

**South Dakota Department of Social Services Medicaid  
Tribal Consultation Meeting  
Tuesday July 28, 2020  
1:00 – 3:00 PM CT  
Zoom**

**Welcome and Introductions**

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

Bill announced the departure of Sarah Aker from Medical Services. If anyone has anything that would have been sent to Sarah, they can contact Bill or Samantha Hynes.

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

An overview of the minutes from the April 28, 2020 meeting was provided by Bill Snyder. The minutes and related handouts were emailed to participants and are 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.

**Department of Health Updates**

Katelyn Strasser the Maternal Child Health Epidemiologist for the Department of Health (DOH) provided an update on the maternal child health needs assessment. Katelyn's presentation and handouts were emailed to participants and can be found on the [Medicaid Tribal Consultation](#) website.

Jennifer Folliard, Maternal Child Health Director for the Department of Health (DOH), shared South Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2018. DOH has PRAMS data that can be shared with tribes. The PRAMS data can be broken down by reservation county. Anyone interested in this data can reach out to Jennifer. Jennifer also provided an update on Maternal Child Health focus areas and priorities. DOH is looking for public comment on their priority areas, the comment period is open until August 3, 2020. DOH also has a number of Maternal Child Health work groups, if people are interested in being a part of any of the work groups, they can contact Jennifer. Jennifer Folliard can be reached at Jennifer.Folliard@state.sd.us.

**Division of Behavioral Health Updates**

Tiffany Wolfgang, Director of the Division of Behavioral Health (BH), provided an update on opioid grants. BH is applying for a no cost extension to be able to continue current opioid grant activities. In addition, BH is applying for a second round of Opioid Grant funding. The second round of funding will allow states to address stimulants in addition to opioids. Funding through these grants has allowed BH to partner with Oxford House to provide recovery housing for people who struggle with substance use. They have been able to work with agencies to provide intensive case management for pregnant women and women with dependent children. Finally, BH is working on a standing order for Narcan to ensure it is available across the state.

Tiffany reviewed the enhancements made to the [avoid opioid website](#) and the [suicide prevention website](#). If people have training events they would like added to the website please reach out to BH. BH has a listserv for suicide prevention activities that people can sign up for, there is a link on the suicide prevention webpage.

Behavioral Health has received a National Strategy for Suicide Prevention (NSSP) grant, it is a three-year grant that will help address suicide prevention for people 25 and older. This is similar

to a campaign that was implemented for children. The campaign is called “Be The One” and will kick off in fall of 2020.

Behavioral Health is working on completing a gap analysis through an independent evaluator to assess the behavioral health needs of South Dakotans. They hope to have the report by the end of the year.

### **COVID-19 Updates**

Bill Snyder provided some clarification regarding the 1135 waiver that was approved by CMS at the beginning of the public health emergency. DSS is working with CMS to get approval for IHS facility to be able to provide services outside of the four walls of the facility. Specifically looking at the ability to do COVID testing in a parking lot or other location. DSS is asking CMS to approve this coverage going back to March 2020.

### **State Plan Amendment Report**

Matthew Ballard, State Plan Program Manager for the Division of Medical Services, provided an update on state plan amendments. There are two amendments that are currently out for public comment.

- 1) Community Mental Health Center Face-to-Face Requirements
- 2) Provider Inflationary Increases

Comments on the two amendments can be sent to Matthew Ballard at [Matthew.Ballard@state.sd.us](mailto:Matthew.Ballard@state.sd.us).

### **Other Medicaid Updates**

Samantha Hynes, Policy Strategy Manager for the Division of Medical Services, provided updates on the Primary Care Provider (PCP) program. The PCP addendum is being updated with additional language that would require providers to send periodic reminders to recipients age 20 and younger who have been on the provider’s caseload for at least 6 months and have not had a well child visit in the previous 12 months. In addition to the PCP updates, DSS administrative rules package will allow mid-level practitioners to have an independent caseload. This change aligns the PCP program with the Health Home program. This change will promote access to services for individuals living in rural communities where there is no physician.

Lisa Lee, Business Analyst for the Division of Medical Services, provided an update on the Medicaid portal. Medicaid is currently testing the submission of UB claims through the portal. Implementation is expected in Fall of 2020. This process is not meant to replace internal software or clearing houses, it only provides an additional option for claims submission. Anyone interested in testing the submission of UB claims in the portal can contact Lisa Lee at [Lisa.Lee@state.sd.us](mailto:Lisa.Lee@state.sd.us).

In January 2021 IHS is switching to the 1500 claim form for professional and ancillary charges. This change will provide Medicaid with additional data for reporting of well child visits, vaccinations, and other outcome measures.

### **Overview of Telemedicine in Medicaid**

South Dakota Medicaid Summer Interns Parker Johnston, Raegan Winder, Christian Skunk, and Hannah Booth provided information on services that can be provided via telemedicine during the COVID-19 public health emergency. Their complete presentation can be found on the [Medicaid Tribal Consultation](#) website.

### **Innovation Grant Updates**

Dr. Larry Morningstar provided an overview of the innovation grant project being implemented by Native Women’s Health Care (NWHC). NWHC is testing a team-based approach to prenatal substance use disorder by linking recipients to obstetrics, behavioral health, and community health worker services.

Samantha Hynes provided information regarding the other two innovation grant recipients. The Avera Before Baby projects is focusing on telehealth services for pregnant women to assist them in self-managing gestational diabetes. The Center for Family Medicine (CFM) is testing the health home model utilizing pregnancy as a qualifying diagnosis. In addition, CFM is working with Residents to develop health education videos for recipients to view when they come into the clinic. Additional information on the innovation grants can be found on the [innovation grants webpage](#).

### **Care Coordination Agreements/ Community Based Provider Shared Savings Updates**

Bill Snyder provided updates from the working being done by the Community Based Provider Shared Savings work group (CBPSS). Through the savings generated by the Care Coordination Agreements (CCA) Medicaid was able to implement the three innovation grants described earlier as well as add additional benefits to the Medicaid program.

DSS has received from Great Plains Tribal Chairmen's Health Board (GPTCHB) proposals for the implementation of other services in the Medicaid program. On the on the [Medicaid Tribal Consultation](#) website there is a detailed outline of all of the proposals from GPTCHB and what South Dakota Medicaid has done to implement items in the proposal. Medicaid expansion is not under consideration; Governor Kristi Noem is supportive of CCA and reinvesting the savings in other ways for people currently eligible for Medicaid.

Bill asked for feedback regarding what barriers exist to getting additional care coordination agreements in place.

Roxanne Two Bulls from Native Women's Health Care had a question about Tribes enrolling as a FQHC. Roxanne is interested in hearing more about this option and what the pros and cons are. The encounter rate for the FQHC is considerably lower than the encounter rate for IHS. The advantage may be flexibility for reimbursement for items that would not otherwise be reimbursable. DSS has put together a summary of the pros and cons of this option. Roxanne asked if there were any planned meetings to discuss this further, at this time there is no meeting scheduled between GPTCHB and DSS. DSS is available to meet if this is something GPTCHB wants to discuss further.

Lisa Schlosser requested additional report with the amount of broken down by tribe. She sees the savings but not broken down by provider by not by tribe. DSS will set up time with Lisa to get her the information she is requesting.

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

There were no Tribal reports given during the meeting.

### **Upcoming Meetings**

October 27, 2020: Zoom