



# ND Medicaid Tribal Consultation Meeting

March 4, 2025

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

# Welcome and Smudge

# Introductions



# Agenda at a Glance



ND Medicaid Tribal Consultation Meeting  
March 4, 2025



## Division of Public Health Updates



## Medicare Eligibility Automation



## 1915i Information and Updates



## Youth in Correctional Settings and Medicaid Coverage



## ND Medicaid Legislative Update

Tribal Consultation  
March 4, 2025



## Tribal Liaison Items



## Upcoming engagement opportunities



- Medicaid Medical Advisory Committee (MMAC)**
  - Tuesday, May 20, 2:00 PM CDT - via Microsoft Teams
- Coastal Native American Community for Public Health Issues and Community Based Services (CNACBS)**
  - 2nd Wednesday of every month
  - Contact: [Shontae Roberts](#) for the meeting link.
- Sioux Falls Office Hours**
  - Every Wednesday 9-11am
- Upcoming Tribal Engagement Sessions**
  - Traditional Healing

# Division of Public Health Updates

Questions?



# Medicare Eligibility Automation

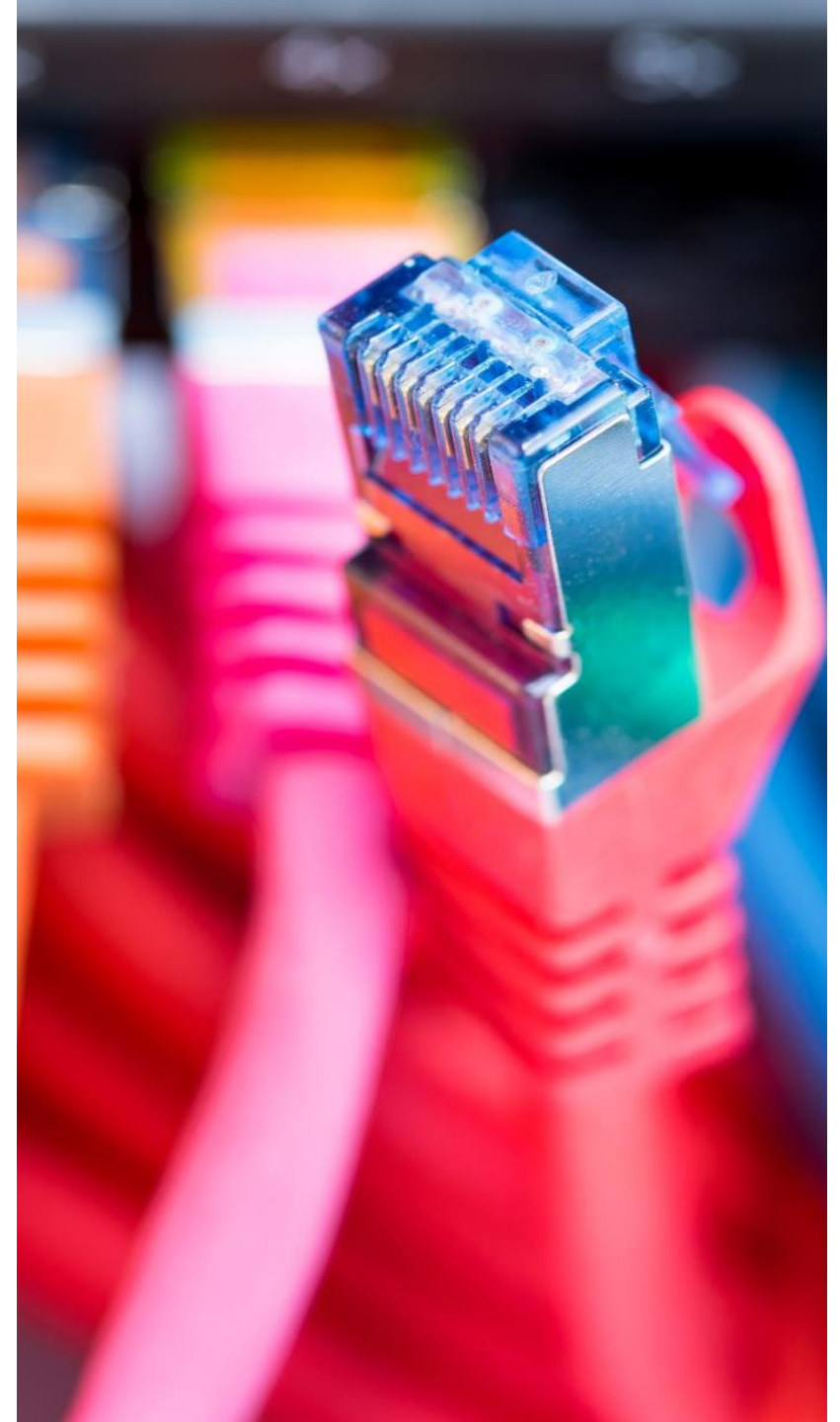


# Territory Beneficiary Query (TBQ)

# TBQ

## What does TBQ do?

- New Interface with CMS (Centers for Medicare and Medicaid) specific to bringing Medicare details into our eligibility processing system.
- Runs daily on new applications
- Runs weekly on ongoing Medicaid cases
- Automatically adds and updates Medicare numbers
- Automatically adds and updates Medicare start/end dates
- Launched February 13, 2025





# Benefits of TBQ

- Reduces administrative barriers
- Automatically tests individuals for Medicare Savings Program eligibility
- Maximize worker efficiency
- Minimize rejections from the buy-in program caused by incorrect data currently entered manually
- Ensure changes in coverage are processed more promptly & accurately



# Questions?

# New Tribal Consultation Letter

February 26, 2025- [Tribal Consultation Letter for Medicaid 1915\(i\) Five-Year Renewal and Traditional Healthcare Practices](#)



# 1915i Information and Updates

- Cody Stanley
- 1915i Program Administrator, first day was January 27, 2025
- Previously worked at a ND non-profit as Chief Programs Officer, overseeing their Free Through Recovery, Community Connect, 1915i, and Transitional Housing Programming
- Before that I worked for DEED in Minnesota
- And before that I worked with the DD population in Minnesota for 10 year.

# What is 1915(i)?

- Behavioral health supports and services
- Which support people in their homes and in their community of choice, and
- Allow for the provision of Home and Community-Based Services that previously didn't exist, or were not previously billable to Medicaid



# 1915(i) Individual Eligibility Criteria

- Ages 0+
- Enrolled in Medicaid or Medicaid Expansion
- Household income at or below 150% of Federal Poverty Level
- Qualifying Behavioral Health diagnosis
- WHODAS 2.0 Assessment score of 25+ OR DLA-20 score of 5 or less
- Home and community-based residency (not living in an institutional setting)



# 1915(i) refers to section 1915(i) of the Social Security Act

Rules for this benefit are in Subpart M of 42 CFR Part 441.

- eCFR :: 42 CFR Part 441 Subpart M -- State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities

# How 1915(i) is structured

- Federal rules establish the structure for 1915(i) state plan benefits.
- Within that structure each state that establishes the benefit defines their own target population and eligibility criteria, including needs-based eligibility requirements.
- There are certain requirements that apply to all 1915(i) state plan benefits such as the Home and Community-Based Service Setting Requirement.

# 1915(i) State Plan Amendment (SPA)

The structure for each state's 1915(i) state plan benefit is found in its 1915(i) State Plan Amendment.

- [Helpful state plan amendment search tool.](#)

There is a [master 1915\(i\) State Plan Amendment template](#) maintained by the Centers for Medicare and Medicaid Services (CMS).

- [CMS 1915\(i\) website](#)

Each state must submit their SPA for approval by CMS.

- Approval is good for a 5-year period and after that renewals are submitted to CMS and approved for additional 5-year periods.

North Dakota's 1915(i) SPA was approved on January 15, 2021, and became effective in October 2020.

- [Our current State Plan Amendment](#)



# Medicaid Plan Home and Community-Based Services (HCBS)

You will typically see home and community-based services (HCBS) in Medicaid under a 1915(c) HCBS waiver. 1915(i) services are offered as a benefit under a state's Medicaid State Plan.

1915(i) state plan services differ from 1915(c) HCBS waivers because they

- require less than an institutional level of care (LOC) for eligibility
- cannot be capped (i.e. waivers typically have participant slots), and
- are not required to be cost neutral as compared to institutional services

# Program Staffing

## Navigator

- Assists members with choosing a care coordinator
- Inputs member info and links care coordinator provider in Therap (CCRR forms)
- Works Dynamics POC Tracking Report for members w/ care coordinators but no approved POC

## Specialist

- Reviews and approves member Plans of Care and POC updates as well as Individual Plan Agendas for Quarterly Reviews
- Enters MMIS FES spans
- Processes discharges
- Maintains Provider List
- Fill-in Navigator
- Human Service Zone Liaison

## Administrator

- Writes/revises/oversees policies
- Provider engagement and communication
- General program oversight, vision, direction
- Program data and reporting (monthly, quarterly, annually)
- State Plan Amendment maintenance and changes (CMS Liaison)
- Fill-in Navigator & Specialist

## Medicaid Expansion (MCO) Staff

- All navigation duties and POC reviews for Expansion members
- Specialist retains some duties related to spans of eligibility and discharges

# How to apply

There are two ways to help members apply for 1915(i) services & supports

- Online using the [Self-Service Portal](#) (upload application and attachments)
- On paper – [SFN 741](#).
  - Send completed applications to [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov) or
  - Mail to Customer Support Center, PO Box 5562, Bismarck, ND 58506 or
  - Submit in person at any Human Service Zone office – find your local Zone office [here](#)

Call the Customer Support Center for Assistance at 1-866-614-6005

# There are three components to an application



Qualifying diagnosis documentation – dated within last 12 months



Qualifying needs assessment score – dated within the last 90 days



Application documenting residence in a home and community-based setting and household income less than 150% of the Federal Poverty Level (FPL)

# Care Coordination is at the core of 1915(i)

- Each member needs a care coordinator to get a Plan of Care. Each member needs a Plan of Care to get services.
- Care coordinators work with members and their chosen team members/parents/guardians to assess member needs, strengths, and preferences to write the Plan of Care and determine a member's services and who will provide them.
- Care coordinators are key team members who must understand resource navigation, person-centered care planning, 1915(i) services and scopes, and 1915(i) program requirements.





# 1915(i) Services

- Peer Support (18+)
- Non-Medical Transportation (All ages)
- Housing Support (17.5+)
- Benefits Planning (All ages)
- Pre-Vocational Training (17.5+ or has GED/Diploma)
- Supported Employment (14+)
- Supported Education (5+)
- Respite (0 through 20)
- Training & Support for Unpaid Caregivers (All ages)
- Family Peer Support (0 through 17)
- Community Transition Service (All ages)

# Five Year Renewal Medicaid 1915(i) State Plan Amendment

- [Medicaid 1915\(i\) Behavioral Health Services and Supports | Health and Human Services North Dakota](#)
- Public Comments are accepted until March 28, 2025.

# Consultation



# Youth in Correctional Settings and Medicaid Coverage

# Youth in Correctional Settings and Medicaid Coverage

Tribal Consultation  
Meeting

Mar. 4, 2025



# 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)

# 2023 Consolidated Appropriations Act – Section 5121 (Required for All States)

	Section 5121
<b>Who is included?</b>	Medicaid members under age 21* and former foster care youth through age 26.
<b>What Medicaid services are included?</b>	Limited screenings, diagnostic services and case management.
<b>When are the services covered?</b>	<i>Post-adjudication</i> , 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.***

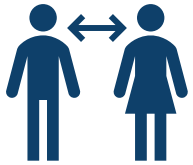
# CMS Requirements for States

*State Medicaid programs are required to:*

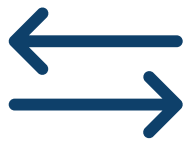
1. Exchange data with all settings where the eligible population could be – state-run facilities, county jails and tribal jails.
2. Work with facilities to help people enroll in Medicaid if they are not already enrolled.
3. Work with facilities to provide access to covered services for the eligible group.

States must create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

# Moving Forward



Working with correctional facilities to ensure they have the resources and information to help people apply for and renew Medicaid coverage



Building data connections between correctional facilities and Medicaid

Contact: [krfremming@nd.gov](mailto:krfremming@nd.gov) or 701-328-2342

# ND Medicaid Legislative Update

Tribal Consultation

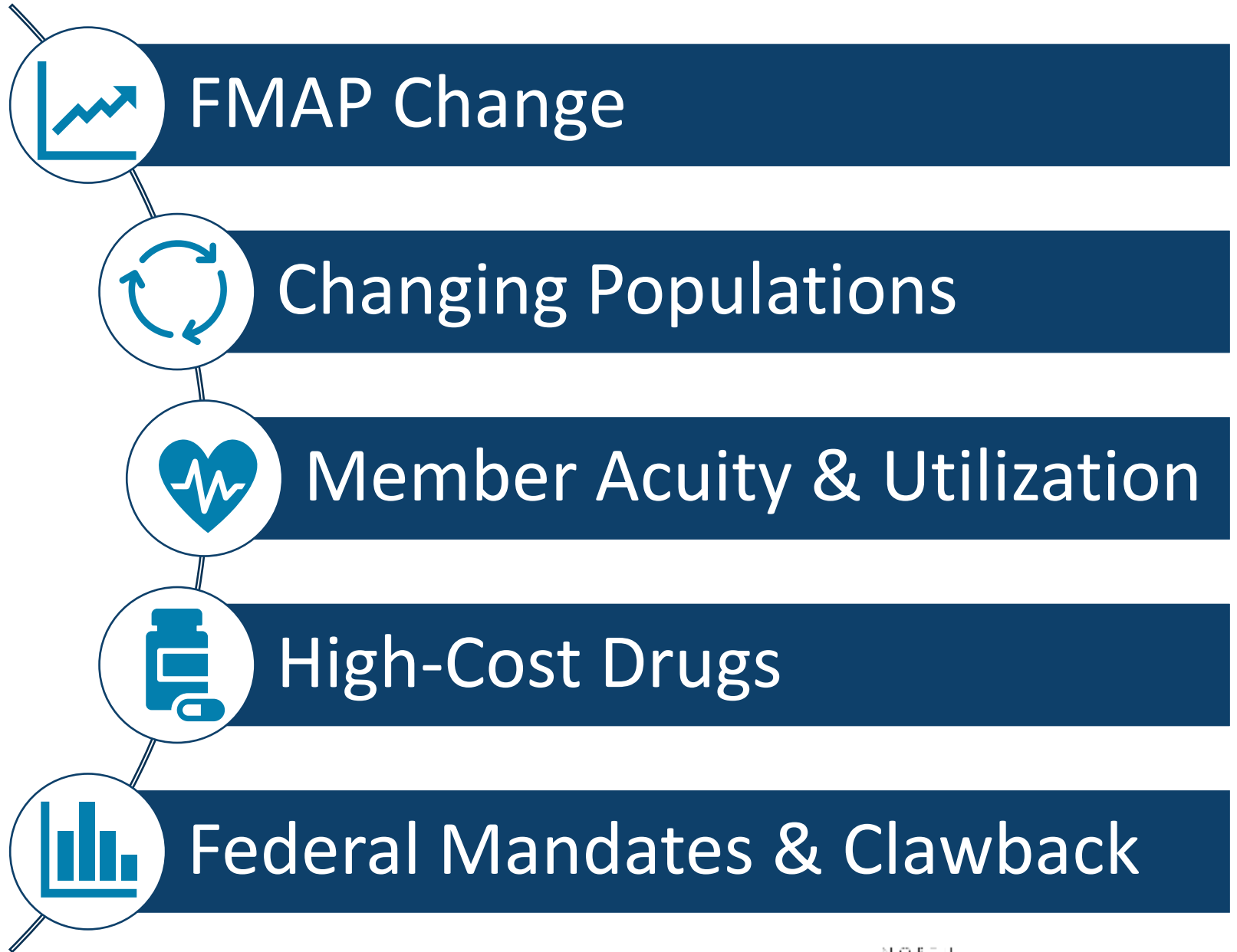
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# Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience



# Key Budget Drivers



# Medical Services Decision Packages

Decision Package	General	Federal	Total	
Value Based Purchasing	\$1,000,000	\$1,000,000	\$2,000,000	Ongoing
Cross Disability Waiver Implementation	\$2,474,226	\$2,474,226	\$4,948,452	Ongoing
Ambulance Targeted Rate Increase	\$2,189,770	\$2,189,770	\$4,379,540	Ongoing
QSP/HCBS Targeted Rate Increase	\$3,595,104	\$1,797,552	\$5,392,656	Ongoing
Private Duty Nursing & Home Health Targeted Rate Increase	\$1,235,768	\$1,235,768	\$2,471,536	Ongoing
Provider Inflation: LTC	\$3,294,874	\$2,101,980	\$5,396,854	Ongoing
Provider Inflation: Medical Services	\$6,949,693	\$9,266,071	\$16,215,764	Ongoing

# What's next in Value Based Care?



Refinement and Expansion of Current Programs



Exploration of New Provider Groups

- High-Cost Services
- Opportunity to Impact Care Outcomes and Improve Services
- Ability to Incentivize Innovation
- Need to Stabilize Funding

# Value Based Care

## Ongoing

Total	\$2,000,000
General	\$1,000,000
Federal	\$1,000,000

Expand care focused on value to additional provider groups and continue to refine current programs to ensure populations are supported with person-centered care and support.

### Refinement and Expansion of Current Programs

- Continue to grow and refine current value-based programs.
- Review attributed populations and supports available to individuals with complex health care needs.
- Strengthen care coordination to ensure service delivery provides comprehensive, person-centered care focused on ensuring access and appropriate follow-up supports across multiple delivery systems.



### Exploration of New Provider Groups

- Expand health system value-based program to rural delivery system to include critical access hospitals and associated primary care providers. Ensure rural VBP design builds on the current program to improve healthcare quality, accessibility, and sustainability in rural areas.
- Explore a value-based purchasing model with PRTFs and Q RTP providers to drive towards enhanced services and outcomes for youth while ensuring stability of safety net service delivery for children with behavioral health needs in North Dakota.

### Funding will support:

- Subject Matter Expertise
- Value Based Program Provider Workgroup Facilitator
- Service Infrastructure Development

# HCBS Programs and Populations

	Intellectual and Developmental Disabilities	Physical Disabilities	Behavioral Health	
	Medicaid State Plan			
 <b>Adults</b>	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Home and Community Based Services	1915(i)	
		Programs for All Inclusive Care for the Elderly (PACE)		
	Medicaid State Plan			
 <b>Children</b>	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Medically Fragile Children	1915(i)	Children's Hospice Waiver



Money Follows the Person



# Serving Children with Disabilities

2021

[SB 2256](#): Legislative Management Study of Developmental Disability Services and Autism Spectrum Disorder Waiver and Voucher Programs

2022

[North Dakota Developmental Disabilities Study](#) Recommended Children's Cross Disability Waiver to provide individual and family supports.

2023

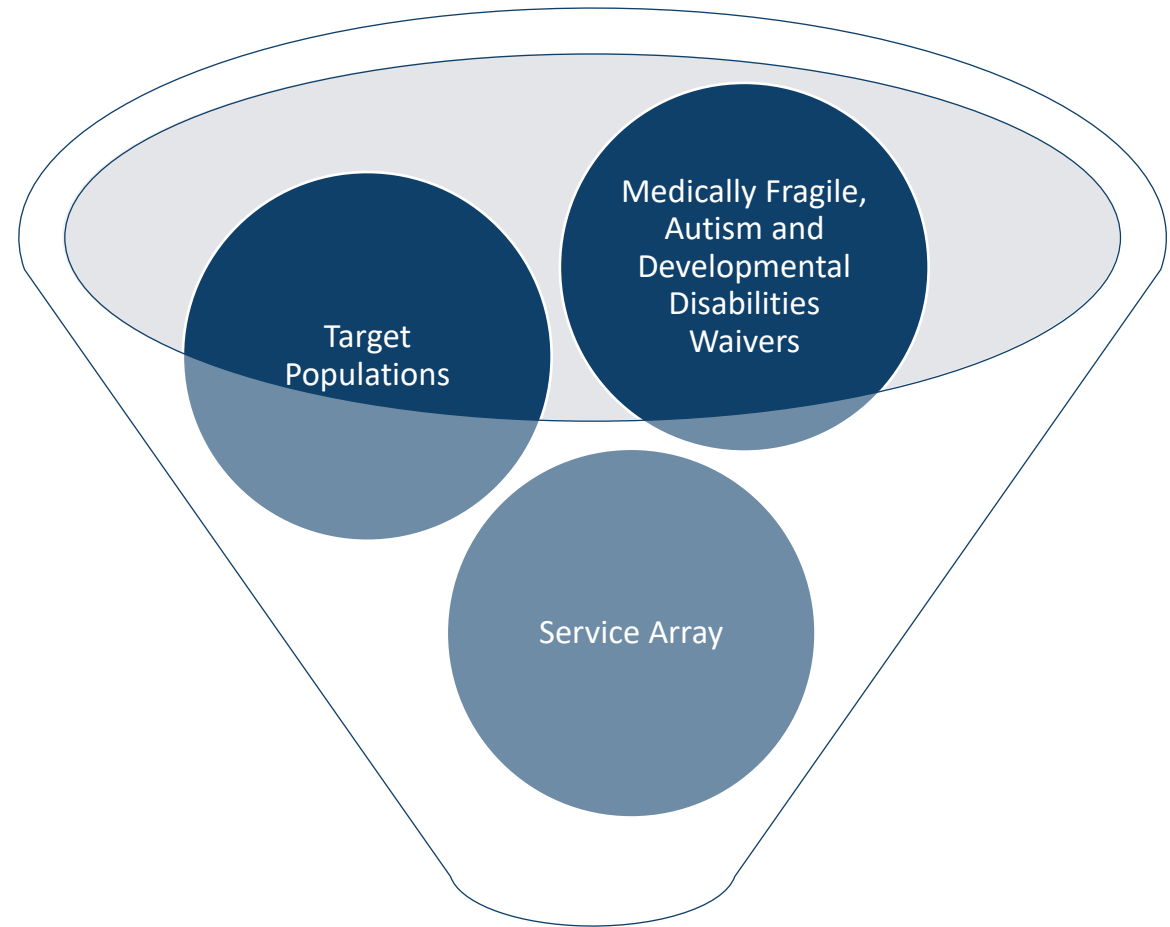
[SB 2276](#): Established Cross Disability Advisory Council

[Cross Disability Advisory Council](#) met monthly from December 2023 – May 2024 to provide input regarding design of new cross disability waiver.

2024

Cross Disability Advisory Council compiled [detailed recommendations](#) in design of a potential new cross-disability children's waiver.

2025



**Cross Disability Children's Waiver** helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.

# Cross Disability Waiver Implementation

## Ongoing

Total	\$4,948,452
General	\$2,474,226
Federal	\$2,474,226

The Children's Cross-Disability Waiver is being designed to address existing disparities in access to home and community-based services for children with disabilities. This innovative waiver transforms the way support is provided, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

### 2023-2025 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver
  - Service Array
  - Access
  - Quality
  - Provider Qualifications & Rates
3. Start Building Service Infrastructure

### Funding will support:

- Subject Matter Expertise
- Cross Disability Advisory Council Facilitator
- Service Infrastructure Development

# Ambulance Targeted Rate Increase Ongoing

<b>Total</b>	<b>\$4,379,540</b>
General	\$2,189,770
Federal	\$2,189,770

Increase rebases ambulance rates to the Lowest Quartile Medicare Rural Base Rate.

## A0427: Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 Base Rate

North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
\$602.19	\$669.35	\$530.06	\$280.94	\$479.85	\$291.24

## A0429: Ambulance Service, Basic Life Support, Emergency Transport Base Rate

North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
\$507.10	\$563.67	\$446.36	\$236.58	\$404.08	\$245.26

# Qualified Service Providers Targeted Rate Increase Ongoing

Total	\$5,392,656
General	\$3,595,104
Federal	\$1,797,552

Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.

- ND's rates lag states in the region.
  - South Dakota did a [comprehensive rate study](#) of in-home providers in 2023 that reviewed baseline and benchmark wages and other costs for Qualified Service Provider services.

Select Qualified Service Provider Agency Rates per 15-minute unit					
	ND	MN	MT	SD	WY
Personal Care	\$8.05	\$5.95	\$8.92	\$10.88	\$8.53
Homemaker	\$7.14	\$7.90	-	\$10.88	\$6.62
Respite	\$7.93	\$9.64	\$6.02	\$10.53	\$7.50
Companion	\$7.14	\$7.90	-	\$10.53	\$7.60
Nursing	\$17.64	\$12.46	\$19.30	\$22.60	\$19.15

# Private Duty Nursing & Home Health Targeted Rate Increase

## Ongoing

<b>Total</b>	<b>\$2,471,536</b>
General	\$1,235,768
Federal	\$1,235,768

Increase rebases home health rates based on cost report information and aligns private duty nursing rates with home health skilled nursing.

- Private Duty Nursing rates lag Home Health which may disincentivize agencies from serving patients with long term care needs.

Home Health Rate, RN	Private Duty Nursing, RN
\$140.57 (per visit)	\$66.83 (per hour)

- Home Health rates have not been rebased since 2004.
- Current SFY25 average rate for Home Health is \$140.57 per visit.
  - Rebase projected to increase average rate to \$219 per visit.

# Provider Inflation Ongoing

## MEDICAL SERVICES

<b>Total</b>	<b>\$16,215,764</b>
General	\$6,949,693
Federal	\$9,266,071

## LONG TERM CARE

<b>Total</b>	<b>\$5,396,854</b>
General	\$3,294,874
Federal	\$2,101,980

Increase includes the following inflation of provider rates for the 2025-2027 biennium:

- SFY 2026: 1.5%
- SFY 2027: 1.5%

- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

### Appropriated Inflation, SFY 2019 - 2024

2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

# Take-Aways

- Bending the Cost Curve
  - Value Based Care
- Delivering Whole Person Care
  - Cross Disability Waiver
- Promoting Sustainability & Value
  - Targeted Provider Rate Increases: Home Health and Private Duty Nursing, Qualified Service Providers, Ambulance
- Improving the Member & Provider Experience

# Legislation We're Monitoring

As of February 27, 2025

Failed	Passed First Chamber	
HB 1433	HB 1012	SB 2076
HB 1451	HB 1067	SB 2081
HB 1461	HB 1070	SB 2096
HB 1550	HB 1109	SB 2113
SB 2316	HB 1154	SB 2138
SB 2318	HB 1252	SB 2140
	HB 1322	SB 2190
	HB 1464	SB 2231
	HB 1485	SB 2271
	HB 1543	SB 2280
	HB 1547	SB 2305
	HB 1567	SB 2399
	HB 1619	

# Tribal Liaison Items



# 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 15<sup>th</sup>.
- Initial audit due by November 15, 2026.
- Information and guidance can be found on our website.

# Tribal Health Care Coordination Fund Claims through September 30, 2024


Tribal Nation	Mandan, Hidatsa and Arikara Nation	Turtle Mountain Band of Chippewa Indians	Standing Rock Sioux Tribe	Total
State Savings Generated through 9/30/2024	\$176,731.09	\$45,900.29	\$378,503.28	\$601,134.66
Tribal Health Care Fund (80%)	\$141,384.87	\$36,720.23	\$302,802.62	\$480,907.72
State General Fund (20%)	\$35,346.22	\$9,180.06	\$75,700.66	\$120,226.94

Notes:

1. Claiming for state savings is restricted to the time frame that the Centers for Medicare and Medicaid Services (CMS) allows for the financial reporting to be adjusted on the CMS-64 Report.
2. ND Medicaid is working with providers to analyze provider records of care coordination claims compared to those in the ND Medicaid data set.

# 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.



The Tribal Representative will be appointed to the MMAC by the Medicaid Director with the term to start in May 2025.



# Traditional Healthcare Services

- 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 Next Steps

- There are still things 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 were 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.



# Consultation



# 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

## **Upcoming Tribal Engagement Sessions**

- Traditional Healing