

**South Dakota Department of Social Services**  
**Medicaid Tribal Consultation Meeting**  
**Tuesday, April 28, 2019**  
**1:00 – 3:00 PM CT**  
**Conference Line: 866-410-8397**  
**Conference Code: 5922746166**

**Welcome and Introductions**

Bill Snyder, Director of Medical Services welcomed those in attendance. Participants introduced themselves.

**Review Minutes and Updates from January 2020 Meeting**

An overview of the minutes from the January 28, 2020 meeting were provided by Bill Snyder. The minutes and related handouts were emailed to participants and posted on the [Medicaid Tribal Consultation](#) website.

**Quarterly Report of Tribal Medicaid Expenditures**

The Quarterly Report was emailed to participants and posted on the [Medicaid Tribal Consultation](#) website.

**COVID-19 Updates**

Bill Snyder reviewed flexibilities that have been implemented in the Medicaid program in order to address the COVID-19 Public Health Emergency.

*1135 Waiver*

DSS submitted an 1135 waiver request to CMS in order to support providers and recipients during the public health emergency. The initial request and the responses from CMS were emailed to participants and can be found on the [DSS website](#). Flexibilities granted under the 1135 waiver include the option to provide services outside of traditional facilities and expanding the types of providers who are able to deliver services during the emergency.

DSS also added telehealth flexibilities as part of the response to COVID-19. There is information in the handouts emailed to participants as well as on the [DSS website](#) that go into specific telemedicine flexibilities.

Kathy Bad Moccasin asked about out of state providers and if they need to go through the full provider enrollment. Yes, the expectation is that those providers go through the traditional provider enrollment process.

*Appendix K Waiver*

Appendix K waivers are used to provide flexibilities in Home and Community Based (HCBS) waiver programs to prepare for and respond to emergencies. The HOPE and CHOICES waiver have had Appendix K applications approved by CMS. The ADLS waiver submitted an application and is awaiting a response from CMS. If there are additional questions please contact Bill Snyder, Sarah Aker, or Samantha Hynes and they will put you in contact with the appropriate Department of Human Service HCBS waiver manager.

**State Plan Amendment Report**

Matthew Ballard provided an update on the State Plan Amendment (SPA) report. There were three SPAs that were approved this quarter. There is one SPA for IMD services and adding coverage for early intervention services that is still under review by CMS.

There is one SPA out for Tribal Consultation/Comment. The SPA is for Tribal pharmacy

reimbursement, the SPA would allow high cost drugs to be reimbursed at a higher rate if the cost of the drug was greater than the encounter rate.

There has been no change in the status of the 1115 waivers.

### **Community Health Worker Collaborative**

Ben Tinsvold presented on the Community Health Worker Collaborative, an organization developed in partnership with the Department of Health to expand the use of Community Health Workers in South Dakota. The handouts from the presentation were emailed to participants and can be found on the [Tribal Consultation](#) site.

Peg Bad Warrior asked a question about enrolling a Tribal CHR program in Medicaid. Samantha Hynes will send information regarding Medicaid enrollment for the CHW program to the Tribal Consultation group. Samantha is available to answer questions or provide technical assistance for the provider agreement and CHW policies.

### **Long-term Services and Supports (LTSS) updates**

#### *Structured Family Care Giving*

Misty Black Bear provided information on structured family caregiving services. Structured family caregiving was added as a service to the HOPE waiver program in 2018. The service is available to people that are eligible for the HOPE Waiver and choose to receive personal care services within their home from a live-in caregiver. The caregiver receives training and support to provide the service to the recipient, they also receive a stipend for providing the service. The caregiver must have an established relationship, live in the home, and pass a background check, to be able to provide the services. Referrals for structured family care giving can be made through [Dakota at Home](#).

#### *Assisted Living Rate Tiers Amendment*

LTSS is working on an amendment for the HOPE waiver. A summary of the amendment was emailed to participants and can be found on the Tribal Consultation site. LTSS is targeting May for the start of the required 30-day public comment period. The waiver amendment addresses the following areas:

- A tiered rate for assisted living services. The tiered rate comes as a response to SB 147 which establishes a rate methodologies for all DHS services.
- Adds adult day centers as a personal care and respite care provider type.
- Updates the projections for the number of people served and the amount of money spent during the waiver year.
- Updating language on background checks so the waiver to be in alignment with what LTSS is requiring of providers.
- Proposing to visit HOPE waiver facilities every three years instead of every year. Visits would happen more frequently if there are concerns with a facility.

Andi Ferguson had a question about the cost of the background check for the caregiver in structured family caregiving. Currently there is only one agency that is enrolled to provide the service, that agency has elected to cover the cost of the background check for the caregiver.

### **Community Based Provider Workgroup Update**

Bill Snyder provided an update on the Community Based Provider Workgroup. This group is made up of community-based providers (PRTFs, nursing homes, CSPs) and meets regularly to encourage the coordination of care and generate savings to be reinvested in Medicaid. Savings are generated under care coordination agreements between IHS and non-IHS providers when a referral for services is made by IHS for care for an American Indian. This qualifies the service to be paid with 100% federal funds and saves the state share of the traditional Medicaid FMAP and generates savings to be reinvested into the Medicaid program. Reinvestment of the savings thus far has allowed Medicaid to add CHW services, expanded SUD services to all adults,

increase provider rates, fund innovation grants, and hire three IPA nurses. \$11 million is the projected savings for this fiscal year.

Lisa Veit asked for some additional information about the \$11 million in savings. On the DSS site you can find the FMAP savings reports. The report outlines the amount of savings for year as well as where savings have been generated. So far, the state has generated \$7.7 million of the \$11million target. Lisa Veit asked for some additional reports to see savings generated broken down by tribe. The savings report does not provide detail on which IHS facility referred the patient. DSS will look into how the information Lisa is requesting can be provided.

Roxanne Two Bulls asked a question about the IPA nurses and the hiring of someone additional to be stationed with Native Women's Health Care. Hiring Additional IPA nurses would need to go through legislative appropriations. There are three IPA nurses who are currently available to provide assistance with referrals. The nurses provide services in multiple locations, not just the facilities where they are officed.

DSS continues to have conversation with GPTCHB regarding the reinvestment of savings.

### **Other DSS Updates**

As mentioned during the SPA update, as of April 1, 2020 Tribes are now able to get higher reimbursement for high cost drugs where the cost is higher than the encounter rate. Instructions for reimbursement have been sent to Tribes, DSS has begun to see claims come in for these high cost drugs. The link to the SPA is part of the handouts; additional comments may be submitted to Matthew Ballard; comments will be included in the submission of the SPA to CMS.

State staff are working remotely in response to COVID-19. Medicaid continues to accept claims and processes payment on Wednesdays. We encourage the use of the portal for eligibility, claims, and questions. The portal is available 24/7. Medicaid continues to process prior authorizations, respond to voicemails, and process paper claims. We encourage alternative methods such as email to get in touch with DSS staff for a quicker response. Information regarding how to access DSS staff during the public health emergency can be found on the [DSS COVID Resources](#) page.

Medicaid has temporarily changed some policies and procedures in response to COVID-19. Up to date information can be found on the [DSS COVID-19 resources page](#) and is also sent out via the Medical Services listserv. DSS is submitting a disaster SPA to CMS to ensure that testing and treatment of COVID-19 are free of cost sharing. Medicaid has made early refills available for prescriptions, prescriptions may also be filled for 60 days instead of the traditional 30. DSS has auto-renewed all pharmacy prior authorizations (PAs) that were in effect May 30, 2020.

DSS has aligned Medicaid coverage of telemedicine with Medicare coverage. Providers who traditionally have not been able to utilize telemedicine are temporarily allowed to utilize the services to help promote social distancing. These providers include but are not limited to dentists, applied behavioral analysts, physical therapists, and occupational therapists. Coverage has been expanded to allow for some services to be provided via telephone only. More information can be found in the [COVID-19 FAQ](#) and the [telemedicine manual](#). During the public health emergency DSS is allowing telemedicine to be provided when the provider and the recipient are in the same community. During the public health emergency telemedicine can be provided utilizing technology such as Facetime, Skype, or Zoom per the HHS Office of Inspector General. South Dakota Medicaid encourages providers to use HIPAA compliant technology when available.

Jonni Arpan asked for clarification on the reimbursement of telemedicine through Skype, and Zoom since IHS is discouraging the use of this type of technology. Are 638 providers supposed to follow IHS since they are the EHR system, or Medicaid? Using this type of technology is

allowable under Medicaid, the Tribe will need to make the decision about the type of technology they will allow during the PHE.

### **Behavioral Health Update**

Tiffany Wolfgang provided an update from Behavioral Health (BH). BH has released a RFP to conduct a needs assessment and gap analysis of behavioral health services and supports. The RFP is currently active. BH is hoping to make an award on this RFP in early June. As part of the need's assessment and gap analysis BH will be looking to develop a strategic plan. The development of BH goals and the strategic plan will include engagement with a variety of stakeholders.

The Tribal opioid grant applications through SAMHSA are open until early May. An emergency COVID-19 response grant has been released by SAMHSA. BH applied and receive \$2 million to address behavioral health needs during COVID-19.

As part of resolution 6001 BH will be looking at peer support service, a report is due to the legislature in 2021 regarding peer support services.

### **Tribal Reports (from members present)**

There were no Tribal reports given during the meeting.

### **Upcoming Meetings**

July 28, 2020: Zoom

October 27, 2020: Tribe Hosted; Lower Brule