ND Medicaid Tribal Consultation Meeting

September 30, 2025

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Welcome and Smudge

Introductions

Agenda at a Glance

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Division of Public Health Updates

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Questions?

Coverage Policy Director

- Janice Tweet
- Joined Medical Services June 2025
- Education in Public Policy
- Work Experience
  - Federal and state legislative arenas
  - Nonprofit

Recent/Upcoming Tribal Consultation Letters

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Recent Tribal Consultation Letters

- July 22, 2025 - Tribal Consultation Letter on Medicaid 1915(c) Home and Community-Based Services Waiver Amendments (effective Jan. 1, 2026)
  - DRAFT Traditional Individual with Intellectual Disabilities and Developmental Disabilities HCBS Waiver
- August 15, 2025- Tribal Consultation Letter on Community Health Worker (CHW) Services and Community Paramedics and Emergency Medical Technician Services (effective Oct. 1. 2025)
  - DRAFT Community Health Worker Services SPA
  - DRAFT Community Paramedics and Emergency Medical Technician Services SPA
- August 29, 2025 - Tribal Consultation Letter for Home and Community-Based Services (HCBS) Waiver(effective date TBD)
  - Tribal Consultation Letter for Therapy Limits
  - DRAFT Therapy Limits SPA

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

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September 30, 2025

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.

HCBS Waiver Amendment - Purpose

- Implement changes in services and programming to improve access to home and community-based services and update language changes related to internal processes.
- Implement rate changes approved by the legislature for Update Rates for Nursing Services, QSP aide Services and QSP Companionship Services
- Update the rate methodology for Adult Residential Care, by rebasing rates according to updated cost reports in 2026 and 2027.
- Update language to allow for quarterly monitoring visits by state employed case management to be completed via telephone.
- Update provider limits to further clarify provider qualifications under Family Personal Care, Supervision, Waiver Personal Care and to avoid duplication of services under HCBS Care Coordination.
- Requested January 1, 2026, effective date.

Questions or comments

Contact information:

Nancy Maier
Adults and Aging Services Director
nmaier@nd.gov
701-328-8945

1915(c) Traditional IID/DD HCBS Waiver Proposed Amendment

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September 30, 2025

Traditional IID/DD waiver

Host Home

- Service will assist biological families during time of crisis by providing a private home where their child can live in the interim with reunification with the biological family as the primary goal.
- Host homes will infuse therapeutic level supports for both the youth and for the youth's family / support system to foster continued opportunities for family involvement as the youth navigates challenging symptoms and nears adulthood.

Traditional IID/DD waiver

Host Home

- Supports are individualized based on the needs of the person, and may include increasing and maintaining the person's physical, intellectual, emotional and social function in the following areas:
  - Assistance with activities of daily living
  - Self-care
  - Communication skills
  - Community participation and mobility
  - Health care, leisure and recreation
  - Interpersonal skills
  - Medication oversight (to the extent permitted under State law)
  - Positive behavior and mental health support
  - Sensory and motor development
  - Socialization
  - aid involvement in the host home household routines.

What do Host Homes mean for tribes?

- For Tribal members and families: this change offers an additional support option that, when licensed host homes are available, may help children maintain connection to extended family and Tribal culture.
- For Tribal providers and programs: Host Homes may create opportunities for Tribally operated programs or families to become licensed providers of care in a home-like setting.
- For Tribal communities: This service could help keep children in a family setting, reduce out-of-state placements, and support family stability when wraparound services and qualified Host Home providers are available to Tribal communities

What's next?

Typically, after public comment amendments get submitted to CMS for review and approval

At this time, the Department is delaying the submission of the waiver amendment due to the extension of the American Rescue Plan Act (ARPA) funding.

Host Home will continue to be a pilot project through the ARPA funding. Policies and procedures are currently in development.

1915(c) Traditional IID/DD HCBS Waiver

Contact information:

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DD Waiver Administrator
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701-328-8945

Community Health Workers (CHWs) and Community Paramedics (CPs)

Wendy Schmidt, Policy Analyst

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CHW and CP Timeline

Date	Action
August 2025	SPA submitted for review via Tribal Consultation
August 2025	CHW and CP policy posted on the Public Comment webpage
September 2025	Public comment closed, policy finalizations
October 1st, 2025	Final CHW and CP policies posted on the Provider Guidelines webpage along with summary of public comments. Certification with Public Health opens: • Certification requirements include: ➢ Having a CHW certification; ➢ Having a CHR certification; or ➢ Meeting the experience requirements (1,000 supervised hours in the past 3 years) • Community Paramedics, Community EMTs and Community Advanced EMTs can register with Public Health. Once the above providers have been notified that they are certified with the state, they may enroll to become a ND Medicaid provider.
Fall 2025	CHW and CP SPA submitted to CMS

Community Health Workers

Eligible Providers

- Community Health Workers who are certified in North Dakota

Eligible Members

- Must be at risk of developing a chronic condition; or
- Have a documented barrier that affects the members health.

CHW services require a referral from an Other Licensed Provider (OLP).

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Community Health Workers

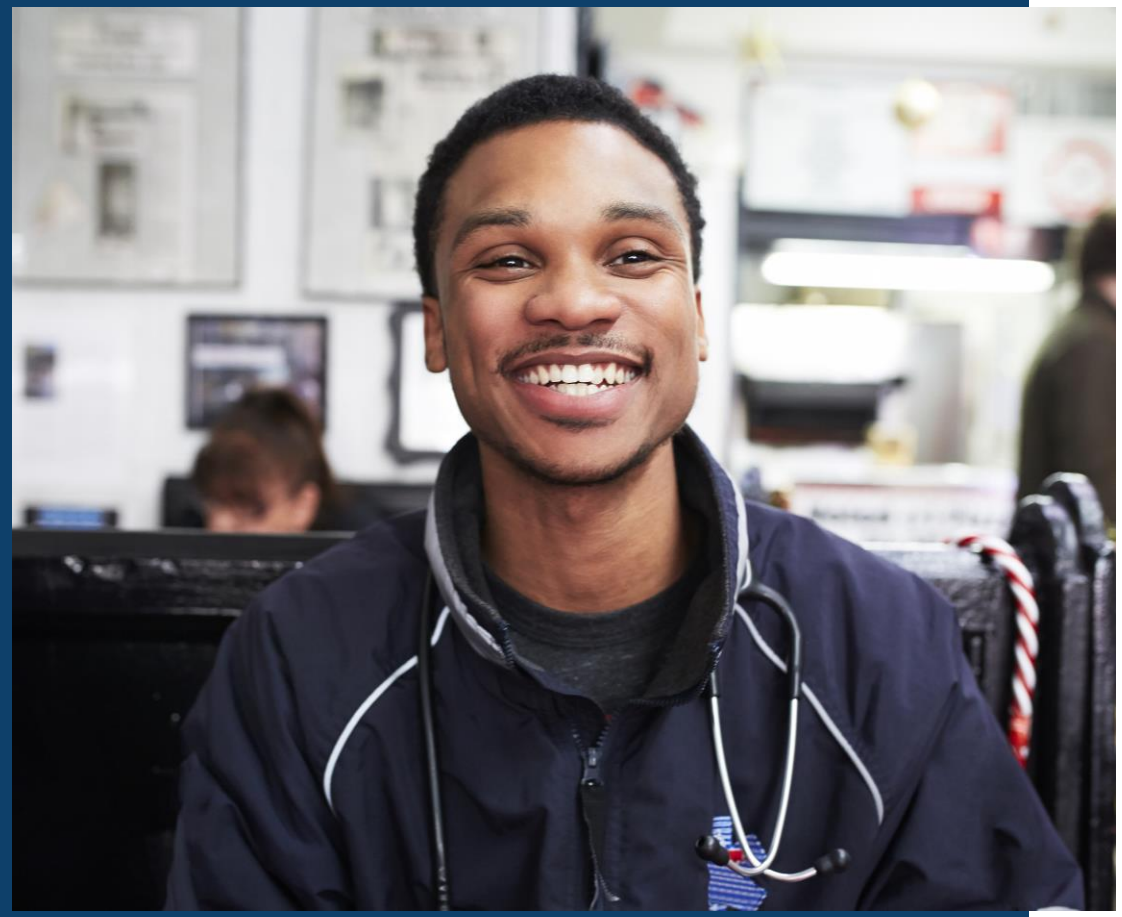
Covered Services:

- Health System Navigation and Resource Coordination
- Health Promotion and Coaching
- Health Education and Training

CPT® Codes:

- 98960 self-management education and training, face-to-face, 1 member
- 98961 self-management education and training, face-to-face, 2–4 member
- 98962 self-management education and training, face-to-face, 5–8 members

Community Paramedics



Eligible Providers

- Community Emergency Medical Technician
- Community Advanced Emergency Medical Technician
- Community Paramedic

Eligible Members

- Any member as long as services are referred by a physician, physician assistant or an advanced practice registered nurse.

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Community Paramedics

Covered Services:

- Health assessment;
- Chronic disease monitoring and education;
- Vaccine administration;
- Laboratory specimen collection;
- Follow-up care;
- Comprehensive health and safety assessment;
- Wound management;
- Assess and report compliance with established care plan;
- Medication management; and
- Other interventions within the scope of practice for each licensure level as approved by a supervising physician, physician assistant, or advanced practice registered nurse.

ND Medicaid Therapy Services

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Therapies and Medicaid

- Prior to 2018 therapy limits applied to both children and adults.
- Each therapy type had a unique calendar year limit.
  - Physical Therapy - 15 visits
  - Occupational Therapy - 20 visits
  - Speech Therapy - 30 visits

In 2018, limits were removed from all therapy services for members under age 21.

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Updated Changes

- Medical necessity review will apply for all therapy services after services reach a certain threshold.
- **Medical Necessity Review Threshold for Members under age 21**
  - Limits will be separate for schools and outside agencies:
    - This has changed slightly from the Tribal Consultation Letter sent out last month.
    - Implementation date has yet to be determined.
  - Service Authorizations will be required to add units.

Service Authorization Requirements:

- Completed Service Limits Service Authorization (SFN 481)
- A copy of the current plan of care
- Short term and long-term goals and progress or lack of progress
- Progress notes

Evaluation Based on:

- Medical necessity
- Member compliance
- Progress or lack of progress towards goals
- New or modified goals
- Type, amount, duration and frequency of services

Consultation

Photo credit:
ND Tourism

ND Medicaid Impacts

One Big Beautiful Bill Act

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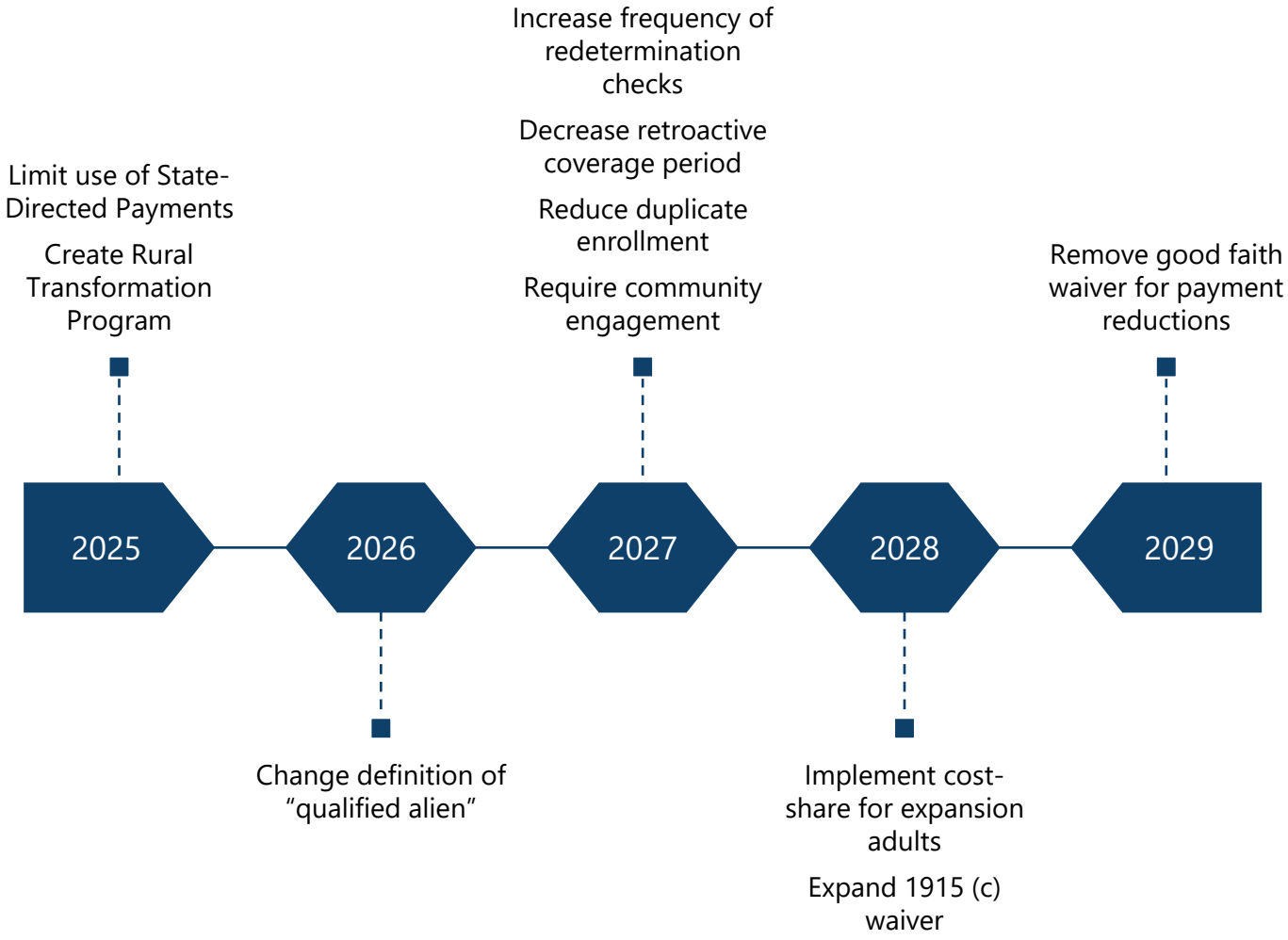
One Big Beautiful Bill Act

H.R. 1, the One Big Beautiful Bill Act (OBBBA) was signed into law by President Trump on July 4, 2025.

- North Dakota is well-positioned to respond to the changes outlined in the bill.
- ND Medicaid is awaiting federal guidance from CMS to fully interpret the new law's provisions.
- HHS will communicate changes to both members and the public.



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OBBBA Provisions with No Impact on ND Medicaid

Section	Policy
71113	Prohibits Medicaid funds from being paid to certain abortion providers.
71114	Sunsets temporary 5% point enhanced FMAP for states that newly expand Medicaid.
71115	Establishes a moratorium on new or increased provider taxes. Changes hold-harmless provision on health care taxes from 6% to 3.5% with a 0.5% phase in over 5 years. Exempts NFs and ICFs from the reduction to 3.5%.
71118	Requires HHS to certify budget neutrality for 1115 demonstration projects and specify methodology for accounting for savings generated under an 1115 demonstration in future approval periods
71110	Requires FMAP to be the state's regular FMAP for all Emergency Medicaid expenditures.
71101 71102 71111	Places a moratorium on implementation of eligibility rules and minimum nurse staffing requirement through September 30, 2034.

OBBBA Provisions where ND Medicaid Appears to be Already in Compliance

Section	Policy
71104	Requires States to check the Death Master File to identify enrolled members who are deceased at least quarterly
71108	Sets a maximum home equity limit of $1 million for determining eligibility for long-term care services
71103	Requires states to submit SSN and other data to prevent duplicate enrollment
71105	Requires states to check the Death Master File to determine if a provider or supplier is deceased upon enrollment and quarterly thereafter
71116	Directs HHS to limit State Directed Payments (SDPs) to the Medicare payment rate or equivalent Medicare rate at 100% for expansion states; grandfathers in already approved SDPs and submitted SDPs initially with 10% reductions each year starting in 2028 until the payment meets the threshold. New SDPs must not exceed Medicare rate or Medicaid State Plan rate for expansion state.
71117	Modifies methodology for determining whether provider taxes are redistributive

OBBBA Sections with Impacts on ND Medicaid

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Section 71103: Reduce Duplicate Enrollment

Develop additional processes to obtain address information from enrollees

Estimated Impact: Systems Modification

Effective Date: January 1, 2027

CMS must develop system to identify duplicate enrollment and notify states

- States required to verify residency of member and disenroll if unable to verify

Effective Date: October 1, 2029

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Section 71106: Good Faith Waiver Removal

Removes good faith waiver for payment reductions related to error rates in HHS and state audits

- Reduces CMS' ability to waive reduction of payment in situations in which a state has an improper payment finding with more than a 3% error rate.

Effective Date: October 1, 2029

Estimated Impact: Dependent on Future Audits

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Section 71107: Eligibility Redeterminations

Increases frequency of eligibility redeterminations from annually to every six months

- Impacts Expansion members only
- American Indian members excluded

Effective Date: October 1, 2027

Estimated Impact: 20% of Medicaid Members

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Section 71109: Qualified Alien Definition

Change definition of "qualified alien" to include only lawful permanent residents, certain Cuban and Haitian immigrants, and Compact of Free Association (COFA) migrants.

- Refugees, asylees, and certain other non-citizens would no longer be considered qualified aliens for purposes of Medicaid.
- Refugees may be eligible to become Legal Permanent Residents after 1 year.

Effective Date: October 1, 2026

Section 71112: Retroactive Coverage

Decrease retroactive coverage period from 3 months to:

- 1 month for Expansion members
- 2 months for all other members

Effective Date:
January 1, 2027

Estimated Impact:
1-2% of Medicaid Members

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Section 71119: Work Requirements

Establish work/community engagement requirements for "able-bodied" adults

- Expansion members ages 19-64
- Complete 80 hours per month of qualifying community engagement
- Good faith exemption extends effective date to December 31, 2028

Effective Date:
December 31, 2026

Estimated Impact:
3-5% of Medicaid Members

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Section 71119: Work Requirements

Qualifying Engagement Activities

- Employment
- Community service
- Participation in work program
- Enrollment in educational program at least half time

- Combination of these activities for at least 80 hours
- Seasonal workers may average income over previous six months
- Individuals whose monthly income is not less than the federal minimum wage multiplied by 80 hours would be in compliance

Section 71119: Work Requirements

Mandatory Exemptions

- Pregnant women
- American Indian members
- Individuals enrolled in or entitled to Medicare Part A; individuals enrolled in Medicare Part B
- Veterans with total rated disabilities
- Medically frail
- Those meeting TANF/SNAP work requirements
- Caregivers of a dependent child 13 years and younger or an individual with a disability
- Those in AUD/SUD treatment
- Incarcerated individuals or released within past 90 days
- Foster and former foster youth under age 26
- Individuals entitled to postpartum coverage

Section 71120: Cost-Sharing

Implement cost-sharing for adults with income greater than 100% federal poverty level

- Expansion members
- Requires system modification
- Certain services exempt including – primary care, behavioral health, prenatal care, emergency services.

Effective Date: October 1, 2028

Estimated Impact: 2-4% of Medicaid Members

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Section 71121: 1915(c) Waiver

Create a new section 1915 (c) HCBS waiver option

- Waiver does not require participants to be subject to a determination that, but for the provision of a HCBS, those individuals would require nursing home or ICF/IDD level of care.

Effective Date: July 1, 2028

Questions?

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Consultation

Photo credit:
ND Tourism

Tribal Liaison Items

Tribal Care Coordination Reminders

🗓️ Deadline

- Annual Report (SFN 1115) due November 15 each year
- Must be received by Nov 15 to qualify for January distribution

📝 Review Process

- ND Medicaid reviews each tribe's report
- Written response within 30 days (approval or denial)

💰 Unspent Funds

- Tribes should identify any carry-over funds
- Report on use of these funds in the next reporting year

⏰ Late Reports

- ND Medicaid has 30 days to review
- Funds not subject to withholding will be released as soon as possible after review

Tribal Care Coordination Fund

Tribal Nation	FY 24 TCC Claims	80% FY 24 Distribution	20% FY 24 State General Fund	FY 25 TCC Claims*	80% FY 25*	20% FY 25 State General Fund*
MHA	$176,731.09	$141,384.87	$35,346.22	$81,796.04	$65,436.83	$16,359.21
Standing Rock	$378,503.28	$302,802.62	$75,700.66	$204,691.97	163,753.58	$40,938.39
Turtle Mountain	$45,900.29	$36,720.23	$9,180.06	$31,140.03	$24,912.02	$6,228.01

Total Tribal Care Coordination Claims to date	80% Tribal Distributions Totals	20% State General Fund Totals
$918,762.68	735,010.15	$183,752.53

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* Includes all tribal care coordination cost savings for 3 quarters of FY25-will not have complete data until Dec. 2025.

Upcoming Changes to IHS/THP Policy

🗓️ Effective Date: January 1, 2026

📝 Draft Available: November 2025

👥 Education sessions with each tribe: December 2025

Why the Update?

- Ensure compliance with CMS reporting requirements
- Better capture quality measures
- Highlight and document the great work tribes are doing
- Make policy clearer and easier to navigate

Traditional Healthcare Services SPA Update

- We have been working together for the last 15 months on traditional healing services.
- SPA submitted April 2025
- Request for Additional Information June 20,2025
- Worked on response with workgroup and sent to CMS on Sept. 10, 2025

Traditional Healthcare Services Next Steps

- CMS has 90 days to respond back to us.
- If our SPA is approved, what are the next steps?
- If our SPA is denied, what are the next steps?
    - Are there concerns about evaluation for an 1115 Demonstration Waiver?

Consultation

Photo credit:
ND Tourism

Rural Health Transformation Program Tribal Consultation

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Opening Discussion Questions

- What are your top health priorities?
- What challenges make it hard to get good health care?

What is the Rural Health Transformation Program?

- The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21).
- It empowers states to strengthen rural communities by improving healthcare access, quality, and outcomes through transforming the healthcare delivery ecosystem.
- Tribal communities, as rural communities with unique challenges, will help us shape how this program is designed and implemented in North Dakota.

Timeline

Rural Health Transformation Program

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North Dakota Application Approach

- Address Priority Areas Identified by North Dakotans in HHS Survey and Listening Sessions
- Show Real Impact: Fund projects that clearly improve health or access to care.
- Put Our Best Foot Forward: Focus on projects that help the state earn the most points for federal funding.
- Think Long-Term: Choose investments that last beyond the grant.
- Align to Strategic Goals set by CMS in application:

Make Rural America Healthy Again

Sustainable Access

Workforce Development

Innovative Care

Tech Innovation

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Use of Funds

- Funding may only be used in areas described in the bill.
- Application must invest in a minimum of three permissible uses.

Prevention and chronic disease	Provider payments	Consumer tech solutions
Training and technical assistance	Workforce	IT advances
Appropriate care availability	Behavioral health	Innovative care models
Capital expenditures and infrastructure	Fostering collaboration	

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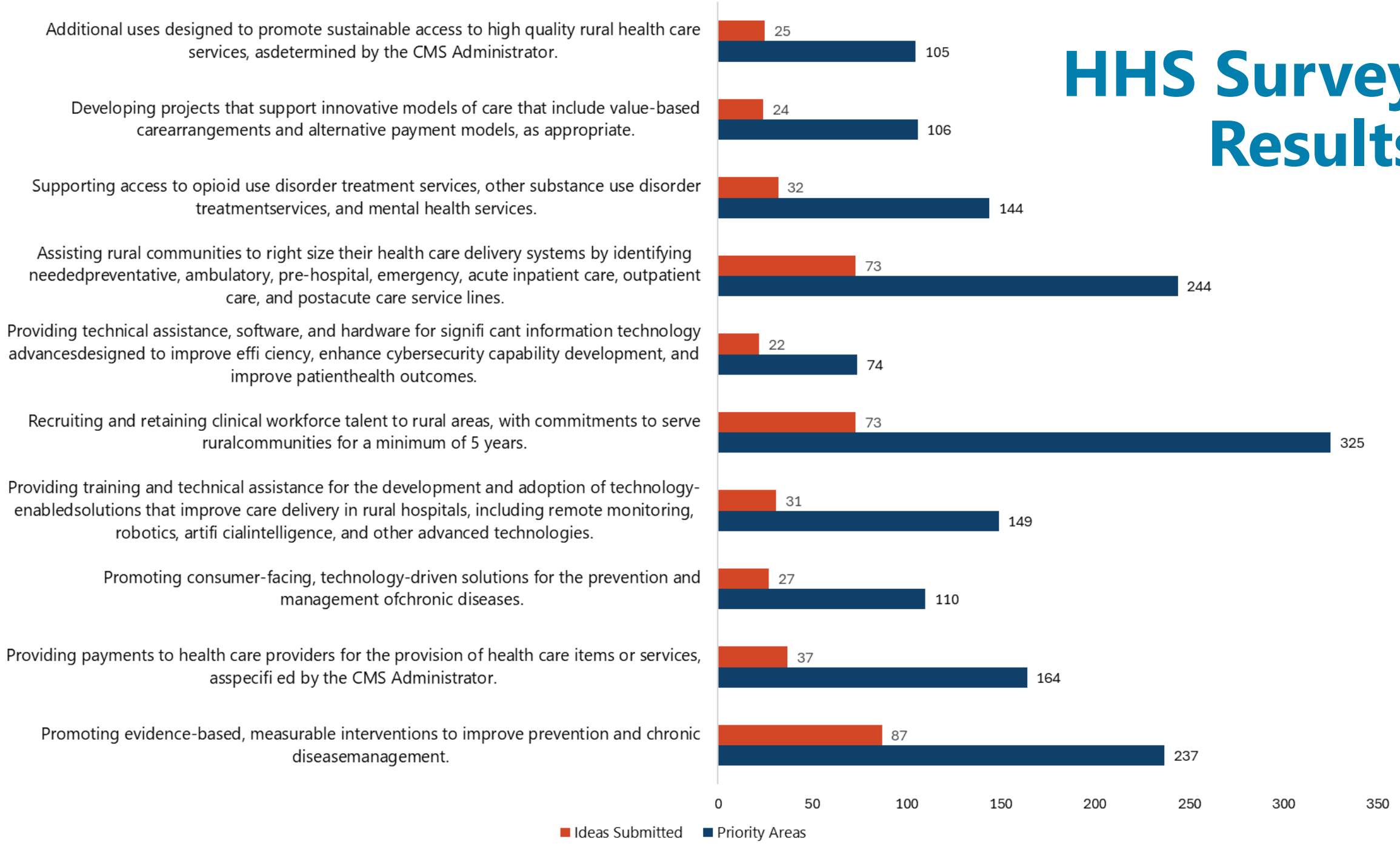
Unallowable Costs and Limits

10% Cap on Admin Costs Across All Funding

- Costs incurred before the start of the grant.
- Meeting matching requirements for any other federal funds or for local entities.
- Paying for items (services, equipment, etc.) that another federal, state or tribal government is responsible for.
- Replacing existing State, local, tribal, or private funding of infrastructure or services (ex. Staff Salaries).
- New construction, building expansion, or purchasing of buildings.
  - Renovations or alterations are allowed if they are clearly linked to program goals. Cannot include cosmetic upgrades or significant retrofitting of buildings.
  - Renovation or alternations cannot exceed 20% of total funding in a budget period.
- Replacing payment(s) for services that are already reimbursable by insurance.
  - Direct health care services may be funded if 1. not currently reimbursable, 2. would fill a gap in care coverage, and/or 3. may transform current care delivery model.
  - Provider payments cannot be more than 15% of total funding in a budget period.
- No more than 5% of total funding in a budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR is in place as of September 1, 2025.
- Funding toward initiatives similar to the “Rural Tech Catalyst Fund Initiative” cannot exceed the lesser of 10% of total funding or $20 million of total funding awarded in a budget period.
- Installation and monthly broadband internet costs for households.
- Salaries at facilities with non-compete clauses for clinicians.

HHS Survey Results



North Dakota Strategic Priorities

STRENGTHEN AND STABILIZE RURAL HEALTH WORKFORCE

MAKE NORTH DAKOTA HEALTHY AGAIN

BRING HIGH-QUALITY HEALTH CARE CLOSER TO HOME

CONNECTED TECH AND DATA FOR A STRONGER NORTH DAKOTA

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Strengthen and Stabilize Rural Health Workforce

- What challenges does your community face with healthcare workforce?

- What opportunities or ideas could strengthen and stabilize the workforce?

Make North Dakota Healthy Again

- How can we improve health outcomes in your community?
- What barriers keep people from staying healthy?
- What opportunities are there to improve health outcomes?

Bring High-Quality Health Care Closer to Home

- What services should be closer to home?
- What challenges exist to accessing these services in your community?
- What ideas do you have for bringing these services closer to home?

Connected Tech and Data for a Stronger ND

- What ideas do you have to support IT advances for healthcare providers and members in your community?
- What barriers exist to using IT and data systems effectively?
- How can we strengthen health care through technology?

Additional Questions

- What priorities are unique to tribal communities?
- Are there ways we can honor cultural practices and sovereignty in this program?
- Are there any other ideas we haven't covered that would improve healthcare access, quality, and outcomes?

Next steps

- Host listening sessions.
- Compile ideas into application.
- Submit application by November 5, 2025.
- CMS will award states by December 31, 2025.
- Updates will continue to be provided through our communications team and at future tribal consultation meetings.

Upcoming Listening Sessions

Please visit our website to register for our upcoming listening sessions.

- Listening Session #1
  - Friday, October 3 | 3:00-4:00 p.m.
- Listening Session #2
  - Tuesday, October 7 | 9:00-10:00 a.m.
- Listening Session #3
  - Thursday, October 9 | 12:00-1:00 p.m.

Upcoming engagement opportunities

Medicaid Medical Advisory Committee (MMAC)

- Tuesday, Nov. 18, 3:00-5:00 p.m. CT -Teams

Native American Public Input- HCBS

- 2nd Wednesday of every month
- Contact Monique Runnels for the meeting link.

1915(i) Office Hours

- Every Wednesday 9-10am

Rural Health Transformation Listening Sessions

- Oct 3 · 3–4 p.m. | Oct 7 · 9–10 a.m. | Oct 9 · 12–1 p.m.

Other Upcoming Meetings:

Tribal Care Coordination

- Wednesday, Oct. 15, 2025 11:00 am-12:00 pm

Cost Share for Medically Needy- Oct. TBD

IHS/THP Policy Education- Dec. TBD

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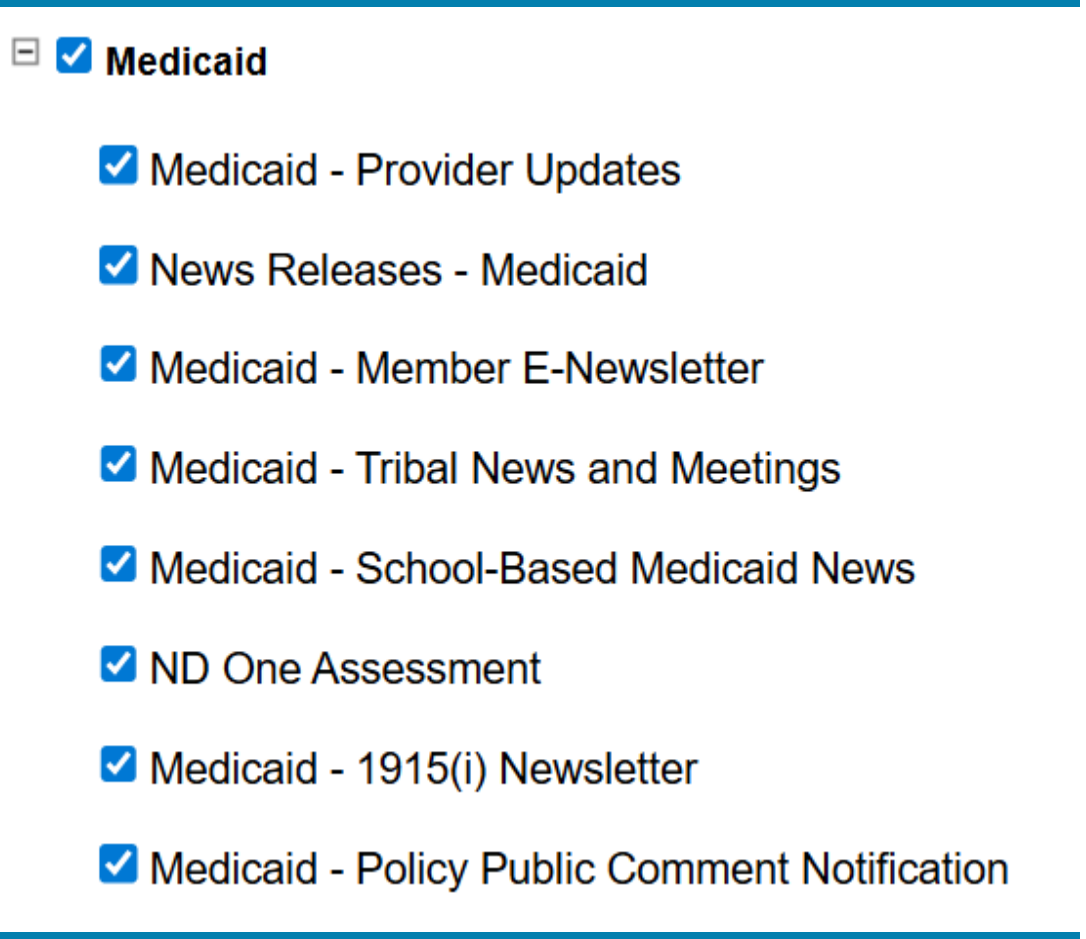

Emails will appear from "North Dakota Department of Health and Human Services"

⚠️ Why It Matters

- ALL tribal consultation notices are sent through GovDelivery
- If you delete without opening, you may miss important meetings and updates

✅ What You Can Do

- Make sure you are subscribed
- Look for emails from **[teamdhhs@info.nd.gov]**
- Open and read notices so your community's voice is heard

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