

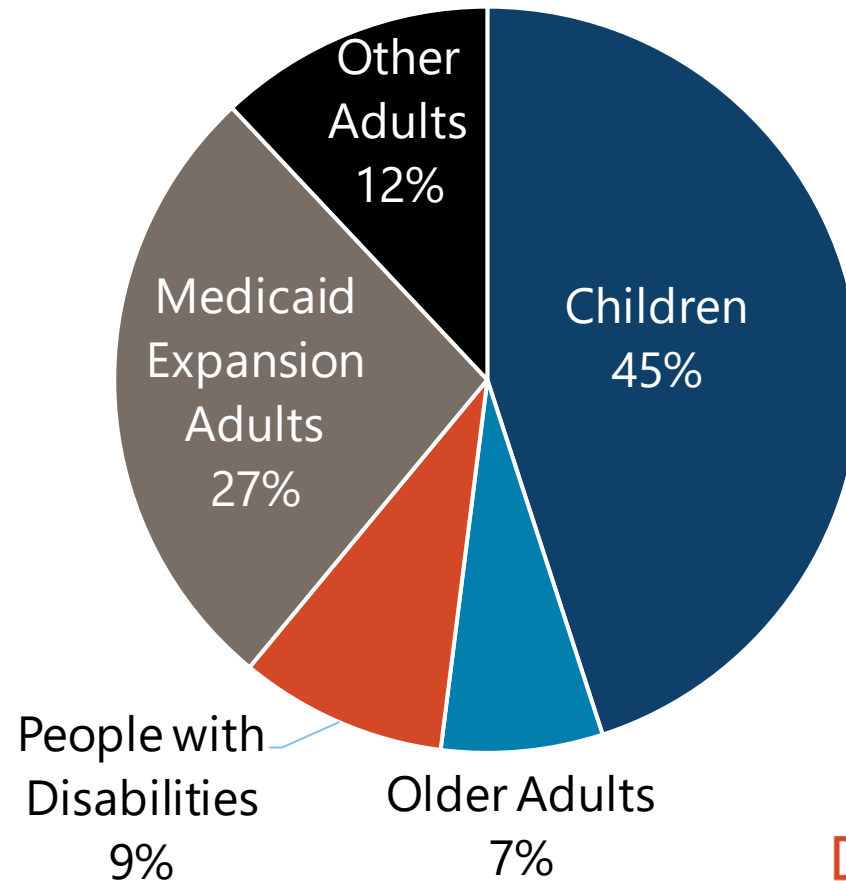
# ND Tribal Medicaid 101

# What is Medicaid?

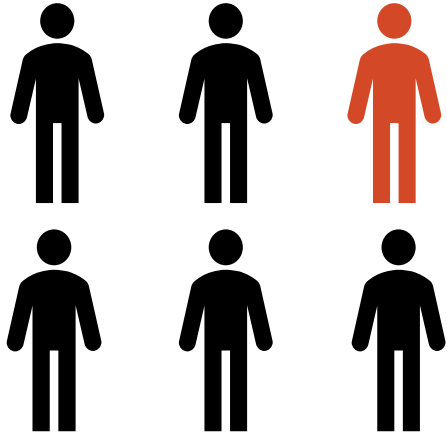
- Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI of the Children's Health Insurance Program (CHIP) enacted in 1997
  - An entitlement program that requires all eligibles to receive services and is funded through federal and state dollars
  - Provides health coverage for eligible individuals
  - It is a Federal – State partnership
- States administer the Medicaid program
  - Each state plan is different due to optional services provided making it difficult to compare states side-by-side
- Medicaid is separate from Medicare
  - Medicare is for individuals 65 years and older for all incomes, and for people with disabilities
  - Medicare is a federally administered and funded program
  - Individuals can be eligible for both Medicare and Medicaid.



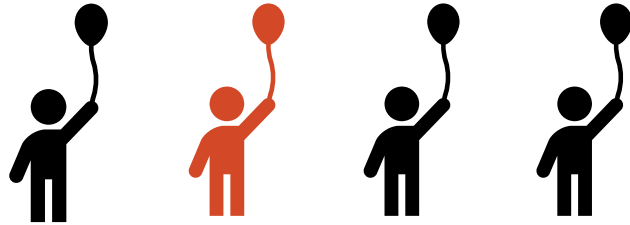
# Who is covered by North Dakota Medicaid?



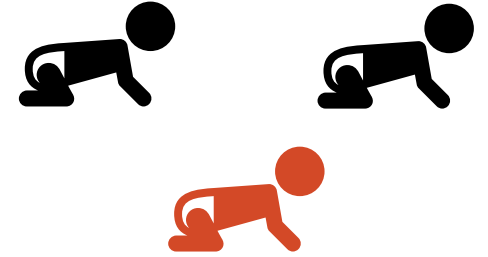
# Who We Serve



Nearly **1** in **6** North Dakotans in any given month will have health coverage through Medicaid or CHIP.



**1** of every **4** children under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



**35%** of children born in North Dakota will be on Medicaid or CHIP during their first year of life.

# Why ND Medicaid Coverage Matters to Tribes

- Federal & Tribal Relations
  - Indian Health Care Improvement Act
- ND & Tribal Relations in Medicaid
  - State Administration of Medicaid
  - State Plan Amendment
- 5 Tribal Nations in ND
  - Each tribe is unique
  - Each tribe has different healthcare systems



# Federal & Tribal Relations

The United States recognizes Indian tribes as sovereign nations. This relationship makes American Indians & Alaska Natives (AI/AN) distinct from all other ethnic group in the US. This unique government-to-government relationship between the tribes and the federal government is grounded in:

- U.S. Constitution
- Treaties
- Statutes
- Federal case law
- Regulations
- Executive orders

Important note: Tribes are considered a political group with a unique relationship with the federal government.

# Indian Healthcare Improvement Act (IHICIA)

A graphic with a dark teal background and a white border. The text "Indian Health Care Improvement Act Reauthorization" is centered in a light teal, serif font. The background features a faint, stylized map of the United States.

## Indian Health Care Improvement Act Reauthorization

- Is the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives.
- First passed in 1976, IHICIA was made permanent in 2010, as part of the Affordable Care Act.
- Permits reimbursement by Medicare and Medicaid for services provided to tribal members in Indian Health Service (IHS) and tribal health care facilities.
- Provides states with access to 100% federal funding for services provided by tribes or Indian Health Service.

# ND & Tribal Relations on Medicaid



- Medicaid administered by the North Dakota Department of Human Services
- Shared interests & goals
- We are also held to certain requirements in our relationships with tribes.
- ND Medicaid SPA [ND-12-002](#)
  - Consultation
  - Medicaid Medical Advisory Committee
  - Key Point of Contact for tribes.
  - Website



# Facilitating ND/Tribal Medicaid Consultation

- What is Consultation?
  - Ensures Tribal governments are included in the decision-making processes when proposed changes in Medicaid or CHIP will directly impact the North Dakota Tribes and/or their Tribal members.
  - Should include what the proposed change means to tribes and or tribal members
  - Better if done early in policy development
  - Meaningful and rooted in respect
- How we do Consultation
  - Letters
  - Quarterly in conjunction with Tribal Health Director Meetings.
  - Quarterly individual option
  - Ongoing communications with tribal partners
- What we do with feedback from Consultation
  - Collaboratively & actively work on shared goals
  - Provide tribes with answers and resources
  - Use feedback to inform policy development



# Other Ways ND Medicaid Engages Tribes

- The Medicaid Liaison serves as a point of contact between ND Medicaid and Tribal nations
  - Help address issues related to North Dakota Medicaid and health care of Tribal members
  - Help tribes and tribal members resolve issues with application or claim denials
  - Tribal Care Coordination
  - Engage key agency partners to provide answers to tribes
- Invite tribal partners to Committee & Policy Development meetings (MMEC, MMAC, CHW Taskforce, etc.)
- Help gather & access tribal specific data
- [Tribal webpage](#)
- GovDelivery E-News & Notices



ENGAGEMENT

# North Dakota Tribal Nations

Each tribe is made up of different tribal bands and has its own unique customs, traditions, governments, languages, etc.

- Mandan Hidatsa Arikara Nation (Three Affiliated)
- Sisseton – Wahpeton Oyate
- Spirit Lake Tribe
- Standing Rock Sioux Tribe
- Turtle Mountain Band of Chippewa Indians
- Trenton Indian Service Area



# Indian Health Service & Tribal Health



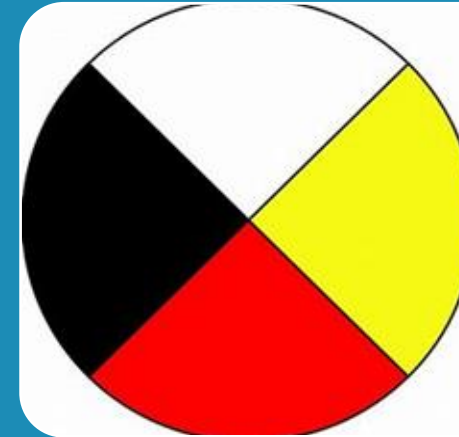
## Indian Health Service (IHS)

Primary federal agency responsible for health care of AI/AN

Is both a funding agency and a healthcare provider

Have service units on many reservations and in some urban communities that provide health care to AI/AN.

3 tribes in ND have IHS operated health facilities.



## Tribal Health

Tribes have option to run their own health services that are funded by IHS

Services through 638 contract (refers to Public Law 93-638 Indian Self-Determination and Education Assistance Act) or compact

Tribes can have combination of tribal 638 and IHS healthcare

Tribes provide services directly and have control over how funding is spent

2 tribes in ND have tribally operated healthcare systems

# Indian Health Service & Tribal Reimbursement



- Federal government Federal Medical Assistance Percentage (FMAP) rate is 100% for state expenditures on behalf of AI/AN (ND) Medicaid beneficiaries for covered services “received through” an Indian Health Service facility whether operated by IHS or by a Tribe or Tribal organization. This includes:
  - services that the IHS/Tribal facility are authorized to provide according to IHS rules, that are also covered under the North Dakota approved Medicaid state plan.
  - Services furnished by a non-IHS/Tribal provider at the request of an IHS/Tribal facility practitioner on behalf of their patient and the patient remains in the Tribal facility practitioner’s care in accordance with a written care coordination agreement.

# Medicaid Applications and Eligibility

# Importance of Medicaid for Enrolled Tribal Members

Medicaid can pay for your healthcare services

- IHS & Tribal Health clinics generate money by billing for these services and can save Purchased/Referred Care (PRC) dollars. This means more money to provide services at IHS & Tribal Health facilities.
- Covers members who do not live or receive services in an IHS/Tribal service area. Many tribal members live in other
- Health Care Coverage like Medicaid can make it easier to get referred out for the services IHS & Tribal Health clinics do not provide.

Medicaid members with care coordination referrals generate more federal dollars (FMAP savings) for your Tribe

# AI/AN Medicaid and CHIP Protections

Certain types of Indian payments and resources are not counted when determining Medicaid or CHIP eligibility.

- Per capita payments from a tribe that come from natural resources, usage rights, leases, royalties or distributions
- Payments from natural resources, farming, ranching, fishing, leases, or profits from Indian trust land (including reservations and former reservations)
- Money from selling things that have tribal cultural significance, such as Indian jewelry or beadwork.
- Certain types of Indian trust income and resources are exempt from Medicaid estate recovery rules. (Medicaid estate recovery only applies to those age 55 and older who receive long term care services, such as nursing home care.)
- NOTE: Per capita income from Indian gaming is not excluded from your income calculation. It will be counted toward Medicaid eligibility and should be reported on your application for coverage
- NOTE: Money taken out of an Individual Indian Money (IIM) account is not counted as income but will be counted as an asset if put into a personal checking account the following month.
- Sources: [InformationforAIANs ApplyingforCoverage.pdf \(hhs.gov\)](#) [American Indian and Alaska Native Trust Income and MAGI \(cms.gov\)](#)



**There are many ways to become eligible for Medicaid in North Dakota. These are called categories of eligibility. Different things matter for different categories. Below are some of the important things Medicaid looks at for people applying.**

## **Financial - Money and Assets.**

- Some Medicaid programs look at how much money (income) and valuable things (assets) you have. If you have too much, you may not qualify.

## **Non-financial - Age, family, and household size.**

- How old you are and if you have kids matter. Some Medicaid programs are for kids, pregnant women, parents with kids, caregivers, adults with disabilities, adults between the ages of 19 and 64, and adults ages 65 and over.

## **Health Conditions.**

- Sometimes, if you have certain health conditions or disabilities, you can get Medicaid even if you have a higher income.

# How much money you make is important when applying for Medicaid. Sometimes, that isn't the only thing that matters. Other things that **may** matter:

## Age, family, and household size.

- How old you are and if you have kids matter. Some Medicaid programs are for kids, pregnant women, parents with kids, adults with disabilities, adults between the ages of 19 and 64, and adults ages 65 and over.

## Money and stuff.

- Some Medicaid programs look at how much money and valuable things (assets) you have. If you have too much, you may not qualify.

## Health Conditions.

- Sometimes, if you have certain health conditions or disabilities, you can get Medicaid even if you have a higher income.

# Traditional Medicaid and Medicaid Expansion

## Traditional Medicaid

- Is for certain groups of people with low income and
- People who have low income because of how much they spend on medical bills.

## Medicaid Expansion

- Is for people who make too much money to qualify for Traditional Medicaid.
- These people still have low income.
- Expansion is for people ages 19-64.

# Traditional Medicaid Eligibility

## Categorically Eligible



- This means you qualify because you fit into a specific group of people.
- You can't make too much money.
- Sometimes, the amount of things you own (assets) will be counted to make sure you don't have too many.

## Medically Needy



- This means your income is higher than people who are categorically eligible. You will need to pay part of your medical bill(s) before Medicaid will cover you. This is referred to as "client share".
- "Client share" is determined by your countable income (how much money you make) minus Medicaid-allowable expenses.
- Once you meet your "client share" for the month, Medicaid will cover your medical bills.

# North Dakota Medicaid Expansion - Eligibility

Household Size

Household's Modified Adjusted Gross Income (MAGI) at or below 138% FPL

Ages 19 to 64 Years Old

North Dakota Resident & U.S. Citizen

Do not have Medicare

Medicaid Expansion helps pay for health care and is offered through Blue Cross Blue Shield of North Dakota.

You will probably qualify for Medicaid Expansion if your household annual countable income (the amount of money you receive in a year) is equal to or lower than the numbers below.

Rates are effective April 1, 2023. \*Rates change yearly

- 1-person: \$20,121
- 2-people: \$27,214
- 3-people: \$34,307
- 4-people: \$41,400
- 5-people: \$48,494
- 6-people: \$55,587
- 7-people: \$62,680
- 8-people: \$69,773

For households with more than 8 people, add \$7,094 for each additional person.

# Who can get Medicaid?

Single Adults

Aged Individuals

Children in foster care or subsidized adoption

Former foster care children up to age 26

Children with disabilities (birth to 19)

Parent caretakers

Pregnant women and children born to eligible women for one year after the child's birth

Individuals with breast or cervical cancer

Workers with disabilities

Other blind and disabled individuals

Low-income Medicare beneficiaries (Medicare Savings Programs)

# Children & Women

Children under age 19 may become continuously eligible for Medicaid.

- This means children can stay on Medicaid for up to 12 straight months.

Pregnant women who become eligible for Medicaid can stay on Medicaid for 12 months after their baby is born.

- Women must become eligible before the baby is born. This means the woman needs to do one of these things before her baby is born:
  - apply for Medicaid or
  - notify Medicaid that she is pregnant.

# Wondering if you or someone you know might qualify for Medicaid?



Try the eligibility pre-screener at

<https://dhsbenefits.dhs.nd.gov/SSPPortal/public/am-i-eligible/start>

Do I Qualify? > Start

## Answer a few questions

We will ask you a few questions about the people in your household. If you don't know the exact answer, give us your best guess.

## Instantly see your results

After submitting the answers, potential applicants will see if a household might be eligible for program(s) listed below:

- Temporary Assistance for Needy Families (TANF)
- Child Care Assistance Program (CCAP)
- Supplemental Nutrition Assistance Program (Food Assistance/SNAP)
- **Health Care Coverage (HCC)**
- Low Income Home Energy Assistance Program (LIHEAP)

Remember this is a basic screening process and is not an application for benefits. Even if the results show that a household may not be eligible, potential applicants may still complete and submit an application for us to make an official decision about eligibility.

## How to apply

You can choose to start an application immediately or you may choose to exit without applying.

EXIT PRE-SCREENER

BACK

START



# Screening for 3 months' retroactive coverage

Ask applicants:

Do you have unpaid medical bills in the past three (3) months?

If YES, have the applicant check the box asking for help paying medical bills over the last 3 months.

If NO, skip this step. The member may need to provide verification of actual income to get retroactive coverage. If they don't need the retroactive coverage, then this is an unnecessary step.

# When coverage begins

Medicaid coverage may begin up to three (3) months before the month you apply.

- You will see one of these questions on the application, an applicant can check Yes to request 3 months coverage beginning before your application – indicate how many months you are asking for

13. Do you want help paying for medical bills from the last 3 months? \_\_\_\_\_

Yes  No

## Tell Us About Your Medical Bills

Medicaid can help pay medical bills, including prescription costs, for up to three months prior to the month of your application. Would you like help paying any of these bills?

Yes  No

If yes, list which months and provide verification of income, assets and expenses for those months:

# Medicaid Applications

# ND Medicaid

Learn about ND Medicaid and how to apply here

<https://www.hhs.nd.gov/health-care/medicaid>

## North Dakota Medicaid

Medicaid is a program that helps pay for medical services for qualifying low-income adults, children, pregnant women, older adults and people with disabilities.

**Medicaid Members:** Learn more about Medicaid renewals and what you need to do to prepare on our [Stay Covered ND](#) webpage.

Apply Now

[Click here](#)

Ways to Apply

[Click here](#)

Am I Eligible?

[Click here](#)

### What Services are Covered?

Medicaid covers a specific list of medical services. Some covered services have limitations or restrictions. It is a recipient's responsibility to ask a medical provider whether a particular service being provided is covered by Medicaid. Do not assume that all of the medical services you receive are covered and paid for by Medicaid. Non-covered medical services are the recipient's responsibility.

Covered Services



Non-Covered Services



# What is required to apply for Medicaid?

Social Security Number (SSN) – or date of application for SSN

Birthdate

Identification

Resident of State

Citizenship

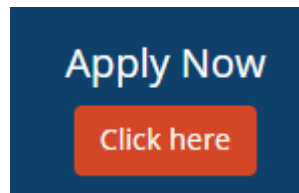
Blindness/disability

Financial (income/assets)

# How Tribal care providers can help enroll eligible members

Assist eligible members in applying using the Self-Service Portal

<https://www.hhs.nd.gov/healthcare/medicaid>



## Steps

1) Create a ND Login if they don't have one

2) Select



3) Follow steps to finish application

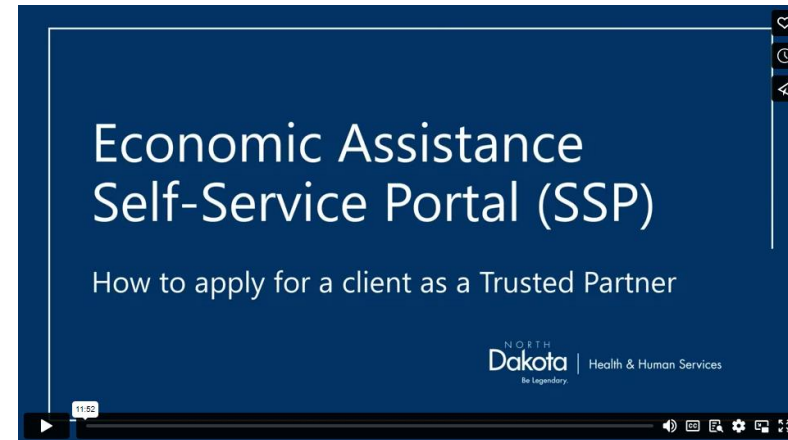
A screenshot of a web application form. It has a vertical progress indicator on the left with five steps: Start, People, Assets, Income, and Expenses. Each step has a "BEGIN" button to its right. The "Start" section is currently active and contains the text: "Provide information about your household such as residency, special assistance, address and contact information." The other sections show "Total Number of [Category]: 0" and a brief description of the information required.

# Did you know?

If you are helping someone fill out their Medicaid application, you are called a “trusted partner”.

Here is a video on how to apply for someone else as a trusted partner

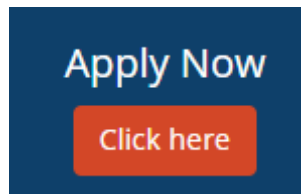
[How to apply as a trusted partner on Vimeo](#)



# Apply online

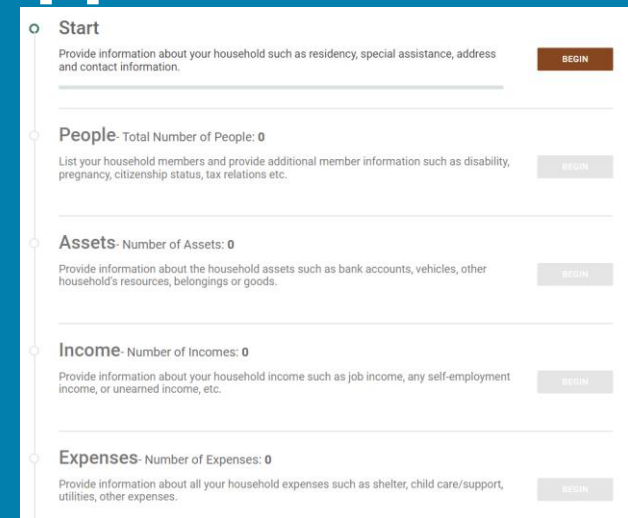
Use the Self-Service Portal

<https://www.hhs.nd.gov/healthcare/medicaid>



## Steps

- 1) Log in.
- 2) Create a ND Login if you don't have one
- 3) Select
- 4) Follow steps to finish application





# Need help with the Self-Service Portal (SSP)?



<https://www.hhs.nd.gov/applyforhelp/ssp-help>



Or call the Customer Support Center at 1-866-614-6005 with questions.

Get Started: Create a North Dakota login and link your account to your case.

How to create a North Dakota Login	+
How to link your case	+

Apply online, submit a review or report a change.

Complete a review	+
Apply online	+
Report a change	+
Resume an existing application or review	+
Manage your interview	+

Manage Your Case: Upload or view documents and notices, check your benefits and manage your case settings.

Download notices	+
Go paperless	+
Upload a document	+
Provide others with case access	+
Check your benefits	+
Child Care Changes: Change hours of care needed and/or provider	+

# Apply using a paper form at any Human Service Zone office

## SFN 405 Application for Assistance

- Child Care Assistance Program (CCAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Health Care Coverage (HCC)
- Basic Care Assistance Program (BCAP)
- Temporary Assistance for Needy Families (TANF)

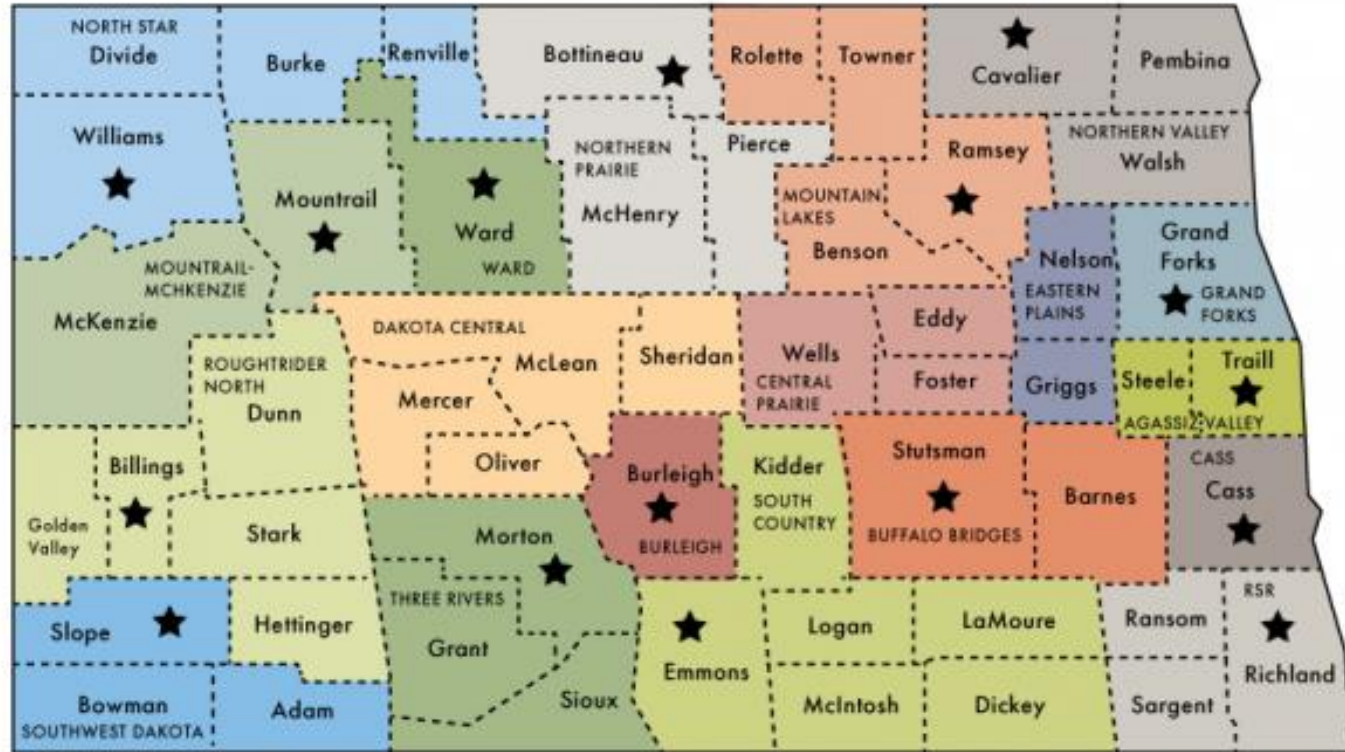
## SFN 1909 Application for Health Coverage and Help Paying Costs

- Use this application if you are under age 65, not disabled, and you want medical coverage ONLY

## SFN 958 Health Care Application for the Elderly and Disabled

- Use this application if you are aged, blind, or disabled, and you ONLY want Medicaid coverage, the Medicare Savings Programs, or coverage in a basic care facility

# Human Service Zone Locations where you can apply for Medicaid



Eligibility workers help people apply for Medicaid. They work for Human Service Zones. You can go to any office for

help. <https://www.hhs.nd.gov/human-service/zones>

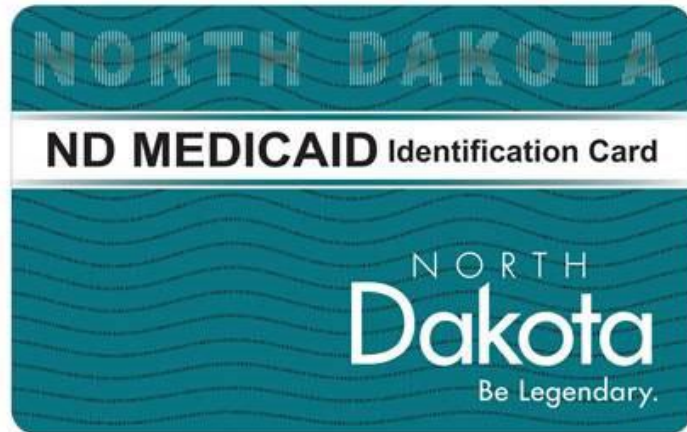
# North Dakota Navigators

Can help with Medicaid  
(including Expansion)  
applications.

Contact them at 1-800-233-1737 or  
701-858-3580 or by email at  
[NDNavigators@MinotStateU.edu](mailto:NDNavigators@MinotStateU.edu).

# Identification Cards

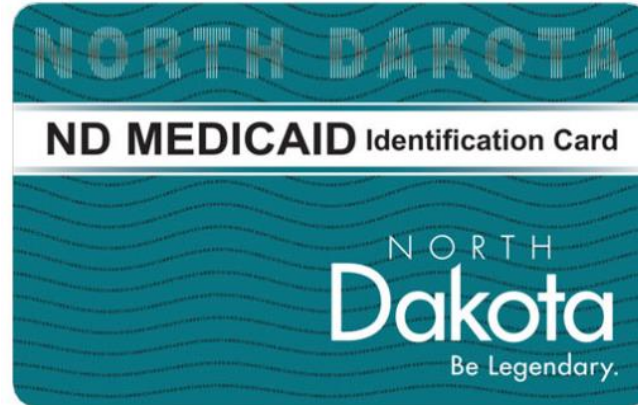
## Medicaid



Customer Support Center: 1-866-614-6005

\*19 and 20-year-olds will get an identification card that looks like this instead of an Expansion card.

## Medicaid Expansion



BlueCross BlueShield of North Dakota		North Dakota Medicaid Expansion
Member Name Elizabeth Samplename	ID YME 000000000000	Primary Care Provider Provider Name ND Medicaid Expansion
SvcType Plan Code	Medical 821	Office Visit Copay \$0 Pharmacy – see back of card

Medicaid Expansion Member Services: 833-777-5779

\*Expansion members will have a different ID card for retail pharmacy prescriptions because they are covered under traditional Medicaid

# Appealing a decision

Applicants or recipients of Medicaid who are dissatisfied with a decision made by the county agency or the North Dakota Department of Human Services, or who have not had their application acted on with reasonable promptness, may appeal to the North Dakota Department of Human Services.

To File an Appeal:

- An appeal can be filed verbally over the phone, or in written format by email, fax or mail.
- A request to appeal must be filed no later than 30 days from the date the notice of action is mailed.
- You can use [SFN 162: Request for Hearing](#) to file the appeal but it is not required.
- You are not required to sign [SFN 162: Request for Hearing](#) to submit the appeal request.
- If you do not use [SFN 162: Request for Hearing](#), please provide your name, contact information, and program decision or error that you are appealing.

You can also submit an appeal [online](#).

Other helpful resources for appeals:

- [Nondiscrimination Policy and Related Information](#)
- [Client Rights and Appeals](#)

# Medicaid Coverage

# Medicaid Coverage

- **Full Coverage:** Most Medicaid members have full coverage and access to medically necessary services.
  - Medicaid Expansion Members have a different benefit package than traditional Medicaid.
- **Limited Coverage Programs:** Some programs have a limited benefit package.
  - Qualified Medicare Beneficiary (QMB) Coverage
    - Coverage is limited to the member's Medicare Part B premium as well as co-payments and deductibles on Medicare A and B covered services.
  - Special Low-Income Medicare Beneficiary (SLMB) Program
    - Coverage is limited to the member's Medicare Part B premium.



# Medicaid Coverage

Services must be medically necessary and provided by an enrolled Medicaid provider. Not all medical services are covered.

A service may be medically necessary when the service or supply is:

- Required for treatment;
- Fits with your diagnosis or symptoms;
- Is an accepted health treatment;
- Not provided only as a convenience to you or your healthcare provider;
- Not investigational, experimental, or unproven;
- Appropriate in the amount, type, strength, and length of treatment; and
- Provided at the most appropriate level of service that is safe and effective.

# Covered Services

## **Medicaid helps pay for medical services for your overall health.**

Ambulance services

Ambulatory surgical services

Audiology (Hearing)

Autism Spectrum Disorder Applied

Behavioral Analysis (ABA) services

Certified Nurse Midwife services

Durable Medical Equipment (DME), Medical supplies, Prosthetics, & Hearing aids

Emergency services and Follow-up care including:

Accidents and falls

Cuts that may involve stitches

Diagnostic services

Fever or flu

Minor broken bones and fractured fingers or toes

Moderate back problems

Severe sore throat or cough

Skin rashes and infections

Sprains and strains

Urinary tract infections

Vomiting, diarrhea, or dehydration

Family planning

Federally Qualified Health Centers (FQHC)

Health Tracks screenings

Home and Community-Based Services (HCBS waiver)

Home health care services

Hospice

Hospitals (In-patient)

Hospital swing bed services

Immunizations

Individualized Education Program Medicaid Services billed by schools

In-patient psychiatric services

Intermediate care facilities for individuals with intellectual disabilities

Laboratory

Local Public Health Units

Medical nutritional therapy

Medication Therapy Management

Non-emergency medical transportation

Nurse Practitioner services

Occupational Therapy

Partial hospitalization program

Personal care services in a member's home

Pharmacy

Physical Therapy

Physician services, Primary Care

Physician Services, Specialty Care

Podiatry (feet)

Preventative Services

Private duty nursing providers in non-institutional settings

Psychiatric Residential Treatment Facilities (PRTF)

Radiology

Rehabilitative services

Rural Health Clinics (RHC)

Speech Therapy

Targeted Case Management

# Medicaid Expansion Coverage

North Dakota implements Medicaid Expansion through Managed Care.

- **Current Vendor: Blue Cross Blue Shield of North Dakota (BCBS ND)**
- **Expansion Provider Manual**

- Medicaid Expansion covers adults who would not otherwise qualify for Medicaid.
- There are a few key differences between Medicaid Expansion and traditional Medicaid.
- Medicaid Expansion **does not** pay for:
  - Skilled Nursing Facility Services<sup>1</sup>
  - Dental Services
  - Eye Exam Office Visits
  - Any waived services (home and community-based)
  - Long Term Care services

<sup>1</sup> Only covers up to 30 days and only covers a skilled level of care

## Examples of what Medicaid Expansion pays for:

- Primary Care
- Preventative Care
- Diagnostic Medical Tests
- Chiropractic Care
- Rehabilitation Services
- Mental Health
- Substance Use Disorder Services (SUD)
- Emergency Care
- Outpatient Surgery

# Where can I find more information about Medicaid Coverage?

- North Dakota Medicaid Provider Manuals
  - North Dakota Medicaid publishes provider manuals with in-depth coverage information and requirements for coverage and billing on the HHS website.
  - All provider manuals are available on the website at:  
<https://www.hhs.nd.gov/healthcare/medicaid/provider/manuals-and-guidelines>
- Provider Update website
  - Timely updates on provider enrollment, policy changes, coverage updates, fee schedules, and more
  - <https://www.hhs.nd.gov/healthcare/medicaid/provider/updates>

# Does Medicaid have copays?

No, traditional Medicaid coverage does not have copays.

However, some individuals with higher incomes have a **client share**. The client share is determined at the time of eligibility is based on your countable income minus Medicaid-allowable expenses.

Once an individual meets their client share for the month, Medicaid covers the remaining medical bills.

# Pharmacy

- Outpatient pharmacy costs are covered under traditional Medicaid.
- This is for both Expansion and non-Expansion members.

## Helpful resources:

- [ND Medicaid's Preferred Drug List \(PDL\)](#)
- [Services requiring service authorizations \(code list\)](#)

# How does ND Medicaid pay for services?

## **Traditional Medicaid: Fee For Service (FFS)**

State pays providers directly for each covered service received by a Medicaid member.

Only services received by members are paid.

## **Medicaid Expansion: Managed Care Organization (MCO)**

State pays a monthly fee called a premium or capitation payment to the managed care organization (MCO).

Monthly fee is paid to MCO regardless of member use of services.



**Medicaid Waivers,  
1915i, PACE &  
Money Follows the  
Person**

# What is a waiver?

- North Dakota waivers are called Home and Community-Based Services (HCBS) Waivers
- They allow people who might have to live in a facility the services they need to stay in their communities.

- Waivers provide extra services for people with certain health conditions such as:
- Autism
- Developmental/Intellectual Disabilities

And other qualifying situations like a child needing hospice or an elderly person who wants to continue living in their community.

\*People have to apply for a waiver and be accepted.

\*Waivers may have different income requirements and are another way to get onto Medicaid.

# 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 <b>*to access services the individual must also qualify for Developmental Disabilities Program Management (DDPM)</b>

# 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:

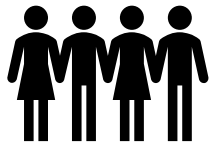
- Respite
- Service Management
- Assistive Technology
- Remote Monitoring
- Community Connector

# Children's Hospice Waiver



## Eligibility Requirements:

- Age: 0 – 21
- Diagnosis: Individuals who are medically fragile
- Level of Care: Nursing Facility



## 2024 Enrollment:

1 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:

25 Individuals

50 slots



## Services:

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

# 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



**2023 Enrollment:**  
624 Individuals



## Services:

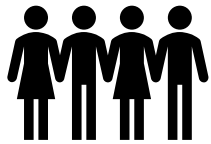
- Adult Day
- Adult Residential Care
- Case Management
- Homemaker
- Residential Habilitation
- Respite Care
- Supported Employment
- Adult Foster Care
- Chore
- Community Support Services
- Community Transition Services
- Companion Services
- Emergency Response
- Environmental Modification
- Extended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

# 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



# Who to contact to enroll in an HCBS Waiver

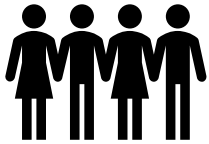
- Aging and Disability waiver  
ARDL 855-462-5465
- Developmental Disabilities waiver  
Human Service Center within your region
- Children's Waivers- Autism Spectrum Disorder waiver, Children's Hospice waiver, or Children with Medically Fragile Needs waiver  
Katherine Barchenger

# 1915i – HCBS for Individuals with Behavioral Health Conditions



## Eligibility Requirements:

- Age: 0+
- Medicaid
- Behavioral Health Diagnosis
- WHODAS Score 25+ or DLA Score 5 or lower
- Income < 150% FPL



## SFY 2023 Enrollment:

188 Individuals, no cap on number of individuals

## Services

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

# Programs of All-Inclusive Care for the Elderly (PACE)

The PACE program provides a full-service delivery system that includes patient-centered and coordinated care to frail and elderly individuals living in the community.

**2023 Enrollment:**  
193 Individuals

## Who Can Participate?

- Be at least 55 years old,
- Qualify for nursing home level of care,
- Live within a PACE service area:
  - Fargo
  - Bismarck
  - Minot
  - Dickinson
- Be able to live safely at home at the time of enrollment.

## What does PACE do?

- Services include preventive, primary, short-term and long-term care services.

# Money Follows the Person

Money Follows the Person helps older adults and people with developmental disabilities transition from nursing homes or institutions to community living that meets their needs and wants.

Participants are assisted by a transition coordinator and a collaborative team to support their long-term independent living goals.

**2022 Transitions:**  
134 Individuals

## Who can Participate?

- Qualify for Medicaid
- Age 18+
- Lived in a nursing home or an institution for at 60 days
- Have a desire to move back into community living.

## What does MFP Do?


Money Follows the Person pays up to \$3,000 for one-time transition costs, including: Health and safety technology; security and utility deposits; home modifications; adaptive equipment; home/apartment furnishings; assistive technology devices; and one-time vehicle modifications.

# 1115 Waivers

- Section 1115 Research and Demonstration Waivers
  - Provide some flexibility to test new approaches and evaluate “experimental” policies that differ from existing approaches to financing and delivering Medicaid.
    - Expanding eligibility to individuals who are not otherwise Medicaid eligible
    - Providing services not typically covered by Medicaid
    - Using innovative service delivery systems that improve care, increase efficiency and reduce costs
- North Dakota does not currently deliver any services through 1115 waivers.

# FREE CMS Medicaid resources

- Resource list page



**Enroll in Medicaid: For yourself, For your family, For your community.**

Medicaid and the Children's Health Insurance Program (CHIP) offers low-cost or free health insurance for you and your family. In many states, more adults than ever before may qualify for Medicaid.

**Who may be eligible?**

- Children and teens up to age 19
- Parents (and other adults, depending on the state)
- Pregnant women
- People with disabilities
- Youth "aging out" of foster care

Eligibility depends on income, the size of your family and the rules in your state.

**When you enroll, you can get:**

- Doctor visits
- Preventive care, such as immunizations, mammograms & colonoscopy
- Prenatal and maternity care
- Hospital stays
- Mental health care
- Needed medications
- Children get vision and dental care (adults may get these benefits too)


**American Indians and Alaska Natives who are eligible for Medicaid or CHIP:**

- Can still get care from your Indian care provider.
- Don't have to pay premiums or co-payments.
- Indian trust income is not counted to determine eligibility and is protected from Medicaid estate recovery rules.

**You benefit** by having greater access to health care services. **Tribes benefit** because their health programs get more resources.

To find out if you qualify, visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) or contact your local Indian health care provider for help applying.

CMS Product No. 909389-N  
June 2016



- Customizable flyers on
  - **Enrolling in Medicaid** – different audiences
  - Medicaid estate recovery rules and protections for AI/NAs
  - AI/NA trust income and MAGI income calculations
  - Medicare savings programs for AI/NAs
  - Health insurance 101 for American Indians
  - Health care off the Reservation
- **FREE to order online**

Make sure you are signed up for **Medicaid Tribal news and Meeting notices**.  
Signing up is easy.

Go to the [HHS Contact Us website](https://www.hhs.nd.gov/contact)

<https://www.hhs.nd.gov/contact>

Enter your email address

Subscribe to News and Alerts

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

1. **Subscription Type**

Email

\* Email Address

Click **Submit** and follow directions to set up and **choose** your subscription options.

- Medicaid
  - Medicaid - Provider Updates
  - News Releases - Medicaid
  - Medicaid - Member E-Newsletter
  - Medicaid - Tribal News and Meetings

# Stay in the loop!



NORTH  
**Dakota**  
Be Legendary.

Health & Human Services

# ND Tribal Medicaid Liaison

- Grew up in SD & ND
- Lived experience as Medicaid member, parent, sibling
- Education in Nursing and Social Work
- Enrolled Member of Standing Rock



Monique Runnels





**THANK  
YOU!**

**Questions?**

**Comments?**

**Concerns?**

**Let's Connect!**  
**Email: [mrunnels@nd.gov](mailto:mrunnels@nd.gov)**  
**Phone: 701-328-5841**  
**Teams: Monique Runnels**