



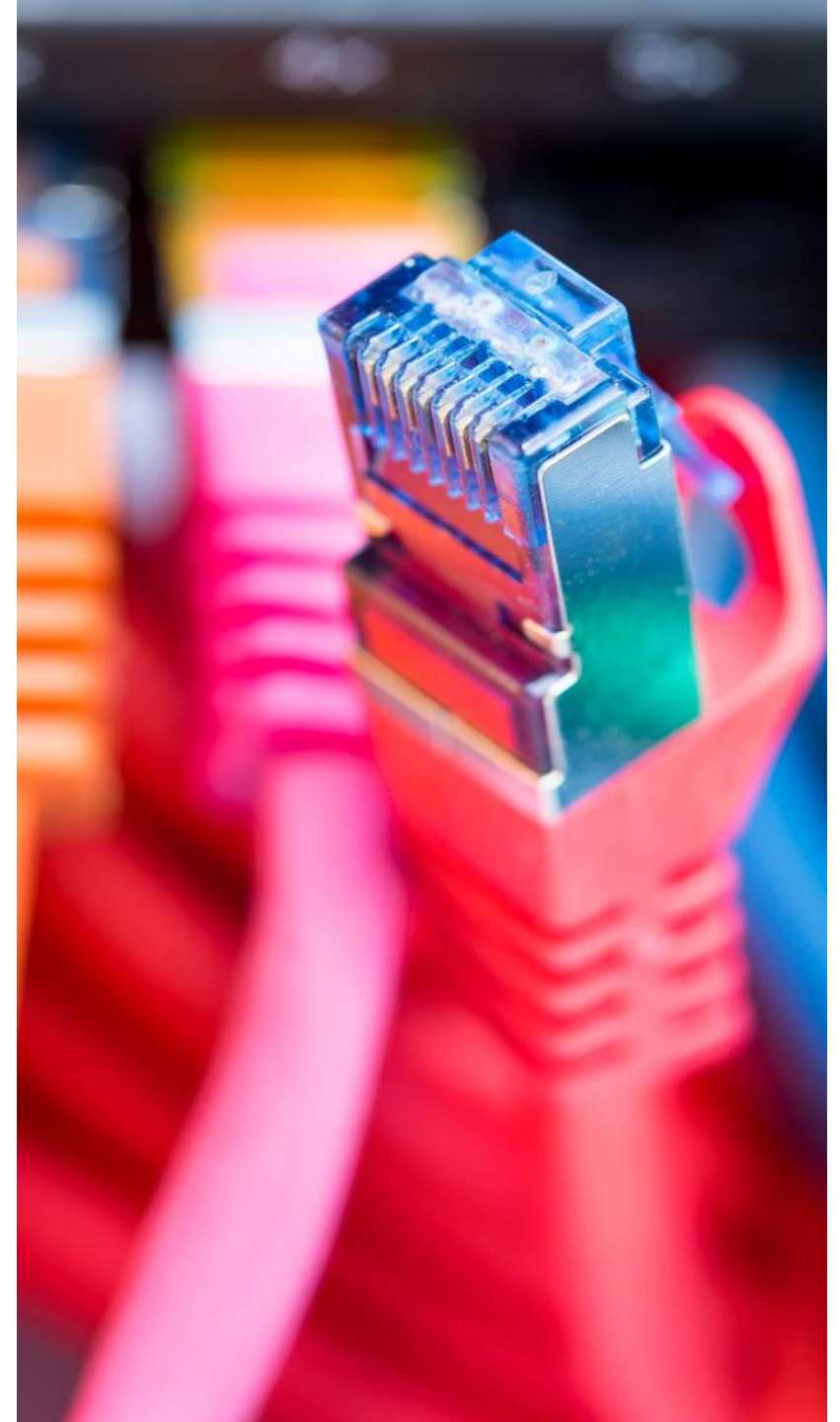
# Territory Beneficiary Query (TBQ)

This document is archived and is maintained for historical, research or recordkeeping purposes only.

# 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

# Youth in Correctional Settings and Medicaid Coverage

Medicaid Medical  
Advisory Committee

Feb. 18, 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.***

\*All children covered by Medicaid through age 20 are included in the target group.

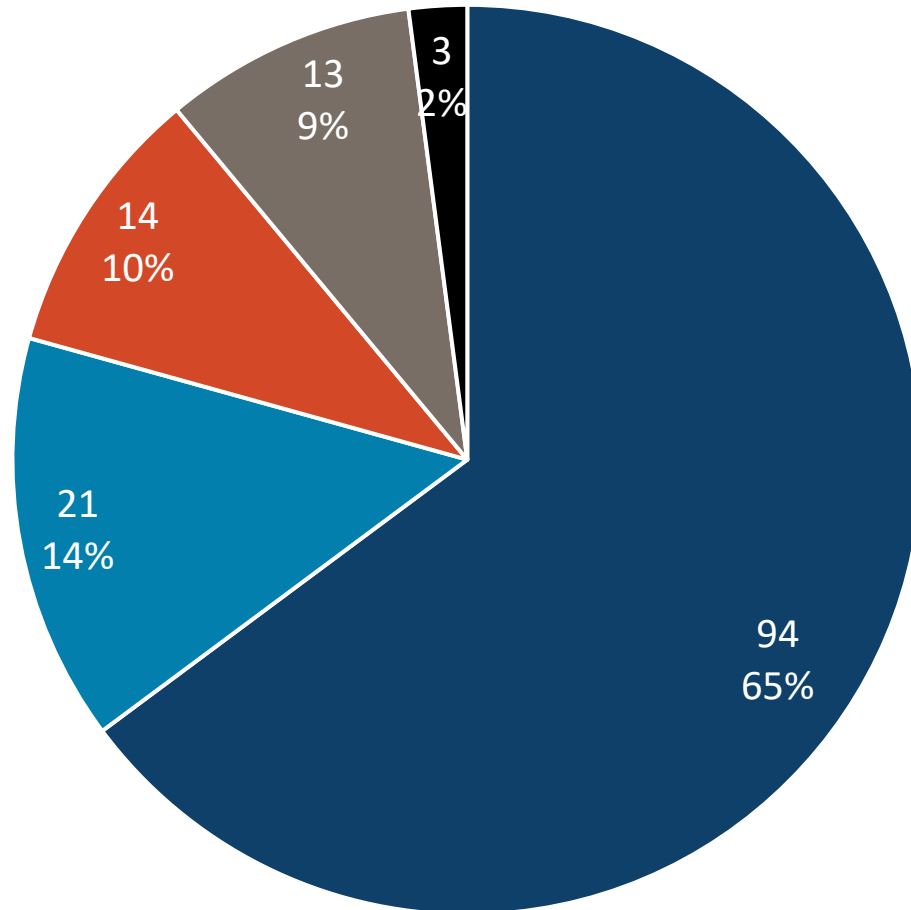
# CMS Requirements for States

*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.

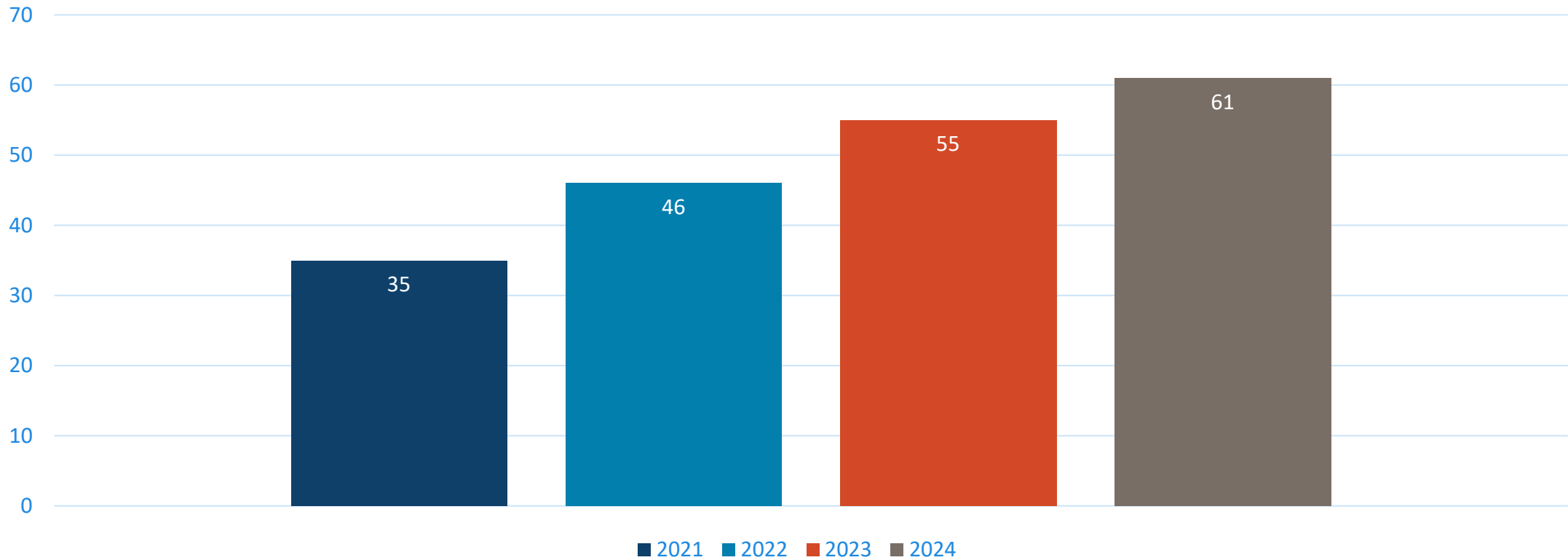
States must create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

# Target Group Estimates in ND DOCR Facilities – Adults Ages 18-25\*



- State Penitentiary
- James River Correctional Center
- Missouri River Correctional Center
- Dakota Women's Correctional Center
- Heart River Correctional Center

# Youth Correctional Center Admissions\*

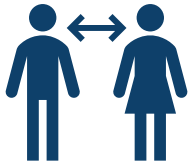


\*Number of admissions, not number of individuals. Individuals may be placed more than once.

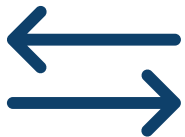
# Moving Forward



Ensuring target group has access to a community-based case manager



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

# ND Medicaid Legislative Update

Medicaid Medical Advisory Committee

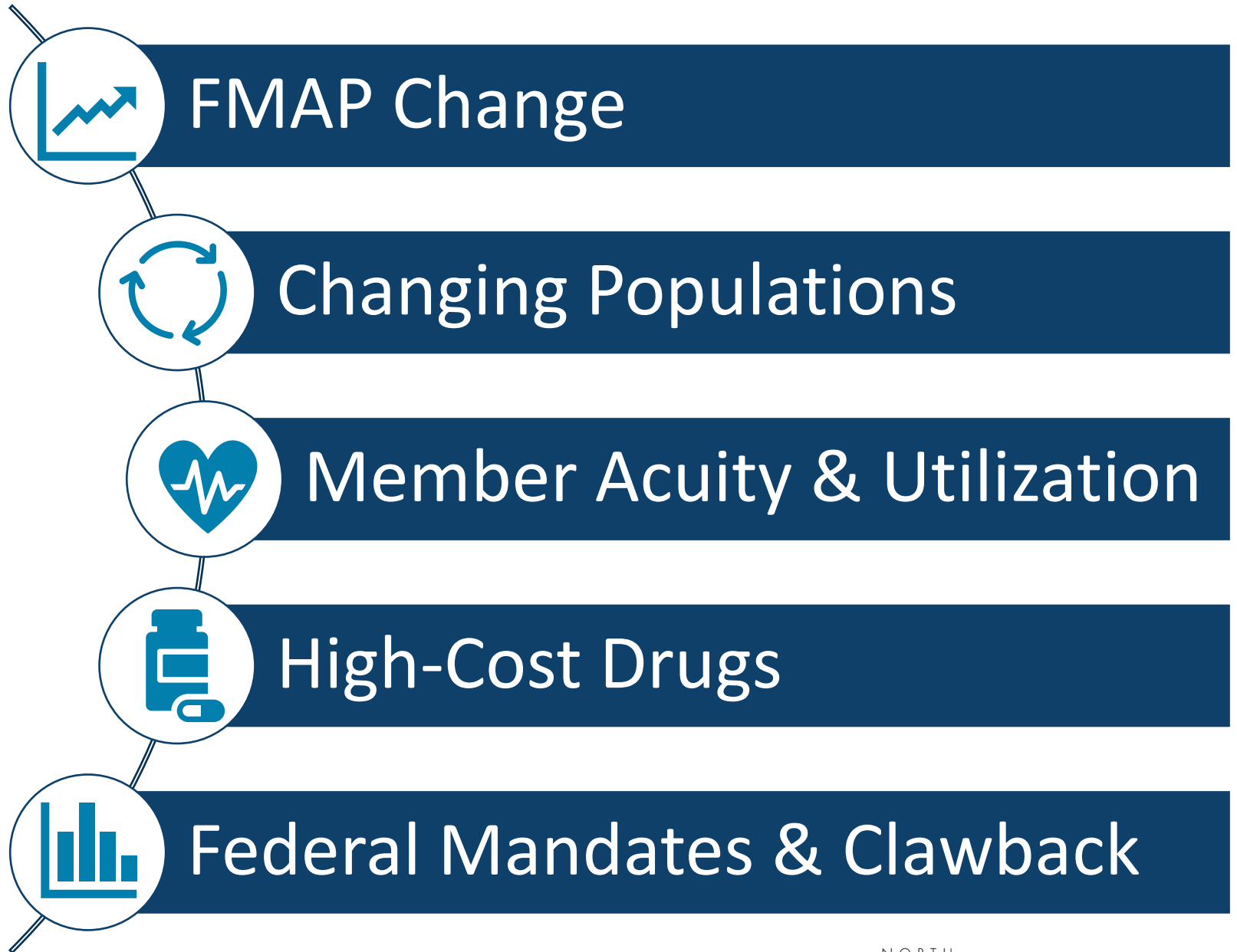
February 18, 2025

# Goals for the Next Biennium

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



# Key Budget Drivers



# 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.

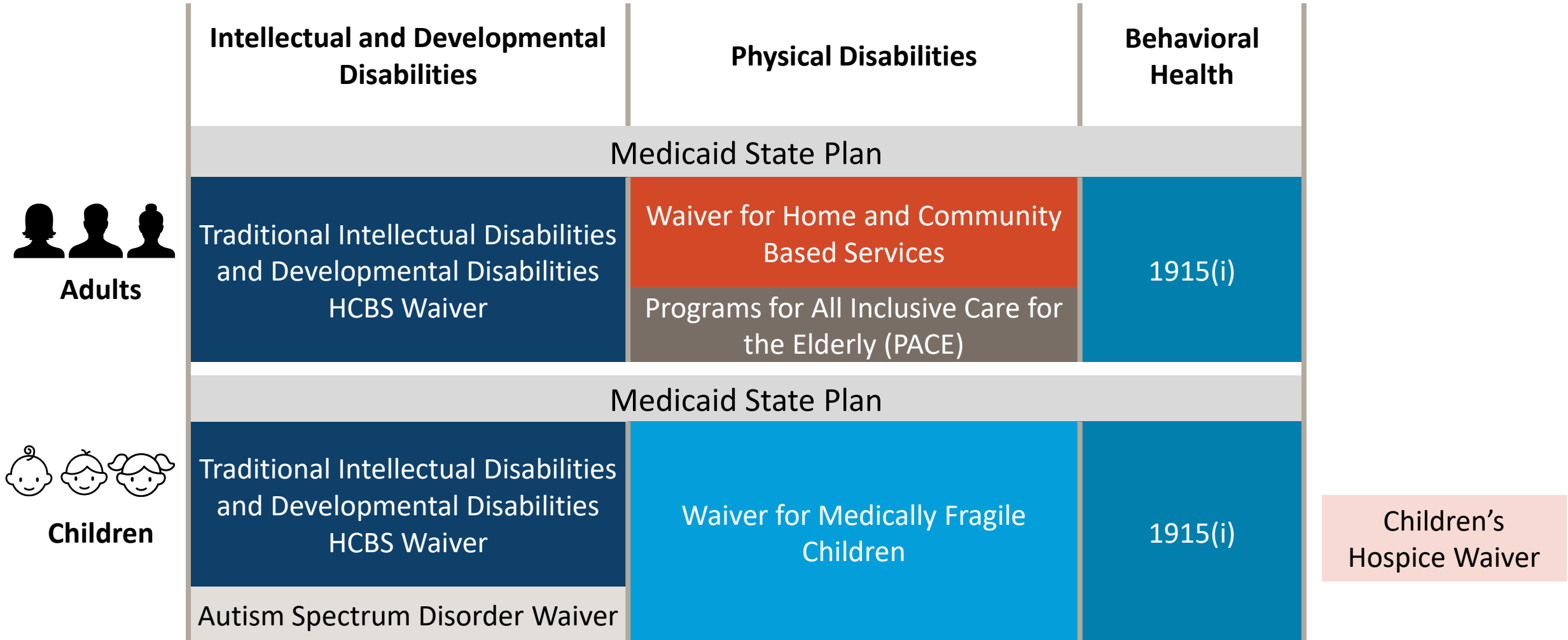
### Exploration of New Provider Groups

- 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



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

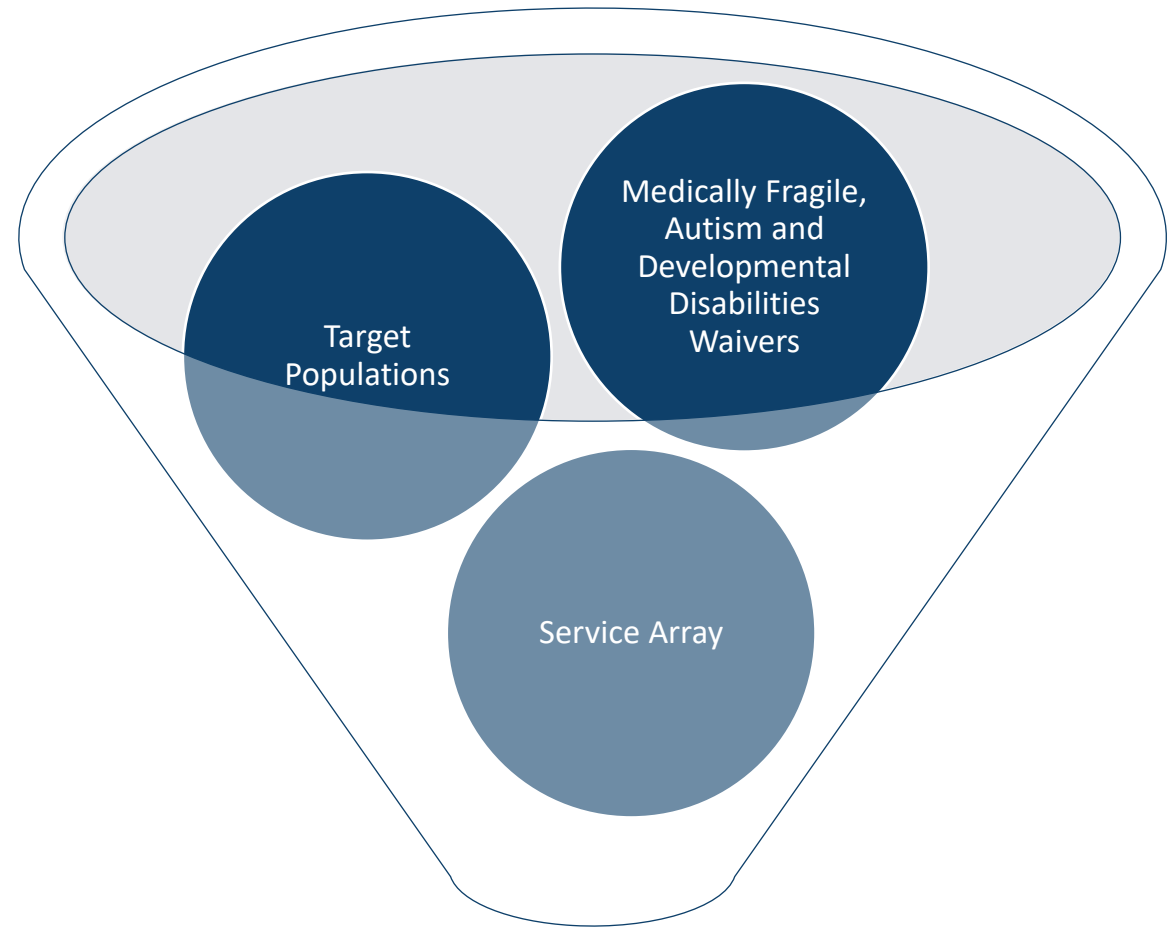
[SB 2276](#): Established Cross Disability Advisory Council

[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>	\$4,379,540
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

### Related Bills:

House Bill 1322 | Relating to Ambulance Service Provider Reimbursement

*Note: HB 1322 does not apply to Medicaid.*

# 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 17, 2025

Introduced	Failed	Passed First Chamber
HB 1012	HB 1433	HB 1070
HB 1067	HB 1451	HB 1109
HB 1252	HB 1461	HB 1154
HB 1322	HB 1550	HB 1464
HB 1454	SB 2316	HB 1543
HB 1485	SB 2318	SB 2076
HB 1547		SB 2081
HB 1567		SB 2113
HB 1619		SB 2138
SB 2096		SB 2140
SB 2231		SB 2190
SB 2271		
SB 2280		
SB 2305		
SB 2399		



# Institutions for Mental Disease (IMDs) in North Dakota

Medicaid Medical Advisory Committee | February 18<sup>th</sup>, 2025



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**

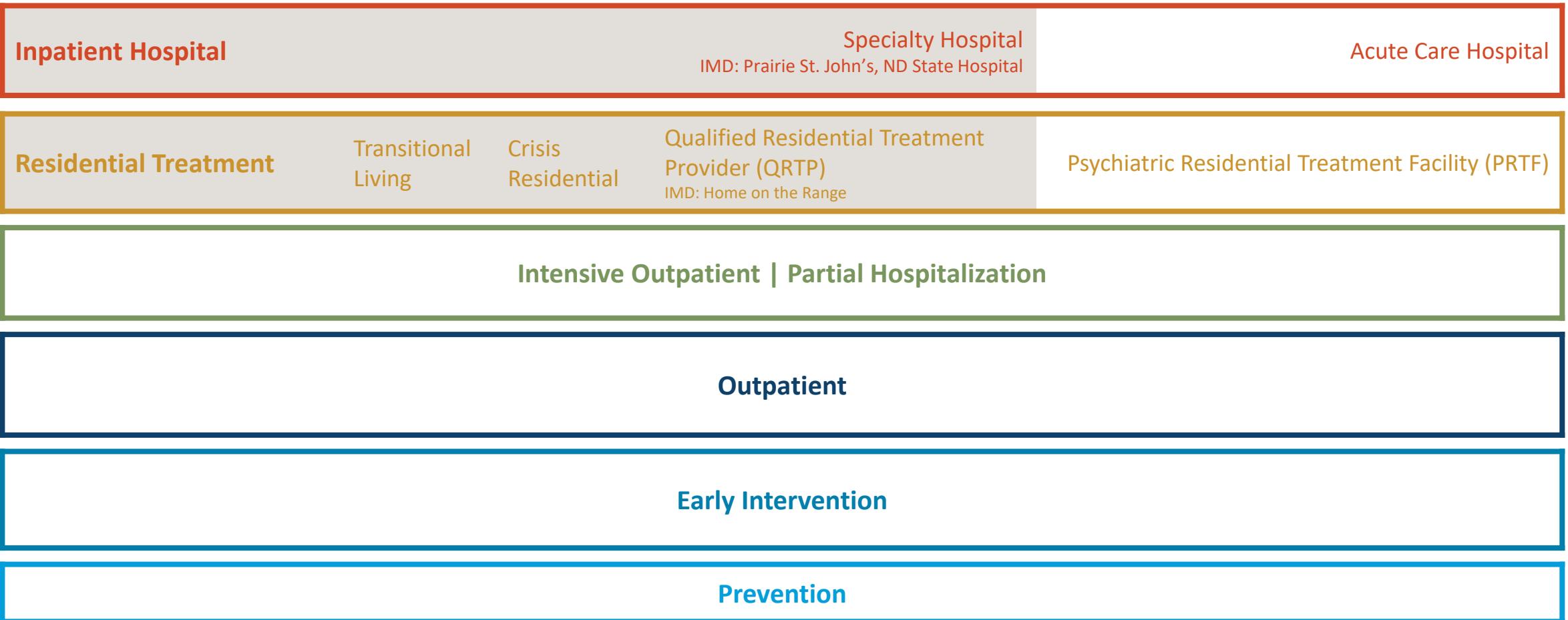
Early Intervention

**Prevention**

1915(i) Support Services

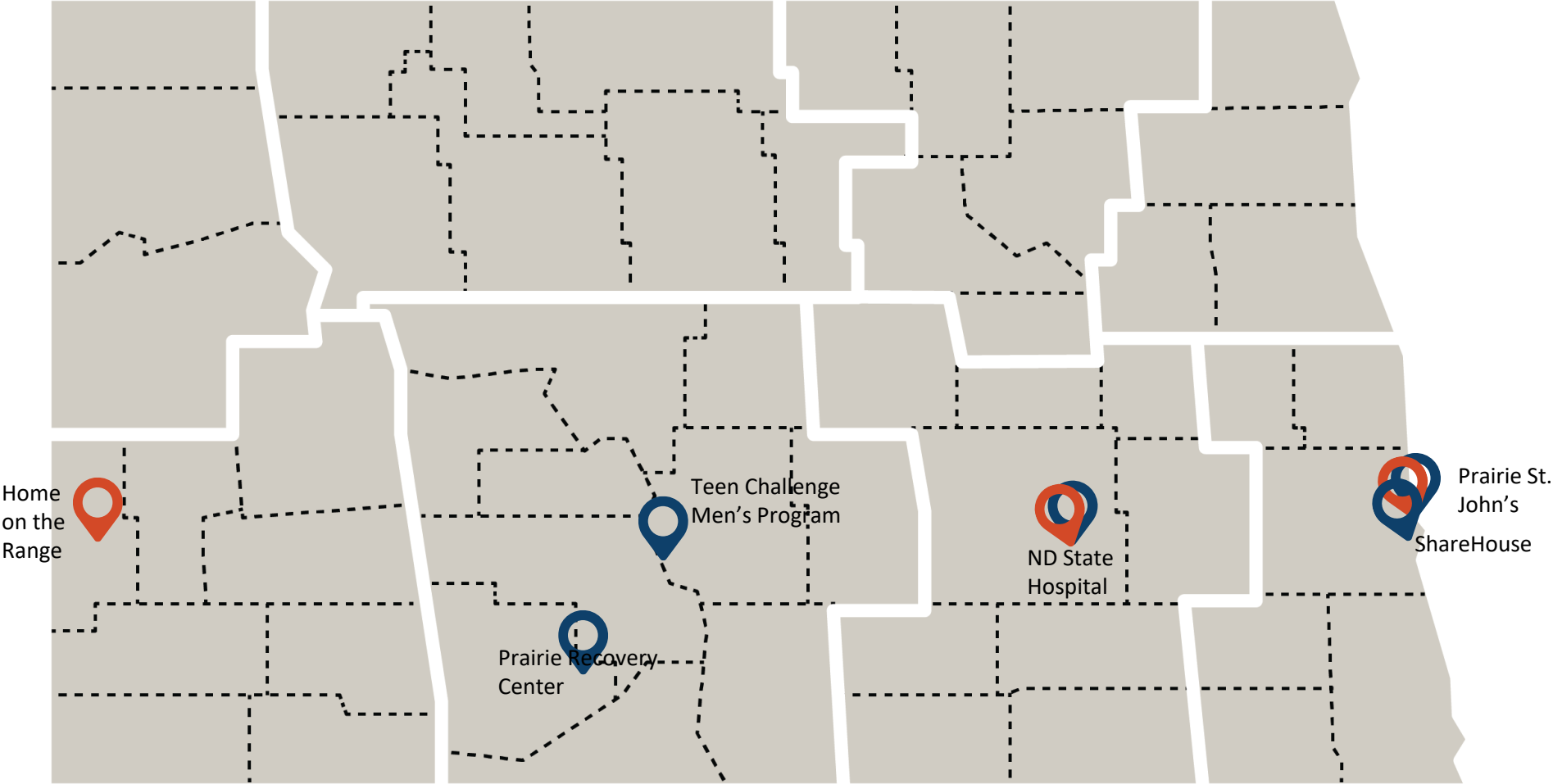
# Mental Health Service Delivery


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.

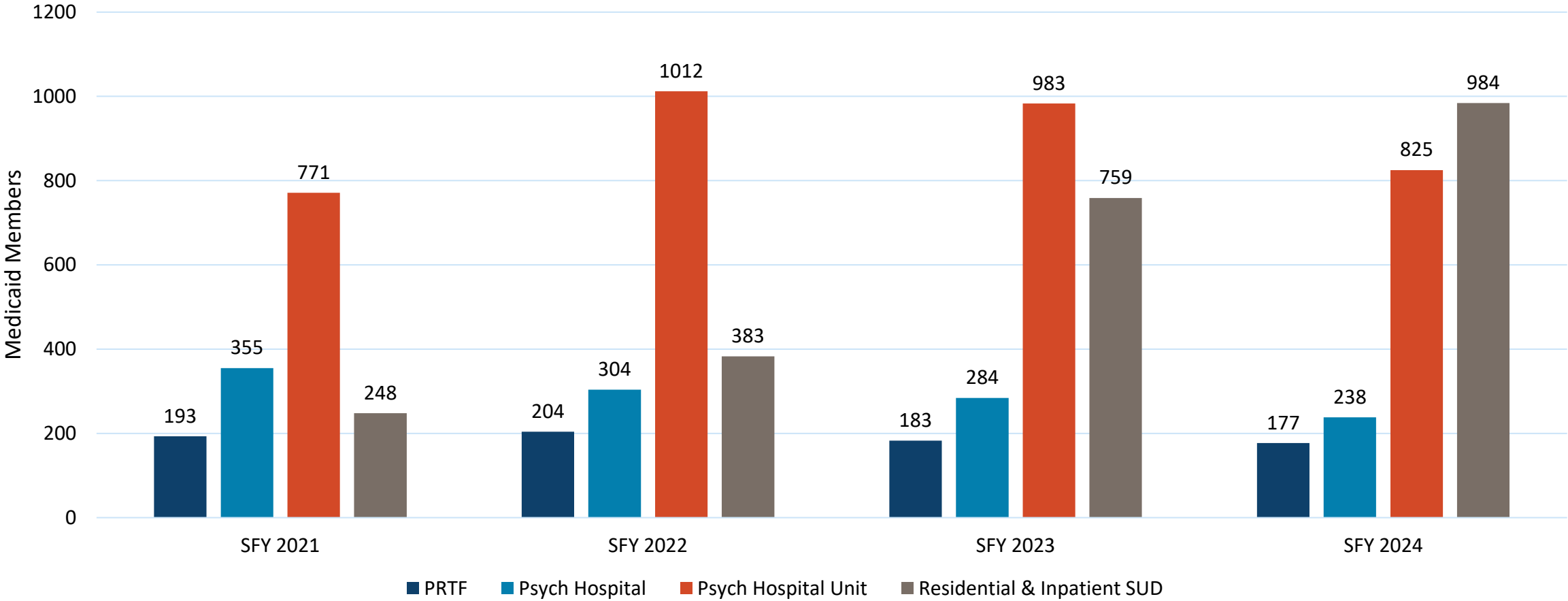
# ND HHS Payment for Inpatient & Residential Behavioral Health Services

# 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.

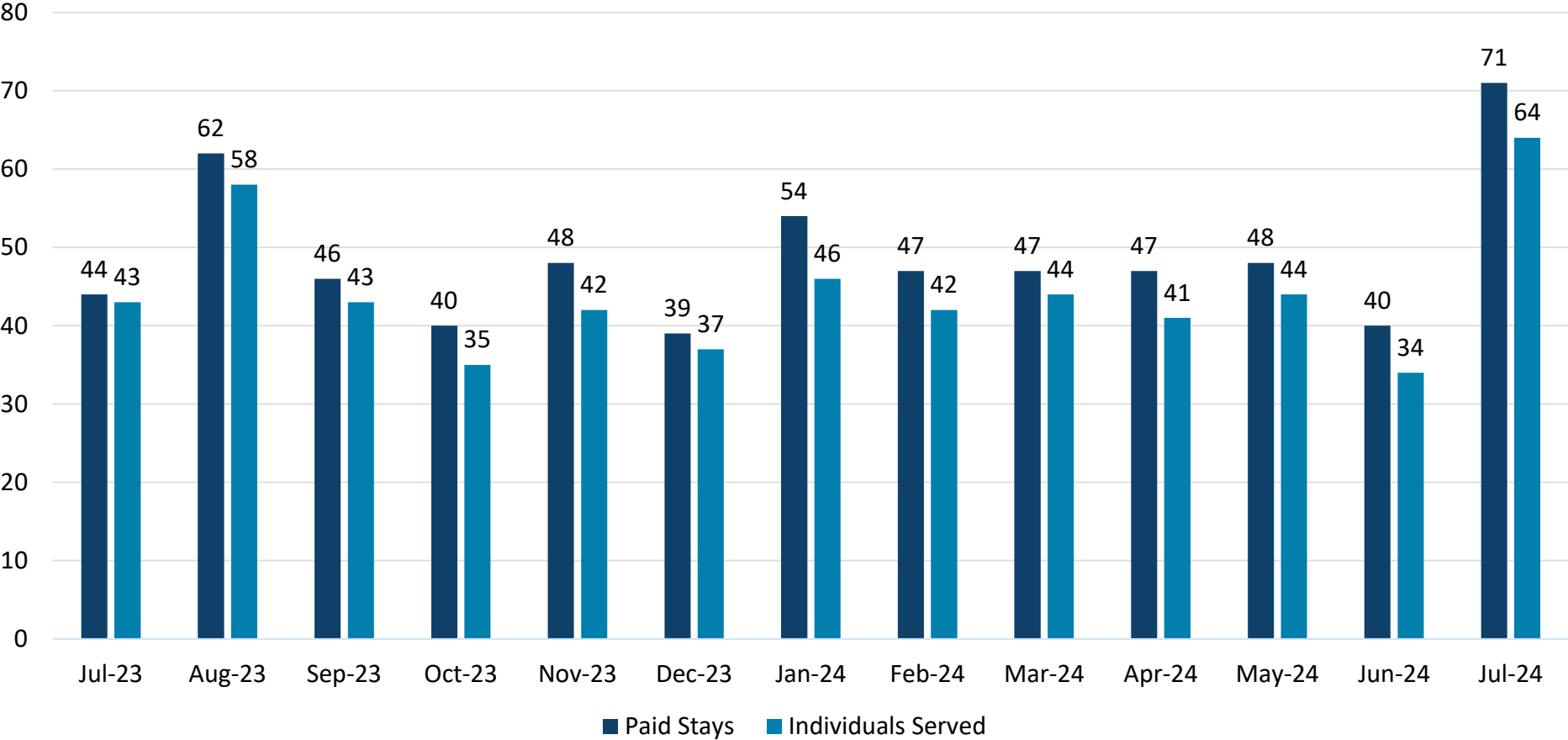
- Medicaid
  - Non-IMD Settings
- SUD Voucher
  - IMD Settings
  - Non-IMD Settings & Care for people without a pay source
- Contract Payments
  - Inpatient Mental Health IMD Services (Prairie St. John's)
- Direct Service Delivery
  - ND State Hospital

# Medicaid Inpatient & Residential Behavioral Health Utilization



# Contract Funded: Prairie St. John's

Inpatient Stays: July 2023 – July 2024

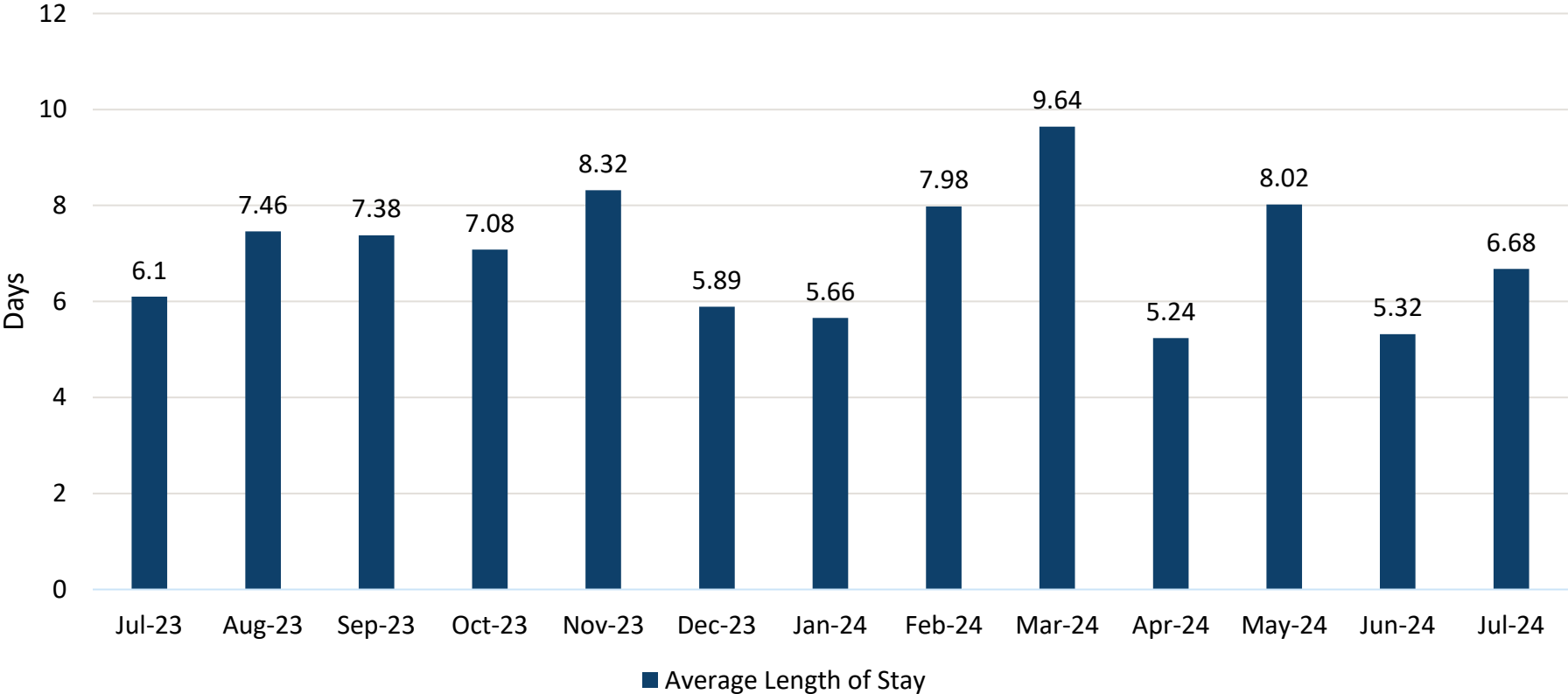


ND HHS and PSJ have a contract to pay for inpatient services for adult Medicaid or Medicaid eligible adults.

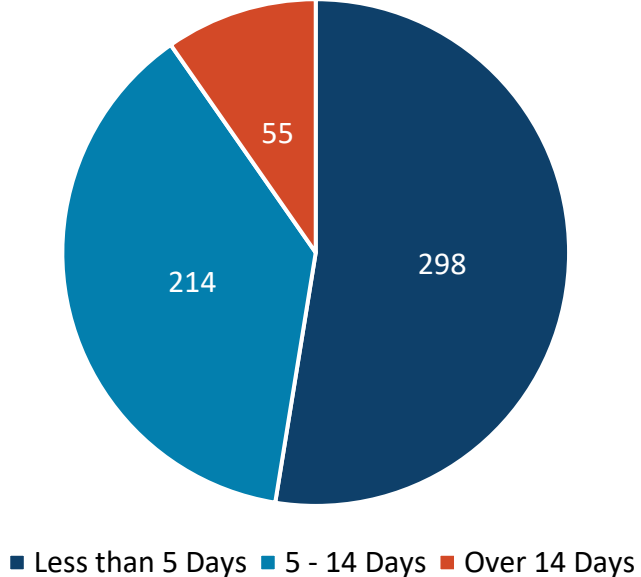
- Payment is a per diem for up to 14 days. Current rate for July 2024 – July 2025 is \$583.50.
- Total contract amount for biennium is over \$4.4 million.
- ND HHS has not declined payment for any patient submitted for payment through the contract.

# 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.

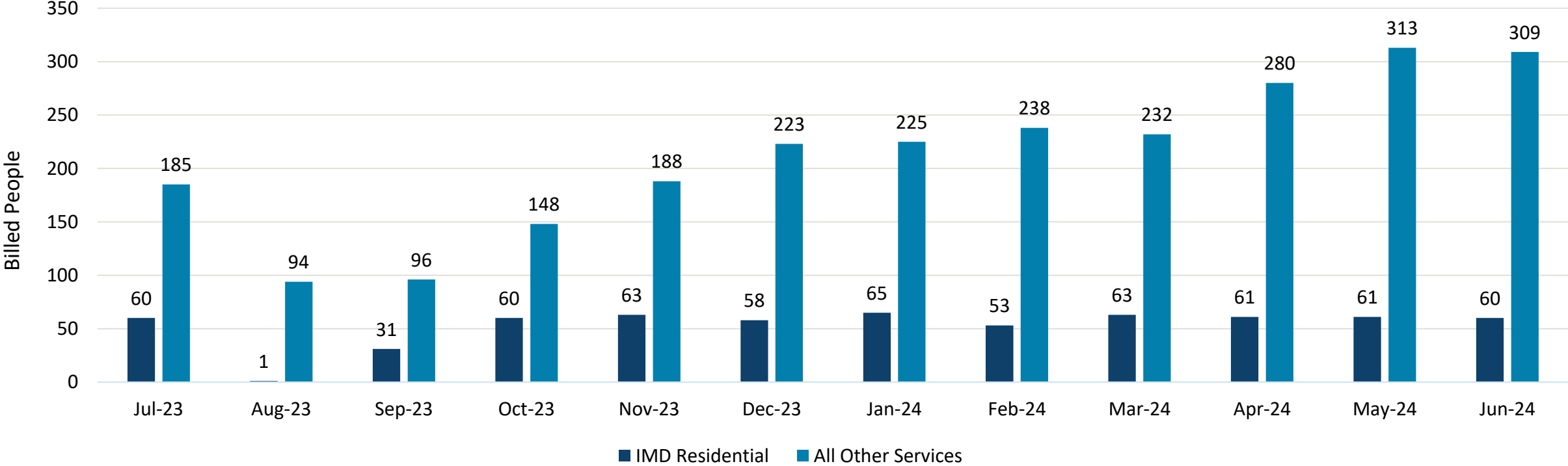
- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in July 2016
- Total Budget for 2023-2025 Biennium: \$18,147,874
  - Note: No more than 45% of appropriated amount may be allocated to IMDs
- Uses Medicaid rates for payment to providers

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

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

# SUD Voucher

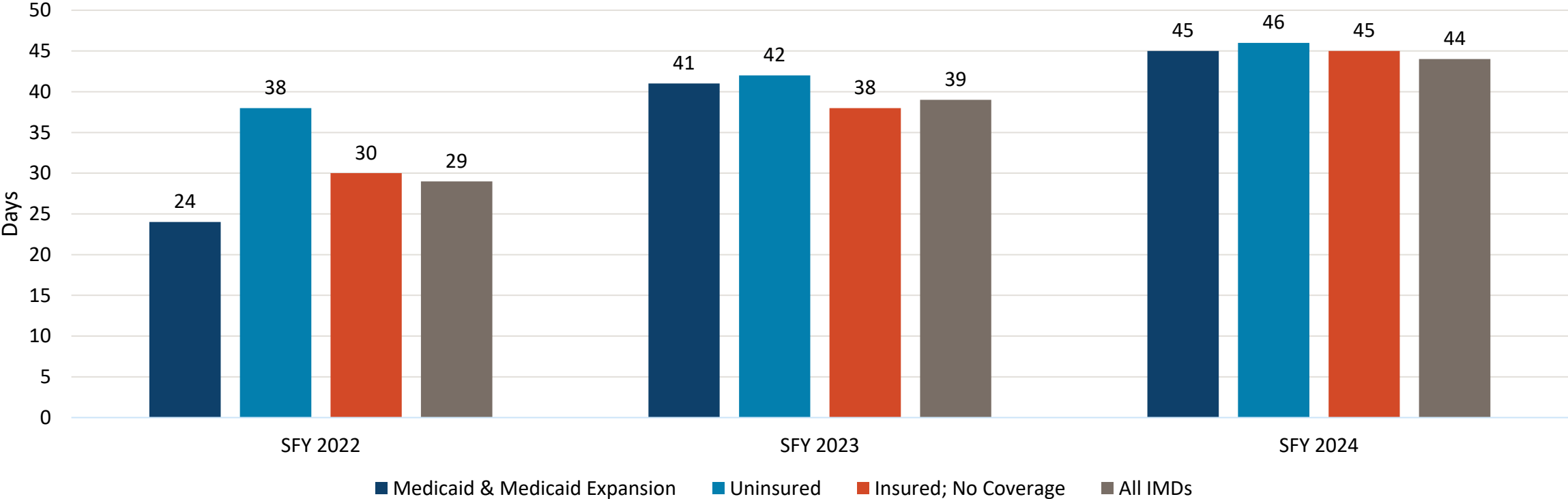
Number of Billed People Per Month: IMD Residential vs. All Other Services:  
July 2023 – July 2024

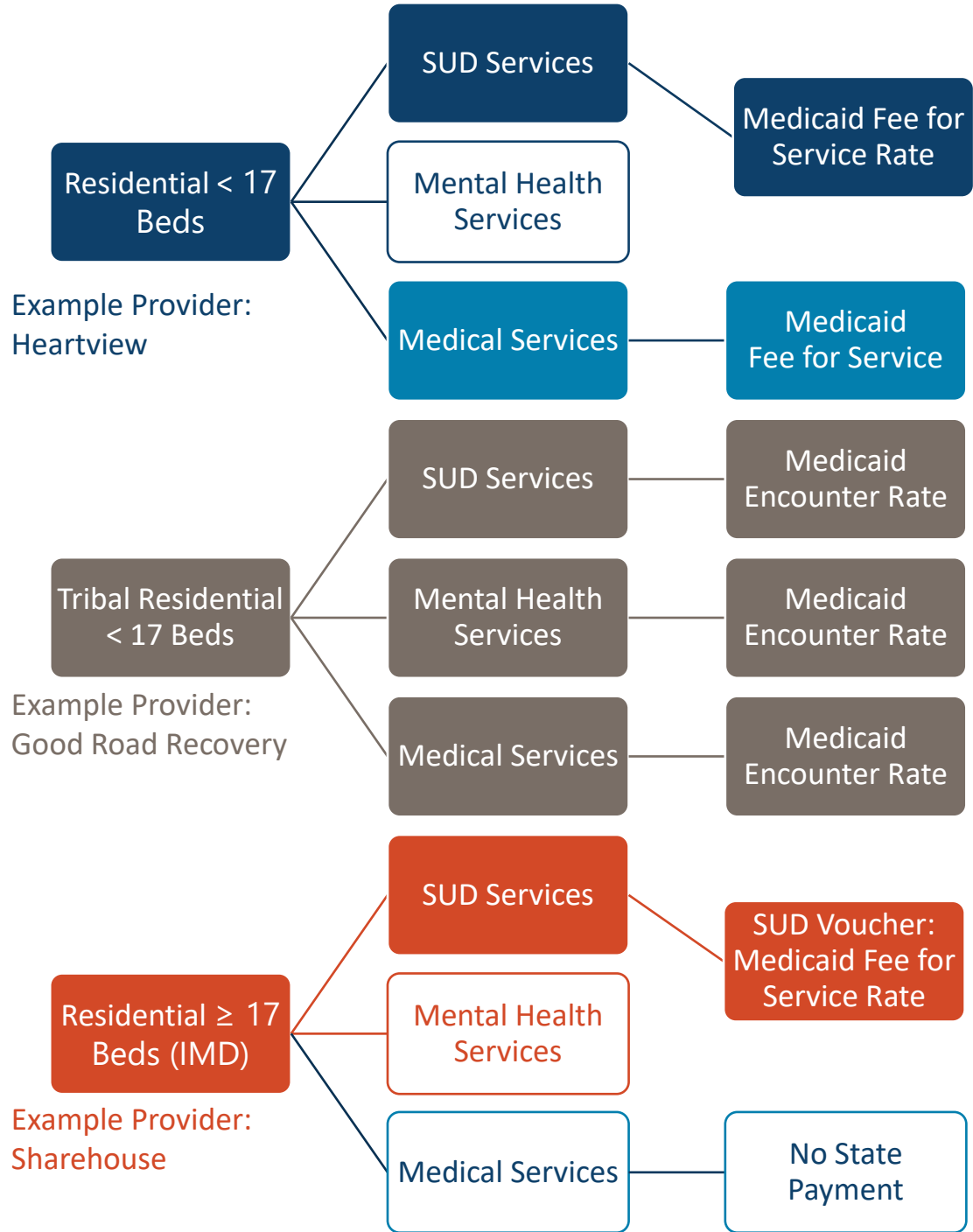


Note: NDCC 50-06-42 limits IMD expenditures to 45% of total funding for SUD Voucher.

# 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

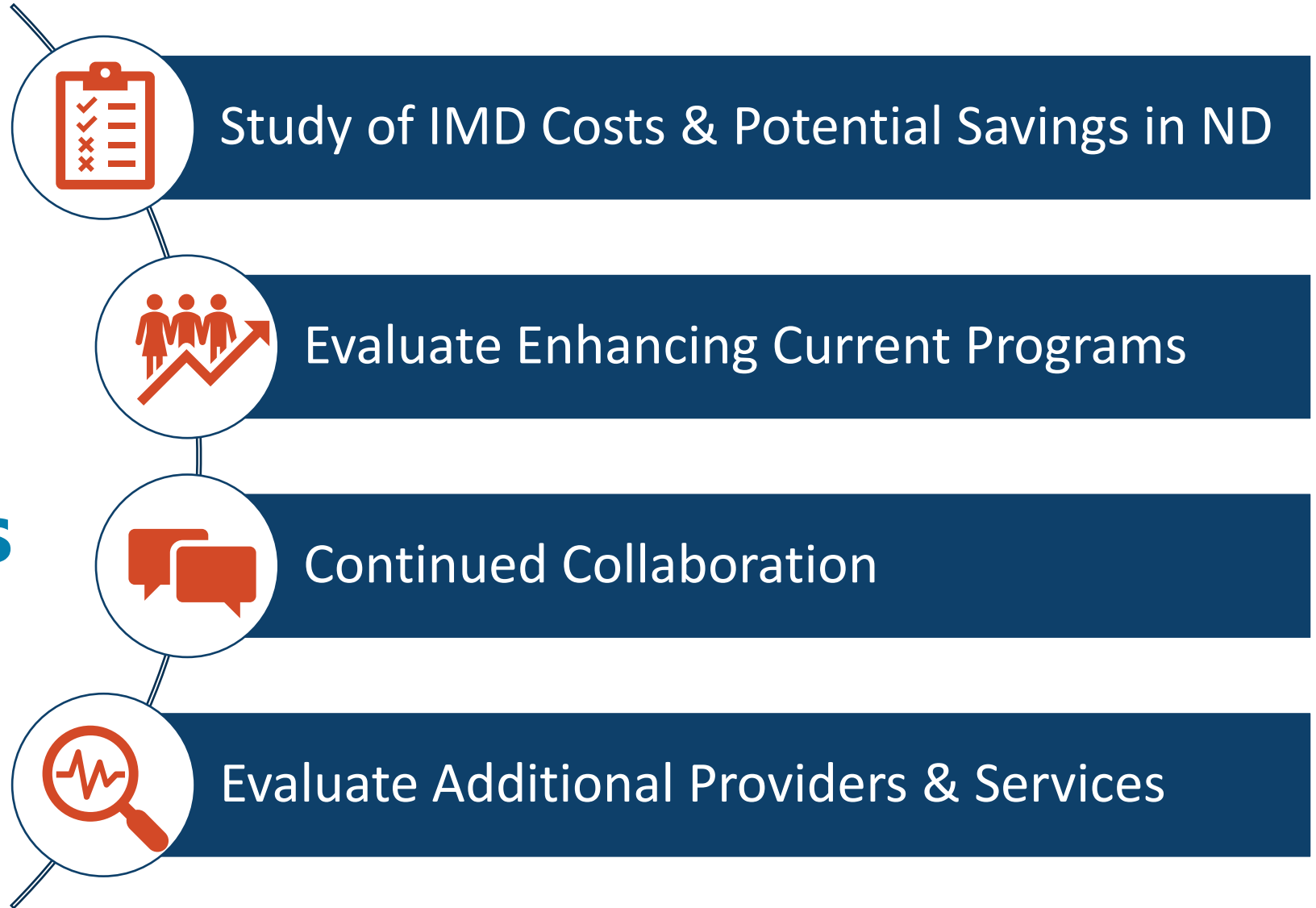
- Funding
  - Co-occurring Mental Health Diagnosis in SUD Residential Settings
  - Medical Payments in IMD Settings
  - Unfunded IMD Hospital Days
- Continuum of Care
  - Prevention
  - Outpatient Initial Service Entry
  - On-Going Recovery Supports
  - Outpatient Services
  - Supported Housing
- Special 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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**[hhs.nd.gov](https://hhs.nd.gov)**

