

DOJ IMPLEMENTATION PLAN KEY PERFORMANCE INDICATORS



ADULT & AGING SERVICES

Reporting Period December 14, 2025 – March 31, 2026

In order to report on the most meaningful performance indicators associated with the North Dakota US Department of Justice Settlement Agreement (US DOJ SA), the State will report, on a quarterly basis, the Key Performance Indicators (KPIs) included in this presentation. The report contains data points and notes that highlight the State's progress as well as challenges and will be posted on the ND Department of Health and Human Service's (HHS) website. Data collection methods have been developed to track the critical issues facing Target Population Members (TPMs) who want to receive care in the most integrated setting appropriate to their needs.

KEY PERFORMANCE INDICATORS INCLUDED IN THIS REPORT

- Individuals Referred to HCBS Case Management
- Average HCBS Case Manager Weighted Caseloads
- TPMs Served in a Skilled Nursing Facility (SNF)
- TPM Transitions
- TPMs Using State or Federally Funded HCBS
- New TPMs Diverted
- SFY25 Annual Cost Comparison HCBS/SNF Care
- Average Length of Time to Approve QSP Applications
- New Individual QSPs Enrolled
- New Agency QSPs Enrolled
- QSP Retention
- QSPs Providing 24/7 Care
- QSPs by County

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

433

INDIVIDUALS REFERRED TO HCBS CASE MANAGEMENT IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 1,881
2024 – 1,807
2023 – 1,592
2022 – 1,854
2021 – 1,893

There were 433 referrals to HCBS in the first quarter of 2026. Forty-six (46) percent or 199 of the referrals sent to the HCBS Case Managers during this timeframe became an open case. An average of 66 cases are opened per month and the demand for in-home and community-based services remains high.

CASE MANAGEMENT CASE LOADS

118

AVERAGE MONTHLY WEIGHTED CASELOAD PER
HCBS CASE MANAGER IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 - 121

2024 – 117

2023 – 119

2022 – 117

2021 – 110

There are 79 HCBS Case Managers who currently carry an average weighted caseload of 11 cases. There are five (5) part-time and 66 full-time case managers including eight (8) supervisors.

The State continues to monitor the weighted caseloads of HCBS Case Managers. To meet the growing demand for services, Adult and Aging Services has hired four (4) additional HCBS Case Managers. Once trained, these new team members will assume responsibility for a portion of the existing caseloads to help reduce average weighted caseload numbers.

TARGET POPULATION MEMBERS (TPMs) IN A SKILLED NURSING FACILITY (SNF)

2,160

TPMs SERVED IN A SNF IN JANUARY OF 2026

ANNUAL COMPARISON

2025 – 2,168

2024 – 2,147

2023 – 2,412

2022 – 2,438

2021 – 2,376

There were 2,160 Medicaid eligible individuals who received services in a skilled nursing facility in January of 2026. This number includes all Medicaid eligible individuals who were approved for a short or long-term stay.

Individuals who receive care in a Skilled Nursing Facility for less than 90 days are not considered a Target Population Member under the Settlement Agreement, but they are all at risk of a long-term placement which is 90 or more days. SNF data has a lag of approximately three (3) months, so the most recent data is from October 2025.

TPMs WHO TRANSITIONED TO AN INTEGRATED SETTING

34

TPMs TRANSITIONED IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 78
2024 – 139
2023 – 118
2022 – 121
2021 – 91

In the first quarter of 2026, 34 TPMs moved back to the community, none of whom had previously transitioned. Some TPMs may experience multiple community transitions. This typically occurs when there is a change in condition that requires an additional rehabilitation stay in a skilled nursing facility (SNF) related to a new or worsening medical issue.

Transition numbers decreased in part because a significant number of TPMs have been diverted from entering Skilled Nursing Facilities. In addition, the State is serving more individuals through state-funded programs who do not meet a nursing facility level of care. Providing minimal services at the onset of functional decline helps individuals avoid more costly, higher levels of care. The decrease in transitions that occurred in 2025 was expected and was part of the State's implementation strategy to decrease reliance on care in a SNF. The first quarter of 2026, if the theme continues, shows the number of transitions again increasing.

The State remains committed to assisting eligible TPMs who choose to move back to the community by offering high quality, person-centered transition support.

TPMs UTILIZING STATE OR FEDERALLY FUNDED HCBS

983

UNDUPLICATED TPMs SERVED IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 944

2024 – 961

2023 – 666

2022 – 494

2021 – 273

There are 983 unduplicated TPMs who are currently receiving HCBS. The number has grown significantly from implementation of the Settlement Agreement and remained high for two (2) consecutive years.

All 983 individuals meet the functional requirements to receive care in the nursing home and are Medicaid eligible and choose to receive care in the most integrated setting that meets their needs. The State strives to divert as many TPMs as possible, so they can avoid institutional placement, even for a short period of time.

NEW TPM UNDUPLICATED DIVERSIONS

86

NEW UNDUPLICATED HCBS TPMs WERE DIVERTED AND SERVED IN QUARTER 1 OF 2026

- 27 DIVERTED FROM A SNF ON SPED
- 66 DIVERTED FROM A SNF ON MW
- 16 DIVERTED FROM A SNF ON MSP B OR C

ANNUAL COMPARISON

2025 – 308 (73 ON SPED, 269 ON MW, 48 ON MSP B OR C)
2024 – 390 (108 ON SPED, 304 ON MW, 89 ON MSP B OR C)
2023 – 321 (52 ON SPED, 250 ON MW, 89 ON MSP B OR C)
2022 – 308 (92 ON SPED, 221 ON MW, 52 ON MSP B OR C)
2021 – 273 (104 ON SPED, 144 ON MW, 65 ON MSP B OR C)

In the first quarter of 2026, 86 new TPMs were diverted from a Skilled Nursing Facility and are receiving necessary care in the home. The number diverted by funding source reflects that TPMs may receive services under more than one program. The HCBS 1915(c) Medicaid waiver continues to be the most utilized program for newly diverted TPMs. The State is closely monitoring the number of people utilizing the waiver to accurately project the number of people we may need to serve in the future to meet the growing demand for this service.

Lower TPM diversion numbers reflect the impairment levels of many individuals requesting HCBS. Most people receiving HCBS are not considered TPMs under the Settlement Agreement because they do not meet a nursing facility level of care. The State offers a wide range of services to support individuals at earlier stages of functional decline. Providing limited services—such as assistance with bathing, homemaker services, and emergency response systems—helps individuals maintain independence for extended periods before their needs rise to a skilled nursing facility level of care.

SFY25 AVERAGE ANNUAL INDIVIDUAL COST COMPARITON BY HCBS FUNDING SOURCE AND AVERAGE ANNUAL COST OF SNF CARE

SKILLED NURSING FACILITY (SNF) - \$136,891 (2,483 individuals)

BASIC CARE - \$22,580 (1,404 individuals)

HCBS WAIVER - \$106,765 (630 individuals)

MSP-PC - \$29,207 (642 individuals)

SPED - \$8,678 (1,675 individuals)

Ex-SPED - \$6,927 (106 individuals)

There are many benefits to providing HCBS. HCBS is the preferred option of most people who require some type of long-term services and support (LTSS) to live safely and take care of their daily needs. It is also generally less expensive and requires fewer federal and state resources to provide.

The high cost of skilled nursing facility care is part of the reason that approximately 50% of the residents of Skilled Nursing Facilities are Medicaid beneficiaries. If an individual needs services long-term, it does not take long for the average citizen to spend down their resources and need financial support to pay for their care in a Skilled Nursing Facility.

As the number and needs of people eligible for services grows with the aging baby boom population HCBS waiver costs have also increased. The increase in the annual cost of the waiver is because many TPMs who are utilizing waiver services, have a need for one-to-one care due to cognitive issues, functional impairments, complex medical needs, and behavioral health issues.

HCBS QUALIFIED SERVICE PROVIDERS (QSP) ENROLLMENT

15 days – Individual
65 days – Agency

AVERAGE LENGTH OF TIME TO APPROVE QSP APPLICATIONS
IN QUARTER 1 OF 2026

There was a total of 120 (102 individual, 18 agency) applications approved in the first quarter of 2026. A total of 167 (144 individual applications, 23 agency) applications were received.

In the first quarter of 2026, the average time it took to approve individual applications was 15 days and agency applications was 65 days.

The State manages the QSP enrollment process and uses an online portal for enrollment and revalidation. Three (3) State staff handle applications through the portal, streamlining the previous paper-based process. The system guides users through eligibility questions and includes video tutorials and tooltips to support first-time application completion. Required training, such as Fraud, Waste, and Abuse training and QSP orientation, is also included within the portal. The system is also used for reenrollment and to add or change a provider's personal information, service array, or service territory.

Processing time was longer in 2026 due to a continued high volume of applications and a higher number of providers applying for services with more complex enrollment requirements. Another contributing factor is the time it takes to complete an agency application and work with applicants to ensure they upload the required documents into the system. In the past, agency applications that were pending for more than 15 days were denied. Providers reported that amount of time was not adequate, so it was changed to 30 days which has increased the average.

HCBS INDIVIDUAL QUALIFIED SERVICE PROVIDERS (QSP)

100

NEW INDIVIDUAL QSPs ENROLLED IN QUARTER 1 OF 2026

1,376

TOTAL ENROLLED INDIVIDUAL QSPs IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 433

2024 – 334

2023 – 280

2022 – 441

Access to an adequate supply of available Qualified Service Providers (QSPs) is critical to serving people in the home. At a minimum it takes at least one (1) person to provide care for every unduplicated individual served under HCBS. TPMs who require 24-hour support to reside in the community may require at least five (5) people to ensure their care needs are met every day of the year.

Various recruitment and retention strategies have effectively encouraged individuals and agencies to enroll as QSPs. The number of new individual QSP enrollments increased by 30% from 2024 (334) to 2025 (433). The State continues to see growth in provider participation. Recruitment strategies include enhancing systems that support providers in meeting enrollment, documentation, and claims submission requirements.

HCBS AGENCY QUALIFIED SERVICE PROVIDERS (QSP)

19

NEW AGENCY QSPs ENROLLED IN QUARTERS 1 OF 2026

251

TOTAL ENROLLED AGENCY QSPs IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 65

2024 – 45

2023 – 34

2022 – 11

There are currently 251 QSP agencies enrolled to provide various types of care across the State. This is the largest number of QSP agencies that have ever been enrolled since the inception of HCBS for older adults and adults with physical disability. The State awarded incentive grants from 2021 - 2025 to entities willing to start or expand a QSP agency that has helped increase the number of available providers. Modernizing the QSP enrollment process has also significantly increased the number of agencies who are willing to enroll with ND Medicaid.

Agencies choose their service territory and the type of services they want to provide. Agencies may be able to better market their services to the citizens of North Dakota through the QSP registry. The registry Connect to Care ND, is available on the HHS website as a tool to assist people in finding an HCBS provider. The State held Agency Quality and Capacity Training in October to help QSPs understand the benefits of the new system. The meetings were well attended, and they will likely be repeated to ensure we are continually talking about quality and compliance.

HCBS QUALIFIED SERVICE PROVIDERS (QSP) RETENTION

234

AGENCY

1,276

INDIVIDUAL

NUMBER OF QSPs RETAINED IN QUARTER 1 OF 2026

The number of new individual and agency QSPs enrolled each month can vary. Many of the individual QSPs are caring for someone they had a close personal relationship with prior to them needing care. If that person is no longer receiving services, the individual QSPs often close their QSP status. Despite having many enrolled providers some TPMs struggle to find a QSP that provides the type of care they need in their chosen community. Future recruitment efforts will be targeted at certain communities where qualified providers are hard to find.

There has been an upward trend in QSP retention of new providers. These higher retention numbers indicate sustained provider engagement and more efficient reimbursement for services rendered. This suggests that the State's investments in system improvements have had a positive impact on the HCBS system. Some QSPs received a targeted rate increase for certain services on 01/01/2026. The chart below shows the number of providers retained each year since 2020.

New QSPs Retained by Year	2020	2021	2022	2023	2024	2025	Total
Agency QSPs	11	14	10	34	32	62	163
Individual QSPs	52	112	201	280	298	378	1,321

HCBS QUALIFIED SERVICE PROVIDERS (QSP) 24/7 CARE

21

QSP AGENCIES PROVIDING 24/7 CARE IN QUARTER 1 OF 2026

ANNUAL COMPARISON

2025 – 23 agencies, 112 individuals

2024 – 21 agencies, 88 individuals

One hundred ten (110) Medicaid-eligible individuals are receiving 24/7 supports through residential habilitation or community support services. This represents an 18% increase from the first quarter of 2025, when 93 individuals were receiving around-the-clock care.

These services are provided by 21 QSP agencies who employ qualified staff who provide direct care. Residential habilitation and community support recipients meet a nursing facility level of care and have chosen to live in the community and receive in-home care.

The ability to provide 24/7 support is a critical part of the service delivery system and often involves individuals with very complex care needs.

HCBS QUALIFIED SERVICE PROVIDERS (QSP) TOTAL BY SERVICING COUNTY

Adams Agency 38 Individual 12 Private 5 Recipients 17	Barnes Agency 85 Individual 41 Private 12 Recipients 28	Benson Agency 43 Individual 43 Private 33 Recipients 37	Billings Agency 36 Individual 10 Private 4 Recipients 2	Bottineau Agency 41 Individual 34 Private 16 Recipients 26	Bowman Agency 36 Individual 9 Private 4 Recipients 16	Burke Agency 36 Individual 19 Private 4 Recipients 6	Burleigh Agency 120 Individual 100 Private 80 Recipients 350
Cass Agency 146 Individual 130 Private 159 Recipients 575	Cavalier Agency 39 Individual 26 Private 4 Recipients 7	Dickey Agency 42 Individual 14 Private 5 Recipients 22	Divide Agency 35 Individual 11 Private 7 Recipients 7	Dunn Agency 40 Individual 12 Private 8 Recipients 8	Eddy Agency 44 Individual 23 Private 4 Recipients 5	Emmons Agency 46 Individual 17 Private 3 Recipients 14	Foster Agency 45 Individual 20 Private 6 Recipients 7
Golden Valley Agency 35 Individual 11 Private 4 Recipients 9	Grand Forks Agency 98 Individual 92 Private 89 Recipients 261	Grant Agency 44 Individual 12 Private 4 Recipients 7	Griggs Agency 53 Individual 21 Private 2 Recipients 2	Hettinger Agency 38 Individual 14 Private 5 Recipients 3	Kidder Agency 59 Individual 21 Private 5 Recipients 9	LaMoure Agency 48 Individual 13 Private 4 Recipients 11	Logan Agency 46 Individual 16 Private 4 Recipients 2
McHenry Agency 44 Individual 35 Private 11 Recipients 9	McIntosh Agency 37 Individual 15 Private 2 Recipient 15	McKenzie Agency 44 Individual 14 Private 4 Recipients 11	McLean Agency 53 Individual 28 Private 11 Recipients 15	Mercer Agency 42 Individual 16 Private 6 Recipients 28	Morton Agency 90 Individual 67 Private 48 Recipients 142	Mountrail Agency 42 Individual 25 Private 7 Recipients 7	Nelson Agency 51 Individual 35 Private 6 Recipients 9
Oliver Agency 48 Individual 16 Private 5 Recipients 4	Pembina Agency 43 Individual 26 Private 10 Recipients 24	Pierce Agency 41 Individual 26 Private 5 Recipients 16	Ramsey Agency 47 Individual 54 Private 30 Recipients 89	Ransom Agency 64 Individual 31 Private 6 Recipients 30	Renville Agency 40 Individual 25 Private 4 Recipients 8	Richland Agency 71 Individual 33 Private 27 Recipients 50	Rolette Agency 45 Individual 37 Private 92 Recipients 156
Sargent Agency 48 Individual 21 Private 5 Recipients 11	Sheridan Agency 50 Individual 16 Private 4 Recipients 8	Sioux Agency 42 Individual 10 Private 5 Recipients 56	Slope Agency 34 Individual 10 Private 1 Recipients 1	Stark Agency 55 Individual 36 Private 26 Recipients 89	Steele Agency 67 Individual 29 Private 3 Recipients 0	Stutsman Agency 81 Individual 28 Private 14 Recipients 62	Towner Agency 38 Individual 25 Private 5 Recipients 5
Traill Agency 76 Individual 38 Private 14 Recipients 6	Walsh Agency 47 Individual 35 Private 16 Recipients 29	Ward Agency 70 Individual 72 Private 76 Recipients 202	Wells Agency 42 Individual 23 Private 8 Recipients 15	Williams Agency 44 Individual 29 Private 26 Recipients 56			

This table displays how many QSPs are actively enrolled to serve the applicable county. There are some parts of ND where it is difficult to find enough QSPs to meet the demand for services. In some areas of western ND, the Government run Human Services Zone acts as one of the only agency QSPs in the area that have employees to provide care. The new enrollment portal and other workforce initiatives has increased the number of qualified providers in ND.