



MFP External Partner Meeting

September 10, 2025



Health & Human Services

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

Our Strategic Priorities

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

Our Guiding Principles

Continuous improvement and innovation: We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

Responsible stewardship: Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

Transparent and open communication: We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

Engaged collaboration: We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

Data-centered decisions: Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

MFP Team Members



Kayla Trzruc

Money Follows the
Person Program
Administrator



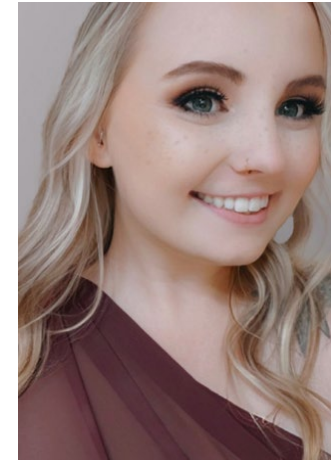
Gale Coleman

Money Follows the
Person Data and
Quality Analyst



Karen Wolf

Money Follows the
Person Transition
Services Specialist



Makayla Domagala

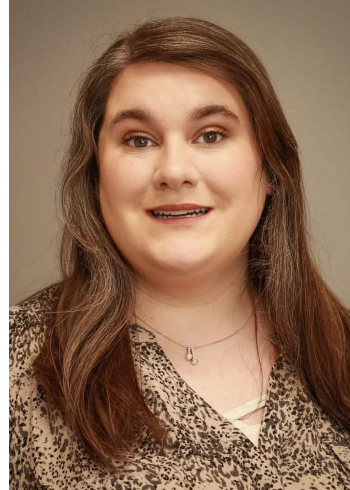
Money Follows the Person
Referral Specialist

TDP Team Members



**Heidi M
Zimmerman**

Transition and
Diversion Services
Program Administrator



Kate Rock

Transition and
Diversion Services
Referral Specialist



Sarah Nelson

Transition and
Diversion Services
Quality Specialist

Agenda

- Life Skills and Transition Center Updates
- Developmental Disability Section Updates
- Medicaid Updates
 - One Big Beautiful Bill Act
 - Rural Health Transformation Program
- Human Service Center transformation to Behavioral Health Clinics
- Adult and Aging Services Updates
- Housing partner updates
- Tribal Initiative

Opening Poll

- [Link](#)
- Name and Agency
- What are you looking to gather from this meeting?



Life Skills and Transition Center

- Keith Vavrovsky

DD Updates

- DD Division Staff
- Waiver open for public comment

Medicaid Updates

- One Big Beautiful Bill Act
- Rural Health Transformation Plan



ND Medicaid Impacts

One Big Beautiful Bill Act

NORTH
Dakota
Be Legendary.

Health & Human Services

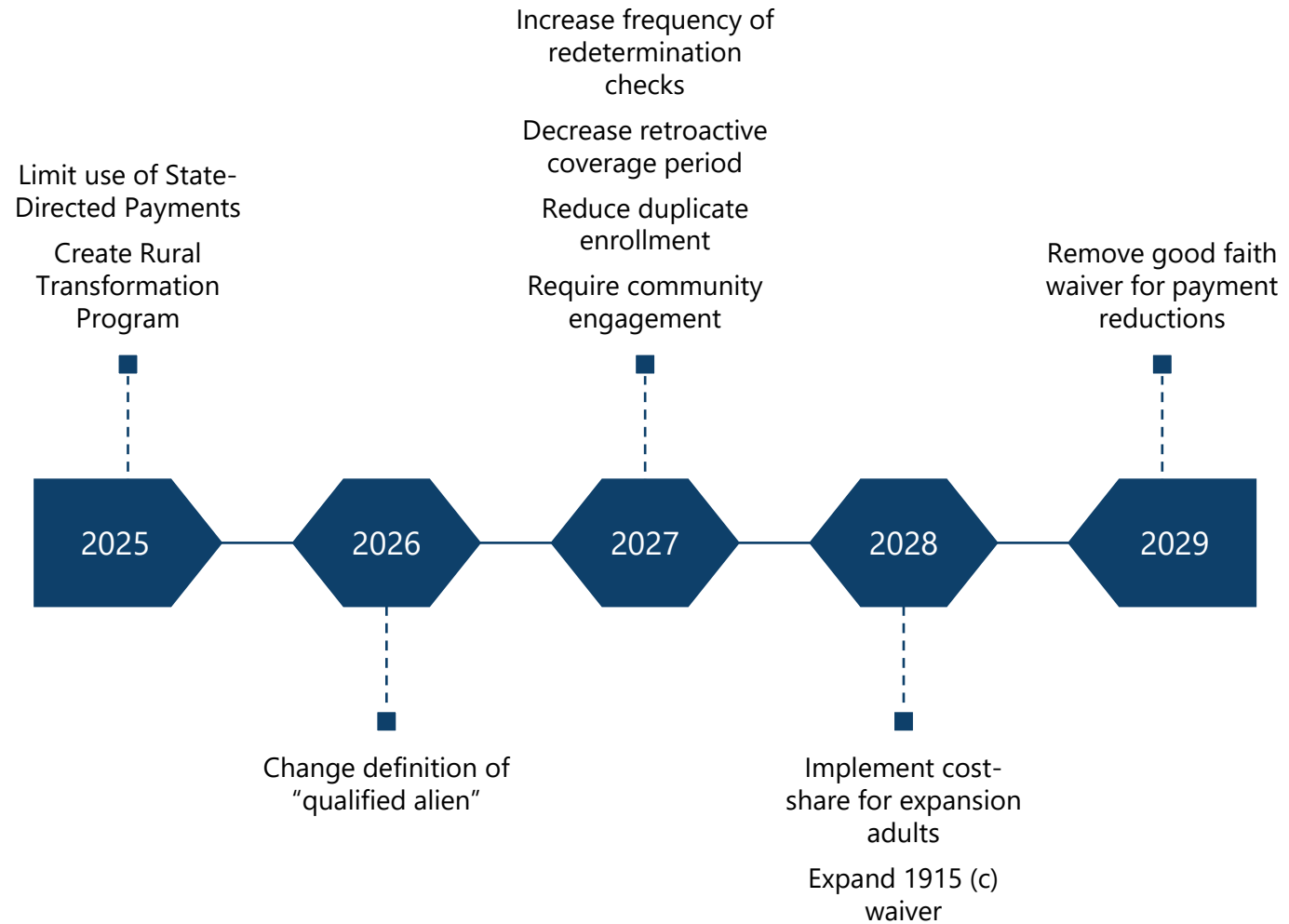
Agenda

- H.R. 1, One Big Beautiful Bill Act (OBBBA) Background
- Implementation Timeline
- No Impact on ND Medicaid
- Sections In Compliance
- Impacts on ND Medicaid

One Big Beautiful Bill Act

H.R. 1, the One Big Beautiful Bill Act (OBBBA) was signed into law by President Trump on July 4, 2025.

- North Dakota is well-positioned to respond to the changes outlined in the bill.
- ND Medicaid is awaiting federal guidance from CMS to fully interpret the new law's provisions.
- HHS will communicate changes to both members and the public.



OBBBA Provisions with No Impact on ND Medicaid

Section	Policy
71113	Prohibits Medicaid funds from being paid to certain abortion providers.
71114	Sunsets temporary 5% point enhanced FMAP for states that newly expand Medicaid.
71115	Establishes a moratorium on new or increased provider taxes. Changes hold-harmless provision on health care taxes from 6% to 3.5% with a 0.5% phase in over 5 years. Exempts NFs and ICFs from the reduction to 3.5%.
71118	Requires HHS to certify budget neutrality for 1115 demonstration projects and specify methodology for accounting for savings generated under an 1115 demonstration in future approval periods
71110	Requires FMAP to be the state's regular FMAP for all Emergency Medicaid expenditures.
71101 71102 71111	Places a moratorium on implementation of eligibility rules and minimum nurse staffing requirement through September 30, 2034.

OBBBA Provisions where ND Medicaid Appears to be Already in Compliance

Section	Policy
71104	Requires States to check the Death Master File to identify enrolled members who are deceased at least quarterly
71108	Sets a maximum home equity limit of \$1 million for determining eligibility for long-term care services
71103	Requires states to submit SSN and other data to prevent duplicate enrollment
71105	Requires states to check the Death Master File to determine if a provider or supplier is deceased upon enrollment and quarterly thereafter
71116	Directs HHS to limit State Directed Payments (SDPs) to the Medicare payment rate or equivalent Medicare rate at 100% for expansion states; grandfathered in already approved SDPs and submitted SDPs initially with 10% reductions each year starting in 2028 until the payment meets the threshold. New SDPs must not exceed Medicare rate or Medicaid State Plan rate for expansion state.
71117	Modifies methodology for determining whether provider taxes are redistributive

OBBBA Sections with Impacts on ND Medicaid

Section 71103: Reduce Duplicate Enrollment

Develop additional processes to obtain address information from enrollees



**Estimated Impact:
Systems Modification**

CMS must develop system to identify duplicate enrollment and notify states

- States required to verify residency of member and disenroll if unable to verify



**Effective Date:
January 1, 2027**



**Effective Date:
October 1, 2029**

Section 71106: Good Faith Waiver Removal

Removes good faith waiver for payment reductions related to error rates in HHS and state audits

- Reduces CMS' ability to waive reduction of payment in situations in which a state has an improper payment finding with more than a 3% error rate.



Effective Date:

October 1, 2029



Estimated Impact:

Dependent on Future Audits

Section 71107: Eligibility Redeterminations

Increases frequency of eligibility redeterminations from annually to every six months

- Impacts Expansion members only
- Tribal members excluded



**Effective Date:
October 1, 2027**



**Estimated Impact:
20% of Medicaid Members**

Section 71109: Qualified Alien Definition

Change definition of “qualified alien” to include only lawful permanent residents, certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants.

- Refugees, asylees, and certain other non-citizens would no longer be considered qualified aliens for purposes of Medicaid.
- Refugees may be eligible to become Legal Permanent Residents after 1 year.



**Effective Date:
October 1, 2026**

Section 7112: Retroactive Coverage

Decrease retroactive coverage period from 3 months to:

- 1 month for Expansion members
- 2 months for all other members



Effective Date:
January 1, 2027



Estimated Impact:
1-2% of Medicaid Members

Section 7119: Work Requirements

Establish work/community engagement requirements for “able-bodied” adults

- Expansion members ages 19-64
- Complete 80 hours per month of qualifying community engagement
- Good faith exemption extends effective date to December 31, 2028



Effective Date:

December 31, 2026



Estimated Impact:

3-5% of Medicaid Members

Section 71119: Work Requirements

Qualifying Engagement Activities

- Employment
- Community service
- Participation in work program
- Enrollment in educational program at least half time

- Combination of these activities for at least 80 hours
- Seasonal workers may average income over previous six months
- Individuals whose monthly income is not less than the federal minimum wage multiplied by 80 hours would be in compliance

Section 7119: Work Requirements

Mandatory Exemptions

- Pregnant women
- Tribal members
- Individuals enrolled in or entitled to Medicare Part A; individuals enrolled in Medicare Part B
- Veterans with total rated disabilities
- Medically frail
- Those meeting TANF/SNAP work requirements
- Caregivers of a dependent child 13 years and younger or an individual with a disability
- Those in AUD/SUD treatment
- Incarcerated individuals or released within past 90 days
- Foster and former foster youth under age 26
- Individuals entitled to postpartum coverage

Section 71120: Cost-Sharing

Implement cost-sharing for adults with income greater than 100% federal poverty level

- Expansion members
- Requires system modification
- Certain services exempt including – primary care, behavioral health, prenatal care, emergency services.



Effective Date:
October 1, 2028



Estimated Impact:
2-4% of Medicaid Members

Section 71121: 1915(c) Waiver

Create a new section 1915 (c) HCBS waiver option

- Waiver does not require participants to be subject to a determination that, but for the provision of a HCBS, those individuals would require nursing home or ICF/IDD level of care.



Effective Date:
July 1, 2028

Section 71401: Rural Health Transformation Program

- Appropriates \$50 billion to a Rural Health Transformation Program from Federal Fiscal Year 2026 – 2030.
 - 50% of funding will be awarded equally among states. 40% based on a methodology determined by the Centers for Medicare and Medicaid Services (CMS).
 - North Dakota expected to receive at least \$100 million per year FFY 2026-2030. \$500 million total funds.
- One time application for all 5 years. Applications must be approved by CMS before December 31, 2025.
 - Expect guidance from CMS in Fall 2025.

Section 71401: Rural Health Transformation Program

States must submit a one-time application to CMS, including a plan that outlines how the state will:

- Improve access to hospitals, providers, and health care services for rural residents
- Enhance health outcomes for rural communities
- Use emerging technologies focused on prevention and chronic disease management
- Strengthen partnerships between rural hospitals and providers to improve quality and financial stability
- Support recruitment and training of rural health care clinicians
- Prioritize data-driven solutions and technology to deliver high-quality care close to home
- Address financial solvency and operating models of rural hospitals
- Identify causes driving hospital closures, conversions, or service reductions

Section 71401: Rural Health Transformation Program

States must fund at least **three or more** designated activities.

- Evidence-based prevention and chronic disease management interventions
- Payments to providers for specified services
- Consumer-facing technology solutions for chronic disease management
- Training on advanced tech such as remote monitoring, AI, and robotics
- Recruiting and retaining rural clinical workforce with service commitments
- IT upgrades improving efficiency, cybersecurity, and outcomes
- Helping communities optimize health care delivery systems
- Expanding opioid use disorder, substance use, and mental health services
- Innovative care models including value-based care and alternative payments
- Other CMS-approved activities to ensure sustainable rural health care

Section 71401: Rural Health Transformation Program

North Dakota's Outreach and Engagement

- As we await CMS guidance, HHS is actively engaging with stakeholders to gather feedback on shaping the state's Rural Health Transformation Plan.
- Anticipate ND HHS Listening Sessions in Fall 2025.

Take the Survey

- We invite rural patients and residents; hospitals, clinics and provider networks; community-based organizations, tribal partners and other stakeholders to participate in our survey and share your input. Your feedback is critical to shaping the plan to best serve North Dakota's rural communities. The survey takes 15-20 minutes to complete. The information gathered will be used for planning and information-gathering purposes only. **Deadline to respond is Sept. 12, 2025.**

Thank you!

Human Service Center Transformation to Behavioral Health Clinics

- Dr Dan Cramer

Adult and Aging Updates

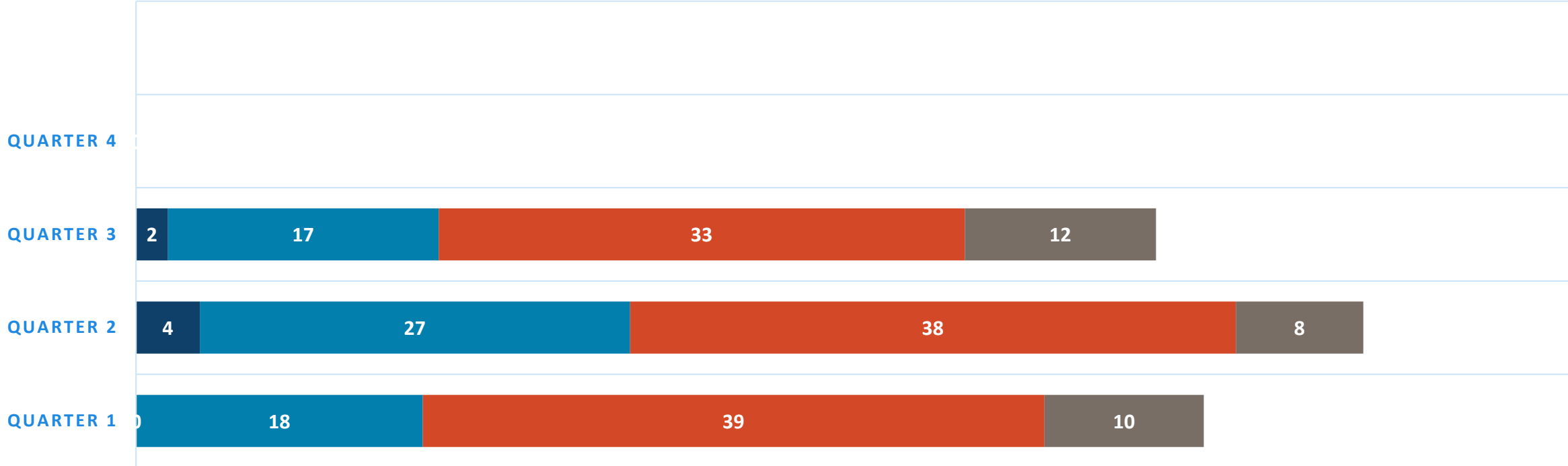
- Nancy Maier

MFP DATA

2025 REFERRALS

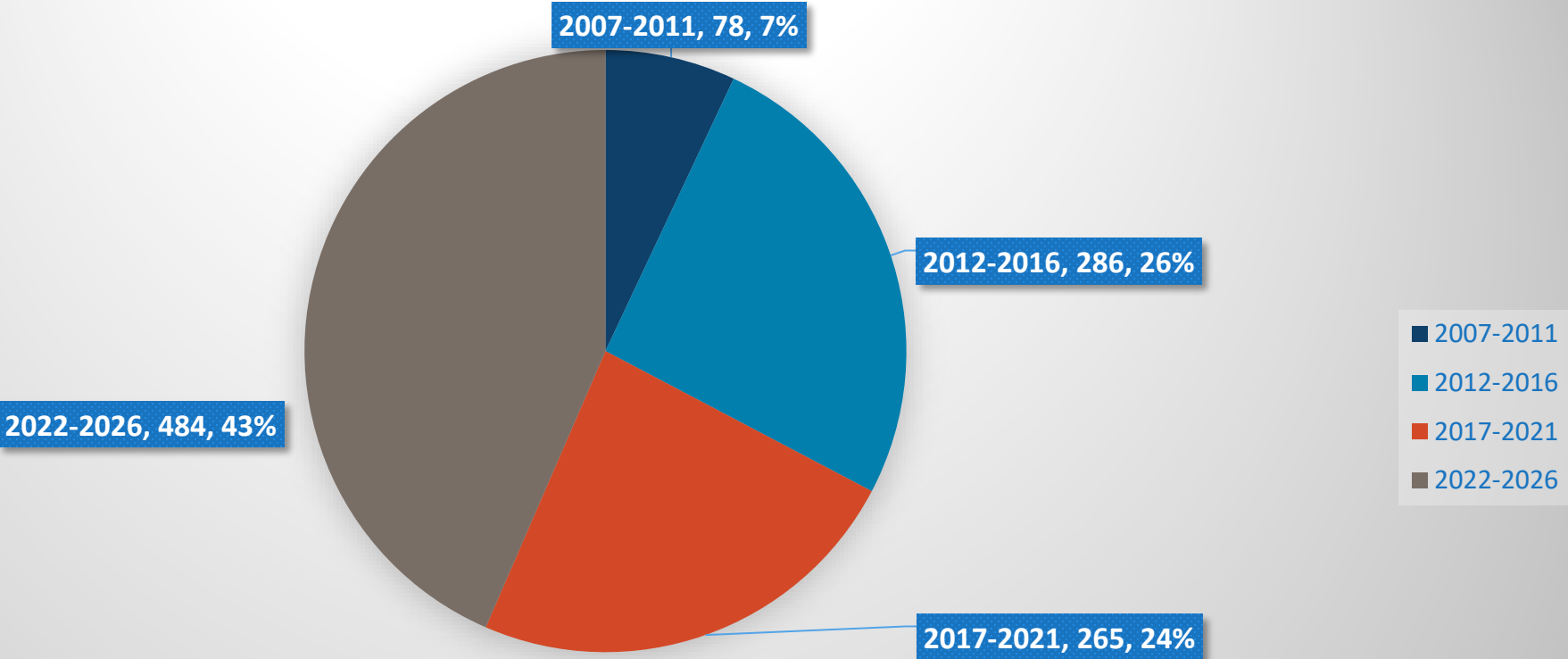
Total Referrals 208

■ Child ■ PD ■ Elder ■ DD



RUNNING TRANSITION NUMBERS

Transitions-1113



MFP Facts - 2025

- 57% of all individuals transitioned in 2025 are in the elderly population.
- MFP's biggest transition quarter this year was quarter two with 27 transitions.
- 74% of all individuals who transitioned, went into an apartment
- 77% of MFP transitions are coming from nursing facilities

Benchmarks

Grant Year	Older Adults	Individuals with a physical disability	Individuals with an Intellectual disability	Children	TOTAL
2021	31/20	42/25	14/15	7/5	94/65
2022	64/40	57/60	11/15	3/5	135/120
2023	59/55	50/55	25/15	6/5	140/130
2024	55/60	61/50	27/23	5/7	148/140
2025	35/55	12/55	10/20	4/5	61/135
2026	/	/	/	/	

Transition Diversion Program Updates

- Utilize the 10% funding first
- 3 full time state staff
- 6 housing facilitators
- 8 transition coordinators

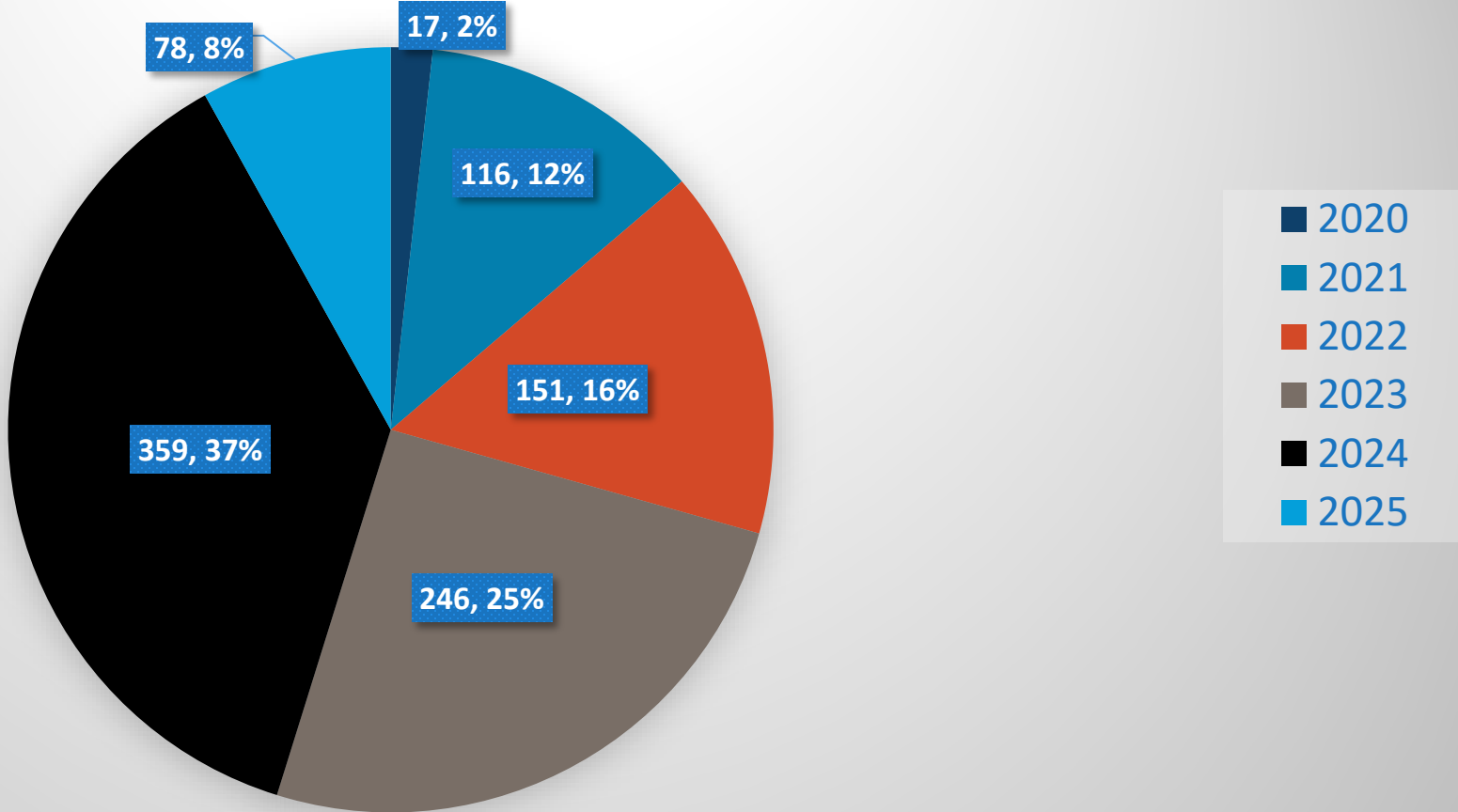
TDP Data

2025 Specific TDP Referral Data Stats

Total Referral Summary	
Running TDPP Referral count	476
Quarter One	180
Quarter Two	171
Quarter Three	125
Quarter Four	0

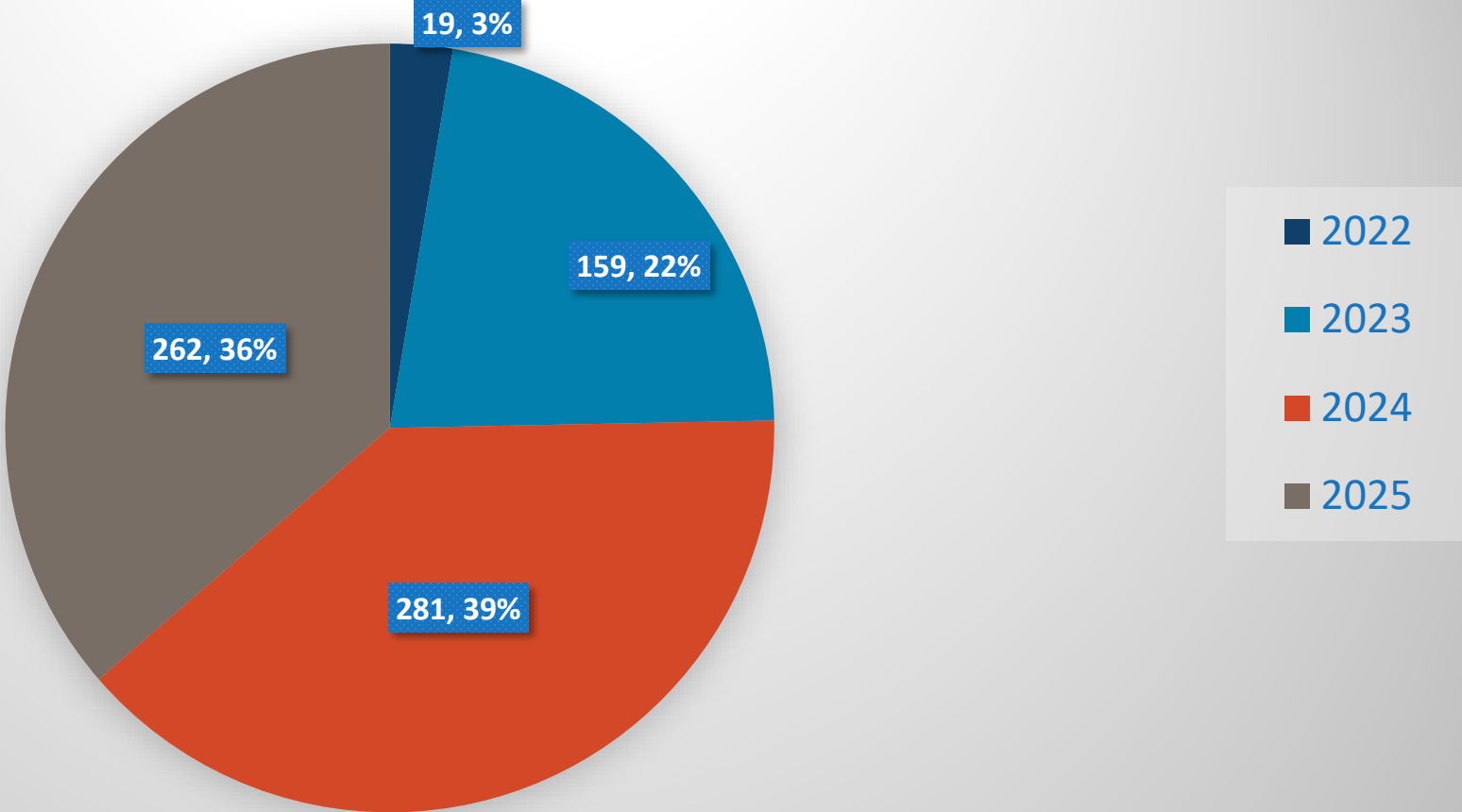
TDP Running Transitions

Transitions – 967



TDP Running Diversions

Diversions – 721



Housing Partner updates

- Open discussion

Tribal Initiative

- Melissa Reardon, NDSU Tribal Liaison

Tribal Initiative

- Mandan Hidatsa & Arikara Nation
- Turtle Mountain Band of Chippewa Indians
- Government to Government happened last week in Bismarck
- 5 state workgroup
 - 2025 Learning Collaborative: scheduled for October 22-24th in Washington State

MFP Programmatic Requirements

- Submitted new operational protocol
- General feedback
- Wrapping up MFP Capacity Funding Projects, granted no-cost extension



Quality Measure Set

- MFP states need to report no earlier than Sept 2026
- NCI-AD survey
 - Adult and Aging Services
 - 1915i State Plan Amendment
- NCI-IDD survey
- Draft report is back
- States are to select two measures to report on

Meeting dates for 2025

Mark your calendars

- Tuesday December 9th, 2025
 - Southeast Human Service Center

Questions



Final Poll

- Post Survey
- Rebalancing ideas
- Suggestions for the future
- Any additional comments/feedback



Thank you

- Kayla Trzpuc
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- MFP/TDP team
 - hhsmpreferrals@nd.gov
- ADRL Intake
 - Carechoice@nd.gov