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Medicaid Medical Advisory Committee Meeting Minutes (MMAC) August 19, 2025

Members in attendance: Matuor Alier, Shannon Bacon, Tim Blasl, Donene Feist, Representative Kathy Frelich, Denise Harvey, Courtney Koebele, Chelsey Matter, Janelle Moos, Lisa Murry, Neha Patel, Kandy Swenning, Nikki Wegner

Follow Up

Introduction of New Members

- Senator Kathy Hogan
- Darren Feist
- Neha Patel
- Kandy Swenning

Introduction of New ND Medicaid Staff

- Janice Tweet, coverage policy director

State Plan Amendments

Community Health Worker and Community Paramedics update – Wendy Schmidt, Policy Analyst – see slides

- State Plan Amendment (SPA) was sent for review to Tribal Consultation partners last week.
- Community Health Worker (CHW) Services and Community Paramedicine (CP) Services policies will be posted August 2025 on our Public Comment webpage.
 - Notification will be sent once policies are posted.
 - Policies will be posted for 2 weeks, with public comment closing in September 2025.
- Starting October 1, 2025, CHWs and community health representatives (CHR) can become certified with ND Public Health as a CHW.
 - After certification, CHWs and CPs can enroll as a ND Medicaid provider to submit claims for reimbursement.
- Eligible providers are CHWs who are certified by ND Public Health.

- Eligible members must be at risk of developing a chronic condition or have a documented barrier that affects their health.
- CHW services require referral from a physician or other ordering/referring/prescribing (ORP) provider.
- Covered services include system navigation and resource coordination, health promotion, coaching, education, and training.
- CHW billing codes include 98960, 98961, 98962.
- Eligible providers for Community Paramedicine include Community Emergency Medical Technician, Community Advanced Emergency Medical Technician, and Community Paramedic.
- Covered services include health assessments, vitals, labs, follow ups, wound care, medication management, and more.

HCBS Medicaid 1915 (c) Waiver Amendment – *Nancy Maier, Aging Services Director*
– see slides

- Waiver is out for public comment until August 21, 2025.
- Waiver will implement changes such as rate increase for some services, language to change rate methodology for adult residential care, quarterly contact for monitoring by case management, update provider qualifications, and avoiding duplication of care coordination services.
- Questions/Comments:
 - How is this impacting persons with brain injury?
 - These services are available to brain injury members but those choosing another service listed may also choose a provider in their area, personal cares, and more services.

1915 (c) Traditional IID/DD HCBS Waiver – *Heidi Zander, HCBS Waiver Administrator, Developmental Disabilities* – see slides

- Submitting amendment January 1, 2026.
 - Will open for public comment after submission.
- Intention to add the Host Home service to support a child in the time they are removed and waiting to reunite with biological family.
 - Supports would include self-care, communication, and other needs.
- Some terminology will be changed.
- Questions/Comments:
 - Was this idea based on another state's practices or how was this developed?
 - Several other states have a model similar to this.

Education Topic

ND Medicaid Impacts from the One Big Beautiful Bill Act – *Janice Tweet, Coverage Policy Director* – see slides

- Bill addresses tax and spending policies to include Medicaid and SNAP.
 - Signed into law July 4, 2025.
 - There is a four-year timeline to implement provisions by given deadlines.
- We do not anticipate impacts for sections 71113, 71114, 71115, 71118, 71110, 71101, 71102, 71111.
- We are already in compliance with sections 71104, 71108, 71103, 71105, 71116, 71117, we will seek clarity for section 71116.
- We anticipate impacts from the following sections:
 - 71103: States must develop added processes to ensure enrollees are not enrolled in more than one state at once by January 1, 2027. CMS will also develop a system to identify duplicate enrollment and notify states by October 1, 2029.
 - 71106: Removes good faith waiver for payment reductions related to error rates in HHS and state audits as of October 1, 2029. The impact to ND will depend on future audits. Our current PERM cycle is projected to be under 3%
 - 71107: Increases frequency of eligibility for Medicaid Expansion members from annually to biannually. We anticipate about 20% of total Medicaid members will be impacted. This provision will be effective as of October 1, 2027.
 - 71109: Changing the definition of 'Qualified Alien' to only include lawful permanent residents, certain Cuban and Haitian immigrants, and Compact of Free Association migrants. Refugees, asylees, and certain other non-citizens would no longer be considered qualified aliens for purposes of Medicaid as of October 1, 2026.
 - 71112: Decrease retroactive coverage period from three months to one month for Expansion members and to two months for all other members. These coverage periods will change January 1, 2027.
 - 71119: Work and community engagement requirements for able-bodied Expansion adults. Members will be required to prove they are spending at least 80 hours per month working, in an educational or work program, or doing community service. There are many members that will be exempt such as pregnant women, tribal members, medically frail, veterans with total rated disabilities, and more. The effective date for these requirements is December 31, 2026.
 - 71120: Implement cost sharing for Expansion adults with income greater than 100% of the federal poverty level. This provision will be effective as of October 1, 2028.
 - 71121: Creating a new 1915 (c) HCBS waiver option that we will explore later. The effective date is July 1, 2028.
 - 71401 Rural Health Transformation Program. This provision appropriates \$50 billion to a Rural Health Transformation Program from federal fiscal year 2026-2030. The grant process will open in fall 2025.

- 50% of funding to be awarded equally among states. North Dakota will receive at least \$100 million per year for the next five years.
 - There will be a one-time grant application. While it is not yet open, the bill outline for spending was reviewed.
 - A survey is currently open to gather ideas for inclusion in our plan.
- Questions/Concerns:
 - How is the requirement to verify address anticipated to affect eligibility for folks in ND who are homeless?
 - The requirement is on ND Medicaid to systematically check reliable data sources, including the National Change of Address Database, to ensure we have the most updated address information available for members. Members who are homeless are able to list their local human service zone address as their address to receive mail if they choose.
 - Will any provisions in the bill affect optional services such as waivers?
 - At this time, we don't anticipate impact on HCBS waivers.
 - Will you take added comments past the deadline for the survey?
 - We prefer you meet the September 12 deadline due to CMS timeline.
 - Is the state considering applying for an extension for work requirements?
 - Based on what we have heard about CMS, we don't anticipate many good faith waivers being approved, so we are working toward compliance with the deadline.
 - What will homeless members do who don't have an address?
 - The bill doesn't include provisions around the address members choose to use or members who do not have an address. The requirement is for the state to establish a systematic data exchange to get up-to-date address information.
 - Will work requirement implementation offer a public comment so strategies can be recommended? If there is a way to notify the primary care provider that a member is losing or at risk of losing coverage, the provider could assist in connecting with the member.
 - We are waiting for more clarification from CMS. This is due by June 2026. We plan to share updates with this committee.
 - Will the impact of the retroactive coverage affect nursing homes?
 - Most apply in the month they become eligible, but we will be in contact with nursing facilities, so they understand this change.
 - What would be considered community involvement? Would volunteer ranching or caregiving qualify?
 - We do not have clarity and anticipate guidance by June 2026.
 - What does tribal consultation look like and what is the timeframe?
 - When we have a SPA or another change, we consult with tribes. We regularly reach out to tribal health directors. Quarterly, we hold

tribal consultation meetings. The next meeting is September 30, 2025.

- Do you know anything about the narrow scope of social security definitions and waivers?
 - This does not sound familiar.

Public Comments/Questions

- Does the group have any future agenda topics or interests?
 - Update on cross disability waiver.
 - General access to Medicaid in rural areas/Telehealth.
 - Does Medicaid cover telehealth and is it available in rural areas?
 - We have a telehealth coverage policy on our website.
 - Tutorial for navigating coverage on website, procedure code look-up tool, etc.
 - Is there a list of services with new rate increases?
 - Yes, link was provided.
 - Hearing and vision loss accessibility updates.
 - How long does it take to renew coverage every six months? Can a member get this done in one sitting? Is this an accessible process? Is there a mobile process?
 - We attempt to renew via ex parte (using data from data resources without contacting the member). If we cannot use this process, we connect with the member via mail or email with a deadline. If paperwork is not returned, they are disenrolled and can re-instate their coverage after 90 days. We can take information via our Customer Support Center also. Members can also go into the Human Service Zone offices.
- Should we put together a directory of committee members, contact information, background, etc.?
 - No comments made.

Next meeting date:

Tuesday, November 18, 3:00-5:00 P.M. CT, via Microsoft Teams

Posted: 9/19/2025