

# MINUTES

## Substance Use Disorder Services Financial Workgroup

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November 7, 2018  
1:00-4:00 pm  
Drifter's Bar and Grille  
Pierre, SD

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### In Attendance

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Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz, Laura Schaeffer, Amy Hartman, Gary Tuschen, Michelle Carpenter, Michelle Spies, Susan Sandgren, Terry Dosch, Stacia Nissen, Laurie Mikkonen, Thomas Stanage, Alan Solano, Josh Merkley, Linda Reidt Kilber

Not Present: Greg Evans, Brendan Smith; Richard Bird; Hillary Schwab

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### Welcome and Introductions

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- Tiffany Wolfgang and Laurie Mikkonen welcomed the group.

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### Review and finalize minutes from October 18th meeting

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- The minutes were reviewed. Michelle Spies moved to approve. Terry Dosch seconded the motion. Minutes were approved.

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### Review and continue discussion on models for: Outpatient: Individual and group, and Low-intensity Residential

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- Laurie Mikkonen discussed the current outpatient-individual and outpatient-group compared to other states, national averages, and the National Fee Analyzer. While the group believed South Dakota's current individual rate to be in line with other states and the national average, South Dakota's group rate is low in comparison.
- Laurie Mikkonen provided an overview of changes to the outpatient-individual model including a correction to the original model's calculation, and an adjusted model based on the workgroup's recommendation of staffing ratios of credentialed staff providing services. The adjusted model lowered addiction counselor trainees to 15% of staff providing services from 35% according to the survey results. This

resulted in increasing the remaining staff (certified addiction counselors, licensed addiction counselors, dually credentialed staff, and clinical supervision). As a result of this adjusted model, the modeled and indexed individual rate increased from \$22.36 per 15-minute unit to \$23.41. This adjustment will support implementation of evidence-based practices (EBPs) which utilize higher credentialed staff and increased clinical supervision. The workgroup concurred that this rate will support EBPs, but this rate will be assessed in the future to take into consideration any additional enhancements as it relates to the EBP implemented. With these updates, the workgroup approved the modeled outpatient-individual rate.

- Based on the national survey data, the workgroup discussed adjusting the group rate based on a percentage of the individual rate rather than on the average group size from the survey results. DSS staff will review cost report data to determine if costs demonstrate an average percent of individual costs.
- DSS staff will research methodology related to an enhanced rural rate. The workgroup discussed several factors with impacts to rurality including population density as well as mileage staff need to travel to deliver services. DSS staff will review federal definitions for rural and underserved areas.
- Laurie Mikkonen stated the low intensity residential model is unchanged from the last meeting. An example scenario including the daily treatment and non-treatment components using average survey results is included below the model. DSS staff will reach out to low intensity residential providers to walk through the example scenario. The workgroup also discussed the possibility for a need for a different rate for smaller facilities.

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### Review inpatient cost report data and discuss model methodology

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- Laurie Mikkonen walked through calculations from inpatient provider cost report data. The intention would be for this rate to continue as a daily rate. Initial feedback from the workgroup included assessing the occupancy rate as it related to facilities that provide multiple levels of residential care. The cost of medications was also discussed and how agencies cover the cost of medications as well as the ability for inpatient providers to provide Medication Assisted Treatment.
- Amy Hartman and Josh Merkley provided clarification regarding the different service requirements for Substance Use Disorder (SUD) Psychiatric Residential Treatment Facilities (PRTF) such as needing additional staff (psychiatrists, psychologists, MDs), educational services, and higher medication costs.
- DSS Staff will work with Keystone to break out the inpatient costs from PRTF costs in the cost report information. DSS staff will also layer in 2018 costs for entities who have submitted 2018 cost reports to determine if there were any major shifts in costs. Last, DSS staff will research other methodology for inpatient rates.
- Inpatient providers will review the data and provide feedback on what may be missing or need to be updated in the model.

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### Next Steps—Inpatient rate review

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- The next meeting has not yet been set. The goal is to meet the second week of December. DSS staff will schedule a date and time with the possibility for a conference call rather than in-person due to travel concerns in the winter.
- DSS staff will bring similar cost report information on detox services. DSS staff will reach out to detox providers to include in the review.
- The workgroup discussed the need to differentiate between detox and a public safety hold.

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### Public Comment

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- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.