



Medicaid Medical Advisory Committee

November 18th, 2025 Meeting Slides



Health & Human Services

Agenda

- Roll call
- Follow Up
 - Welcome new members – Shannon Bacon, MMAC Chair
 - Member Introductions – All
 - 2026 Term Expirations – Shannon Bacon, MMAC Chair
- State Plan Amendments
 - Behavioral Health Rehabilitative Services – Janice Tweet, Coverage Policy Director
 - Other Licensed Providers – Janice Tweet, Coverage Policy Director
 - School-Based Services – Janice Tweet, Coverage Policy Director
- Medical Services Division Updates
 - ND Medicaid Policy Update Process – Wendy Schmidt, Policy Analyst
- Education Topic
 - Rural Health Transformation Program – Krista Fremming, Assistant Director
- Questions/Comments/Public Comment

Member Term Expiration 2026

February

- Shannon Bacon, Chair
- Melissa Bingham
- Amy Hornbacher
- Courtney Koebele
- Elizabeth Larson
- Janelle Moos
- Nikki Wegner

March

- Kara Hanson
- Heather Skadsem



State Plan Amendments

Janice Tweet, Coverage Policy Director

Behavioral Health Rehabilitative Services

- Enhanced guidelines for certain services
- Addition of annual service limitations
- Effective January 1, 2026
- Public comment period
 - Wednesday, November 19 – Wednesday, December 3
 - [Proposed policy will be available on our website](#)

Behavioral Health Rehabilitative Services

Enhanced Guidelines

- Expand definition of certain services to provide further detail on what services should entail.
 - Example – the review process for behavioral intervention services would change from as needed to monthly. This change will ensure the service is having its intended effects, and if not, allows the opportunity for goals to be adjusted.
- Ensures members are receiving appropriate and medically necessary care and make progress on care plan goals.

Behavioral Health Rehabilitative Services

Service limitations

- Ensure services provided are medically necessary.
- Service authorization is available for any services that exceed the limit and are medically necessary.
- Estimated to impact less than 200 members.

Other Licensed Providers

Licensed Master Social Workers (LMSWs) added under Other Licensed Providers (OLPs)

- *Any person licensed or certified under state law to provide medical or behavioral health services and practicing within the scope of his or her licensure pursuant to the applicable state law for his or her licensure or certification.*
 - Able to bill covered services within their scope of practice
 - Effective January 1, 2026
- [Other Licensed Providers policy](#)

School-Based Services

Allow LPNs to provide nursing services to children with complex medical needs to support their access to free appropriate public education.

- Service allowed under supervision of an RN
- CPT® code T1000 – Private duty/independent nursing services
- Effective January 1, 2026
- [School-Based Services policy](#)

Questions



ND Medicaid Policy Update Process

Wendy Schmidt, Policy Analyst

Policy Updates

Coverage Changes

- Changes that will affect coverage in services for ND Medicaid such as:
 - Addition of services/providers (CHWs, CPs);
 - Changes in coverage limits; or
 - Services that will no longer be covered.

Quarterly Policy Updates

- Annual review of the policy to address:
 - Readability and ADA compliance; and
 - Assess areas where clarification can be added.

Updates as Needed

- Changes made throughout the year to address mandated updates such as:
 - Updated immunization coverage; or
 - Addition of new or changing CPT® codes.

Coverage Changes

Federal or state mandated changes will be shared via:

- Provider Updates;
- Providers Newsletter;
- Member Newsletter if applicable; and
- Additional routes as appropriate.

Public Comment Process

The Public Comment process is implemented for nonmandated changes and is as follows:

- The final policy draft is posted no less than 30 days before changes go into effect.
- The comment period is open for two weeks.
- Feedback is compiled and sent to leadership for review.
- A feedback Summary is created and posted once the policy goes into effect.

Please note: Pharmacy services coverage policy will not be part of this process. The existing process through the Medicaid [Drug Use Review Board](#) will remain unchanged.

Quarterly Policy Updates

This is an annual review of all coverage policies that focuses on the accuracy and clarification of policy coverage requirements.

The Quarterly Policy Updates process includes:

- Format review by Policy Analyst;
- Content review by Subject Matter Expert;
- Reimbursement and claims review by Claims; and
- Final review by leadership.

Policies are posted on the first day of the quarter and all changes are notated at the bottom of the policy.





Updates as Needed

Periodic Policy Updates

- Changes to existing codes such as:
 - If a CPT® code gets renumbered; or
 - A laparoscopic code is added for a surgery we have always covered.
- An update is made, such as:
 - Which flu vaccine is covered for the upcoming flu season.

Provider Guidelines, Manuals and Policies webpage

- **Community Health Worker - *NEW* October 2025** 
- **Community Paramedicine - *NEW* October 2025** 

- **Third Party Billers - Updated November 2025** 
- **Third Party Liability (TPL)** 
- **Timely Claims Filing - Updated October 2025** 

POLICY UPDATES

January 2025

Section	Updates
Purpose and Applicability	Sections added
Immunizations for Children	Sections added

August 2025

Section	Updates
VFC Vaccine	Added Enflonsia®, Jynneos™, Twinrix®, RotaTeq®, and IPOL® to the list of vaccines available through VFC. Removed TDVAX™.
VFC Flu Vaccine	Updated NDCs for the 2025-2026 season
VFC COVID-19 Vaccine	Removed Novavax

Questions?



Rural Health Transformation Plan

Krista Fremming, Assistant Director



Health & Human Services

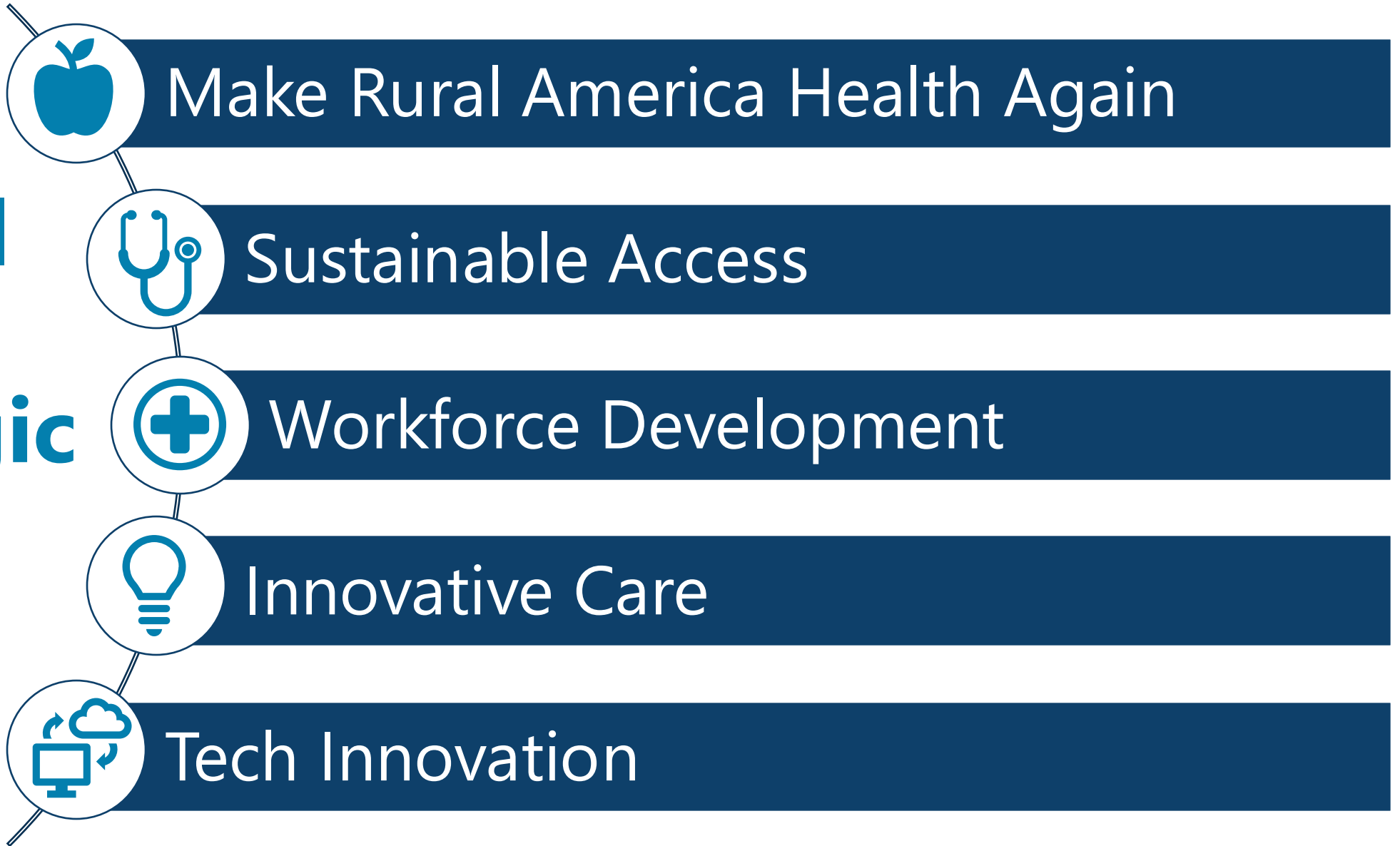
What is the Rural Health Transformation Program?

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (OBBBA - Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.

- OBBBA appropriates \$50 billion to a Rural Health Transformation Program from Federal Fiscal Year 2026 – 2030.
- One time application for all 5 years. Applications must be approved by CMS before December 31, 2025.



Federal RHTP Strategic Goals



Allowable 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

Investing in
existing rural
infrastructure

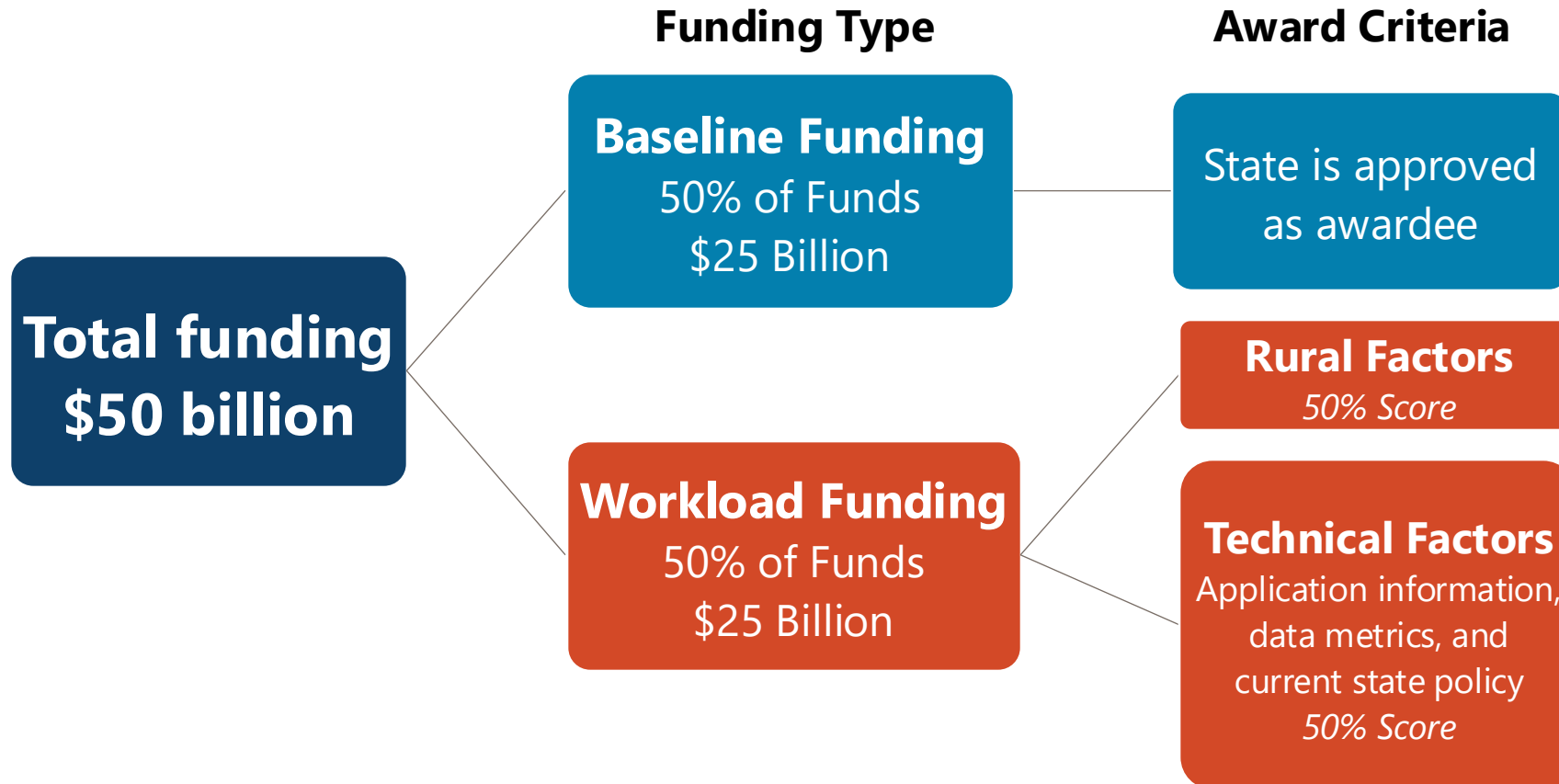
Fostering
collaboration

Unallowable Costs and Limits

10% Cap on Admin
Costs Across All
Funding

- Pre-award costs.
- Meeting matching requirements for any other federal funds or for local entities.
- Services, equipment or supports that are the legal responsibility of another party under federal, State or tribal law.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services.
- 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 clinical services that could be reimbursed by insurance.
 - Direct health care services may be funded if not currently reimbursable, will fill a gap in care coverage, and/or may transform current care delivery model.
 - Provider payments cannot exceed 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.
- Financial assistance to households for installation and monthly broadband internet costs.
- Clinician salaries/wages for facilities that subject clinicians to non-compete clauses.
- Meals and food.

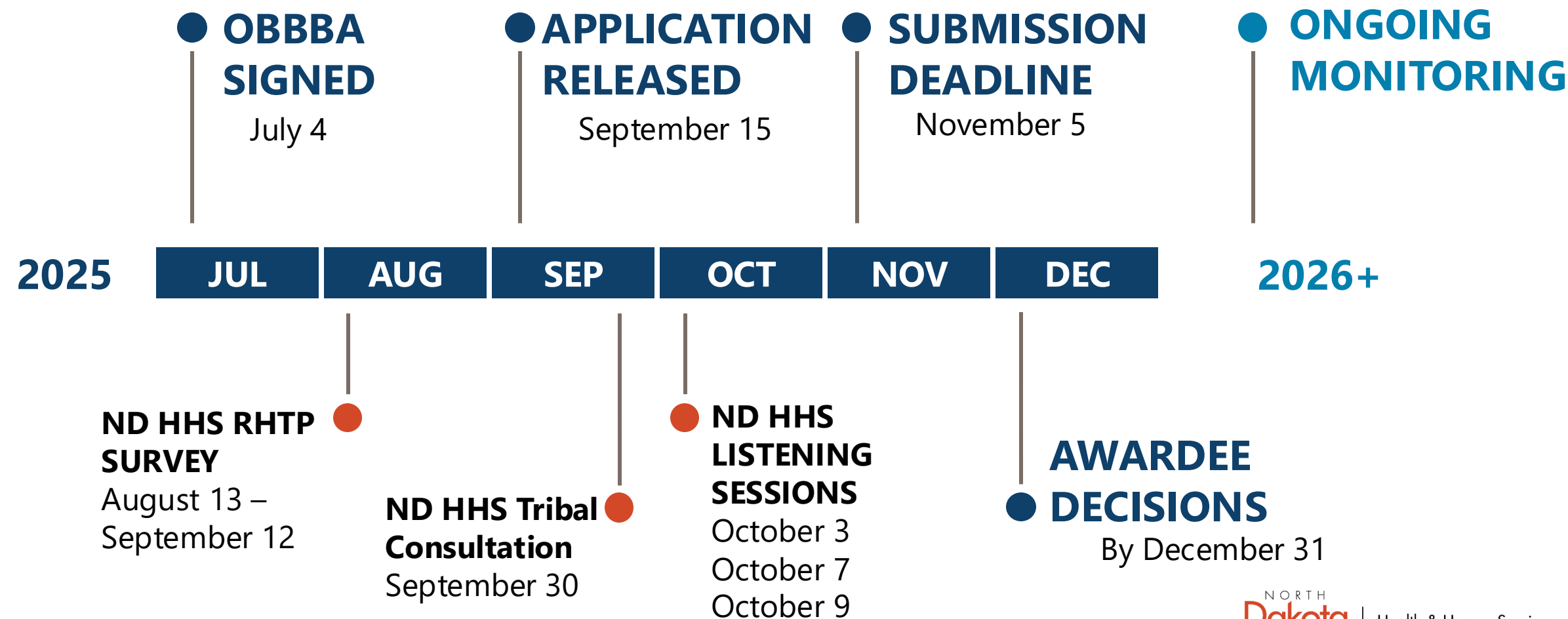
RHTP Fund Distribution



- North Dakota expected to receive at least \$100 million per year from FFY 2026-2030 in Baseline Funding.
 - \$500 million total funds will go to North Dakota in Baseline Funding.
- Workload Funding will be determined based on a state's application and rural factors data.

Timeline

Rural Health Transformation Program



Stakeholder Engagement

Engagement Opportunities

Surveys

Listening
sessions

Tribal
Consultation

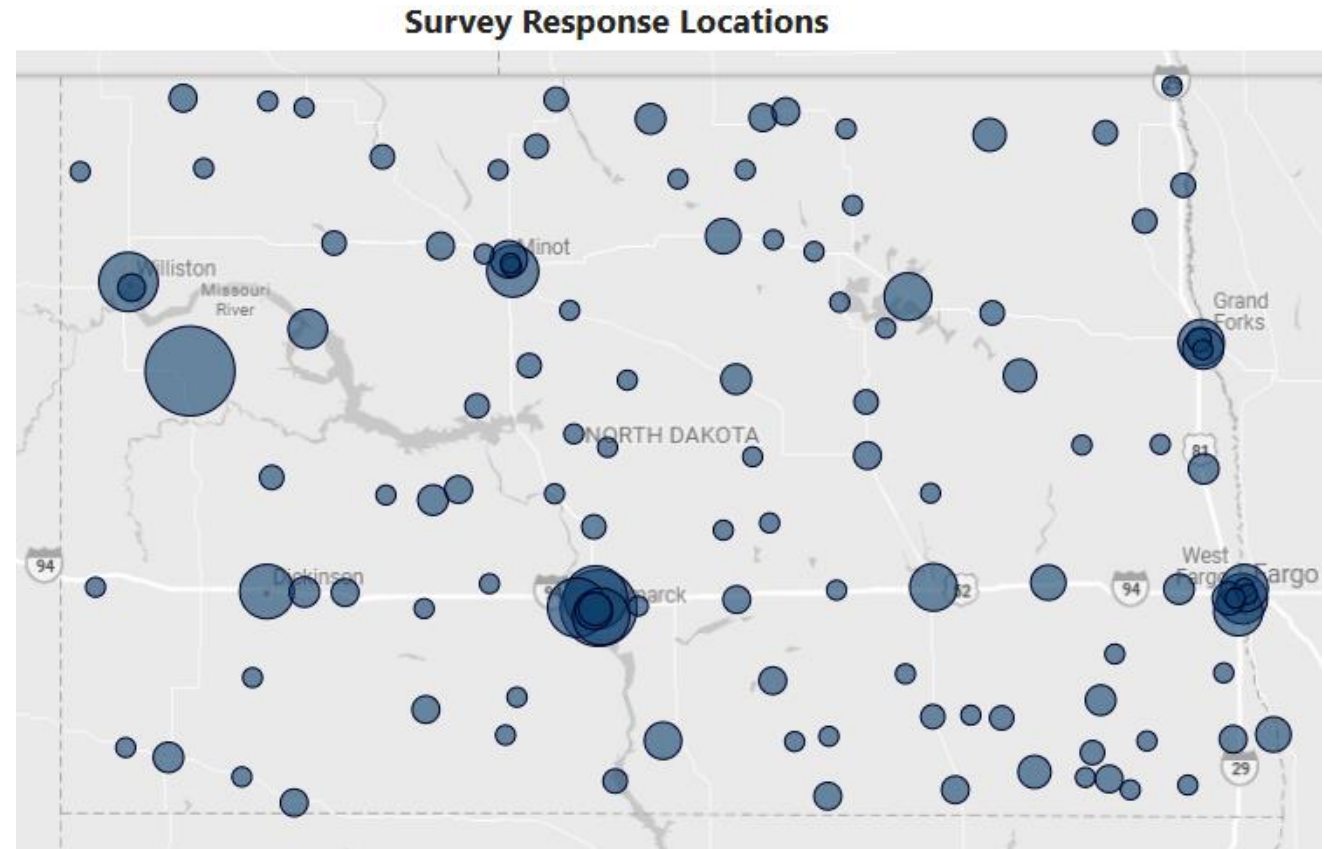
Form
Submission

Email

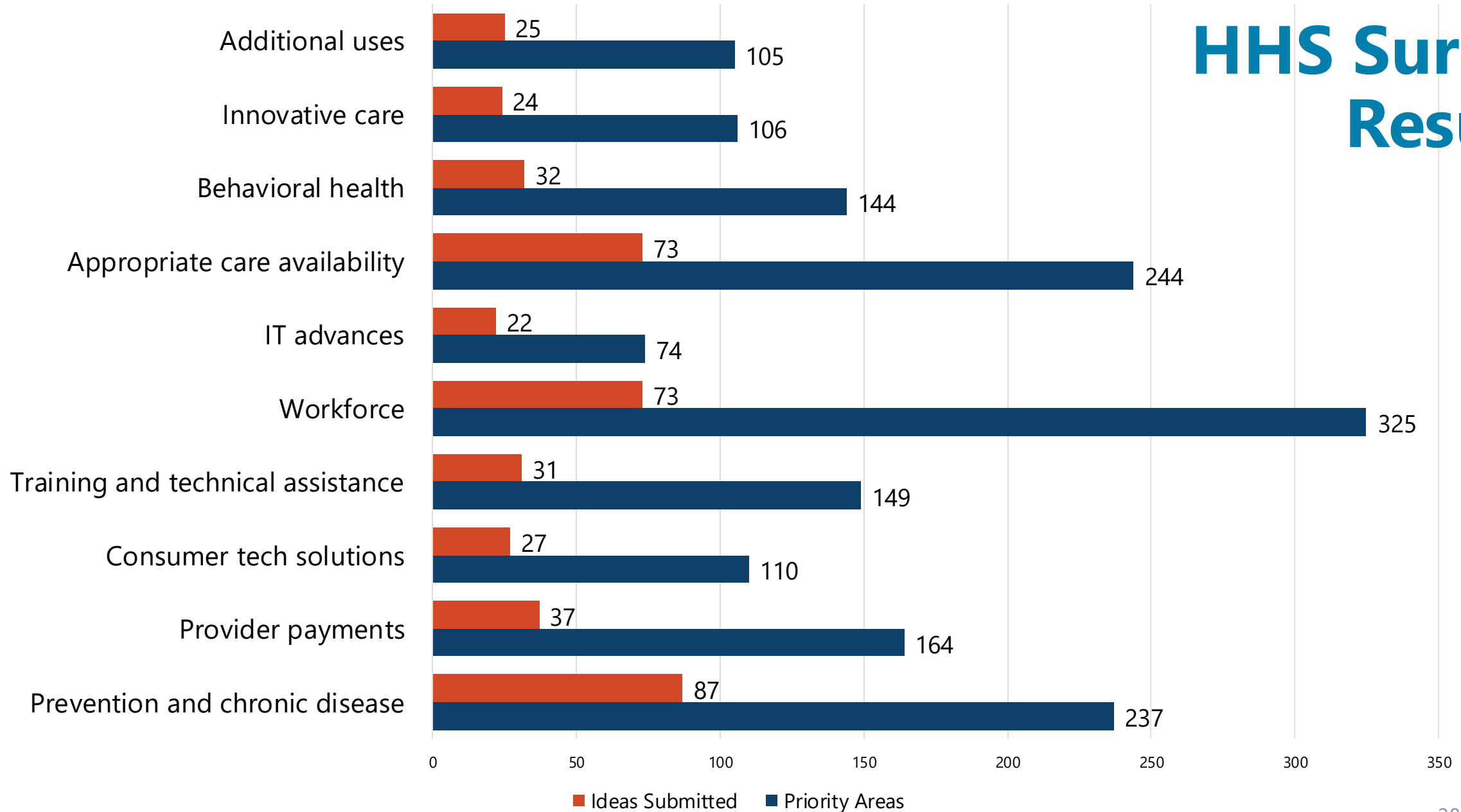
One on one
meetings

HHS Survey: RHTP Priorities and Ideas

- HHS began outreaching providers, members, and the general public for information while awaiting CMS guidance.
 - Survey asked respondents to:
 - Describe their interest in rural health.
 - Prioritize federal funding areas described in One Big Beautiful Bill Act (OBBBA).
 - Describe ideas for funding including impact on rural North Dakotans, anticipated outcomes and sustainability plan.
- Survey Opened August 13 and closed on September 12.
- Total Responses: 1,265



HHS Survey Results

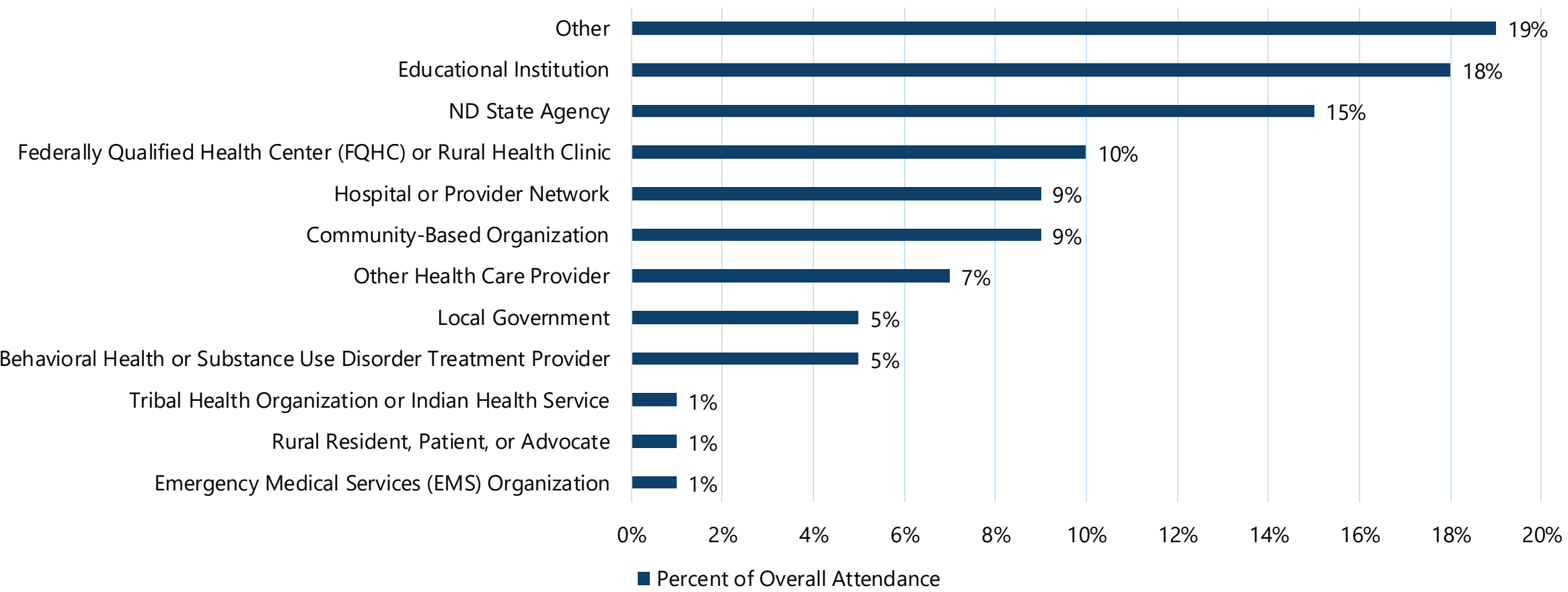




RHTP Listening Sessions

- HHS shared key themes from the recent public Rural Health Transformation Program survey and gathered additional feedback to help shape North Dakota's application through Listening Sessions in October.
 - October 3 | 3 - 4 PM CT | **111 Attendees**
 - October 7 | 9 - 10 AM CT | **131 Attendees**
 - October 9 | 12 – 1 PM CT | **110 Attendees**

Listening Sessions Attendance



Strengthen and Stabilize Rural Health Workforce

1. Expand Rural Healthcare Training Pipelines
2. Improve Retention in Rural and Tribal Communities
3. Use Tech as Extender for Rural Providers
4. Provider TA and Training for Existing Workforce

Bring High-Quality Health Care Closer to Home

1. Rightsizing Rural Health Care Delivery Systems for the Future
2. Coordinating and Connecting Care
3. Clinics without Walls
4. Sustaining Revenue
5. Ensuring Safety Net Service Delivery
6. Ensuring Transportation

Make ND Healthy Again

1. Building Connection and Resiliency
2. Eat Well North Dakota
3. Investing in Value
4. ND Moves Together

Connect Tech, Data and Providers for a Stronger ND

1. Cooperative Purchasing for Tech and Other Infrastructure
2. Breaking Data Barriers
3. Harnessing AI and New Tech

Listening Session Feedback Strategic Priorities and Key Themes

Tribal Consultation

Hosted September 30, 2025

All Tribes represented

Community Health Challenges and Feedback

- 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

Tribal Consultation

Workforce	Expand prenatal and postpartum supports
	Fund community-based prevention programs
	Increase cultural programming
Service Access	Expand mobile health units
	Expand respite services
	Increase autism screening and early intervention opportunities
Technology and Data Barriers	Increase e-scribe capacity
	Expand telehealth through federal IT certification processes
Cultural Considerations	Ensure culturally grounded care and sovereignty
	Prioritize equitable health outcomes comparable to non-Native populations

North Dakota Rural Health Transformation Plan

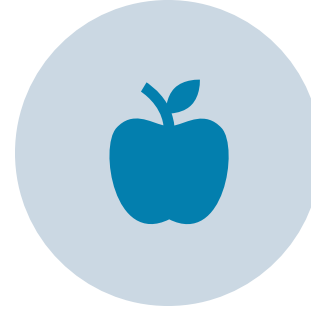
Strategic Priorities



**STRENGTHEN
AND STABILIZE
RURAL HEALTH
WORKFORCE**



**BRING HIGH-
QUALITY
HEALTH CARE
CLOSER TO
HOME**

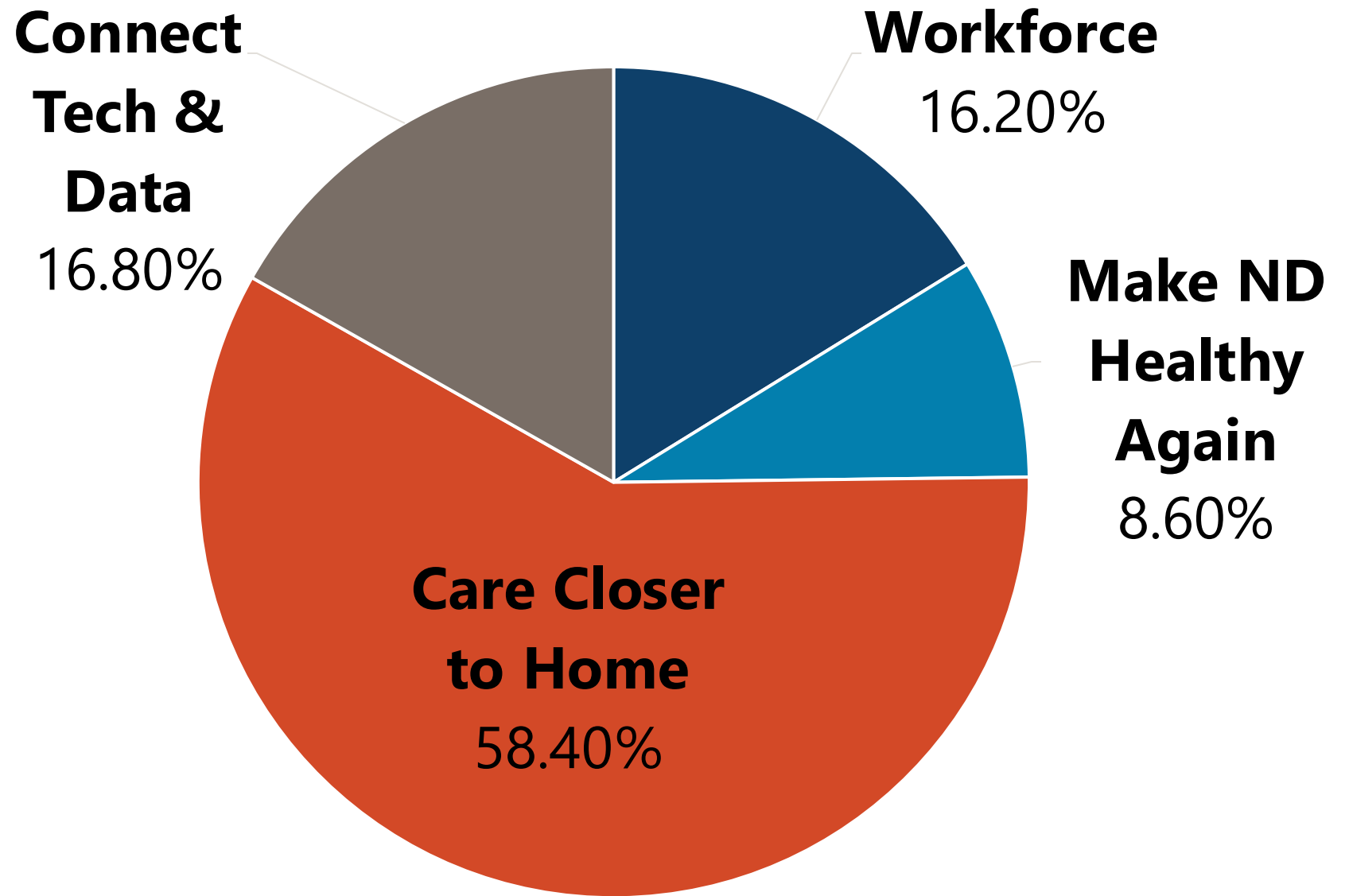


**MAKE NORTH
DAKOTA
HEALTHY
AGAIN**



**CONNECT TECH,
DATA, AND
PROVIDERS FOR
A STRONGER
ND**

Draft Funding Allocations By Initiative



Note: Final funding amounts dependent on CMS scoring and award.

Strengthen and Stabilize Rural Health Workforce

- Ensure long-term sustainability of rural healthcare by strategic investments in workforce.



Workforce was identified as the top need in both the HHS survey and listening sessions.



Rural North Dakota faces more healthcare workforce shortages than their urban counterparts.



Workforce is a key driver of both cost and revenue for rural facilities.



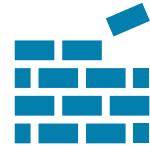
Reliance on temporary staffing models is costly and can strain financial health of rural providers.

Bring High-Quality Health Care Closer to Home

- Focus on sustainability and right-sizing for the future.
- Invest in safety net service delivery through enhanced telehealth supports and closing gaps in our care continuum.



Financial distress is the number one predictor of facility closure.



Multiple revenue streams can help promote stability.



Distance can be a barrier to care. Individuals are more likely to delay or skip necessary care when geographically distant from care.



Technology and mobile health care can help ensure access points in communities without a regular source of care.

Make North Dakota Healthy Again

- Address root causes of health care through a focus on behavioral health, nutrition, and physical activity.
- Ensure sustainability of gains through health payer payment policy.



10% of adults have 3+ chronic health conditions.



Chronic diseases account for 90% of annual healthcare expenditures. Effective management can substantially lower these costs.



80% of heart disease, stroke, and diabetes & over 40% of cancers are preventable.



Regular activity lowers the risk of 20+ chronic conditions, including depression and 8 types of cancer.

Connect Tech, Data and Providers for a Stronger ND

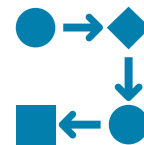
Make strategic investments in health care infrastructure to reduce long term costs, access economies of scale, and use data more effectively.



Healthcare providers often have high fixed costs for infrastructure including technology and regulatory compliance.



Small, independent providers are often priced out from top-tier technology.



High-quality data supports efficient operations in health care that can improve outcomes and reduce costs.

Making RHTP Awards



All awards will require an agreement between HHS and the entity awarded funds.

HHS plans to use multiple processes to award funds:

- Many awards will not require a formal procurement process.
 - Grants can be provided to all qualifying entities within a particular category.
 - Grants may also be provided to a limited number based on scoring.
- Some awards may require a more formal procurement process. If more info is needed, an RFP or RFI process can be beneficial – ex. technology solutions or equipment.
- Award process will include a mechanism to ensure funding is prioritized relative to impacts to communities in need and/or rural/frontier communities.
- HHS intends to limit administrative burden on applying for awards. All awards will require reporting and monitoring in compliance with federal guidance.

How will HHS communicate about subaward opportunities?

- RHTTP Webpage
- Email listservs
 - Tribal Consultation Listserv
- HHS Committees/Councils
 - Tribal Consultation
- Listening Sessions
- RHTTP Legislative Committee



Provider Readiness Survey

- Help us understand capacity of organizations, health care providers, and community partners to begin implementation.
- Completing the survey does not guarantee funding.
- Submit one response per organization.
- Open now through December 1, 2025.

[Take the Survey](#)

Questions and Discussion

Question / Comments / Public Comment

2026 Meetings

- Tuesday, February 17
- Tuesday, May 19
- Tuesday, August 18
- November 17
- 3:00-5:00, virtually on Microsoft Teams