



ND Medicaid Tribal Consultation Meeting

June 27, 2024



Health & Human Services

Welcome and Smudge

Introductions



Agenda at a Glance



ND Medicaid Tribal Consultation
Meeting
June 27, 2024

North Dakota
Health & Human Services

Division of Public Health &
Indian Affairs Updates

North Dakota
Health & Human Services

State Plan Amendment and Waiver
Updates

North Dakota
Health & Human Services

Policy Updates

North Dakota
Health & Human Services

Tribal Liaison Report Out Items

North Dakota
Health & Human Services

Traditional Healing Discussion

North Dakota
Health & Human Services

Division of Public Health & Indian Affairs Updates

Questions?



State Plan Amendment and Waiver Updates

State Plan Amendments

Upcoming

April 24, 2024 Tribal Consultation
Letter

- Changes were submitted and go into effect July 1, 2024



1915(i)

Medicaid State Plan

Conflict-Free Care Coordination under Federal 1915(i) Rules

Eligibility

Care Coordination

Services

- Peer Support
- Non-Medical Transportation
- Housing Support
- Benefits Planning
- Pre-Vocational Training
- Supported Employment
- Supported Education
- Respite
- Training and Support for Unpaid Caregivers
- Family Peer Support
- Community Transition Service



Amendment

A 1915(i) State Plan Amendment was submitted to clarify that a conflict of interest exemption may be applied if a provider is the only willing and qualified provider “in the county where the member resides”.

The other modification includes removal of the qualifying diagnosis list. Qualifying diagnoses will be maintained in policy guidance rather than the state plan.

Conflict of Interest

Current Exemptions

Definition of “only willing and qualified provider”:

- If there is another agency willing and qualified to render the service, your agency is not able to render all services for a member. In such a situation, your agency may offer the care coordination service or the other 1915(i) services, but not both.

Exemption 1 – Provider Shortage Area

- Such providers are the only willing and qualified providers in certain geographic areas of the state where there is a community based behavioral health provider shortage.
 - All counties other than Burleigh and Cass countries are identified as provider shortage areas.

Exemption 2 – Language or Cultural Background

- Such providers are the only willing and qualified providers with experience and knowledge to provide services to members who share a common language or cultural background.

Conflict of Interest

Proposed Exemptions

Exemption 1 – Provider Shortage Area

- Proposed language submitted to CMS would remove the counties identified as provider shortage areas and define the only willing and qualified provider “within the county in which the member resides”.
 - Removing provider shortage and non-shortage areas.
 - This would eliminate the barrier of service delivery in Burleigh and Cass counties as they are currently non provider shortage areas.

Exemption 2 – Language or Cultural Background

- Proposed language submitted to CMS would allow the only willing and qualified provider “within the county in which the member resides” with experience and knowledge to provide services to members who share a common language or cultural background.
 - Currently, if there are other providers in the State providing services to members due to language or cultural background, only one provider would be allowed an exemption. For example, as Good Road currently has an exemption for MHA, no other providers in the state are allowed an exemption for MHA.
 - This change could change the exemption from statewide to a county basis.

North Dakota's HCBS Waivers at a Glance

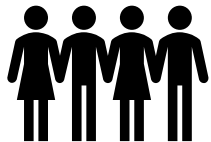
Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>Traditional HCBS Waiver</u>	<u>Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver</u>
Age	0-17	0-21	3-17	65+ or 18-64 with a physical or other disability	0+
Diagnosis	Autism Spectrum Disorder	Medically fragile youth	Medically fragile youth	See above	Intellectual disability or developmental disability
Level of Care	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Nursing facility	Nursing facility	Nursing facility	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
Services	Respite Service Management Assistive Tech	Case Management, Respite, Hospice, Skilled Nursing, Bereavement Counseling, Equipment and Supplies, Expressive Therapy, Palliative Services	Case Management, Institutional Respite, Dietary Supplements, Environmental Modifications, Equipment & Supplies, Individual and Family Counseling, Transportation Services	Adult Day Care, Adult Residential Care, Case Management, Homemaker, Residential Habilitation, Respite Care, Supported Employment, Adult Foster Care, Chore, Community Support Services, Community Transition Services, Companion Services, Emergency Response, Environmental Modification, Extended & Family Personal Care, Home Delivered Meals, Non-medical Transportation, Specialized Equipment and Supplies, Transitional Living Services	Day Habilitation, Homemaker, Independent Habilitation, Individual Employment Support, Prevocational Services, Residential Habilitation, Extended Home Health Care, Adult Foster Care, Behavioral Consultation, Community Transition Services, Environmental Modifications, Equipment and Supplies, Family Care Option, In-home Supports, Infant Development, Parenting Support, Small Group Employment Support Services *to access services the individual must also qualify for Developmental Disabilities Program Management (DDPM)

Autism Spectrum Disorder Waiver



Eligibility Requirements:

- Age: 0 – 17
- Diagnosis: Individuals with Autism Spectrum Disorder
- Level of Care: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)



2024 Enrollment:

345 slots (expect to fill them by the end of 2024)



Services:

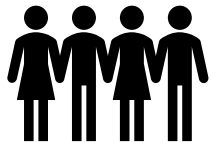
- Respite
- Service Management
- Assistive Technology
- Remote Monitoring
- Community Connector

Children's Hospice Waiver



Eligibility Requirements:

- Age: 0 – 21
- Diagnosis: Individuals who have less than a year of life expectancy
- Level of Care: Nursing Facility



2024 Enrollment:

1 Individual enrolled, 30 slots



Services:

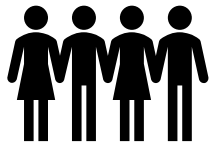
- Case Management
- Respite
- Hospice
- Skilled Nursing
- Bereavement Counseling
- Equipment & Supplies
- Expressive Therapy
- Palliative Services

Waiver for Medically Fragile Children



Eligibility Requirements:

- Age: 3-17
- Diagnosis: Individuals who are medically fragile
- Level of Care: Nursing Facility



2024 Enrollment:
50 slots



Services:

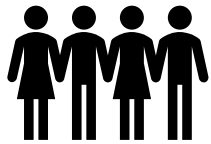
- Case Management
- Institutional Respite
- Dietary Supplements
- Environmental Modifications
- Equipment & Supplies
- Individual and Family Counseling
- Transportation Services

Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver



Eligibility Requirements:

- Age: 0+
- Diagnosis: Intellectual Disability or Developmental Disability
- Level of Care: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)



2024 Enrollment (4/1/24-3/31/25)

6980 individual slots

Currently using: 5309



Services:

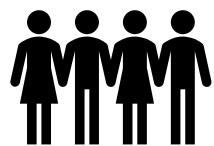
- Day Habilitation
- Homemaker
- Independent Habilitation
- Individual Employment Support
- Prevocational Services
- Residential Habilitation
- Extended Home Health Care
- Adult Foster Care
- Behavioral Consultation
- Community Transition Services
- Environmental Modifications
- Equipment And Supplies
- Family Care Option
- In-home Supports
- Infant Development
- Parenting Support
- Small Group Employment Support Services
- Respite

Waiver for Home and Community Based Services



Eligibility Requirements:

- Age: 65+ or 18 - 64 with a physical or other disability
- Level of Care: Nursing Facility



2024 Enrollment:

540 enrolled

889 slots



Services:

- Adult Day
- Adult Residential Care
- Case Management
- Homemaker
- Residential Habilitation
- Respite Care
- Supported Employment
- Adult Foster Care
- Chore
- Community Support Services
- Community Transition Services
- Companion Services
- Emergency Response
- Environmental Modification
- Extended & Family Personal Care
- Home Delivered Meals
- Non-medical Transportation
- Specialized Equipment And Supplies
- Transitional Living Services

North Dakota's HCBS Waiver Updates

Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>HCBS Waiver</u>	<u>Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver</u>
Current Effective Date	November 1, 2023	July 1, 2023	October 1, 2023	April 1, 2023	January 1, 2021
DRAFT Amendment or Renewal	None pending	None pending	None pending	Submit a <u>waiver amendment</u> with an effective date no later than January 1, 2025	Waiver Renewal (5yr) Approved 3/26/2024
Public Comment Period	N/A	N/A	N/A	TBD but no later than September 1, 2024	N/A
Proposed changes to note				<p>Update waiver to allow some case management duties to be administratively claimed to receive federal Medicaid match.</p> <p>Change allowable tasks for case management services in the waiver and broaden the provider qualifications to increase access and promote health equity.</p> <p>Update allowable tasks under extended personal-care to include providing a ride and an escort to medical appointments because of</p>	<p>Limit on environmental modifications increased from \$20,000 to \$40,000. Partner feedback resulted in adding additional settings for environmental modifications</p> <p>Participants can have both self-directed and provider-managed in-home supports authorized at the same time</p> <p>Respite will be a stand-alone service</p> <p>Feedback from interested partners resulted in asking for the increased equipment and supply annual amount to</p>

Consultation





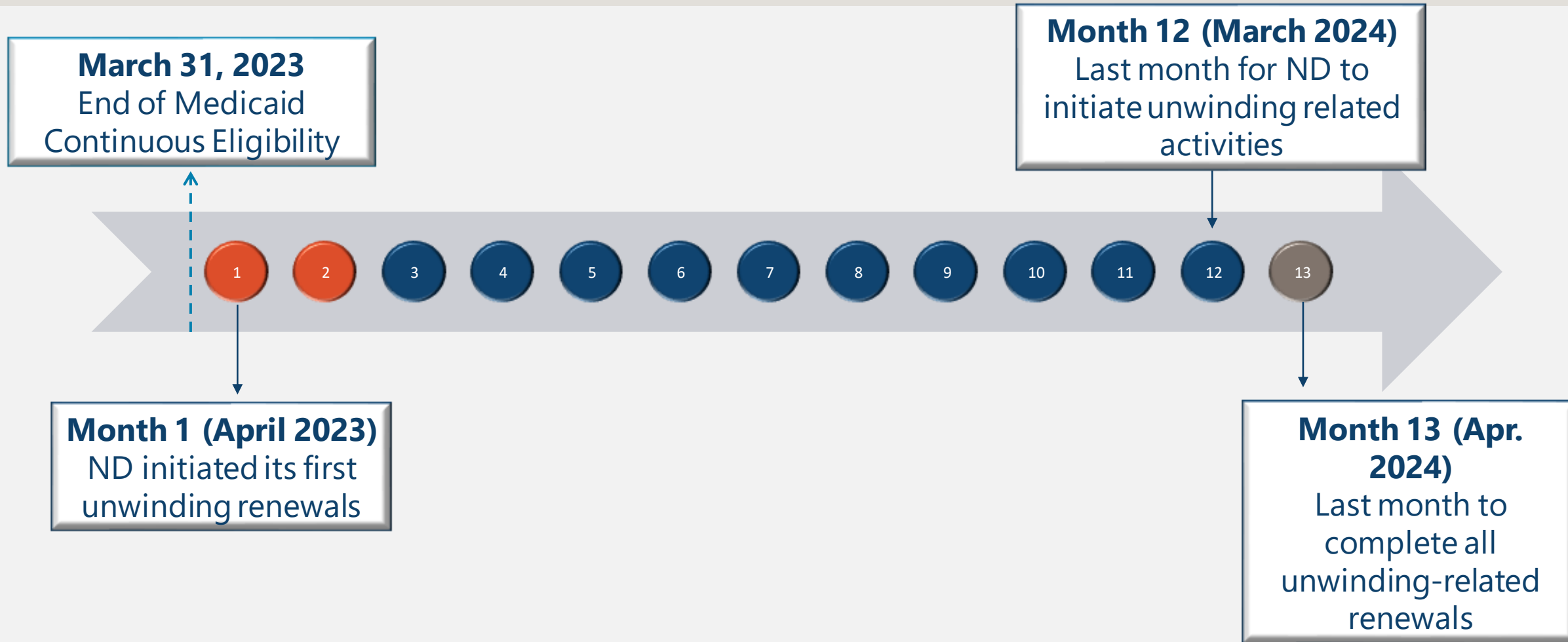
North Dakota Medicaid Unwinding Update

May 21, 2024

Medicaid Medical Advisory Committee

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North Dakota Timeline for Unwinding



Medicaid Renewals Dashboard

Total Medicaid Individuals Due For Review

134,204

Individuals

Medicaid Individuals By Review Status

133,761

Completed

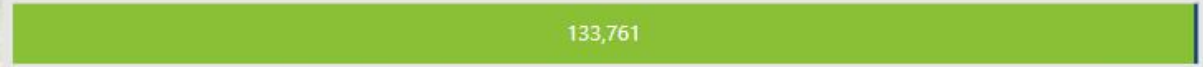
443

Pending

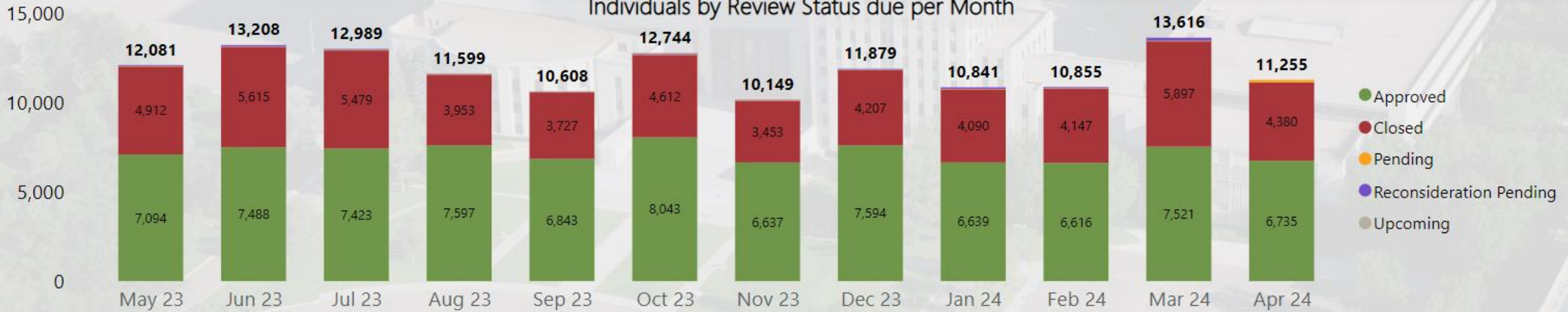
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Upcoming

● Completed ● Not Completed



Individuals by Review Status due per Month



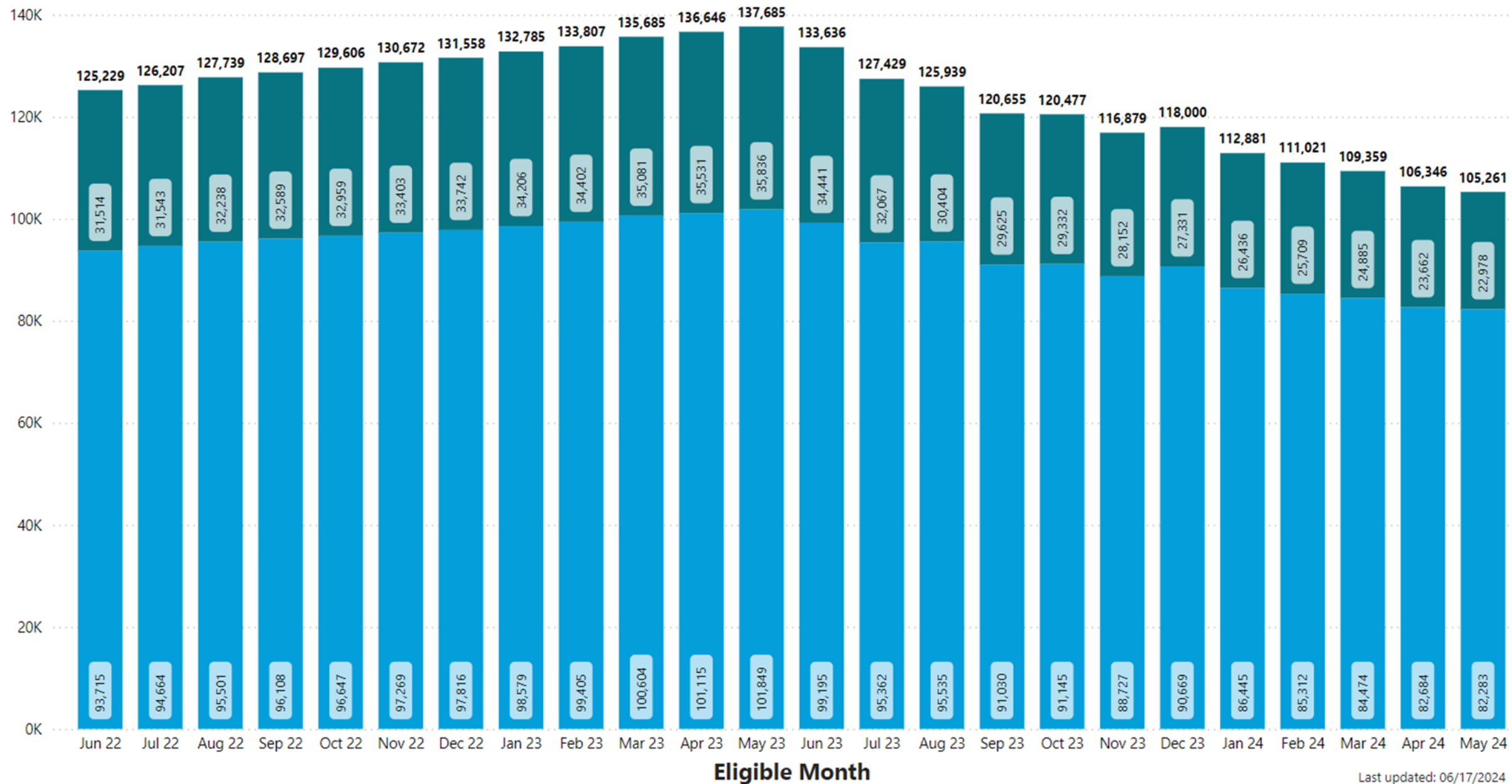
The top summary level counts match with the CMS PHE report, the distribution by month metric number has the variance of less than 0.01%. Medicaid Eligibility Reviews started on 1st April 2023 and will take 14 months to complete.

Individuals: The number of individuals who were enrolled as of March 31st when the continuous coverage ended, whose benefits were to be reviewed during the 14-month PHE unwinding period.
Approved: The number of Individuals whose renewal was processed and approved.
Pending: The number of Individual whose benefits review has started but is not completed.
Closed: The number of Individuals whose renewal was processed and denied.

Upcoming: The number of Individuals whose benefits will be reviewed but the renewal process has not yet started.
Completed: The number of Individuals whose review is completed. Includes both approved and closed individuals.
Reconsideration Pending: People whose eligibility is being reconsidered in "90-day reconsideration period" (individual submitted their forms after their initial due date).
 *Web users can right click the graph and select 'Show as a table' to view the details of the Reconsideration Pending Reviews counts.

Medicaid Eligibles (previous 24 months)

● Traditional Medicaid ● Medicaid Expansion



Activities We Plan to Continue

We used the following new strategies during unwinding that we plan to continue:



- Partner with managed care plans and PACE organizations to update member contact information



- Allow managed care plans to assist their members in completing the Medicaid renewal process



- Use updated address information from the USPS National Change of Address database and USPS returned mail without additional confirmation from the member



- Renew Medicaid eligibility based on findings from SNAP



- Text/email members to remind them that we need add'l info for their renewal

Here's How You Can Prepare



Update Information

If you recently moved or your contact information has changed, let us know!



Check Your Mail

ND Medicaid may mail you a letter about your coverage and steps to keep it, if you still qualify.



Complete Renewal

If your letter includes a renewal form, complete and return it to the Customer Support Center right away. Completing your renewal form will help us determine if you still qualify for coverage.

[Link to Medicaid unwinding dashboard](#)

Questions?

krfremming@nd.gov



Policy Updates

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Policy Updates

- Substance Use Disorder policy will be updated effective 7/1/24 to clarify that even though ASAM levels 3.1 must be delivered concurrently with either level 2.5 or 2.1, **only one SUD encounter may be paid** for these services.
- The Preventive Services and Chronic Disease Management policy will be updated 7/1/24 to clarify that SBIRT is not a separately billable service for IHS/Tribal Health Programs, it is considered part of an encounter.
- We anticipate publishing changes to the IHS/Tribal Health Program policy on 8/1/24.
 - Adding detail on different types of encounters (based on listed revenue codes) and eligible provider types
 - Being more specific about what services are included in an encounter and what services are separately billable from an encounter (fee-for-service)

- [Provider Manuals & Guidelines website](#)



Question

How can we effectively get input on these policy changes when they are in draft form?

- (updates happen quarterly – January, April, July, October)

Is there interest in a policy ad hoc committee for policy changes affecting IHS/THPs?

- If yes, please contact Wendy Schmidt – schmidtwendy@nd.gov

Access Rule-Upcoming Changes

The final rule intends to:

- Simplify the process for eligible people to enroll in Medicaid coverage and keep their coverage
- Remove unnecessary barriers to enrollment
- Simplifies the eligibility process
- Streamline the information that applicants must submit to verify income and assets

Final Rule - Eligibility and Enrollment

- **EFFECTIVE DATE: June 3, 2024**
- Remove limitation on Number of Reasonable Opportunity Periods allowed – June 2024
- Align Non-MAGI with MAGI Application Requirements – 36 months after Effective Date –
Prohibits in person interviews – we do not require interviews
- Establish standard time to provide additional information at application – establish a minimum 90 calendar day reconsideration period for applicants determined ineligible for failure to response to request for additional information – 36 months after effective date
- Use of Electronic Verification and Applicability of Reasonable Compatibility Standards for Resource Information – Upon Effective Date – Asset Verification System (AVS)
- Streamline Verification of Citizenship – 24 months after effective date – use of State Vital Statistics and SAVE

Final Rule - Continued

- **EFFECTIVE DATE: June 3, 2024**
- Acting on Changes in Circumstances – 36 months after effective date
 - Requires 30 calendar days to respond to requests for information/provides 90 day reconsideration period
- Updating Beneficiary Addresses – 18 months after effective date – take proactive steps to update address information – along with postal updates with returned mail also able to use MCO and PACE (used these sources during the unwinding based on CCA 2023 and waivers requested).
- Remove requirement to apply for Other Benefits at application – 12 months after effective date
- Aligning MAGI and Non MAGI Renewal Requirements – 36 months after effective date
- Strengthen Recordkeeping Regulations in Medicaid and CHIP – Documents stored electronically – 24 months after effective date – documents are stored electronically in file net.
- Facilitating transitions between Medicaid and CHIP – Upon Effective date – system handles these types of transitions
- Establish Maximum time frames for Redetermination of Eligibility – 36 months after effective date

Wendy Schmidt, MBA, RN Policy Analyst

- Bio:
 - Worked in healthcare for 20 years
 - Most recent work on CHW legislation and task force
- Current work:
 - Quarterly provider policy updates, edits, changes
 - New policy creation
 - Provider Ad hoc committees
 - Assisting with evaluating new/changed service coverage (SFN 905s)



Tribal Liaison Report Out Items

Tribal Care Coordination Update

- Medical Services met with representatives from ND Hospitals to discuss Tribal Care Coordination.
- Sanford representative shared background information and their process for identifying claims and tribal care coordination.
- CHI, Altru, and Essentia representatives shared interest and contacts were shared with tribal and IHS partners.
- Barrier identified by at least one representative: “nothing in it for the provider.”
- IHS wants to ensure full support of both Direct Service Tribes, before proceeding with signing any more CCAs in North Dakota. Setting up a meeting with Standing Rock on this item.
- Questions: How would you like to move forward? Would you like to form a workgroup to work on potential changes?



Tribal Care Coordination and Funding Agreement Tracking Chart

Last updated 6/19/24

	Great Plains IHS	Standing Rock	Turtle Mountain	Three Affiliated (MHA)	Spirit Lake
Signed Care Coordination Agreements (Non-Tribal care provider & Tribal health care organization)	Sanford 2/2/18 CHI 2/14/18			Sanford 5/13/21	
Resolution of Agreement with IHS-signed non-Tribal Care Coordination Agreement(s)		**see below	Resolution (major health care facility to which referrals are made) 9/13/22		
Signed Fund Agreements (Tribe & HHS)		(sent to atty Erin Shanley Patterson Earnhart Real Bird & Wilson LLP in Sept 2022. **Agreement includes consent to IHS CC agreement.)	12/23/22	10/24/23	
Billing CC Claims		Sanford		Sanford	

Medicaid Expansion Follow Up

Meeting held on June 4, 2024 to discuss expansion issues and possible partnership with ARKOS

Responses were sent back by email on June 10, 2024

Was this helpful? Would you like to do this quarterly?

Medicaid 101 Presentation Update

- Presentation is finalized.
- The presentation is now published on our website.
- Please email any additions or changes you would like us to make.



ND Tribal Medicaid 101

Data Dashboard Update

- Added denial reasons and submission methods
- Suggested other changes to make the dashboard more user-friendly.
- No other updates at this time.



MHA Health Coverage Day

- Good participation from agencies and organizations wanting to help members access services.
- Witnessed some of the accessibility challenges some members are facing.
- Need more community involvement to make a bigger impact.
- We are open to more opportunities to engage your communities.



Eligibility Questions and Answers

Q: Can there be an exception to the earned rights benefit for those in treatment?

A: The Earned Rights benefit requirement will end as part of the Final Rule. We have until June 2025 to implement this change.

Q: How do we address member's Medicaid issues? Claims denials, Application denials, Medication denials etc.?

A: Here is a list of [phone numbers](#) you can utilize to help address these issues. Please track these issues and relay them to the ND Tribal Medicaid Liaison. We would like to see if these issues need to be addressed systemically or individually. If you are unable to resolve the issue using the phone numbers listed, please send a detailed email to the [ND Tribal Medicaid Liaison](#). We will need the member's name, Medicaid ID or DOB, and Social Security Number, and any information that will assist us in our inquiry.

Q: What is being done to address the issues tribal members are having?

A: Additional training related to Tribal Disbursements is being done to address these issues and we are updating our policies to make clear what can and cannot be counted for income.

Q: The SSP is hard to use. How can we use it to help members enroll?

A: Here is an [article](#) on how to utilize the SSP as a Trusted Partner or Authorized Representative. Additionally, our Regional Policy and Process Manager does additional training on using the Trusted Partner or Authorized Representative roles. Would this be something you are interested in?

There is additional information on the SSP usability testing on the next slide.

Self Service Portal Usability Test Findings

- Report was provided and identified 62 total findings with 5 being high impact, 35 medium impact, and 26 low impact.
- Report identifies painpoints as well as suggestions to resolve them.
- A team is working on identifying how to address the suggestions.



Non-Emergency Medical Transportation (NEMT)

Policy updated (traditional Medicaid):

- Expanded who can be a provider
- Simplified process for enrolling as an individual provider
- Tribal offices do not need prior authorization for in state NEMT

Fee schedule to be updated 7/1/24

Question: would you like more information on NEMT?



Traditional Healing Discussion

Traditional Healing Waiver Background Information



All Tribes Consultation Webinar on Medicaid Coverage of Traditional Health Care Practices

- [All Tribes Consultation Webinar on Medicaid Coverage of Traditional Health Care Practices](#)
- 4 states have submitted and are in negotiations with CMS.
 - [Health Reporter Overview of the 4 waivers](#)
 - [Arizona](#)
 - [New Mexico](#)
- Expect multi-state approval and framework by end of 2024.
- Request made by MHA to put on the agenda.

A young girl with dark hair in pigtails is seen from behind, looking towards a large white tent in a field. The tent is made of a light-colored fabric and has several support poles. The ground is covered in dry grass. In the background, there are some other people and structures, but they are out of focus.

Traditional Healing Services

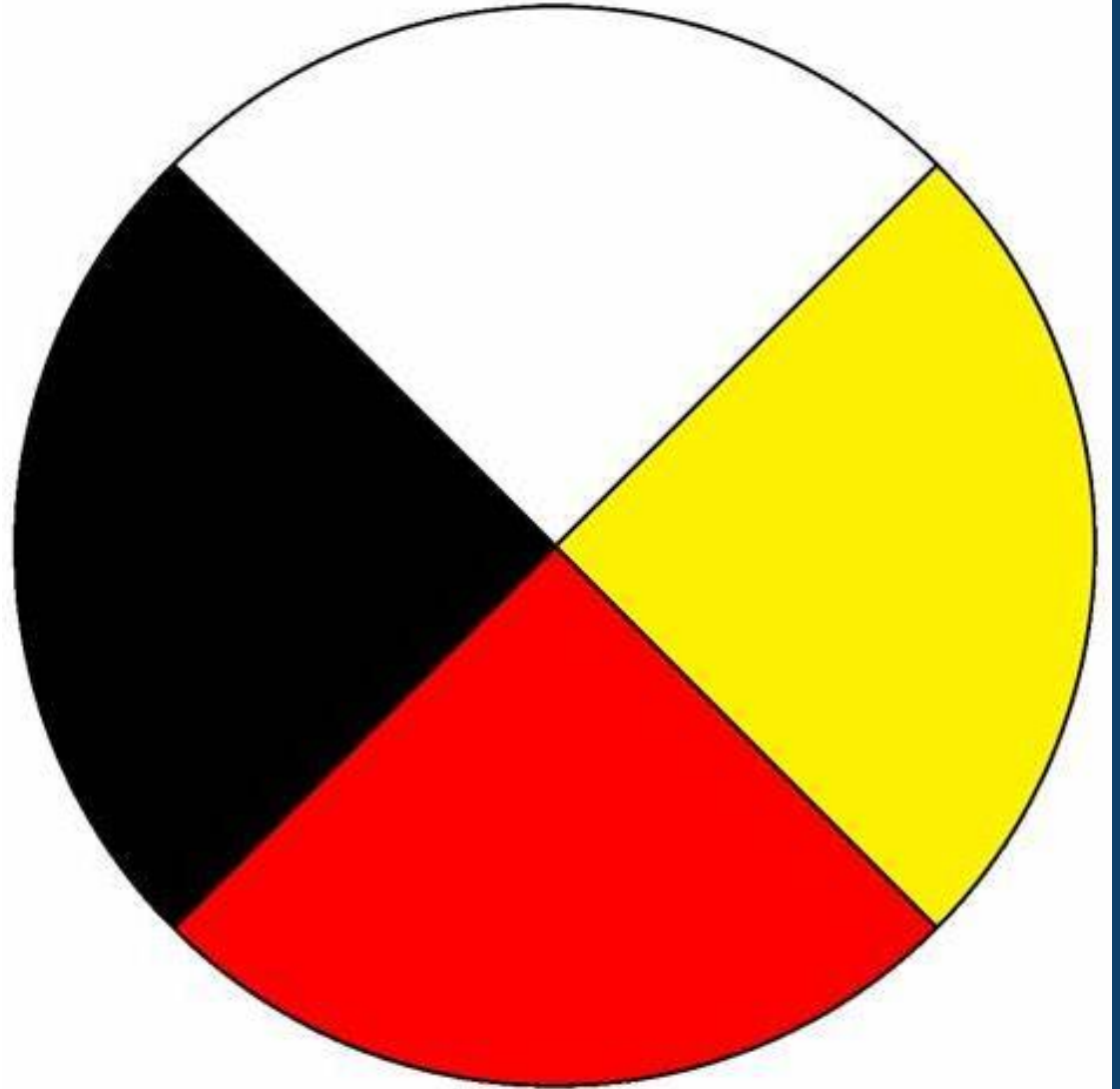
- What services are you currently providing in this area?

and/or

- What services would you like to provide in this area?

Unmet Needs

- What need/needs are we addressing?
- Explain how these services are different than what is currently billable under Medicaid?



A close-up photograph of a person's hands braiding a thick green rope. The person is wearing a grey zip-up jacket. The background is a plain, light-colored surface.

Qualifications for Service Providers

- Who within each agency would determine who is a qualified provider and their scope of practice?
- Do you have any thoughts on a standard process for this?

Requirements for Service Delivery

- How do we envision these services being delivered?
- Will there be a care plan?
- How often would those care plans be updated?





Expected Service Utilization

- How often and in what frequency would you expect someone to get these services? Monthly, weekly, etc.

Efficacy/Expected Outcomes

- How would covering traditional healing practices improve the health and wellness of tribal members?
- What is the expected value (or outcome) of these services?
- How would you like to measure efficacy?





Billing for Services

- How do you propose these services would be billed, as fee-for-service, or as eligible for an encounter rate separate from the other types of eligible encounters?

Consultation: Deciding Next Steps

- Is this something the tribes want to pursue?
- How would you propose putting together a plan for a waiver proposal if we pursue this?



Upcoming engagement opportunities



CHW Task Force Meetings

- July 15, 1-2:30 p.m. CT via Zoom
- August 19, 1-2:30 p.m. CT via Zoom
- September 16, 1-2:30 p.m. CT via Zoom

Medicaid Medical Advisory Committee (MMAC)

- Tuesday, Aug. 20 - 3 to 5 p.m. CT - Virtually via Microsoft Teams
- Want to assist in reviewing the Access Rule requirements and MMAC Charter? Mandy Dendy is looking for volunteers to meet throughout the summer. Please [email](#) if you are interested.

Engaging Native American Community for Public Input- Home and Community Based Services (HCBS)

- 2nd Wednesday of every month
- Contact [Monique Runnels](#) for the meeting link.



**THANK
YOU!**

Questions?

Comments?

Concerns?

Let's Connect!
Email: mrunnels@nd.gov
Phone: 701-328-5841
Teams: Monique Runnels