

**Department of Human Services  
Medicaid Medical Advisory Committee Meeting  
Wednesday, Feb. 7, 2018  
Brynhild Haugland Room, State Capitol, Bismarck  
1:00 to 4:30 p.m.**

**Minutes**

Legislative Attendees: None

Member Attendees: Tim Blasl, Bruce Murry, Kim Osadchuk, Matt Schwarz, Courtney Koebele, Mike Schwab, Tammy Theurer, Mylynn Tufte

DHS Attendees: Maggie Anderson, Stephanie Waloch, Kathy Barchenger, Tina Bay, Erik Elkins, Jennifer Schlinger, Melanie Phillips, Brendan Joyce, Tammy Zachmeier, LuWanna Lawrence, Tom Solberg, Doug Boknecht, Dawn Mock, Pam Sagness, Beth Steffan, Brenda Finn, Krista Fremming

Public Attendees: Glenn Longie, Stephanie Jay, Heather Arnt, Stephen Olson, Beth Lee, Bruce Gillette, Kim Hrubby, Melissa Brady, Cianna Rabbithead, Lois Delong, Carolyn Cavanaugh, Margaret Gates, William Sherwin, Trina Gress, Stephanie Isaak, Gabriell Petri, Clay Moran, Marnie Walth, Anita Monek, Dixie Omen, Michelle Belt, Senator Tim Mathern

**Introductions**

**State Plan Amendments**

Medicaid Expansion Alternative Benefit Plan

For ND Medicaid Expansion Alternative Benefit Plan (ABP) the selected base benchmark Plan will remain as the Sanford Health Plan HMO. Effective on or after January 1, 2018, the following benefits will be updated: organ and transplant; reconstructive surgery; delivery and maternity services; infertility services; prosthetic and orthotic services; diabetic equipment; dialysis services; and mental health and substance use disorder services. ND Medicaid and Sanford Health Plan will continue to evaluate all services to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Rehabilitation/Addiction/Behavioral Health

Addiction services are being separated from partial hospitalization psychiatric services and will have a separate page in the state plan. These changes are being made to match what is in DHS administrative code and to provide clarity for providers as to what is covered.

As the difference between outpatient partial hospitalization and American Society of Addiction Medicine (ASAM) addiction services is clarified, there will no longer be a requirement of ASAM services to be under the direction of a physician. Partial hospitalization will still be required to be under the direction of a physician.

Medical Services is still working through changes on the rehabilitation/mental health section and are trying to consider the impact of changes on all types of providers.

Health Management

The ND Medicaid Health Management Program, called Experience HealthND, is a voluntary disease management program for Medicaid beneficiaries with asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and diabetes. Currently, the Health Management Program has a statewide enrollment average of 200 per month which represents less than 1% of the Medicaid beneficiaries utilizing this service.

In addition to the Health Management Program, the ND Medicaid program offers several other services relating to case management which are available to Medicaid beneficiaries. Medical Services Division will be submitting an amendment to the Medicaid State Plan to end the Health Management Program effective on or after March 1, 2018. During the transition period, Medicaid beneficiaries and their designated primary care provider (PCP) will receive advanced notice along with alternative options and as needed, the current Health Management Program provider will assist those needing to establish a PCP.

#### Intermediate Care Facility

The Access Monitoring Plan addendum will not be needed. This state plan is to implement the state plan side of the rate setting process.

#### Administrative Rules

The administrative rules committee will meet March 12 and 13. DHS will provide testimony on 75-02-02, 75-02-05, 75-02-06, 75-02-07.1, 75-01-03, 75-03-38 and 75-03-39 for autism. Developmental Disabilities and Mental Health also have rules in progress.

#### Waiver Amendments

##### Medically Fragile Waiver

The Medically Fragile Waiver amendment will increase the active slots to 25. Currently the waiver has 15 active and 25 total per year. We are increasing the slots to 25 active and 25 per year due to having a current waiting list of three and having two more working on eligibility. Public comment has been open since January 17 and will close on February 15. The proposed amendment can be found at [nd.gov/dhs/info/pubs/medical](http://nd.gov/dhs/info/pubs/medical). The waiver will be submitted to CMS by February 23, 2018 with an effective date of June 1, 2018.

##### Children's Hospice Waiver

The Children's Hospice Waiver amendment will renew the waiver for five years. It will be open for public comment on February 15; closing on March 16. Tribal consultation will also occur.

##### Home and Community-Based Services (HCBS) Waiver

The Aging Services Division will be submitting an amendment to the HCBS waiver to include community transition services as an allowable waiver service and to further define the definition of what is considered a critical incident that involves a waiver recipient.

#### New Services

The purpose of **Community Transition Services** is to assist eligible individuals transitioning from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the client is directly responsible for his or her own living expenses and needs non-recurring set-up expenses.

Community transition services include **one-time transition costs and transition coordination**.

Transition coordination assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to help them transition from the institution to home.

#### Critical Incident Reporting Requirements

A Critical Incident is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a waiver participant.

#### Reportable Incidents

1. **Abuse, neglect, or exploitation** events.

2. **Rights violations** through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy.
3. **Serious injury or medical emergency** which would not be routinely provided by a primary care provider.
4. **Wandering or elopement** from the agency.
5. **Restrain violations** (Use of restraints not documented in care planning.)
6. **Death** of a waiver recipient and cause.
7. Report of all **medication errors** or omissions.
8. Any event that has the potential to jeopardize the waiver recipient's health, safety or security if left uncorrected.

All reports must be filed within five days of the incident.

The state Medicaid agency may require the provider to submit a written plan to abate or eliminate immediately, or within a fixed period of time the practices or conditions that resulted in the incident. This waiver amendment will be posted no later than March 1 with 30 days of public comment.

### **Developmental Disabilities Traditional Waiver**

The DD waiver expires on March 31, 2019. The Developmental Disabilities Division will be conducting statewide public comment meetings in May and June to talk with stakeholders about the upcoming renewal. The division is seeking feedback about services that are working well and areas that could be enhanced. Once those meeting dates are finalized, a public notice will be sent.

### **Developmental Disabilities Division Updates Rate Setting System**

The Developmental Disabilities Division is on track for the planned April 1, 2018 implementation. The administrative rules committee will be considering the proposed changes to NDAC 75-04 on either March 12 or 13. The division is in the process of finalizing policies and procedures. For those providers that submitted outlier requests to the department in November, the division has completed those reviews and we will be sending the final decisions to the regional office so they can notify the clients and providers. Continue to check the division's website <http://www.nd.gov/dhs/services/disabilities/dd.html> for updated information.

### **Technical Assistance Effort**

The February 7, 2018 stakeholder meeting was held to discuss the technical assistance report. Stakeholders were given the opportunity to provide suggestions and feedback about the report and have discussion with the department. The final report is available on our website (<http://www.nd.gov/dhs/services/disabilities/docs/2017-final-report-for-nd-dd-eligibility-service-array-practices.pdf>).

### **Children's Health Insurance Program (CHIP)**

On January 22, 2018 Congress reauthorized and funded CHIP for six years.

### **Program Integrity**

North Dakota is in this year's PERM audit. State Medicaid programs are subject to PERM once every three years. The areas reviewed are data processing, recipient eligibility and medical records review. A sample of what the medical records request letter will look like will be posted to the department's website once it is available. PERM requests for medical records will occur in the upcoming months.

### **Provider Enrollment**

#### **Revalidation (languages supported/accepting new patient indicators)**

Medical Services will start revalidating provider enrollments this year. The process is currently a paper process where a validation letter will be sent to providers for them to review their information. Medical

Services is working on an automated process for revalidating providers that will hopefully be in place prior to the end of the year. We are encouraging providers to review the “language supported” section and update whether they are accepting new patients, not accepting new patients, etc.

All providers that are contracted by a state managed care organizations (MCO) are required to enroll with ND Medicaid however they are not required to see Medicaid recipients that are not part of the MCO they are contracting with.

**2015 CURES Act**

**Durable Medical Equipment**

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18001.pdf> As of January 1, 2018 Medicaid no longer pays DME claims more than what Medicare pays if Medicare covers the item.

**Physician and Primary Care Provider Lists**

The 2016 Cures Act resulted in Medicaid publishing two lists on the website that are updated at least annually. One list will have primary care providers and if they are accepting new patients. The second list will have the physician, specialty, physical address and what languages are supported in their practice.

**Electronic Visit Verification**

An electronic visit verification (EVV) system needs to be implemented January 1, 2019 for personal care services in the home and for home health by 2020.

**2017-18 Interim**

**Tribal 638/IHS services received “through”**

Medical Services continues their effort on the 100% tribal care coordination. Agreements have been signed by CHI and Sanford and working as a first step with Standing Rock while we wait to hear that the agreement has been signed by Great Plains Indian Area Health Services. The agreement will allow additional federal dollars to flow through the Medicaid program for services that qualify and are coordinated through an IHS practitioner.

**Money Follows the Person Updates**

Jake Reuter discussed the Money Follows the Person Rebalancing Grant.

The table distributed displays the transitions throughout the history of the program.

Grant Year	Older Adult	Individuals with a physical disability	Individuals with an Intellectual disability	Children	TOTAL
2007	0	0	0	0	0
2008	1	1	3	0	5
2009	4	7	4	0	15
2010	4	6	16	0	26
2011	5	8	19	0	32
2012	13	21	11	1	46
2013	14	18	19	1	52
2014	17	27	14	2	60

2015	14	28	17	5	64
2016	15	28	17	4	64
2017	9	15	10	3	37
<b>2018 Actual</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>4</b>
<b>2018-Goal</b>	<b>15</b>	<b>19</b>	<b>15</b>	<b>4</b>	<b>53</b>
<b>Totals</b>	<b>96</b>	<b>159</b>	<b>130</b>	<b>16</b>	<b>405</b>

The Empower Care Act (S.2227) was introduced to extend the MFP Grant through 2022. Congress has taken no action on the bill at this time.

MFP Funded Transitions end on 12/31/18 with the one year of services ending 12/31/19. The MFP Sustainability plan will be updated to include this additional year of transitions. The 2018 MFP budget will be submitted in February 2018.

**MFP Tribal Initiative**

Mandan, Hidatsa, Arikara Nation and the Turtle Mountain Band of Chippewa Indians are both continuing to work on various Medicaid provider enrollments or in implementing services. The Standing Rock Sioux Tribe is considering participation in the MFP-TI.

**Workforce Development**

There is a joint workforce development effort with the State Counsel on Developmental Disabilities to develop recruitment and retention strategies for qualified service providers and direct support professionals. The grant was awarded to the ND Association of Community Providers for the time period of 10/1/17 through 9/30/2021.

**Housing Efforts**

The MFP program continues to build on collaborative relationships between housing agencies and DHS/DHS providers. Regional Supportive Housing Collaborative Organizational meetings continue in seven of eight regions. Grand Forks Housing Authority is building 42 units for persons experiencing homelessness and a behavior health related disability. Burleigh County Housing Authority has been awarded funds to build a 42 unit project in Bismarck for persons experiencing homelessness and a behavior health related disability. Working with the ND Housing Finance Agency on a rebalancing request proposal to develop a Landlord Risk Mitigation Fund .

**Local Contact Agency/Section Q**

Nine Local Contact Agency/Minimum Data Set, Section Q training sessions were provided with the last one in February 2018. 55 facilities attended and 24 facilities did not participate in any of the nine training sessions.

**Utilization Review**

**Psychotropic Drug Use (HB 1120)**

Programmers continue to work on the logic for implementation of system edits to contact the provider when the fifth psychotropic medication is prescribed to a child.

**Other Business**

Maggie mentioned Dr. Betting retired. If anyone is aware of a practitioner that would be interested in part time utilization review, contact Tammy Zachmeier.

**Agenda Items**

Maggie asked for future agenda items.

**Upcoming Meeting Dates**

June 27, 2018 – Brynhild Haugland Room – State Capitol

October 17, 2018 – Brynhild Haugland Room – State Capitol

**Adjournment**

The meeting adjourned at 3:05 pm.

