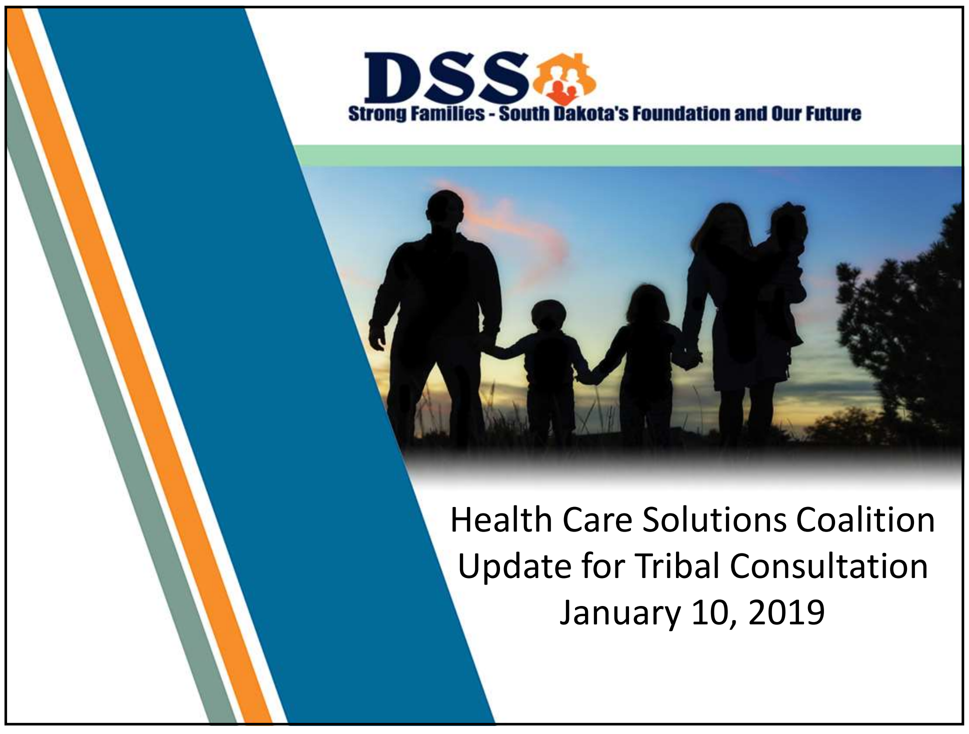


CMS Policy Change

- **February 26, 2016: HHS changed national <u>Medicaid funding policy</u> 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.

2

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)
   - **Implemented: 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
   - **Implemented: December 2018**

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. Coalition has completed it's work. Community Based Providers (nursing homes, psychiatric residential treatment, and community based providers) working to develop referral process and enhance care coordination services in these areas.

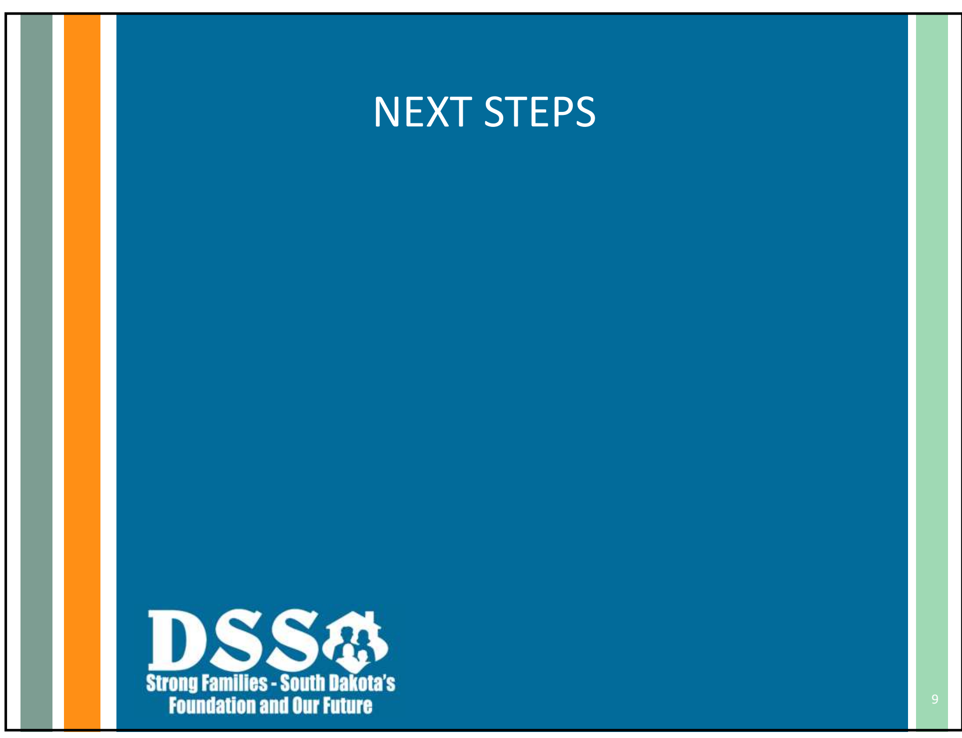
6

COMMUNITY HEALTH WORKERS

April 1, 2019 Implementation

- Met with implementation workgroup throughout the Fall. Members included tribes and providers and other stakeholders.
  - Target Population: Individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.
  - Services: Must be ordered by a physician , related to a medical intervention in the individual's care plan, and includes System Navigation and Resource Coordination, Health Promotion and Coaching, and Health Education.
  - Enrollment:
    - Community Health Workers may enroll as part of another eligible entity or program including a tribal health program, clinic, home health agency, etc.
    - CHWs must complete IHS CHR training, or a Board of Regents training, or another training approved by the state.
    - The enrolled agency must have certain policies in place regarding training and safety and must conduct fingerprint based criminal background checks or another state approved background check.
  - DSS will outreach tribes about how to enroll and to provide education on the CHW benefit in Spring 2019.

8



Health Care Solutions Coalition

- Last meeting of the Health Care Solutions Coalition took place on November 28, 2018.
  - This group has completed it's work related to initial implementation of the Care Coordination Agreement (CCA) process and implementation of the recommendations of the Coalition.
- DSS continues to work with IHS to implement new CCAs.
- The Community Based Provider Subgroup also continues to work on implementing referrals for nursing homes, community support providers and psychiatric residential treatment facilities.

10

Community Based Workgroup

- IHS has proposed an Intergovernmental Personnel Agreements (IPA) to place nurse case managers within IHS to strengthen continuity of care and care coordination to improve the health of Medicaid-eligible American Indians.
  - Increase the number of care coordination agreements for Medicaid-eligible American Indian individuals between SD and Indian Health Service (IHS)
  - Augment IHS case management and care coordination resources with the assistance of SD nurse case managers.
  - Coordinate access to specialty and long-term care services for Medicaid-eligible American Indians (AI) in SD.
  - Coordinate care/services with I.H.S. and Tribal Health Programs when patients discharge from facilities back home
  - Increase the number of Medicaid-eligible AI patients who access specialty services.
- The state and IHS are working to explore the feasibility of an IPA agreement.

11

Alternative Service Delivery Model

- Alternative Service Delivery Model:
  - Developed with a subgroup of providers in conjunction with tribal input.
  - Proposes to add providers to the IHS care network by utilizing FQHCs to broaden the network of culturally competent primary care providers for American Indians. The demonstration also proposes to give demonstration providers the same status as IHS allowing them to refer and coordinate care for a recipient in the IHS network. Proposes to reimburse providers a cost-based uniform rate utilizing 100% FMAP for Medicaid-eligible American Indians of $373 per encounter. Goals of the demonstration:
    - Add resources to improve access to culturally competent primary care sources for American Indians enrolled in South Dakota Medicaid.
    - Improve health outcomes for American Indians enrolled in South Dakota Medicaid.
    - Decrease non-emergent emergency department utilization and inpatient hospitalizations.
  - Pilot at 3 locations:
    - South Dakota Urban Indian Health: Pierre & Sioux Falls
    - Horizon Health: Mission
    - Community Health Center of the Black Hills: Rapid City

12