

Meeting Minutes

ND HHS Tribal Consultation

June 3, 2025

8:30-10:30am CT

Topic and Speaker	Meeting Notes
Welcome & Introductions	
Public Health Division Updates Krissie Mayer, <i>Community Engagement Director</i>	Measles – this links to the measles website with all the up-to-date information. There are standing office hours every 2 weeks for tribal partners to discuss and ask questions about measles.
Q&A <ul style="list-style-type: none"> ○ Question: Do they plan to lower the age for measles vaccine? • Yes, we are working with health partners and can reach out to the immunization unit for questions. Still discussing what areas this will apply to. 	
Recent and Upcoming Tribal Consultation Letters <ul style="list-style-type: none"> • Four walls exemption • 7/1 SPA's Monique Runnels <i>Tribal Medicaid Liaison</i>	Recent Tribal Consultation Letters: <ul style="list-style-type: none"> • March 21, 2025 - Tribal Consultation Letter "Four Walls Limitation" Changes (effective Jan. 1, 2025) • May 28, 2025 - Tribal Consultation Letter, July 1, 2025, State Plan Amendments • DRAFT July 1, 2025 State Plan Amendments Four Walls Limitations Changes <ul style="list-style-type: none"> • The Centers for Medicare and Medicaid Services (CMS) has issued a change to their longstanding “four walls” limitation for Indian Health Service (IHS) and tribal clinics for clinic-based services. • This policy was temporarily changed during the Public Health Emergency and allowed IHS and tribal clinics to be reimbursed for clinic services provided outside of the four walls of the clinic; this policy change by CMS will make the change permanent for clinic services. • To implement this change, states are required to submit a State Plan Amendment using a template prescribed by CMS. Provider Screening and Enrollment <ul style="list-style-type: none"> • Enrollment and Screening of Providers • Effective July 1, 2025

	<ul style="list-style-type: none"> Added “North Dakota may enroll providers up to 365 days from the date of service.” This addition will align the State Plan with current provider enrollment processes. <p>State Plan Amendment – Alternative Benefit Plan for Medicaid Expansion Members Ages 21-64</p> <ul style="list-style-type: none"> Technical correction to add Other Licensed Practitioners including psychologists, advance practice registered nurses, clinical social workers, physician assistants and professional counselors. <p>Personal Needs Allowance</p> <ul style="list-style-type: none"> HB 1485 approved & signed by Governor Armstrong <ul style="list-style-type: none"> Personal needs allowance is income an individual residing in a nursing home, basic care, intermediate care facility or who receive the SSI subsidy is allowed to keep for their own personal use. Increases Personal Needs Allowance by \$15.00 per month beginning July 1, 2025 Monthly personal needs allowance will be reviewed and adjusted annually based on inflation – determined by Consumer Price Index (CPI) <ul style="list-style-type: none"> Nursing Home – will increase from \$100.00 to \$115.00 Basic Care – will increase from \$135.00 to \$150.00 Intermediate Care Facilities for individuals with Intellectual disability– will increase from \$135.00 to \$150.00 SSI Subsidy will increase from \$70.00 to \$85.00 – based on other income individuals have <p>ND Medicaid: Medical Necessity Editing Expansion</p> <ul style="list-style-type: none"> ND Medicaid is expanding medical necessity editing to include several additional Local and National Coverage (LCD and NCD) determination policies. Will apply to lab and medical service procedure codes. Becomes effective for dates of service on or after July 1, 2025. The LCD/NCD numbers will be listed in our June provider newsletter.
<p style="text-align: center;">Tribal Consultation</p> <p>No questions or comments regarding upcoming changes.</p>	
<p>Children’s Waivers Kat Barchenger, <i>Children’s Waiver Administrator</i></p>	<ul style="list-style-type: none"> Children’s Waivers include: <ul style="list-style-type: none"> Autism Spectrum Disorder waiver for children Medically Fragile waiver for children Children’s Hospice waiver Children’s Waiver Team includes:

- Katherine Barchenger, Administrator
- Dara Warkenthien, Children Waiver Specialist
- Kaitlin Kurtz, Autism Specialist
- Jennifer Kortgard, ASD Rural Service Manager
- 1915c waivers:
 - An agreement with the Center of Medicaid & Medicare (CMS) to provide services to identified populations that are over and above traditional Medicaid (MA) services.
 - Example: Traditional Medicaid would provide coverage for OT/PT services; Waiver provides for respite services in the home.
- Autism Spectrum Disorder Waiver
 - Who is served:
 - Children Birth through 17
 - Have a diagnosis of Autism
 - Receive a determined score on the Vineland 3
 - Will be increasing to 21st birthday through waiver amendment
 - Number of Slots:
 - Current 345
 - Waitlist 144 (05/14/2025)
 - Services
 - Service Management
 - Respite
 - Assistive Technology
 - Community Connector
 - Remote Monitoring device/system
- Medically Fragile Waiver
 - Who is served:
 - Children ages 3 – 18
 - Serves children who have medically intensive needs and prolonged dependency on medical care and medical technology and at times, may be medically stable but still require nursing care or specialized medical equipment.
 - Will increase to 21st birthday through waiver amendment.
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 - Number of Slots: 50
 - Services:
 - Case Management
 - Transportation

- Dietary supplements
- Individual/family counseling
- In-home support
- Equipment & Supplies
- Environmental Modifications
- Institutional respite
- Children's Hospice Waiver
 - Who is served:
 - Children birth to 22
 - Any child who has received a diagnosis and is not expected to live longer than one year.
 - Note: Children on hospice receive concurrent care – meaning they can continue with services to combat the diagnosis along with hospice cares such as PT, OT, medications to stop the progression.
 - Number of slots: 30
 - Services
 - Case Management
 - Transportation
 - Dietary supplements
 - Individual/family counseling
 - In-home support
 - Equipment & Supplies
 - Environmental Modifications
 - Institutional respite

Applied Behavioral Analysis (ABA) Service

- A State Plan service for individual with autism spectrum disorder diagnosis up to the age of 21.
- Evidence has shown individuals with this diagnosis respond well to the method.
- To receive service:
 - Well Child Check completed annually
 - Professional diagnosis of autism spectrum disorder
 - Must be on Medicaid first.
 - We provide a Prior Approval letter to parents to share with a provider of their choice.

North Dakota Cross Disability Council

- This group will help shape and strengthen services and supports closer to home, a strategic priority for North Dakota Health and Human Services (HHS).
- Over the next two years, the council will provide feedback to HHS on:

	<ul style="list-style-type: none"> ○ A new Medicaid children's cross-disability waiver; ○ Reforming the level of care for the Medicaid developmental disability waiver; and ○ A service option that will allow payment to someone who is legally responsible and provides extraordinary care to an eligible individual through a Medicaid waiver. <ul style="list-style-type: none"> • The council has 15 seats, including a tribal representative.
<p style="text-align: center;">Tribal Consultation</p> <p>No questions or comments regarding the upcoming changes.</p>	
<p>Member Engagement Updates Jen Sheppard, <i>Member Liaison</i></p>	<p>Medical Services' Member Engagement Team has been:</p> <ul style="list-style-type: none"> • Holding regular MMEC Meetings • Producing Medicaid Member E-News • Developing the Medicaid Member Handbook • Gathering Member Feedback: <p>The Medicaid Member Engagement Committee (MMEC) has been meeting every other month since March 2024. Together, we have:</p> <ul style="list-style-type: none"> • Discussed areas of focus for Medical Services' work • Increased access to information through E-News • Made additions to the Medicaid Member Handbook • Discussed how to improve our coverage and services <p>Medicaid Member News</p> <ul style="list-style-type: none"> • Medicaid Member E-News is sent out to subscribed members through email every other month. • E-News shares seasonal tips for good health, Medicaid program updates, helpful resources, and more. • We currently have 5,539 subscribers. <p>Medicaid Member Handbook</p> <ul style="list-style-type: none"> • The MMEC has been developing additions to the Medicaid Member Handbook. We are halfway through completing the first edition of this document. • We have received feedback that this handbook has been beneficial to members and those who support them. <p>Medical Services has been gathering feedback from:</p> <ul style="list-style-type: none"> • ND Medicaid members • ND Medicaid partners and providers • Community organizations • Representatives of our members

	<p>We have been gathering feedback through:</p> <ul style="list-style-type: none"> • Regular MMEC meetings • Virtual member listening session • Member Survey • Member focus group <p>We are learning that our members want:</p> <ul style="list-style-type: none"> • Added guidance and support • More information about coverage • Easier navigation on our website • Non-English materials <p>Because of member feedback we are:</p> <ul style="list-style-type: none"> • Informing members of staff who can support them using E-News and the Medicaid Member Handbook. • Making additions to the Medicaid Member Handbook based on our members' needs and recommendations. • Have expanded our member-focused webpages to offer easier navigation and information. • Designing a flyer to direct members to a new webpage that explains U.S. health care, how to translate our website, and offers other translation services. <p>For suggestions or questions about ND Medicaid member engagement contact:</p> <ul style="list-style-type: none"> • Jen Sheppard – Member Liaison • jsheppard@nd.gov • 701-328-8666
<p style="text-align: center;">Q&A</p> <p>No questions.</p>	
<p>Human Service Zone Information Lisa Scott, <i>Regional Policy and Process Manager</i></p>	<p>Health and Human Services and Human Service Zones worked together to redesign the delivery of eligibility determination that supports Economic Assistance and Medicaid coverage.</p> <p>GOALS OF REDESIGN:</p> <ul style="list-style-type: none"> • Level the workload so each worker has the capacity to handle the volume and the complexity. • Process applications in a timely manner. • Simplify the process to serve customers efficiently.

- Decrease errors and issue all the benefits a family is eligible to receive at the right time.

Average ND Medicaid application processing time for May 2025:

- Native American\ Tribal members 16.6 days
- Non- Native American\ Tribal members 19.6 days

Self Service Portal Applications are increasing and in person applications remain popular for tribal members. Please refer to slide deck for a more complete breakdown of application data.

Typical Application Process:

- Application is submitted via mail, email, in person, or SSP
- Support Specialists registers the application, work item is generated
- Eligibility Worker (EW) works the work items in the order in which they are received
- EW reviews the application and any additional documentation
- EW processes through data entry system entering and verifying information on app
 - Any missing items are pended and request for verification is sent to household.
- Once all information\verification is received and an interview conducted (if needed), program processing\ pending, approval \denial rules are followed
- Eligibility determination is finalized and sent to the member.

Customer Support Center (CSC)

- Both Long Term Care Unit and the main Customer Support Center transitioned to a web-based phone system called Genesys. This has resulted in:
 - Less dropped calls
 - Better call center monitoring
 - More robust features such as reporting, voicemail management
- Eligibility workers are answering both Tier 1 and Tier 2 call resulting in one call resolution for members.
- CSC staffing:
 - 2 State PT staff
 - 5 supervisors
 - 4 team leads
 - 34 eligibility/csc staff (4 current open positions)
- Past 3 months data:
 - Answered over 60,000 calls
 - Average wait time of just under 6 minutes
 - Average talk time also just under 6 minutes
- Ongoing communications efforts
 - Added communication to Website

	<ul style="list-style-type: none"> ○ Added communication to Interactive Voice Response ○ Other changes being considered: <ul style="list-style-type: none"> ▪ increases in staff ▪ callback system ▪ implementing a call tree <p>Information, access and website information shared:</p> <ul style="list-style-type: none"> • Apply for Help Health and Human Services North Dakota • SSP Help Health and Human Services North Dakota • sfn01059.pdf (nd.gov) • applyforhelp@nd.gov • Customer Support Center 701-328-1000 or Toll-Free Number: 1-866-614-6005 • NDHHS, PO Box 5562, Bismarck, ND 58506 • Medicaid 1915(i) Behavioral Health Services and Supports Health and Human Services North Dakota • Housing Programs Health and Human Services North Dakota • Home - ND Housing Stability • NDRH--Phone: (701) 328-1907 • lisascott@nd.gov <ul style="list-style-type: none"> • If any group, agency or facility is interested in more information on the use of the SSP feel free to email Lisa to set that up.
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Q&A

Question: Can you review changes deeper?

Answer: LIHEAP starting an annual review and CCAP moved to an 18-month review from a 12-month review.

Question: Have there been updates to workers' understanding of rules for income considerations? Sanford Tribal plan denies coverage due to other insurance and income issues seem to stem most from Cass County workers.

Answer: One challenge is that workers aren't always local to the applicant's location. It is a new process to share information across the state. Regional managers, leads, and workers hold several state-wide meetings vs. regional meetings to better support and train. Communication and education have improved.

Question: Is there a training to include cultural competencies to familiarize all public-facing workers with tribal nations culture and history in ND?

Answer: Medicaid and Public Health Engagement teams will work on this together as they already have materials they can use. Our Disregarded Income Policy has been updated to be more clear concerning tribal income. This has resulted in less denials for this reason. There have been no requests for assistance for that issue in the past month.

<p>Tribal Liaison Items</p> <ul style="list-style-type: none"> • Care Coordination • Traditional Healthcare SPA • Troubleshooting Medicaid Issues Together • Upcoming Engagement Opportunities & Announcements <p>Monique Runnels, <i>Tribal Medicaid Liaison</i></p>	<p>Tribal Care Coordination Check-in</p> <ul style="list-style-type: none"> • Tribes have expressed interest in negotiating more tribal care coordination agreements. <ul style="list-style-type: none"> ○ Turtle Mountain and MHA have formed a small work group with Dr. Dwelle. ○ Questions posed to the group: <ul style="list-style-type: none"> ▪ How are those conversations going? ▪ How can we assist? <p>Traditional Healthcare Services SPA</p> <ul style="list-style-type: none"> • We have been working together for the last 11 months on traditional healing services. • We have a small workgroup identifying traditional healthcare services and defining them. • CMS has signaled they plan to disapprove our SPA for coverage of Traditional Healthcare Services. • Next Steps: <ul style="list-style-type: none"> ○ We have requested time for CMS to meet with our tribes and tribal partners later this month. The purpose of the meeting is for tribal partners and leaders to make the case for approval of the SPA and ask CMS questions. The meeting is scheduled for June 25, 2025 at 12pm CT. Here is the meeting link. ○ We will work to schedule a pre-huddle meeting to prepare tribal partners and leaders for the meeting with CMS. This meeting is scheduled for Monday, June 23, 2025 at 11am CT. Here is the meeting link. ○ We do not know what would be required for the 1115 waiver. Sarah has met with CMS to begin to gather that information. <p>Troubleshooting Issues Together</p> <ul style="list-style-type: none"> • If you do have issues with eligibility determinations, please cc mrunnels@nd.gov in your emails to applyforhelp@nd.gov • This will help us identify areas we need to improve policy and/or training for our workers. <p>Upcoming engagement opportunities:</p> <ul style="list-style-type: none"> • <u>Medicaid Medical Advisory Committee (MMAC)</u> <ul style="list-style-type: none"> ○ Tuesday, August 19, 3 to 5 p.m. CT -via Microsoft Teams • <u>Engaging Native American Community for Public Input- Home and Community Based Services (HCBS)</u> <ul style="list-style-type: none"> ○ 2nd Wednesday of every month ○ Contact Monique Runnels for the meeting link. • <u>1915(i) Office Hours</u> <ul style="list-style-type: none"> ○ Every Wednesday 9-10am <p>Other announcements shared:</p>
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	<ul style="list-style-type: none"> • Looking for tribal representative for the Cross Disability Council. <ul style="list-style-type: none"> ○ Applications accepted through June 10, 2025. • Child and Family Services Review Town Hall <ul style="list-style-type: none"> ○ Findings from the most recent Child and Family Services Review ○ Presented by the Children's Bureau ○ July 16 1 – 3 p.m. CT ○ Virtual on Microsoft Teams ○ hhs.nd.gov/cfsr-town-hall
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Tribal Consultation

Tribal Care Coordination

- Not much progress has been made. Still working on it. Wanting to connect with providers to better understand hesitations with agreements.
- Provider insight was provided, and provider support has increased. Further conversation supported by

Question: What does state do with their 20%?

Answer: Goes back to state general fund. Will set up meeting future meeting to revisit breakout and discuss ways we can work together.

Traditional Healthcare Services SPA

Question: Did CMS provide justification as to why they are not wanting to approve?

Answer: CMS claims they don't have authority to approve as a SPA. We disagree and we will have CMS formally disapprove instead of withdrawing as a state as CMS.

Question: Other states have done this differently and there isn't an example of how to go through this, correct?

Answer: Yes. Other states have done the 1115 demonstration waiver which takes much longer. And requires a larger administrative lift.

Question: When is the special session so we can request 1115 waiver?

Answer: We don't need a special session; we can move forward. Explained data reporting processes and how to report expenditures. These IT projects are anticipated to be of great cost.

Question: We don't need the approval for the waiver, but will if there is a large cost?

Answer: Yes.

Question: Could we potentially know the cost prior to special session?

Answer: Yes, but we do not have a special session, but if so, we would have an estimate at that time.

Question: Are other states billing yet?

Answer: The Last connection with other states showed that they were not operational yet.

Question: What type of traditional medicines are you aiming to have approved? Is there supportive info to show value in requested services?

Answer: The Process is not at that point, and submission language was left broad to allow more possibilities for tribes to make tribe-specific choices.

Question: If these services were listed in the contract, then would they be payable?

Answer: Contracts are different than what is billable to Medicaid. Having support within contracts would be beneficial.

We disagree with CMS' current opinion and have a meeting to address this concern. We asked for a call on June 25th or 26th with CMS. Which date/time would be preferable?

- June 25th from 12-1 for a virtual meeting was requested.
- Invite will be sent. We will have CMS tribal affairs directors and policy attend this call.

Question: If SPA gets declined, will we have to pursue the waiver?

- We will continue to advocate and discuss with CMS.

Date Posted: 6/27/2025