

**South Dakota Department of Social Services
Medicaid Tribal Consultation Meeting
Thursday, April 9, 2015
10 a.m. – 3 p.m. (CST)
Ramkota
Pierre, SD**

I. Welcome and Introductions

Ann Schwartz, Deputy Director of the Division of Medical Services, welcomed those in attendance. Those participating introduced themselves.

II. Prayer

Randall White led the prayer.

III. Review Minutes and Updates from January 8, 2015 Meeting

Ann Schwartz indicated that the minutes from the last meeting were distributed and have been posted to the DSS Tribal Consultation website - <http://dss.sd.gov/tribalconsultation/index.asp>. There were no updates to the minutes.

IV. Economic Assistance Update

Carrie Johnson, Director, Division of Economic Assistance, provided an update on the federally facilitated marketplace (FFM) applications. 30,750 applications have been received for South Dakota. 4,881 of those have been referred to DSS for a Medicaid review/determination. 6% of those reviewed by South Dakota were for Native Americans.

Those determined not eligible did so for a variety of reasons, including over income, no eligibility category available to them, they didn't provide documentation, they withdrew their application, or they were referred to the long term care application process. While DSS knows who submitted applications, DSS does not know how many people who are found not eligible for Medicaid go back to the FFM and obtain coverage or if they qualified for subsidies.

DSS has consistently been able to process applications within 2-3 weeks, which is much shorter than other states. Some determinations are relatively easy because there is not a coverage group available to the individual.

The group discussed the impact expansion would have on the people who are not eligible because there is no program available.

The group also discussed other income and the impact of other income, including royalties, non-taxable income, and per capita payments, on Medicaid eligibility.

One barrier identified is that people don't want to pay or collect child support. Carrie clarified that child support will not impact a child's application, but may have an impact on the custodial parent's eligibility. Pregnant women do not have to complete information about child support as part of the application process. The child would be covered after delivery.

Carrie recommended having a Medicaid Eligibility 101 presentation at the next meeting. Additionally, regional DSS staff can be connected with I.H.S. and other facilities if there are additional questions or a facility would like on-site education. Urban Indian Health indicated they would be willing to broadcast information about eligibility in their waiting rooms.

Tinka Duran indicated that the Great Plains Tribal Chairman's Health Board is holding their annual summit on July 8 and 9 and she offered to check the agenda and provide information about how EA or DSS could participate in the Summit. It was also suggested that the next Tribal Consultation meeting be held in Spearfish to correspond with the Summit. .

V. Legislative Session Update:

Brenda Tidball-Zeltinger, Deputy Secretary, provided the legislative update.

Medicaid Expansion:

During 2015 session, a group of stakeholders - legislators, Governor's Office staff, the Department of Tribal Relations, the Community Health Association of the Dakotas, and others gathered to discuss Medicaid expansion. The State continues to explore the opportunity and funding impacts, as well as challenges at the federal level. There is specific interest in exploring the possibility of expanding services where I.H.S. and Medicaid funding intersect, including the spending related to Native Americans who are eligible for services through I.H.S but access their healthcare elsewhere in order to maximize services that are funded at the 100% FMAP. This could potentially help build capacity in other areas. CMS has indicated they are going to be flexible to help states explore expansion. The next step is to continue the discussion with CMS and ascertain their interest in this approach. If they are not supportive, the State will need to step back and evaluate other options.

Representatives from Standing Rock Sioux Tribe feel there should be opportunity to receive reimbursement for community health representatives (CHRs). North Dakota has begun reimbursing for these services. Brenda indicated that there have been previous meetings between the states of North

Dakota and South Dakota and tribal representatives regarding this possibility. South Dakota will reach out to North Dakota Medicaid to understand how they are structuring the program. Other participants indicated they are also interested in exploring this possibility. .

Legislative update

DSS initiated two bills during the 2915 session. Neither bill was related to Medicaid. DSS also focused on the FY16 budget appropriation. Programmatically DSS has experienced decreases in the numbers of people accessing services within DSS. There was a slight increase during open enrollment, but prior to that there were nominal or negative growth trends. There were some changes relative to Non-Emergency Medical Transportation (NEMT) reimbursement rates that were effective January 1. NEMT reimbursement rates are driven by state rates for state employees. Changes to state rates are applied to NEMT reimbursements. Funding for the Health Homes program continued.

VI. Medicaid State Plan Amendment Update

Ann Schwartz provided a State Plan Amendment (SPA) update. *When SPAs are being prepared for submission to CMS, they are distributed for a 30-day Tribal Consultation and Public Notice period. They are distributed by email and are also posted on the DSS website at <http://dss.sd.gov/medicalservices/medicaidstateplan/index.asp>.

VII. Home and Community-Based Services Transition Plan Update

The South Dakota Statewide HCBS Transition Plan was submitted to CMS on March 12, 2015. DSS is awaiting feedback from CMS. The full Transition Plan is posted on the DSS website at <http://dss.sd.gov/medicaid/hcbs.aspx>.

VIII. Impacts of Public Health Nursing billing change

Dayle Knutson provided an update on the PHN program within. I/H.S. sought approval from the state to bill Medicaid for services that were being provided by public health nurses. The implementation process included identification of services being provided by public health nurses that were already covered by Medicaid for other provider types, writing of policies, and systems testing. This is an example of a success that resulted from the Medicaid Tribal Consultation meetings. The I.H.S. goal is to expand the provision of PHN services in South Dakota so additional funding can be leveraged.

There is an opportunity to explore other situations where this 100% funding can be leveraged. DSS has experienced flexibility from CMS regarding where services need to occur to obtain 100% federal funding.

IX. Health Home implementation Update

Nancy Haugen provided a presentation on the background and implementation of the Health Home program at I.H.S.

X. Quarterly Report of Tribal Medicaid Expenditures

Lori Lawson, Deputy Director, Division of Medical Services reviewed the quarterly report of I.H.S. and tribal Medicaid expenditures.

XI. Tribal Reports (from members present)

GPTCHB – reported that open enrollment numbers for the last period have been released. The report is organized by zip code. The GPTCHB has pulled out the ND and SD numbers and they can make that available as desired.

Urban Indian Health is exploring the opportunity for paying premiums. A tribe in SD purchased insurance for all of their employees through the FFM. UIH is in the application process for NCQA accreditation

XII. Next Meeting – July 9, 2015

The next meeting will be held July 9, 2015. Location may be changed to Spearfish to coincide with the GPTCHB Summit. Agenda items can be submitted to Ann Schwartz at ann.schwartz@state.sd.us.

XIII. Adjournment.

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