South Dakota Health Care Solutions Coalition
Meeting Notes 4/13/2017

Coalition Attendees: Kim Malsam-Rysdon, Jerilyn Church, Lynne Valenti, Brenda Tidball-Zeltinger, Kelsey Smith, Sarah Aker, Mike Diedrich, Scott Duke, Terry Dosch, , Debra Owen, Deb Fischer-Clemens, Senator Troy Heinert, Senator Deb Peters, Senator Deb Soholt, Representative Jean Hunhoff, Shelly Ten Napel, Jennifer Stalley, Dr. Mary Carpenter, Nick Kotzea, Kathy Bad Mocassin, Mark Quasney, Elliot Milhollin

Welcome and Introductions

Kim Malsam-Rysdon welcomed the group and thanked them for their participation.

Review Last Meeting Minutes
The group reviewed the minutes from the last meeting that focused on the American Health Care Act (AHCA) and the implications of that bill for the state.

Update on Federal Developments Regarding Medicaid
Although the AHCA was not voted on, there continues to be discussion about health care reform at the federal level. Congress is currently in recess, but may return early if there is potential for a vote. The federal focus is on addressing the concerns of the House Freedom Caucus. The Freedom Caucus did not support AHCA, and supports changes that would likely have further impacts to state Medicaid programs and budgets. The state continues to watch these efforts closely.

Senator Soholt stated that there is frustration because we're back to wait and see in regards to federal health care reform and that we need to figure out the next steps in lieu of another federal move.

Governor Daugaard applied for Governor's Bipartisan Learning Network on Health Reform through the National Governor’s Association (NGA). South Dakota was accepted. The NGA has been focusing on recommendations states can make to Congress through proposed legislation, regulation changes, or new legislation. Kim Malsam-Rysdon, Brenda Tidball-Zeltinger, and Kelsey Smith are on the workgroup and plan to keep the Coalition informed.

Subcommittee Report- Ideas on Using 100% FMAP in Future

Governor Daugaard provided written information to Secretary Price and President Trump on IHS reimbursement issues and the effect on South Dakota to provide education on the issue and determine what opportunities exist in this administration to address the issues.

The state had a call with Seema Verma and Brian Neale from the Centers for Medicare and Medicaid Services (CMS) to talk through the issue in more detail and progress that we've been able to make up to this point. CMS invited the state to suggest changes to

the 100% policy and the care coordination agreement to make them easier to implement.

The 100% FMAP committee met earlier this week and discussed high level conceptual changes to the policy to make it easier to implement. Written suggestions from the committee were requested by Monday, April 17. A follow-up call to discuss revisions is scheduled for Friday, April 21 at 3 PM CT. The state is trying to be responsive to CMS to utilize the request for feedback.

Senator Heinert thinks without tribal buy-in the policy will not be able to be implemented. Kim Malsam-Rysdon expanded that one of the key discussion points in the subcommittee has been the idea of incentives. Medicaid Expansion was a huge incentive for providers, tribes and IHS to implement the policy originally. Expansion is not feasible today. There are questions about what the federal government will allow in the future. In addition, a majority of SD legislators do not support expanding Medicaid. The Coalition will be tasked with looking at other incentives to get stakeholder buy-in.

Nick Kotzea stated that as he looks at the issue, there is an opportunity on the front end to frame up incentives and what new programs could look like. He stated that it is important to be able to start capturing the savings to bring those programs to fruition. He supports moving forward with the incentive discussion and the potential policy changes on a parallel track.

Subcommittee Report- Ideas for Work Requirement
This subcommittee was established to look at employment and training incentives for the Medicaid population. The subcommittee was established prior to the vote on the AHCA. This group will reconvene at a later date when there are substantive changes at the federal level.

Review Incentives for 100% FMAP Policy
Kim Malsam-Rysdon asked the group about ideas for incentives that can address key issues in South Dakota's health care system. The group reviewed the recommendations of the Health Care Solutions Coalition.

RECOMMENDATION 1 Increase use of telehealth services to support emergency departments and support increased access to primary and specialty care consultation and treatment in through Indian Health Service and Tribal Programs.

Kim asked Deb Fischer-Clemens to give an update about progress on this recommendation. Avera will be in 7 IHS hospitals and 14 IHS clinics. There has been a lot of work in the locations and identifying infrastructure needs. eEmergency will go live first in Pine Ridge and Rosebud with the other specialists for follow. eEmergency provides resources for emergency room providers to reduce the need for transfers and improve quality of care. eConsult is a way for an individual to see a specialist remotely and saves travel time and expedites orders and progress on meeting health care needs. eConsult is expected to go live mid-summer. IHS is making a $1.67 million investment to telehealth. IHS recently gave a presentation about progress at the April 6 Medicaid

Tribal Consultation Meeting. The PowerPoint is available online: http://dss.sd.gov/docs/tribal/IHS_Telhealth_Update.pdf

Shelly Ten Napel asked if there was the potential for telehealth to generate state savings. Could savings be identified to fund future recommendations?
The state expects the telehealth recommendation to be associated with cost savings.

RECOMMENDATION 2 Develop a formal Community Health Worker/Community Health Representative program under the Medicaid State Plan.

CHRs can be useful for individuals with chronic conditions, and have applications for prenatal care and addressing barriers to access. Sarah Aker gave an update on the Department's joint work with the South Dakota Department of Health, tribes, providers, and other stakeholders to define an infrastructure for CHRs in South Dakota. DOH and DSS are evaluating ways to support CHRs within the current payment models in Medicaid.

RECOMMENDATION 3 Expand support for prenatal and postpartum care to support healthy birth outcomes

The Coalition was not specific in this area, but identified it as an area where more support is needed.

RECOMMENDATION 4 Expand capacity for mental health and chemical dependency services through Indian Health Service and Tribal Programs.

Lynne Valenti overviewed the work of the Coalition. In the Coalition, behavioral health quickly rose to the top of the list as a need in our state. DSS has partnered with Great Plains Tribal Chairman's Health Board to explore what it would take for tribes or IHS to become a CMHC. Lewis and Clark Behavioral Health provided support for this effort; a group of IHS and tribal health members attended the accreditation review of Lewis and Clark to learn more about the accreditation process. There are some tribal programs that are more interested and have more capacity in this area.

Jerilyn Church added that GPTCHB sponsored a tribal conference with SAMSHA and IHS to focus on the development of a tribal behavioral health model. IHS expressed interest in a potential pilot through Sioux San in RC. GPTCHB also applied for a SAMSHA systems of care grant to support development of the CMHC model in a tribal setting. Standing Rock recently expressed interest; GPTCHB is following up with Standing Rock and IHS to conduct a readiness assessment to see if they might be a viable site to develop a tribal CMHC program.

RECOMMENDATION 5 Expand Medicaid eligible providers of behavioral health and substance use disorder (SUD) treatment services.

Medicaid currently has limitations on who is allowed to bill as an independent mental health practitioner. The Coalition looked at allowing other providers to bill for these

services with the recognition that this would have a fiscal impact to Medicaid. The original plan relied on utilizing cost savings to implement this recommendation.

RECOMMENDATION 6 Add evidence-based behavioral health services and supports for children and families, including supporting the provision of functional family therapy as a Medicaid state plan service.

Lynne described Family Functional Therapy (FFT). DSS has implemented FFT as part of the Juvenile Justice Reinvestment Initiative (JJRI) and has transitioned this to a state plan service; however the service is not limited to justice-involved individuals. All eligible individuals are provided services.

Kim asked the group if the recommendations from the Coalition still resonate and if we should fund these recommendations if we are able leverage the 100% FMAP policy. Brenda shared that at Tribal Consultation, the expansion of behavioral health and providers was identified as a priority for tribes and Urban Indian Health.

Senator Soholt stated that we need to continue to move forward with these recommendations because they are the right thing to do to improve quality and access. The Coalition's focus should include piloting unique and innovative models that transform the Medicaid program. DSS will identify the costs associated with the recommendations and report out at a future Coalition meeting.

Senator Heinert stated that with Expansion off the table, a large number of American Indians won't have health coverage. Telehealth will make a big difference for American Indians and stretch the IHS dollar further. However, being able to enroll more people in Medicaid allows IHS to generate funding that can be used for non-Medicaid eligibles. Senator Heinert suggested pursuing a waiver to allow tribes to increase American Indian eligibles. Kim clarified that the ACA expansion to 138% is off the table, but the Coalition could still contemplate other changes to Medicaid eligibility.

Brenda gave an overview of the current Medicaid program eligibility.

Aid Category	**FPL**
Low Income Parents	52%
Pregnant Women	138%
Medicaid Children	182%
Children's Health Insurance Program (CHIP)	209%

Deb Fischer-Clemens asked if male parents with children are covered. Yes, fathers with dependent children are covered. Deb asked if there are people who fit in the current eligibility categories that are not enrolled. Senator Heinert stated that at Rosebud IHS all potential Medicaid eligibles are assisted with an application for Medicaid. Lynne added

that South Dakota's enrollment rates are high and that providers in South Dakota do a good job of connecting individuals to Medicaid.

Kim asked if the Coalition would be interested in cost estimates for various populations that would've been covered under Medicaid Expansion. Deb agreed that information would be valuable. In addition, it would be valuable to know how many of those are American Indians who have the ability to access care at IHS on the reservation.

Deb suggested a campaign to ensure that everyone that is currently eligible is enrolled in Medicaid. Lynne gave an overview of federal CHIPRA outreach grants that were used to implement enrollment kiosks that are still in use on the reservations. Several tribes were also grantees for that funding. The enrollment drives did not find many people eligible for Medicaid who were not signed up, but did find individuals who hadn't enrolled in Medicare. Jerilyn added that GPTCHB has a navigator and an agreement with CMS for South Dakota and North Dakota. Jerilyn stated that they have good results with individuals enrolling in Medicaid when they are eligible when they understand how the Medicaid dollars can bring additional resources into IHS. Jerilyn agreed that they are not finding a large number of individuals who are eligible but not enrolled.

Kim asked for other ideas from the Coalition. Senator Heinert asked if there was a way to change the income threshold for American Indian eligibles or his idea for a Native Care Card. Senator Heinert state that we need to increase the numbers of individuals eligible because the health care crisis on the reservation is ending up with uncompensated care being provided by non-IHS providers. Senator Soholt asked if tribes were open to self-administration instead of utilizing IHS to see if we can strengthen our tribes and see better outcomes.

Jerilyn Church stated that entering into care coordination with tribes would be easier than entering into one with IHS. There is momentum for tribes to begin assuming programs under 638, but tribes are also cautious about changes to the 100% FMAP language. GPTCHB is in the early stages of analyzing current programs, functions, services at area level that could be assumed. Although each tribe would have to decide to pursue self-administration, there seems to be support from tribal health leaders and at the council level. The 100% FMAP Subcommittee is also working on strategies to assist tribes interested in pursuing more self-administration. GPTCHB did a survey of tribal health departments to learn about barriers to self-administration. Kim suggested that the Coalition consider investing in tribes to help develop 638 programs as an incentive.

Representative Hunhoff asked to consider school based health programs as an option to address access. Brenda stated that there are already certain therapies and services provided in school settings that are reimbursed by Medicaid. This could be piloted with American Indian schools and could be an opportunity to provide basic treatment and well-child care in a school setting.

Senator Soholt asked about piloting or incentivizing different preventive and primary care models to promote access. An example could be a targeted pre-natal program to eliminate NICU stays. Dr. Carpenter added there is some documentation that supports a centering model that Urban Indian Health used for pregnant moms. Savings could be generated for multiple payers.

Senator Heinert stated that the Coalition needs to address uncompensated care coming from IHS facilities as an incentive for tribes. Kim asked for strategies relating to uncompensated care. Heinert states that increasing Medicaid eligibility for American Indians would be a huge incentive. Senator Soholt asked if there was way to utilize contracted care to improve outcomes and reduce uncompensated care costs. Deb Fischer-Clemens stated that there are challenges with the referral process and that there may be overall savings that could be achieved through a demonstration waiver. Flandreau Sioux Tribal representatives suggested the general welfare exclusion act to exclude income for American Indians.

Next Steps

The 100% FMAP subcommittee will meet next week to finalize changes to the SHO guidance and the care coordination agreement to return to CMS.

Next Meeting

May 3rd,, 2017, 9:00 a.m. to 10:30 a.m. CT
Governor's Large Conference Room
Conference Call: 1.866.410.8397
Passcode: 6057734836