

Meeting Minutes
South Dakota Department of Social Services
Medicaid Tribal Consultation Meeting
Thursday, July 28, 2011
Pierre, 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 participating in the meeting.

Review and Updates from April 21, 2011 Meeting

Larry Iversen reviewed the highlights of the April 21st meeting as detailed in the minutes of that meeting.

Update on Medicaid State Plan Amendments

Larry Iversen went over the handout of state plan amendments, updating any action since the prior tribal consultation meeting. There were no newly proposed state plan amendments to discuss. Three state plan amendments were sent to the Centers for Medicare and Medicaid Services (CMS) after having received no comments through the consultation process. Those amendments involved changes to institutional, non-institutional, and prescription drug reimbursement rates to reflect the Legislature's approved fiscal year 2012 appropriation.

As had been discussed during the formation of the tribal consultation process, there are certain annually submitted state plan amendments that do not allow for the 30-day comment period to occur given the timing of submitting the amendments. These are routine amendments that have no significant impact upon tribal, Indian Health Service, or Urban Indian Healthcare providers or American Indian individuals. Two such amendments were discussed by Larry Iversen. These involved the disproportionate share hospital program payments and overpayment recoveries.

Larry Iversen was pleased to report that the State-Tribal Consultation process state plan amendment was approved by CMS on July 11, 2011. CMS did not have any issues or request clarification on the language that was submitted.

On a different topic, there were questions from the Cheyenne River Sioux Tribe and their Community Health Representative (CHR) Program regarding transportation rates. Brenda Tidball-Zeltinger explained the payment methodology for individuals who transport themselves or are transported by family members or friends. There was a discussion of the history of the reimbursement rates and how they are tied to the reimbursement of state employees for their travel. Sonia Weston asked how much the Oglala Sioux Tribe is being reimbursed for transportation. Brenda indicated the data would be compiled for each tribe. The information is attached to these minutes. The

question of raising the rates was asked, which was addressed by Kim Malsam-Rysdon. Kim explained the administrative rules process and the state plan amendment process, but first there would have to be available funds. The state is not currently in a position to increase funds when there are rate cuts being implemented for other providers.

Status of Indian Health Services Increased Revenue from Medicaid

There was an overall discussion about the Medicaid payments made to the Indian Health Services (IHS) and what impact the additional revenue from Medicaid is having on the delivery of health care by IHS to eligible individuals. This change came as a result of DSS changing the Medicaid State Plan to allow for multiple billings by IHS on the same day. Medicaid payments to IHS spiked in state fiscal year 2010 at \$63.7 million, which was up from \$36.5 million in fiscal year 2009. Fiscal year 2011 was \$58 million. There was discussion about why total Medicaid payments were reduced in 2011 and that reduction is attributable to the back-billing or “catch-up” on older claims that occurred in fiscal year 2010.

The Oglala Sioux Tribe (OST) asked for a breakout of payments, by IHS service unit, made to IHS by Medicaid, Medicare, and other payments. Kathy Gordon from IHS indicated she would provide this information to the group.

Report on Uncompensated Care in South Dakota Hospitals

This was an agenda item requested by Dr. Warne; however, he was not able to attend this tribal consultation meeting. Larry Iversen indicated that some facility specific information is available, but the State needs more detail on what the group is looking for before proceeding.

The Department of Social Services was asked to provide the definition of bad debt and charity care. According to the American Hospital Association, charity care is care for which providers never expected to be reimbursed. Bad debt is incurred when the provider cannot obtain expected reimbursement for care provided. The combination of bad debt and charity care is uncompensated care. Underpayment by Medicare or Medicaid is excluded from uncompensated care.

Ron His Horse is Thunder indicated he would speak with Dr. Warne and find out where he wanted to go with this topic.

Update and Input on Behavioral Health Reorganization

Amy Iversen-Pollreisz led a discussion regarding the behavioral health reorganization. She explained that both the Division of Mental Health and the Division of Alcohol & Drug Abuse were eliminated and two new divisions and one program were created: the Division of Community Behavioral Health, the Division of Correctional Behavioral Health, and the Behavioral Health prevention program.

To help guide the long term vision of the future behavioral health system, a workgroup was formed by the governor. This group is led by Lt. Governor Matt Michels and Senior Advisor Deb Bowman from the Governor's Office. Other members include legislators, community mental health and substance abuse providers, inpatient behavioral health providers, advocacy groups, and county mental illness boards as well as representatives from the Department. The workgroup is developing guiding principles and goal areas for the future behavioral health system, and Amy handed out a draft document of these items. Amy also spoke about establishing what the system of care will look like, determining what does and does not work well, and building the system changes necessary into the Department of Social Services' (DSS) strategic plan.

Ellen Durkin asked if there had been any discussion about allowing tribes to open community mental health clinics. Amy indicated there have been no specific discussions regarding this; however, the State would encourage tribes to enter into 638 contract care agreements with Indian Health Services for community mental health services.

There was discussion about the mental health workgroup and whether there should be representation by Indian Health Services on the workgroup. The Oglala Sioux Tribe recommended Lisa Dillon participate in the mental health workgroup. Ellen Durkin is a new member of the workgroup and offered to share information with tribes. Kim Malsam-Rysdon indicated she wasn't sure if additional members could be added at this time but she would pursue the issue with the Governor's Office.

A question was asked regarding whether the behavioral health reorganization affected "deemed status" for chemical dependency programs. Amy indicated that "deemed status" of tribal chemical dependency programs remains in place with this reorganization.

Wakiyan Peta shared that it will be important to use technology in the future system of care. Currently there is no tele-health for chemical dependency services; however telepsychiatry remains in place. DSS does want to explore the use of technology more, and explore those opportunities with the tribes.

Information on proposed changes to the substance abuse certification standards that the Certification Board for Alcohol & Drug Professionals is considering was shared with the group and is included (see attachment). These changes are not part of the reorganization of behavioral health services, but it is something Tribal programs should be aware of.

Ellen Durkin Lower Brule Tribal 638 Program

Ellen provided an overview of the 638 mental health program, which has been in existence for 5 years, operated by the Lower Brule Sioux Tribe. It was indicated there may only be three tribes, Cheyenne River Sioux Tribe (CRST), Flaudreau Santee Sioux Tribe, and the Lower Brule Sioux Tribe who operate mental health programs. CRST only provides outpatient services through two providers – a psychologist and a nurse practitioner. They use a billing group to submit claims. Lower Brule has a billing clerk

on staff and they have created internal forms to transfer information to the Medicaid claims for submission. Ellen indicated it is easy to become a provider and they were provided training by the State. She indicated it is a smooth process, the turnaround time on reimbursement is quick, and it has been a very good avenue for them to increase their revenue. Ellen indicated at this time she is the only professional who is able to bill for mental health services and there is capacity to support another mental health professional in Lower Brule. Ellen indicated if anyone should have questions about their program to contact her.

IHS Public Health Nursing Update

Dayle Knutson was unable to attend this tribal consultation meeting. However, prior to the meeting she indicated she is currently working on a draft policy for IHS Public Health Nurse billing. The draft policy includes a core Current Procedural Terminology (CPT) sample billing sheet, and will be shared with the committee for review and recommendations prior to the October meeting. She indicated she will coordinate a web-ex teleconference meeting for the committee in late August or early September.

Tribal Reports

Cheyenne River Sioux Tribe – Tribal representatives indicated they are getting a number of their claims denied from Medicaid. Larry Iversen indicated they should contact the claims processing supervisor, Jodi Litz, at 773-3495 to find out why the claims are denying. An issue was discussed regarding involuntary civil commitment for substance abuse at the South Dakota Human Services Center (HSC). People are being transported to HSC, but when they get there they are told they need to have a voluntary commitment. Lynne Valenti indicated it may be a process issue and that a fact sheet about the process may be necessary. The final item reported involved the Access to Recovery program and that they have office space, it is working well, and they are looking for providers.

Crow Creek Sioux Tribe – not in attendance

Flandreau Santee Sioux Tribe – not in attendance

Lower Brule Sioux Tribe – The Tribal Chairman is pursuing deemed status for their alcohol and drug program. It was indicated they have the packet of information and are working with Shawna Fullerton, director of the DSS Division of Community Behavioral Health.

Oglala Sioux Tribe – In addition to updates provided for other agenda items, representatives shared their concerns with CMS and their service unit being subject to corrective action plans. Their tribal members are reporting to CMS about the quality of the services being provided at the service unit. They are concerned about this affecting the Medicare and Medicaid funding. It was mentioned the extra funds IHS is receiving

from Medicaid for multiple daily services is not going to contract health services, but to administrative staffing.

OST is also concerned about what is occurring with the Bennett County Hospital. Tribal members use the hospital, but since the patients are considered Priority 2, 3, or 4, IHS is not paying the bills. They are concerned the facility may close its doors. George Minder from the hospital has offered a room in the facility to assist the tribe in enrolling individuals in Medicaid.

Sonia Weston spoke about the nursing facility issue and indicated OST has been working with the State of Nebraska in building the facility in Nebraska. However, they have many questions about how to fund the operational costs of the facility. They have requested from Nebraska copies of documents relative to the 100% federal funding that is available. She indicated a possible future topic for a tribal consultation meeting would be Certified Public Expenditures (CPE). Sonia concluded by indicating OST is appreciative of the opportunity to participate in the workgroup and of being able to work together.

Rosebud Sioux Tribe – indicated they have questions regarding family planning, education, and administration of depo provera shots. It was indicated they should work with Larry Iversen on any questions they may have regarding the Medicaid program.

Sisseton Wahpeton Oyate – not in attendance

Standing Rock Sioux Tribe – a meeting was held after the adjournment of the tribal consultation to discuss particular issues to be addressed at a joint meeting between Standing Rock, South Dakota Medicaid, and North Dakota Medicaid that was occurring on August 3rd.

Yankton Sioux Tribe – not in attendance

Other Items

There was a discussion about Medicaid payments involving school districts, particularly if the school district is 100% funded by federal funds for their operations. Ron His Horse is Thunder indicated there are schools that receive a mixture of federal and state funds. It was decided that school district services should be an agenda item for the next meeting.

Ellen Durkin asked if her program, which is a 638 contract program providing mental health services, could provide those services in the school which is outside of the clinic. Larry Iversen indicated he would clarify with CMS if the “4 walls” issue pertains to 638 contract care providers. A review of the email received from CMS on this issue confirms that services by 638 contract care providers may be provided outside of the 4 walls of the provider and be reimbursed by Medicaid.

The Oglala Sioux Tribe (OST) had questions about the Temporary Assistance for Needy Families (TANF) program and asked if DSS would be able to come to Pine Ridge to meet and explain how TANF works. Carrie Johnson from DSS indicated OST could work with her to arrange a meeting in Pine Ridge.

Kathy Gordon from IHS asked for possible training for Medicaid and Children's Health Insurance Program application Assistants. Carrie Johnson, director of Economic Assistance indicated that DSS staff and materials are available for outreach training and provided contact information for any future needs.

Next Meeting Date and Location

The next meeting will be held on October 13, 2011, in Rapid City at the Ramkota.

Meeting was adjourned