I. **Welcome and Introductions**
William Snyder, Director, Division of Medical Services, welcomed those in attendance. Participants introduced themselves.

II. **Prayer**

III. **Review of Minutes and Updates from October 2018 Meeting**
Minutes from the October 2018 meeting were distributed to the Tribal Consultation group for review. The minutes and related handouts are also posted on the Medicaid Tribal Consultation website at [http://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx](http://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx).

IV. **Quarterly Report of Tribal Medicaid Expenditures**

V. **Department of Health Update**
Kiley Hump gave an overview of two Tobacco Control Program funding opportunities. The first opportunity is for a community and school-based tobacco policy, with a focus on Youth Initiation, Cessation, Secondhand smoke and disparities. The program may provide up to $25,000 in funding for the program. The second opportunity is a priority population focused fund which requires the organization to focus on one of the following specific areas; prevention, secondhand smoke or cessation. This fund may pay of to $25,000 to the implementing organization. Some examples of how the funds have been used; Missouri Breaks on the CRST passed Clean Indoor Air Ordinance, Point of Sale assessments have been done and store owners educated, Updated K-12 tobacco policies and provide red new signage for enforcement and education. Kylie also provided information on the National Violent Death Reporting System. SD was one the last ten states to implement and is a four-year project. A review committee has been implemented. Kylie informed the group if they are interested in being a part of the committee, to contact DOH. The purpose of the reporting system and the committee is to focus on infant mortality, child mortality review, maternal mortality review and
violent death reporting. The information gained from the Violent Death Reporting System will help guide local decision making about efforts to prevent violence.

VI. State Plan Amendment Report
Matthew Ballard reviewed the State Plan Amendment report. There was discussion about the work requirement SPA, which Medicaid informed the counsel the SPA is currently in review with CMS. There was also a question about services limits related to Substance Use Disorder Services. The group was informed there are no service limits, but all services must be medically necessary. The provider must be an enrolled SD Medicaid provider. It was also clarified there is a shared savings with the High Priority Healthcare Population Supplemental Payments.

VII. Governor Noem Update
Melissa Klemann shared that Governor Noem is committed to the work of providing quality care to tribal members and looks forward to working with the tribes.

VIII. Health Care Solution Coalition Update
Bill Snyder provided an update on the Health Care Solutions Coalition. Bill highlighted the CMS policy change regarding the 100% FMAP which took place February 26, 2016. He specifically identified IHS must sign care coordination agreements, maintain responsibility for patient care, services are not limited to an IHS facility and accept medical records from external providers. SD Medicaid is responsible for tracking care coordination agreement status and ensure proper billing. The next step benefits of the savings were presented. A key recommendation for use of these funds will focus on Community Health Workers (CHWs). SD Medicaid is in the process of putting together a SPA for Community Health Workers. The process will take about 90 days. Enrolled providers should be able begin billing SD Medicaid for CHWs, April 1, 2019. The services will be paid on a fee-for-services basis. The rates will be on SD Medicaid's fee schedule. CHWs must be in good standing with IHS policy. The SPA will lay-out the specifics. The State and IHS are working on the feasibility of an Intergovernmental Personnel Agreement which would place nurse case managers within IHS to strengthen continuity of care and care coordination to improve the health of Medicaid-eligible American Indians. Brenda Tidball-Zeltinger reassured the counsel SD Medicaid will continue to work with IHS and the tribes to enhance care of tribal members. A key focus will be coordinating better care of individuals in transition. A waiver proposal for the Alternative Service Delivery model with presented. The model was developed with a subgroup of providers in conjunction with tribal input. The proposed service delivery model
would add providers to the IHS care network by utilizing FQHCs. The demonstration also proposes to give demonstration providers the same status as IHS allowing them to refer and coordinate care for recipients in the IHS network. The three pilot locations are SD Urban Indian Health, Horizon Health-Mission and Community Health Center of the Black Hills. The waiver will go to the Tribal Consultation group for review. Due to this being a 1115 waiver, it may take longer to be approved due to the CMS process.

IX. Timely Filing Requirements
Sarah Aker went over SD Medicaid timely filing requirements and why the 6-month timely filing rule is important. CFR and Administrative Rule of South Dakota state the time limits for claims submission. Sarah stated the claims data received by SD Medicaid is used for the purpose of budgeting and forecasting, which can help SD Medicaid make coverage decisions, price change recommendations and service limits. The data is also used in completing the required CMS 416 Report. During CY2018 only 1% of IHS and Tribal 638 claims denied for timely filing. Sarah informed the group DSS is available to offer technical assistance for tribal providers and IHS to assist in resolving claims issues.

X. Other DSS Updates
Margaret Bad Warrior inquired about the status of the work requirements waiver, Career Connector. Sarah stated the waiver is currently being reviewed by CMS. Once CMS has completed the review, they may come back to SD Medicaid with requested changes.

XI. Tribal Reports
Ellen Durkin shared with the group that Lower Brule Sioux Tribe has been suicide free for 2 years. She talked about their Wani Wanci student program, which helps their group identify at risk individuals. Ellen also shared the t-shirts they have designed in a partnership with Sanford and told the group how they can acquire the t-shirts with their tribal info on the sleeves. Lower Brule is willing to help other tribes.

Larry Morning Star shared info he had found regarding the CMHC program in TX., as well as mention of patient navigators.

XII. 2019 Meeting Schedule
- April 11, 2019: Great Plains Tribal Chairmen’s Health Board
- July 11, 2019: Pierre
- October 10, 2019: Tribe hosted

XIII. Adjournment