Meeting Minutes
South Dakota Department of Social Services
Medicaid Tribal Consultation Meeting
Wednesday, January 5, 2011
Pierre, South Dakota

The meeting opened with an introductions and a prayer was offered by Wakiyan Peta.

Larry Iversen welcomed the group to the meeting and thanked the attendees for attending the meeting.

Overview of Vocational Rehabilitation Services

Grady Kickul, Division Director for the Division of Rehabilitation Services (DRS) in the Department of Human Services provided an overview of programs that provide services to individuals with disabilities.

The primary service delivery program is the Vocational Rehabilitation (VR) program. Created in federal legislation 80 years ago, Vocational Rehabilitation is contained in Title IV of the Workforce Investment Act (Rehabilitation Act Amendments). This is a mandated state/federal partnership to provide services to individuals with disabilities to enter into jobs and careers. DRS employs over 50 qualified rehabilitation counselors in 12 offices across the state. Each year, DRS works with over 5,000 eligible South Dakotans with disabilities to prepare to enter employment. Services can include counseling and guidance, education and training, assistive technology devices, tuition, maintenance, and job placement. Each eligible consumer has an individualized plan to enter into employment and rehabilitation counselors are assigned to cover each county in South Dakota. To be eligible for services, an individual must have a disability that presents an impediment to employment and must be able to benefit from VR services. During this past fiscal year, 700 consumers completed their vocational rehabilitation program by being successfully employed. Of these successful employments closures, 12% were Native Americans. Section 121 of the Rehabilitation Act Amendments allows for federal grants to Reservations to establish Native American Vocational Rehabilitation (NAVR) programs. The Cheyenne River Sioux Tribe and Oglala Sioux Tribe were awarded 5 year program grants in October 2010 while the Lower Brule Sioux Tribe has a current program whose status is allowing programming. The Standing Rock Sioux Tribe has a NAVR program that does serve individuals in South Dakota. DRS has a cooperative agreement with each of the NAVR programs in South Dakota for resource sharing and collaboration.

The Ticket to Work Program was established in 1999 when Congress passed the Ticket to Work and Work Improvement Act. The purpose of the program is to provide Social Security Disability beneficiaries with more choices for employment services and service providers. All beneficiaries receive a ticket to use with providers called Employment Networks (EN). To date, over 24,000 tickets have been issued in South Dakota. The largest employment network in South Dakota is the Division of Rehabilitation Services.

The goal of the Ticket program is training and counseling to beneficiaries so they can become employed, and through earnings no longer rely on cash benefits. ENs can receive payments for those who exit Social Security cash benefit rolls. An EN can be reimbursed by the Social Security Administration up to $16,000 for each beneficiary. DRS has cooperative agreements with over 20 EN providers in South Dakota to cost share reimbursement payments. DRS will split payments 50/50 with providers for beneficiaries who exit cash benefit rolls due to employment. Native American Vocational Rehabilitation programs can become ENs and are encouraged to enter into cooperative agreements with Vocational Rehabilitation. Non-profits and for-profits can become Employment Networks. More information regarding the Ticket to Work Program can be found at http://www.socialsecurity.gov/work/aboutticket.html.

Update on Medicaid State Plan (SPA) Amendments

Larry Iversen provided an overview of the state plan amendments (both submitted and approved) during the October through December quarter. There were six SPAs discussed. The change in the outpatient hospital cost settlement methodology was submitted June 24, 2010, and is still making its way through the Centers for Medicare and Medicaid Services (CMS) approval process. The state has responded to a request for additional information and CMS is now reviewing that document. The next SPA discussed was the change in prescription drug payment methodology. This change increased the discount taken from the Average Wholesale Price from 10.5% to 13%. CMS approved it on November 22, 2010. The Diagnosis Related Grouping (DRG) annual update SPA impacts the 26 DRG hospitals in South Dakota. These are hospitals with more than 30 Medicaid discharges, but are not Indian Health Service facilities. This amendment was approved November 22, 2010. There was an amendment, as required by CMS, regarding South Dakota's compliance with the Public Assistance Reporting Information System (PARIS). This amendment was approved on December 17, 2010. The next SPA discussed involved clean-up to language regarding aid to dependent children payments and income levels. This SPA was submitted on November 9, 2010 and has not yet been approved. Finally, a SPA was submitted requesting an exemption from the Medicaid Recovery Audit Contractor (RAC) requirements under the Affordable Care Act. This SPA was submitted November 9, 2010. Larry Iversen discussed in more detail why the state is seeking an exemption, including the fact there is already significant oversight of claims payment through other review processes and South Dakota's excellent ranking in the Payment Error Rate Measurement (PERM) review.

Sonja Weston asked for more information regarding the Public Assistance Reporting Information System (PARIS). Larry Iversen and Carrie Johnson explained it was a system that checks eligibility against other payment sources, such as Veteran's Affairs. It was indicated more information would be provided in the minutes. The state plan amendment involving the PARIS system was to add language that indicated the state Medicaid program has an eligibility determination system that provides for data matching through PARIS and that includes matching with Medicaid programs operated by other states. The information that is requested will be exchanged with the states and other

entities legally entitled to verify individuals applying for and eligible for covered Medicaid services consistent with applicable PARIS agreements.

Donna Keeler asked for more information about the changes to the language in the aid to dependent children payments and income levels. It was explained this was just clean-up language regarding removal and replacement of outdated language, there was no change in the eligibility levels. Larry Iversen and Carrie Johnson indicated more detail regarding the change would be included in the minutes. Review of the state plan indicated that the page stating the income eligibility levels for the categorically needy population (Aid to Families with Dependent Children) was outdated and had need standards, payment standards, and maximum payment amounts for various family sizes using levels that were older than the standards currently in place. The state plan amendment corrected the page for the historical AFDC Income standards to reflect the standards that have been in effect since 1996.

Behavioral Health/Chemical Dependency Update

Gib Sudbeck and Larry Iversen contacted CMS to discuss use of the encounter rate for outpatient and the all inclusive inpatient rate for tribal 638 programs. CMS indicated it would research the issue and Gib and Larry will be following up on the status of this inquiry. If successful, this would result in the ability of the 638 programs to access the encounter rate at 100% federal funds. For example, current reimbursement for an assessment is $72 per hour. If approval is given through CMS, an assessment would be reimbursed at the current encounter rate of $268. Similar to the multiple billing issues, this change would result in the ability for 638 programs to garner significantly higher revenue at 100% federal funds. Gib and Larry will continue to pursue this and will report at the next meeting.

Gib also indicated that CMS is requiring inpatient treatment programs to transition to Psychiatric Residential Treatment Facilities (PRTF). This change will require facilities to be accredited and individual youth must require PRTF level of care. Ed Parcel inquired if this would impact the deemed status. Gib clarified that the four levels of accreditation options would remain.

Gib congratulated the Oglala Sioux Tribe (OST) for receipt of an Access to Recovery Grant. Both OST and the Aberdeen Area Tribal Chairman's Health Board (ATCHB) received funding. Dr. Claymore-LaHammer indicated that the funding will be used to support more than the actual treatment and supports post recovery including transportation, child care assistance to attend treatment, and vocational rehabilitation. Kim Malsam-Rysdon suggested at the next meeting that both OST and the ATCHB present information on their plans for this effort. Gib mentioned that he would be working to facilitate referrals for the program and there is a training on January 24.

Gib indicated that efforts continued to focus on cultural competency through training and other mechanisms. Gib shared that the goal would be that all chemical dependency counselors receive training as part of their certification.

Public Health Nursing Follow-Up

Dayle Knutson provided a follow-up regarding public health nursing. Dayle contacted Oklahoma to obtain a copy of their Medicaid State Plan relative to public health nursing funded using the all inclusive rate. **Kim- we need to look at how services are covered in the context of the larger state plan. We need to evaluate the specific services. South Dakota's current plan for example may not cover the same services as in Oklahoma.** Dayle indicated that private health nursing services through the Indian Health Services are physician ordered. Not all programs, such as Eagle Butte, have electronic referrals from physicians, but they do have paper referrals. Further discussion will need to include the specific scope of work of public health nursing versus currently covered home health services. Montana and Wyoming are other states that follow this practice. New Mexico uses physician sign off on each visit and bill via the physician. This could create some challenges in delivery but it could be considered as an option. One point to clarify will be the need to look at the location of services. There was discussion regarding injection fees for Vaccine for Children program. Public health nurses are offsite and at a grocery store, but not billing because of the location the service is delivered. It was additionally mentioned that the rough average of individuals served daily by a public health nurse is 5. DSS will follow up on SD state plan and discuss further with CMS regarding provision of services within the four walls of IHS/638 provider facilities. DSS contacted CMS for clarification on the prohibition of providing services outside the four walls of the IHS/638 provider facilities. According to CMS, it is allowable for IHS staff to provide covered services outside of the facility and receive the applicable reimbursement for those services.

Formation of a possible workgroup was discussed. The workgroup would be comprised of Dayle Knutson, Larry Iversen, Dixie Gaikowski, Dr. Warne, Lisa Dillon, and a DSS fiscal person.

Diabetes Education Follow Up

There was limited discussion on diabetes education. However, Lisa Dillon asked for a contact person within the South Dakota Department of Health (DOH) familiar with diabetes education. Zach Parsons with DOH is the contact person and can be reached at 605-773-3737. Additional information is also available at http://doh.sd.gov/Diabetes/Default.aspx

Membership and Communication

There was discussion regarding current communication of State Plan Amendments (SPA) with interested parties. The draft SPAs, with a summary sheet, are sent electronically to Dr. Warne and tribal leaders. There was a request to broaden the mailing list to include

tribal health officials. DSS will contact Dr. Warne and seek his assistance in obtaining a list of current tribal health officials and their contact information.

Additional discussion included the possibility of DSS creating a website that would have the SPA information on it and thus would only need to send out a link to the website via a listserv. This would also allow interested parties to review SPAs periodically.

There was also a request that DSS design a "grid" for SPAs that provides the various important dates, such as when the SPA was sent to tribal officials, when it was sent to CMS, etc.

Other Items

Kim Malsam-Rysdon explained Deb Bowman's new role within the Governor's Office and introduced Amy Iversen-Pollreisz as the Interim Secretary of the Department of Human Services.

Kim Malsam-Rysdon also stated Roger Campbell would be starting with DSS very soon and would helping all areas of the Department, particularly with tribal issues.

Lisa Dillon indicated the Oglala Sioux Tribe is looking to expand the billable services of the Sweetgrass Program and are looking for more collaboration with the state and IHS. She indicated they would like to have consideration from IHS as a 638 program.

Next Meeting Date

The next Medicaid Tribal consultation will occur in Rapid City on April 21, 2011.