

South Dakota Health Care Solutions Coalition Subcommittee Recommendations

Recommendation 1: Increase use of tele-health services to support emergency departments in IHS service units and support increased access to primary and specialty care consultation and treatment.

- Eagle Butte and Rosebud were identified as the priority locations to pilot e-emergency services.
- IHS will implement an area wide standardized approach to providing telehealth services.
 - IHS will develop a menu of services all IHS locations can pick from to support access to primary and specialty care consults and treatment within IHS facilities.
 - IHS will publish a request for proposals and multiple providers can be selected to support these services.
 - IHS will gather necessary information to formulate area wide service contracts. Individual IHS/Tribal health organization sites could choose the specialty care services they want based on their populations and communities.
- Expand use of tele-health to support prenatal care for high risk pregnant women. The Wagner IHS service unit will pilot this service using the CareSpan service to link providers with high risk patients.
- Explore the ability to expand the use of tele-health in behavioral health and substance abuse services through consideration of existing providers and services eligible for Medicaid reimbursement.

Recommendation 2: Develop a formal Community Health Worker/Community Health Representative program within Medicaid.

- Some individuals need assistance to navigate the formal health care system and address barriers to accessing health care. Community Health Workers (CHWs) are trusted members of the community and help individuals access health care services.
- Services include health promotion and health education, arranging for transportation (as opposed to providing transportation), disease-specific education, specific direct client services (e.g. wound care, medication support, vital signs) assisting individuals in navigating the health care system, and connecting individuals to other community services and supports.

- Services are physician ordered and provided face-to-face in the individual's home or community. Services could be referred by physician, physician assistant, behavioral health provider, etc. CHWs work under the supervision of licensed health care professionals including physicians, physician assistants, and nurse practitioners.
- The target population are individuals needing assistance to implement their care plan and would support individuals transitioning from hospital or inpatient treatment, and supporting pregnant women who need access to prenatal or postpartum care.
- Individuals being served through the Medicaid Health Home program would receive these serves through the core service provision. Individuals not served through Health Homes who otherwise qualify would be eligible for CHW services through the Medicaid state plan.
- The implementation of this will depend on financial impact.

Recommendation 3: Expand support for prenatal and postpartum care to support healthy birth outcomes.

- Ensure that Community Health Worker services incorporate services for pregnant women. This recommendation integrates the recommendation to develop a CHW/CHR program in Medicaid.
- Expand use of tele-health to support specialty prenatal care for high risk pregnant women. The Wagner IHS service unit will pilot this service using the CareSpan service to link providers with high risk patients.

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

- Develop IHS Behavioral Health Health Homes. Almost 1/3 of the individuals in the Medicaid Health Home program are served through IHS primary care health homes. Leveraging this infrastructure and developing partnerships with tribal and community behavioral health programs could be used to develop behavioral health health homes.
- Explore ability for IHS and Tribes to develop a Community Mental Health Center (CMHC) model. Provide support for technical assistance for IHS and Tribal programs to better understand CMHC model and requirements.
- Services provided by IHS or Tribal programs are eligible for 100% federal match today. Assist IHS and Tribal programs to expand substance abuse services through Medicaid.

Recommendation 5: Expand Medicaid eligible providers of behavioral health and substance abuse treatment services.

- Add Licensed Marriage and Family Therapists and Licensed Professional Counselors under a formal supervision plan from the Board of Counselor Examiners to provide

services through the Medicaid state plan. The implementation of this will depend on financial impact.

- Substance abuse services should be consistent for the current and expansion population. Analyze the potential impact of use of Medicaid funds for current services to determine scope of services.

Recommendation 6: Add evidence-based behavioral health services and supports for children and families.

- Add functional family therapy as a Medicaid state plan service.
- Consider feasibility of day hospital stays and school-based services as part of the full continuum of services for children and youth (as well as adults).

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