

South Dakota Department of Social Services  
Tribal Consultation Meeting  
Thursday, October 13, 2011  
Best Western Ramkota, Rushmore Room  
Rapid City, SD

The meeting opened with introductions followed by a prayer offered by Cecilia Fire Thunder.

Kim Malsam-Rysdon welcomed the group to the meeting, thanked the attendees for their participation, and reviewed minutes from the July 28, 2011 meeting.

Kim announced that Medicaid Director, Larry Iverson had resigned his position and his last day would be October 14, 2011. Kim also shared that Larry sent his regards to the group and had appreciated being part of consultation team. The Department of Social Services will actively seek a replacement for the Medicaid Director position. In the interim, the Department's management team will support various aspects of the Division of Medical Services to assure a seamless transition.

As follow up from the July 2011 meeting, Brenda Tidball-Zeltinger provided a summary by tribe of the Title XIX transportation payments for SFY10 and SFY11. Transportation payments can be made directly to the recipient if they submit an eligible claim to DSS for reimbursement or if a third party such as an enrolled tribal program provides an advance to the individual DSS then reimburses the tribe. The handout provided includes those situations where advances were made to the recipient and the tribe was reimbursed. Title XIX Transportation pays for mileage, meals, and lodging for recipients to attend medical appointments either to a specialist or a primary care provider located outside the city the recipient resides in.

Bev Tuttle requested additional data for the next consultation meeting specific to the number of individuals who receive medical transportation by district. Brenda will provide additional data at the next consultation meeting.

Brenda offered to have State staff provide training as needed regarding transportation and other reimbursement processes. Cecilia Fire Thunder recommended that this should be a statewide training that could be a "train the trainer" format. Brenda indicated that she would coordinate training sessions with Cecilia.

Bev Tuttle initiated discussion regarding providers who are charging fees for missed appointments. Bev had heard that Medicaid was being billed for missed appointments. Kim explained that Medicaid rules allow providers to employ reasonable practices regarding missed appointments; however providers must not treat Medicaid recipients any differently than non-Medicaid recipients. Kim further explained that Medicaid is not billed for missed appointments.

Cecelia led a discussion on the need to attract healthcare providers for reservation areas, saying they must look at alternatives.

Sonia requested Service Unit Expenditure data from IHS to help assess gaps in staffing needs. Kathy Gordon indicated she would send the data to Cecelia to distribute to the group.

Kathy Gordon provided third party revenue collection data by service unit for 2008 -2011 and indicated she will have additional data available that she will email to the rest of the group.

**Medicaid State Plan Amendments:**

Kim reviewed Medicaid State Plan Amendment actions since the last Tribal Consultation meeting. One proposed plan amendment is out for comment at this time. The Consultation group is encouraged to provide comments. Additional amendments are specific to provider enrollment assurances. Kim explained that we may have seen news stories from other states but don't think there is any problem in South Dakota. The Department must comply with Affordable Care Act requirements such as visual confirmation of medical equipment providers, requirements for tobacco cessation, and hospital acquired conditions.

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

Sonia Weston asked that the minutes reflect her concerns about IHS not making referrals because they have limited funding for contract health. She also asked for clarification regarding a recipient's ability to choose a primary care provider.

Recipients have multiple methods to select or change their primary care provider. Recipients can notify their local Department of Social Services Benefits Specialist, complete a selection/change form online, or notify DSS state office via telephone at 605.773.3495 or 1-800-597-1603. The website link to enroll or change PCP's is: <https://dss.sd.gov/sdmedx/includes/recipients/recipientprograms/changeforms.aspx> PCP changes do not take effect until the first day of the following month.

**Behavioral Health Workgroup update:**

Amy Iverson-Pollreisz reviewed the principles guiding behavioral health to provide services through the "no wrong door" approach; focus on individualized recovery/resiliency driven outcomes; provide person-centered/family-driven services; serve people in the least restrictive environment appropriate for their care and safety; treat people with dignity and respect in a culturally responsible manner; assure services are available and accessible statewide; and that communities are involved and invested in service delivery.

Amy outlined goal areas for Behavioral Health to: Increase Access to Services by assessing current services and identifying gaps; integrating and improving the involuntary commitment process; evaluating processes for accessing care on a voluntary basis; assessing capacity for voluntary patients; reviewing the Community Crisis Response

System; and working with Tribes to assist them in providing services directly.

Amy discussed the need to build the capacity of local communities by identifying critical care pathways; integrating service delivery at the community level and ensuring coordination of care among local providers is occurring; providing a behavioral health component for services in long-term care and assisted living facilities; reviewing the structure of the community mental health system versus private independent practice; and ensuring community options are explored/used prior to residential services. Amy also discussed the intent to develop a statewide strategic behavioral health prevention plan including links to primary care, schools, daycares, etc.

Sonjia requested that the Department provide data for the next Consultation meeting regarding I H S referrals to HSC. She is concerned about people who fall through the cracks after discharge.

Cecelia commented that there needs to be planning within each Tribe's Service Units to develop a follow along process and there is a need to identify resources to help people with behavioral health needs and to consider alternative methods to providing behavioral health services. She reported the Chairman's Health Board wants to address behavioral health issues among children and youth.

Sonjia suggested a workgroup of State and I H S to address behavioral health needs of all tribal people.

Ellen Durkin led a discussion regarding the needs of Tribes to be able to reimburse for SPMI case management services in local communities. Right now they can only bill through the Community Mental Health Center.

### **IHS Public Health Nursing Update**

Dayle Knudson indicated that they had prepared draft billing/policy guidance for their staff to ensure that only allowable services for billing are submitted to Medicaid for reimbursement. Dayle summarized the content of the document that includes information about appropriate billing codes and allowable services. Brenda Tidball-Zeltinger asked Dayle to provide a copy of the document and DSS would review and provide feedback prior to IHS distributing for implementation.

### **Tribal Reports:**

**Cheyenne River Sioux Tribe** – no issues or updates.

**Crow Creek Sioux Tribe** – no issues or updates.

**Flandreau Santee Sioux Tribe** – not in attendance

**Lower Brule Sioux Tribe** – Ellen shared information about their Voc Rehab program, indicating it is a wonderful program with discretion that allows chemical dependency as a

disability and can help with personal needs to attain and retain long term employment. She also explained they are in the middle of a feasibility study to determine if the program can be a 638 project. They have received a grant for the feasibility study in conjunction with Sanford Health.

**Oglala Sioux Tribe** – Sonjia reported they plan to schedule a meeting with the Department and Region 8 CMS representative, Cindy Gillespi to discuss nursing homes. Sonjia attended a Tribal Consultation meeting in Denver in September, 2011. I H S has struggled with the corrective action plan with CMS but they will hear on October 18th and are hoping to pass. They are adamantly working with their Service Unit to assure Medicaid and Medicare dollars are not lost.

**Rosebud Sioux Tribe** – not in attendance

**Sisseton Wahpeton Oyate** – not in attendance

**Standing Rock Sioux Tribe** – Rose Mendoza reported they have been holding district community meetings to hear issues related to accessing services at I H S and are working with school nurses to dispense certain prescriptions to keep parents from taking children's prescriptions.

North and South Dakota Medicaid met with representatives from Standing Rock Sioux Tribe to discuss potential opportunities for billing Medicaid for allowable services. The workgroup was scheduled to meet again later in October.

**Yankton Sioux Tribe** – not in attendance

**Other items:**

Carrie Johnson shared information about the Department's partnership with CHIPRA grantees. In April 2010, the Oglala Sioux Tribe, Flandreau Santee Sioux Tribe and the Rosebud Sioux Tribe were each awarded a Tribal Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach and Enrollment grant. The Department has worked closely with the grantees to assist in meeting grant goals. A Department staff person was assigned to each grantee to coordinate application referrals; a quarterly report regarding enrollment data was created to assist the grantees in their grant reporting requirements; a flyer was created to distribute to designated recipients one month prior to the reenrollment/review month informing them assistance is available from the grantees when reenrollment/review process; Department brochures, were updated and developed to include information specifically targeting Native Americans, including how enrollment in Medicaid/CHIP can provide additional funding to Indian Health Services and tribally-operated health facilities; and Department outreach and enrollment training is available to grantees upon request. In addition, the Department of Social Services (DSS) indicated they would outstation staff at tribally-operated facilities if there was a need and space was available.

The Department of Social Services applied for and received the Cycle II CHIPRA Outreach and Enrollment Grant. This grant, allows the Department to develop a statewide, web-based, online Medicaid/CHIP application and to install kiosks at Native American health service facilities. Volunteers from the Consultation group were sought for a stakeholders group as the Department progresses with the grant. Kathy Gordon and Marietta Little Thunder volunteered for the stakeholder group.

The next Tribal Consultation meeting will be held January 5, 2012 in Pierre.

Meeting was adjourned.