



ND Medicaid Tribal Consultation Meeting

September 26, 2024

NORTH
Dakota | Health & Human Services
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Welcome and Smudge


Introductions



Agenda at a Glance



ND Medicaid Tribal Consultation Meeting
September 26, 2024



Division of Public Health & Indian Affairs Updates



Youth in Correctional Settings and Medicaid Coverage

Tribal Consultation
Sept. 26, 2024




State Plan Amendment and Waiver Updates



Policy Updates




Dual Special Needs Plan
Adrienne Bilos- D-SNP Administrator



Tribal Liaison Items



Upcoming engagement opportunities



- CRD Task Force Meeting**
 - October 21, 10:00 am - 11:00 am
 - November 14, 1:00 pm - 2:00 pm
- Boys and Girls Clubs of North Dakota (BGCND)**
 - Thursday, Nov. 14, 9:00 am - 10:00 am
- Minnesota State University Moorhead (MSUM) - Minnesota State University Moorhead**
 - 3rd Wednesday of every month
- Contact [Janae Gaudin](#) for the meeting link.
- Meeting Location: Moorhead, MN
- 2024-2025 Tribal Plan - 8th Round
- Registration
- Early 2025 Tribal Meeting - 8th Round
- Registration



Division of Public Health & Indian Affairs Updates

Questions?



Youth in Correctional Settings and Medicaid Coverage

Tribal Consultation Sept. 26, 2024



Background: Medicaid 'Inmate Exclusion'

- Federal rule since 1960's.
- Individuals held involuntary in correctional facilities may be eligible for and enrolled in Medicaid, but federal funds may not be used to pay for services.
- 2023 Consolidated Appropriations Act is the first real change to the inmate exclusion in decades.

2023 Consolidated Appropriations Act: Sections 5121 and 5122

- Effective Jan. 1, 2025.
- [Federal guidance](#) released July 2024.
- Requires Medicaid coverage of certain services for youth and young adults who are incarcerated, post-adjudication. (Section 5121)
- Gives states the option of covering all Medicaid services for youth and young adults who are pending disposition of charges. (Section 5122)



Section 5121 – Required for All States

	Section 5121
Which youth are included?	Medicaid members <21 and former foster care youth through age 26.
What settings are included?	All carceral facilities where eligible youth are confined as inmates, including state prisons, county and tribal jails and youth correctional facilities.
What Medicaid services are included?	Limited screenings, diagnostic services and case management.
When are the services covered?	Post-adjudication, 30 days prior to and following release.



Services may be provided by carceral and/or community-based health care providers and may be provided via telehealth.

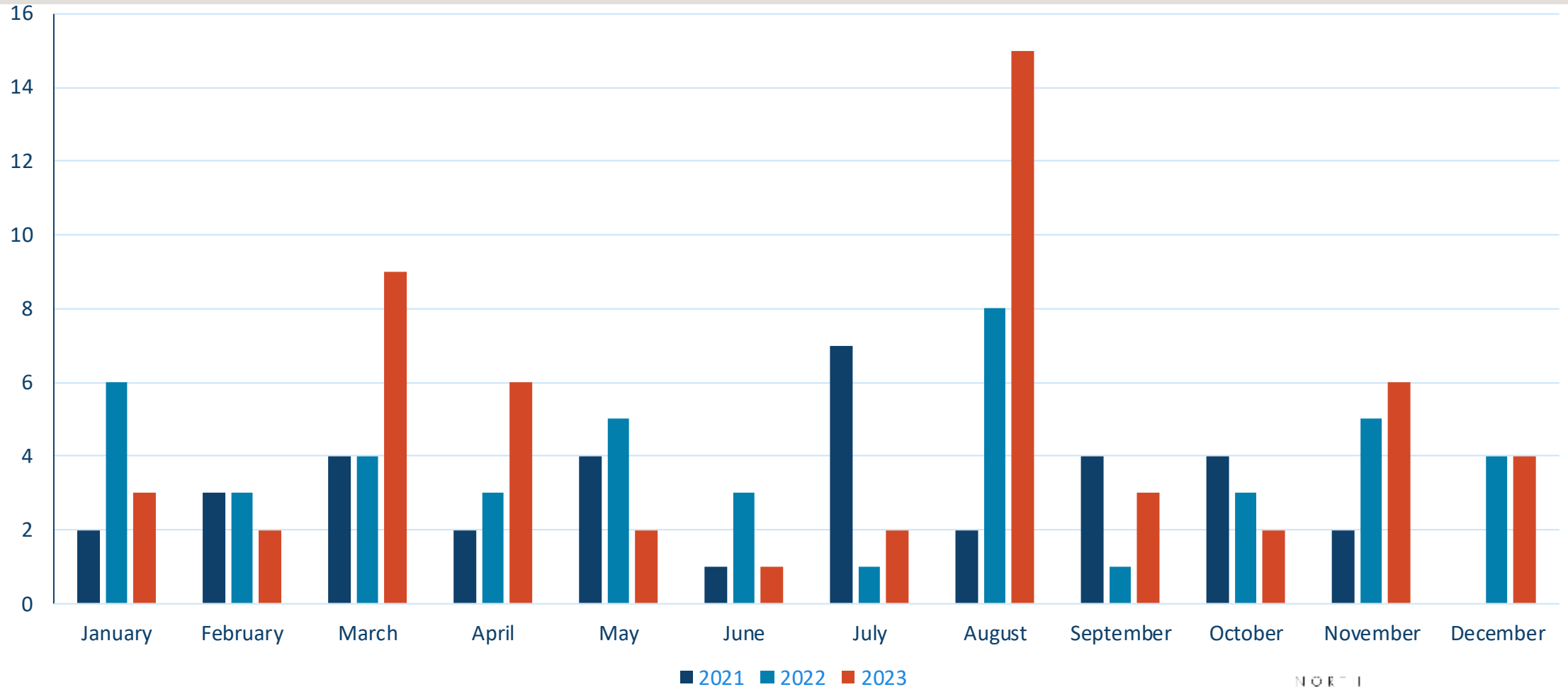
CMS Requirements for States

State Medicaid programs are required to:

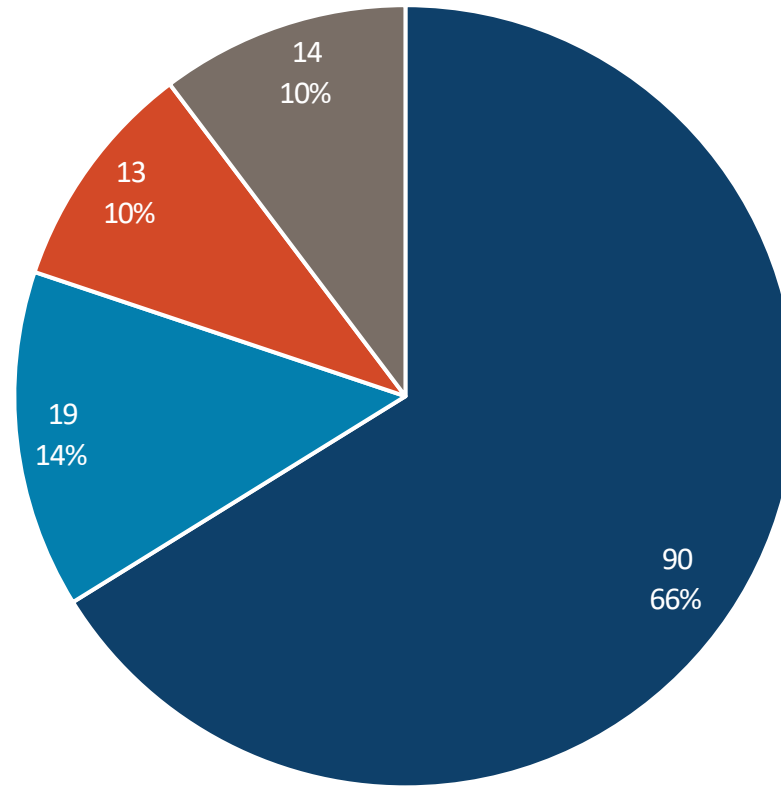
1. Exchange data with all settings where the eligible population could be – state-run facilities, county jails and juvenile detention centers and tribal-run facilities.
2. Work with facilities to help people enroll in Medicaid if they are not already enrolled.
3. Work with facilities to provide access to covered services for the eligible group.

Most states will not be compliant by 1/1/25. States must create an internal operational plan by 1/1/25 that shows how they will achieve compliance with estimated timeframes.

Admissions to ND Youth Correctional Center



Target Group Estimates in ND DOCR Facilities – Adults Ages 18-25*



■ State Penitentiary

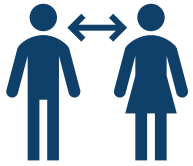
■ Missouri River Correctional Center

■ James River Correctional Center

■ Dakota Women's Correctional Center

*Data from: Prison — North Dakota — Spotlight by Recidiviz (nd.gov). Data obtained August 28, 2024.

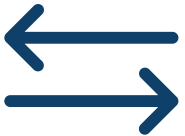
Moving Forward: Thinking Together About...



Collaboration between Medicaid and tribal jails



Tribal jail data systems



Moving towards bidirectional data exchange

State Plan Amendment and Waiver Updates

State Plan Amendments

Upcoming

Medicaid Medical Advisory Committee changes per federal requirements. Date - TBD

Effective October 1, 2024

Long-acting Reversible Contraceptive (LARC) Devices- In-state Prospective Payment System hospitals will be reimbursed for LARCs separately from inpatient stay.

HCBS Waiver Case Management

Sandi Erber, LMSW
HCBS Program Administrator,
Adult and Aging Services



Overview of Workgroup Involvement

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

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



Workgroup Details



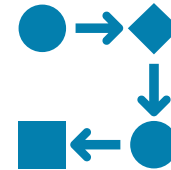
Representation of the group include members and providers of,

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



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

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



The workgroup meets monthly to work through issues.

Workgroup Input

Identify the challenges the Tribal partners expressed.

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

Workgroup input on how to address identified issues.

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

Proposed Changes

Qualified Service Provider (QSP)

HCBS Waiver Case Management

Proposed Changes

Expand the definition and provider criteria of case management as a service under the HCBS Waiver to improve access and provides additional support to waiver eligible individuals by promoting health equity, health literacy and cultural humility in person-centered planning.

HCBS Case Management proposed to become an administratively claimed service for the HCBS Waiver programming.

Expanding the Definition of HCBS Waiver Case Management

DRAFT Proposed HCBS Care Coordination (Case Management)

HCBS Care Coordination services includes:

Identifying needs and locating necessary resources to establish or maintain a stable and safe living arrangement.

Coordinating, educating, and linking individuals to resources

Providing and establishing networks of support

Assisting with necessary paperwork and documentation is completed to establish or maintain a stable and safe living arrangement.

Assisting with the development of the Person-Centered Plan of Care

How does this affect tribal providers?



Expands provider qualifications and takes into consideration lived experience.

Increases recruitment and retention options of qualified staff for tribal providers.



Expands the definition of case management to allow for a wider range of support that can be provided to tribal members through the following;

Increases access to culturally-based case management support.

Addresses barriers to accessing home and community-based services for tribal members.

Questions

What do you think of the proposed changes for HCBS Case Management definition?

Proposed Provider Qualifications

HCBS Care Coordination (Case Management) Provider Qualifications

Community-based, non-profit organizations in North Dakota which provide services by and for people with disabilities or entities such as;

- Community Health Representatives,
- Community Health Worker,
- Centers for Independent Living,
- Older Americans Act,
- Title VI service providers,
- Tribal organizations, or
- other culturally based organizations.

Completion of Person-Centered Planning training (*to be defined by workgroup*)

Annual HCBS Training on Home and Community Based Services Update (*to be defined by workgroup*)

Qualifications of Staff Providing HCBS Care Coordination (Case Management)

Education and Experience

- Specific requirements to be developed in collaboration with the workgroup.

Qualifying education and experience may be considered in lieu of associates degree requirement.

Qualifying education and experience requirements to be developed in collaboration with the workgroup.

Questions

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

Process of Waiver Approval

6/27/2024

- Provide information and discussion with tribal partners at the quarterly Tribal Consultation Meeting.

8/20/2024

- Information provided at the Medicaid Medical Advisory Committee (MMAC) Meeting.

8/28/2024

- Letter sent by NDDHHS to Tribal leadership notifying them of the posted proposed waiver amendment.

8/28/2024

- Comments and public input on the proposed waiver amendment will be accepted August 28, 2024, until 5pm CST September 26, 2024.
- Post the proposed amendment for 30-day public comment.

9/26/2024

- Public comment on proposed amendment changes ends at 5:00 pm.

10/1/2024

- Proposed amendment is submitted to CMS for review and consideration.

1/1/2025

- Requested effective date of proposed amendment.
- **CMS determines what is approved in the HCBS Medicaid Waiver**

Questions?

Sandi Erber, LMSW
HCBS Program Administrator
Adult and Aging Services Section

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srerber@nd.gov (email)

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Bismarck, ND

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 *to access services the individual must also qualify for Developmental Disabilities Program Management (DDPM)

North Dakota's HCBS Waiver Updates

Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>HCBS Waiver</u>	<u>Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver</u>
Current Effective Date	November 1, 2023	July 1, 2023	October 1, 2023	April 1, 2023	January 1, 2021
DRAFT Amendment or Renewal	None pending	None pending	None pending	Submit a waiver amendment with an effective date no later than January 1, 2025	Waiver Renewal (5yr) Approved 3/26/2024
Public Comment Period	N/A	N/A	N/A	TBD but no later than September 1, 2024	N/A
Proposed changes to note				<p>Update waiver to allow some case management duties to be administratively claimed to receive federal Medicaid match.</p> <p>Change allowable tasks for case management services in the waiver and broaden the provider qualifications to increase access and promote health equity.</p> <p>Update allowable tasks under extended personal-care to include providing a ride and an escort to medical appointments because of</p>	<p>Limit on environmental modifications increased from \$20,000 to \$40,000. Partner feedback resulted in adding additional settings for environmental modifications</p> <p>Participants can have both self-directed and provider-managed in-home supports authorized at the same time</p> <p>Respite will be a stand-alone service</p> <p>Feedback from interested partners resulted in asking for the increased equipment and supply annual amount to</p>

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:

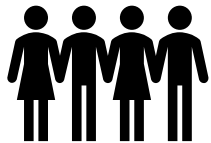
- Respite
- Service Management
- Assistive Technology
- Remote Monitoring
- Community Connector

Children's Hospice Waiver



Eligibility Requirements:

- Age: 0 – 21
- Diagnosis: Individuals who have less than a year of life expectancy
- Level of Care: Nursing Facility



2024 Enrollment:

1 Individual enrolled, 30 slots



Services:

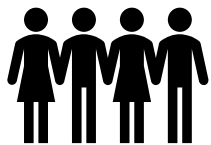
- Case Management
- Respite
- Hospice
- Skilled Nursing
- Bereavement Counseling
- Equipment & Supplies
- Expressive Therapy
- Palliative Services

Waiver for Medically Fragile Children



Eligibility Requirements:

- Age: 3-17
- Diagnosis: Individuals who are medically fragile
- Level of Care: Nursing Facility



2024 Enrollment:
50 slots



Services:

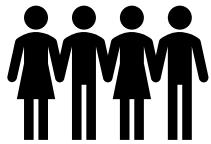
- Case Management
- Institutional Respite
- Dietary Supplements
- Environmental Modifications
- Equipment & Supplies
- Individual and Family Counseling
- Transportation Services

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:

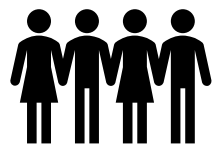
- Day Habilitation
- Homemaker
- Independent Habilitation
- Individual Employment Support
- Prevocational Services
- Residential Habilitation
- Extended Home Health Care
- Adult Foster Care
- Behavioral Consultation
- Community Transition Services
- Environmental Modifications
- Equipment And Supplies
- Family Care Option
- In-home Supports
- Infant Development
- Parenting Support
- Small Group Employment Support Services
- Respite

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



2024 Enrollment:

540 enrolled

889 slots



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

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

Tribal Waiver Data

- We pulled this past year's claims for anyone with race indicator of "I" (American Indian), for any waiver/plan that is not standard Medicaid or Expansion.
- This shows us who is utilizing our waivers/plans.
 - Autism Waiver: 8
 - Traditional Intellectual Disabilities and Developmental Disabilities Waiver: 75 (53 children, 22 adults)
 - HCBS Waiver: 18
 - Hospice: 16 (1 child, 15 adult)
 - Programs of All-Inclusive Care for the Elderly (PACE): 5
 - Money Follows the Person: 7

Consultation



Policy Updates

NORTH



Health & Human Services

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Policy Updates

Changes to the IHS and Tribal Health Program policy effective 8/1/24.

- Added info on Tribal FQHCs
- Enrolling Tribal Health Programs must provide a copy of their ISDEAA contract or compact at the time of enrollment or renewal
- Added detail on different types of encounters (based on listed revenue codes) and eligible provider types who generate certain encounters
- Being more specific about what services are included in an encounter and what services are separately billable from an encounter (fee-for-service)

- [Provider Manuals & Guidelines website](#)

Proposed MMAC Charter language re: who can apply as a Tribal Representative

A tribal representative, such as a Tribal Health Director, healthcare facility administrator, or business officer manager, who is familiar with Medicaid and the healthcare needs of tribal members.

Medicaid Medical Advisory Committee (MMAC) Tribal representative DRAFT recommendations

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

Tribal representative MMAC seat

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

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

Appointed to MMAC by the Medicaid Director.

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

Consecutive terms by the same person are not permitted.

Nonconsecutive terms may be served.

Next Steps

MMAC members will review the proposed Charter amendments and the MMAC selection process at its November 19th meeting

- A vote to amend the Charter could occur at this meeting

Seven (7) seats will open in February 2025. Anticipate holding one of these seats for the Tribal representative seat.



1915(i)

Medicaid State Plan

Conflict-Free Care Coordination under Federal 1915(i) Rules

Eligibility

Care Coordination

Services

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



Amendment

CMS approved our 1915(i) State Plan Amendment on August 5th.

Our amendment clarified that a conflict of interest exemption may be applied if a provider is the only willing and qualified provider “in the county where the member resides”.

The other modification includes removal of the qualifying diagnosis list. Qualifying diagnoses will be maintained in policy guidance rather than the state plan.

Conflict of Interest Exemption

Exemption 1: Only Willing and Qualified Provider within the Member's County of Residence

The provider is the only willing and qualified provider within the member's county of residence. There are two ways to show a provider is the only willing and qualified provider.

1. The care coordination provider is the only provider listed on the current 1915(i) Provider List offering the service in the member's county of residence, or
2. The care coordination provider is selected by the member as their first choice to provide the service and there are documented denials of referrals from all other service providers in the member's county of residence who offer the service.

Prior to the amendment, a member had to reside in a provider shortage area to receive all services from a "only willing and qualified" provider. This meant if you lived in Burleigh and Cass, a member was unable to get all services from the "only willing and qualified" provider as these counties were identified as non-provider shortage areas.

Conflict of Interest Exemption

Exemption 2: Only Willing and Qualified Provider within the Member's County of Residence based on a Common Language or Cultural Background

The provider is the only willing and qualified provider within the member's county of residence with the experience and knowledge to serve members who share a common language or cultural background. There are two ways to show a provider is the only willing and qualified provider due to a common language or cultural background:

1. The care coordination provider is the only provider listed on the current 1915(i) Provider List with the cultural background who provides the service in the member's county of residence, or
2. The care coordination provider is selected by the member as their first choice to provide the service and there are documented denials of referrals from all other service providers serving the same cultural background in the member's county of residence.
 - Multiple providers could have culturally similar services noted on the 1915i(i) Provider List.

Process on Becoming Listed as a Cultural Provider

Becoming Listed as a Specialized Provider to Serve Members with a Common Language or Cultural Background:

Send an email to nd1915i@nd.gov with the following information:

1. Identify the language or specific cultural group served.
2. If culture-specific, identify the following:
 - What specific social group with a shared set of beliefs, practices, traditions, and values inherited from the ancestry of the group do you serve?
 - Explain how your services are specific to the group's cultural background (i.e. how are these services different from those you offer to members who are not part of this group?)

Cultural Review

ND Medicaid will review the submission and decide whether the provider offers culturally specific services. If justified, the provider will be notified via email and the language and/or cultural information will be added to the 1915(i) Provider List.

Adding cultural information to the provider list does not grant an automatic exemption to the conflict of interest rule. The provider still must show they are the only willing and qualified provider within the member's county of residence with the experience and knowledge to serve members who share a common language or cultural background.

Definition of Cultural Background

Cultural background - means a shared set of beliefs, practices, traditions, and values inherited from the ancestry of a social group. For purposes of 1915(i), a specific or unique group must be identified rather than an entire population. For example, a particular Native American tribe rather than the entire Native American population or a specific refugee population rather than all refugees.

- [1915\(i\) Conflict of Interest policy](#) where definition and requirements are located.
- Comments/feedback welcome.



Dual Special Needs Plan

Adrienne Biles- D-SNP Administrator

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Dual Special Needs Plan (D-SNP)

Learn about ND Dual Special Needs Plans (D-SNP) here

<https://www.hhs.nd.gov/healthcare/medicaid/provider/end-user-agreement/dual-special-needs-plans>

D-SNPs (*pronounced “dee” + “snip”*)

- Medicare Advantage Plans (Part C)
- Administered by Private Insurance Companies
- Enrollees are “dually eligible” for Medicare and Medicaid

[Home](#) / [Healthcare Coverage](#) / [North Dakota Medicaid](#) / [ND Medicaid Provider Information](#) / [End User Agreement for Providers](#) / [Dual Special Needs Plans](#)

Dual Special Needs Plans

North Dakota will implement Dual Special Needs Plans (D-SNPs) on Jan. 1, 2025. The North Dakota Legislature authorized D-SNPs in Senate Bill 2265 in 2023.

Overview

Dual Special Needs Plans, or D-SNPs for short, are Medicare Advantage Plans that only enroll individuals that qualify for both Medicare and Medicaid.

Medicare Advantage Plans combine hospital, medical and some prescription coverage into a single plan. They offer a variety of additional services not covered by traditional Medicare like dental, hearing, vision and other benefits.

The plans are administered by private insurance companies and overseen by the Centers for Medicare and Medicaid Services.

D-SNPs differ from other Medicare Advantage plans because ND Medicaid is required to coordinate with the Medicare Advantage Organizations through a contract. The contract includes requirements to meet the unique needs of North Dakota’s dually eligible individuals.

Resources

ND Health and Human Services is now accepting contracts from private insurance companies for year 2025. Completed contracts and questions can be sent to hhsdsn@nd.gov.

[State Medicaid Agency Contract](#) 

Dual Special Needs Plans are Medicare Advantage Plans



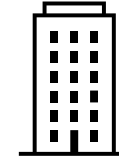
Part A

- Hospital Stays
- Hospice
- Limited Skilled Nursing Facility & Home Health



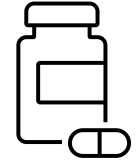
Part B

- Outpatient Medical
- Doctor Visits
- DME
- ER Visits



Part C

- Medicare Advantage
- Original Medicare
- Supplemental Benefits
- Prescription Drugs



Part D

- Prescription Drug

Who is eligible to enroll in D-SNP?

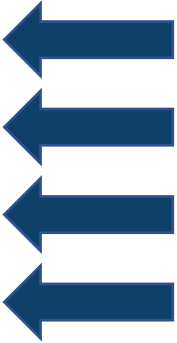
Full-benefit dually eligible individuals that reside in the D-SNPs service areas may elect to enroll during Medicare Open Enrollment and Special Enrollment periods.



Human Services

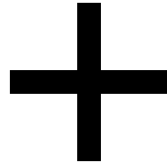
D-SNP Enrollees Must be "Full-Benefit" Dually Eligible:

Category	Medicare Part A Premiums	Medicare Part B Premiums	Medicare Cost Sharing (Except Part D)		Other Medicaid Benefits
			Part A	Part B	
QMB Only	X	X	X	X	
QMB +	X	X	X	X	X
FBDE	X	X	X	X	X
SLMB+		X	X	X	X
SLMB		X			
QI		X			
QDWI	X				



Source: "Working with Medicare Webinar State Contracting with D-SNPs: Introduction to D-SNPs and D-SNP Contracting Basics." Integrated Care Resource Center. December 13, 2022. Available at: <https://www.integratedcareresourcecenter.com/webinar/working-medicare-webinar-state-contracting-d-snps-introduction-d-snps-and-d-snp-contracting>

Dual Coverage



Medicare Eligible

- Federal Health Insurance
- Older than 65
- Individuals with Disabilities
- End Stage Renal Disease
- ALS (Lou Gehrig's disease)

Medicaid Eligible

- State Health Insurance
- Resident of North Dakota
- Qualifying Income Level
- All ages

Medicare

Federal Health Insurance
Older than 65
Individuals with Disabilities
End Stage Renal Disease
ALS (Lou Gehrig's disease)

Medicaid

State Health Insurance
Resident of North Dakota
Qualifying Income Levels
All Ages

- Enrollee must understand **BOTH**
- Enrollment
 - Benefits
 - Networks
 - Denials
 - Grievance

D-SNP

Medicare Parts A, B, and D
Supplemental Benefits
Care Coordination
Health Risk Assessment
Person Centered Care Plans

D-SNP Care Coordinator
Helps *enrollee* utilize all services to support the individualized care plan

Medicaid

No CHANGE to Benefits
No CHANGE to other supports
Contract with D-SNP

D-SNP & Indian Health Service

- Tribal members can enroll in a D-SNP even if they are covered by Indian Health Service
- D-SNP enrollees have zero cost sharing
- D-SNPs can offer supplemental benefits address social needs

Insurance Companies with D-SNPs Available

Starting January 1, 2025:

- Humana
- Medica
- Sanford Health
- Sierra Health (United Healthcare)



CY2025 North Dakota Plans & Service Areas

- **Sierra Health (UHC) D-SNP service area:** Barnes, Benson, Burleigh, Cass, Grand Forks, Kidder, McHenry, McLean, Mercer, Morton, Mountrail, Oliver, Pembina, Ramsey, Ransom, Richland, Stutsman, Traill, Walsh
- **Sanford Health D-SNP service area:** Burleigh, Cass, Morton
- **Medica D-SNP service area:** Burleigh, Cass, Grand Forks, Morton, Stutsman
- **Humana D-SNP service area:** Adams, Barnes, Bowman, Burleigh, Cass, Cavalier, Dickey, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Ransom, Richland, Sargent, Sheridan, Slope, Steele, Stutsman, Traill, Walsh, Wells
- **No D-SNP Coverage:** Billings, Bottineau, Burke, Divide, Dunn, Eddy, Golden Valley, McKenzie, Pierce, Renville, Rolette, Sioux, Stark, Towner, Ward, Williams.

Medicare



Navigating the complex world of Medicare can be challenging. The North Dakota Insurance Department offers the State Health Insurance Assistance Program (SHIP) program to assist residents with finding the right coverage and answering questions. When it comes to Medicare, you are not alone.

Our trained counselors can assist with all Medicare issues, including Original Medicare, Medicare Part D, Medicare Advantage plans, and long-term care insurance.

SHIP is available to North Dakota residents at no cost. Since our counselors are not affiliated with companies, our assistance is unbiased and puts your interests first.



**CREATE YOUR FREE
MEDICARE ACCOUNT**

Create a Free & Secure Medicare online account

- Add your prescriptions and pharmacies to help you better compare health and drug plans in your area.
- Sign up to get your yearly "Medicare & You" handbook and claims statements, called "Medicare Summary Notices," electronically.

- **Dual Special Needs Plan Enrollment Periods**

- Open Enrollment Period: October 15-December 7, 2024, for start date January 1, 2025
- Initial Enrollment Period: newly eligible for Medicare
- Special Enrollment Period: certain life events

- **[State Health Insurance Assistance Program \(SHIP\):](https://www.insurance.nd.gov/consumers/medicare)**

<https://www.insurance.nd.gov/consumers/medicare>

Summary

- Dual Special Needs Plans are Medicare Advantage
- Humana, Medica, Sanford Health, Sierra Health are D-SNP insurance providers
- D-SNPs availability is county-specific
- D-SNP enrollment is limited to "Full-Benefit" Dually Eligibles
- D-SNP Care Coordinators help with benefit navigation
- Medicaid and IHS benefits remain the same

Thank You

Adrienne Biles, MBA, RN
Dual Special Needs Plan (DSNP)
Phone: 701.328.2062
Email: hhsdsn@nd.gov



Tribal Liaison Items

Eligibility Changes on the Horizon

January 1, 2025

Remove requirement to apply for and provide proof of application for Other Benefits at Medicaid application time

Other benefits include unemployment, Veteran's compensation and pensions, old age, survivors and disability benefits and railroad retirement

Administrative rule changes are drafted and expected to take effect January 1st

By December 2025

Proactive steps to update Beneficiary Addresses

Use postal updates on returned mail
Also able to use MCO and PACE info to update beneficiary addresses.

Currently working on updating policy



Medicaid Eligibility Call Center Update

Effective August 1st the Medicaid Eligibility Call Center has merged with the Customer Support Center.

The **Customer Support Center** can help you:

- **report changes** to your case
- **answer questions** about your case or programs
- **check the status** of your application and/or review

Email: applyforhelp@nd.gov

Phone: 1.866.614.6005 or 701-328-1000; 711 (TTY)

Fax: 701.328.1006

Mail: Customer Support Center P.O. Box 5562

Bismarck ND 58506

Tribal Care Coordination Update

- Standing Rock has passed a resolution and has a signed fund agreement.
- Updated information sent to Great Plains IHS so they can pursue more care coordination agreements.
 - Tribes can contact Kathy Bad Moccasin to discuss more tribal care coordination agreements for Great Plains IHS.
- Sent tribes forms they need to submit for distribution.
- Tribal Liaison will send each tribe the amount they have in the distribution fund quarterly so tribes can anticipate the next year's funding.
- Sent draft Tribal Care Coordination Annual Report, Audits, and Fund Distribution Policy to participating tribal health directors.



Draft Tribal Care Coordination Annual Report, Audits, and Fund Distribution Policy

Draft 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.

Questions

- Is the policy clear or do you have suggestions to update the policy?
- What do you think of the due dates listed in the policy?
- Do you see any challenges in meeting the requirements listed in the policy?

Tribal Care Coordination and Funding Agreement Tracking Chart

Last updated [9/24/24](#)

	Great Plains IHS	Standing Rock	Turtle Mountain	Three Affiliated (MHA)	Spirit Lake
Signed Care Coordination Agreements (Non-Tribal care provider & Tribal health care organization)	Sanford 2/2/18 CHI 2/14/18			Sanford 5/13/21	
Resolution of Agreement with IHS-signed non-Tribal Care Coordination Agreement(s)		Resolution 8/7/24	Resolution (major health care facility to which referrals are made) 9/13/22		
Signed Fund Agreements (Tribe & HHS)		Pending Commissioner's signature	12/23/22	10/24/23	
Billing CC Claims		Sanford	Sanford	Sanford	

Discussion Items

Medicaid 101

- Have you looked at the presentation?
- What feedback do you have?
- Is the information useful?
- Is there anything missing?

Regular check-ins with tribes

- Would you like check-ins between Consultation meetings?
- Meetings with individual tribes?
- Meetings with all Tribal Health Directors?

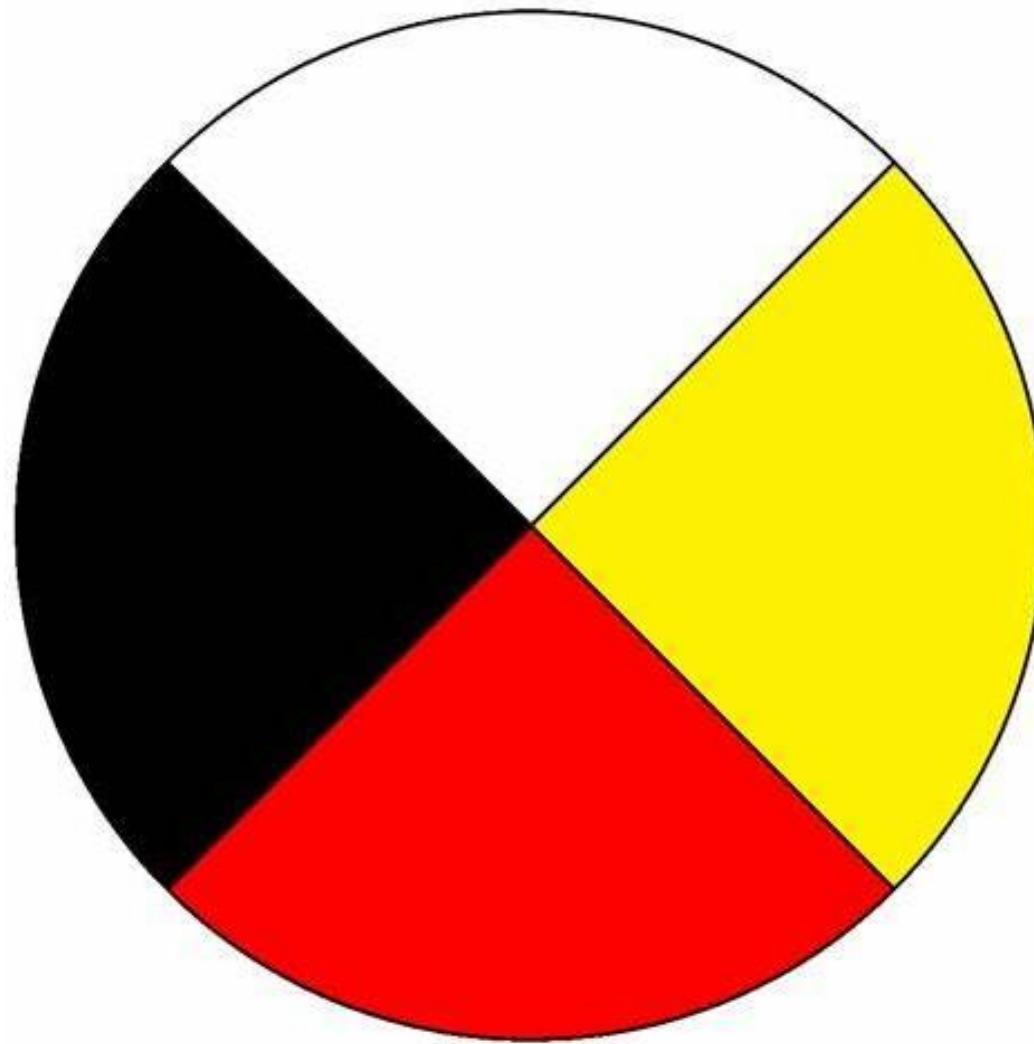
A young girl with dark hair in pigtails is seen from the back, looking towards a large white tent in a field. The tent is made of a light-colored fabric and has several support poles. The ground is dry and grassy. In the background, there are other tents and people, suggesting an outdoor event or gathering.

Traditional Healing Services

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

August Traditional Healing Services Meeting

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



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

Define Traditional Healing

- Received 1 response from MHA workgroup.
- Proposed definition:
- *Is a system of culturally appropriate healing methods developed and practiced by generations of tribal healers who apply methods for physical, mental, and emotional healing. The array of practices provided by traditional healers shall be in accordance with the individuals tribe established and accepted traditional healing practices.*
- What does everyone think of this definition?

Define Traditional Healing Provider

- 1 response received from MHA work group.
- Proposed definition:
 - *Person who is a contractor or employee of the Facility and recognized by the MHA Cultural Committee and Tribal Business Council to provide traditional healing services.*
- Requires an official signed and dated endorsement letter by Tribal Business Council that the traditional healing provider meets all qualifications to provide traditional healing services within the scope of practice designed by MHA Cultural Committee and Tribal Business Council.
- The Practitioner would be hired/contracted through the facility, who respond to referrals for Tribal Healing services.



Describe your proposed process for determining who would qualify as a traditional healing provider?

- 1 response received from MHA workgroup
- Proposed criteria
 - *High School diploma or GED/equivalent*
 - *Vetted and approved by MHA Recovery Steering Committee*
 - *Must be engaged in American Indian cultural activities and lead a positive cultural lifestyle*
 - *Knowledge of American Indian cultural ceremonies, religious structures, languages, cultural games and activities, and social norms*
 - *Bachelor's degree in psychology, human services, or health-related field*
 - *Minimum 1-year experience in a behavioral healthcare setting.*
 - *First aid and CPR Certified or eligible*



Consultation: Deciding Next Steps

- What next?



Photo credit:
ND Tourism

Upcoming engagement opportunities



CHW Task Force Meetings

- October 21, 1-2:30 p.m. CT via Zoom
- November 18, 1-2:30 p.m. CT via Zoom

Medicaid Medical Advisory Committee (MMAC)

- Tuesday, Nov. 19, 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.

Upcoming Learning Opportunities

- 10/15/24: SSP, Trusted Partner & Authorized Representative
- Early November: Medicaid Non-Emergency Transportation

Member Medicaid Engagement Committee

COMMITTEE



- The MMEC is a member-based committee that helps shape ND Medicaid by sharing their experiences, thoughts, and ideas.
- Currently has 5 open seats.
- Still looking for members with experiences such as:
 - members of low-income families
 - families with small children
 - member living on tribal lands
 - Young adult (20-25)
 - Recently or currently pregnant
 - AND MORE
- Those interested should email [Jen Sheppard](mailto:Jen.Sheppard@nd.gov).



**THANK
YOU!**

Questions?

Comments?

Concerns?

Let's Connect!
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Phone: 701-328-5841
Teams: Monique Runnels