SB147 Provider Workgroup Meeting
July 20, 2017
DSS Conference Room, Pierre, SD

Present by Tele-Conference:
Betty Oldenkamp, President/Chief Executive Officer, Lutheran Social Services
Dan Cross, Executive Director, Community Support Providers of South Dakota
Sheila Weber, Vice President of Children & Youth Services, Lutheran Social Services
Terry Dosch, Executive Director, South Dakota Council of Mental Health Centers and South Dakota Substance Abuse Directors
Gilbert Johnson, Vice President, Business Development, South Dakota Association of Healthcare Organizations

DSS Conference Room:
Kim Malsam-Rysdon, Senior Advisor to the Governor
Gloria Pearson, Cabinet Secretary, Department of Human Services (DHS)
Lynne Valenti, Cabinet Secretary, Department of Social Services (DSS)
Brenda Tidball-Zeltinger, Deputy Secretary, DSS
Amy Iversen-Pollreisz, Deputy Secretary, DSS
Laurie Mikkonen, Chief Finance Officer, DSS
Denice Houlette, Chief Finance Officer, DHS
Virgena Wieseler, Director, Division of Child Protection Services, DSS
Darryl Millner, Director, Division of Developmental Disabilities DHS
Yvette Thomas, Director, Division of Long Term Services and Supports, DHS
Mark Quasney, Bureau of Finance Management

Lynne Valenti opened the meeting at 10:00 a.m. by assuring that everyone had received a copy of meeting materials.

Review of minutes: There was some discussion of Current Methodology and Revised Methodology in labeling of tables and the best terminology to utilize to provide clarity. The group decided to defer this discussion to later in the agenda. Betty Oldenkamp noted that Terry Dosch's business affiliation was incorrect. There were no other changes to the minutes.

Betty Oldenkamp walked through the consensus framework with the group, pointing out edits on page 1 to add "distribution of available funds" and remove referenced to "rate setting methodology project" throughout the document. There was further discussion regarding terminology on page 2 of the document, validated vs analyzed. Consensus was to use "analyzed and analyzing" versus "valid and validating" so as not to unintentionally infer that other data in associated tables was not valid. Under outcomes, language was changed from "rate setting" to "rate modeling analysis" throughout the document. A new bullet was added regarding "alignment of reimbursement rates to service delivery models"; a suggestion to add "within existing agency resources" was agreed upon. It was also decided in the outcomes area to refer to provider "groups" rather than "types", some groups may consist of one provider by it is important to keep language consistent from document to document.

Laurie Mikkonen walked the group through the proposed schedule which was developed using the criteria identified in the June 15 meeting. A suggestion was made to change the header of column 3 to

reflect “Required Service Model Changes, including Federal Requirements” as it is more descriptive. A question was asked if there was an attempt to blend the criteria in this table. The table was drafted based on criteria from June meeting; columns 1, 2 and 3 were put in order as from the June meeting and the last two columns (both marked 4), represent the “other criteria” from the June meeting.

Brenda Tidball-Zeltinger walked the group through column specifics on the table:

Column 1: Known Access Issues: It was noted the terminology is different, “Some areas” vs “geographic” vs “Yes”. State staff will work to make terminology more consistent and descriptive.

Col 2: % Methodology Paid: Relates to information from summer study and the Governor’s plan. Language will be added to clarify that this relates to 2015 cost data.

Col 3: Federal Requirements will be updated to “Required Service Model Changes, including Federal Requirements”. In some places on the draft table it is noted: “Access Monitoring Plan Priority Group”. This notation refers to a Federal Requirement under Medicaid to have an Access Monitoring Review Plan. If a state makes changes to rates that are detrimental to providers, the state is required to have metrics available to demonstrate that the state is still able to maintain the same level of access. Gil: Johnson requested that a link to this requirement be included in the minutes. https://www.medicaid.gov/medicaid/access-to-care/review-plans/index.html

Col 4: Date of Last Model Review: This title will be revised to better reflect the content. The methodology/model weren’t reviewed on this date; it r reflects the most recent application of the methodology.

Fifth Column is also labeled “4” to reflect being a part of the 4th, “other” criteria.

The group discussed the criteria listed on the table. A question was raised about whether timeliness should be considered in relation to the access criteria. The group agreed that it should be a consideration, and that the comment on General Provider Shortage should be moved to Column 1 (Access)..

Community Support Providers and Nursing Homes both have issues with access, whether that is for certain populations or due to geography.

The group agreed that year one will be this year SFY 18. The proposed schedule takes into consideration all groups designed to incorporate all groups over the five year span as outlined in the bill. There was agreement that some groups/rates will take longer than others. It was also noted by the state that some work may begin and complete in the scheduled year; some work may begin in the preceding year and conclude in the scheduled year. For example, Lynne Valenti indicated that the Department of Social Services intends to begin its review of Substance Use disorder in Year 1 despite this group being scheduled for review in Year 2. She noted that there are a lot of rates in this group and starting the work in Year 1 after DSS’ Year 1 group is complete ensures the review will be complete in Year 2. The Department of Human Services plans to begin the In-Home group as soon as the schedule is finalized, and hope to gather participants, schedule a few meetings over the intervening months, with a

target to wrap up by November, dependent on schedules and availability. It is important to remember that the work group sizes have to remain reasonable in order to complete the work on schedule.

There was consensus from the group that the Steering Committee will focus on central aspects, and let subcommittees/workgroups work on the specifics and details regarding the rate reviews.. Terry Dosch relayed that he had prepared his group to stand by for representative inclusion on workgroups, to work on accurate cost reporting, stand by for special surveys and be responsive to requests for data. Consensus among the group was that all steering committee members have the responsibility to send a message to their respective groups to encourage and distribute these expectations and that t this language should be added to the Consensus Document under Steering Committee responsibilities.

The group was in agreement that although everyone wishes their group could be first, they support the schedule that has been established and will be sure to communicate their support to their individual provider groups as well. It was also noted that just because a group or rate is listed in a particular year doesn't mean that there may not be rate increases outside the review schedule if there was available resources. A point was made to update the Consensus Document to make it clear in the Outcomes section that this process is about the review of methodology, rather than distribution of available resources. Members expressed support of the schedule and noted that it sets out a long term vision for a reasonable approach to periodic review. It was requested that the Departments post the review schedule. It was noted that the work of this group, including documents and the review schedule will be publicly available on the Departments' websites.

The group next reviewed the Reporting Document. The group noted that because this document may be reviewed as a stand-alone document by some audiences it will be important to include a legend to explain the titles. The group renewed its earlier discussion on terminology and agreed to use "reviewed" vs "validated" on the table. "Current Methodology "will be changed to "Current Analysis". The last section of the Report will be changed to "Results of Analysis", which was agreed will match well with "Year Completed" column. It was agreed that the state will do the updates to the tables.

Gil Johnson asked about the statement in the consensus document regarding supporting budget recommendations and if that applies to proposed inflationary increases. It was agreed that language will be added to the Consensus Framework document that the statement regarding supporting budget recommendations refers to the workgroup members agreeing to support recommendations that come out of the subcommittees/workgroups.

The group also discussed next steps. Updates to the documents will be made per the meeting and will be distributed to the group via email. The group also agreed that Year 1 provider subcommittee/workgroups may begin. The Steering Committee will schedule a meeting near the end of the year to discuss the draft reports from the Year 1 workgroups in December. The group also agreed that any impacts to the schedule should be communicated to the group.

Meeting Adjourned at 11:20 a.m.