

South Dakota Health Care Solutions Coalition
Alternative Services Delivery Subgroup
Meeting Notes 09/19/2018

Attendees: Wade Erickson, Sara DeCoteau, Shelly Ten Napel, Matt Seiler, Brenda Tidball-Zeltinger, Bill Snyder, Lynne Valenti, Sarah Aker, Kim Malsam-Rysdon

Welcome and Introductions

Brenda Tidball-Zeltinger welcomed the group and thanked them for their participation.

Review April 4 Meeting Minutes

At the last meeting, there was concern about the applicability of the OMB rate to non-tribal entities. The group agreed to have a smaller group review and propose an alternative rate; a small workgroup met during the summer and was comprised of Wade Erickson, Matt Sieler, Tim Trithart, and Shelly Ten Napel and state staff. The last meeting also reviewed the application. The group's consensus was that the framework of the application was sound but that the rate needed more work in order to move forward.

Recommendation from Rate Workgroup

Brenda reviewed the work of the subgroup. The recommendation of the group was to look at the historical costs of services for an FQHC encounter. The starting point was to look at the most recent and readily available cost report from 2017. This allowed the state to determine the historical cost of services contemplated under the waiver. The group also agreed to recognize additional anticipated costs as a result of the waiver. There will be some reporting requirements around outcomes and outcome measurement required for the waiver that is not currently associated with FQHC services. The pilot sites provided information about their anticipated costs associated with the waiver. The group also agreed to bring costs forward based on CPI to reflect inflation changes from 2017. The group recommended a rate of \$373. Kim Malsam-Rysdon asked about the current encounter rates for FQHCs. The current encounter rates are specific to each FQHC; Horizon Health Care's rate is \$183 and Urban Indian Health's rate is \$128. The current OMB rate is \$427. The subgroup agreed that the recommended rate could be reviewed and updated as appropriate after two or more years of experience under the demonstration. Brenda thanked the members of the subgroup for their work on the rate methodology. Sara DeCoteau agreed that the process for developing the rate was thorough.

Next Steps

Sarah Aker reviewed the updates to the waiver. Kim asked if the rate would be added to the waiver application. A description of the methodology to determine the rate and the rate will be added to the waiver. Shelly Ten Napel said that she agrees the rate methodology workgroup was a good process and noted that she will want to review the updated language for the rate methodology before public comment. Shelly also asked about some minor edits that were brought up during the rate methodology workgroup.

Brenda noted that the rate subgroup recommended that the state and the full group review the waiver. Brenda reviewed an update to include the word “training” on page 11; this will be added to the waiver. Brenda asked Shelly to explain CHAD’s concerns about the cultural competency training. Shelly asked Matt Seiler to explain his comments in that area. Matt Seiler noted that he wants to ensure that the waiver keeps all FQHCs accountable to that component. There was a suggestion from the subgroup to have reporting on cultural competency training integrated into the evaluation plan for the waiver. Kim asked if cultural competency training could be incorporated into existing FQHC quality improvement plans. Shelly noted that an element around cultural competency training could be included in that plan. Kim asked if there is a place where this could be added into the waiver. Shelly noted that the waiver already includes a measure related to patient satisfaction. Matt explained Urban’s culturally competent activities include a drumming group and a singing group, offering sage and cedar for smudging, and traditional healing practices among other things. Kim suggested moving the culturally competent training section to the program summary section of the waiver. Shelly suggested revising the language about the development of a core curriculum to include CHAD. CHAD can help facilitate in-person and online trainings and ensure that the training is aligned with other FQHC training goals. Brenda summarized that the state will look to add the word training, move the cultural competency training language to program summary page, and add cultural competency into the evaluation measures. Shelly also suggested adding the word oral health into the application to ensure that the application is specific about the applicability of the rate to oral health. Sarah asked the group for suggestions about the measure and data source for culturally competent care. Lynne Valenti asked if there is an ability to add a question to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey regarding cultural competency. Shelly and Wade will clarify if there is a cultural competency question that is already part of the CAHPS survey. Brenda asked if Urban uses a separate patient satisfaction survey. Matt indicated they do one patient satisfaction survey. Shelly suggested that the measure could also be a measurement of the pass rate or frequency of trainings. Sarah suggested focusing on the patient experience for the measure.

Brenda reviewed timeframes for follow-up on the CAHPS. Wade said he thinks he can get feedback within a week. Matt agreed. Sara asked about the language on page 6 and about how information will flow back and forth from IHS. Sarah responded that the language was added to clarify the ability of FQHCs to also enter into Care Coordination Agreements and that the waiver contemplates providers working closely with IHS, especially as patients move back and forth from IHS to FQHCs.

Timeline for Public Comment Period and Submission

Sarah reviewed the next steps for the waiver. The group will look for feedback about the cultural competency measure by Wednesday, September 26 and target October 3 to send a revised waiver out to the group for review. Feedback will be targeted by October 12. The state would target to release the waiver for a 30 day public comment period by October 29 and anticipates submitting the waiver to CMS before the end of the calendar year.

Next Meeting

TBD