

**Medicaid Work Requirements & Employment and Training Stakeholder
Workgroup Meeting Minutes
February 28, 2018
11:00 AM to 3:00 PM (CST)
Richard F. Kneip Building, Conference Room 3
700 Governors Drive, Pierre, SD**

Members Present: Sarah Aker, Kathy Bad Moccasin, Matthew Ballard, Cindy Dannenbring, Barb Garcia, Tiffany Howe, Carrie Johnson, Hannah Kagey, Sam Masten, Bill McEntaffer, Julie Miller, Sarah Petersen, Bill Snyder

Absent: Jerilyn Church, Terry Dosch, Senator Troy Heinert, Marcia Hultman, Eddie Johnson, Jr., Andy Szlvasi

Others Present: Chandra Calvert, Marilyn Kinsman, Laura Menning

Introductions

Bill Snyder welcomed members to the second Medicaid Work Requirements & Employment and Training Stakeholder Workgroup meeting and introductions were made.

Review Minutes from February 14, 2018 Meeting

Members reviewed and approved the minutes from the February 14, 2018 meeting.

Review Demographic Information (Refer to the *Work Requirement Demographics* handout.)

Sam Masten reviewed the Work Requirement Demographics handout with members. According to data collected regarding Minnehaha and Pennington counties, a total of 1,301 recipients will be impacted by the addition of a work component including 732 individuals (56%) in Minnehaha county and 569 individuals (44%) in Pennington county. Individuals identified are predominantly female (87%). Single parent households represent 91% of the population impacted while two parent households represent 9%. The average number of children in a household is two, with the number of children in a household ranging from one to nine. The information provided in the handout is exclusive to non-working individuals. The report will be filtered to display categorical data specific to Pennington county and categorical data specific to Minnehaha county separately and will be provided to workgroup members.

Child Care Services Overview (Refer to *Division of Child Care Services* PowerPoint.)

Carroll Forsch, Interim Director of Child Care Services (CCS) within the Department of Social Services and Laura Menning, Program Specialist, provided an overview of the services provided by CCS. The mission of CCS is to increase the availability, accessibility and quality of child care in South Dakota; assist Low Income Families (LIF) with their child care costs; provide leadership and financial assistance for quality child care; and work closely with the public in the implementation of the CCS State Plan. The

majority of funding for CCS to administer the licensing, subsidy and quality improvement components is provided through the Child Care and Development Fund (CCDF) along with State matching funds. Services provided by CCS include licensing and registering child care programs, providing professional development and training opportunities to child care providers, and providing assistance to families with their child care costs. To be eligible for child care assistance the applicant must reside in South Dakota, work or attend school a minimum of 80 hours per month, earning at least federal minimum wage. Children must be under age 13 or under age 19 if incapable of self-care. The amount of assistance is determined by the individual's income and household size. A 90 day job search period is allowable if the individual loses his/her job during the 12 month eligibility period. CCS data regarding the number of child care providers licensed per county within Minnehaha and Pennington counties will be provided to workgroup members.

Vocational Rehabilitation Services Overview (Refer to *Department of Human Services Division of Rehabilitation Services PowerPoint*; *DRS Map*; and *A Guide for Job Seekers* brochure.)

Eric Weiss, Director of the Division of Rehabilitation Services (DRS) within the Department of Human Services (DHS), provided an overview of vocational rehabilitation services. The mission of the Division of Rehabilitation Services is to assist individuals with disabilities to obtain employment, economic self-sufficiency, personal independence and full inclusion into society. The Vocational Rehabilitation (VR) program is the primary program in DRS; but, other services such as telecommunications services for the deaf or hard of hearing, independent living services through Centers for Independent Living, and attendant care services through the Assistive Daily Living Services Medicaid waiver are also provided by DRS. DRS is one of 80 vocational rehabilitation agencies in the country that has the responsibility to provide public vocational rehabilitation in the state. DRS is comprised of 38 counselors located within five districts and 11 offices. DRS staff are co-located with Department of Labor and Regulation (DLR) staff in eight of the 11 offices, including offices within the cities of Rapid City and Sioux Falls. Referrals to DRS are often self-referrals or referrals from a friend or family members (24%), high schools (18%), DLR (11%), or mental health providers (11%). Services are available to working adults (14+ through retirement age). Eligibility determinations are made by VR counselors. Counselors travel to meet with applicants in itinerant offices or other locations as needed.

To be eligible, an individual must have a disability that is a substantial impediment to employment, require vocational rehabilitation services to obtain or maintain employment, and be able to benefit from vocational rehabilitation services. The definition of a disability and the eligibility criteria can be different for separate programs. For example, an individual may not meet the criteria to be eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI); but, they may be eligible for vocational rehabilitation services. A comprehensive assessment is completed to determine the individual's interests and abilities and an individualized plan for employment is developed. All services are individualized according to the individual's needs and abilities, related to the individual's employment goal, agreed upon by both

the counselor and the individual, and authorized prior to being provided. All eligible individuals receive guidance and counseling services. Other services include job placement, job coaching, training (e.g. tuition and fees at a post-secondary school), transition services, and services provided by vocational rehabilitation counselors.

Technical School Services Overview (Refer to *Western Dakota Tech PowerPoint* and *Western Dakota Technical Institute 2015-2016 Placement Report by Clusters*.)

Tiffany Howe, Vice President for Teaching & Learning, Western Dakota Tech (WDT), and Chandra Calvert, WDT, provided members with an overview of services provided by WDT. WDT offers 28 academic programs. Recently, WDT was approved to offer associate degrees in the nursing program in addition to the practical nursing degree that is already offered.

In the last couple of years, WDT began offering the latest in high-fidelity patient simulation. Simulators are programmed to experience nearly any medical emergency. During a simulation event, the Medical Simulation Center looks like a hospital and mannequins talk back to students. Faculty members observe the simulations and debriefing sessions are held following the simulation to discuss what was done well and what could be improved upon. Simulation events create a mock production of mass casualty events (e.g. mock meth lab explosion), that involve patients, nurses, health information management, medical lab students, doctors, surgeons, law enforcement, etc. and allow students to receive hands on experience and the practice they need to build skills and confidence in their chosen field.

The Corporate Education Center at WDT serves over 1000 individuals each year offering a wide variety of non-credit classes, workshops and short-term training programs to help companies train employees and to help students to be successful in their careers. The most popular training class offered is professional truck driving (e.g. driving a semi).

According to the *Western Dakota Technical Institute 2015-2016 Placement Report by Clusters*, the average hourly salary following graduation is \$14.81; 95% of graduates are employed and 81% are employed in their chosen field.

Community Action Agencies Overview

Cindy Dannenbring, Executive Director, Inter-Lakes Community Action Partnership (ICAP), provided members with an overview of services provided by ICAP, a community-based non-profit organization that serves low-income families in a 14-county area in eastern South Dakota. Bright Futures is a program that assists families with children, persons over 62 or persons with a disability who want to increase their financial self-sufficiency through employment in order to maintain permanent housing, and to move toward self-sufficiency. The program is a collaborative effort between ICAP, Sioux Falls Community Development, and the Sioux Falls Housing and Redevelopment Commission. Bright Futures provides education and individualized case management. Participants can also receive assistance with the first month's rent, rental assistance, and a rent/damage guarantee with a participating landlord. Some homeless families need help with food, employment, and education in addition to needing a place to live. Heartland House, ICAP's Rapid Re-Housing Program for homeless families with

children, is available to help these families. To be eligible, families must have children living in the home, must be homeless and must commit to case management services. Families can generally receive up to 12 months of rental assistance, and pay rent based on their income. The goal for each of the participants is self-sufficiency and housing stabilization.

Sarah Petersen made the workgroup aware of a behavioral health screening and assessment tool that is available through the Texas Christian University Institute (TCU). TCU provides comprehensive screening and assessment tools online at <https://ibr.tcu.edu/overview/>.

Community Based Behavioral Health Overview (Refer to the *SD Community-Based Behavioral Healthcare Overview* PowerPoint.)

Terry Dosch, Executive Director, SD Council of Mental Health Centers and SD Council of Substance Abuse Directors, was unable to participate in the meeting; however, provided a PowerPoint of community based behavioral health services noting there are 11 Community Mental Health Centers located statewide in South Dakota that provide comprehensive outpatient behavioral health care, serving people with mental illness.

Indian Health Services (IHS) Overview

Kathy Bad Moccasin, Area Business Office Coordinator, Great Plains Area Indian Health Services, provided information about IHS services. Indian Health Services' Great Plains Area includes South Dakota, North Dakota, Nebraska and Iowa operating seven hospitals, six health centers and other smaller health stations and satellite clinics. Most IHS clinics are tribally operated; a few are urban clinics. Within each clinic/hospital, staff focus on finding alternate choices and resources for patients. There are approximately 129,000 unduplicated individuals who have been seen in the Great Plains Area IHS clinic/hospital within the last three years. Medicaid is the highest payer for IHS services; a little less than half of the patients served by IHS have Medicaid coverage. Direct care services can be provided anywhere across the nation to tribal members or descendants of federally recognized tribes. In limited circumstances, non-Indians may also be eligible for IHS services.

Barriers to employment for individuals on reservations may include remoteness of home location and transportation to jobs, availability of housing or employment on or near reservations, accessible and affordable child care, lack of telephones making it difficult for employers to contact potential employees, and cost-effective insurance offered through employers. Oftentimes, individuals may obtain single insurance coverage free but decline adding dependents due to the out of pocket cost for family health insurance coverage.

In the area of health promotion and disease prevention, the Department may want to consider utilizing the Physical Activity Kit (PAK). All reservations have been trained to use the PAK program which is a system for communities to use to encourage physical activity and healthy lifestyles. The PAK is based on best and promising practices to increase physical activity and get people back into healthy lifestyles. The PAK toolkit is

available online at <https://www.ihs.gov/hpdp/pak/>. An injury prevention program referred to as Tribal Injury Programs (TIP), focuses on monitoring elderly falls and motor vehicle accidents and how to prevent them. This program also promotes child safety by giving out child safety seats to expectant mothers. The IHS Scholarship, Extern and Intern Program focuses on providing scholarships to recruit health care professionals such as nurses, pharmacists, dentists, optometrists, and doctors.

Decision Points (Refer to the *Promoting Work; Promoting Health; and Support Services* handouts.)

Sarah Aker, Deputy Director, Division of Medical Services, Department of Social Services, reviewed proposed decision points with members relative to promoting work, promoting health and support services. The Department requested input from members regarding these proposed decision points for the waiver application:

- **Promoting Work:** The objective will be for individuals to obtain meaningful work (a job in the participant's desired field of employment commensurate with their qualifications and abilities).
 - The participant must work at least 80 hours per month or achieve monthly milestones in their individualized plan. South Dakota will continue to work with participants until they work 120 hours or more per month, have an income of at least 150% of the Federal Poverty Level, or lose Medicaid eligibility and choose to no longer participate.
 - New participants will be provided a three month period before they are required to begin achieving monthly milestones. Participants will be required to meet with a DLR employment specialist during the initial three month period to complete an employment assessment and create an individualized employment and training program specific to the individual's needs.
 - Training activities will include things such as: English as a second language; work; health insurance or financial literacy courses; disease management courses; healthy living courses; opioid and substance use disorder treatment; mental health treatment; high school education or equivalency; secondary education and training; job search; soft skills training; or volunteer work.
 - During the first month of non-compliance, a participant must work with a DLR employment specialist within 30 days of the first notice on non-compliance to establish a corrective action plan. During the second month of non-compliance, the participant must work with a DLR employment specialist within 30 days of the second notice of non-compliance to establish a corrective action plan and DSS is notified of non-compliance. During the third month of non-compliance, the participant is sent a 10 day timely notice of closure of their Medicaid eligibility. If there are additional instances of non-compliance, the participant is sent a 10 day timely notice of closure of the Medicaid eligibility. If a participant loses eligibility due to non-compliance, he/she may work with a DLR employment specialist to develop a corrective action plan within 30 days of closure to reinstate coverage. Failure to obtain reinstatement during this 30 day period will result in a 90-day ineligibility period of the participant's Medicaid coverage.

- **Promoting Health:** The program will help participants develop healthy habits and improve health outcomes while helping participants find meaningful work.
 - This will be done by focusing on improving health outcomes by increasing each participant's knowledge of healthy living and utilizing preventative services.
- **Support Services:** DLR will evaluate participants for Workforce Innovation and Opportunity Act (Title I) support services such as transportation, clothing and rent assistance.
 - DLR will also work with other agencies to form integrated resource teams to facilitate referrals to other community and support services.
 - Some individuals may qualify for premium assistance when TMB benefits expire. To qualify, the individual must be compliant with training and work requirements; have an income above the LIF limit, but below 100% of FPL; and the individual must have completed a well-adult visit and a preventative dental visit during the time he/she was enrolled in TMB coverage. Premium assistance will be provided for up to one year. When an individual no longer meets the criteria, he/she will no longer be eligible for premium assistance and will be referred to the federal Marketplace.

Workgroup members were in agreement that DSS is moving in the right direction regarding the addition of the proposed decision points within the waiver application. Members agreed that it is important to work with individuals on an individualized basis to determine strengths and weaknesses, identify barriers to success, and find solutions to make an individual successful in employment. A comprehensive screening and assessment tool will be necessary in addition to case management and tracking measurable outcomes.

It was suggested to add referral to vocational rehabilitation services to the list of support services. Discussion was held that lack of a phone is a barrier to some individuals for securing and maintaining employment; therefore, adding cell phones or Trak phones to the list of supportive services would be beneficial for individuals who do not have a phone. It was also suggested that there should be a strong correlation between training activities and work. For example, health insurance literacy courses would be vital to individuals as they transition from Medicaid to another health insurance plan. And finally, members agreed that messaging will be critically important for the success of the work component.

Next Steps and Next Meeting

The Department of Social Services will provide workgroup members with: 1) an updated *Work Requirement Demographics* report that displays categorical data specific to Pennington county and categorical data specific to Minnehaha county separately; 2) a report showing the number of Child Care Services' licensed providers within Minnehaha and Pennington counties.

Bill Snyder closed the meeting, thanking members for their participation and input. The Department will review stakeholder workgroup input received to date and if it is determined additional meetings of this workgroup are needed, a teleconference may be utilized in lieu of an in-person meeting.