

**South Dakota Department of Social Services  
Medicaid Tribal Consultation Meeting  
Thursday, January 4, 2018  
1:00 – 3:00 p.m. CT  
Drifter's  
325 Hustan Avenue  
Fort Pierre, SD 57532**

**I. Welcome and Introductions**

William Snyder, Director, Division of Medical Services, welcomed those in attendance. Participants introduced themselves.

**II. Prayer**

**III. Review Minutes and Updates from April 5, 2017 Meeting**

Minutes from the **October 5, 2017** meeting were distributed to the Tribal Consultation group. The minutes and related handouts are also posted on the Medicaid Tribal Consultation website at <http://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx>.

Don Lee asked if there was any follow up from the previous meeting. Eddie Johnson Jr. asked if IHS data was included in the SUD data presented at the last meeting. Sarah Aker indicated she would outreach the Division of Behavioral Health for that information.

**IV. Quarterly Report of Tribal Medicaid Expenditures**

The Quarterly Report was posted on the Department's website at <http://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx>.

**V. HCBS Waiver Updates**

Misty Black Bear overviewed the LTSS HOPE Waiver and the HOPE waiver amendment to add Transition Case Management and Shared Living Homes to the HOPE waiver. Eddie asked about certification requirements for providing HCBS services. Misty indicated that the certification depends on the service being provided. Assisted Living services require assisted living licensure from the South Dakota Department of Health; most services do not have specific licensure required, but providers do need to meet certain standards when enrolling as a provider and on an ongoing basis. Christine Olson asked what nutritional supplements are covered. Misty said that all nutritional supplements require a physician order, but coverage can include products like Boost. Tiffany Larson asked if a physician order is required for the care plan. Misty noted that the waiver has removed the requirement for a physician order for the level of care, but LTSS staff still obtain a referral for

nursing and nutritional supplements and to obtain billing information for waiver providers. Bonnie Cromwell asked if the services were free to the Medicaid recipient. Misty said that most individuals do not have a copay, but in some rare instances, some individuals may have to participate in the cost of care due to their income. John Eagle Shield asked how the transition case manager would be identified. Misty noted that the person could choose a case manager from a Medicaid enrolled provider.

Colin Hutchison overviewed the CHOICES waiver and the CHOICES waiver renewal including case management, prevocational services, and updates to residential services, and group supported employment. Bill Snyder asked Colin to describe supportive employment. Colin noted that the provider supports both the person and the employer to eliminate barriers to employing or keeping an individual employed. Christine asked about the sources of data used by the waiver for quality assurance. Colin noted that their Quality Assurance manager looks at National Indicator information, as well as Council on Quality and Leadership (CQL) accreditation data and state data to monitor and report on quality measures for the waiver.

## **VI. State Plan Amendment Report**

Sarah Aker provided an update regarding state plan amendments (SPAs). SPA information is also available on the DSS website <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>

Jonni Arpan asked if any benefits have changed as a result of the CHIP Mental Health Parity SPA. Sarah responded that nothing has changed for benefits, but South Dakota was required to submit a SPA assuring that it meets the federal mental health parity requirements.

## **VII. Health Care Solutions Coalition Update**

Bill Snyder gave an update about the work of the Health Care Solutions Coalition. The Coalition has recommended moving forward with care coordination agreements to fund the coalition recommendations which include developing a Community Health Worker Program in Medicaid, adding licensed marriage and family therapists, and CSW working toward PIP and LPC working toward MH as Medicaid providers, covering substance use disorder services for adults currently eligible for Medicaid, and funding innovation grants for primary and prenatal care. If there are additional savings, the state plans to share savings with providers. Don Lee asked if the policy change has resulted in substantial savings. Bill noted that it can result in substantial savings. Sanford Health, Avera Health, and Regional Health have executed agreements with IHS for care coordination and the state has begun generating savings. Don said that he noted in the October minutes that Urban Indian was not eligible for the received through policy. Sarah confirmed that CMS did not include Urban Indian in the guidance and offered to send Don the guidance. Bill noted that work continues to move forward with the recommendations and the SUD services for all adults will be implemented

first. Sarah said that the implementation will involve an 1115 waiver to request an exception to the federal exclusion of Institutions for Mental Disease (IMD) over 16 beds for Medicaid adults. More information about the IMD waiver is expected to be shared at the April meeting.

Bonnie Cromwell asked if the care coordination agreements cover all physicians in the health system. Yes, all providers that are part of the entity are covered by the agreement. Tiffany asked if the care coordination agreements apply to the Bismarck or North Dakota facilities. Yes, the agreements apply to the out of state facilities owned by the entity as well. Christine asked how telehealth fits under a care coordination agreement. Sarah explained that the IHS RFP for telehealth services contemplates IHS billing Medicaid for all services and then reimbursing Avera Health for services. In that case, a care coordination agreement is not needed since IHS is directly billing for the service.

### **VIII. Other DSS Updates**

Bill Snyder and Carrie Johnson shared that the governor will announce in his state of the state address next week that South Dakota will apply for an 1115 waiver to implement work requirements for Medicaid adults. The waiver will affect about 4,500 individuals statewide, but the plan is to start with a pilot in Sioux Falls and Rapid City. At this point, a lot of details about the waiver are unknown, but the state will be forming a workgroup to shape the details of the waiver request and design a waiver that works for South Dakota. DSS will partner with the South Dakota Department of Labor for work requirements. DSS plans to implement a voluntary participation in July 2018 and move towards the pilot implementation as the 1115 waiver is approved. Carrie also noted that the workgroup will consider transition assistance such as child care, premium assistance, and other personalized supports to address work. Sarah noted that DSS is seeking participation for the workgroup and asked members present if anyone was interested in serving on the workgroup. Individuals can contact Sarah after the meeting if they are interested in serving on the workgroup.

### **IX. Tribal Reports**

Sisseton reported no updates.

John Eagle Shield reported Standing Rock's updates. The tribe is working with North Dakota on Targeted Case Management assessment for HCBS services. After they have completed work on the targeted case management, the tribe plans to get involved with providing HCBS services. John noted he is interested in the transitional case management described by the waivers at today's meeting. He noted that there is a lot of work to do, but that they expect to be more involved and want to provide services. He also applauded Sisseton for their update from the October meeting related to their work on a Domestic Violence grant.

Kim Clown gave an update for Cheyenne River. They are continuing work with their assisted living facility. She noted that 60% of the residents qualify for Medicaid at the facility and that she works with the HOPE waiver.

Damon Leader Charge reported that he is the new Tribal Health Director for Rosebud and is still learning his new role. Rosebud noted that they are investigating some possible concerns at their nursing facility. Damon also noted that they would share information with Standing Rock regarding the White Buffalo Center.

Christine Olson reported that Lower Brule is working on home health billing for the LTSS HOPE waiver. Ellen Durkin reported that Lower Brule attended the IHS Zero Suicide Initiative and that it was helpful for starting work. Ellen noted that they are starting with building groundwork by strengthening their relationship with the IHS clinic. Ellen offered that Lower Brule is willing to help other tribes that are beginning to bill for mental health services.

Don Lee reported for South Dakota Urban Indian Health. Don noted that he is new to Urban Indian, and is still learning a lot. Don noted that he has been reviewing national legislation and how it applies to Urban Indian Health and that they are evaluating ways to get Urban Indian more funding to expand services. Eddie Johnson Jr. asked Beth Lee if that is something Great Plains Tribal Chairman's Health Board and Jerilyn could work on.

## **X. Tentative Meeting Schedule**

- April 5
- July
- October

Rosebud offered to host the April meeting. Sarah noted that she would follow up with Damon after the meeting to schedule the April meeting. Beth Lee also offered that Great Plains Tribal Chairman's Health Board would also host in the future and noted that they are moving to a new location in Rapid City. The group suggested combining the Fall meeting with the Great Plains Fall meeting.

## **XI. Adjournment**