New Services Subcommittee Organizing Call

Meeting Minutes: 10/28/2015
October 28, 2015

3 pm – 3:30 p.m. Central time

Attendees: Chairs: Kim Malsam-Rysdon, Governor's Office; and Jerilyn Church, Great Plains Tribal Chairman's Health Board; Sonia Weston, Oglala Sioux Tribal Council; John Mengenhausen, Horizon Health Care; Pam Locken, Alternate for Horizon Health Care; Deb Fisher Clemens, Avera; Monica Huber, Sanford; Brenda Tidball-Zeltinger, Department of Social Services; Lynne Valenti, Department of Social Services; Edmund (Eddie) Johnson Jr, Sisseton Wahpeton Oyate; Michael Coyle, Coteau Des Prairies Health Care System; Bernie Long, IHS, Ft. Thompson; Evelyn Espinoza, Rosebud Sioux Tribe; Elliott A. Milhollin, Hobbs, Straus, Dean and Walker, LLP., Oglala Sioux Tribe

Introductions and Overview

Kim Malsam-Rysdon welcomed the group and noted that there will be an in-person meeting next week, November 4th, 10 AM to Noon at the Ramkota River Center, Gallery B. The call today is to touch base briefly to organize the group and prepare for that meeting.

This is a subcommittee of the larger South Dakota Health Care Solutions Coalition - a broad stakeholder effort led by Kim Malsam-Rysdon and Jerilyin Church that includes legislators from both houses, State staff, Indian Health Services, Tribal members and Tribal leaders, health care providers, Federally Qualified Health Centers,and Community Mental Health Centers. The Coalition is focused on developing strategies to provide better access to care for Native Americans enrolled in Medicaid. Today, federal Medicaid funding covers 100% of costs for care that Native Americans receive at an IHS/Tribal facility, meaning the State doesn't have to pay any share of those costs. However, when Native Americans receive Medicaid services through a non-IHS/Tribal facility, the State has to pay half of the costs. South Dakota asked the Centers for Medicare and Medicaid Services (CMS), which administers the Medicaid program, to consider paying more for the costs of services for Native Americans enrolled in Medicaid even if they receive those services through non-IHS/Tribal facilities. If we can gain enough savings to the State by doing this, it would allow us to look at expanding Medicaid for all South Dakotans.

All the materials from the Coalition and Subcommittees can be found on the State website at:

boardsandcommissions.sd.gov

There are other two other Subcommittees: 1) Increasing Access to Services Through IHS Subcommittee, which is focused on increasing access at IHS/Tribal facilities through partnerships with other providers; and, 2) Behavioral Health Subcommittee, which will start next week.

New Services Subcommittee

The timeline for the subcommittee's work is very compressed. South Dakota learned in mid-August that CMS was interested in our proposal regarding changes to the federal match rate for Medicaid services received by Native Americans in non-IHS/Tribal facilities and have been on a fast track since then. We will be meeting aggressively between now and mid-December to get the bulk of our work done. The

larger Coalition meets every two weeks, and we would like this committee to meet immediately prior to that group, from 10 a.m. to noon (Central time). The schedule would be:

Wednesday, November 4	10 a.m. – noon Central time, Ramkota in Pierre
Wednesday, November 18	10 a.m. – noon Central time, TBD
Wednesday, December 2	10 a.m. – noon Central time (this is still tentative)

The work of this committee will focus on two specific new services that could increase access to care, and potentially reduce costs: Community Health Representatives (CHRs) and Medication Therapy Management (MTM).

Community Health Representatives (sometimes called Community Health Workers) are typically individuals who are not necessarily licensed health professionals, but whose role is to help people meet their health goals, address barriers to care, and achieve health and wellness goals. The group will start by better understanding what happens today, what the services are, who is providing the service , and who they are serving. From there, we can look at whether or not Medicaid could pay for CHR services in the future as a way to help reduce other costs such as unnecessary trips to the emergency room or hospital readmissions.

A question was asked if CHRs are similar to Health Homes coaches. While there is some overlap in the roles, CHRs today are not typically part of Health Home care team. However, that model could be leveraged and it will be good for the subcommittee to understand the differences.

Bernie Long noted that CHRs can be a good compliment to Health Homes, and their case management needs because what they do fits with the overall Health Home goals.

Kim Malsam-Rysdon asked if anyone would be willing to provide information about their CHRs for the next meeting.

Evie (Evelyn) Espinoza will speak to how Rosebud has implemented in the Tribal health system. Bernie Long will brief people on the program under the federal (IHS) program.

Sonia Weston will share how the Oglala Sioux Tribe CHR program works.

Medication Therapy Management - Medication Therapy Management Services (MTM) was identified by IHS as a service that is beneficial to IHS providers and patients.

Kathaleen Bad Moccasin had previously mentioned in the Access Subcommitee about the work Captain Jon Schuchardt, lead pharmacist for Great Plains IHS is doing in this area. If possible, it would be helpful to have an overview at our next meeting from Captain Schuchardt.

Bernie Long identified that Jon could speak to it from both the ambulatory and hospital care settings. This discussion will potentially stimulate discussion on the need to link and coordinate across providers.

Deb Fischer Clemens said she will need to have more of a discussion internally, but thinks she will be able to share information on this next week. Bernie Long mentioned that he has other thoughts to share and asked if there is a format or template to follow. We have a format we are using in the Access subcommittee, but have not yet developed one for this subcommittee. It was recommended that we

also reach out to members of the other Subcommittees for items that likely overlap those subcommittees.

Next Steps/Agenda Items for Nov 4 Meeting:

- **Community Health Representative (CHR) Discussion –**
  - **Evelyn Espinoza will discuss how Rosebud has implemented their CHR program in the Tribal Health System**
  - **Bernie Long will brief the subcommittee on Federal CHR IHS program**
  - **Sonia Weston will provide information on how the CHR program works for the Oglala Sioux Tribe**
  - **Contact Captain Jon Schuchardt (Great Plains IHS Pharmacists) to provide an overview of the IHS Pharmacy and MTM service.**

Next Meeting:

Wednesday, November 4th, 10 AM – Noon, Central Time, Ramkota, Gallery D