

**South Dakota Department of Social Services
Medicaid Tribal Consultation Meeting
Thursday, April 5, 2018
11:00 – 2:00 p.m. CT
Rosebud Casino
30421 US-83
Valentine, NE 69201**

I. Welcome and Introductions

William Snyder, Director, Division of Medical Services, welcomed those in attendance. Participants introduced themselves. Bill thanked Damon Leader Charge for organizing the meeting and the Rosebud Sioux Tribe for hosting and providing lunch.

II. Prayer

III. Review Minutes and Updates from January 2018 Meeting

Minutes from the **January 2018** 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>.

The group asked questions about enrolling and billing for Non Emergency Medical Travel and community transportation. The group agreed to include those topics on the next

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. 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>

VI. IHS Telehealth Update

Dr. Patrick Fulton gave an update about the IHS telehealth program. IHS has had 923 telehealth emergency department visits since January. Eddie Johnson Jr. asked if other facilities are set up. Dr. Fulton indicated that other facilities are set up, but not all facilities are fully utilizing the technology but IHS is working with hospitals and clinics to implement the technology. Sarah

asked when specialty services went live. Services went live through a gradual roll out. Dr. Fulton indicated the benefit for emergency department telehealth is adding another member to the health care team as a safety net and that the emergency department support can assist with EMS transport to high levels of care when needed. Utilization of the service is increasing. Bill asked if someone's appointment is scheduled faster through telehealth than through traditional delivery. Dr. Fulton indicated that it can take months to get someone an appointment with some specialties and that telehealth has shortened that timeframe to 1-4 weeks. IHS is hoping to see more robust utilization of telehealth, specifically for behavioral health and suicide prevention. Eddie asked if a Community Health Representative (CHR) does a home visit, if telehealth could be used to connect to a physician. Telehealth could be utilized for that type of visit in the future. Eddie asked if Sisseton was making an attempt to utilize the technology. Dr. Fulton indicated that IHS is working with Sisseton, but that he didn't know when the technology would be fully functional. Implementation started with hospitals. Eddie commented that more clinics need telehealth technology and that he wants to see increased utilization in clinics and not hospitals. Dr. Fulton noted that telehealth implementation started with hospitals and then moved to clinics. Eddie asked about the length of the contract. The contract is about 15 months into implementation. Delores Poutier asked about the billing for telehealth services. Sarah explained that IHS directly bills for telehealth services and then reimburses Avera through their contract. All of the telehealth providers are credentialed as IHS providers. Dr. Fulton indicated that Avera has assisted with the paperwork and stepped up to ensure that the physicians are enrolled with Medicaid.

VII. Medicaid Work Requirements 1115 Waiver

Bill Snyder reviewed the plan to implement a work requirements waiver in South Dakota in Minnehaha and Pennington counties. Damon Leader Charge asked about the state's position on tribes. Bill noted that tribal members living in Pennington and Minnehaha counties are included in the waiver's target population. Damon noted that other states such as Arizona, Arkansas, and Utah have granted exemptions to tribes. Damon said that although the services and the community engagement sound like a good program, the program should be voluntary for tribal members. The group asked how many individuals in the target population are tribal members. 30% of the 1,300 individuals in the target population are American Indian. Margaret Bad Warrior asked if this was the first time it was discussed with tribal consultation. The waiver concept was discussed at the January meeting in Fort Pierre and tribal members were invited to be part of the stakeholder workgroup that provided input to the draft waiver. Margaret Bad Warrior indicated that Cheyenne River Sioux Tribe will oppose the waiver due to the impact on tribal members living off the reservation. She noted these individuals often struggle to live in this environment and that since the state reneged on the promise to expand Medicaid the tribe will oppose the waiver when it goes to CMS and will work with Great Plains Tribal Chairman's Health

Board to oppose the waiver. Damon Leader Charge indicated that Rosebud would oppose the waiver as well.

The group asked if an individual will lose their Medicaid if they cannot find work. Sarah and Bill talked about the individualized plan for employment. Many activities can count as work; the waiver is designed to take into account each individual's circumstances in relation to employment. The group asked if the waiver would go after an individual's home. No, the waiver would not go after an individual's home. The group asked if American Indians can be exempt. Bill noted that approval of exemptions is up to the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS). At this point, HHS does not believe they can support exemptions based on race. Bill noted that the waiver is starting small and is focused on ensuring success for the individuals eligible for the waiver. Margaret Bad Warrior noted that she believes the waiver to be coercive because it is mandatory for the Lakota people and that individuals may walk away and not engage in Medicaid due to the waiver. She further noted that there is not an understanding of economic activities that happen outside of employment in many tribal communities. She shared a story when a woman who was qualified for work but was visibly dark-skinned was told that the position was filled. She believes the waiver will put individuals into a bad situation. Bill thanked her for her comments and noted that the definition of work and activities that meet the requirements of work is broadly defined to consider non-traditional definitions of employment. The group asked where DSS is at in the process. DSS is still finalizing the draft waiver. After the waiver is finalized, it will go out for a 30 day public comment period. DSS anticipates the public comment period will occur in May.

VIII. Health Care Solutions Coalition Update

Bill Snyder gave an update about the work of the Health Care Solutions Coalition. Margaret Bad Warrior asked if the expanded services will require a State Plan Amendment. Sarah explained that DSS plans to submit a State Plan Amendment for SUD services by July 1. The group asked if alcoholism will be considered a diagnosis. Yes, alcoholism is a valid SUD diagnosis.

IX. Behavioral Health Update

Melanie Boetel reviewed the accreditation process for becoming an SUD provider. Bonnie Cromwell asked if the accreditation process would change with the new coverage of SUD. No, the process will not change. Ed Parcell asked if the provider agreement for becoming an enrolled provider has changed. No, the provider agreement is required. Ed asked if the agreement requires that disputes be settled in state court. Yes, the provider agreement contains language noting how disputes will be resolved.

Melanie described the suicide prevention stats. She noted that <http://sdsuicideprevention.org/> is a website with many resources for suicide prevention, including a toolkit with resources for suicide prevention.

X. Other DSS Updates

Sarah Aker reviewed upcoming changes to prescriptions for opioids and dental one pagers that the state developed with Delta Dental.

XI. Tribal Reports

Ellen Durkin from Lower Brule offered to follow-up at the next tribal consultation meeting to discuss Lower Brule's 638 program for behavioral health. She previously met with Rosebud about third party billing to share information. Ed Parcell mentioned that Rosebud still has two issues with third party billing. The agreement would require the tribe to serve non-Indians and that tribal sovereignty would be compromised by signing the provider agreement. Ellen indicated that Lower Brule has never had an issue where tribal sovereignty has been challenged, although she agreed that every tribe is different. She noted that Medicaid is a helpful funding source and that she will be on the July agenda to discuss their program, challenges, and other things they have tried. Eddie asked what their program encompasses. Ellen said their program operates separately from IHS and bills for outpatient psychotherapy.

Margaret Bad Warrior noted that their tribe is trying to implement peer and family support services and brought a letter to initiate that process with the state.

Damon Leader Charge indicated that they have learned about the importance of third party billing. The tribe is forming a vision and third party billing has risen to the top as a priority for the tribe.

Eddie reported that he brought Marlys and Jenny to the meeting to make sure that Sisseton is capturing as much revenue from third party billing as available.

XII. 2018 Meeting Schedule

- July 12, 2018: Pierre, SD
- October 4, 2018: Tribe Hosted

The July meeting will take place in Pierre, South Dakota. The Cheyenne River Sioux Tribe offered to host the October meeting.

XIII. Adjournment