Medicaid Medical Advisory Committee

August 19th, 2025 Meeting Slides

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

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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 • Notification will be sent once the policy is posted • Policy will be posted for 2 weeks
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: • CHWs and CHRs can register with Public Health to become a certified CHW in North Dakota. • 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

- Have or 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).

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.

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.

HCBS Medicaid 1915 (c) Waiver Amendment

This waiver serves older adults and adults with physical disabilities.

The purpose of the amendment is to:

- 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, and 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 qualifications under Family Personal Care, Supervision, Waiver Personal Care and to avoid duplication of services under HCBS Care Coordination.
- **Comments and public input on the proposed waiver amendment will be accepted July 22, 2025, until 5pm CST August 21, 2025.**

1915(c) Traditional IID/DD HCBS Waiver Amendment

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August 2025

1915(c) Traditional IID/DD HCBS Waiver

- The State intents to submit an amendment to CMS for proposed changes starting January 1, 2026.
- Public comment period will be sent out soon.
- Once the comment period opens, the waiver amendment application with the proposed changes will be available to review on DHHS DD Section Website located here: www.hhs.nd.gov/waivers
- After the public comment period, it will be sent to CMS for review.

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Traditional IID/DD waiver proposed changes

New Service added: 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 proposed changes

New Service added: 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.

1915(c) Traditional IID/DD HCBS Waiver

Contact information:

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ND Medicaid Impacts

One Big Beautiful Bill Act

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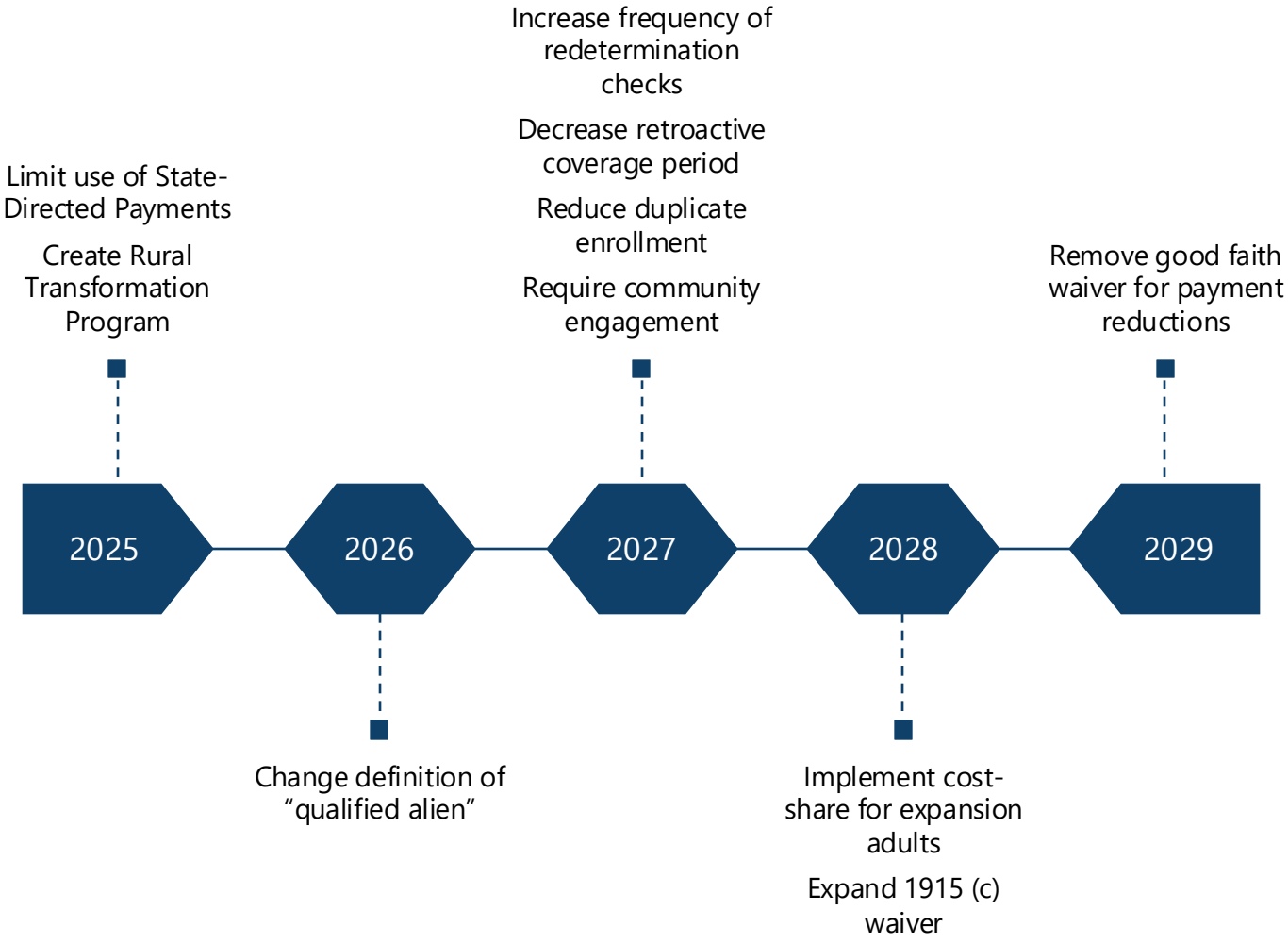
Agenda

- H.R. 1, One Big Beautiful Bill Act (OBBBA) Background
- Implementation Timeline
- No Impact on ND Medicaid
- Sections In Compliance
- Impacts on ND Medicaid

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
- Tribal 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.

- Excludes those residing in US through a Compact of Free Association, certain Cuban and Haitian entrants and refugees.
- 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
- Tribal 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

Section 71401: Rural Health Transformation Program

- Appropriates $50 billion to a Rural Health Transformation Program from Federal Fiscal Year 2026 – 2030.
  - 50% of funding will be awarded equally among states. 40% based on a methodology determined by the Centers for Medicare and Medicaid Services (CMS).
  - North Dakota expected to receive at least $100 million per year FFY 2026-2030. $500 million total funds.
- One time application for all 5 years. Applications must be approved by CMS before December 31, 2025.
  - Expect guidance from CMS in Fall 2025.

Section 71401: Rural Health Transformation Program

States must submit a one-time application to CMS, including a plan that outlines how the state will:

- Improve access to hospitals, providers, and health care services for rural residents
- Enhance health outcomes for rural communities
- Use emerging technologies focused on prevention and chronic disease management
- Strengthen partnerships between rural hospitals and providers to improve quality and financial stability
- Support recruitment and training of rural health care clinicians
- Prioritize data-driven solutions and technology to deliver high-quality care close to home
- Address financial solvency and operating models of rural hospitals
- Identify causes driving hospital closures, conversions, or service reductions

Section 71401: Rural Health Transformation Program

States must fund at least **three or more** designated activities.

- Evidence-based prevention and chronic disease management interventions
- Payments to providers for specified services
- Consumer-facing technology solutions for chronic disease management
- Training on advanced tech such as remote monitoring, AI, and robotics
- Recruiting and retaining rural clinical workforce with service commitments
- IT upgrades improving efficiency, cybersecurity, and outcomes
- Helping communities optimize health care delivery systems
- Expanding opioid use disorder, substance use, and mental health services
- Innovative care models including value-based care and alternative payments
- Other CMS-approved activities to ensure sustainable rural health care

Section 71401: Rural Health Transformation Program

North Dakota's Outreach and Engagement

- As we await CMS guidance, HHS is actively engaging with stakeholders to gather feedback on shaping the state's Rural Health Transformation Plan.
- Anticipate ND HHS Listening Sessions in Fall 2025.

Take the Survey

- We invite rural patients and residents; hospitals, clinics and provider networks; community-based organizations, tribal partners and other stakeholders to participate in our survey and share your input. Your feedback is critical to shaping the plan to best serve North Dakota's rural communities. The survey takes 15-20 minutes to complete. The information gathered will be used for planning and information-gathering purposes only. **Deadline to respond is Sept. 12, 2025.**

Thank you!

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