



Health Care Solutions Coalition
Medicaid Advisory Committee
November 8, 2018

CMS POLICY CHANGE

- **February 26, 2016: HHS changed national Medicaid funding policy to cover more services for IHS eligibles with 100% federal funds.**
 - More services now considered provided “through” IHS.
 - No longer limited to services provided in IHS facilities only.
 - May apply to more than specialty care services, including transportation, pharmacy, hospital and long term care services.
 - Maintains IHS responsibility to provide health care to American Indians.

100% FEDERAL FUNDING POLICY REQUIREMENTS

1. Participation by individuals and providers must be voluntary.
2. Services outside IHS must be provided via written care coordination agreement.
3. IHS must maintain responsibility for the patient's care.
4. Provider must share medical records with IHS.



3

IMPLEMENTING NEW FEDERAL POLICY REQUIRES CHANGES

Providers:

- Sign care coordination agreements with IHS;
- Share medical records with IHS.

IHS:

- Sign care coordination agreements with providers;
- Maintain responsibility for patient care;
- Accept medical records.

State:

- Track care coordination agreement status and ensure appropriate billing.



4

SDHSC RECOMMENDATIONS / NEXT STEPS

Savings leveraged will be used to fund several previous coalition recommendations that would increase access to services including:

1. Cover substance use disorder treatment for adults currently eligible for Medicaid (current coverage limited to adolescents and pregnant women)
 - **Implementation: July 1, 2018**

2. Add Medicaid eligible behavioral health and substance use disorder providers.
 - Licensed marriage and family therapists
 - CSW working toward PIP and LPC working toward MH providers
 - **Target Implementation: January 1, 2019**



5

SDHSC RECOMMENDATIONS / NEXT STEPS

3. Develop a Community Health Worker program in Medicaid.
 - **Target Implementation: April 2019**

4. Innovation grants for primary and prenatal care

5. If there are additional savings available after these items are funded: uncompensated care/shared savings with providers, including Indian Health Service.



6

SDHSC RECOMMENDATIONS / NEXT STEPS

- Workgroup with nursing homes, community support providers and Psychiatric residential treatment facilities to implement 100% FMAP policy in future

- Alternative Service Delivery Model
 - Drafting 1115 Waiver for services provided through certain Federally Qualified Health Centers (FQHCs)

 7

Substance Use Disorder Services



JULY 1 IMPLEMENTATION

- Substance use disorder services will be covered for all adults effective July 1. Current coverage is limited to pregnant women and adolescents.
- Covered services include:
 - Integrated assessment;
 - Crisis intervention services;
 - Outpatient treatment programs;
 - Intensive outpatient treatment programs;
 - Day treatment programs;
 - Clinically-managed low-intensity residential treatment programs;
 - Clinically-managed high-intensity residential treatment programs for adults;
 - Medically-monitored intensive inpatient treatment programs;
 - Psychiatric residential treatment programs for substance use disorders for individuals under age 21; and
 - Chronic care management for individuals with a substance use disorder, severe dependence, and functional impairments,



9

JULY 1 IMPLEMENTATION

- Providers must be accredited or deemed accredited by the Division of Behavioral Health in the Department of Social Services.
 - A tribal SUD 638 program may be deemed accredited by the Division of Behavioral Health if the program meets the minimum national or applicable standards of the IHS standards for that level of care and is in good standing with IHS.
- State Plan Amendment
 - DSS submitted a State Plan Amendment to CMS with a July 1 effective date with the change.
- Administrative Rules of South Dakota
 - DSS will update Chapter 67:16:48 with the change.
- 1115 Waiver
 - Federal regulation currently prohibits Medicaid payment for inpatient SUD facilities with more than 16 beds.
 - DSS will request an 1115 waiver to cover these facilities.



10

Additional Mental Health Providers



DECEMBER 1 IMPLEMENTATION

- Add eligible Medicaid mental health providers to include social worker PIP candidates, licensed professional counselors working toward mental health designation, and licensed marriage and family therapists.
 - Funding was appropriated by the South Dakota Legislature during the 2018 legislative session
 - The Department of Social Services is updating Administrative Rules to recognize these providers as eligible Medicaid providers, pending public comment and approval by the Interim Rules Committee of the Legislature



Community Health Workers



APRIL 1, 2019 IMPLEMENTATION

- Two work group meetings held in August and October
 - Target Population:
 - Individuals with a chronic condition or at risk for a chronic condition who are unable to self manage; or
 - Individuals with a documented barrier that is affecting the individual's health.
 - Services: The group discussed services like System Navigation and Resource Coordination, Health promotion and Coaching, and Culturally Appropriate Health Education and Information.
 - Billable services must be related to a medical intervention and may not be social services.
 - CHWs may provide additional services unrelated to a medical intervention, however, those services may not be billed to Medicaid.
 - Services must be ordered by a practitioner.
 - Enrollment: Community Health Workers could enroll as part of an eligible entity or program including a tribal health program, clinic, home health agency, etc.

