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Potential conflicts of interest

Members of the public – participation in a decision on a topic

MMAC members – as part of their official duties makes a decision or takes an action that financially impacts one of the above, a member of their immediate family or a business with which they are associated.



Defining terms

A member of your immediate family means

- your parent, sibling, spouse, grandparent, grandchild, stepchild, or child by blood or adoption.

Financially impacts you means

- a direct and substantial monetary interest.

Business with which you are associated means

- a business where you are the sole proprietor, a partner, director, officer, or employee, you or a member of your immediate family owns 5% or more of the business, and/or you have a substantial and continuous business relationship.

Disclosure is mandatory

**Prior to taking any
action or making a
decision on the matter**

**Disclosure must include
enough information
about your potential
conflict of interest**

When a potential conflict of interest is disclosed

The disclosing participant may recuse themselves from participating (discussion, voting) or taking further action on the matter

MMAC members who do not have the same potential conflict in attendance when the disclosure is made (aka “neutral body”) may be consulted and determine whether the disclosing participant has a disqualifying conflict of interest

- i. This determination shall examine whether a reasonable person in the disclosing participant’s situation would be materially affected by the disclosed potential conflict of interest. It is presumed the disclosing participant does not have a disqualifying conflict of interest if they would not derive any personal benefit which is greater than that accruing to any other member of the general public or any general business, profession, occupation, or group affected by the matter.
- ii. Determination a disqualifying conflict of interest exists resulting in the disclosing participant’s recusal and abstinence from participation in the matter. A non-disqualifying conflict of interest results in the disclosing participant being able to participate in the matter.

Potential conflict of interest?

MMAC member is appointed as a member representing rural clinics.

Her husband is a durable medical equipment (DME) supplier.

Member brings up a DME policy and asks ND Medicaid to look into whether it can be changed.

Changing the policy will result in coverage of a new expensive technology supplied by her husband's business. Medicaid coverage of this tech will financially benefit her husband's business.



This is a potential conflict of interest

Member's participation in this discussion is a potential conflict of interest because her husband owns the business and stands to be directly and substantially financially impacted by a policy change by increased Medicaid revenue for this expensive technology.

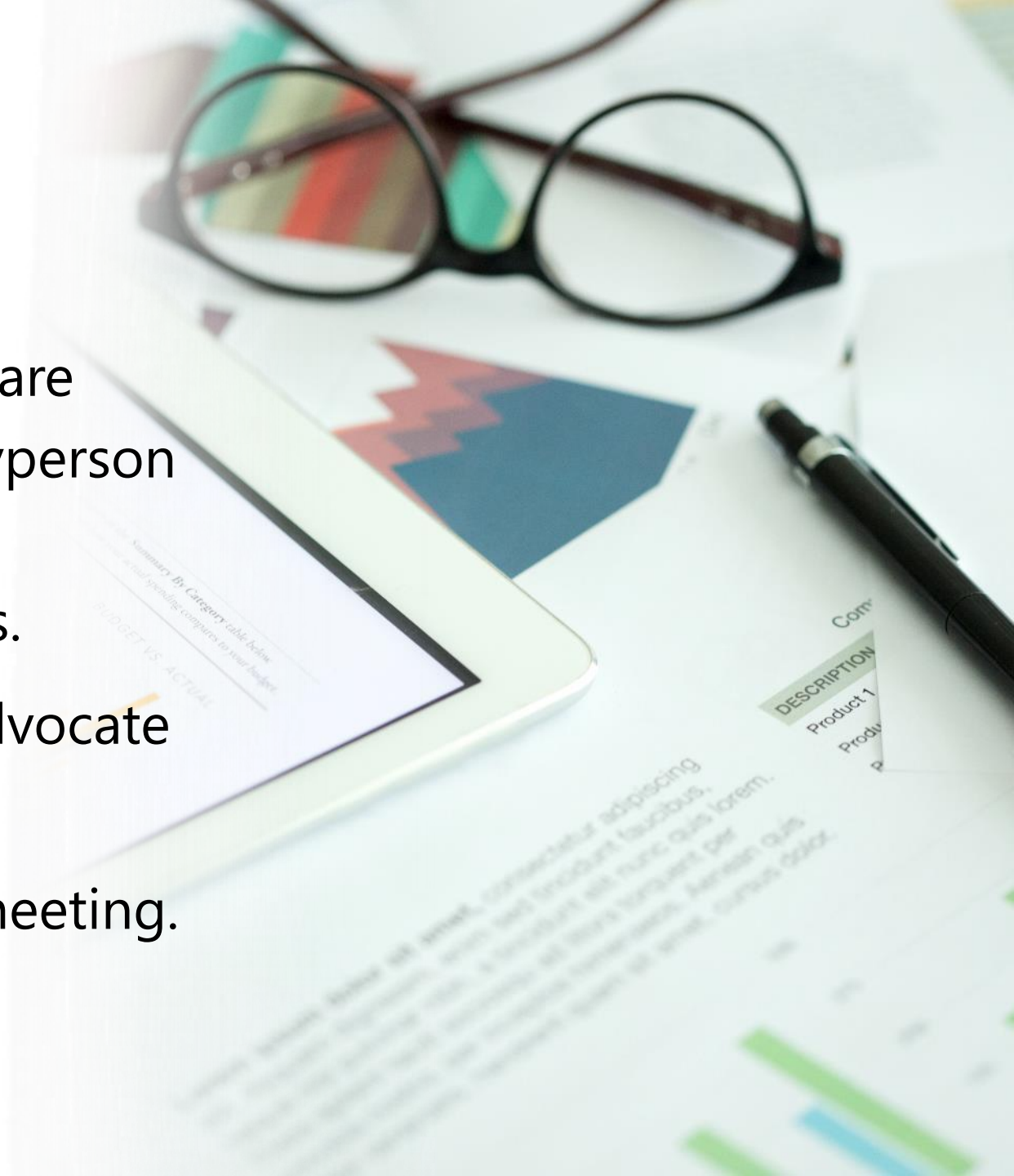


Potential conflict of interest?

MMAC Member represents a healthcare provider association. Member is a layperson and no one in his family owns or is associated with a healthcare business.

His members, however, ask him to advocate for increased provider/service rates.

Member brings this up at a MMAC meeting.



This is a potential conflict of interest

Member has a substantial and continuous business relationship with businesses he is associated with – the members he represents. Those members stand to directly and substantially benefit financially from increased rates.



Community Health Worker (CHW) Task Force Update

Meeting monthly since October 2023.

Three workgroups:

- Training/Education
- Certification/Regulation
- Medicaid



CHW Task Force Items in Draft form

Scope of practice definition

Training and education requirements

- Competencies
- Components
- Requirements

Pathways to certification

- Training
- Experience
- Indian Health Service Community Health Representative training
- Reciprocity

CHW Task Force Items in Draft form

Medicaid coverage – draft September 2024 recommendations. These recommendations were amended and approved at the November 18th meeting.

- Member eligibility criteria
- Referring providers
- Supervising/overseeing providers
- Service plan requirements
- Service codes and limits
- Covered services
- Non-covered services
- Service settings
- CHW enrollment

Task Force currently working on finalizing draft administrative rules for certification and regulation

Next Steps

The Task Force is planning to meet prior to December 2nd to vote on draft certification and regulation Administrative Rules

The Task Force is planning on holding a special public comment session on Monday, December 2nd to get feedback on draft items

- Draft items will be available on the Task Force website prior to that meeting - <https://www.hhs.nd.gov/health/regulation-licensure-and-certification/chw-task-force>

The Task Force's last regular meeting is scheduled for Monday, December 16th, and that is when the Task Force will make any changes to its draft recommendations based on public comment given at the 12/2 session.

1915(i) Behavioral Health Supports & Service Program Changes

1915(i) has been staffed by both the Behavioral Health Division and Medical Services and is now staffed solely by Medical Services

- Currently the 1915(i) Administrator position is open and we will be hiring a new Navigator as well.

We are experiencing program growth in both new members and providers

Program efficiencies and changes are occurring with improvements to member navigation and provider processes, resulting in quicker service delivery for members

- Example: removal of service authorization requirements for Traditional Medicaid members for dates of service 11.1.24 forward

Changes will require an upcoming State Plan Amendment (SPA)



Questions?

Mandy Dendy
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Targeted Case Management (TCM) for Behavioral Health

Medicaid Medical Advisory Committee | Nov. 19, 2024



Health & Human Services



Proposed State Plan changes

- Expand members who may qualify to receive TCM
 - Would now include individuals with SUD-only diagnosis.
 - Individuals must still demonstrate functional impairment.



Proposed State Plan changes

- Modify agency and individual provider qualifications
 - Supervisors of case managers must have experience with case management but would allow for individual case managers who have a bachelor's degree to provide the service, even if they do not have case management experience.

Targeted Case Management for Individuals in need of Long-Term Care – Tribal Communities

Improve access to cultural appropriate LTC TCM provided by Community Health Representatives (CHR) by amending the current Medicaid state plan to:

- Update provider qualifications and required training that allows for lived experience.

TARGETED CASE MANAGEMENT FOR INDIVIDUALS IN NEED OF LONG-TERM CARE SERVICES - IN TRIBAL COMMUNITIES

Targeted Case Management

- Adult and Aging Services is requesting to administratively claim for providing case management activities to individuals eligible for the Medicaid State Plan – Personal care in the community and basic care. This aligns with the way case management services are provided in other areas of HHS.
- Continued need for services to be delivered in a culturally appropriate and relevant manner to enrolled tribal members or individuals eligible for Tribal Community Health Representatives (CHR) services by qualified staff of federally recognized Indian Tribes or Indian Tribal Organizations.

Targeted Case Management for individuals in need of long-term care

- To receive this type of targeted case management the individual must;
 - Be an enrolled tribal member or individuals eligible for Tribal Community Health Representatives (CHR) services.
 - Be Medicaid Eligible;
 - Not currently be covered under any other targeted case management system;
 - Be considered, to have a need for Long-Term Care services;
 - Choose this type of targeted case management.

Targeted Case Management in Tribal Communities Rate

- Targeted Case Management is paid at the encounter rate when the provider is included in the Tribal Health Program.
 - Tribal health program «(THP)» – means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with IHS under the Indian Self-Determination and Education Assistance Act «(ISDEAA)» (25 U.S.C. 450 et seq.).
- Other providers are paid at the usual and customary Medicaid rate.

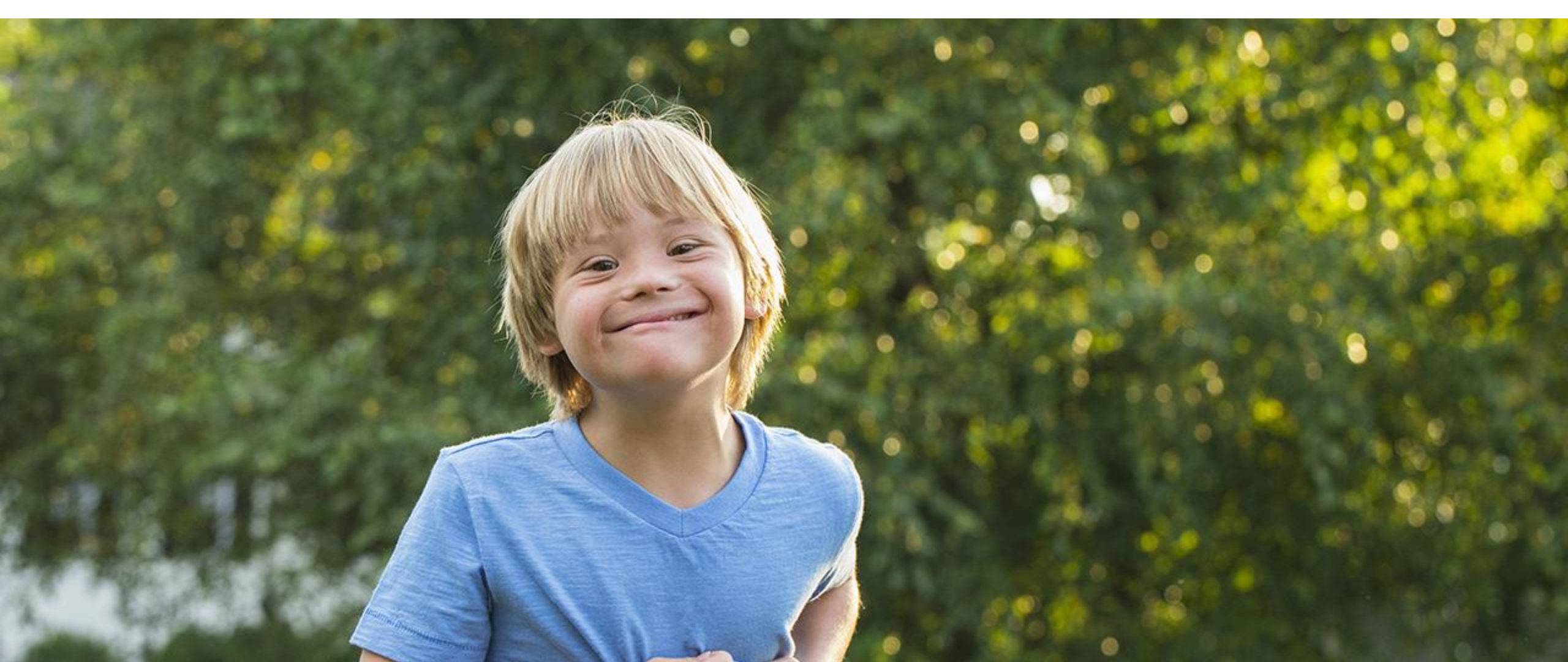
Qualifications of Staff Providing Long-Term Care Targeted Case Management in Tribal Communities

Education Requirements

- Qualified staff are defined as individuals who have successfully completed the following:
 - the Indian Health Service CHR certification training, **and**
 - the North Dakota State Aging Section Targeted Case Management Process training and annual update trainings, **and**
 - an approved curriculum focused on Native Elder Aging and Caregiving.

Supervision Requirements

- Targeted Case Management services must be under the supervision of a professional who has:
 - A minimum of an associate degree* preferably in a health or human services related field and at least one year of experience working with the target population, **or**
 - Is a licensed health professional.
 - Any professional supervising Targeted Case Management services must also complete the North Dakota State Aging Section Targeted Case Management Process training, **and** an approved curriculum focused on Native Elder Aging and Caregiving.
- Qualifying experience may be considered in lieu of an associate degree requirement.
 - Qualifying experience is defined as two years' experience coordinating or providing community services and supports.



1915(c) Traditional IID/DD HCBS Waiver Amendment

NORTH
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Be Legendary.

November 2024



1915(c) Traditional IID/DD HCBS Waiver

- The State intends to submit an amendment to CMS for changes starting April 1, 2025.
- Public comment period will be open **November 15, 2024, through 8am December 16, 2024.**
- The waiver amendment application with the proposed changes will be available to review on DHHS DD Section Website located here: <https://www.hhs.nd.gov/dd>.

Traditional IID/DD waiver proposed changes

- Added clarifying language that Environmental Modification consists of modifications made to a participant's primary home or vehicle
- Added clarifying language that small group can not be provided in a DD licensed facility.
- Separated Remote Monitoring from the Equipment and Supplies service to comply with 42 CFR 441.301(b)(4) at the request of Centers for Medicaid and Medicare Services (CMS).
 - The limits for Equipment & Supplies and Remote Monitoring will be combined.
- Updated Home and Community Based Settings ongoing monitoring section to allow for providers to have a choice in department approved accreditation organizations.
- Appendix E- Participant Direction of Services-Checked box in E-1 F
 - For participant directed services, waiver services may be directed by a legal representative of the participant or a non-legal representative freely chosen by an adult participant.

Policy Updates

MMAC Meeting
November 2024



Quarterly Policy Review vs Policy Updates

Quarterly Reviews

- Ensure consistent formatting, content, and clarity.
- Identify and fill any policy gaps
- Assure all information is up to date and accurate
- Posted on the [Provider Updates](#) page once policies are live

Quarterly Policy Review vs Policy Updates

Policy Updates

- Changes in coverage
- Updates to processes
- Changes due to SPA, changes in federal rules, legislative driven changes
 - Ex. Addition of LARC coverage in the immediate postpartum period, addition of coverage for SMBP

Improving Provider Communication

Provider/Public Comment process

- Provider Comment webpage
- Email notification
- Comment summary

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Provider Surveys

Surveys have been sent to dental and audiology providers, with a durable medical equipment provider survey being prepared.

Surveys are sent to providers who are enrolled with NDMA and providers who are not enrolled as well.

What is done with the results?



Results are compiled by our Clinical Services Analyst.



Results are then disseminated to leadership for review and trends in responses are looked at for potential policy changes that could have a positive impact for members and providers.

What has been done so far?

- So far, based on the results of the audiology survey, policy changes were made to enhance coverage for all NDMA members and the submission process for coverage of hearing aids was streamlined for ease of provider use.



What has been done so far?

- The results of the dental survey were compiled, and providers were invited to participate in an ad hoc committee meeting.
- Policies are being reviewed to see where coverage and policies can be enhanced to better serve our members and providers.





North Dakota's Health Tracks Benefit

Nov. 19, 2024

Medicaid Medical Advisory Committee

NORTH
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Early, Periodic, Screening, Diagnostic and Treatment benefit (EPSDT)

On September 26 CMS issues a State Health Official Letter on EPSDT Best Practices.

Here are the three areas of focus:

- Promoting Awareness and Accessibility
- Expanding and Using the Children-Focused Workforce
- Improving Care for Children with Specialized Needs

Promoting Awareness and Accessibility

Recommended Best Practices utilized in ND:

- Write materials in easy-to-understand language
- Offer a beneficiary services contact line
- Maintain practice-level dashboards
- Create EPSDT web-based Provider information
- Prioritize EPSDT-specific expertise

Expanding and
Using the
Children-
Focused
Workforce

Recommended Best Practices utilized in ND:

- Incorporate oral health into children's primary care visits
- Attract providers to the Medicaid program using differential rates

Improving Care for Children with Specialized Needs

- Recommended Best Practices utilized in ND:
- Using a combination of strategies to meet children's needs
- Attract providers to the Medicaid program using differential rates



◀ Open to learn more

Give your child the gift of wellness!

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600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250

Return Service Requested

HAPPY BIRTHDAY!!

Give your child the gift of wellness!

Open to learn more ▶



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Celebrate your child's birthday by scheduling their ND Medicaid Health Tracks well-child check – free for most families – with your doctor or other trusted health care provider.

WHY?

These preventive visits make sure your child is healthy and growing well. You can also get them caught up on routine immunizations and ask questions about their health.

What to expect at your child's visit:

- Complete physical exam
- Dental check
- Vision and hearing tests
- Developmental and social/emotional tests
- Health screenings and more



NEXT STEPS

Don't wait! Call your provider today to schedule your child's well-child check.

After you make your appointment, fill this out and save it as a reminder!

Date:

Time:

Location:



Scan with your phone's camera for tips on how to keep your child healthy and safe all year long or visit HHS.ND.GOV/HAPPY-BIRTHDAY

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Home / ND Medicaid Health Tracks Welcomes You

ND Medicaid Health Tracks Welcomes You

HAPPY BIRTHDAY!!

Give your child the gift of wellness!

Learn More 



Your child's special day is here. It's the perfect time to plan for their annual ND Medicaid well-child check.

These preventive visits are **free for most families**. They make sure your child is healthy, growing well and on the right track to complete wellness.

You can also ask questions about your child's health, discuss concerns and even get them caught up on routine immunizations.

What to expect during a well-child check

- Physical exam
- Dental check
- Vision and hearing tests
- Growth and development checks
- Behavioral health screenings



Use your child's birthday as a reminder to schedule their annual ND Medicaid Health Tracks well-child check.

2024 Projects:



Updated TPL policy and Provided education



Creation of HT card for providers



Dental Thank you card



Fluoride varnish pilot project



Member outreach events



Potential Recommendations:



A review of Health Tracks website and toolkits



Provider team work to promote the use of telehealth services



Looking at dental access



Texting

Questions?





Institutions for Mental Disease (IMDs) in North Dakota

Medicaid Medical Advisory Committee | November 19, 2024



Health & Human Services

Agenda

- Institutions for Mental Disease in North Dakota & Medicaid
- ND HHS Payment for Inpatient & Residential Behavioral Health Services
- Gaps in Behavioral Health Service Delivery in North Dakota
- Next Steps and Future Considerations



Institutions for Mental Disease (IMD) in North Dakota & Medicaid

What is an Institution for Mental Disease (IMD)?

Federal regulation defines IMDs in §1905(i) of the Social Security Act and 42 CFR 435.1009.

- Institutions for mental diseases (IMDs) are defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.
 - Mental diseases include both mental health and substance use disorder conditions.

SUD Service Delivery

Shaded = IMD if 17+ Beds

Inpatient Hospital

Inpatient Hospital
IMD: Prairie St. John's, ND State Hospital

**Level 3:
Residential/Inpatient**

3.1 Low-Intensity Residential

3.2D Social Detoxification

3.5 High-Intensity Residential

3.7 Intensive Inpatient

IMD: Sharehouse, Prairie Recovery Center

IMD: ND State Hospital

**Level 2:
Intensive Outpatient**

2.1 Intensive Outpatient

2.5 Partial Hospitalization/Day Treatment

**Level 1:
Outpatient**

Outpatient Services

**Level 0:
Early Intervention**

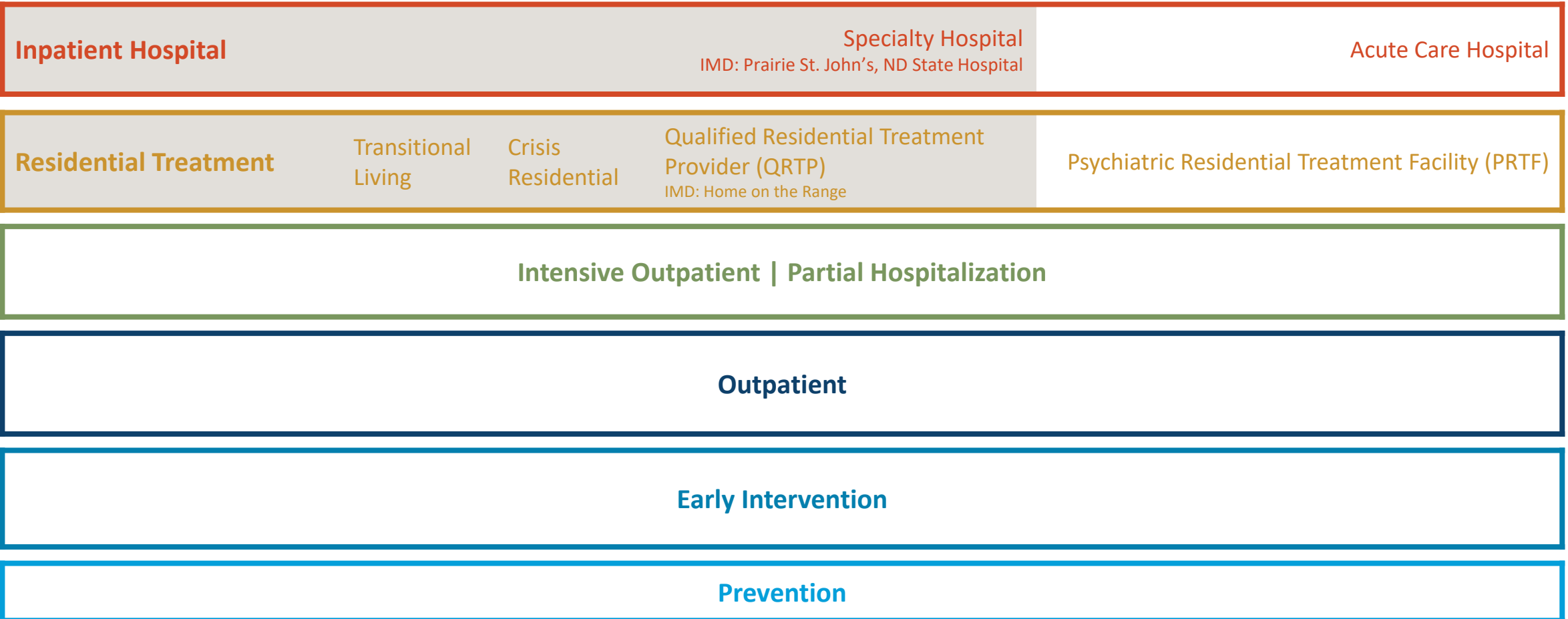
Early Intervention

Prevention

1915(i) Support Services

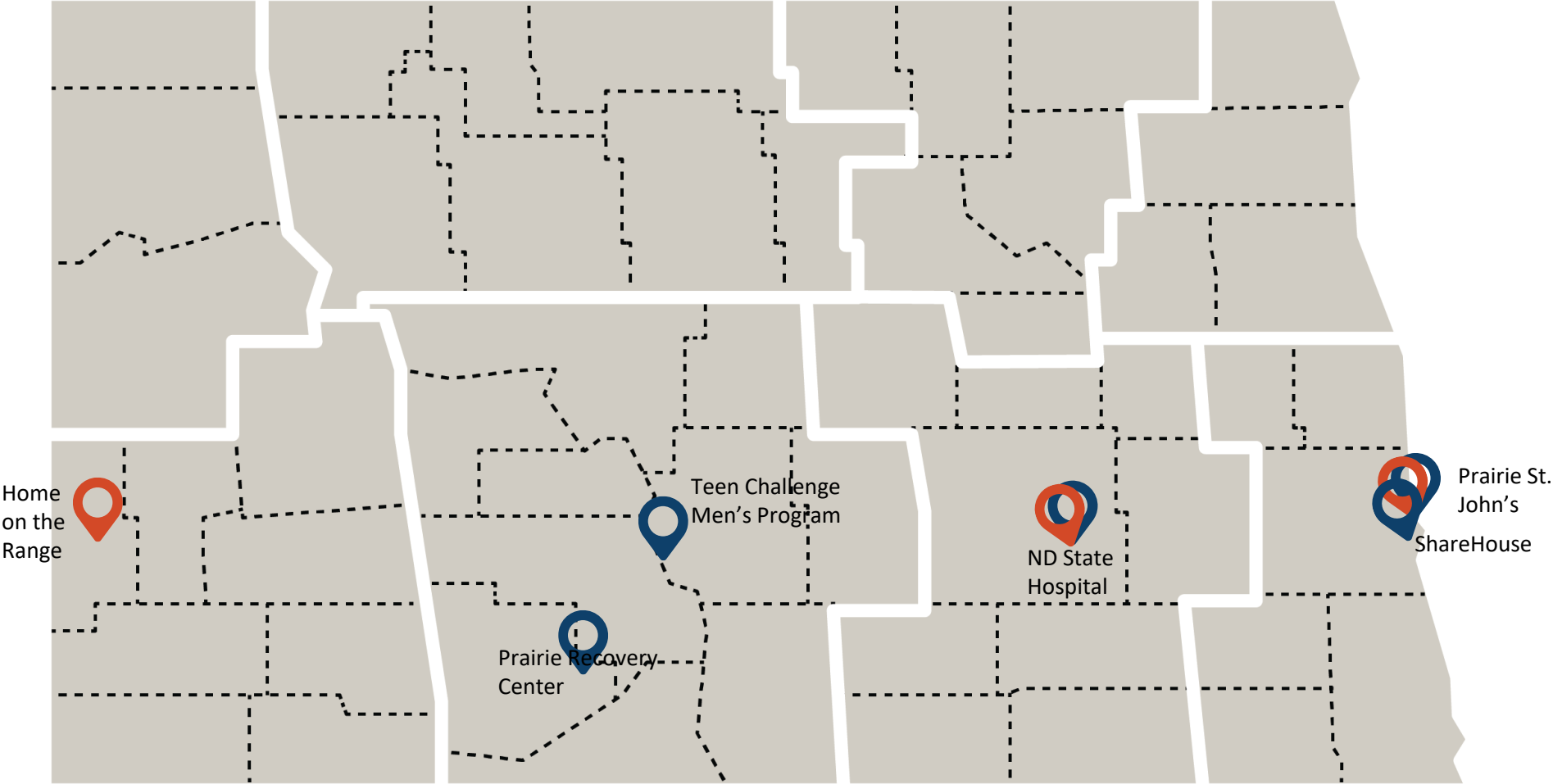
Mental Health Service Delivery

Shaded = IMD if 17+ Beds




1915(i) Support Services

North Dakota's IMDs



-  ND State Hospital
-  Prairie St. John's
-  ShareHouse
-  Prairie Recovery Center
-  Teen Challenge Men's Program
-  Home on the Range

 Mental Health IMD

 Substance Use Disorder IMD

What is the IMD exclusion in Medicaid?

- The IMD exclusion is in §1905(a) of the Social Security Act in paragraph (B).
- Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.
 - No Medicaid payment can be made for services provided either in or outside the facility for IMD patients in this age group.

What are the responsibilities of the state Medicaid agency regarding IMDs?

State Medicaid agencies are responsible for designating IMDs based on guidance provided by the Centers for Medicare and Medicaid Services (CMS) in its State Medicaid Manual and ensuring appropriate payment in IMD settings.

ND Medicaid has a published [policy](#) to identify IMD settings:

- Step 1: Determine Whether a Facility is an IMD
- Step 2: Evaluate Agencies with Multiple Facility Locations
- Step 3: Periodic Information Gathering from Facilities that Provide Services to Individuals with Mental Diseases

ND Medicaid is also responsible for ensuring appropriate payments for individuals in an IMD.

- Fee for Service: Cannot pay for other FFS services for individuals in an IMD. Must suspend Medicaid eligibility while in an IMD.
- Managed Care: Cannot pay the capitation payment for individuals in an IMD. Must suspend Medicaid eligibility while in an IMD.

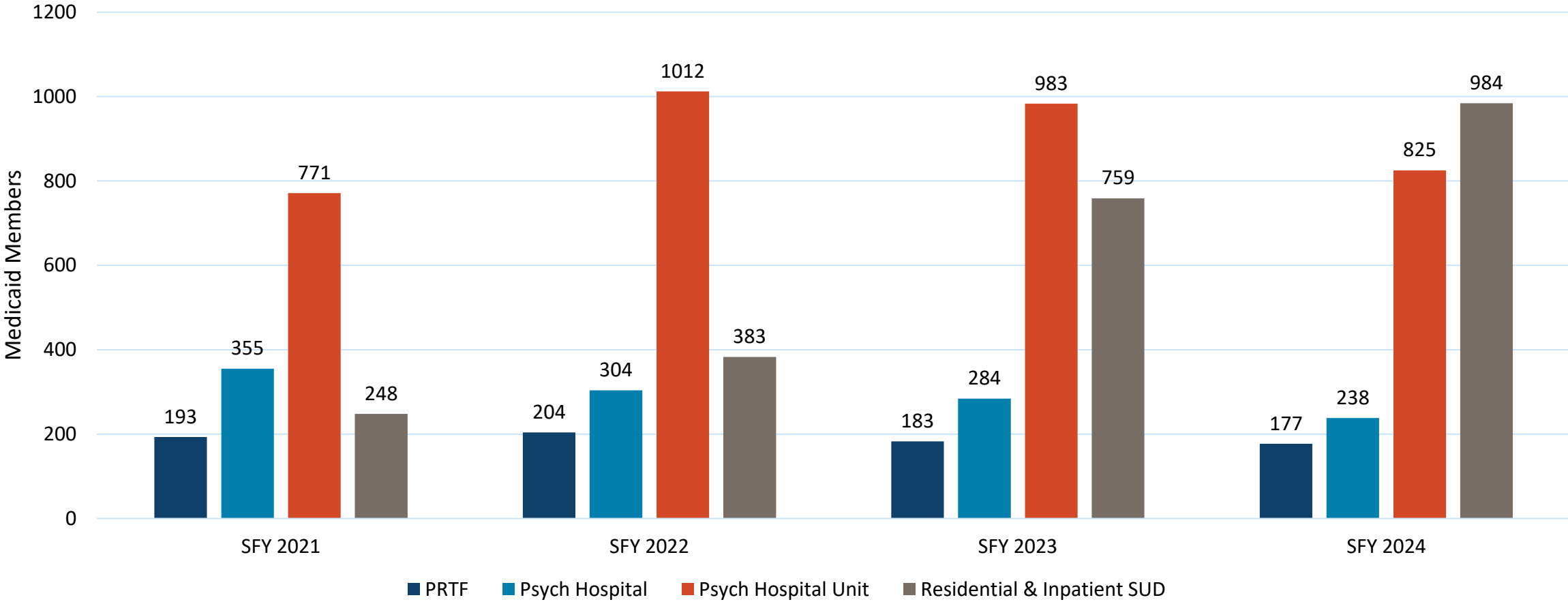
ND HHS Payment for Inpatient & Residential Behavioral Health Services

How does North Dakota HHS pay for Inpatient & Residential Behavioral Health Services today?

North Dakota pays for SUD and Mental Health inpatient & residential services through a variety of funding mechanisms.

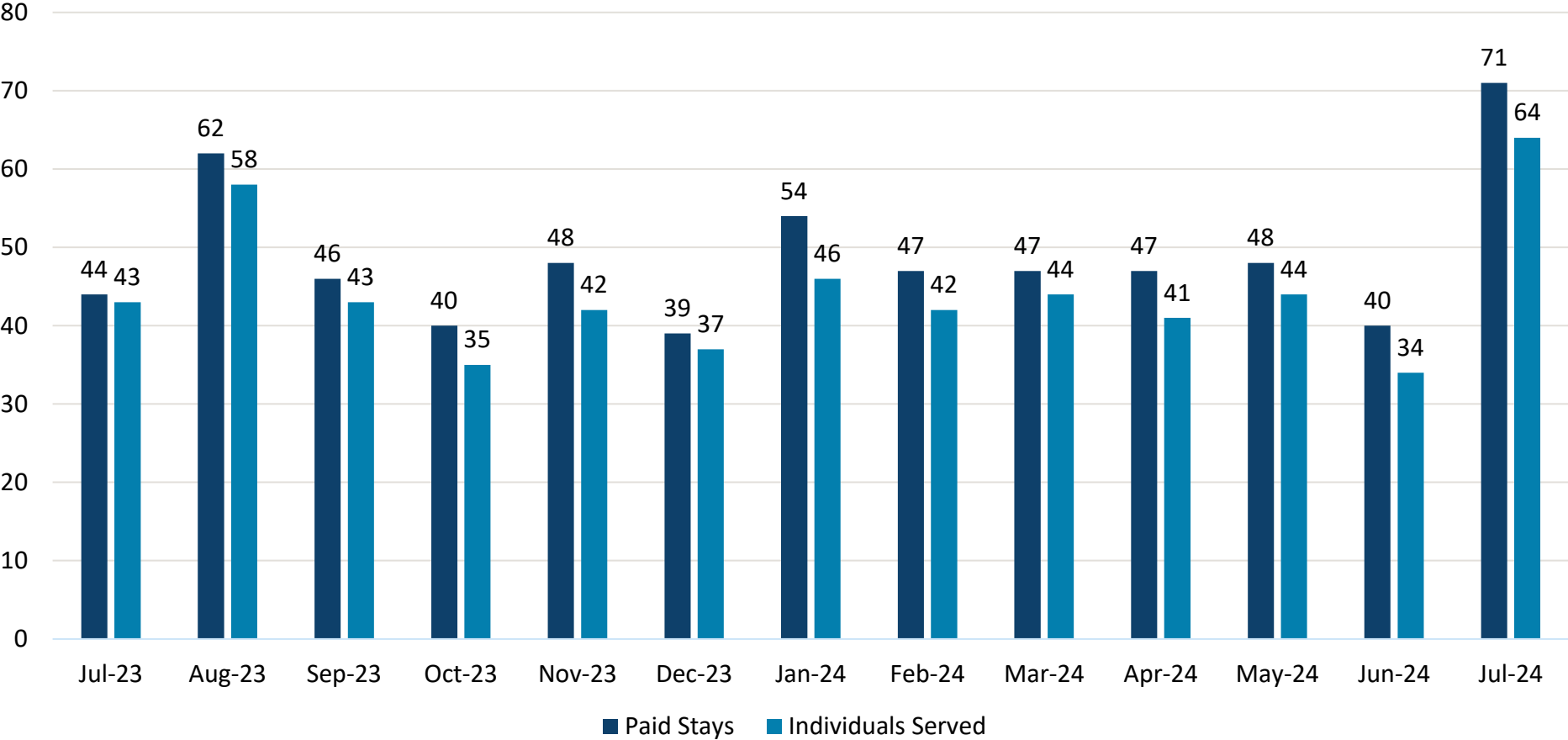
- Medicaid
 - Non-IMD Settings
- SUD Voucher
 - IMD Settings
 - Non-IMD Settings & Care for people without a pay source
- Contract Payments
 - Inpatient Mental Health IMD Services (Prairie St. John's)
- Direct Service Delivery
 - ND State Hospital

Medicaid Inpatient & Residential Behavioral Health Utilization



Contract Funded: Prairie St. John's

Inpatient Stays: July 2023 – July 2024

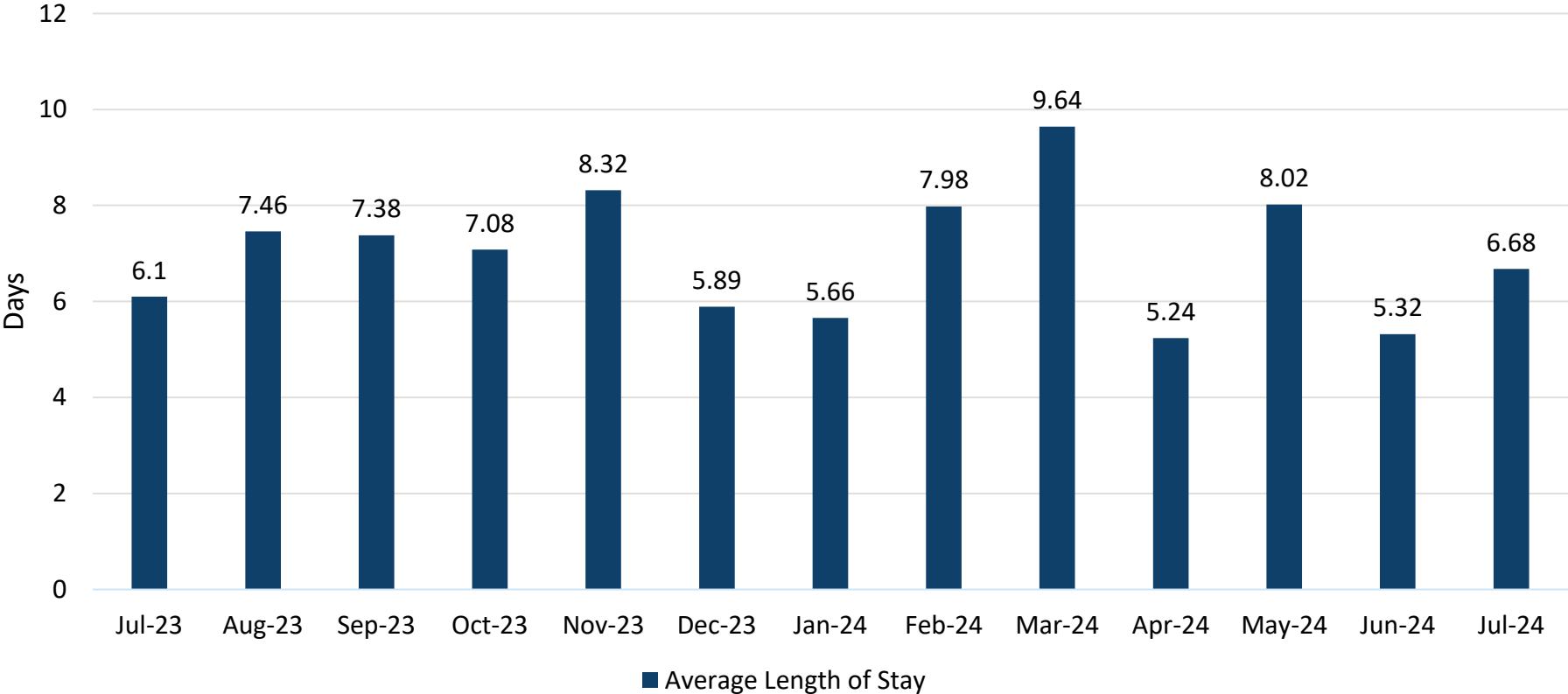


ND HHS and PSJ have a contract to pay for inpatient services for adult Medicaid or Medicaid eligible adults.

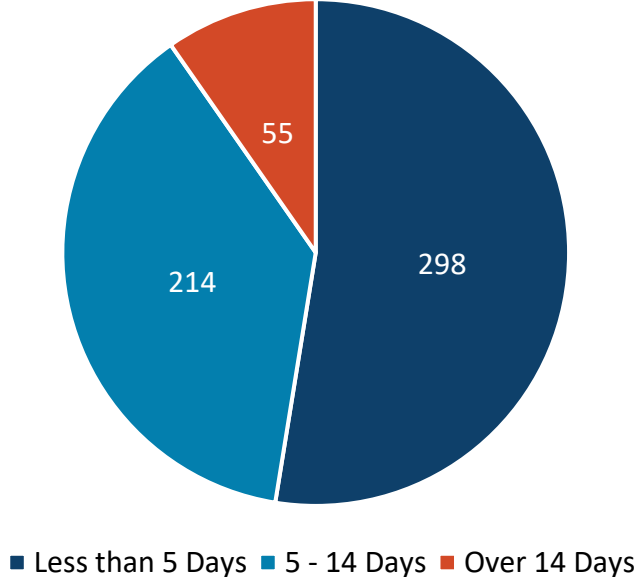
- Payment is a per diem for up to 14 days. Current rate for July 2024 – July 2025 is \$583.50.
- Total contract amount for biennium is over \$4.4 million.
- ND HHS has not declined payment for any patient submitted for payment through the contract.

Contract Funded: Prairie St. John's

Inpatient Stays: July 2023 – July 2024



Count of Length of Stay
July 2023 – July 2024



Note: Payment is capped at 14 days unless an individual is approved to discharge to the State Hospital.

Substance Use Disorder (SUD) Voucher

Provides reimbursement for substance use disorder treatment where other third-party reimbursement is not available.

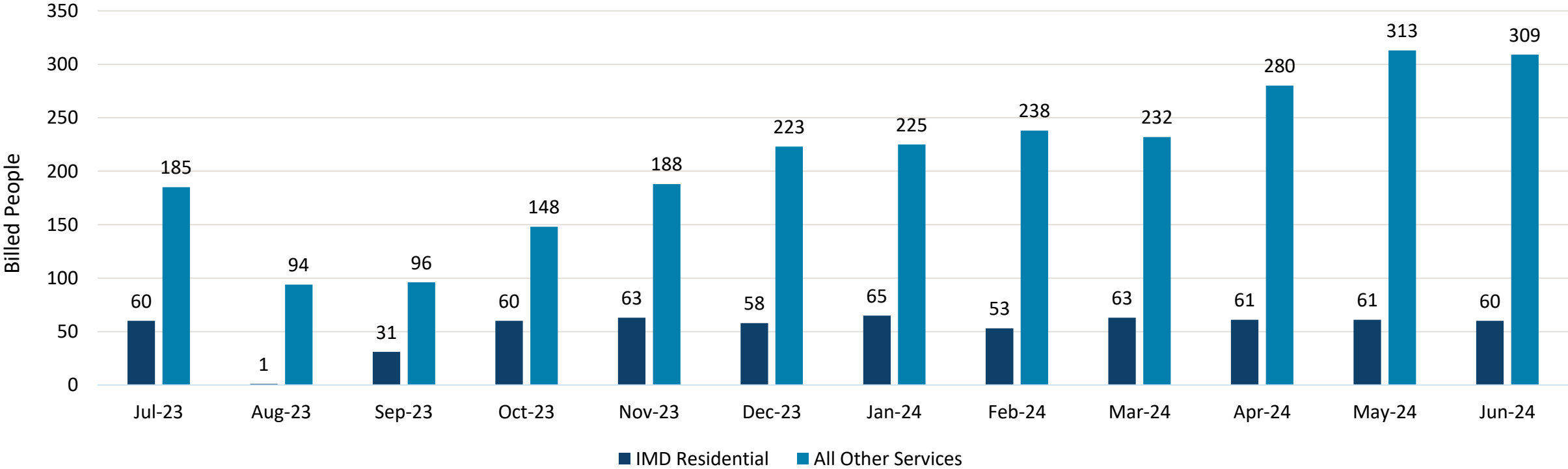
- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in July 2016
- Total Budget for 2023-2025 Biennium: \$18,147,874
 - Note: No more than 45% of appropriated amount may be allocated to IMDs
- Uses Medicaid rates for payment to providers

Approximately 8,500 individuals approved through the SUD Voucher since inception.

Forty (40) providers are providing voucher services covering all 8 regions.

SUD Voucher

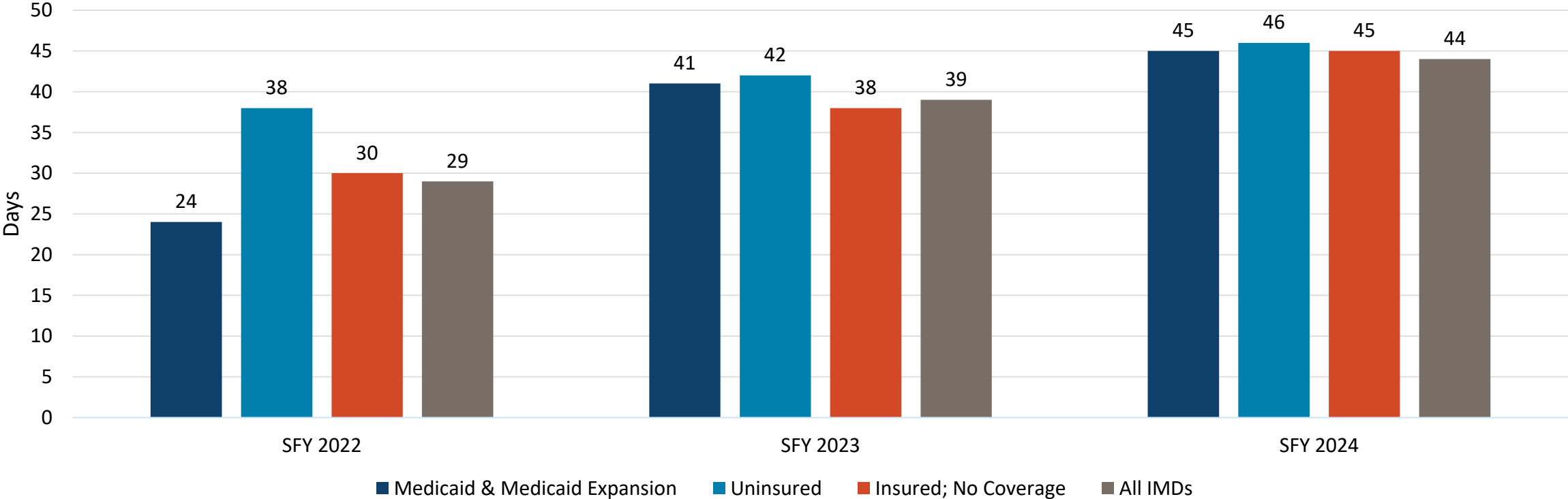
Number of Billed People Per Month: IMD Residential vs. All Other Services:
July 2023 – July 2024

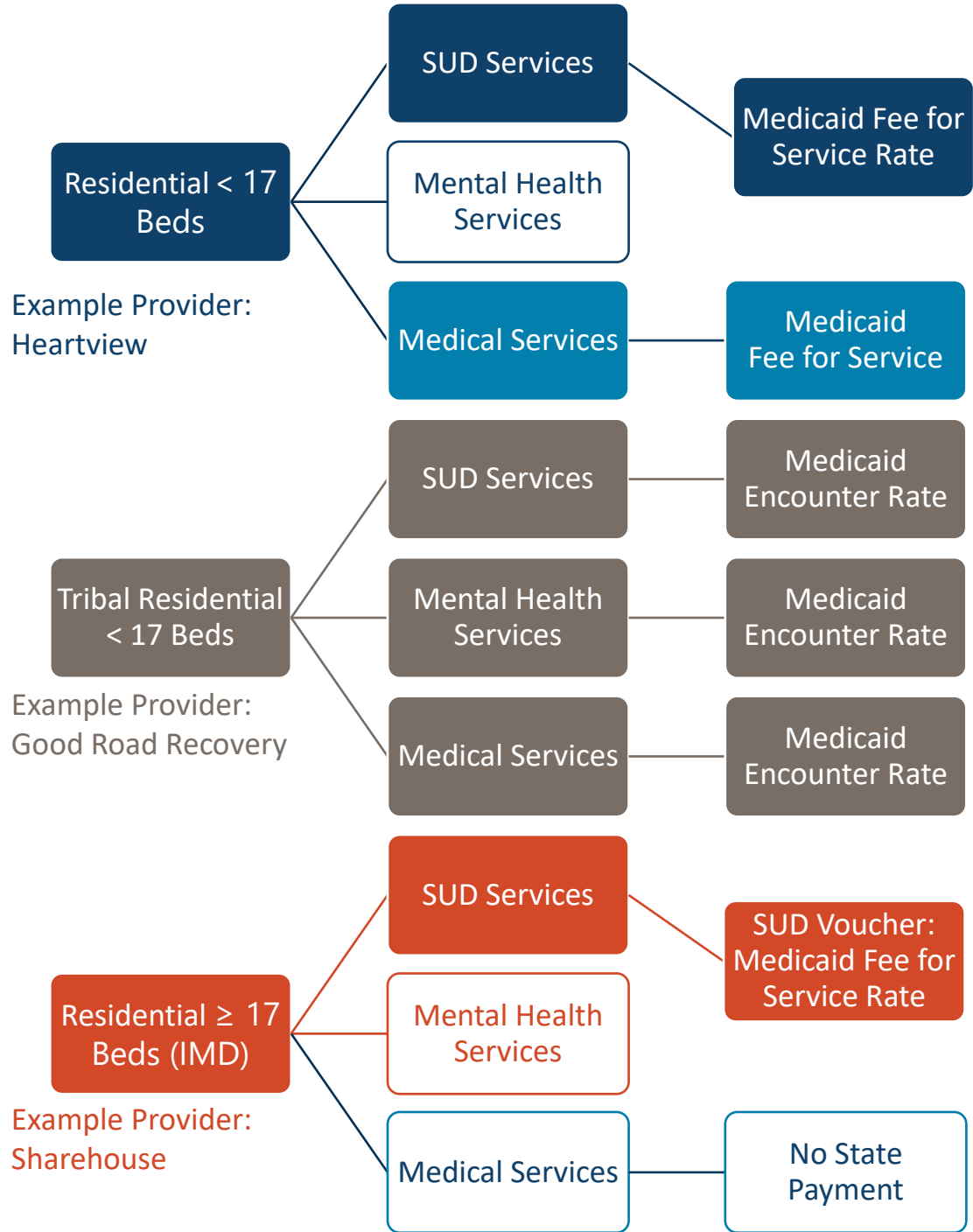


Note: NDCC 50-06-42 limits IMD expenditures to 45% of total funding for SUD Voucher.

SUD Voucher

SUD Voucher IMD Average Length of Stay by Coverage Need
SFY 2022 – SFY 2024





Example Payment: Level 3.5 Per Day
\$612.46

\$719
\$719
\$719

— \$2,157

\$612.46

Current Payment for SUD Residential Settings in North Dakota for Medicaid Members

Note: Payments are for services only and exclude room & board.

IMD Payment Options in Medicaid

Federal policy has not changed the IMD exclusion, but several options allow states to cover limited IMD services:

- “In-lieu-of” Payments
- SUD IMD State Plan Option
- Section 1115 Waivers

“In Lieu of” Payments

- Managed Care plans may provide “in lieu of” services as part of their contracts. An “in lieu of” service is a service that is not included under the state plan, but is a clinically appropriate, cost-effective substitution for a similar, covered service.
- The 2016 Managed Care Final Rule issued guidance for states regarding to allow short term IMD stays as an “in lieu of” service. This allows states to continue to pay the capitation to a Managed Care Plan during the partial month an individual is in an IMD.
- To be eligible for capitation payment:
 - The Medicaid member must elect IMD services as an alternative to other covered services;
 - The IMD must be a hospital providing psychiatric or substance use disorder (SUD) inpatient care or a sub-acute facility providing psychiatric or SUD crisis residential services; and
 - The stay in the IMD is for **no more than 15 days**.

SUD IMD State Plan Option

Allows states to cover **up to 30 IMD days** during a 12-month period for a Medicaid member with at least one SUD in an eligible IMD.

- **Provider Requirements:** Eligible IMDs must (1) follow evidence-based practices and (2) offer at least 2 forms of Medication Assisted Treatment (MAT).
- **Continuum of Care Requirements:** States must prove to CMS that the full continuum of care and transitional services are available to Medicaid members in their state.
- **Maintenance of Effort:** To elect this option, states must maintain the annual level of state expenditures for items and services furnished to Medicaid enrollees aged 21 through 64 with at least one SUD in (1) eligible IMDs and (2) outpatient and community-based settings.

Section 1115 Waiver

- IMD waivers are available for both SMI/SED and SUD focused IMDs.
 - Note: States can apply for one option, separately for each option, or submit a dual waiver option for SMI/SED & SUD.
- Allows coverage for short-term IMD stays. States must maintain **an average length of stay of 30 days**.
- Continuum of Service Requirements for each type of waiver.
- Budget Neutrality Requirement
- Outpatient Maintenance of Effort Requirements for Dual SMI/SED & SUD IMD Option
- Specific Goals and Milestones for each waiver requiring states requiring additional state oversight, reporting, and policy development.

What problems are IMD waivers trying to solve?

CMS Goals

1. Increased rates of identification, initiation, and engagement in treatment;
2. Increased adherence to and retention in treatment;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and
6. Improved access to care for physical health conditions among beneficiaries

CMS Milestones

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Do 1115 IMD Waivers Work?

SUD IMD 1115 Monitoring Data Analysis

Goal/Milestone	CMS Analysis
Goal #2: Increased adherence to and retention in treatment.	Demonstrations were associated with a 17.1 percent increase in the number of beneficiaries using any SUD treatment but were not associated with shifts in the share of treatment users receiving specific types of treatment.
Goal #3: Reductions in overdose deaths	Rate of overdose deaths significantly increased in 8 of 10 reporting states.
Goal #4: Reduced utilization of EDs and inpatient hospital settings	Implementation was not associated with a significant change in ED visits or inpatient stays.
Goal #6: Improved access to care for physical health conditions	Rate of ambulatory or preventive care use significantly declined in 11 of 14 states.
Milestone #4: Sufficient provider capacity at critical levels of care	SUD providers per 10,000 Medicaid beneficiaries (1) increased significantly in 3 states, (2) decreased significantly in 9, and (3) did not change significantly in 7.

Gaps in Behavioral Health Service Delivery in North Dakota

Current Gaps in Payment & Service Delivery

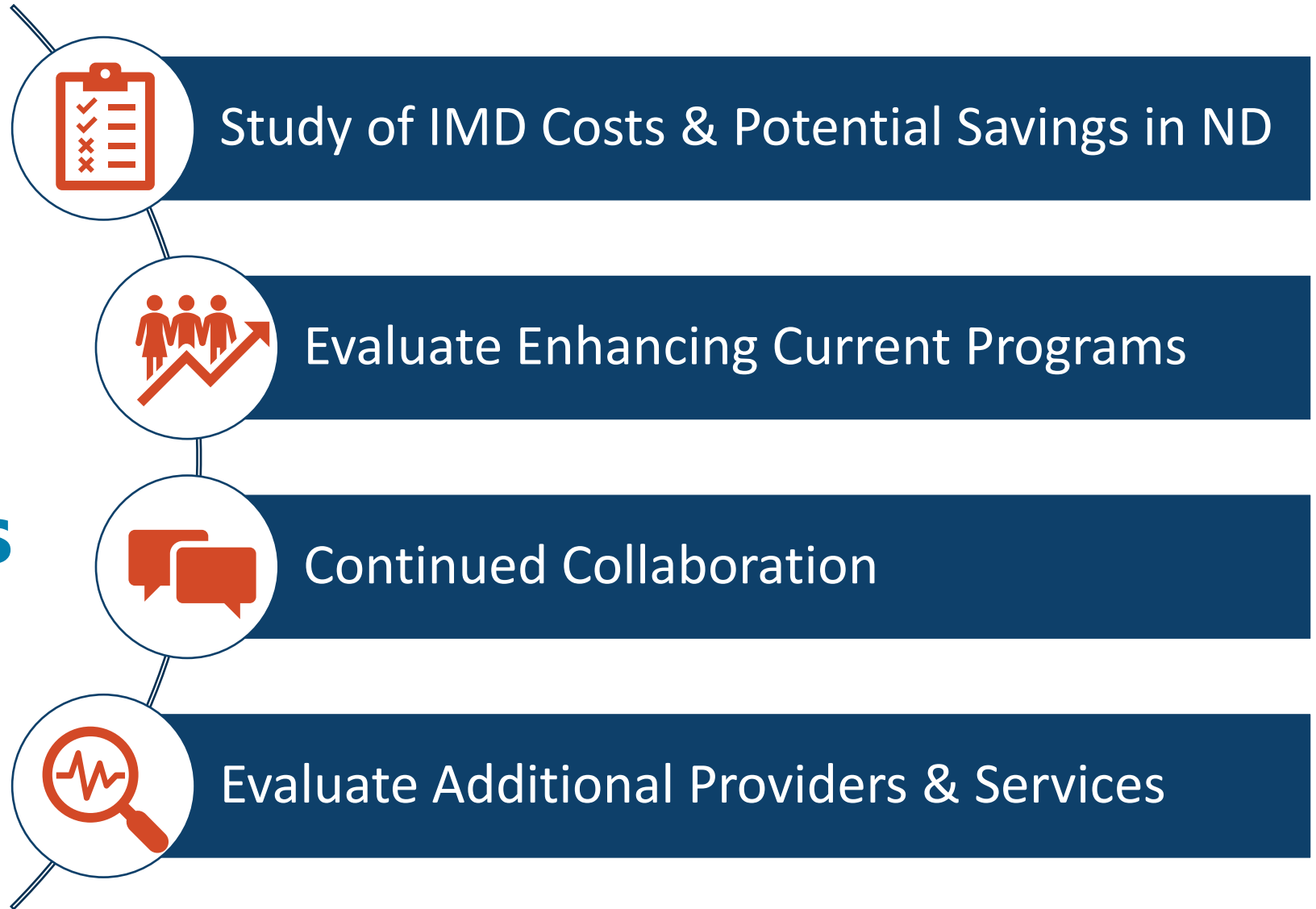
- Funding
 - Co-occurring Mental Health Diagnosis in SUD Residential Settings
 - Medical Payments in IMD Settings
 - Unfunded IMD Hospital Days
- Continuum of Care
 - Prevention
 - Outpatient Initial Service Entry
 - On-Going Recovery Supports
 - Outpatient Services
 - Supported Housing
- Special Populations

Options for Closing Service Delivery & Payment Gaps

- Close Gaps in Current Funding Streams
 - Create Physical Health Funding Stream for SUD Voucher Settings
 - Ensure Mental Health Delivery & Payment in SUD Residential Settings
 - Evaluate “In Lieu of” Services Option
 - Evaluate State Plan SUD IMD Option
 - Evaluate 1115 SUD or SED/SMI & SUD Dual Diagnosis Option
- Incentivize Provider Outpatient Service Capacity & Delivery
- Invest in Supported Housing Infrastructure
- Develop Care Coordination Model to Connect Individuals to Care

Next Steps and Future Considerations

Next Steps & Future Considerations



Contact Information

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