

**Meeting Minutes**  
**South Dakota Department of Social Services**  
**Medicaid Tribal Consultation Meeting**  
**Thursday, April 21, 2011**  
**Rapid City, South Dakota**

The meeting opened with introductions followed by a prayer offered by Wakiyan Peta.

Kim Malsam-Rysdon welcomed the group to the meeting and thanked the attendees for attending the meeting.

**Review and Updates from January 5, 2011 Meeting**

Larry Iversen reviewed the highlights of the January 5<sup>th</sup> meeting as detailed in the minutes of that meeting.

Sonja Weston inquired as to the proposed sub-committee on public health nursing that was discussed on January 5 and whether that committee had met. Follow up from the prior meeting on this topic included obtaining clarification regarding billing outside the four walls of an IHS facility and information regarding the number visits by service type being provided. Dayle Knutson had compiled some follow-up data and statistics regarding public health nurse visits in the various IHS service units. Dayle provided an overview of the data, which is included as Attachment 1 to these minutes. There has been a decrease in the nursing visits due to reductions in nursing positions.

Clarification was obtained from the Centers for Medicare and Medicaid (CMS) that indicates services provided outside of the four walls of an IHS facility may be billed to and paid by Medicaid. A question was raised whether the Medicaid State Plan needed to be updated as a result of this determination. Larry Iversen has reviewed the plan and it does not appear any clarification is necessary. Next steps include a meeting/conference call with a smaller group. Dayle Knutson agreed to take the lead and coordinate a meeting date to continue to evaluate opportunities in this area. The group will first look at the current services and service provision information and align that with South Dakota's current Medicaid state plan framework.

**Review Group's Purpose**

Kim Malsam-Rysdon gave an overview of the history of Medicaid tribal consultation in South Dakota and how it came to be, starting in 2009 when Robert Moore facilitated a meeting in Rosebud specific to IHS reimbursement, with CMS in attendance. After this meeting, the State agreed a more formal process would be beneficial and Deb Bowman as Secretary of DSS and Dr. Warne on behalf of the Aberdeen Area Tribal Chairman's Health Board agreed to spearhead the issue. The first formal meeting occurred in October 2009, which was where the consultation process was discussed.

Kim then discussed the reasons for the Medicaid tribal consultation process and that it is a venue to provide input on changes to the Medicaid program and to discuss significant impacts to the Indian Health Service, Urban Indian Health, the various Tribal providers, and the Native American population. It is a valuable process to receive input on a multitude of areas. Building relationships between the Department and tribal members in this area, as well as increasing communication are key aspects to the process.

The initial process of seeking input and comments on changes to the Medicaid State Plan involved sending the proposed amendments to Dr. Warne and he would send them on to the tribal community. There would be a 30 day window for comments to be sent to the state for consideration.

Cecelia Fire Thunder indicated they are aware of the follow-up work that needs to happen at the AATCHB regarding the amendments. She indicated she would follow-up with Dr. Warne on following up with additional emails regarding the amendments. Cecelia will gather the names and email addresses of the tribal health officials who should be receiving the proposed amendments and forward them to Larry Iversen for inclusion in the mailing process.

There was additional discussion regarding the membership of the group and how to manage it going forward because the membership component for each tribe is going to look different.

### **Update Tribal Consultation Process State Plan Amendment**

Larry Iversen went over the tribal consultation state plan amendment and described the process. The first paragraph of the amendment is specific language supplied by CMS, with the remainder of the amendment drafted by the state to describe the process as agreed upon by all parties at the October 2009 meeting. The proposed amendment was disseminated to Dr. Warne and the tribal leaders nearly 30 days prior to the meeting and the state has not received any comments.

Brenda Tidball-Zeltinger then provided a demonstration of the link to the DSS website developed for tribal consultation. The website includes the tentatively scheduled meetings, agendas, minutes from past meetings, and the State Plan Amendments. The website is intended to supplement other written and email communication and to provide an additional form of communication and transparency into the consultation process. The link to the website is <http://dss.sd.gov/tribalconsultation/index.asp>

Sonja Weston commented that they want to be consulted with as a tribe and that the tribes need to receive the proposed state plan amendments in a timely manner. Ron His Horse is Thunder stated he does not want to be put in the position to have the AATCHB be put in the legal position of being responsible for the notification of the proposed state plan amendments. Kim Malsam-Rysdon clarified that DSS is responsible for formal

notification and will continue to provide notification to the Tribal Chairs. We need assistance from the AATCHB to identify other individuals that should receive state plan amendments including their contact information.

There was further discussion relative to the timeframe of the notifications and that the process needs to be meaningful. Cecelia Fire Thunder indicated she would be asking for comments on the tribal consultation state plan amendment from health board members by May 3 and she agreed to be responsible for compiling the names and email addresses of the appropriate tribal health representatives.

Beverly Tuttle indicated that she believes the federal Health and Human Services (HHS) also needs to be at the table and the tribes are feeling as though they are in the middle regarding healthcare reform. She also indicated she would like to meet with people at the HHS to determine if Medicaid is working.

Cecelia Fire Thunder reminded everyone that this is just the consultation process for tribes in South Dakota; however, the same process is occurring in North Dakota and other states. Sonja Weston commented that she believes the process is working.

Ron His Horse is Thunder announced there is a name change for AATTHB to the Great Plains Tribal Chairman's Health Board (GPTCHB). Ron also asked how we are defining tribal consultation, who are we officially consulting, and who officially represents the tribes. He indicated that a meeting with tribal organizations does not constitute consultation as it must be consultation with tribal government officials and perhaps not other organizations such as Urban Indian Health (UIH). Kim Malsam-Rysdon noted that in addition to the tribes, Medicaid tribal consultation as defined by CMS must include other organizations such as UIH. The pre-print state plan amendment language developed by CMS specifically includes consultation with Indian health programs, including UIH. Additional follow-up was requested regarding the pre-print language to insure it was developed after the most recent discussions between CMS and the tribes.

Ron His Horse is Thunder also asked about there being no mention in the tribal consultation amendment of a timeframe for additional feedback when an amendment with significant impact upon American Indians has substantive concerns raised. There was a suggestion there be an additional 30 days added to the process.

J.R. LaPlante, Tribal Relations Secretary, was introduced by Kim Malsam-Rysdon. J.R. spoke about communication being a two-way street and indicated the importance of ensuring DSS has the contact information so that in addition to tribal leaders, other officials receive communications about this process. Secretary LaPlante commented that Secretary Malsam-Rysdon and the Department of Social Services was doing a great job and has heard several positive comments about the process in South Dakota. He concluded his comments by stating the common goal is to make sure American Indians are accessing the services available to them.

## **Update on Behavioral Health Re-organization**

Kim Malsam-Rysdon provided an overview of the transition of drug and alcohol and mental health services from the Department of Human Services to the Department of Social Services. Lynne Valenti and Amy Iversen-Pollreisz discussed the guiding principals on the reorganization being the following:

- Focusing on recovery
- Access issues with future growth in Medicaid coming
- Access to the least restrictive environment
- Access at the front end and back end of the continuum of care
- Improvement in the commitment process
- Timely access to services
- A focus on person centered and family driven services
- Providing a better crisis delivery system
- Insure that people are serviced with dignity and respect with cultural awareness

Cecelia Fire Thunder indicated the greatest issue in terms of priorities for Native Americans is now behavioral health, with diabetes now being second. She indicated the resources need to go to children, rather than adults.

Cecelia Spotted Tail spoke about Wyoming and how they have created their baseline data regarding mental health and that they need better tracking data so we know where we are at. Beverly Tuttle added there is no secure approach to helping teachers and caretakers to insure the children are getting help and she believes that many children are falling through the cracks.

There was discussion of the silos of Medicaid and that the changes in the Medicaid behavioral health organization will improve communication.

Wakiyan Peta stated it was the responsibility of IHS to also track referrals of behavioral health services. He explained how the Cheyenne River Sioux Tribe is getting more people into the system through coordination with the state STARS system. He indicated it's not a perfect system, but it's better now than it's ever been.

Ellen Durkin asked if with the reorganization has there been any discussion about expansion of billable services. Kim Malsam-Rysdon indicated DSS is not at that point in the discussions yet, but there may be opportunities in this area and we want to continue to identify approaches that maximize 100% federally funded tribal programs. A priority would be 638 IHS contract provider expansions.

Cecelia Fire Thunder concluded the discussion by wondering how best to utilize all the resources available. She mentioned a separate behavioral health meeting might be in order and that they need to break down mental health services by age to determine the needs.

## **Status of IHS Increased Revenue from Medicaid**

Jon Schuchardt indicated he was not able to discuss this topic for all of IHS, but indicated that in FY10 an extra \$7 million in Medicaid payments was received due to pharmacy billings. In general this has meant funding positions, programs, and additional contract health dollars. The provision of IHS services outside the four walls will also mean a significant amount of additional funding for the IHS. Jon also discussed the possibility of opening a pharmacy in Martin.

## **Update on Tribal Access to Recovery Grants**

A Memorandum of Understanding has been signed with the Oglala Sioux Tribe (OST) regarding the Access to Recovery Program. Sonja Weston spoke about the grant at OST and indicated their budget is about \$10 million. A pamphlet explaining the program was distributed.

Ron His Horse is Thunder also discussed the program that the Great Plains Tribal Chairman's Health Board has developed. There are currently 100 people in the system and 60 have been provided services. There are grants on the following reservations or locations: Rosebud Sioux Tribe; Winnebago; Rapid City; Cheyenne River; and Standing Rock. Members of other tribes can receive services at these locations. SAMHSA does have limits on staffing funds, which is \$200,000. The Standing Rock location is up and running, but the other locations are not fully staffed. They should be fully staffed within the next 45 days. These grants are not just for clinical services, but also support services which will be emphasized – examples being babysitting and transportation. Two service areas can not provide the same services to the same person, but two service areas can provide different services to the same person. At this time, the services do not include schools; however, they are looking into it. The age cutoff is 15 and individuals must have at least 2 choices of providers. They have a 5 year grant totaling about \$13 million. A pamphlet explaining the program was distributed.

There was discussion about services provided to individuals who are incarcerated. Cecelia Fire Thunder explained it is possible, but only if the individual will be released within 6 months.

## **Cost Sharing Exemption for American Indians**

Larry Iversen explained the recent interpretation received from CMS indicates any individuals who have received an IHS service in the past are now considered to be exempt from cost-sharing for all services. He indicated the state needs the assistance of IHS in identifying who is exempt from cost sharing using this basis. Dayle Knutson mentioned the use of an immunization registry and indicated if there is a Native American child who is eligible for the VFC program, they are eligible for IHS services.

## **Other Items**

Dayle Knutson brought up additional discussion regarding public health nursing. She indicated IHS needs to lead the sub-committee because they know their system. She indicated a possible late afternoon meeting on May 2 and that Terry Friend from the IHS should also be added to the sub-committee. Dayle indicated she would take the lead on this issue.

Terry Friend inquired about additional availability of family planning methods, particularly Implanon. Pine Ridge IHS is unable to provide Implanon because it is cost prohibitive and the IHS per diem does not cover the cost. The state indicated they would look into it and this would be a topic handled with Pine Ridge directly.

## **Schedule Next Meeting Date and Location**

It was brought up that it would helpful if the dates for tribal consultation for the next year could be tentatively set to allow for easier scheduling. As such, the following dates and locations were set and will be posted to the Tribal Consultation Website

July 28, 2011 – Pierre

October 13, 2011 – Rapid City

January 5, 2012 – Pierre

April 19, 2012 – Rapid City