

MEDICAID ADVISORY COMMITTEE

November 8, 2018

1:00 p.m. – 3:00 p.m. CST

Department of Social Services

DSS Conference Room

Kneip Building

700 Governors Drive

Pierre, SD

I. Welcome and Introductions

Bill Snyder welcomed the group.

II. May 16, 2018 Minutes

Minutes from the May 16, 2018 meeting were distributed in the packet and posted electronically.

III. Behavioral Health Update

Tiffany Wolfgang gave an updated on activities from the Division of Behavioral Health, specifically activities related to meth treatment. There are 4 intensive Meth programs in South Dakota as of July 1, 2018. Mike Diedrich asked is there is a particular area where most referrals originate. Most referrals come from Minnehaha and Pennington counties, corresponding with the state's population centers. Mike asked if most referrals come from outpatient treatment. Most referrals originate from an outpatient treatment model. Mike asked about the capacity of the program. Tiffany said the goal is to support 50 or more clients. Ellen Durkin asked about the length of treatment. Typical treatment may last about a year and half but is dependent on the client's needs, there is not cap or minimum for treatment. Sara Peterson asked about the timeframe from assessment to treatment. Tiffany said typically entry to treatment occurs within 5 days or less, but there is an expectation for outpatient therapy to continue while an individual waits for treatment. Ellen asked about the location of the treatment programs. City/County in Rapid City, Keystone, DCI in Mitchell, and Rosebud Sioux Tribe provide intensive meth treatment.

Tiffany also provided an update about the Division of Behavioral Health's work on Screening, Brief Intervention, Referral and Treatment (SBIRT). She noted that most clinics are moving towards an embedded mental health professional within the clinic setting or are engaging with substance use disorder (SUD) agencies in their area. The Division of Behavioral Health maintains a treatment locator on their website:

<https://dss.sd.gov/behavioralhealth/agencycounty.aspx> Bruce Wintle asked if there is data on the success rate of individuals in treatment. Tiffany noted that

follow-up is through an outpatient provider and that SUD treatment is similar to other medical relapses but that the Division does not have the ability to follow the client.

Tiffany provided an update on DSS's activities related to opioids. More information about the South Dakota Prescription Opioid Abuse Advisory Committee is available here: <https://doh.sd.gov/news/opioid.aspx> The state's campaign against opioids is available here: <https://www.avoidopioidsd.com/>. Tiffany noted that there is a program launching in Sioux Falls to engage families in follow-up when a loved one has issues with opioids. The Division of Behavioral Health is also working on enhancing access to medication assisted treatment (MAT) for opioids, working closely with the Center for Family Medicine, Lewis and Clark Behavioral Health, Avera, and are in talks with FQHCs and Sanford. Tiffany encouraged anyone interested in working on opioid prevention to reach out to the Division of Behavioral Health.

Tiffany briefly discussed the Be the 1 Campaign targeting suicide prevention. More information about the campaign is available here: <https://bethe1sd.com>.

Colleen Winter added that the Department of Health received a new grant to collect more data about violent deaths which will be used to create a better system to collect data from coroner reports, vital records, and law enforcement.

IV. State Plan Amendment Report

Sarah Aker provided an overview of state plan amendments (SPAs) submitted and approved since the committee last met. Eric Grocott asked about what is holding up approval for the pharmacy SPA. Sarah explained that CMS has additional questions about 340B in South Dakota in relation to medical claims.

V. Administrative Rules of South Dakota

The Division of Medical Services submitted rules to the June Rules Hearing to implement SUD services for all Medicaid adults. Sarah Aker reviewed the rule changes. Colleen Winter asked if there were any comments at the public hearing. Several Marriage and Family Therapists testified in support of the rules. Sara Petersen asked if the independent mental health practitioners work in independent practice. Yes, these individuals work independently. Mike Diedrich asked about the differences between community mental health centers and independent mental health practitioners. Sarah and Tiffany described the differences in licensure and oversight of the two models.

VI. Health Care Solutions Coalition Update

Bill Snyder gave an update about the work of the Health Care Solutions Coalition. Mark Burket asked about community living homes. Colleen said she would look to see if anyone is licensed by the Department of Health at this level. Information about community living home licensure is available online: <https://doh.sd.gov/providers/licensure/CommunityLivingHome.aspx>

VII. Health Homes Quality Incentive Payments

Sarah Aker reviewed the work to develop Health Home quality incentive payments. Karli asked about the clinical outcome measures. Clinical outcome measures are reported by Health Homes every 6 months and are updated annually on a calendar year basis on the Department's website: <https://dss.sd.gov/healthhome/dashboard.aspx> Colleen asked about the small clinic payment. The workgroup included a small clinic payment to recognize the challenges associated with implementing this program in small settings with a limited number of eligibles. Sara asked about how to engage someone who may be eligible for the Health Home program. Sarah said that Sara could outreach Kathi Mueller, the South Dakota Health Home program manager by calling the Division of Medical Services.

VIII. Career Connector Update

Bill Snyder gave an update about the submission of the Career Connector 1115 waiver to CMS. Dr. Wintle asked if Wisconsin's program has been challenged in court yet. Bill said no, but that Arkansas's program has been challenged. Eric Grocott asked if our program is similar to Wisconsin's program. Erik Nelson asked about the specific changes made to the waiver through the public comment period. The changes are noted in the waiver, available here: <https://dss.sd.gov/medicaid/1115waiver.aspx> Bill also noted that he would follow-up with Erik. Erik asked for an update about the optional program. 34 individuals have engaged in the program.

IX. Medicaid Scorecard

Sarah Aker reviewed the measures reported to the CMS Scorecard and explained some of the challenges with reporting. Mark Burket asked about how encounter data can be better reflected on the scorecard. Sarah noted that some changes to the way IHS and others bill for services may be necessary. Colleen asked if any of the data is broken down further. Sarah noted that the data presented is the way it is presented on the scorecard, but additional iterations may be helpful. Dr. Wintle added a comment that capturing data can be elusive and noted that South Dakota does well in some areas of preventive dentistry compared to other states. Colleen commented that showing data to clinics compared to the statewide average has helped in some areas where DOH does outreach. Eric Grocott commented that education may help since most people know they should get a well check-up

in year 1 and 2 but not necessarily after that. Colleen also noted that sports physicals do not count as well check ups. Bill commented that DSS hopes to report a half dozen more measures in the following year.

X. Other Updates

Sarah Aker updated the group on some recent pharmacy updates including edits in the Medicaid point of sale system around preventing opioid abuse and misuse. Eric Grocott added that around 95% of prescribers are registered for the PDMP and that work continues about EMR integration. Eric explained a few technical difficulties with recent claims; Sarah and Bill said they'd follow up with Eric after the meeting.

Sarah also updated the group on dental care coordination outcomes. Karli asked about the work around orthodontic treatment. Sarah explained the care coordinators are following up with the patient to reiterate the orthodontic treatment plan and ensure the family understands next steps for treatment.

XI. Next Meeting

The group discussed May 8, 2019 from 1-3 PM as the next meeting date.