



ND Medicaid Tribal Consultation Meeting

December 5, 2024

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Health & Human Services

Welcome and Smudge

Introductions



Agenda at a Glance



ND Medicaid Tribal Consultation Meeting
December 5, 2024

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Division of Public Health & Indian Affairs Updates

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State Plan Amendment and Waiver Updates

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CHW Task Force Update

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ND Medicaid 2025-2027 Biennium Priorities & Budget

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Tribal Liaison Items

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Upcoming engagement opportunities



CHW Task Force Meetings

- December 18, 1-2:30 p.m. CT via Zoom
- [Medicaid Medical Advisory Committee \(MMAC\)](#)
- Tuesday, Feb. 18, 3 to 5 p.m. CT -via Microsoft Teams

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.
- [1915\(i\) Office Hours](#)
- Every Wednesday 9-10am

Upcoming Tribal Engagement Sessions

- Traditional Healing Next Steps
- 1915(i) follow up and solutions

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Division of Public Health & Indian Affairs Updates

Questions?



State Plan Amendment and Waiver Updates

Tribal Consultation Letters

- December 2, 2024- Proposed changes effective January 2025
 - Draft State Plan Amendments (Proposed, effective Jan. 1, 2025)
 - November 29, 2024 - Medicaid Expansion 2025-2027 Quality Strategy
 - November 15, 2024 - Tribal Consultation Letter for proposed amendment to Medicaid Waiver for Traditional IID/DD Home and Community Based Services (HCBS)
 - Draft Home and Community-Based Services Waiver Amendment (Proposed, effective Apr. 1, 2025)
- 

CHR Targeted Case Management

Adult and Aging Services



Overview of Workgroup Involvement

Year's long conversations with Tribal Nation service providers, partners, and ND Aging Services has helped identify gaps in the current delivery of HCBS services.

The workgroup is comprised of individuals who have first-hand knowledge working in tribal communities and can help make meaningful improvement and change.



Workgroup Details



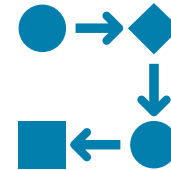
Representation of the group include members and providers of,

Spirit Lake Nation,
Standing Rock Sioux Tribe,
MHA Nation,
Turtle Mountain Band of Chippewa



These meetings came to be at the request of tribal leadership and service providers.

In response to tribal public comment... to be involved in changes prior to waiver amendment.



The workgroup meets monthly to work through issues.

Workgroup Input

Identify the challenges the Tribal partners expressed.

- Accessing Services
- Meeting the provider qualifications
- Lack of providers providing Cultural appropriate Home and Community Based Services (HCBS)

Workgroup input on how to address identified issues.

- Broadened the definition of Case Management to include HCBS Care Coordination which will allow better access to culturally appropriate service providers.
- Expand provider qualifications to include educational background and lived experiences.

TARGETED CASE MANAGEMENT FOR INDIVIDUALS IN NEED OF LONG-TERM CARE SERVICES IN TRIBAL COMMUNITIES

Targeted Case Management

- Services must be delivered in a culturally appropriate and relevant manner to enrolled tribal members or individuals eligible for tribal Community Health Representatives (CHR) services by qualified staff of federally recognized Indian Tribes or Indian Tribal Organizations.

Targeted Case Management for individuals in need of long-term care

- In order to receive targeted case management services from the in tribal communities an individual must;
 - Be an enrolled tribal member or individuals eligible for Tribal Community Health Representatives (CHR) services.
 - Be Medicaid Eligible;
 - Not currently be covered under any other targeted case management system;
 - Be considered, to have a need for Long-Term Care services;

Targeted Case Management in Tribal Communities Rate

- Targeted Case Management is paid at the encounter rate when the provider is included in the Tribal Health Program.
 - Tribal health program «(THP)» – means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with IHS under the Indian Self-Determination and Education Assistance Act «(ISDEAA)» (25 U.S.C. 450 et seq.).
- Other providers are paid at the usual and customary Medicaid rate.

Qualifications of Staff Providing Targeted Case Management in Tribal Communities

Education Requirements

- Qualified staff are defined as individuals who have successfully completed the following:
 - the Indian Health Service CHR certification training, **and**
 - the North Dakota State Aging Section Targeted Case Management Process training and annual update trainings, **and**
 - an approved curriculum focused on Native Elder Aging and Caregiving.

Supervision Requirements

- Targeted Case Management services must be under the supervision of a professional who has:
 - A minimum of an associate degree* preferably in a health or human services related field and at least one year of experience working with the target population, **or**
 - Is a licensed health professional.
 - Any professional supervising Targeted Case Management services must also complete the North Dakota State Aging Section Targeted Case Management Process training, **and** an approved curriculum focused on Native Elder Aging and Caregiving.
 - Qualifying experience may be considered in lieu of an associate degree requirement.
 - Qualifying experience is defined as two years' experience coordinating or providing community services and supports.

Questions

What do you think
of the proposed
changes for
provider
qualifications?

Questions?

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Targeted Case Management (TCM) for Behavioral Health

Tribal Consultation | Dec. 5, 2024



Health & Human Services



Proposed State Plan changes

- Expand members who may qualify to receive TCM
 - Would now include individuals with SUD-only diagnosis.
 - Individuals must still demonstrate functional impairment.



Proposed State Plan changes

- Modify agency and individual provider qualifications
 - Supervisors of case managers must have experience with case management but would allow for individual case managers who have a bachelor's degree to provide the service, even if they do not have case management experience.

1915(i) Behavioral Health Supports & Service Program Changes

1915(i) has been staffed by both the Behavioral Health Division and Medical Services and is now staffed solely by Medical Services

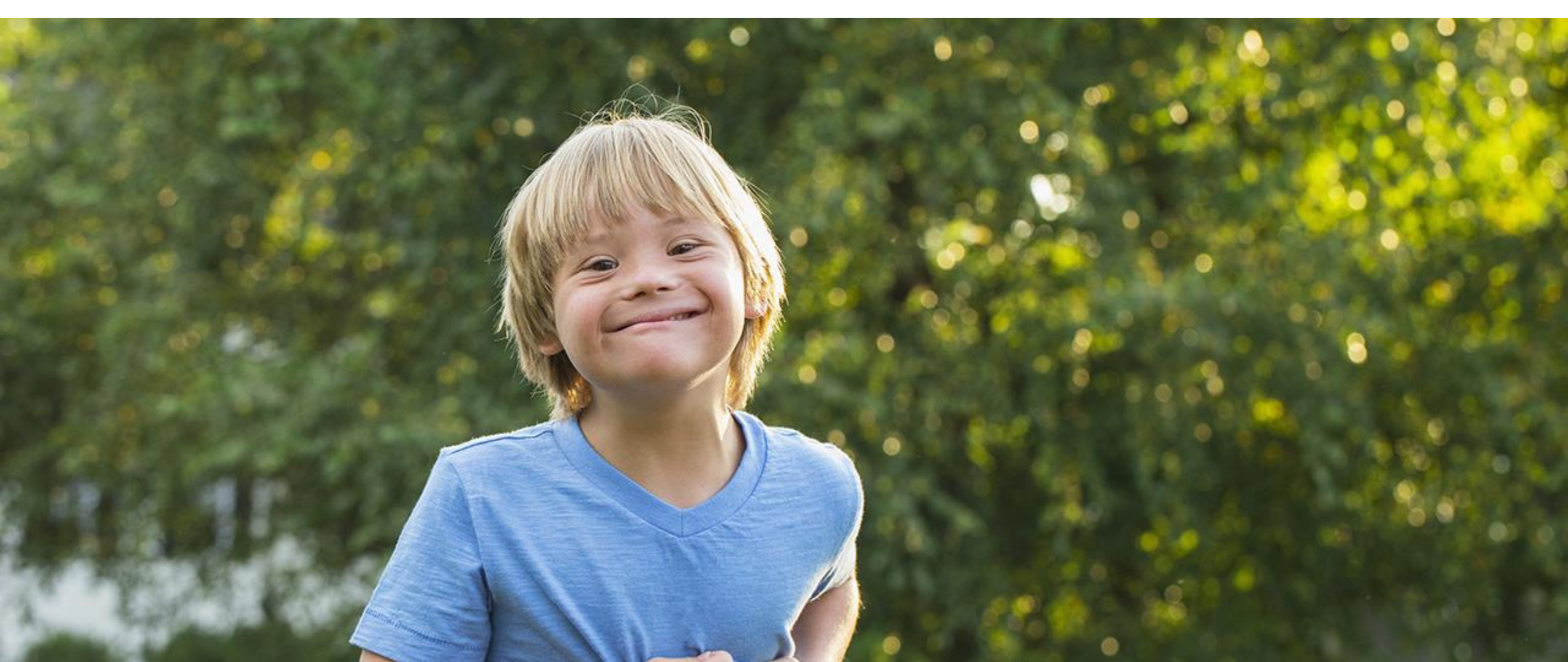
- Currently the 1915(i) Administrator position is open and we will be hiring a new Navigator as well.

We are experiencing program growth in both new members and providers

Program efficiencies and changes are occurring with improvements to member navigation and provider processes, resulting in quicker service delivery for members

- Example: removal of service authorization requirements for Traditional Medicaid members for dates of service 11.1.24 forward

Changes will require an upcoming State Plan Amendment (SPA)



1915(c) Traditional IID/DD HCBS Waiver Amendment

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November 2024



1915(c) Traditional IID/DD HCBS Waiver

- The State intends to submit an amendment to CMS for changes starting April 1, 2025.
- Public comment period will be open **November 15, 2024, through 8am December 16, 2024.**
- The waiver amendment application with the proposed changes will be available to review on DHHS DD Section Website located here: <https://www.hhs.nd.gov/dd>.

Traditional IID/DD waiver proposed changes

- Added clarifying language that Environmental Modification consists of modifications made to a participant's primary home or vehicle
- Added clarifying language that small group can not be provided in a DD licensed facility.
- Separated Remote Monitoring from the Equipment and Supplies service to comply with 42 CFR 441.301(b)(4) at the request of Centers for Medicaid and Medicare Services (CMS).
 - The limits for Equipment & Supplies and Remote Monitoring will be combined.
- Updated Home and Community Based Settings ongoing monitoring section to allow for providers to have a choice in department approved accreditation organizations.
- Appendix E- Participant Direction of Services-Checked box in E-1 F
 - For participant directed services, waiver services may be directed by a legal representative of the participant or a non-legal representative freely chosen by an adult participant.

Consultation



CHW Task Force Update

Community Health Worker (CHW) Task Force Update

Meeting monthly since October 2023.

Three workgroups:

- Training/Education
- Certification/Regulation
- Medicaid

CHW Task Force Decision Items

Scope of practice definition

Training and education requirements

- Competencies
- Components
- Requirements

Pathways to certification

- Training
- Experience
- Indian Health Service Community Health Representative training
- Reciprocity

CHW Task Force Decision Items in Draft Rule & Policy Recommendations

Medicaid coverage – draft Amended November 2024 recommendations. These recommendations were amended and approved at the November 18th meeting.

- Member eligibility criteria
- Referring providers
- Supervising/overseeing providers
- Service plan requirements
- Service codes and limits
- Covered services
- Non-covered services
- Service settings
- CHW enrollment

The Task Force currently working on finalizing draft administrative rules for certification and regulation

Next Steps

The Task Force met on November 27th to vote on draft certification and regulation Administrative Rules

The Task Force held a special public comment session on Monday, December 2nd to get feedback on draft items

- Draft items and meeting minutes are available online - <https://www.hhs.nd.gov/health/regulation-licensure-and-certification/chw-task-force>

The Task Force's last regular meeting is scheduled for Monday, December 16th, and that is when the Task Force will make any changes to its draft recommendations based on public comment given at the 12/2 session.



Questions?

Mandy Dendy
mrdendy@nd.gov

ND Medicaid 2025-2027 Biennium Priorities & Budget

Tribal Liaison Items

Tribal Care Coordination Update

- Sent tribes forms they need to submit for distribution.
- Finalized Tribal Care Coordination Annual Report, Audits, and Fund Distribution Policy.
 - Distributions will occur in January each year for care coordination funds accrued during the previous fiscal year.
 - ND Medicaid Tribal Care Coordination Fund Annual Report (SFN 1115), due by November 15th each year.
 - ND Medicaid will review each tribe's submitted annual report and respond in writing within 30 days.
 - Tribes must submit an audit report every 2 years, beginning in 2026, to the Medicaid Tribal Liaison by November 15th.



Tribal Care Coordination and Funding Agreement Tracking Chart



Last updated 10/07/24

	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)		Resolution 8/7/24	Resolution (major health care facility to which referrals are made) 9/13/22		
Signed Fund Agreements (Tribe & HHS)		10/7/2024	12/23/22	10/24/23	
Billing CC Claims		Sanford	Sanford	Sanford	



Medicaid Medical Advisory Committee (MMAC) Tribal representative DRAFT recommendations

A small group met this summer to discuss proposed Charter language for a tribal representative seat on the MMAC. Below are recommendations. Seven MMAC seats open in Feb 2025.

Tribal representative MMAC seat

Nominated to the Medicaid Director through a nomination and selection process to occur at the Tribal Health Director/Medicaid Tribal Consultation quarterly meetings.

A nomination & selection process will need to be developed by the Tribes. This needs to occur by or during early spring of 2025.

Appointed to MMAC by the Medicaid Director.

Tribal representative will serve the current MMAC term of three (3) years.

Consecutive terms by the same person are not permitted.

Nonconsecutive terms may be served.

MMAC Representative Nomination and Selection Process

What we have discussed so far:

- Eligibility Criteria
- Nominating Committee
- Announcement of Open MMAC Tribal Representative seat

What we'd like feedback on:

- Solicit Nominations
- Review Nominations
- Select Nomination
- Finalize Nomination
- Communicate the Outcome
- Expectations for the Representative

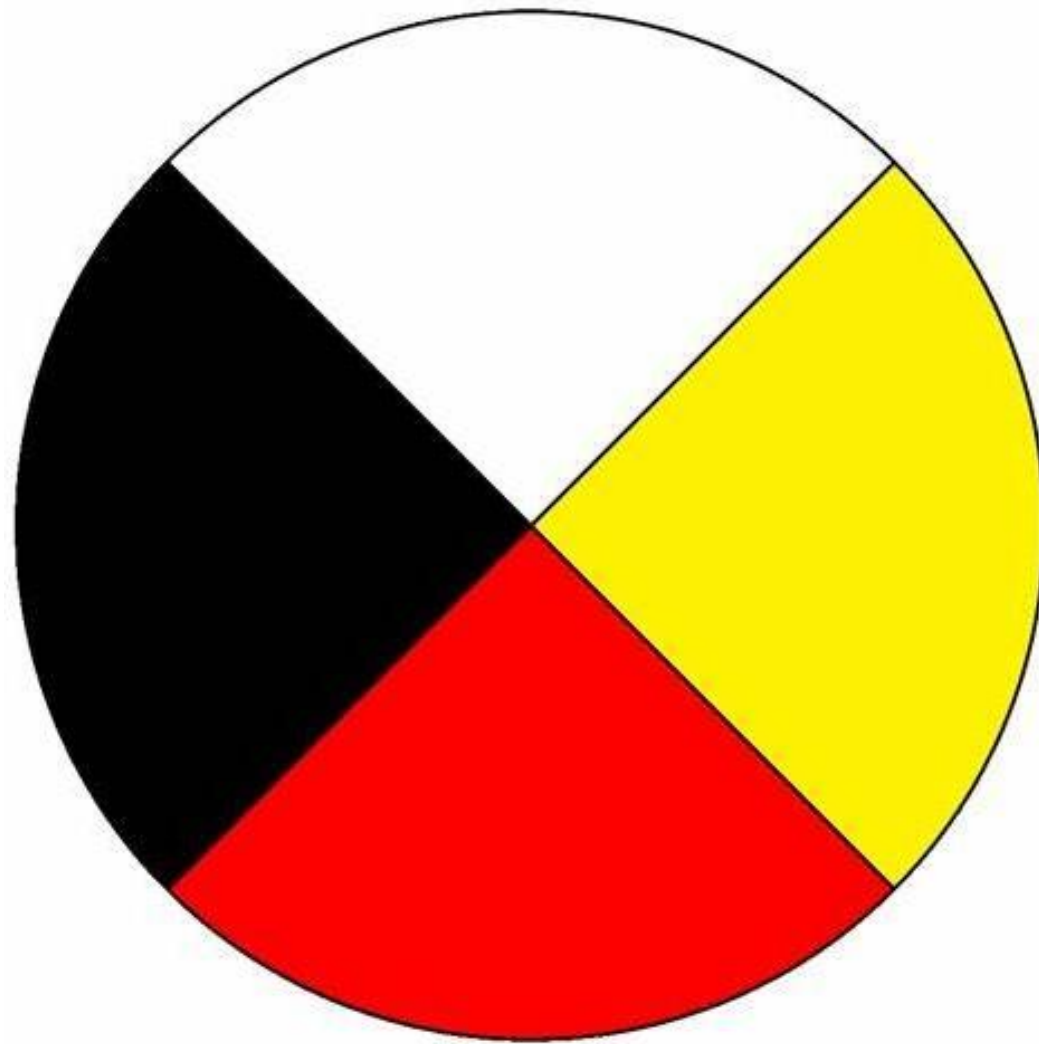
A young girl with dark hair in pigtails is seen from behind, looking towards a large white tent in a field. The tent is made of a light-colored fabric and has several support poles. The ground is dry and grassy. In the background, there are other tents and people, suggesting an outdoor event or gathering.

Traditional Healing Services

- Initial meeting held on 7/15/2024.
- Identified missing perspectives that should be part of this conversation.
- Action step identified to create and send out survey and meet again in August.

August Traditional Healing Services Meeting

- Meeting held on 8/7/2024.
- Went over responses to the survey.
- Went through questions and identified the need to:
 - Define Traditional Healing.
 - Define Traditional Healing Provider.
 - Describe the proposed process for determining who would be a qualified Traditional Healing Provider.
- Individual tribal work groups formed to answer the questions.
 - Tribes to send responses to Tribal Liaison and decide next steps at Tribal Consultation.



A close-up photograph of a person's hands braiding a green cord. The person is wearing a grey zip-up jacket. The cord is being braided into a three-strand pattern. The background is a plain, light-colored surface.

November Traditional Healing Services Meeting

- [Meeting held on 11/19/24](#)
- Went over background information and progress so far
- Discussed answers provided by tribal workgroups.
- Discussed CMS approvals
- Provided resources

Consultation: Deciding Next Steps

- Decide if we want to submit for a state plan amendment for traditional healing.
- Come to consensus on:
 - Definition of traditional healing
 - Definition of traditional healing provider



Tribal Consultation Goals

Tribal Consultation Meetings

- Increase engagement and feedback from tribal partners.
- Tailor presentations to you, our tribal stakeholders.
- Create purposeful agendas.
- Identify learning opportunities

Tribal Consultation Letters

- Increased focus on what the changes mean to tribes and tribal members

Learning and Engagement Goals



Provide additional information on topics that are important to you

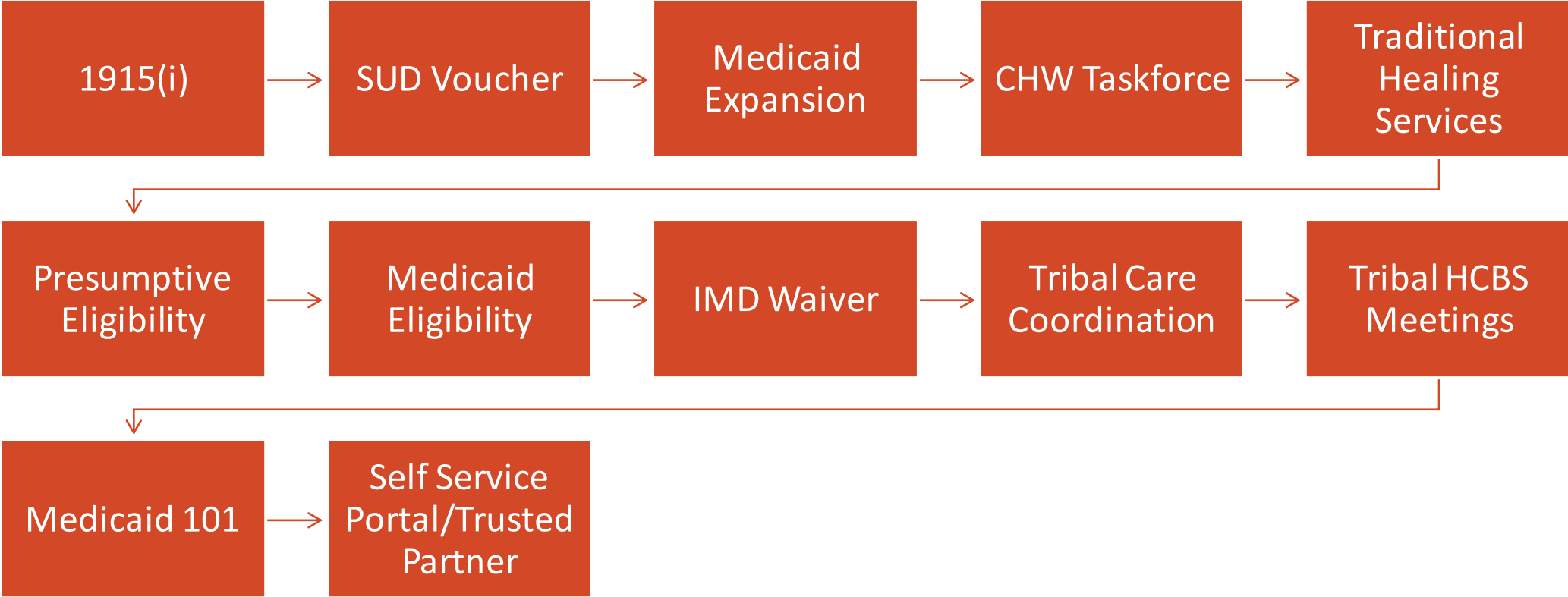


Identify underlying issues



Provide opportunities for tribal partners to share potential solutions and inform policy.

Some of the learning and engagement opportunities so far



Navigating Issues Together

Increased engagement by tribes when ND Medicaid issues arise.

- Some of the issues we have navigated together:
 - Billing
 - Medicaid Denials (Payments and Eligibility)
 - Provider Enrollment
 - Tribal Disbursement income
 - Recipient Liability
 - Some of the ways we have responded:
 - Updating policies
 - Correcting information when we find errors
 - Updating information in our systems
 - Provided additional information when necessary
 - Connected stakeholders with key contacts to help address the issues they are having
 - Providing tribal health programs with monthly reports of Medicaid Enrollment data

Some of our progress so far

Increased discussion and potential solutions shared during our meetings.

Increased identification of areas where additional information and collaboration are needed.

Increase in tribal stakeholders reaching out when issues arise.

Policy updates and changes.

Increase in number of people engaged in our conversations concerning ND Medicaid.

Tribal representation on MMAC and MMEC

More signed Tribal Care Coordination and Fund Agreements.

HCBS Care Coordination Waiver Update and CHR Targeted Case Management SPA

Increase in individual tribal check in participation

Consultation

- What progress would you like to see in 2025?



Upcoming engagement opportunities



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