

Community-Based Providers Shared Savings Workgroup
November 28, 2018
9:00 a.m. - 10:00 a.m. (Central time)
Governor's Large Conference Room, Pierre

Members Present: Kim Malsam-Rysdon, Gloria Pearson, Andrew Riggin, Darryl Millner, Yvette Thomas, Virgena Wieseler, Brenda Tidball-Zeltinger, Sarah Aker, Senator Troy Heinert, Denice Houlette, Lynne Valenti, Paul Hubbeling

Via Phone: Melony Bertram, Dan Cross, Mark Deak, Mark Limberg, TJ Stanfield, Amy Witt, Clint Graybill, Gil Johnson, Senator Deb Soholt, Bernie Long, Marty Davis, Connor Fiscarelli, Anita Dunham, Representative Jean Hunhoff, Representative Wayne Steinhauer, Doug Daudelin, Danielle Hamann

Also Present: Bob Mercer

Kim Malsam-Rysdon welcomed the group and provided an overview of the minutes from the previous meeting held October 31, 2018 including the focus on accomplishing referrals. There were no questions or updates to the minutes.

Updates on Progress and Developments since Last Meeting

Nursing Home:

Yvette Thomas provided the following updates:

- Medicaid Billing instructions, updated with instructions specific to Shared Savings, have been sent to all members of this group;
- Signed Care Coordination Agreements (CCA) were received from Black Hills Receiver and forwarded to Medicaid, to be sent on to Indian Health Services (IHS);
- Yvette reported she and Sarah Aker are arranging a date to go to Bennett County Nursing Home in Martin, see their existing process for referrals and determine how it could be leveraged for Shared Savings. Bernie Long shared that he and others will be in Pine Ridge next week. They already have a full day scheduled but would be available on another day to meet with state staff. Bernie will be in Rapid City on December 11-12 meeting with staff from Sioux San and would be available for a meeting in Rapid City on Friday, December 14. This is a good opportunity to continue discussions with Regional Health and other entities. Sarah is working on scheduling meetings for the date suggested, December 14.

Danielle Hamann provided an updated from Avera:

- Working through closing the loop on implementing the policy for various Avera facilities; making sure the Continuity of Care Documents(CCD) are appropriately filed.
- Five referrals in hand for three separate facilities.
- Approximately 35 referrals are in progress across different Avera facilities;
- This progress matches well with projected opportunity.

Clint Graybill provided an update from Sanford:

- Chamberlain continues to work through referrals;
- Vermillion had only a handful of potential referrals;

- Approximately a month from now Good Samaritan Society will be a part of the Sanford network; Clint suggested making plans to incorporate the Good Samaritan Society facilities into this effort;
- Brenda Tidball Zeltinger shared that Phil Samuelson with Good Samaritan did reach out to the Department of Social Services (DSS) to request a snap shot of potential eligible persons in Good Samaritan locations similar to the information that was provided for other groups. Good Samaritan facilities would be a logical next step of providers to include.

Psychiatric Residential Treatment Facilities (PRTF):

Virgena Wieseler provided the following update:

- Care Coordination Agreements have been signed by all the PRTFs and forwarded to IHS for signature;
- Staff members are monitoring all referrals that come to the state review team, looking specifically for Native American designation;
- In October, 5 Native American children were referred, 1 had a previous connection to IHS;
- Bernie Long has a few questions about the referral process as some referrals might be made by the tribe or a 638 program as opposed to IHS. When referrals come from Child Protective Services (CPS), is there a way during the intake process to identify the particular reservation the child came from? Virgena replied yes, CPS has extensive information on every child that comes into CPS custody. There are no PRTFs on reservations at this time; some children stay on the reservation in kinship care, some children go off the reservation due to lack of resources. Bernie suggested getting together to do some process mapping to assure making the connection during the early stages to IHS or the tribe so that everyone is aware of the child in need of care, including those children not in State CPS custody. Virgena shared that the PRTF State review coordination team receives extensive information for all children referred as part of the process, whether they are in State CPS custody or not;
- Sarah Aker shared that the referral must come from a physician, so IHS involvement is still needed since the tribes do not always have an associated physician. Bernie responded that he wasn't sure how well physicians are tuned in to the process. Sarah will reach out with times available for a follow-up call.
- Providers were invited to provide additional input; there was none.

Community Support Providers (CSP):

Darryl Millner provided an update:

- Department of Human Services (DHS) created a referral form for use by CSPs;
- The form was reviewed and approved by Department of Social Services (DSS) Medical Services and sent out to CSPs;
- Darryl sent the referral form, Medicaid eligibility portal link, the Care Coordination Agreement template and billing instructions in one email to all CSPs on November 27;
- Dan Cross added that he will follow up with all CSP agencies to make sure everything continues to move forward, including signature on the CCAs.
- Kim Malsam-Rysdon asked if IHS needs anything else in order to sign off on the pending CCAs. Bernie indicated there has been some discussion between Kathy Bad Moccasin and James Driving Hawk. For those sites that the IHS isn't as familiar with, they are conducting a more thorough review since they aren't familiar. Bernie will follow up with Kathy.

Facilitating Referrals:

Kim provided a short recap of the meeting in Aberdeen with James Driving Hawk and IHS staff where Mr. Driving Hawk indicated support of the project and expressed limitations in staffing make it difficult to designate a point of contact at each facility in SD. Subsequent conversations initiated by Governor Daugaard with Admiral Weahkee, Dr. Michael Toedt, James Driving Hawk and others included the suggestion of another potential option. Dr. Toedt suggested the Federal Intergovernmental Personnel Act (IPA) might be a solution. Under an IPA, state or tribal governments work with the federal government for the purpose of detailing staff to meet unmet needs. If IHS doesn't have available staff to dedicate to this purpose, does the state have staff they could detail to this purpose? This is in early stages; the State is doing some work to understand the option better. Historically the IPA has been used when there is a specialized need: for example, in public health situations where there is an emergent outbreak of disease and specialized resources are needed for a defined period of time or to educate the work force and build capacity. The idea in this case would be to determine if we could deploy state employees to IHS on a temporary basis. Requirements for the IPA program include:

- Personnel must have been employed by the State for at least 90 days;
- The assignment is time limited;
- There must be specific, defined scope of work;
- The personnel can't supervise federal staff.

Bernie indicated he would really like to have a sit-down meeting to discuss how this might work and how to define the scope of work expected from both IHS and the State. Kim indicated she is working to schedule a meeting with Admiral Weahkee and Dr. Toedt next week and would be ready to discuss further after that first meeting.

Senator Troy Heinert asked how the group was gathering tribal input. During the discussion he has heard IHS, heard the State, not hearing much about the tribal input. Senator Heinert commented that Tribal Health boards have a big say in IHS units, the sooner tribal input is sought out, the better. Kim agreed that tribal input is incredibly important, particularly with 638 facilities. Right now, the group is working on services at Nursing Homes, PRTFs, and CSPs; understanding how 638 fits in with these services will be crucial. Tribal input on changes in general is achieved by working through the Medicaid Tribal Consultation Process and will continue to be an avenue to gather input.

Bernie shared in response to the Senator's question that IHS has quarterly meetings at each service unit. Involvement from tribes at the Governing Body meeting is always encouraged and it is, in fact, rare to not have participation. IHS does talk about the Shared Savings Opportunity at these meetings but agrees that increased education and awareness would be appropriate. Kim added that the offer stands at the state level to provide information and updates or come to meetings to present information if requested.

Fiscal Projections:

Brenda Tidball-Zeltinger provided an update:

- Worked with pilot groups to develop preliminary projections for savings;
- Still working through how length of stay will affect projections. New referrals provide best opportunity for referral – longer stays decrease the potential for recent contact with IHS.
- Looking at potential referrals per year, CSP stays are very long term in general, PRTF stays are approximately 10 months and nursing facilities have an 18-month average length of stay. There is logically more potential for new referrals in PRTF than CSP due to length of stay;

- The goal is to make careful, realistic projections.

Supplemental payments:

Brenda reminded the group of the tiered opportunity and how providers shared savings opportunity grows as the savings they generate increases. The intent of the initiative is to leverage federal funds against the shared savings in the form of a supplemental payment (supplement to regular reimbursement). The DSS Medicaid office is actively working on drafting language for a State Plan Amendment, which will require approval by the Centers for Medicare and Medicaid Services (CMS). Lessons learned in gaining approval for providers already sharing savings will inform the structure of the payment process for this group (Nursing Facilities, CSPs, PRTFs).

Next Steps:

In closing, Kim shared that as we are aware we are currently in a transition time to new Government. This group has enjoyed the full support of Governor Daugaard for this effort. Governor-Elect Noem has been provided briefings and updates and is very aware of work with IHS. Governor-Elect Noem has expressed support for the process and partnership with IHS and wants to see this effort continue.

Next Meeting Date for Community Based Providers Shared Savings Workgroup:

January 3, 2019 from 9:00 to 10:00 central time.

Phone in option will be available.