

Meeting Minutes

ND HHS Tribal Consultation

December 5, 2024

8:30-10:30am CT

Topic and Speaker	Meeting Notes
Smudge Welcome & Introductions	
Public Health Division Updates Krissie Guerard <i>Community Engagement Director</i>	<ul style="list-style-type: none"> Multi-Partner Health Collaborative – open process for goal group members if anyone is interested. Information on the MPHC and how to apply for a goal group can be found here North Dakota MPHC (Sept 2024) — Foundation for a Healthy North Dakota. There has not been a State Health Officer or Commissioner of HHS named as of yet. Still working on the DUAs with the Tribal Nations.
Indian Affairs Updates Anthony Bauer <i>Deputy Director, Indian Affairs</i>	Presenter not present Update given during the ND Tribal Health Director’s meeting.
State Plan Amendment (SPA) & Waiver updates <ul style="list-style-type: none"> Current SPAs <ul style="list-style-type: none"> Tribal Consultation Letters Monique Runnels, <i>ND Tribal Medicaid Liaison</i>	Below are our most recent tribal consultation letters. Comments on upcoming changes can be sent to Monique Runnels, ND Tribal Medicaid Liaison. <ul style="list-style-type: none"> December 2, 2024- Proposed changes effective January 2025 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Draft Home and Community-Based Services Waiver Amendment (Proposed, effective Apr. 1, 2025)
<ul style="list-style-type: none"> CHR Targeted Case Management Sandi Erber, <i>HCBS Program Administrator</i>	A Proposed SPA will be submitted with a proposed effective date of 1/1/2025. <ul style="list-style-type: none"> The proposed SPA was developed with the input of a tribal workgroup. The tribal workgroup: <ul style="list-style-type: none"> Identified the challenges of: <ul style="list-style-type: none"> Accessing services Meeting provider qualifications Lack of providers providing culturally appropriate HCBS. Workgroup suggested the following changes:

	<ul style="list-style-type: none"> ○ Broaden 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. ● Proposed changes to educational requirements: <ul style="list-style-type: none"> ○ Qualified staff are defined as individuals who have successfully completed the following: <ul style="list-style-type: none"> ▪ 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. ▪ Proposed changes to supervision requirements: ○ Targeted Case Management services must be under the supervision of a professional who has: <ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ○ Targeted Case Management for SMI/SED <p>Krista Fremming, <i>Medicaid Services Assistant Director</i></p>	<p>A Proposed SPA will be submitted with a proposed effective date of 1/1/2025.</p> <ul style="list-style-type: none"> ● The proposed changes include: <ul style="list-style-type: none"> ○ Expand members who may qualify to receive TCM ○ Would now include individuals with SUD-only diagnosis. ○ Individuals must still demonstrate functional impairment. ○ Modify agency and individual provider qualifications <ul style="list-style-type: none"> ▪ 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.

<ul style="list-style-type: none"> ○ 1915(i) <p>Monique Runnels, <i>ND Tribal Medicaid Liaison</i></p>	<p>1915(i) Behavioral Health Supports & Service Program Changes:</p> <ul style="list-style-type: none"> ● 1915(i) has been staffed by both the Behavioral Health Division and Medical Services and is now staffed solely by Medical Services <ul style="list-style-type: none"> ○ Will be hiring for the 1915(i) Administrator and a new Navigator. ● 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 <ul style="list-style-type: none"> ○ 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)
<ul style="list-style-type: none"> ○ Disabilities and Developmental Disabilities (IID/DD) HCBS <p>Heidi Zander, <i>HCBS Program Administrator</i></p>	<p>The State intends to submit an amendment to CMS for changes starting April 1, 2025.</p> <ul style="list-style-type: none"> ● 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. ● The proposed changes include: <ul style="list-style-type: none"> ○ Adding clarifying language that Environmental Modification consists of modifications made to a participant's primary home or vehicle ○ Adding clarifying language that small group can not be provided in a DD licensed facility. ○ Separating 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). <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ 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.

Tribal Consultation

CHR Targeted Case Management

Question: What does long-term services mean? How does one qualify?

Answer: The person needs services for three months or more to get help with DLAs. CHR would assess and offer various community supports and services. A need must be shown for DLAs, basic cares, and a functional assessment score. Then the case may be referred to HCBS with Adults and Aging Services. CHR may continue involvement to apply cultural awareness to services. Changes were made to degree requirements and experience for providers and supervisors. CHRs and tribal partner requirements to offer care coordination were also changed.

Question: Would non-certified family members be eligible to provide and get compensation for services?

Answer: Those are more personal care services. There are several avenues to pay family members providing services. This is an avenue to access these services. The waiver includes the allowance of Tribal entities such as elder groups to also provide services.

Question: If the Tribe is not set up for third-party billing, will this be a barrier and how should this be addressed?

Answer: There is a simplified structure for QSP providers, and we have added positions to our team to assist Tribes in billing concerns. Enrollment under Medicaid is easier. Billing has been integrated into Therap and have been streamlined.

Targeted Case Management for SMI/SED

Question: Who could supervise a case manager?

Answer: We don't specify beyond educational requirements because we don't want to narrow the ability to have providers. A bachelor's degree or five years of case management-related duties is required.

1915(i) changes

Tribes requested another meeting to discuss conflict-free care coordination and barriers to proving 1915(i) services. Tribal Liaison shared information on 1915(i) office hours and will set up a meeting on conflict-free care coordination. This is a federal requirement and we are open to other potential solutions to meet the requirement.

1915(c) Traditional IID/DD HCBS Waiver Amendment

No questions or comments noted.

Other Updates

Mandy Dendy, Policy Director
○ CHW Taskforce Update

The CHW Taskforce has been monthly since October 2023.

- Three workgroups were formed to address:
 - Training/Education
 - Certification/Regulation
 - Medicaid
- CHW Task Force Decision Items:

	<ul style="list-style-type: none"> ○ Scope of practice definition ○ Training and education requirements <ul style="list-style-type: none"> ▪ Competencies ▪ Components ▪ Requirements ● The pathways to certification that were identified include: <ul style="list-style-type: none"> ○ Training ○ Experience ○ Indian Health Service Community Health Representative training ○ Reciprocity ● Medicaid coverage – draft Amended November 2024 recommendations. The recommendations include: <ul style="list-style-type: none"> ○ 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
<p>Sarah Aker, Medical Services Director</p> <ul style="list-style-type: none"> ○ ND Medicaid 2025-27 Biennium Priorities & Budget 	<p>The new biennium budget was released on 12/4/2024 yesterday.</p> <ul style="list-style-type: none"> ● Governor Armstrong will develop a new budget and it will be released in January. ● Key items funded in Governor Burgum’s budget include funding for: <ul style="list-style-type: none"> ○ CHW certification ○ behavioral health programs ○ value-based purchasing in Medicaid to expand to more primary care settings, ambulance provider increases ○ home health and private duty nursing rate increases ○ qualified support professional rates.

Q&A

CHW Taskforce Update

No questions or comments.

ND Medicaid 2025-27 Biennium Priorities & Budget

Question: When does the new budget take effect?

Answer: ND operates on a biennium, this budget is for July 1, 2025-June 30, 2027

Question: Is Governor Burgum leaving?

Answer: Yes, last day, December 15.

Question: Is there anything specifically intended to be worked on?

Answer: Depends on what the next administration's focus will be. The legislature also has its own set of priorities.

Question: Where are we with youth in carceral settings?

Answer: We moved forward with a grant application to fund county and tribal jails for data sharing with Medicaid. We are seeking to understand jail data systems and will need more information from tribal and BIA jails. We will need to establish automatic data sharing between the jails and Medicaid.

Tribal Liaison Items

Monique Runnels, *ND Medicaid Tribal Liaison*

- Tribal Care Coordination
- MMAC Tribal Representative
- Traditional Healing
- Measuring Progress & Goals

Upcoming Engagement Opportunities & Announcements

Tribal Care Coordination Update

- Tribes were sent forms they need 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.

MMAC Tribal Representative:

- 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.

Traditional Healing

- 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.
- [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 group will decide next steps after responses are received.
- [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
- Next Steps:
 - Will need to meet again to come to a consensus on:
 - Do we want to pursue an SPA to cover traditional healing services?
 - Definition of traditional healing
 - Definition of traditional healing provider
 - Who is qualified to receive the services?
 - Who is qualified to provide traditional healing services?
 - Do we want to apply under preventative or rehabilitative services?
 - Tribal Medicaid Liaison will send out potential dates to set up next meeting.

Measuring Progress & Goals

- Tribal Consultation Meeting Goals
 - Increase engagement and feedback from tribal partners.
 - Tailor presentations to you, our tribal stakeholders.
 - Create purposeful agendas.
 - Identify learning opportunities.
- Tribal Consultation Letter Goals
 - 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 our tribal partners.
 - Identify underlying issues.
 - Provide opportunities for tribal partners to share potential solutions and inform

policy.

- Some of our learning and engagement opportunities so far include:
 - SUD Voucher
 - 1915(i)
 - Medicaid Expansion
 - CHW Taskforce
 - Traditional Healing Services
 - Presumptive Eligibility
 - Medicaid Eligibility
 - IMD Waiver
 - Tribal Care Coordination
 - Tribal HCBS Meetings
 - Self Service Portal/Trusted Partner
 - Medicaid 101
- Some of the issues ND Tribal Medicaid Liaison has helped navigate such as:
 - Billing
 - Medicaid Denials (Payments and Eligibility)
 - Provider Enrollment
 - Tribal Disbursement income
 - Recipient Liability
- Some of the progress we have made together includes:
 - 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 Agreements and Fund Agreements.
 - HCBS Care Coordination Waiver Updates
 - CHR Targeted Case Management SPA
 - Increase in individual tribal check in participation

Upcoming Engagement Opportunities:

- [CHW Task Force Meetings](#)
 - December 16, 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 (alternate dates for holidays)
- **Upcoming Tribal Engagement Sessions**
 - Traditional Healing Next Steps-TBD
 - 1915(i) follow up and solutions-TBD

Tribal Consultation

Tribal Care Coordination

Question: How many Tribes signed agreements?

Answer: Tracking chart was reviewed to show Tribes and dates pertaining to specific task areas.

Question: Spirit Lake did not sign off; do we know why?

Answer: Some of our tribal nations didn't like the law as it is written in regards to 80/20 split, requirements for how money is spent and reporting.

Question: Will tribes get distributed funds?

Answer: Yes. 80/20 split of cost savings between Tribal fund (80) and state general fund (20) for tribes with signed fund agreements. These will occur in January of each year.

More information about tribal care coordination can be found on our [website](#).

MMAC Tribal Representative

No comments or questions

Traditional Healing

Question: What is the time frame for approval?

Answer: Every SPA, for this process, requires public notice of 90 days, then hear back from CMS on approval, denial, or request for added info. We have 90 days to submit. CMS has another 90 days to decide or request more info. Process could take less than nine months depending on whether entities use the entire 90 days allowed for action.

1115 (waiver) process could be quite lengthy as CMS processes in the order of receipt. This process is expected to take upward of nine months.

Question: How do Tribes move forward if not all four Tribes are on board?

Answer: Tribes can take their own stance and are not required to use/provide/bill for traditional healing practices. Our submission does not obligate Tribes to participate.

Measuring Progress & Goals

Tribes would like to see more tribal specific data and an increased use of waived services by tribal members.

Date Posted: 12/19/2024

Date Revised: