

Medicaid Medical Advisory Committee Meeting Minutes (MMAC)

November 18, 2025

Members in attendance: Matuor Alier, Shannon Bacon, Melissa Bingham, Donene Feist, Representative Kathy Frelich, Dr. Joy Froelich, Kara Hanson, Denise Harvey, Senator Kathy Hogan, Amy Hornbacher, Chelsey Matter, Janelle Moos, Lisa Murry, Neha Patel, Kandy Swenning, Nikki Wegner

Follow Up

Introduction of New Members

- Emily Gilpin

Member Term Expiration

The following members will end their terms in 2026

- February
 - Shannon Bacon
 - Melissa Bingham
 - Amy Hornbacher
 - Courtney Koebele
 - Elizabeth Larson
 - Janelle moss
 - Nicki Wegner
- March
 - Kara Hanson
 - Heather Skadsem

State Plan Amendments

Behavioral Health Rehabilitative Services – *Janice Tweet, coverage policy director* – see slides

- Enhanced guidelines for certain services
- Effective January 1, 2026
- Public comment period 11/19/2025-12/4/2025
- Reviewed enhanced guidelines such as expanding definition of certain services and ensuring members are getting appropriate medical care and making progress on care plan goals.

- Adding annual, soft service limitations to ensure members are receiving appropriate, effective, medically necessary services. Service authorizations may be requested to exceed the soft limits.
 - This is anticipated to impact less than 200 members per year.
- Questions and Answers:
 - Senator Hogan: How many members are getting behavioral health services annually?
 - 11,449 for CY24. The new limits would affect around 1.7% of members.

Other Licensed Providers – *Janice Tweet, coverage policy director* – see slides

- Adding Licensed Master Social Workers to “Other Licensed Providers” definition to expand billable providers and services.
- Questions and Answers:
 - Shannon Bacon: It would be great to see LMSW to also be added to the FQHC manual.

School-Based Services – *Janice Tweet, coverage policy director* – see slides

- Allowing LPNs to bill CPT code T1000 under the supervision of an RN.
- Effective January 1, 2026,

Medical Services Division Updates

Medicaid Policy Update Process – *Wendy Schmidt, policy analyst* – see slides

- Processes for policy updates were reviewed

Coverage changes

- Coverage changes include added services and providers, coverage limits, and services no longer covered.
- Changes are communicated to providers through our Provider Updates webpage, the Provider Newsletter, the Medicaid Member E-Newsletter when applicable, and added routes as appropriate.
- Public Comment Process
 - Final policy draft is posted no less than 30 days before changes go into effect.
 - Comment period is two weeks long.
 - Feedback is compiled and sent to leadership.
 - A feedback summary is created and posted once the policy goes into effect.
- Questions & Answers
 - Do you report how many agencies are making the same comment?
 - Yes, leadership is made aware of what comments and how many were submitted.

Quarterly Process Updates

- This is an annual review of all coverage policies.
- The process for review and reformatting policies was presented. This includes formatting, content review, claims review, and leadership approval.

- Reviews readability, ADA accessibility, increase clarity and update as needed.
- Changes occur throughout the year.
- Questions & Answers:
 - Denise Harvey: Are comments sought out at times from this Advisory Committee group?
 - It would be case-by-case if changes didn't require a full public comment period, then we may bring them to this committee.
 - Representative Frelich offered her expertise on ADA compliance.

Updates as Needed

- Periodic policy updates process was reviewed. Changes may include updated CPT codes or errors.
- The Provider Guidelines, Manuals, and Policies webpage was toured.
- Questions & Answers
 - Senator Hogan: If someone wants to refer to an older policy is that possible?
 - Yes, we can access policy that is over a year old
 - Can we sign up to see the public comment process?
 - Yes, the webpage was shared to the committee
 - Shannon Bacon: With subject matter experts, are they housed within Medicaid or leveraging public health division also?
 - Only Medicaid unless the policy requires expertise outside of Medicaid.

Education Topic

Rural Health Transformation Program (RHTP) – Krista Fremming, Assistant Director – see slides

- The RHTP enactment, overview, and requirements were reviewed.
- CMS outlined primary focus to include making rural America healthy again, creating sustainable access, developing workforce, offering innovative care, and using innovative technologies.
- Allowable use of funds includes prevention and chronic disease, provider payments, consumer tech. solutions, training and technical assistance, workforce, IT advances, appropriate care availability, behavioral health, innovative care models, investing in existing rural infrastructure, and fostering collaboration.
- Unallowable costs and limits were reviewed. Examples included pre-award costs, matching requirements, and legal responsibilities of other parties under federal, state, or tribal law.
- The RHTP fund distribution process included distribution based on the type of funding and award criteria. ND will receive at least \$100 million annually over the next five years.
- The RHTP timeline of events and requirements was reviewed. Showed the One Big Beautiful Bill Act becoming law on July 4, 2025, the November 5 application deadline, the December 31 awardee decisions and more.

- Stakeholder engagement opportunities include surveys, listening sessions, tribal consultation, a submission form process, a dedicated email, and one-on-one meetings.
- RHTP Survey responses, themes from feedback, participant locations, suggestions to use funding, and statistics were reviewed.
- Key themes for the RHTP were to Strengthen and Stabilize Rural Health Workforce; Bring High-Quality Health Care Closer to Home; Make ND Healthy Again; and Connect Technology, Data and Providers for a Stronger ND.
- We invited tribal leaders to participate in the survey and included this topic at the September 30, 2025, Tribal Consultation meeting, where discussion centered around workforce, service access, technology and data barriers, and cultural considerations.
- Our strategic priorities and how we plan to accomplish them were presented.
- The RHTP awards process, reporting, and tracking were discussed.
- An interim legislative committee was created for the RHTP.
- A Provider Readiness Survey has been created and is open now through December 1, 2025. Providers were encouraged to take this survey.
- Questions & Answers
 - When number of staff is asked, is it asking for the first four to five months? If so, is it helpful to answer that from the larger picture of clinical membership or does that confuse things more?
 - Our first budget period is only 10 months, and we have spending deadlines. So, we are trying to figure out what we can do to spend that funding within the allotted timeframe. We are looking for the number of staff iper organization rather than combining multiple organizations.

Public Comments/Questions

- No comments provided.

Next meeting date:

- Tuesday, February 17, 2026 3:00-5:00 P.M. CT, via Microsoft Teams

2026 Meeting Dates:

- Tuesdays, 3:00-5:00 P.M. CT, via Microsoft Teams
 - February 17 | May 19 | August 18 | November 17

Posted: 12/5/2025