$9,895,433
Comprehensive Assistance with Recovery and Empowerment (CARE) - Mental Health	0.0	\$8,761,206	\$2,993,879	\$0	\$11,755,085
Outpatient and Emergency Services -Mental Health	0.0	\$1,572,442	\$746,626	\$0	\$2,319,068
Projects for Assistance in Transition from Homelessness (PATH) - Mental Health	0.0	\$0	\$288,000	\$0	\$288,000
Individualized Mobile Programs of Assertive Community Treatment (IMPACT) - Mental Health	0.0	\$1,846,061	\$847,946	\$0	\$2,694,007
All Others - Mental Health	0.0	\$653,199	\$425,192	\$0	\$1,078,391
Treatment Services -Substance Abuse	0.0	\$7,056,450	\$4,653,392	\$275,281	\$11,985,123
Title XIX Services - Substance Abuse	0.0	\$2,475,114	\$3,008,174	\$0	\$5,483,288
Criminal Justice Initiative (CJI) - Substance Abuse	0.0	\$2,612,367	\$0	\$0	\$2,612,367
Prevention	0.0	\$0	\$6,684,027	\$110,653	\$6,794,680
Total Community Behavioral Health	20.0	\$30,649,078	\$25,652,301	\$556,241	\$56,857,620
Personal Services	20.0	\$882,197	\$418,065	\$4,292	\$1,304,554
Operating Expense	0.0	\$29,766,881	\$25,234,236	\$551,949	\$55,553,066
Total Community Behavioral Health	20.0	\$30,649,078	\$25,652,301	\$556,241	\$56,857,620

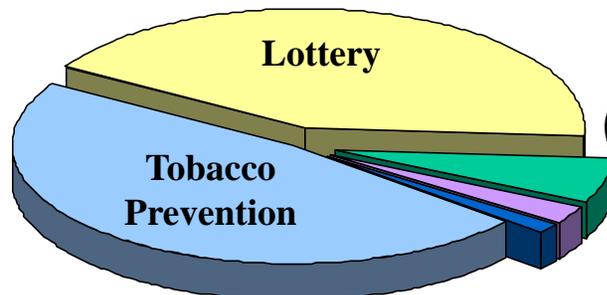
Community Behavioral Health FY14 Funding Sources

Federal Fund Sources – Total \$25,652,301



Medicaid & CHIP	49.36%
Substance Abuse Prevention & Treatment	23.23%
Strategic Prevention Framework	14.75%
Community Mental Health Block Grant	3.38%
TANF	2.09%
Projects for Assistance in Transition from Homelessness (PATH)	1.15%
Other Fund Sources	6.04%

Other Fund Sources – Total \$556,241



Tobacco Prevention	47.63%
Lottery	42.25%
Deadwood Gaming	6.29%
Alcohol & Drug Other	2.57%
QMHP Fees	1.26%

Community Behavioral Health

Community Behavioral Health Administration:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	20.0	\$1,217,405	\$564,466	\$170,307	\$1,952,178

- **20.0 FTE located in Pierre, Sioux Falls, and Deadwood**
 - Conduct provider accreditations
 - Manage contracts with community providers
 - Manage the indigent medication program
 - Review of individuals with mental illness going into nursing facilities
 - Review of individuals referred for IMPACT and inpatient substance abuse treatment services
 - Provide training to Qualified Mental Health Professionals (QMHP)
 - Provide training to law enforcement academy participants

Community Behavioral Health

Serious Emotional Disturbance (SED)- Mental Health:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$4,454,834	\$5,440,599	\$0	\$9,895,433

- **Serious Emotional Disturbance (SED)** – comprehensive, community based services provided to children under the age of 18 who meet the SED criteria

Eligibility:

- Mental disorder diagnosis
- Functional impairment
- Demonstrated need for services in addition to mental health services

SFY13 Numbers Served:

- 5,462

Community Behavioral Health

Comprehensive Assistance with Recovery & Empowerment (CARE) – Mental Health:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$8,761,206	\$2,993,879	\$0	\$11,755,085

- **Comprehensive Assistance with Recovery and Empowerment (CARE)-** person-centered, recovery-focused services providing medically necessary related mental health treatment, rehabilitative, and support services to adults meeting Severe Mental Illness (SMI) criteria

Eligibility:

- Mental disorder diagnosis
- Functional impairment
- Demonstrated need for services in addition to mental health services

SFY13 Numbers Served:

- 5,814

Community Behavioral Health

Outpatient and Emergency Services – Mental Health:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$1,572,442	\$746,626	\$0	\$2,319,068

- **Outpatient Services-** mental health services provided to individuals who do not meet full serious emotional disturbance (SED) or severe mental illness (SMI) criteria
- **Emergency Services-** available 24/7 for persons experiencing a mental health emergency or crisis

SFY13 Numbers Served:

- 4,251

Community Behavioral Health

Projects for Assistance in Transition from Homelessness (PATH) –Mental Health:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$288,000	\$0	\$288,000

- **Projects for Assistance in Transition from Homelessness (PATH) –** federal grant to provide community-based outreach, mental health and substance abuse services, case management, and limited rental/security deposit assistance
 - 9 of the 11 CMHCs participate

Eligibility:

- Individuals who are homeless or at imminent risk of becoming homeless

FFY12 Numbers Served:

- 489

Community Behavioral Health

Individualized Mobile Programs of Assertive Community Treatment (IMPACT) – Mental Health:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$1,846,061	\$847,946	\$0	\$2,694,007

- **Individualized Mobile Programs of Assertive Community Treatment (IMPACT)**- highest level of outpatient treatment for adults meeting SMI criteria who can't be served in less restrictive services
 - Based on the Assertive Community Treatment model and fidelity to the model is monitored
 - Highest level of outpatient treatment for adults meeting SMI criteria who can't be served in less restrictive services
 - Organized as a mobile group of mental health professionals within one service delivery team
 - Services similar to CARE but provided at a more intensive level with a team approach to treatment and the total number served is capped

Community Behavioral Health

Individualized Mobile Programs of Assertive Community Treatment (IMPACT) – Mental Health - continued:

Eligibility:

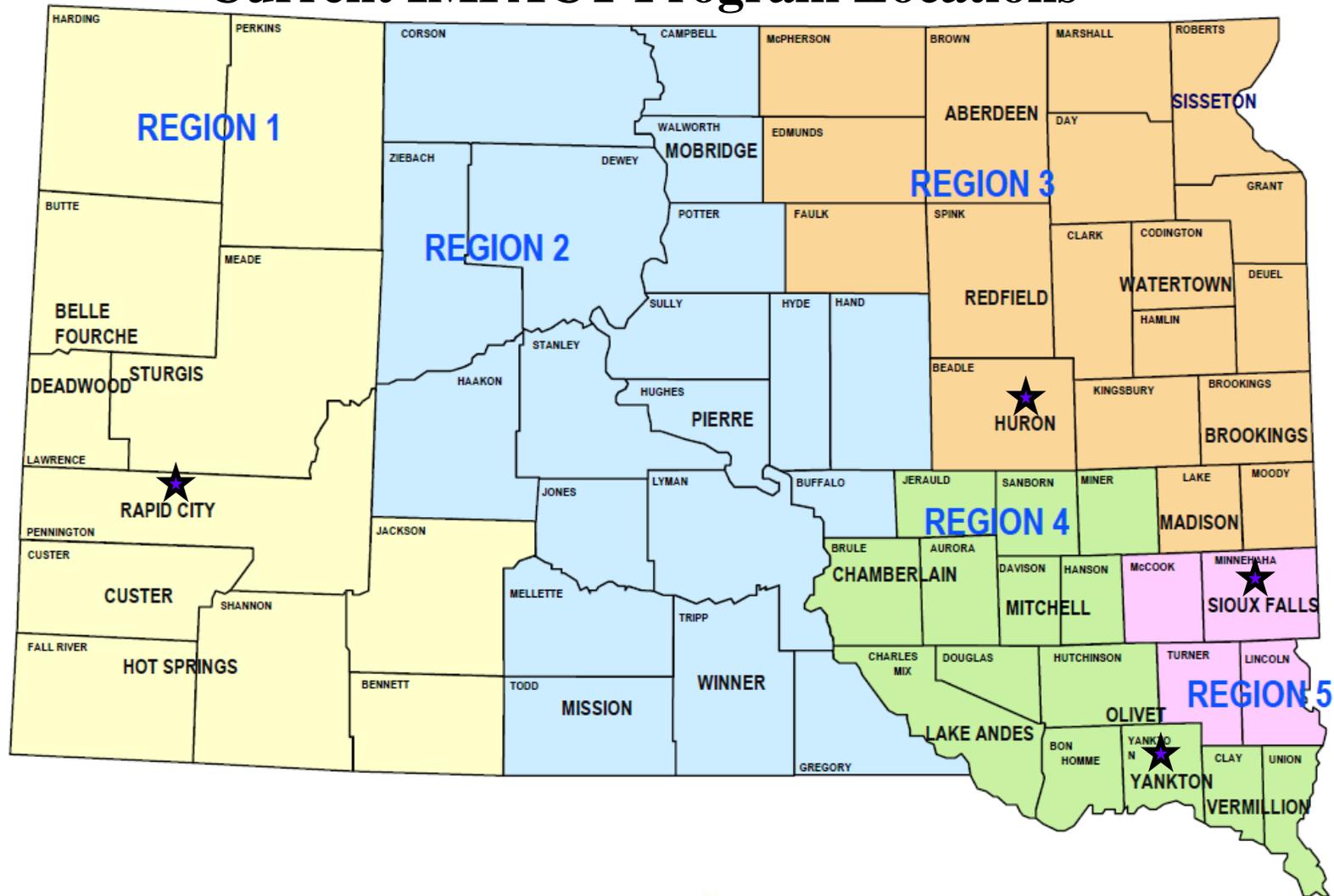
- Same as CARE along with no other appropriate community-based services available, multiple psychiatric hospitalizations or other inpatient/residential services

SFY13 Numbers Served:

- 247

Community Behavioral Health

Current IMPACT Program Locations



Community Behavioral Health

IMPACT Expansion:

- **Expansion request - IMPACT**
 - Behavioral Health Services Workgroup recommended the development of IMPACT services in regions 2 & 3 and the development of supervised supported housing services for transition-age youth
 - Without adequate specialized mental health services, more costly types of care are utilized for these populations
 - In FY12, 323 adults from the central and northeastern regions of SD were hospitalized at HSC (88 had two or more hospitalizations)
 - 2 IMPACT programs will serve 60 individuals in northeast SD and 42 individuals in central SD
 - \$1,145,513 general; \$521,221 federal = \$1,666,734 total

Community Behavioral Health

IMPACT Expansion:

- **IMPACT**
 - **Case Example**
 - 39 year old female with a diagnosis of schizophrenia and substance use disorder. Unable to maintain stable housing, lacked social support in the community, struggled with symptoms of her mental illness. Many crisis contacts and 7 hospitalizations at HSC. Most recent involuntary commitment to HSC resulted in a need for a 6-month stay to stabilize her psychosis and mania.

Community Behavioral Health

IMPACT Expansion:

- **Expansion request – IMPACT Transitions**
 - Some individuals are unable to live independently, particularly young adults with severe mental illness transitioning into the community from out-of-home placements
 - Need specialized mental health services **and** housing supports/independent living services
 - Independent living services currently provided through Child Protection Services
 - IMPACT transitions program will serve 12 individuals
 - \$391,621 general; \$153,539 federal = \$545,160 total

Community Behavioral Health

IMPACT Expansion:

- **IMPACT Transitions**

- **Case Example**

- 21 year old male with a diagnosis of schizoaffective disorder, psychotic disorder, depression, and attention deficit hyperactivity disorder. Had been receiving treatment in a psychiatric residential treatment facility for 7 years prior to discharge. Transitioned into community mental health services near his sister. This was his only family contact. The CMHC provided intensive mental health services; however, he struggled to make connections in the community and isolated himself in his apartment. He also struggled with his psychosis, which ultimately resulted in encounters with the police, admissions to the emergency room, and multiple admissions to HSC.

Community Behavioral Health

Treatment Services – Substance Abuse:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$7,056,450	\$4,653,392	\$275,281	\$11,985,123

- **Outpatient Services** – early intervention, assessment services, individual and group counseling
 - Numbers Served – 9,516
- **Low Intensity Services** – services in a residential setting that include individual and group counseling, family counseling and education for family members, and case planning
 - Numbers Served – 1,041
- **Inpatient Services** – residential services that provide a medically-monitored and structured intensive treatment program
 - Numbers Served – 583

Community Behavioral Health

Treatment Services – Substance Abuse - continued:

- **Specialized substance abuse treatment for pregnant women and individuals with methamphetamine dependence**
 - Numbers Served – 249
- **Detoxification Services**
 - Numbers Served – 1,650
- **Gambling Services**
 - Numbers Served – 89

Community Behavioral Health

Title XIX Services– Substance Abuse:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY14 Budget	-	\$2,475,114	\$3,008,174	\$0	\$5,483,288

- **Medicaid funding for substance abuse services is limited to pregnant women & adolescents**
 - **Outpatient Services** – early intervention, assessment services, individual and group counseling
 - **Inpatient Services** – residential services that provide a medically-monitored and structured intensive treatment program
 - **Low Intensity Services** – services in a residential setting that include individual and group counseling, family counseling and education for family members, and case planning

Community Behavioral Health

Criminal Justice Initiative (CJI) – Substance Abuse:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$2,612,367	\$0	\$0	\$2,612,367

- **Substance abuse treatment services targeted to people in the criminal justice system**
 - Substance abuse services for 500 new individuals on probation and parole
 - Behavioral health assessment services
 - Substance abuse treatment services
 - Cognitive behavioral therapy to address criminal thinking
 - Rural pilot program
 - Substance abuse treatment services for 100 individuals

Community Behavioral Health

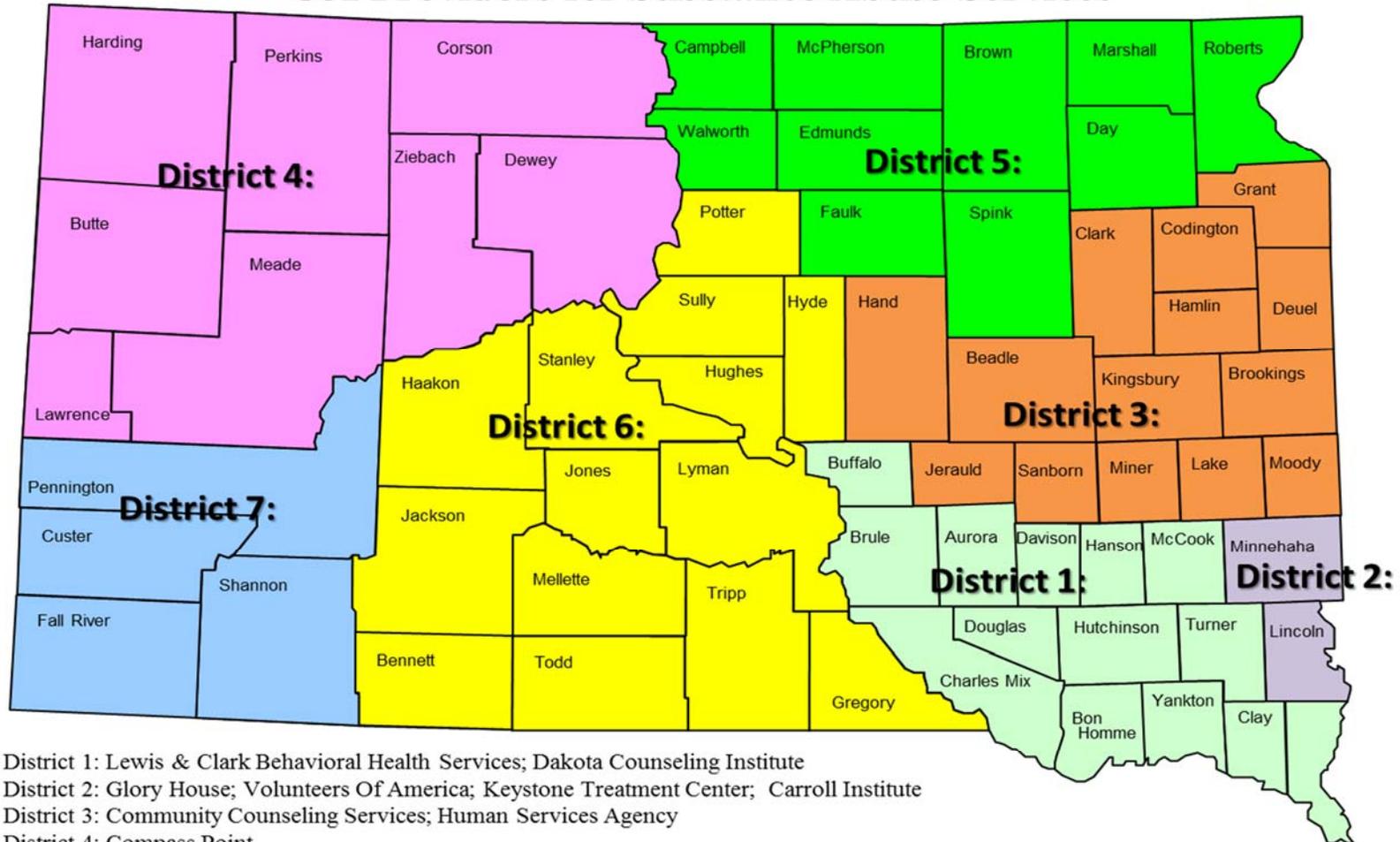
Criminal Justice Initiative (CJI) – Substance Abuse – continued:

- **Geographically targeted Request for Proposals were issued and RFP awards were announced in September**
 - Excellent response rate from providers
 - 13 RFPs were awarded for substance abuse treatment services
 - 3 RFPs were awarded for cognitive behavioral therapy/criminal thinking programming
 - Unable to select providers for the rural pilot based on RFP responses – will reissue the RFP
- **Extensive provider training on the evidence-based programming**
- **DSS worked with UJS and DOC to develop referral process**
- **Providers began accepting referrals in mid-November**

Community Behavioral Health

SD Public Safety Improvement Act:

CJI Providers for Substance Abuse Services

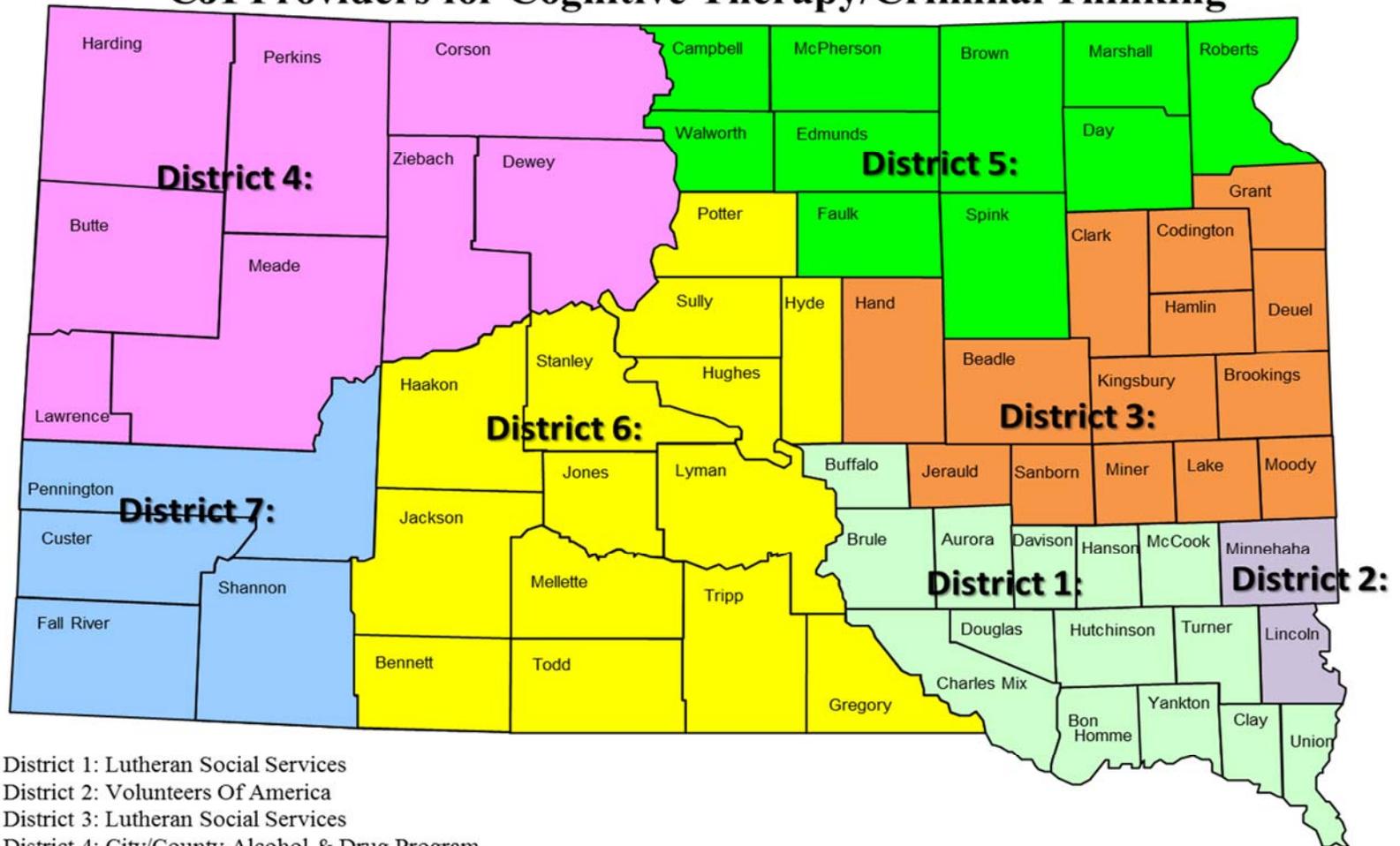


- District 1: Lewis & Clark Behavioral Health Services; Dakota Counseling Institute
- District 2: Glory House; Volunteers Of America; Keystone Treatment Center; Carroll Institute
- District 3: Community Counseling Services; Human Services Agency
- District 4: Compass Point
- District 5: Avera St. Lukes
- District 6: Capital Area Counseling
- District 7: City/County Alcohol & Drug Program; Addiction Recovery Center

Community Behavioral Health

SD Public Safety Improvement Act continued:

CJI Providers for Cognitive Therapy/Criminal Thinking



- District 1: Lutheran Social Services
- District 2: Volunteers Of America
- District 3: Lutheran Social Services
- District 4: City/County Alcohol & Drug Program
- District 5: VOA
- District 6: VOA
- District 7: City/County Alcohol & Drug Program

Community Behavioral Health

Prevention Services:

	FTE	General Funds	Federal Funds	Other Funds	Total Funds
FY 14 Budget	-	\$0	\$6,684,027	\$110,653	\$6,794,680

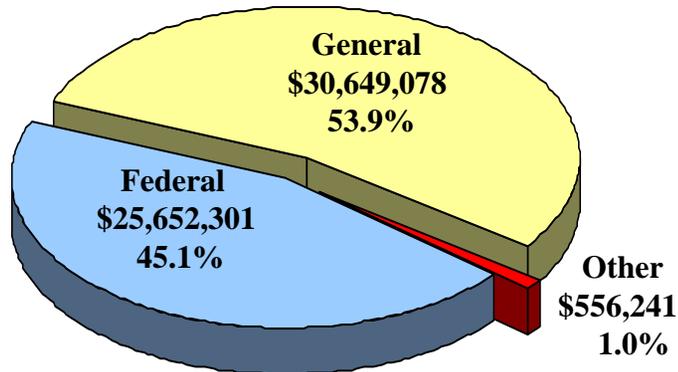
- **Prevention Services**

- 22 prevention coalitions/providers across the state
 - Provide direct prevention services
- 3 prevention resource centers
 - Provide training and assistance on evidence-based programs to the coalitions
- Evidence-based prevention services in communities and schools
 - Lifeskills Training (school based curriculum)
 - Project Success (school based curriculum)
 - Strengthening Families Program
 - Brief Alcohol Screening and Intervention for college students
 - American Indian Life Skills Development/Suni Lifeskills Development
- Tobacco compliance surveys of retailers selling tobacco products
 - Federal requirement to maintain compliance rate below 20%
 - SD's rate – 10.4%

Community Behavioral Health

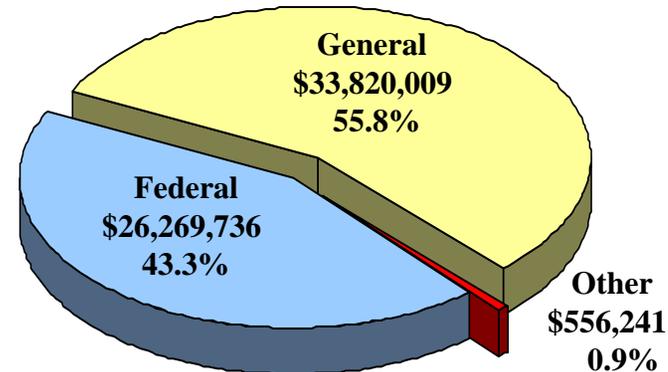
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$56,857,620 and 20.0 FTE

FY15 Recommended Budget



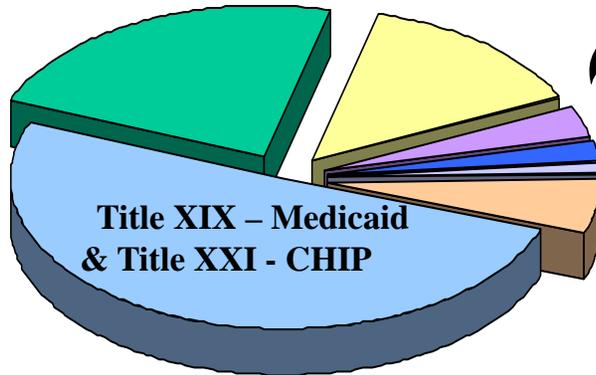
Total: \$60,645,986 and 20.0 FTE

MAJOR BUDGET INCREASES AND DECREASES

	GENERAL	FEDERAL	OTHER	TOTAL
FMAP - Federal Medical Assistance Percentage:	\$428,560	(\$428,560)	\$0	\$0
Inflation: Community Behavioral Health Providers, etc.	\$1,055,887	\$335,070	\$0	\$1,390,957
Adult CARE Waiting List (MH): Expansion to serve 94 adults on waiting lists.	\$148,999	\$32,139	\$0	\$181,138
IMPACT Program Expansion: Expansion to serve 60 individuals in northeast SD and expansion to serve 42 individuals in central SD.	\$1,145,513	\$521,221	\$0	\$1,666,734
IMPACT Transitions Program: Expansion to serve 12 individuals.	\$391,621	\$153,539	\$0	\$545,160
Other Reductions/Increases: Increases due to changes in bureau billings.	\$351	\$4,026	\$0	\$4,377
Totals:	\$3,170,931	\$617,435	\$0	\$3,788,366

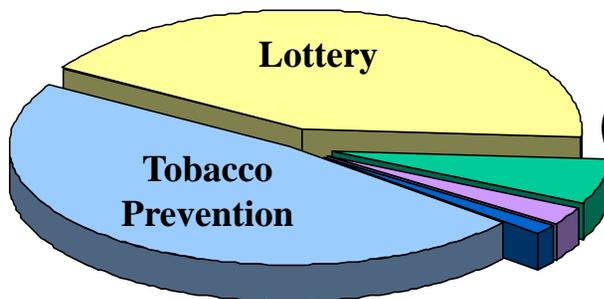
Community Behavioral Health FY15 Funding Sources

Federal Fund Sources – Total \$26,269,736



Medicaid & CHIP	50.54%
Substance Abuse Prevention & Treatment	22.69%
Strategic Prevention Framework	14.40%
Community Mental Health Block Grant	3.31%
TANF	2.04%
Projects for Assistance in Transition from Homelessness (PATH)	1.12%
Other Fund Sources	5.90%

Other Fund Sources – Total \$556,241



Tobacco Prevention	47.63%
Lottery	42.25%
Deadwood Gaming	6.29%
Alcohol & Drug Other	2.57%
QMHP Fees	1.26%

Correctional Behavioral Health

Who We Serve:

- **Inmates with mental health needs**
 - Approximately ½ of incoming inmates are assessed as having some degree of mental health issues
 - Approximately 1/3 of incoming inmates require on-going mental health supports
 - 3.6 % of the total inmate population is identified with a serious mental illness

Services Provided:

- **Mental health & substance abuse treatment services within the state's correctional facilities**

Service Delivery:

- **Within adult and juvenile correctional facilities in South Dakota**

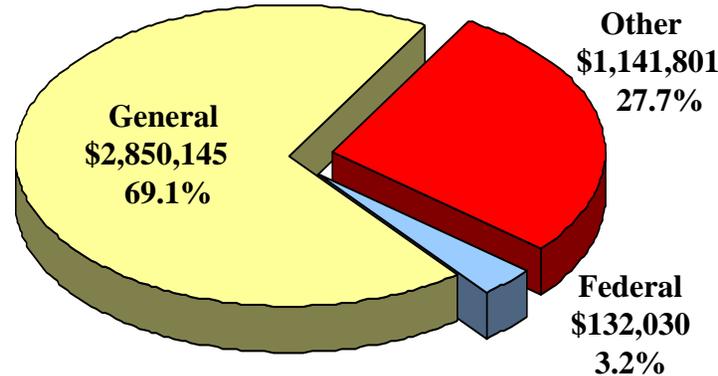
Correctional Behavioral Health

Services Provided:

- **Assessment and evaluation**
- **Crisis assessment and intervention**
- **Psychiatric services – contracted services**
- **Evidence based substance abuse treatment services**
- **Evidence based programs for individuals with mental illness**
- **Transition coordination for offenders with severe mental illness and/or substance abuse disorders when they return to the community**
- **Behavioral health training for staff who work in the correctional facilities**

Correctional Behavioral Health

FY14 Operating Budget:



Total: \$4,123,976 and 61.0 FTE

FY14 Major Budget Areas:

	FTE	General	Federal	Other	Total
Mental Health	17.0	\$400,003	\$0	\$1,141,801	\$1,541,804
Adult Facilities	15.0	\$194,991	\$0	\$1,141,801	\$1,336,792
Adolescent Facilities	2.0	\$205,012	\$0	\$0	\$205,012
Substance Abuse	44.0	\$2,450,142	\$132,030	\$0	\$2,582,172
Adult Facilities	35.0	\$2,037,621	\$0	\$0	\$2,037,621
Adolescent Facilities	9.0	\$412,521	\$132,030	\$0	\$544,551
Total Correctional Behavioral Health	61.0	\$2,850,145	\$132,030	\$1,141,801	\$4,123,976
Personal Services	61.0	\$2,344,070	\$125,075	\$859,362	\$3,328,507
Operating Expense	0.0	\$506,075	\$6,955	\$282,439	\$795,469
Total Correctional Behavioral Health	61.0	\$2,850,145	\$132,030	\$1,141,801	\$4,123,976

Correctional Behavioral Health

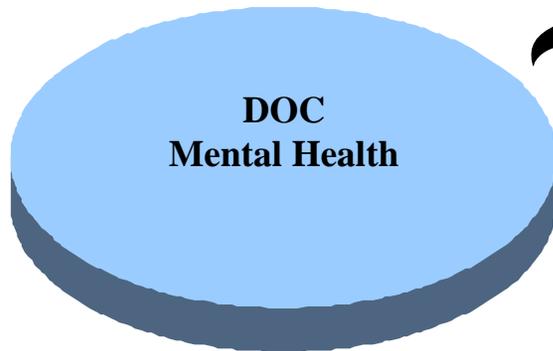
FY14 Funding Sources

Federal Fund Sources – Total \$132,030



Substance Abuse Treatment 100.00%

Other Fund Sources – Total \$1,141,801

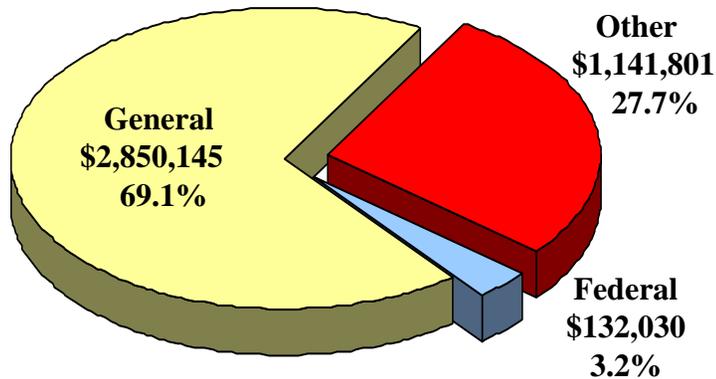


DOC Mental Health 100.00%

Correctional Behavioral Health

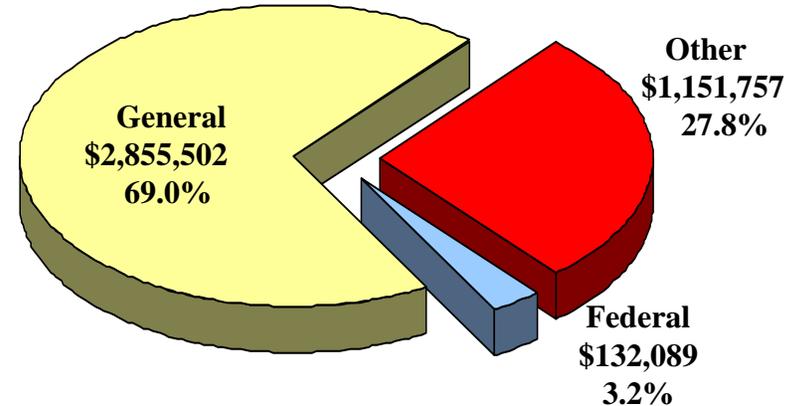
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$4,123,976 and 61.0 FTE

FY15 Recommended Budget



Total: \$4,139,348 and 61.0 FTE

MAJOR BUDGET INCREASES AND DECREASES	GENERAL	FEDERAL	OTHER	TOTAL
Inflation: Psychiatric Consultants.	\$1,439	\$0	\$9,690	\$11,129
Other Reductions/Increases: Increases due to changes in bureau billings.	\$3,918	\$59	\$266	\$4,243
Totals:	\$5,357	\$59	\$9,956	\$15,372

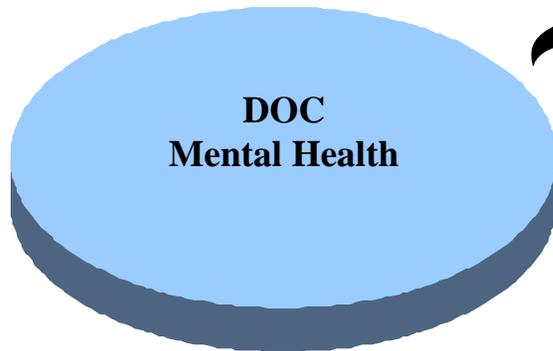
Correctional Behavioral Health FY15 Funding Sources

Federal Fund Sources – Total \$132,089



Substance Abuse Treatment 100.00%

Other Fund Sources – Total \$1,151,757



DOC Mental Health 100.00%

Department of Social Services

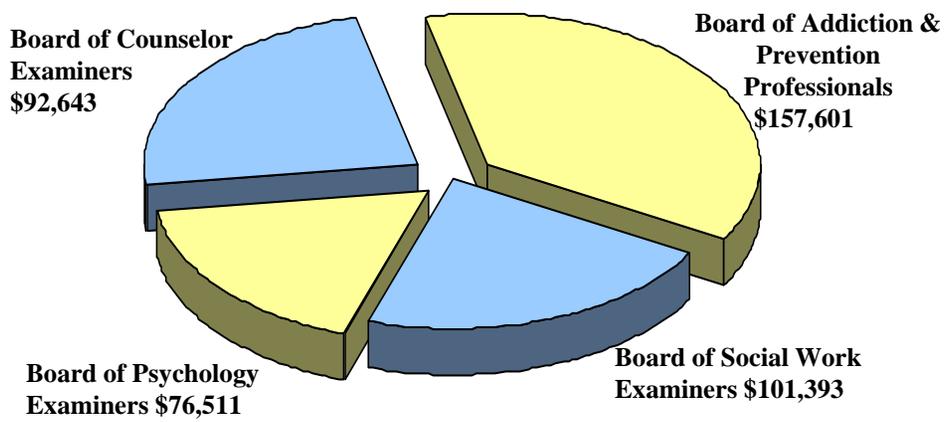


BOARDS - Informational

Boards - Informational

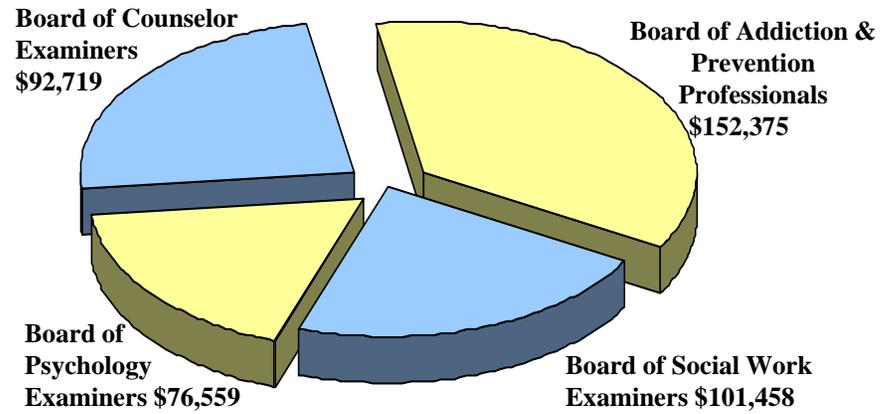
FY14 Budget Compared to FY15

FY14 Operating Budget



Total: \$428,148 and 1.3 FTE

FY15 Recommended Budget



Total: \$423,111 and 1.3 FTE

MAJOR BUDGET INCREASES AND DECREASES

	GENERAL	FEDERAL	OTHER	TOTAL
Board of Counselor Examiners: Increases due to changes in bureau billings.	\$0	\$0	\$76	\$76
Board of Psychology Examiners: Increases due to changes in bureau billings.	\$0	\$0	\$48	\$48
Board of Social Work Examiners: Increases due to changes in bureau billings.	\$0	\$0	\$65	\$65
Board of Addiction & Prevention Professionals: Reduction in contractual services and increases due to changes in bureau billings.	\$0	\$0	(\$5,226)	(\$5,226)
Totals:	\$0	\$0	(\$5,037)	(\$5,037)