NORTH Dakota | Health & Human Services
Be Legendary.

Meeting Minutes

ND HHS Tribal Consultation

September 30, 2025
8:30-11:45am CT

Topic and Speaker	Meeting Notes
Welcome & Introductions	
Public Health Division Updates Krissie Mayer, *Community Engagement Director*	Sherry Adams is the new State Health Officer (SHO) and will be involved in Tribal engagement. Molly Howell took over the infectious disease Section upon Kirby Kruger's retirement. **Vaccine Information:** **COVID-19:** The Advisory Committee on Immunization Practices (ACIP) COVID-19 vaccine recommendations. The CDC Director has not yet signed off on the recommendations, so VFC COVID-19 vaccine is not yet available. The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows: **PASSED** 12-0 a. Adults 65 and older: Vaccination based on individual-based decision making* b. Individuals 6 months to 64 years: Vaccination based on individual-based decision making – with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors. *Also known as shared clinical decision making ACIP also voted on the combined measles, mumps, rubella and varicella vaccine (MMRV). **Other Respiratory Vaccines:** • Influenza: Influenza vaccine is widely available throughout the state. Everyone 6 months and older is recommended to be vaccinated. Especially important for high-risk groups, including older individuals, young children and those with high-risk medical conditions. • RSV: ○ Maternal vaccination to protect infants: September – January ○ Monoclonal antibody to protect infants: October – March ○ Three vaccines for older adults. Single lifetime dose at anytime. Recommended for everyone ages 75 and older and high-risk ages 50-74. **MMRV:** For measles, mumps, rubella, varicella vaccines given before age 4 years, the combined MMRV vaccine is not recommended. Children in this age group should receive separate measles, mumps, and rubella vaccine, and the varicella vaccine (MMR+V). **Measles:**

	Measles continues to circulate in the U.S.: Measles Cases and Outbreaks | Measles (Rubeola) | CDC
Q&A No questions or comments	

New Coverage Policy Director	Janice Tweet
	• Joined Medical Services June 2025
	• Education in Public Policy
	• Work Experience
	  • Federal and state legislative arenas
	  • Nonprofit

Recent Tribal Consultation Letters	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)
	• August 29, 2925 - Tribal Consultation Letter for Therapy Limits
	  • DRAFT Therapy Limits SPA

HCBS 1915 (c) Waiver Amendment
Nancy Maier, *Adults and Aging Administrator*
	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
	  • 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. • Qualification of Staff Providing Long Term Care Targeted Case Management in Tribal Communities • Education • 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.

1915(c) Traditional IID/DD HCBS Waiver Amendment Heidi Zander, *DD Waiver Administrator*	• 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 (letter July 22, 2025) • 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 of Comments regarding HCBS Updates: • Nancy Maier nmaier@nd.gov 701-328-8945 1915(c) Traditional IID/DD HCBS Proposed Waiver Amendment (letter 8/29/25) Host Homes • 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. • 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 Host Homes mean to 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 • Next Steps ○ 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. ○ Plan to submit at a later date-will update again. • Question or Comments Contact: Heidi Zander hzander@nd.gov 701-328-8945 Community Health Workers (CHWs) and Community Paramedics (CPs) CHW/CP Timeline: • August 2025: ○ SPA submitted for review via Tribal Consultation

Community Health Worker Services & Community Paramedicine SPA	○ CHW and CP policy posted on the Public Comment webpage • September 2025: ○ Public comment closed, policy finalizations • October 1, 2025: ○ Final CHW and CP policies posted on the Provider Guidelines webpage along with a 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 (this includes CHRs who become certified) ○ 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). ○ 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

Therapies Updates Wendy Schmidt, *Policy Analyst*	○ 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. ○ 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 Service Limits Therapy Services (letter 8/15/2025) • 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. • 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 o 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

Tribal Consultation

New Coverage Director:
No questions/comments
Recent Tribal Consultation Letters:
No questions/comments
HCBS 1915 (c) Waiver Amendment:
Question: Can you expand on memory care and traumatic brain injury?
Answer: Licensed as basic care but provide memory care for residents. Residents get therapeutic recreation, living quarters, meals, etc.
Question: Is it just for dementia and age specific?
Answer: Anyone over 18 years. Screening for specific level of care.
1915(c) Traditional IID/DD HCBS Waiver Amendment:
No Questions/comments
Community Health Worker Services SPA:
Question: Are CHR's reimbursed by a 638 facility at a fee-for-service rate?

Answer: Yes. This is a different provider type and we are working to get further information out to assist in further understanding.

Question: Are there CPT codes that cover serving more than eight people?

Question: Is there a specific referral form?

Answer: No, but the provider NPI is needed.

Question: Why can't the 638 bill at the encounter rate?

Answer: Medicaid leadership made this decision based on the two rate styles. They chose the fee-for-service because you can only get one encounter per day. This method allows the medical encounter to go to that provider.

Question: When can we negotiate the rate again? Answer: This is our starting point. We can review the data and experience at a later date. Question: Where will information be posted? Answer: The information can be posted on our website. **Community Paramedicine SPA:** No Questions or comments **Therapies Updates:** No questions or comments	
H.R. 1, One Big Beautiful Bill Act Krista Fremming, *Assistant Medical Services Director*	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. OBBBA Provisions with No Impact on ND Medicaid: • Prohibits Medicaid funds from being paid to certain abortion providers. • Sunsets temporary 5% point enhanced FMAP for states that newly expand Medicaid. • 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%. • 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 • Requires FMAP to be the state's regular FMAP for all Emergency Medicaid expenditures • 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: • Requires States to check the Death Master File to identify enrolled members who are deceased at least quarterly • Sets a maximum home equity limit of $1 million for determining eligibility for long-term care services • Requires states to submit SSN and other data to prevent duplicate enrollment

	• Requires states to check the Death Master File to determine if a provider or supplier is deceased upon enrollment and quarterly thereafter • 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. • Modifies methodology for determining whether provider taxes are redistributive OBBBA Provisions with impact on ND Medicaid (see slide deck for more details) • Reduce Duplicate Enrollment o Develop additional processes to obtain address information from enrollees o CMS must develop system to identify duplicate enrollment and notify states • Good Faith Waiver Removal: Removes good faith waiver for payment reductions related to error rates in HHS and state audits • Eligibility Redeterminations: Increases frequency of eligibility redeterminations from annually to every six months • 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 • Retroactive Coverage: Decrease retroactive coverage period from 3 months to 1 month for Expansion members and 2 months for all other members • Work Requirements: Establish work/community engagement requirements for "able-bodied" adults o See slide deck for more information on qualifying engagement activities, mandatory exemptions and implementation date. • Cost Share: Implement cost-sharing for adults with income greater than 100% federal poverty level. • 1915(c) Waiver: Create a new section 1915 (c) HCBS waiver option
Tribal Consultation Question: How does the good faith waiver impact FMAP for services received from IHS or 638s? Answer: Unsure, will follow. Question: How does it work if people are commuting from another state? Answer: We would want that member to notify us if they were moving. Question: Will the state notify members of the work requirements?	

Answer: We have not yet other than general website information. As we get closer, we will also communicate directly to members.
Question: Could Medicaid come down and present information in person?
Answer: Yes.

Tribal Liaison Items

- Care Coordination Updates & Reminders
- Upcoming Changes to IHS/Tribal Health Policy
- Traditional Healthcare SPA
- Upcoming Engagement Opportunities & Announcements

Monique Runnels, *Tribal Medicaid Liaison*

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
  - See slide deck for Tribal Care Coordination fund amounts

Upcoming Changes to Indian Health Service/Tribal Health Programs Policy

- Effective Date: January 1, 2026
- Draft Available: November 2025
- Education sessions with each tribe: December 2025
- We are updating the policy to:
  - 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
- Next Steps
  - CMS has 90 days to respond back to us.
  - Questions asked:

	▪ 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?
Tribal Consultation Tribal Care Coordination: Comment: The law and the way this fund is set up needs to change. We are forced to use one provider, Sanford, if we wish to access these funds. Answer: We can start by joining (the workgroup) to discuss desires for change. Traditional Healthcare SPA Comment: There should be no consideration on rates other than the all-inclusive rate. If the SPA is not approved, what should our next steps be? Should we ask for the 1115 demonstration waiver? ▪ Yes. ▪ Two tribes have already done this. No other options but to do the waiver. ▪ We should plan to have the SPA denied and embrace the waiver. The SPA was to expedite the waiver. If CMS denies, we must get prepared for the waiver. Comments: Look to other states such as Oregon to gather information on what the evaluation component will look like. If it involves legislation, we should involve the tribes. This would be a good time to start talking to leaders and gathering support. CMS verbally indicated they would help reduce burden to us, but we are unclear what this actually means. The SPA also eliminates evaluation measures. We need to prepare tribes for supplying CMS with requested information. Oregon is billing and does include legislation. Concerns expressed about a potential lack of funding due to deeper federal funding cuts.	
Rural Health Transformation Project (RHTP) Janice Tweet, *Coverage Policy Director* Monique Runnels, *Tribal Medicaid Liaison*	Rural Health Transformation Tribal Consultation Discussion Session • RHTP Opening Discussion Questions asked: o What are your top health priorities? o What challenges make it hard to get good health care? • The Rural Health Transformation Program (RHTP) 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 shared with key dates
	• 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
	• 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
	• Unallowable costs and limits:
	  ○ 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 shared (see slide deck for full results) • ND Strategic Priorities: ○ Strengthen and stabilize rural health workforce ○ Make ND healthy again ○ Bring high quality health care closer to home ○ Connected tech and data for a stronger ND • Asked the groups questions in each area ○ 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 date 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. • 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.

Tribal Consultation

Participants highlighted key community health challenges and priorities including:

- Diabetes, hypertension, respiratory, cardiovascular, depression, and anxiety disorders
- Limited dental and maternal health services
- Lack of preventive care, specialty care access, and education
- Workforce recruitment and retention
- Behavioral health, treatment, and recovery support
- Transportation barriers, high travel costs, and long wait times for referrals
- Economic development, housing, and educational opportunities to "grow their own" healthcare workforce

Discussion Highlights:

- **Tribal Participation & Eligibility:** Questions were raised about how "tribe" is defined within the program and how funding applies to treaty tribes, IHS, and 638 facilities. HHS clarified that tribes are eligible.

- **Workforce Challenges:** Distance, housing shortages, federal restrictions, and provider turnover were cited as major issues. Participants noted that local provider training, debt forgiveness, and tribal residency programs could help retention.
- **Workforce Solutions:** Ideas included expanding prenatal and postpartum supports, creating elder wellness spaces, supporting doulas and death doulas, funding community-based prevention programs, and increasing cultural programming to address trauma and recovery.
- **Service Access:** Barriers include Medicaid acceptance (especially dental), provider shortages, and limited cancer screenings and therapies (PT/OT). Suggestions included expanding mobile health units, respite services, and autism screening and early intervention.
- **Technology & Data Barriers:** Connectivity challenges, outdated EHR systems, lack of e-scribing capacity, and complex federal IT certification processes limit efficiency. Members asked if RHTP funds could be used to improve IT infrastructure.
- **Cultural Considerations:** Participants emphasized the importance of culturally grounded care, sovereignty, and ensuring equitable health outcomes comparable to non-Native populations.

Next Steps / Suggestions:

- Continue collaboration with tribes to ensure program design respects sovereignty and cultural practices.
- Collect additional feedback to guide funding priorities and program structure.

Upcoming Engagement Opportunities Monique Runnels, *ND Tribal Medicaid Liaison*	**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- 10/29/25** **IHS/THP Policy Education-** Dec. TBD

Date Posted: 10/14/2025