



**DEPARTMENT OF SOCIAL SERVICES**  
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May 14, 2020

Jerilyn Church  
Great Plains Tribal Chairman's Health Board  
2611 Elderberry Boulevard  
Rapid City, SD 57703

RE: Tribal FMAP Reinvestment Proposal Response

Dear Ms. Church,

Thank you for your February 27, 2020 letter regarding engagement opportunities between the state of South Dakota and tribes. As we discussed at our March 4, 2020 meeting, we share your goal of identifying and implementing changes to strengthen and expand the capacity of Indian health care providers. In response to that discussion and your letter, we have identified the following items for follow-up:

- 1. Data Request:** Please find the data in the format requested attached.
- 2. Substance Use Disorder Services:** Substance Use Disorder services provided through a Tribal 638 program or IHS is already reimbursed at 100% FMAP. The Division of Behavioral Health can provide assistance to tribes seeking to enroll in Medicaid. As we discussed in our meeting, the Support Act limits Medicaid reimbursement for Institution of Mental Disease (IMD) services to a maximum of 30 days. However, longer stays may be funded through the Division of Behavioral Health and South Dakota's Substance Abuse and Mental Health Block Grant. Please contact Tiffany Wolfgang, Division Director of Behavioral Health, for more information regarding services funded through the Division of Behavioral Health or to request technical assistance. You may contact her at [tiffany.wolfgang@state.sd.us](mailto:tiffany.wolfgang@state.sd.us) or by phone at 605.367.5236.
- 3. Multiple Encounters:** Your letter requested reimbursement for up to 5 encounters per day for professional services for Tribal 638 providers and IHS. As we discussed, our current coverage already allows for reimbursement of multiple encounters on the same day and does not limit the number of encounters. More information about multiple encounter reimbursement can be found in our [IHS and Tribal 638 Policy Manual](#). You also requested that encounters be defined to include inpatient, outpatient, and telemedicine. Inpatient, outpatient, and distant site telemedicine services are eligible encounter services. IHS sites may also receive FFS reimbursement for hosting originating site telemedicine services.

We recognize the need to support pharmacy access for American Indians served by IHS and Tribal 638 providers; DSS proposed a State Plan Amendment (SPA) allowing Indian Health Service (IHS) and Tribal 638 pharmacy providers to be reimbursed at acquisition

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

cost for high cost drugs, effective April 1, 2020. This SPA was the result of a request by IHS regarding increasing access to high cost drugs for American Indians. Following the 30-day public comment and tribal consultation period, DSS will submit the SPA to the Centers for Medicare and Medicaid Services. DSS will continue to evaluate the impact of this change on access to prescription drugs for American Indians.

- 4. Professional Services and Inpatient Encounters:** You requested reimbursement for inpatient professional services in addition to the inpatient hospital encounter in your letter. As we shared with you during our March 4 meeting, DSS has been discussing this with IHS over the last several months. This change requires extensive system programming changes as well as operational changes to IHS; we are targeting January 1, 2021 for implementation of this change.
- 5. Community Health Worker (CHW) Encounters:** DSS supports tribal programs seeking to enroll their Community Health Representatives (CHRs) as CHWs. Crow Creek IHS is enrolled to provider CHW services. The Division of Medical Services offers technical assistance to tribes wishing to enroll and has met with Sisseton Wahpeton Oyate, Lower Brule Sioux Tribe, and the Native Healing Program in person this year. To request additional technical assistance, please contact Samantha Hynes at [samantha.hynes@state.sd.us](mailto:samantha.hynes@state.sd.us) or via phone at 605.773.3495.

At our March 4, 2020 meeting, you indicated interest in reimbursement for CHW services for IHS and Tribal 638 programs at the OMB encounter rate. DSS would like to continue this discussion.

- 6. Tribal FQHC Billing Options:** You indicated an interest in exploring federal options for tribal 638 providers to enroll as Federally Qualified Health Centers (FQHCs) in Medicaid. DSS would like to continue this discussion regarding potential benefits and challenges of pursuing this option.

Your letter raised additional conceptual areas, including family support services, housing supports for dialysis patients, transportation reimbursement, health homes, hospice, and HCBS that are of interest to tribes. We are happy to discuss any proposals from tribes on these issues. The Department of Social Services looks forward to continuing our discussion in person in either Rapid City or Pierre following the end of the COVID-19 Public Health Emergency. Please contact William Snyder at [william.snyder@state.sd.us](mailto:william.snyder@state.sd.us) or via phone at 605.773.3495 to arrange a date and time for a meeting. We are also happy to discuss these items via conference call or video meeting. We look forward to working in partnership with you to strengthen the Medicaid program and services for American Indians.

Sincerely,

Laurie Gill  
Department Secretary

CC: Melissa Klemann, Senior Policy Advisor to Governor Noem  
Brenda Tidball-Zeltinger, Deputy Secretary, Department of Social Services  
Tiffany Wolfgang, Division Director, Division of Behavioral Health  
William Snyder, Division Director, Division of Medical Services

**TABLE 1: South Dakota Medicaid Spending on IHS-eligible Individuals**  
**A. Spending on All Services to IHS-Eligible Individuals**

Age Breakout																
SFY		2016			2017			2018			2019			2020 (through 4/15/2020)		
Fund Type		Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share
Adults	100% FMAP	\$ 34,533,174	\$ 34,533,174	\$ -	\$ 35,686,616	\$ 35,686,616	\$ -	\$ 41,831,414	\$ 41,831,414	\$ -	\$ 46,804,102	\$ 46,804,102	\$ -	\$ 39,453,599	\$ 39,453,599	\$ -
	Other FMAP	\$ 117,312,485	\$ 61,037,246	\$ 56,275,239	\$ 126,727,816	\$ 69,142,259	\$ 57,585,557	\$ 119,588,523	\$ 66,488,911	\$ 53,099,612	\$ 111,643,337	\$ 63,283,943	\$ 48,359,394	\$ 89,604,811	\$ 51,623,954	\$ 37,980,856
		\$ 151,845,659	\$ 95,570,420	\$ 56,275,239	\$ 162,414,432	\$ 104,828,875	\$ 57,585,557	\$ 161,419,936	\$ 108,320,324	\$ 53,099,612	\$ 158,447,439	\$ 110,088,045	\$ 48,359,394	\$ 129,058,409	\$ 91,077,553	\$ 37,980,856
Children (Aid Cat 75, 76, 78, 79 OR under age 21)	100% FMAP	\$ 32,832,225	\$ 32,832,225	\$ -	\$ 33,014,233	\$ 33,014,233	\$ -	\$ 31,394,280	\$ 31,394,280	\$ -	\$ 35,602,189	\$ 35,602,189	\$ -	\$ 29,469,021	\$ 29,469,021	\$ -
	Other FMAP	\$ 76,954,882	\$ 40,415,940	\$ 36,538,942	\$ 79,483,963	\$ 43,737,646	\$ 35,746,318	\$ 77,148,002	\$ 43,291,645	\$ 33,856,357	\$ 80,071,416	\$ 46,113,842	\$ 33,957,574	\$ 61,970,844	\$ 36,214,032	\$ 25,756,812
		\$ 109,787,107	\$ 73,248,165	\$ 36,538,942	\$ 112,498,196	\$ 76,751,878	\$ 35,746,318	\$ 108,542,282	\$ 74,685,925	\$ 33,856,357	\$ 115,673,606	\$ 81,716,032	\$ 33,957,574	\$ 91,439,865	\$ 65,683,053	\$ 25,756,812
Total	100% FMAP	\$ 67,365,399	\$ 67,365,399	\$ -	\$ 68,700,849	\$ 68,700,849	\$ -	\$ 73,225,694	\$ 73,225,694	\$ -	\$ 82,406,291	\$ 82,406,291	\$ -	\$ 68,922,620	\$ 68,922,620	\$ -
	Other FMAP	\$ 194,267,367	\$ 101,453,186	\$ 92,814,181	\$ 206,211,779	\$ 112,879,905	\$ 93,331,875	\$ 196,736,525	\$ 109,780,556	\$ 86,955,969	\$ 191,714,753	\$ 109,397,785	\$ 82,316,968	\$ 151,575,655	\$ 87,837,986	\$ 63,737,668
		\$ 261,632,766	\$ 168,818,585	\$ 92,814,181	\$ 274,912,628	\$ 181,580,753	\$ 93,331,875	\$ 269,962,218	\$ 183,006,249	\$ 86,955,969	\$ 274,121,045	\$ 191,804,077	\$ 82,316,968	\$ 220,498,274	\$ 156,760,606	\$ 63,737,668

Provider Type Breakout (Based on FMAP Report Groupings)																
SFY		2016			2017			2018			2019			2020 (through 4/15/2020)		
Fund Type		Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share	Total	Federal Share	State Share
Hospital/Physician Services	100% FMAP	\$ 67,354,426	\$ 67,354,426	\$ -	\$ 67,387,155	\$ 67,387,155	\$ -	\$ 73,073,288	\$ 73,073,288	\$ -	\$ 59,046,951	\$ 59,046,951	\$ -	\$ 42,381,759	\$ 42,381,759	\$ -
	Other FMAP	\$ 147,733,683	\$ 77,189,766	\$ 70,543,917	\$ 148,380,915	\$ 81,108,003	\$ 67,272,912	\$ 132,563,684	\$ 74,019,831	\$ 58,543,853	\$ 130,974,832	\$ 74,930,160	\$ 56,044,673	\$ 102,535,303	\$ 59,530,768	\$ 43,004,535
		\$ 215,088,108	\$ 144,544,192	\$ 70,543,917	\$ 215,768,071	\$ 148,495,158	\$ 67,272,912	\$ 205,636,973	\$ 147,093,119	\$ 58,543,853	\$ 190,021,783	\$ 133,977,110	\$ 56,044,673	\$ 144,917,062	\$ 101,912,527	\$ 43,004,535
Skilled Nursing Facilities/Swing Bed	100% FMAP	\$ 17,107,193	\$ 9,025,213	\$ 8,081,980	\$ 1,318,059	\$ 1,318,059	\$ -	\$ -	\$ -	\$ -	\$ 31,077	\$ 31,077	\$ -	\$ 833,010	\$ 833,010	\$ -
	Other FMAP	\$ 17,107,193	\$ 9,025,213	\$ 8,081,980	\$ 17,052,535	\$ 9,456,791	\$ 7,595,745	\$ 16,701,317	\$ 9,372,781	\$ 7,328,536	\$ 16,164,647	\$ 9,217,893	\$ 6,946,754	\$ 12,468,923	\$ 7,247,024	\$ 5,221,898
		\$ 17,107,193	\$ 9,025,213	\$ 8,081,980	\$ 18,370,595	\$ 10,774,850	\$ 7,595,745	\$ 16,701,317	\$ 9,372,781	\$ 7,328,536	\$ 16,195,723	\$ 9,248,969	\$ 6,946,754	\$ 13,301,932	\$ 8,080,034	\$ 5,221,898
Psychiatric Residential Treatment Facilities (PRTF)	100% FMAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 662,646	\$ 662,646	\$ -
	Other FMAP	\$ 11,886,057	\$ 6,135,254	\$ 5,750,803	\$ 12,507,704	\$ 6,776,582	\$ 5,731,122	\$ 13,879,678	\$ 7,668,326	\$ 6,211,352	\$ 14,776,582	\$ 8,331,144	\$ 6,445,438	\$ 11,547,587	\$ 6,618,430	\$ 4,929,157
		\$ 11,886,057	\$ 6,135,254	\$ 5,750,803	\$ 12,507,704	\$ 6,776,582	\$ 5,731,122	\$ 13,879,678	\$ 7,668,326	\$ 6,211,352	\$ 14,776,582	\$ 8,331,144	\$ 6,445,438	\$ 12,210,233	\$ 7,281,076	\$ 4,929,157
Community Support Providers (CSP)	100% FMAP	\$ 600,225	\$ 314,365	\$ 285,860	\$ 10,811,075	\$ 6,044,347	\$ 4,766,728	\$ 14,665,608	\$ 8,230,909	\$ 6,434,699	\$ 14,475,109	\$ 8,254,971	\$ 6,220,138	\$ 12,763,680	\$ 7,388,313	\$ 5,375,367
	Other FMAP	\$ 600,225	\$ 314,365	\$ 285,860	\$ 10,811,075	\$ 6,044,347	\$ 4,766,728	\$ 14,665,608	\$ 8,230,909	\$ 6,434,699	\$ 15,057,980	\$ 8,837,842	\$ 6,220,138	\$ 14,415,203	\$ 9,039,836	\$ 5,375,367
		\$ 600,225	\$ 314,365	\$ 285,860	\$ 10,811,075	\$ 6,044,347	\$ 4,766,728	\$ 14,665,608	\$ 8,230,909	\$ 6,434,699	\$ 15,057,980	\$ 8,837,842	\$ 6,220,138	\$ 14,415,203	\$ 9,039,836	\$ 5,375,367
Pharmacy/Dialysis	100% FMAP	\$ 10,974	\$ 10,974	\$ -	\$ (4,366)	\$ (4,366)	\$ -	\$ 152,405	\$ 152,405	\$ -	\$ 22,745,393	\$ 22,745,393	\$ -	\$ 23,393,682	\$ 23,393,682	\$ -
	Other FMAP	\$ 16,940,209	\$ 8,788,587	\$ 8,151,622	\$ 17,459,550	\$ 9,494,182	\$ 7,965,368	\$ 18,926,238	\$ 10,488,709	\$ 8,437,529	\$ 15,323,584	\$ 8,663,618	\$ 6,659,966	\$ 12,260,163	\$ 7,053,452	\$ 5,206,711
		\$ 16,951,183	\$ 8,799,560	\$ 8,151,622	\$ 17,455,184	\$ 9,489,816	\$ 7,965,368	\$ 19,078,643	\$ 10,641,114	\$ 8,437,529	\$ 38,068,977	\$ 31,409,011	\$ 6,659,966	\$ 35,653,845	\$ 30,447,134	\$ 5,206,711
Total	100% FMAP	\$ 67,365,400	\$ 67,365,400	\$ -	\$ 68,700,848	\$ 68,700,848	\$ -	\$ 73,225,693	\$ 73,225,693	\$ -	\$ 82,406,292	\$ 82,406,292	\$ -	\$ 68,922,620	\$ 68,922,620	\$ -
	Other FMAP	\$ 194,267,367	\$ 101,453,185	\$ 92,814,182	\$ 206,211,779	\$ 112,879,905	\$ 93,331,875	\$ 196,736,525	\$ 109,780,556	\$ 86,955,969	\$ 191,714,754	\$ 109,397,786	\$ 82,316,969	\$ 151,575,656	\$ 87,837,987	\$ 63,737,668
		\$ 261,632,766	\$ 168,818,584	\$ 92,814,182	\$ 274,912,629	\$ 181,580,753	\$ 93,331,875	\$ 269,962,219	\$ 183,006,249	\$ 86,955,969	\$ 274,121,045	\$ 191,804,076	\$ 82,316,969	\$ 220,498,275	\$ 156,760,607	\$ 63,737,668