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DSS
Strong Families - South Dakota's Foundation and Our Future

June 29, 2020

Joint Committee on Appropriations
Senator John Wiik
Representative Chris Karr
500 East Capitol Ave
Pierre, SD 57501

RE: Department of Social Services Primary Care/Prenatal Care Innovation Grants

Dear Senator Wiik and Representative Karr,

The Department of Social Services is pleased to submit its updated Report on Primary Care/Prenatal Care Innovation Grants to the Joint Committee on Appropriations. This report is provided pursuant to your May 22, 2019 Letter of Intent.

Items included within this report are:

- Grant Program Outline
- Intended Grant Outcomes
- Grant Application Process
- Successful Grant Award Criteria
- Summary of Each Grant Awardee including project and budget summaries and project outcomes to date.

DSS is in the process of establishing a website where all annual Innovation Grant reports will be posted. We look forward to reviewing the outcomes of the Primary Care/Prenatal Care Innovation Grants with you in the future.

Please do not hesitate to contact me with questions regarding this report.

Sincerely,

Laurie R. Gill
Cabinet Secretary
Department of Social Services

Primary Care and Prenatal Care Innovation Grant Report
Department of Social Services
January 16, 2020
Update: June 2020

GRANT APPLICATION PROCESS

The Department of Social Services (DSS) utilized a Request for Proposal process for selection of innovation grant projects to test evidence-based primary and prenatal care innovations focused on models that promote better health, improved care, and lower costs. Within prenatal care, the proposals seek to test evidence-based maternity care service approaches that enhance current care delivery and address medical, behavioral, and psychosocial factors that may be present during pregnancy and contribute to poor birth outcomes. Successful projects will be evaluated for statewide implementation following completion of the innovation grant period. The full RFP can be found in Attachment A.

DSS publicized the RFP publication to a variety of providers and stakeholders within the Medicaid program including Great Plains Tribal Chairman's Health Board, Urban Indian Health Board, Indian Health Service, Community Health Association of the Dakotas, the South Dakota Association of Healthcare Organizations, South Dakota State Medical Association, Community Based Providers Shared Savings Workgroup, DSS Budget Subcommittee, Medicaid Advisory Committee, Medicaid Tribal Consultation stakeholders, and South Dakota Medicaid Health Home Providers. The RFP was published on Open SD as well as on the DSS website.

DSS utilized the following schedule of activities following publication of the RFP on April 1, 2019.

RFP Publication	April 01, 2019
Letter of Intent to Respond Due	April 15, 2019[1]
Deadline for Submission of Written Inquiries	April 15, 2019[2]
Responses to Offeror Questions	April 29, 2019
Proposal Submission	May 20, 2019 5:00 PM (CDT)

DSS held calls with organizations that submitted a proposal on June 13-14. Proposals were scored in July 2019 and award decisions were announced in September 2019. Draft contracts were distributed for feedback from awardees in October 2019, and contracts were awarded in

[1] Note: DSS extended the Letter of Intent deadline to April 18, 2019 following severe weather-related events in April.

[2] Note: DSS extended the Written Inquiries deadline to April 18, 2019 following severe weather-related events in April.

November 2019. DSS held kick-off meetings with two awardees in December 2019 and one in January 2020.

GRANT AWARD CRITERIA

A team composed of five DSS staff scored proposals. Proposals were scored on a scale of one to five in the areas of:

- Project design which includes a description of the project goals, target population, and type/scope/duration of services.
- Evaluation and reporting including quality indicators to evaluate the impact of the proposal on better care, better health, and/or improved outcomes including utilization, patient satisfaction or experience description of proposed milestones improvements in the general health and wellbeing of the target population.
- Organizational capacity and operational management plan including a plan for staffing, supervision, and training.
- Funding sustainability and cost proposal that outlines the anticipated use of funds and on-going sustainability.

In total there were four organizations that submitted a proposal, of those four applications, three were awarded funding.

SELECTED GRANT PROJECTS AND PROJECT OUTCOMES

The three organizations that were awarded funding are Avera, The Center for Family Medicine, and Native Women's Health Care. Contracts for each organization began on November 1, 2019. Kick off meetings with each organization took place in December 2019 and January 2020, work on the contracts began in January 2020.

The following table summarizes each project, the innovation being tested, geographic target areas, outcomes and project budget.

	Summary	Innovation Being Tested	Geographic Target Areas	Outcomes	Budget Summary
Avera Health Before Baby	Helps pregnant women in South Dakota diagnosed with gestational diabetes by providing remote blood sugar monitoring, specialized test strips and video visits with a diabetic educator/ dietician. Patients will be supported AveraNow mobile application.	Non-traditional tele-health model testing correlation between use of technology for management of gestational diabetes improved birth outcomes. Pilot with I.H.S. to serve patients referred by I.H.S to the program in targeted areas.	Huron (Beadle County), Aberdeen (Brown County), parts of Sioux Falls (Minnehaha and Lincoln Counties) Aurora, Brule, Buffalo, Charles Mix, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Lyman, Miner, McCook, Sanborn, and minimum of one Indian Health Service site yet to be finalized.	Improve access to OB care and treatment of gestational diabetes. Reduce the number of c-sections, birth complications, and infant/mother mortality. Increase rates of healthy birth weight babies and the number of babies who are delivered at full term.	The total grant amount for Avera is $330,000. Funding will be used to: •Purchase supplies and equipment for patient's self-management of diabetes. •Hire a nurse navigator/education coordinator. •Provide the Avera Now telehealth services.
Native Women's Health Care (OST) Prenatal/Primary Care Integration with Behavioral Health and Community Health Worker services	Helps patients by linking primary and prenatal services to behavioral health services. Leverages comprehensive care team including primary care, behavioral health, and community health workers.	Use of comprehensive care team to manage both physical and behavioral health will improve rates of substance use disorder (SUD) screening and treatment adherence. Tests pregnancy as a qualifying condition for Medicaid health home services.	Rapid City Area	Improved adherence rates for SUD treatment, increased screening, preventive, and primary/prenatal care. Increase the number of qualified behavioral health staff Increase in the number of women who are accessing prenatal services, wellness	The final grant amount for the Native Women's Health Care is $333,000. Grant funding will be used to: •Arrange transportation services for high-risk patients. •Purchase technology including iPads and specialized software for case managers.

	Summary	Innovation Being Tested	Geographic Target Areas	Outcomes	Budget Summary
				checks, and behavioral health services.	•Support accreditation for day treatment and residential treatment services.
Center for Family Medicine-Providing Enhanced Cost-Effective Prenatal Care to Rural and Underserved Patients of South Dakota	Provides patients with a birth center/pregnancy health home approach to provide full array of prenatal and postnatal care. This project will also train family medicine resident physicians in innovative, evidence-based prenatal care models.	Testing if application of health home model and use of technology to deliver patient education results in improved health outcomes.	Sioux Falls, Pierre	Improved screening services for those with increased risk for gestational diabetes and preeclampsia. Decreased rates of prenatal hospitalization and c-section, pre-term delivery, NICU stays, and other complications. Increased rates of contraception during the interconception period, patients breastfeeding, and interpregnancy interval.	The total grant amount for Center for Family Medicine is $333,000. The grant will be used to: •Hire a nurse case manager, physician, and other care team members. •Purchase home blood pressure and other monitoring equipment that links to electronic health record. •Secure transportation to appointments. •Purchase equipment.

GRANT OUTCOMES

Utilizing standard reporting guidelines, DSS will test each of the innovation projects and evaluate metrics to ensure the projects correlate with the expected outcomes. Through the three grant projects, DSS expects to see improved access to care and positive health outcomes for women living in areas of the state served by the grant projects. Expected health outcomes include improved rates of preventative primary care, improved rates of prenatal care visits, fewer infant hospitalizations for preventable conditions, and fewer c-section deliveries. A complete list of metrics and reporting criteria for each project is located in Attachment B. With the evidence gathered from the three projects, DSS will evaluate expanding the use of innovative service methods for statewide implementation within the Medicaid program.

Each project is required to submit a quarterly report utilizing the standardized reporting guide created by DSS. Reports are due by January 31, April 30, July 31, and October 31 each year. DSS will report grant outcomes including number of individuals served and other data for the first year when a full calendar year of data is available.

Grant Updates

Grants commenced on January 1, 2020. Quarter 1 of 2020 data was due for all grant recipients on April 30, 2020.

Avera Health Before Baby

The Before Baby project is an expansion of a previous Avera project; through the innovation grant Avera will expand the number of communities where the service is available. Throughout the first quarter Avera was able to offer the Before Baby program in 12 South Dakota counties. Many of the women served through the program were provided support to be able to self-manage their gestational diabetes without the intervention of insulin. Those who were not able to manage without insulin were referred to maternal and fetal medicine for insulin management support.

In March 2020 Avera hired an eGDM (e-care gestational diabetes mellitus) Clinical Coordinator/Community Liaison to support women utilizing the program and assist with efforts to expand services to other communities. Avera has meetings scheduled for quarter two of the project to plan expansion to Indian Health Service (IHS) locations.

Avera sites that were delivering services through the Before Baby project before the COVID-19 Public Health Emergency continue to be fully operational and are accepting new referrals. Expansion to other rural counties has been directly impacted by the COVID-19 Public Health Emergency (PHE). Many providers in these locations are working to address COVID-19 and changes to their practice and delayed implementation of new programs like the Before Baby project. During the first quarter Avera saw a decrease in the number of overall referrals to their program due to COVID-19 and the subsequent reduction across the system in patient/provider interactions. As part of the state COVID-19 response, the restriction on telemedicine services for recipients and providers located in the same community was temporarily lifted. As a result, Avera has been able to serve women in the Before Baby project who would not have otherwise been eligible to receive the telemedicine components of the program.

Native Women's Health Care

During quarter one of the Innovation Grant, Native Women's Health Care (NWHC) continued to work on Medicaid provider enrollment for community health worker services, community transportation, and behavioral health services. NWHC has been approved as a Medicaid provider for community health worker and community transportation services. In addition, NWHC has worked with the Division of Behavioral Health in the Department of Social Services to complete state accreditation for their substance use disorder program in order to enroll as a Medicaid provider. As a result of the COVID-19 public health emergency, the onsite review for state accreditation was postponed. NWHC is working with the Division of Behavioral Health to complete a provisional remote accreditation until an onsite review can be rescheduled.

NWHC has developed a policy for tracking and making referrals between the three focus areas of their grant, behavioral health, community health worker, and obstetric services to ensure that patients are receiving necessary services and supports between the three programs.

NWHC continues to work with IHS to address their data collection software and to ensure that the program can report the required data to track progress and outcomes related to the innovation grant.

Center for Family Medicine

The Center for Family Medicine (CFM) is implementing their innovation grant project in stages. During quarter one CFM began utilizing the ride sharing service Lyft to arrange transportation to and from appointments for patients. CFM continues to build technological capacity by developing an app for completing patient risk assessments, developing video content to help educate patients on a variety of prenatal topics, and upgrading clinic equipment. CFM has also made progress on becoming a Health Home provider and testing pregnancy as a qualifying condition for Health Home services. CFM's Health Home application has been submitted and was approved by DSS to start as a Health Home on July 1, 2020.CFM will participate in trainings for the Health Home program in June 2020.

In response to the COVID-19 public health emergency, CFM transitioned to providing more services via telemedicine to allow patients to practice social distancing. CFM notes a reduction in the number of missed appointments with the use of telemedicine. CFM will continue to monitor and evaluate the use of telemedicine during and after the PHE. Some planned grant activities such as hiring additional staff have been postponed as a result of COVID-19.

Grant Expenditures

Fiscal Year	Expenditures	Grant Funds Remaining
2020	$38,006.51	$960,993.50