



MLTC Tribal Consultation
August 16, 2023
1:30-4:30 p.m. Central Standard Time

Bess Dodson Walt Branch Library
6701 S 14th St, Lincoln, NE 68512
Meeting Room #2

Present (In-Person): Jacob Kawamoto, Jessie Edwards, Akshay Nathan, Jordan Himes, Colin Large (DHHS – Division of Developmental Disabilities), Maralee Maldavs (DHHS – Division of Behavioral Health), Heather Nelson (DHHS – Division of Behavioral Health), Shannon Saunsoci (Omaha), Val-Holli Parker (Omaha), Crystal Appleton (Omaha), Nancy Mackey (Santee), Vietta Swalley (Santee), Sylvia Allen-Lopez (Ponca), Rebecca Crase (Ponca), Kiernan Scott (Molina), Gelisha Palma (Molina), Angi Tran (Molina), Frank Clepper (Molina), Lisa Neeman (HBN), Mariana Johnson (NTC), Tuesday Kuhlman (NTC), Cynthia Goslin (UHC), Kara Urkoski (UHC), Teresa Harms Coder (LFS),

Present (via Webex): Jacqueline Argarin, Marcy Bartek, Rick Hearon, Craig Steele, Londa Krull, English Perez, Heather Leschinsky, Jackie Orth, Stacy Schenk, Joe Wright, David DeStefano, Tracy Nelson, Jerod, Jeshena Gold

1. Welcome / Group Introductions

i. Celebrations

- Santee high school basketball team made it to state.
- Ponca Health Services has had 5 of their staff recently certified.
- Molina has hired a Tribal Liaison
- Santee Health & Wellness Center is near completion of their new Dialysis unit, which will also have the capability for other diagnostic services such as mammograms and CT scans.
- ICWA was affirmed by the Supreme Court.
- Honoring and remembrance of Audrey Parker – she was a dedicated and compassionate woman who made it her life's work to help and serve her people. Folks from Santee also shared that Audrey was a big help to them back when they started working in the human services field.

ii. Update of MLTC Tribal contacts/email list

2. SPA/Waiver Discussion – Jacob Kawamoto

i. 2023 Q3 (June – Aug) Overview and recap

SPAs:

- 23-0007: Excluded and Covered Drugs Language Update
 - No impact to the Tribes

- 23-0006: Rural Health Clinic (RHC) Telehealth Reimbursement Update
 - o Allows for RHCs to be reimbursed at their encounter rate for services appropriately delivered via TH (no Tribal impact).
- 23-0008: SFY24 Nursing Facility (NF) & Intermediate Care Facility Rate Updates // Update to NF Rate Methodology
 - o Reflects SFY24 NF and ICF rate updates and outlines the new methodology to be used for setting NF rates.
- 23-0009: SFY24 Inpatient Rate Updates
 - o Reflects SFY24 inpatient rate updates.
- 23-0010: SFY24 Outpatient Rate Updates
 - o Reflects SFY24 outpatient rate updates.
- 23-0011: Recovery Audit Contractor
 - o No change from current practice (no Tribal impact).
- NE 23-0012: Reimbursement Rate to Hospitals for Patients Awaiting Transfer
 - o No Tribal Impact
- NE 23-0013: Personal Needs Allowance
 - o Increases the personal needs allowance for individuals and couples in an alternative living arrangement. This section increases the personal needs allowance (PNA) from \$60 to \$75 for individuals, and from \$120 to \$150 for couples who reside in an alternative living arrangement.

Waivers:

- HCBS Family Support Waiver (FSW)
 - o MLTC plans to submit a request for a new 1915(c) Home and Community-Based Services (HCBS) Family Support Waiver (FSW) which would serve up to 850 eligible children with intellectual or developmental disabilities through the age of 21 years old by providing an array of services outlined in the FSW.
 - 1902(e)(14)(A) Waiver
 - o Suspends the requirement for beneficiaries to apply for other benefits under 42 CFR 435.608 for the duration of the Unwinding Period.
 - o **QUESTION:** What has the average time of a Medicaid renewal been during the Public Health Emergency (PHE) Unwinding period?
 1. **ANSWER:** As of the latest data from Medicaid and Long-Term Care (MLTC), only about 12% of renewals are taking longer than 45 days to complete. Sylvia with the Ponca Tribe shared that the cases they've been working on have been taking around 2 weeks on average to complete.
- ii. Encounter Rate Project
- o Updates on the project and scope
 - o Review of Draft Guidance Document
 - o Feedback from the group on additional information to incorporate into the Draft Guidance Document included:
 1. Information to clarify expectations around place of service codes,
 2. Federal Managed Care Organization (MCO) contract and network requirements and provisions for Tribal Healthcare providers,
 3. Clarification around reimbursement of claims where third-party liability exists – specifically defining third-party liability, and

4. Clarification around multiple encounters with the same provider for distinctly different diagnoses.
 - **QUESTION:** Additionally, a question was raised around different services provided by different providers that utilize the same primary diagnosis code (for example, a beneficiary who sees a mental health practitioner and a licensed psychologist for separate treatments but the same primary diagnosis).
 1. **ANSWER:** MLTC will look into this question and provide appropriate guidance.

3. Waivers Overview – Colin Large

Policy Administrator for DHHS Dept. of Developmental Disabilities

Colin.Large@nebraska.gov

- i. The current waiver programs in Nebraska include:
 - Aged and Disabled Waiver
 - Comprehensive Developmental Disabilities Waiver
 - Developmental Disability Adult Day Waiver
 - Traumatic Brain Injury Waiver
- ii. Nebraska is also currently proposing to add a Family Support Waiver (FSW) (see above).
- iii. **NOTE:** If children have Intellectual and Developmental Disabilities (IDD), it is important to get them assessed and on Nebraska’s registry as soon as possible. This will help them later in life when they may need or qualify for these waiver services and supports as early registry will help with future access.
 - Developmental Disabilities Waivers focus on habilitation. This includes teaching individuals to gain skills and enhance independence. There are also a variety of wrap around services, but the waiver programs do not provide medical services. Medical services would be provided and coordinated through Medicaid.
 - The Aged and Disabled Waivers are nursing facility (NF) level of care (LOC) waivers – meaning individuals need to meet a NF LOC to qualify. Related services and supports are not technically home health care, but they provide supports to beneficiaries to enable them to continue to live in their homes. This includes things like meal prep or delivery, home or vehicle modifications, assistive technology, bathing, etc.
 - EPSDT services for waiver individuals are often coordinated closely with the MCOs.
 - The Traumatic Brain Injury (TBI) Waiver is set to renew on October 1, 2023. This waiver assists about 370 individuals that have sustained a brain injury, and the waiver renewal would also expand the number of individuals served and the types of supports offered
- iv. The new FSW would have a low cap – around \$10k – and would assist families with young children at home.

QUESTION: Do Nebraska’s Medicaid and Waivers teams go out to Tribal schools to discuss and share information about the waiver programs?

ANSWER: The Waivers team will respond and come to provide information anywhere they receive a request from, and they would be glad to visit the Tribal schools to provide more information (contact Colin Large).

QUESTION: Does the Waivers team work directly with vocational rehab too?

ANSWER: Yes.

QUESTION: Are the waiver programs income-based?

ANSWER: Individuals first have to meet Medicaid eligibility requirements to then be looked at for eligibility for the waiver programs. This does include income requirements. However, there is a box that applicants can check to disregard parental income, and under this most children are generally eligible. But beneficiaries do need to be Medicaid eligible to then qualify for and receive waiver services and supports.

QUESTION: How are individuals determined to have an IDD?

ANSWER: This often follows Social Security disability determinations. However, there is also a State Review Team (SRT) which can review and determine if a child meets disability requirements and thresholds.

QUESTION: How do individuals apply for these waiver programs?

ANSWER: Individuals can apply directly to Medicaid and then indicate they are interested in waiver services when applying. This process is separate from disability application processes through Economic Assistance programs.

QUESTION: Is it true that the providers of these services cannot live in the same home as the waiver individual receiving the services?

ANSWER: Each waiver and related services have waiver provider requirements. Legally responsible individuals (parents of minor children and spouses) cannot be waiver providers. And legal guardians cannot be waiver providers for Intermediate Care Facility (ICF) LOC waiver programs. But generally, outside of those restrictions anyone can become enrolled as an independent provider for waiver services. The Waiver team is also looking at amending even some of the above restrictions long-term to address things like provider shortages. The Tribes noted that they thought this would be very beneficial.

NOTE: Waiver provider requirements are different from Personal Assistance Service provider requirements – which is a different program that can offer similar but distinct services and supports to individuals in the home.

QUESTION: Is there a ‘cheat sheet’ with this information?

ANSWER: Yes. MLTC and the Waiver Team will include information on becoming waiver providers with the meeting minutes. This includes info on who to contact to become a provider. For the Aged and Disabled and TBI waivers, individuals would sign up as independent providers through Medicaid.

Discussion occurred around access issues on the reservations around phone and internet connectivity. But it was clarified that eligibility assessments for waiver services are done in person. The new iServe Nebraska application may also help with streamlining applications.

Discussion occurred around background checks and how these can be a big barrier to individuals with criminal backgrounds enrolling as independent waiver providers to care for their relatives. Often the closest providers for these services are an hour or more away. Provider requirements for the aged and disabled waivers currently follow MLTC regulations. MLTC and the Waivers team have recently discussed making provider requirements reliant on professional discretion to allow for more case-by-case flexibility

in circumstances like these. When these regulation changes are proposed there is an opportunity for public comment, and it would be very beneficial if Tribal stakeholders could provide comment and feedback on this topic specifically.

Jacob will send out relevant public comment periods when they are occurring. 404 (developmental disabilities providers) requirements will be going back for review and update with a focus on the potential need for loosening requirements in response to provider shortages and access issues.

MLTC and the Waivers team will share public regulation comment periods with the group when they are occurring.

Additional Waiver Resources:

- [2023 Home and Community-Based Services \(HCBS\) Presentation](#)
- [Independent Providers: Quick Reference Guide for Medicaid Enrollment Requirements](#)
- [Legally Responsible Individuals \(LRI\) Reference Guide](#)

4. Lutheran Family Services – Introduction

- i. [Lutheran Family Services \(LFS\)](#) services delivery model provides behavioral health services through certified community behavioral health clinics (CCBHC), and they have offices all throughout NE. They partner with the community in their service coordination efforts.

5. Break – Networking and Connections

6. COVID-19 Public Health Emergency (PHE) – MLTC Team

- i. Data Sharing Agreements
 - MLTC is proposing to share the following data fields with the Tribes through Data Sharing Agreements:
 1. General information (name, date of birth, Medicaid ID)
 2. Renewal Date
 3. Eligibility Status (open/pending - and closed if possible)
 4. Contact information (address (physical and mailing), phone number, email)
 5. Household information (other members in the household)
 - Additionally, MLTC is considering sharing the following data fields, in so far as it is operationally feasible to do so:
 1. Buy-in / Medicare Savings Program group
 2. Authorized representative(s)
 3. Open Verification Requests (indicated as Y/N)
 - The primary goal of these Data Sharing Agreements is to help Tribal stakeholders and benefit coordinators assist Tribal Medicaid beneficiaries in with enrollment to help ensure continuity of coverage. However, due to HIPAA considerations and other federal provisions and restrictions, there are limits to the level of case detail and information that MLTC will be able to share via these Agreements.
 - MLTC will draft these Data Sharing Agreements and share them with the Tribal entities identified for review/agreement

- ii. ‘Tribal FQHC’ Option – Timeframe
 - In a recent email newsletter from the U.S. Dept. of Health and Human Services, HHS noted the following:
 - 1. CMS plans to extend the existing grace period that permits IHS and Tribal facilities to continue to claim Medicaid reimbursement for services provided outside of the "four walls" of the facility under the clinic services benefit at 42 C.F.R. § 440.90, including the IHS All Inclusive Rate. The Informational Bulletin on this announcement is forthcoming. CMS plans to extend the expiration of the grace period from February 11, 2024, to February 2025. In the interim, CMS will be exploring potential regulatory actions to exempt IHS and Tribal clinics from the four walls limitation. CMS will consult with Tribes on these pathways at a later date and before any final decisions are made.
 - In light of this, MLTC will continue to monitor federal guidance around this topic and consult with Tribal stakeholders on any needed policy updates.

7. Roundtable discussion on how MLTC can support the Tribes’ work

- i. Managed Care Discussion
 - Updates from MCO Liaisons
 - 1. UHC is hosting an all MCO dental meeting for Tribal stakeholders. This will contain information on dental credentialing and other provider requirements. These meetings will be held on
 - a. Friday, August 25th from 2pm – 3pm, and
 - b. Thursday, September 7th from 2pm – 3pmNote: Both meetings contain the same information.
 - [Heritage Health Dental Provider Learning Webinar Flyer](#)
- ii. NEMT Update
 - Jacob will follow up with the NE Public Service Commission (PCS) to confirm whether the Tribes are required to be certified through the PSC or whether their NEMT program are exempt from this.
- iii. Recap of past goals
- iv. Open Agenda
 - Would any of the Tribes like to host the next in-person Consultation Meeting?

Closing