NORTH Dakota | Health & Human Services
Be Legendary.

# Meeting Minutes

## ND HHS Tribal Consultation

September 25, 2024
8:30-10:30am CT

| Topic and Speaker | Meeting Notes |
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| **Smudge**<br>**Welcome & Introductions** | |
| **Public Health Division Updates**<br>Krissie Guerard<br>*Community Engagement Director* | The Foundation for a Healthy North Dakota, the American Heart Association, and North Dakota Health & Human Services teamed up to create a new public health collaborative that builds bridges for a healthier North Dakota. The Multi-Partner Health Collaborative (MPHC) advocates for sustainable resources and increasing access to options that foster health and wellness throughout our state with the vision of North Dakota becoming the healthiest state in the nation.<br>You can visit the Foundation for a Healthy North Dakota link if interested. |
| **Indian Affairs Updates**<br>Anthony Bauer<br>*Deputy Director, Indian Affairs* | Presenter not present<br>Update given during the ND Tribal Health Director's meeting. |
| **Screening and targeted case management services for incarcerated youth and former foster care youth**<br>Krista Fremming, Assistant Director, Medicaid Services<br>o Youth in Correctional Settings and Medicaid Coverage | • 2023 Consolidated Appropriations Act: Sections 5121 and 5122<br>o First real change to inmate exclusion in decades.<br>o Effective Jan. 1, 2025.<br>o Federal guidance released July 2024.<br>o Requires Medicaid coverage of certain services for youth and young adults who are incarcerated, post-adjudication. (Section 5121)<br>o Gives states the option of covering all Medicaid services for youth and young adults who are pending disposition of charges. (Section 5122)<br>• Section 5121-Required for all states and covers:<br>o Medicaid members <21 and former foster care youth through age 26.<br>o All carceral facilities where eligible youth are confined as inmates, including state prisons, county and tribal jails and youth correctional facilities.<br>o Limited screenings, diagnostic services and case management.<br>o Post-adjudication, 30days prior to and following release.<br>• Services may be provided by carceral and/or community-based health care providers and State Medicaid programs are required to:<br>o Exchange data with all settings where the eligible population could be – state- |

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| | run facilities, county jails and juvenile detention centers and tribal-run facilities.<br>  ○ Work with facilities to help people enroll in Medicaid if they are not already enrolled.<br>  ○ Work with facilities to provide access to covered services for the eligible group.<br>• 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. may be provided via telehealth.<br>• Will require collaboration between Medicaid and tribal jails and bidirectional data exchange. |

**Q&A Session**

Q: Can we help incarcerated people enroll in Medicaid?

A: Yes. Normally, Medicaid is suspended upon incarceration. We encourage people to apply during their incarceration even though their coverage may be suspended.

Q: What type of data is exchanged with correctional facilities?

A: We have current data exchange and hope to have more exchange in the future.

Q: Would we need to enter into data sharing agreements with facilities?

A: Yes, a different type of agreement than that with providers is anticipated.

Q: Do facilities need an NPI?

A: Yes, if they plan to offer any services.

Q: Can a facility contract a provider?

A: Yes.

Q: When will this expand to all adults?

A: Governor is supportive of incarcerated peoples. There is consideration for expansion of coverage beyond the current required ages.

Feedback give that tribes would want to see the data broken down for Native Americans.

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| **State Plan Amendments and Waiver Updates** | • A proposed HCBS waiver amendment will be submitted to CMS for Review and consideration on 10/1/2024. |

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| Sandi Erber, *HCBS Program Administrator Adult & Aging Services*<br>o Home & Community Based Services (HCBS) Updates | • Requested effective date of proposed amendment is 1/1/2025.<br>• The proposed waiver amendment was developed with the input of a tribal workgroup.<br>• The tribal workgroup:<br>o Identified the challenges of:<br>▪ Accessing services<br>▪ Meeting provider qualifications<br>▪ Lack of providers providing culturally appropriate HCBS.<br>o Workgroup suggested the following changes:<br>▪ Broadened the definition of Case Management to include HCBS Care Coordination which will allow better access to culturally appropriate service providers.<br>▪ Expand provider qualifications to include educational background and lived experiences.<br>o Proposed changes:<br>▪ Expand the definition and provider criteria of case management as a service under the HCBS Waiver to improve access and provide additional support to waiver-eligible individuals by promoting health equity, health literacy, and cultural humility in person-centered planning.<br>▪ HCBS Case Management proposed to become an administratively claimed service for the HCBS Waiver programming.<br>▪ Expands provider qualifications and takes into consideration lived experience.<br>▪ HCBS Care Coordination services to include:<br>• Identifying needs and locating necessary resources to establish or maintain a stable and safe living arrangement.<br>• Coordinating, educating, and linking individuals to resources.<br>• Providing and establishing networks of support<br>• Assisting with necessary paperwork and documentation completed to establish or maintain a stable and safe living arrangement.<br>• Assisting with the development of the Person-Centered Plan of Care<br>▪ Proposed HCBS Coordination Provider Qualifications:<br>• Community-based, non-profit organizations in North Dakota that provide services by and for people with disabilities.<br>• Community-based, non-profit organizations in North Dakota that provide services by and for people with disabilities or entities.<br>• Annual HCBS Training on Home and Community-Based Services |

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| Monique Runnels, *Tribal Medicaid Liaison*<br>◦ Upcoming SPAs<br>◦ General Waiver Information | Update *(to be defined by workgroup)*<br>• Education and experience requirements to be developed in collaboration with tribal workgroup.<br>• Upcoming State Plan Amendments:<br>◦ Medicaid Medical Advisory Committee (MMAC) changes per federal requirements. Date-TBD<br>◦ Effective October 1, 2024, Long-acting Reversible Contraceptive (LARC) Devices- In-state Prospective Payment System hospitals will be reimbursed for LARCs separately from inpatient stays.<br>• General Waiver information<br>◦ Provided overview of:<br>▪ Autism Spectrum Disorder Waiver<br>▪ Children's Hospice Waiver<br>▪ Waiver for Medically Fragile Children<br>▪ Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver<br>▪ Waiver for Home and Community-Based Services<br>▪ Contact information for enrolling in an HCBS Waiver.<br>◦ Consultation follow-up on data request for tribal utilization of waivers:<br>▪ We pulled this past year's claims for anyone with a race indicator of "I" (American Indian), for any waiver/plan that is not standard Medicaid or Expansion.<br>▪ This shows us who is utilizing our waivers/plans.<br>• Autism Waiver: 8<br>• Traditional Intellectual Disabilities and Developmental Disabilities Waiver: 75 (53 children, 22 adults)<br>• HCBS Waiver: 18<br>• Hospice: 16 (1 child, 15 adult)<br>• Programs of All-Inclusive Care for the Elderly (PACE): 5<br>• Money Follows the Person: 7 |

Tribal Consultation

Questions asked:

- Who would Determine if qualifications were met?
- Will staff have to reapply every year
- Will there be yearly requirements?
- Are LLLC's and other eligible for these services?

Answers:

- They will have to apply. Process is quicker now than it was. Tribal workgroup will review application process.
- Providers will have to document their time and duties.
- Training will need to be done annually.
- Renewals will be needed every 5 years.
- LLCs would have to be tribal or culturally based organizations.

Comments:
- The changes are good.
- Glad there is now inclusion of other education and experience to meet qualifications.

No further comments or questions were received.

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| **Policy Updates**<br>Mandy Dendy, *Coverage Policy Director*<br>○ IHS/Tribal Health Policy<br>○ MMAC Charter<br>○ 1915(i) | • Changes to the IHS and Tribal Health Program policy effective 8/1/24.<br>○ Added info on Tribal FQHCs<br>○ Enrolling Tribal Health Programs must provide a copy of their ISDEAA contract or compact at the time of enrollment or renewal.<br>○ Added detail on different types of encounters (based on listed revenue codes) and eligible provider types who generate certain encounters.<br>○ Being more specific about what services are included in an encounter and what services are separately billable from an encounter (fee-for-service)<br>• Draft proposed change to MMAC Charter for tribal representation.<br>○ Proposed MMAC Charter language for tribal representatives:<br>▪ 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.<br>○ MMAC Tribal representative DRAFT recommendation:<br>▪ Nominated to the Medicaid Director through a nomination and selection process to occur at the Tribal Health Director/Medicaid Tribal Consultation quarterly meetings.<br>▪ A nomination & selection process will need to be developed by the Tribes. This needs to occur by or during early spring of 2025.<br>▪ Appointed to MMAC by the Medicaid Director.<br>▪ Tribal representative will serve the current MMAC term of three (3) years.<br>▪ Consecutive terms by the same person are not permitted.<br>▪ Nonconsecutive terms may be served.<br>○ Next steps:<br>▪ MMAC members will review the proposed Charter amendments and the MMAC selection process at its November 19th meeting.<br>▪ Seven (7) seats will open in February 2025. Anticipate holding one of |

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| | these seats for the Tribal representative seat.<br><br>• 1915(i) Conflict-Free Care Coordination under Federal 1915(i) Rules<br>  ○ CMS Approved 1915(i) SPA on 8/5/2024/<br>  ○ 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".<br>  ○ The other modification includes the removal of the qualifying diagnosis list. Qualifying diagnoses will be maintained in policy guidance rather than the state plan.<br>  ○ 1915(i) Provider list has been reformatted:<br>    ▪ Each county is identified.<br>    ▪ Identifies each service a provider is rendering in an individual county.<br>    ▪ Includes language and cultural specialties.<br>  ○ Process of becoming listed as a Cultural Provider:<br>    ▪ Send an email to nd1915i@nd.gov with the following information:<br>    ▪ Identify the language or specific cultural group served.<br>    ▪ If culture-specific, identify the following:<br>      • What specific social group with a shared set of beliefs, practices, traditions, and values inherited from the ancestry of the group do you serve?<br>      • 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?)<br>    ▪ 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 the 1915(i) Provider List.<br>  ○ **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.<br><br>  ○ Definition of Cultural Background:<br>    ▪ *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 |

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<tr><td></td><td>tribe rather than the entire Native American population or a specific refugee population rather than all refugees.<br>o Feedback and comments are welcome on the 1915(i) Conflict of Interest policy.</td></tr>
<tr><td colspan="2">Q&A Session<br>Concern was expressed for:<br>▪ How Medicaid decides who qualifies to be a cultural provider.<br>▪ Sending Tribal members to providers who do not have the same culture.<br>▪ Sending people to other providers when they already have an established rapport with the members.<br>▪ Hesitancy of members being referred to other providers.<br>▪ Worries members wont follow up with people who have different background or those who they do not know.<br>▪ Referral process.<br>Question:<br>Are providers required to have a physical presence in the members county or can they provide services via telehealth?<br>Answer: The member must request telehealth and 25% of services should be in-person.<br>Question:<br>Is there a glossary of terms?<br>Yes. Cultural background and conflict of interest policy link shared.<br>Responses to concerns:<br>▪ Care coordinator expectations shared. Care coordinators should be looking for the best fit for members to get services, Suggested to get to know providers more to best understand their strengths, background, connections, etc.<br>▪ Monique will work with Mandy to set up a meeting with tribal partners to further discuss 1915(i) and the concerns raised about the 1915(i) Conflict of Interest policy.</td></tr>
<tr><td>Dual Special Needs Plan</td><td>• 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.<br>o Dual Special Needs Plans, or D-SNPs for short, are Medicare Advantage Plans that only enroll individuals who qualify for both Medicare and Medicaid.<br>o 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.<br>o The plans are administered by private insurance companies and overseen by the Centers for Medicare and Medicaid Services.<br>o 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</td></tr>
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| | Dakota's dually eligible individuals.<br>o D-SNP Enrollees must be Full-Benefit Dually eligible.<br>o D-SNP Care Coordinators help enrollee utilize all services to support the individualized care plan Tribal members can enroll in a D-SNP even if they are covered by Indian Health Service<br>o D-SNP enrollees have zero cost sharing.<br>o D-SNPs can offer supplemental benefits address social needs.<br>o CY2025 North Dakota Plans & Service Areas:<br>▪ 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<br>▪ Sanford Health D-SNP service area: Burleigh, Cass, Morton<br>▪ Medica D-SNP service area: Burleigh, Cass, Grand Forks, Morton, Stutsman<br>▪ 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<br>▪ No D-SNP Coverage: Billings, Bottineau, Burke, Divide, Dunn, Eddy, Golden Valley, McKenzie, Pierce, Renville, Rolette, Sioux, Stark, Towner, Ward, Williams. Working on getting these areas covered f0r 2026. |
| **Tribal Liaison Items**<br>Monique Runnels, *ND Medicaid Tribal Liaison*<br>• Eligibility-Changes on the Horizon<br>• Call Center Merger<br>• Care Coordination Updates<br>• Discussion Items<br>o Medicaid 101<br>o Pre Consultation Check-ins<br>• Traditional Healing<br>**Upcoming Engagement** | • Upcoming Eligibility Changes<br>o January 1, 2025<br>▪ Remove the requirement to apply for and provide proof of application for Other Benefits at Medicaid application time.<br>▪ Other benefits include unemployment, Veteran's compensation and pensions, old age, survivors and disability benefits, and railroad retirement<br>o By December 2025<br>▪ Proactive steps to update Beneficiary Addresses<br>▪ Use postal updates on returned mail.<br>▪ Also able to use MCO and PACE info to update beneficiary addresses.<br>• Medicaid Eligibility Call Center Update<br>o Effective August 1st the Medicaid Eligibility Call Center has merged with the |

| Opportunities & Announcements | |
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| | Customer Support Center.<br>o The **Customer Support Center** can help you:<br>▪ **report changes** to your case.<br>▪ **answer questions** about your case or programs.<br>▪ **check the status** of your application and/or review.<br>o **Email**: applyforhelp@nd.gov<br>**Phone**: 1.866.614.6005 or 701-328-1000; 711 (TTY)<br>**Fax**: 701.328.1006<br>**Mail**: Customer Support Center P.O. Box 5562 Bismarck ND 58506<br>• Tribal Care Coordination Updates:<br>o Standing Rock has passed a resolution and has a signed fund agreement.<br>o Updated information sent to Great Plains IHS so they can pursue more care coordination agreements.<br>o Tribes can contact Kathy Bad Moccasin to discuss more tribal care coordination agreements for Great Plains IHS.<br>o Sent tribes forms they need to submit for distribution.<br>o Tribal Liaison will send each tribe the amount they have in the distribution fund quarterly so tribes can anticipate the next year's funding.<br>o Sent draft Tribal Care Coordination Annual Report, Audits, and Fund Distribution Policy to participating tribal health directors.<br>o Can send feedback on draft policy to mrunnels@nd.gov<br>• Discussion Items<br>o Medicaid 101<br>o Regular check-in with tribes<br>• Traditional Healing Services<br>o Initial meeting held on 7/15/2024.<br>▪ Identified missing perspectives that should be part of this conversation.<br>▪ Action step identified to create and send out a survey and meet again in August.<br>o Meeting held on 8/7/2024.<br>▪ Went over responses to the survey.<br>▪ Went through questions and identified the need to:<br>▪ Define Traditional Healing.<br>▪ Define Traditional Healing Provider.<br>▪ Describe the proposed process for determining who would be a qualified Traditional Healing Provider.<br>▪ Individual tribal work groups formed to answer the questions.<br>▪ Tribes to send responses to Tribal Liaison and decide next steps at |

| | Tribal Consultation.<br>○ Received response from MHA Workgroup.<br>• Upcoming engagement opportunities:<br>○ **CHW Task Force Meetings**<br>▪ October 21, 1-2:30 p.m. CT via Zoom<br>▪ November 18, 1-2:30 p.m. CT via Zoom<br>○ **Medicaid Medical Advisory Committee (MMAC)**<br>▪ Tuesday, Nov. 19, 3 to 5 p.m. CT -via Microsoft Teams<br>○ **Engaging Native American Community for Public Input- Home and Community Based Services (HCBS)**<br>▪ 2nd Wednesday of every month<br>▪ Contact Monique Runnels for the meeting link.<br>○ **Upcoming Learning Opportunities**<br>▪ 10/15/24: SSP, Trusted Partner & Authorized Representative<br>▪ Early November: Medicaid Non-Emergency Transportation<br>○ Member Medicaid Engagement Committee (MMEC)<br>▪ The MMEC is a member-based committee that helps shape ND Medicaid by sharing their experiences, thoughts, and ideas.<br>▪ Currently has 5 open seats.<br>▪ Still looking for members with experiences such as:<br>• Members of low-income families<br>• Families with small children<br>• Member living on tribal lands<br>• Young adult (20-25)<br>• Recently or currently pregnant<br>• AND MORE<br>• Those interested should email Jen Sheppard. |
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Tribal Consultation

Tribal Care Coordination

- Suggestion given to have tribes give input on the policy. Policy is still in draft form and can be changed. No changes to the policy were given. Monique offered to do a meeting to discuss the policy further. Feedback given on the specific requirements in the law regarding the 80/20 spilt and reporting requirements.

Medicaid 101

- No feedback

Regular check-ins.

- Feedback that tribes would like to do individual meetings. Monique to follow up with individual tribal health directors.
- Feedback that tribes would like more tribal specific data.

- Suggested asking for tribal enrollment affiliation on applications to get more accurate data. Monique offered to pull data for tribes if there are specific requests. Tribes can email Monique with specific data requests.

Traditional Healing discussions

- Feedback was received from the MHA workgroup.
- Request to have other tribes submit their feedback and schedule another meeting. Monique will follow and schedule the next meeting.

Date Posted: 10//2024
Date Revised: