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Medicaid Medical Advisory Committee Meeting Minutes (MMAC) February 18th, 2025

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Members in attendance: Matuor Alier, Shannon Bacon, Brenda Bergsrud, Melissa Bingham, Dr. Joan Connell, Donene Feist, Courtney Koebele, Elizabeth Larson Steckler, Bradley Peterson, Emma Quinn, Heather Demaray, Bobbie Will

Follow up

Outgoing Members – As of 2/20/2025 there will be 8 open positions on the MMAC committee due to member terms ending. The positions will be filled with:

- Clinical providers or administrators, including one or more board-certified physicians, who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care
- Participating Medicaid managed care plans, or State health plan associations representing such plans as applicable
- Other State agencies that serve Medicaid beneficiaries, such as the State Health Officer to represent the Division of Public Health as ex officio, non-voting members
- A tribal representative, such as a Tribal Health Director, facility administrator, or business office manager
- 5 current or former Medicaid beneficiaries who are also members of the Medicaid Member Engagement Committee (MMEC)

To submit a nomination, email Sarah Aker at saker@nd.gov (more instructions in [MMAC Charter](#)).

Committee Chair – We are also in need of a committee chair. Please email Sarah Aker at saker@nd.gov to nominate yourself or another member for the role. Elections will be held at the next meeting. As a reminder, the duties of the chair include:

- Assisting ND Medicaid staff in planning and leading quarterly MMAC meetings; and
- Assisting with the creation of the annual report.

Medical Services Division Updates

Medicare Eligibility Automation or Territory Beneficiary Query (TBQ) – Amy Clouse, Eligibility Policy Administrator – see slides

- New interface with CMS to bring Medicare details into the eligibility processing system.
- Automatically adds and updates when members start receiving Medicare.
- Reduces administrative burdens, automatically test individuals for Medicare Savings Program eligibility, maximizes worker efficiency, minimize rejections from the buy-in program caused by data entry errors, and ensures changes in coverage are processed promptly and accurately.

2023 Consolidated Appropriations Act, Section 5121 Update: Youth in Correctional Settings and Medicaid Coverage – Krista Fremming, Assistant Director, Medical Services -see slides

- Effective 1/1/25
- All states required to add coverage of certain services for youth and young adults under 21 and former foster care youth up to 26 who are incarcerated, post-adjudication, and within 30 days of release.
- Section 5121 requires coverage for limited screenings, diagnostic services, and case management
- Medicaid is required to exchange data with all state-run correctional facilities, county jails, and tribal jails, work with facilities to help people enroll in Medicaid, work with facilities to provide covered services access for the eligible group, and create an internal operational plan to show a compliance plan with estimated time frames

Questions/comments:

- Is the case manager required to have substance use background/experience?
 - Provider qualifications are still being developed.
- Where will the case managers be getting their training in substance use disorder? Concerns for biases present in case managers were shared.
- Community health centers have experience in supporting adults leaving incarceration to establish primary care. Community health centers may be able to play a role.

Legislative Update – Sarah Aker, Executive Director, Medical Services – see slides

- Goals for next biennium: Bend the cost curve: reduce expenses with responsible choices, deliver whole-person care, promote sustainability and value, improve the member and provider experience, broaden partnership with providers
- Key budget drivers: FMAP change (50.9% going up to 50.99% next year), changing populations (reflected in the appropriated budget), member acuity and utilization (shows that rates are raising for chronic conditions and other such coverage needs), high-cost drugs, and federal mandates and claw back (Medicare part D premiums).
- Next steps for Value Based Care: Refinement and expansion of current programs and exploration of new provider groups, study of IMD high-cost services, identify opportunities to impact care outcomes, explore ability to incentivize innovation, identify needs to stabilize funding, and evaluate HCBS programs and populations.
- Children’s waivers include Autism Spectrum Disorder, Traditional IDD/DD, Home and Community-Based Services, Medically Fragile children, 1915(i), and Children’s hospice.
- Review of steps taken from 2021 – 2025 to create a cross disabilities children’s waiver.
- Cross Disabilities Children’s Waiver Review: We are asking for \$4.9M to implement new cross disabilities waiver. 2023 – 2025 biennium activities include the design and testing for level of care with the new waiver and DD waiver, design of the new waiver, and building service infrastructure.
- See slides for areas of requested rate increases.
- Review of Monitoring Legislation including a list of house bills being tracked and current status.

Questions/comments:

- Will all current waiver members be in the cross-disability waiver?
 - No, the new waiver is designed to support those with less intense support needs than those qualifying for the DD waiver.
- Do we have a status update for the pilot for reimbursing parents providing supports (paid family caregiver program)?
 - Senate Bill 2305 currently includes continuation of the paid family caregiver pilot program.
- Are provider taxes significantly impacting the budget?
 - No

Medicaid Institutions for Mental Disease (IMD) Exclusion – Sarah Aker, Executive Director, Medical Services – see slides

IMD - A facility or institution, with 17 or more beds, providing care and support for mental health and SUD services

- IMD qualifications are available in the [IMD Policy](#)

- Facilities must predominately provide IMD services.
- Review of locations in ND
- Prairie St. John's Funding Contract Review including paid stays and individuals served, and inpatient stay lengths data.
- [SUD Voucher](#) for funding review including reimbursement for treatment where other third-party reimbursement is not available, initiation in the 2015 budget, billed people per month data, average length of stay by coverage need data. Also reviewed current payment pathway for SUD residential settings.
- IMD Payment Options include "in-lieu of" payments. Managed care plans may provide in lieu of services. The 2016 Managed Care Final Rule issued guidance for states to allow short-term IMD stays as "in lieu of" services. Capitation payment eligibility was reviewed.
- The SUD IMD State Plan Option allows states to cover up to 30 IMD days in a 12-month period. This option has provider requirements, continuum of care requirements, and maintenance of effort requirements
- Section 1115 Waiver review. IMD waivers are available for both, Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) and SUD services. This waiver allows short-term IMD stays. Continuum of care requirements exist. There are budget neutrality and outpatient maintenance requirements.
- Review of CMS goals and milestones for what problems IMD waivers are trying to solve.

Questions/comments:

- What is the difference between Opioid Use Disorder (OUD) and SUD in ND?
 - OUD is specific to opioid uses. SUD is broader coverage for substance use.
- Concern expressed for members turned away for SUD supports due to coverage technicalities.
- Members in IMD treatment have suspended coverage and this causes concerns for health safety. Are we looking into this coverage gap? The conflict has caused discharge, homelessness, and more when having to choose between covering the SUD or other needed health care during IMD stays.
 - These facilities are charged with helping members address their coverage and medical needs. This continues to be reviewed.
- How do we pay for inpatient and residential behavioral health services?
 - Methods include Medicaid coverage, SUD voucher, contract payments, and direct service delivery. Reviewed Medicaid inpatient and residential behavioral health utilization data

Next meeting date:

May 20, 3-5 pm CT, via Microsoft Teams

Posted: 2/27/2025