

# Meeting Minutes

## ND HHS Tribal Consultation

March 4, 2025

8:30-10:30am CT

Topic and Speaker	Meeting Notes
<b>Welcome &amp; Introductions</b>	
<b>Public Health Division Updates</b> Krissie Mayer, <i>Community Engagement Director</i>	Measles <ul style="list-style-type: none"> <li>Stay vigilant on measles – major outbreak in Texas</li> <li>Up-to-date information on immunizations can be found here <a href="#">Immunizations   Health and Human Services North Dakota</a></li> </ul> Syphilis <ul style="list-style-type: none"> <li>Continued cases in the Tribal population</li> <li>Information on Syphilis and other STIs can be found here <a href="#">Sexually Transmitted Infection (STI) Program   Health and Human Services North Dakota</a></li> </ul> Public Health Conference <ul style="list-style-type: none"> <li><a href="https://ndphconference.com/register/">https://ndphconference.com/register/</a> Registration \$149 up to \$189 after April 11</li> <li>Can still submit for a poster presentation <a href="https://conferencesatbsc.com/speakers/posterdetails/">https://conferencesatbsc.com/speakers/posterdetails/</a></li> <li>Nominate someone, a project, or a group for a PH award <a href="https://ndphconference.com/about/awards/">https://ndphconference.com/about/awards/</a></li> </ul>
<b>Medicare Eligibility Automation</b> Mallory Berg, <i>Eligibility Policy Coordinator</i>	Territory Beneficiary Query (TBQ): <ul style="list-style-type: none"> <li>New Interface with CMS (Centers for Medicare and Medicaid) for bringing Medicare details into our eligibility processing system.</li> <li>Runs daily on new applications and weekly on ongoing Medicaid cases</li> <li>Automatically adds and updates Medicare numbers</li> <li>Automatically adds and updates Medicare start/end dates</li> <li>Launched February 13, 2025</li> </ul> Benefits of TBQ: <ul style="list-style-type: none"> <li>Reduces administrative barriers</li> <li>Automatically tests individuals for Medicare Savings Program eligibility</li> <li>Maximize worker efficiency</li> <li>Minimize rejections from the buy-in program caused by incorrect data currently entered manually</li> <li>Ensure changes in coverage are processed more promptly &amp; accurately</li> </ul>

<p><b>New Tribal Consultation Letter</b>  Monique Runnels, <i>ND Tribal Medicaid Liaison</i></p>	<p>Below is our most recent tribal consultation letter. Comments on upcoming changes can be sent to Monique Runnels, ND Tribal Medicaid Liaison by March 28, 2025.</p> <ul style="list-style-type: none"> <li>February 26, 2025- <a href="#">Tribal Consultation Letter for Medicaid 1915(i) Five-Year Renewal and Traditional Healthcare Practice</a></li> </ul>
<p><b>1915i Information &amp; Updates</b>  Cody Stanley, <i>1915i Program Administrator</i></p>	<p>New program administrator introduction and background.</p> <ul style="list-style-type: none"> <li>Cody Stanley started January 27, 2025</li> <li>Previously worked at a ND non-profit as Chief Programs Officer, overseeing their Free Through Recovery, Community Connect, 1915i, and Transitional Housing Programming</li> </ul> <p>Information was provided on:</p> <ul style="list-style-type: none"> <li>Description of 1915(i) home and community-based services</li> <li>Eligibility criteria</li> <li><a href="#">1915(i) refers to section 1915(i) of the Social Security Act</a></li> <li>How 1915i is structured</li> <li><a href="#">1915i State Plan Amendment</a></li> <li>Program Staffing &amp; Roles <ul style="list-style-type: none"> <li>Navigator</li> <li>Specialist</li> <li>Administrator</li> <li>Medicaid Expansion Staff</li> </ul> </li> </ul> <p>How to apply:</p> <ul style="list-style-type: none"> <li><a href="#">Using the Self-Service Portal (SSP)</a></li> <li>On paper – <a href="#">SFN 741</a></li> <li>Customer Support Center to be connected to our Navigator.</li> </ul> <p>Application components:</p> <ul style="list-style-type: none"> <li>qualifying diagnosis document</li> <li>qualifying needs assessment score</li> <li>application documenting residence in a home and community-based setting.</li> </ul> <p>Care Coordinators are the core of 1915i</p> <ul style="list-style-type: none"> <li>Each member needs a care coordinator to get a Plan of Care. Each member needs a Plan of Care to get services.</li> <li>Work with members and their team members to assess needs, strengths, and preferences to write a Plan of Care and determine services and who will provide them.</li> </ul> <p>1915(i) services and supports include peer support, NEMT, housing, and more.</p> <p><a href="#">Five Year Renewal Medicaid 1915(i) State Plan Amendment</a></p> <ul style="list-style-type: none"> <li>Public comment is open until March 28, 2025</li> </ul> <p>Cody offers office hours for providers to gather updates, get help, and open communication.</p>

- Office Hours are every Wednesday 9-10am
- You may also email Cody with any questions or to set up a meeting

### Tribal Consultation

Comment regarding respite: Children with special needs experience caregiver burnout. Rural areas experience lack in providers because program does not allow caregivers that reside in the home.

Response: Respite services are available for members from birth through age 20 who cannot care for themselves. A relative that does not live in the home with the individual, may enroll as a provider. Can also look at 1915i state plan and suggest any further updates. Comments will also be shared with the administrator of the Autism waiver. Offer to connect with anyone interested in being a service provider.

Question: Are there current rural programs running?

Response: There are some. It depends on county. Providers offer services per county. We have a provider list on the [www.hhs.nd.gov](http://www.hhs.nd.gov) website. Rural locations continue to be a challenge that is continually being worked on. We continue to look for 1915(i) providers and ask that they connect with Cody.

Additional comments were made about difficulties with the housing support services-Monique to follow up.

**Youth in Correctional Settings and Medicaid Coverage**  
 Krista Fremming, *Medical Services Assistant Director*

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.
- **REQUIRED FOR ALL STATES:** Medicaid coverage of certain services for youth and young adults who are incarcerated, post-adjudication and within 30 days of release. (Section 5121)
- **OPTIONAL:** Gives states the option of covering ALL Medicaid services for youth and young adults who are pending disposition of charges. (Section 5122)

State Medicaid programs are required to:

- State Medicaid programs are required to:
- Exchange data with all settings where the eligible population could be – state-run facilities, county jails and tribal jails.
- Work with facilities to help people enroll in Medicaid if they are not already enrolled.
- Work with facilities to provide access to covered services for the eligible group.
- Create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

North Dakota Medical Services received a grant to assist in meeting requirements.

	<ul style="list-style-type: none"> <li>• Working with correctional facilities to ensure they have the resources and information to help people apply for and renew Medicaid coverage</li> <li>• Building data connections between correctional facilities and Medicaid</li> <li>• For questions or information contact: krfremming@nd.gov or 701-328-2342</li> </ul>
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**Q&A**

Question: When they are incarcerated, they can be suspended?  
Response: Yes, upon incarceration until 30 days prior to release where limited benefit plan becomes active until release where full coverage resumes to allow treatment, services, medications, and more are not delayed.

Question: Are screenings for Hepatitis C or STIs available during the incarceration time?  
Response: Not able to pay for treatment until 30 days prior to release. Pre-adjudication inmates are not covered currently.

Question: Who does the case management in these cases?  
Response: Still exploring and requests tribes contribute advice/suggestions. Plan to connect released individuals to case managers and if preference is for connection to tribal case managers, that would be accommodated.

Question: When will the exchange of data happen?  
Response: It could happen by later this calendar year, however the timeline is unknown at this point.

Comment: Tribal facilities and tribally controlled facilities were included in the grant application.  
Response: This grant must be spent within four years. We do need to start planning now.

Question: Do you have a breakdown of the plan?  
Response: The plan allows for some flexibility in determining the order by which data interfaces are built.

Question: It sounds like this grant will support tribes and they will choose their data system, or will this be determined by another entity?  
Response: Anticipating that we would not determine the system used. The grant application assumed that facilities already have an electronic system they are using.

<p><b>ND Medicaid Legislative Update</b>  Sarah Aker, <i>Medicaid Services Director</i></p>	<p>Goals for Next Biennium</p> <ul style="list-style-type: none"> <li>• Bending the Cost Curve</li> <li>• Delivering Whole Person Care</li> <li>• Promoting Sustainability &amp; Value</li> <li>• Improving the Member &amp; Provider Experience</li> </ul> <p>Key Budget Drivers</p> <ul style="list-style-type: none"> <li>• FMAP Changes</li> <li>• Changing Populations</li> <li>• Member Acuity &amp; Utilization</li> <li>• High-Cost Drugs</li> <li>• Federal Mandate &amp; Clawback</li> </ul> <p>Medical Services Decision Packages included:</p> <ul style="list-style-type: none"> <li>• Value Based Purchasing <ul style="list-style-type: none"> <li>○ Refinement and Expansion of Current Programs</li> <li>○ Exploration of New Provider Groups</li> <li>○ Funding will support:</li> </ul> </li> </ul>
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- Subject Matter Expertise
- Value Based Program Provider Workgroup Facilitator
- Service Infrastructure Development
- Cross-Disability Waiver Implementation
  - 2023-2025 Biennium Activities:
    - Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
    - Design Cross Disability Waiver
      - Service Array
      - Access
      - Quality
      - Provider Qualifications & Rates
    - Start Building Service Infrastructure
  - Funding will support:
    - Subject Matter Expertise
    - Cross Disability Advisory Council Facilitator
    - Service Infrastructure Development
- Ambulance Targeted Rate Increase
  - Increase rebases ambulance rates to the Lowest Quartile Medicare Rural Base Rate.
- QSP/HCBS Targeted Rate Increase
  - Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.
- Private Duty Nursing & Home Health Targeted Rate Increase
  - Increase rebases home health rates based on cost report information and aligns private duty nursing rates with home health skilled nursing.
- Provider Inflation: LTC
- Provider Inflation: Medical Services
  - Increase includes the following inflation of provider rates for the 2025-2027 biennium:
    - SFY 2026: 1.5%
    - SFY 2027: 1.5%

Legislation monitoring

- Reviewed list of legislation we are monitoring. Please see slide deck for full list of House and Senate Bills currently being tracked.

## Q&A

Question: Is there a way to expedite the enrollment process, especially for dentists?

Response: We have implemented a new process to alert the applicant to ensure process runs smoother. Requesting to be notified of situations taking longer than a couple of weeks.

Question: When will Medicaid recognize obesity medication coverage?

Response: We are monitoring these and do have coverage for some medications.

Comment: Expressed concern for human service zone staff still counting tribal disbursements during application process.

Response: Request that concerns be brought to Monique Runnels to examine situation and develop plan to address concern.

Would like to be able to identify workers who are asking for disregarded income types to provide targeted training. Potentially have a presentation on the zones and what they do at next consultation.

Question: Is there a special contact for children in foster care or temporary custody?

Response: There is not a special contact-they end up in the custody of the human service zone or tribe.

Question: Is there a human service zone board and how often are their meetings held? Does every zone have a tribal liaison?

Response: We should include these questions for experts at next consultation. Each zone does have a board.

### Tribal Liaison Items

Monique Runnels, *ND Medicaid Tribal Liaison*

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

### Upcoming Engagement Opportunities & Announcements

### Tribal Care Coordination Update

- MHA and Turtle Mountain received their tribal care coordination fund distribution.
- Standing Rock distribution is being processed.
- [Reports](#) due annually by November 15th.
- Initial audit due by November 15, 2026.
- Information and guidance can be found on our [website](#).
- Please see slide deck for tribal care coordination distribution amounts.

### MMAC Tribal Representative:

- In Summer 2024, we proposed Charter language for a tribal representative seat on the MMAC
- November 2024 Charter language was approved by MMAC.
- December 2024 developed a selection and nomination process
- February 2025 Tribal Health Directors selected their nomination.
  - Dr Joy Froelich was selected for the MMAC Tribal Representative Seat.
    - Dr. Froelich will connect with the tribal health directors to further discuss her roles and responsibilities as the Tribal Representative.
- The Tribal Representative will be appointed to the MMAC by the Medicaid Director with the term to start in May 2025.

### Traditional Healing

- We have been working together for the last 8 months on traditional healing services.
- Tribal partners from Turtle Mountain, MHA, Standing Rock and Spirit Lake were involved in the meetings.
- [Traditional Healthcare Practices SPA](#) is posted and open for consultation through 3/28/25.

- Effective date 7/1/25.
- Traditional healthcare practices SPA next steps:
  - We will need to address such as rates and provider enrollment.
  - Workgroup suggested we contact the states that were approved for the Traditional Healthcare Practices Waivers.
    - Emails sent to New Mexico, Arizona, California and Oregon.
      - New Mexico is still developing their processes.
      - California sent a presentation and offered to meet to further discuss our questions.
      - Arizona is working on their responses to our questions.
  - Next meeting will be scheduled for later in March.

**Upcoming Engagement Opportunities:**

- [Medicaid Medical Advisory Committee \(MMAC\)](#)
  - Tuesday, May 20, 3 to 5 p.m. CT -via Microsoft Teams
- Engaging Native American Community for Public Input- Home and Community Based Services (HCBS)
  - 2<sup>nd</sup> Wednesday of every month
  - Contact [Monique Runnels](#) for the meeting link.
- [1915\(i\) Office Hours](#)
  - Every Wednesday 9-10am (alternate dates for holidays)
- **Upcoming Tribal Engagement Sessions**
  - Traditional Healing Next Steps-TBD

**Tribal Consultation**

**Tribal Care Coordination**

Question: Are these slides posted online?

Response: Yes, and can also be emailed.

Question: Can we be updated on the calculations of what the state gets?

Response: There's were \$601,134.66 were generated in total savings. Of that, \$480,907.72 went to the tribal healthcare fund and \$120,226.94 went to the state General fund. Neutral testimony on the care coordination process was provided as part of the bill that seeks to change language for disbursements of funds.

Question: Instead of tribes, can the state help explain to providers that it is a legislative requirement?

Response: We hosted a meeting that covered the process with invites to all major hospitals throughout the state. Offer for future facilitation.

Question: Could we reengage a meeting and a hospital association with tribes?

Response: Sarah Aker offered to introduce tribal partners to the hospital association.

Question: Could someone help us explain to Trinity what the benefits to them are for joining the ND Hospital Association and getting a care coordination agreement in place?

Response: We will follow up with educational materials and attendance notes from last contact with Trinity.

**MMAC Tribal Representative**

Comments provided about identifying who Dr. Froelich should contact from each tribe so she can get their feedback while serving as the MMAC Tribal Representative.

**Traditional Healing**

Question: Would they get the encounter rate?

Response: Exploring how California practices. We are still developing as we gather information from other states with similar waivers.

Question: Will there be further consultation for the SPA?

Response: We plan to continue to work with the group that's been helping us with this.

Question: Is there a schedule or do you have an intended time frame for follow up on the provider enrollment questions?

Response: Hoping to get more responses from other states before scheduling.

Comment from MHA: We have Standing Rock Tribal Council coming to tour Good Road and discuss this at 9:30 this Thursday.

MHA is meeting internally and creating an advisory board of five to seven people to encompass as much as we can to help build answers to Medicaid's questions to the tribes.

Date Posted: 3/12/2025

Date Revised: