



# ND Medicaid Tribal Consultation Meeting

December 4, 2025

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.

# Welcome

# Introductions



# Agenda at a Glance

## Division of Public Health Updates

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.



**Rural Health Transformation Program**  
Tribal Consultation Meeting  
Sarah Akar | Executive Director | Medical Services  
December 4, 2025

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.



### What is Client Share?

The monthly amount an individual must pay in medical bills before the Medicaid program will pay for care received.

Works like a monthly deductible.

Client share reductions:

- Medicare
- Private health insurance premiums
- Certain other costs



### Traditional Healthcare Services SPA

- Over the last 17 months, we have worked together with Tribal partners to advance the Traditional Healthcare Services SPA.
- SPA submitted to CMS in April 2025.
- CMS issued a Request for Additional Information on June 29, 2025.
- Worked with the Tribal workgroup to develop a response, which was submitted to CMS on September 10, 2025.



**State Plan Amendments**  
Janice Tweet, coverage policy director

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.



### 2025 Accomplishments & 2026 Priorities

Strengthening our partnership through consultation and collaboration

NORTH  
**Dakota** | Health & Human Services  
Be Legendary.

## Upcoming engagement opportunities



### Medicaid Medical Advisory Committee (MMAC)

- Tuesday, Feb. 17, 3:00-5:00 p.m. CT - Teams
- **Native American Public Input- HCBS**
- 2<sup>nd</sup> Wednesday of every month
- Contact [Monique Runnels](#) for the meeting link.
- [1915\(i\) Office Hours](#)
- Every Wednesday 9-10am

### Other Upcoming Meetings:

IHS/THP Policy Education: Each Tribe will have a scheduled session during the second week of December.

# Division of Public Health Updates

**Questions?**





## **Rural Health Transformation Program**

### Tribal Consultation Meeting

Sarah Aker | Executive Director | Medical Services

December 4, 2025



Health & Human Services

# What is the Rural Health Transformation Program?

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (OBBBA - Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.

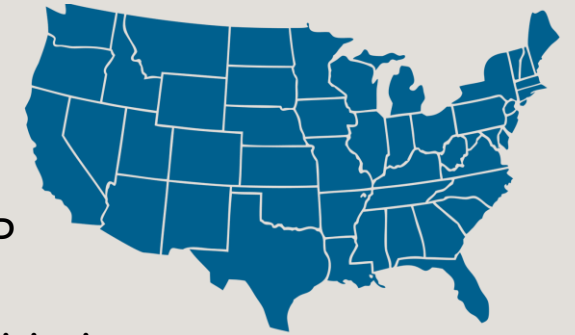
- OBBBA appropriates \$50 billion to a Rural Health Transformation Program from Federal Fiscal Year 2026 – 2030.
- One time application for all 5 years. Applications must be approved by CMS before December 31, 2025.



# RHTP Submission

- ND HHS submitted the RHTP application on November 3.
  - SNAP Waiver submitted by HHS. Awaiting approval from USDA Food Nutrition Service (FNS).
- Application, budget narrative and supporting information available online: [hhs.nd.gov/rural-health-transformation](https://hhs.nd.gov/rural-health-transformation)

## National Context



- All 50 states submitted RHTP applications.
- Most states proposed 4-7 initiatives.
- 30 states have published their plans or summaries of their plans publicly. Key Themes from those states:
  - Technology and Data Modernization
  - Workforce Development
  - Expanding Behavioral Health & SUD Treatment Capacity
  - EMS and Mobile Care Innovations
  - Primary Care Access
  - Facility Modernization and Service Stabilization
- States also took similar approaches in governance and sustainability to North Dakota's plan.

# Rural Health Transformation Governance and Project Management Structure

- HHS will use an internal Steering Committee overseen by the HHS Commissioner for project management and oversight to meet federal grant requirements.
- Each initiative will have a lead area of HHS that will provide subject matter expertise related for specific projects and awards.
- HHS will collaborate with other state entities, external partners, and stakeholders on award processes.



**Note:** Funding awards must be made in compliance with any federal award guidance and requirements. CMS has indicated that all sub-awards will be approved by CMS.

# Anticipated Award Processes

HHS anticipates using several mechanisms to award funds:



All awards will require an agreement between HHS and the entity awarded funds.

Direct Contracts	Grants	Requests for Information (RFI)	Requests for Proposal (RFP)
------------------	--------	--------------------------------	-----------------------------

- Award process will include a mechanism to ensure funding is prioritized relative to impacts to communities in need and/or rural/frontier communities.
  - Awards will be guided by subject matter experts in relevant HHS divisions.
- HHS intends to limit administrative burden as much as possible within the award process. All awards will require reporting and monitoring in compliance with federal guidance and state law or any waivers of state law.
- HHS is prioritizing stakeholder, provider, and community engagement in the award process to ensure that awards meet rural provider and community needs.



**Note:** Funding awards must be made in compliance with any federal award guidance and requirements. CMS has indicated that all sub-awards will be approved by CMS.

# Award and Implementation Timeline

## Rural Health Transformation Program



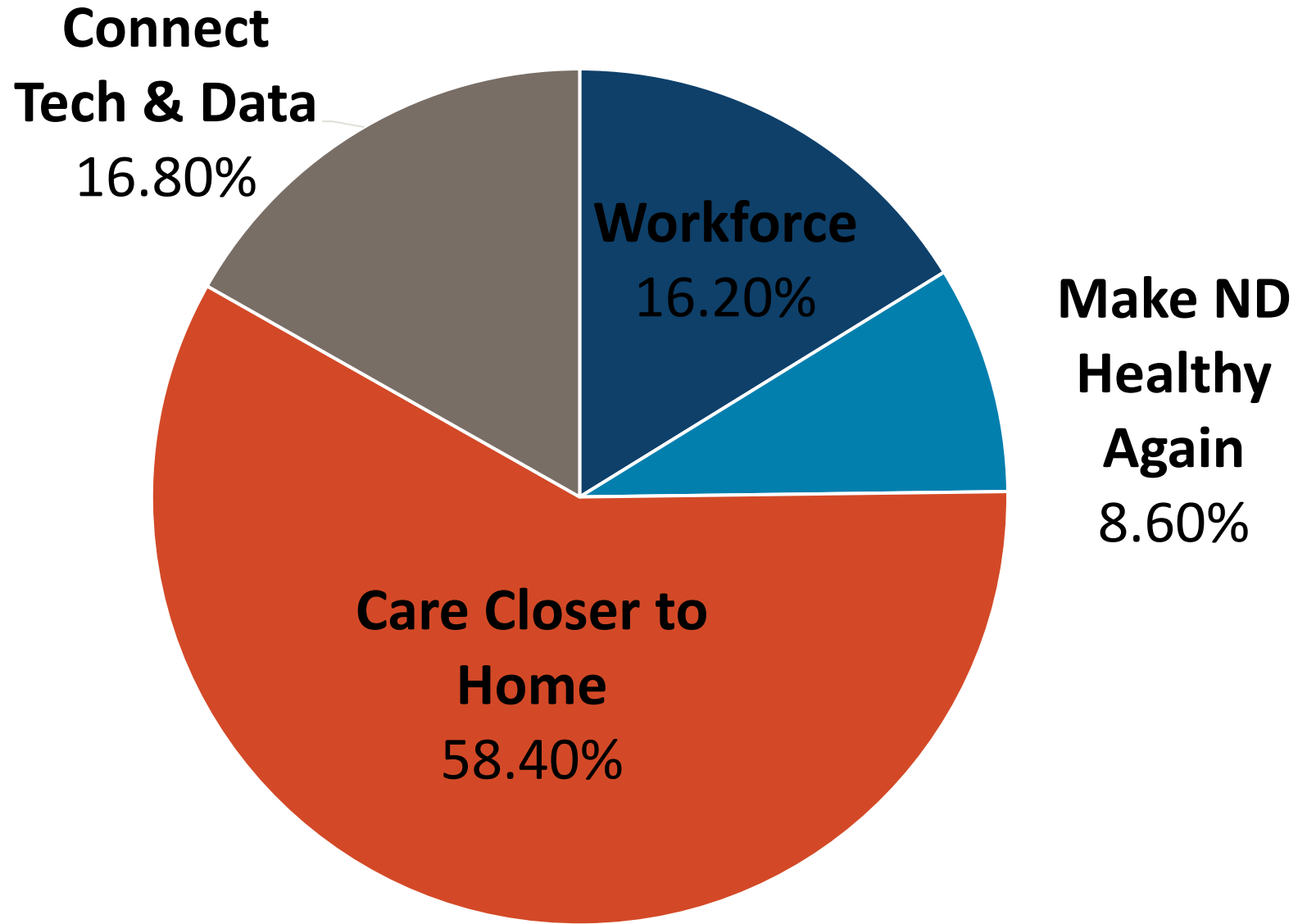
All awards will require an agreement between HHS and the entity awarded funds.

Award process will include a mechanism to ensure funding is prioritized relative to impact to communities in need and/or tribal and rural/frontier communities.

HHS intends to limit administrative burden on applying for awards. All awards will require reporting and monitoring in compliance with federal guidance.

Subawards will be released on a rolling basis.

# Submitted Funding Allocations By Initiative



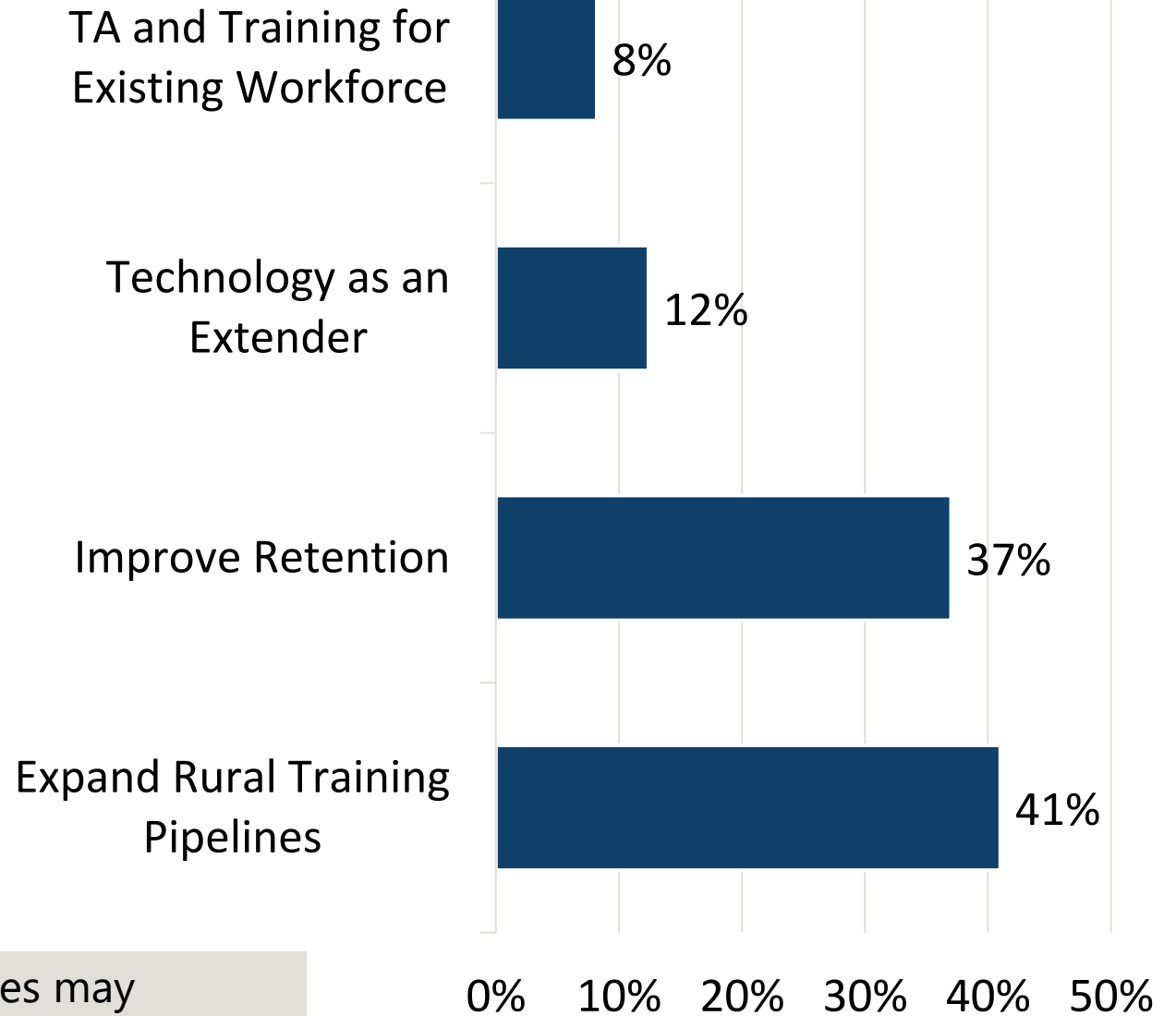
**Note:** Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

# Strengthen and Stabilize Rural Health Workforce

## Submitted Allocation by Key Theme



Submitted Percent of total budget: **16.2%**



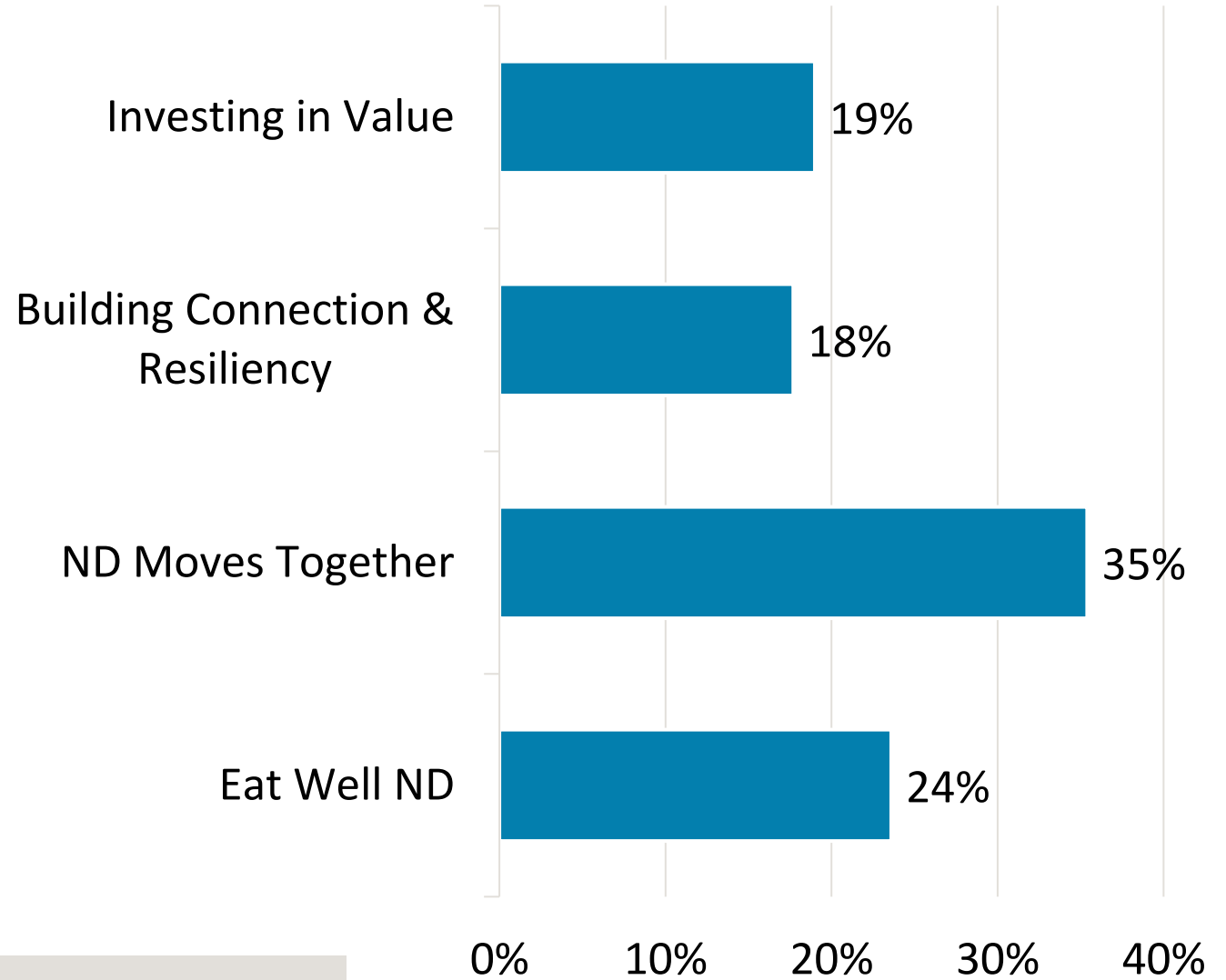
**Note:** Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

# Make North Dakota Healthy Again

## Draft Allocation by Key Theme



Submitted Percent of total budget: **8.6%**



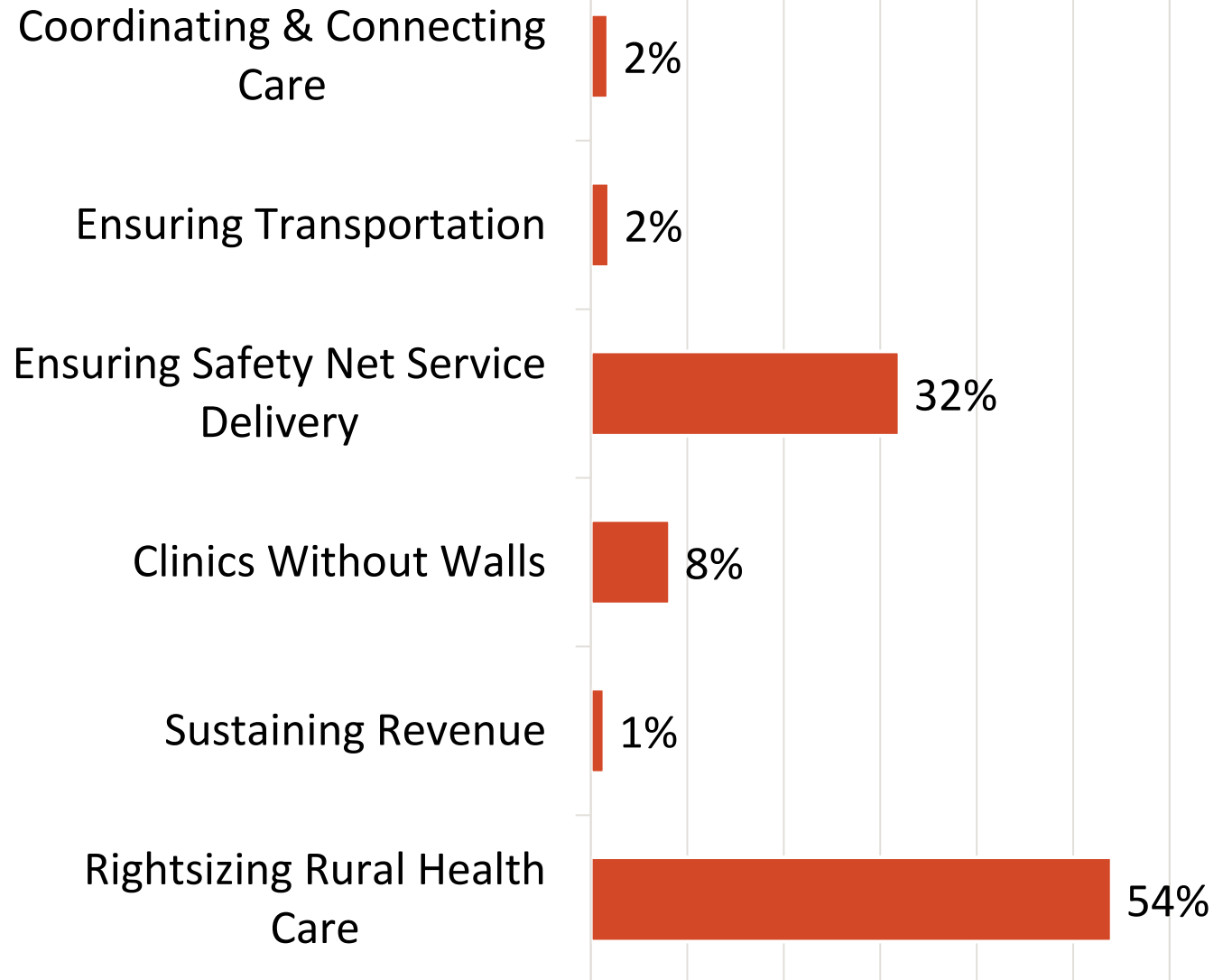
**Note:** Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

# Bring High-Quality Health Care Closer to Home

## Submitted Allocation by Key Theme



Submitted Percent of total budget: **58.4%**



**Note:** Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.

0% 10% 20% 30% 40% 50% 60%

# Connect Tech, Data, and Providers for a Stronger ND

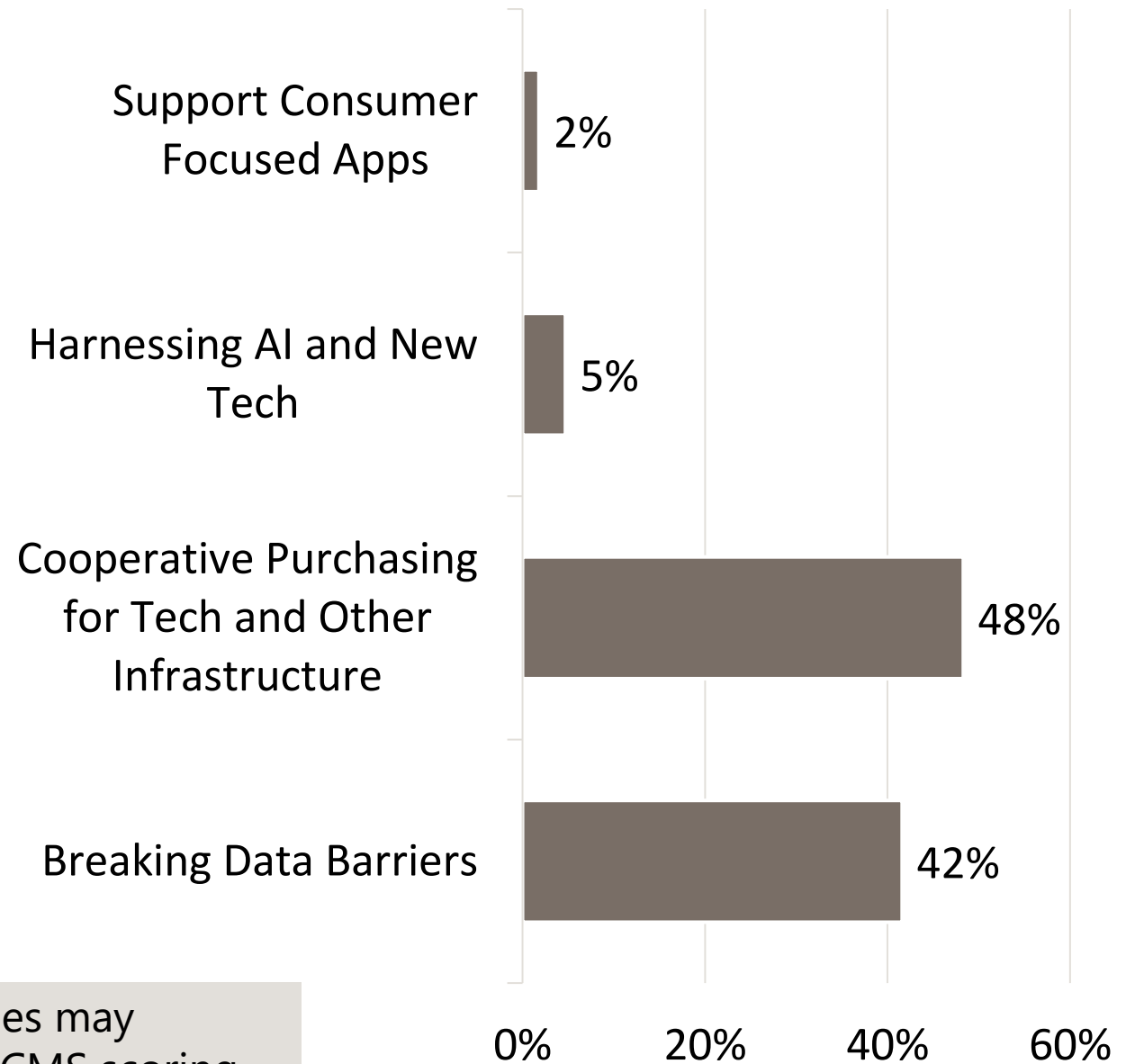
## Submitted Allocation by Key Theme



Submitted Percent  
of total budget:  
**16.8%**



**Note:** Budget is not final; allocation percentages may change. Final funding amounts dependent on CMS scoring and award.



# How will HHS communicate about subaward opportunities?

- RHTP Webpage
- Email listservs
  - RHTP Listserv
  - Tribal Consultation Listserv
- HHS Committees/Councils
  - Tribal Consultation
- Listening Sessions
- RHTP Legislative Committee



# Questions and Discussion



# Contact information

**Sarah Aker**

Executive Director, Medical Services  
saker@nd.gov

**[hhs.nd.gov](https://hhs.nd.gov)**



# What is Client Share?

The monthly amount an individual must pay in medical bills before the Medicaid program will pay for care received.

Works like a monthly deductible.

Client share reductions:

- Medicare
- Private health insurance premiums
- Certain other costs

# How Client Share is calculated

- The household's countable gross monthly income minus allowable deductions (health care premiums, payroll taxes, etc.) minus FPL income limit based on household size equals Client Share.
- Example:  
 $\$2750$  (gross income) -  $\$185$  (Medicare)  
-  $\$210$  (BCBS) -  $\$1174$  (FPL income limit for 1) =  $\$1,181$  Client Share



# Why Client Share Matters for Tribal Members

## Key Points:

- Medicaid requires some individuals to meet a “Client Share” before coverage begins.
- Services provided by or through IHS or Tribal Health Programs (THPs) do not count toward meeting the Client Share.
- This can create challenges for Tribal members and providers.
- Example: A Tribal clinic provides care, but cannot bill Medicaid until the Client Share is met—often leaving tribes paying the entire cost.



# Why Tribes and IHS are Treated Differently

## Background:

Federal law treats IHS and THPs as federal trust responsibility services, not “private” providers.

CMS does not allow care provided through IHS/THP to count toward Client Share to avoid what it considers “double payment.”

## What CMS Means by “Double Payment”:

- IHS and THPs already receive federal funding under the Indian Health Care Improvement Act to provide care.
- Medicaid is also a federal program, and when it pays for IHS/THP care, it uses 100% federal funds (FMAP = 100%).
- CMS believes counting IHS/THP care toward the Client Share would mean using one source of federal funding (IHS) to trigger payment from another source of federal funding (Medicaid) or what CMS calls “duplicate” or “double payment.”



# Policy Considerations and Next Steps

ND Medicaid is reviewing Tribal feedback and identifying areas that may need further clarification or discussion with CMS.

Possible areas for exploration include:

- Clarifying federal guidance related to IHS and PRC services.
- Reviewing data on financial impact to Tribal health systems

ND Medicaid values Tribal input to help inform future review and consultation.

- What steps can we take together to address this issue?



# Consultation



A young child with dark hair in a ponytail is seen from the back, looking towards a large white tent in an outdoor setting. The child is wearing a patterned top. The tent is made of white fabric and has a wooden pole. The background shows a grassy area and some other people in the distance.

# Traditional Healthcare Services SPA

- Over the last 17 months, we have worked together with Tribal partners to advance the Traditional Healthcare Services SPA.
- SPA submitted to CMS in April 2025.
- CMS issued a Request for Additional Information on June 20, 2025.
- Worked with the Tribal workgroup to develop a response, which was submitted to CMS on September 10, 2025.

# Traditional Healthcare Services Next Steps

- We have not yet received a response from CMS and expect to hear back within the next week.
- Once we receive a response, we will regroup with our workgroup to review it and determine next steps together.
- Indigenized Behavioral Healing will host a Traditional Healthcare Services discussion for Tribes, Tribal leaders, and community organizations on January 28–29, 2026 at the Skydancer Casino & Resort.



# Consultation





# State Plan Amendments

Janice Tweet, coverage policy director

# Behavioral Health Rehabilitative Services

- Enhanced guidelines for certain services
- Addition of annual service limitations
- Effective January 1, 2026
- Public comment period
  - Wednesday, November 19 – Wednesday, December 3
  - [Proposed policy will be available on our website](#)
- Tribal Consultation comment period
  - comments open until Monday, January 5, 2026
  - [Proposed SPA and letter can be found on our website](#)

# Behavioral Health Rehabilitative Services

## Enhanced Guidelines

- Expand definition of certain services to provide further detail on what services should entail.
  - Example – the review process for behavioral intervention services would change from as needed to monthly. This change will ensure the service is having its intended effects, and if not, allows the opportunity for goals to be adjusted.
- Ensures members are receiving appropriate and medically necessary care and make progress on care plan goals.

# Behavioral Health Rehabilitative Services

## Service limitations

- Ensure services provided are medically necessary.
- Service authorization is available for any services that exceed the limit and are medically necessary.
- Estimated to impact less than 200 members.

# Behavioral Health Rehabilitative Services

## Tribal Impacts

### Tribal Members and Families

- Ensure members receive right level of care at the right time
- Improve access to consistent behavioral health services

### Tribal Providers and Programs

- Provide clearer service guidelines
  - Billing consistency | Documentation accuracy | Staffing planning

### Tribal Communities

- Increased service delivery can help strengthen community wellness

# Other Licensed Providers

Licensed Master Social Workers (LMSWs) added under Other Licensed Providers (OLPs)

- *Any person licensed or certified under state law to provide medical or behavioral health services and practicing within the scope of his or her licensure pursuant to the applicable state law for his or her licensure or certification.*
  - Able to bill covered services within their scope of practice
  - Effective January 1, 2026
- [Other Licensed Providers policy](#)

# Other Licensed Providers Tribal Impacts

## Tribal Members and Families

- Reduce wait times
- Improve continuity of care

## Tribal Providers and Programs

- Creates new billing opportunities
- Allows Tribal programs to fully utilize LMSW staff

## Tribal Communities

- Support community health needs

# School-Based Services

Allow LPNs to provide nursing services to children with complex medical needs to support their access to free appropriate public education.

- Service allowed under supervision of an RN
- CPT® code T1000 – Private duty/independent nursing services
- Effective January 1, 2026
- [School-Based Services policy](#)

# School-Based Services Tribal Impacts

## Tribal Members and Families

- Help students with complex medical needs remain safely in school

## Tribal Providers and Programs

- Increase flexibility in meeting IEP-required medical services
- Rely on broader pool of nursing staff

## Tribal Communities

- Support school stability
- May reduce reliance on out-of-school placements

# Questions



# 2025 Accomplishments & 2026 Priorities

Strengthening our partnership through consultation and collaboration



Health & Human Services

# 2025 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

# Consultation

- What has been helpful in our consultation meetings?
- What changes or improvements would make them more meaningful for you?
- How can we make our consultation letters clearer and more useful?



# Learning and Engagement Goals



Provide timely information on topics Tribes identify as priorities



Work together to understand root causes and barriers



Create space for Tribal partners to share solutions, perspectives, and policy recommendations

# 2025 learning and engagement opportunities

**1915(i)**

**Traditional  
Healthcare  
Services**

**Tribal Care  
Coordination**

**MMAC Tribal  
Representative**

**Medicaid 101**

**Eligibility**

**Client Share**

**Tribal HCBS  
Meetings**

**Community  
Health Workers**

**Rural Health  
Transformation  
Program**

**Economic  
Assistance &  
Medicaid Service  
Delivery**

**IHS/Tribal  
Provider Policy  
(upcoming)**

# Consultation

- What topics or learning opportunities do you want us to cover in 2026?



# Navigating Issues Together

## Issues we navigated together included:

- Billing questions
- Traditional Healthcare Services
- Tribal Care Coordination
- Medicaid denials (payments and eligibility)
- Provider enrollment
- Tribal disbursement income
- Recipient liability

## How we responded:

- Updated policies
- Corrected information when errors were identified
- Updated system information
- Provided additional clarification when needed
- Connected Tribal partners with the right program contacts

# 2025 Progress

Increased discussion and potential solutions shared during our meetings.

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

Increase in tribal partners reaching out for assistance.

Policy updates based on tribal feedback.

Increase in number of people engaged in our ND Medicaid meetings.

Tribal representation on MMAC and MMEC

Less requests for assistance for disregarded income

Submitted Traditional Healthcare Services SPA & Request for Additional Information

Finding more effective ways of addressing issues.

Completed first Tribal Care Coordination disbursements

# Consultation

- What progress would you like to see in 2026?
- What issues would you like to work on together in 2026?



# Upcoming engagement opportunities



## Medicaid Medical Advisory Committee (MMAC)

- Tuesday, Feb. 17, 3:00-5:00 p.m. CT -Teams

## Native American Public Input- HCBS

- 2<sup>nd</sup> Wednesday of every month
- Contact Monique Runnels for the meeting link.

## 1915(i) Office Hours

- Every Wednesday 9-10am

## Other Upcoming Meetings:

**IHS/THP Policy Education: Each Tribe will have a scheduled session during the second week of December.**



# Subscribe to News & Alerts

## Medicaid

- Medicaid - Provider Updates
- News Releases - Medicaid
- Medicaid - Member E-Newsletter
- Medicaid - Tribal News and Meetings
- Medicaid - School-Based Medicaid News
- ND One Assessment
- Medicaid - 1915(i) Newsletter
- Medicaid - Policy Public Comment Notification

Emails will appear from "North Dakota Department of Health and Human Services"



### Why It Matters

- ALL tribal consultation notices are sent through GovDelivery
- If you delete without opening, you may miss important meetings and updates



### What You Can Do

- Make sure you are subscribed
- Look for emails from **\*\*[teamdhhs@info.nd.gov]\*\***
- Open and read notices so your community's voice is heard