



NORTH DAKOTA MEDICAID TRIBAL CARE COORDINATION FUND ANNUAL REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 1115 (1-2025)

Submit by November 15th to the Medicaid Tribal Liaison, Monique Runnels at mrunchels@nd.gov

Tribe		Report Date	
Address	City	State	ZIP Code
Tribal Contact Email Address		Distribution Period	
Total Amount of Tribal Care Coordination Funds Tribe Received this Distribution Period			

ONLY COMPLETE THE SECTIONS BELOW THAT APPLY TO YOUR FUNDING USE DURING THIS REPORT'S

DISTRIBUTION PERIOD (Indicate N/A for purposes where no expenditures were made)

- Detail below the amount of funds the Tribe has spent this Distribution Period on the following purposes.
- Include the date(s) of expenditure(s) and explanations of how the funding was spent for those purposes.

NOTE: *Capitol construction costs must be less than 50% through June 30, 2025, and less than 35% beginning July 1, 2025.

PURPOSE: Monitor health status to identify and solve community problems

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Diagnose and investigate health problems and health hazards in the community

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Inform, educate, and empower people about health issues

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Mobilize community partnerships and action to identify and solve health problems

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Develop policies and plans that support individual and community health efforts

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Enforce laws and regulations that protect health and ensure safety

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Assure competent public and personal health care workforce

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Evaluate effectiveness, accessibility, and quality of personal and population- based health services

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Research for new insights and innovative solutions to health problems

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

PURPOSE: Development or enhancement of community health representative programs or services

Amount Expended
Date(s) of Expenditures
How does spending this money relate to the above-stated purpose?

If funding was used to pay for the audit report, specify amount used below:

Name of Person Completing the Form	Date
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THE FOLLOWING SECTION IS TO BE COMPLETED BY HHS

HHS Reviewer	Title	Date Reviewed
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- ☐ All Funds have been used for purposes consistent with the law and agreement
- ☐ The following amounts of funds have been used for purposes inconsistent with the law and agreement*

Amount	Reasoning

* Tribal Care Coordination fund distributions will be reduced by the amount of funds used for purposes inconsistent with the law and agreement. N.D.C.C. 50-24.1-40