



MFP External Partner Meeting

February 18, 2026



Health & Human Services

Opening Poll

- [Link](#)
- Name and Agency
- What are you looking to gather from this meeting?



Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

Our Strategic Priorities

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

Our Guiding Principles

Continuous improvement and innovation: We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

Responsible stewardship: Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

Transparent and open communication: We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

Engaged collaboration: We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

Data-centered decisions: Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

MFP Team Members



Kayla Trzpuć

Money Follows the
Person Program
Administrator



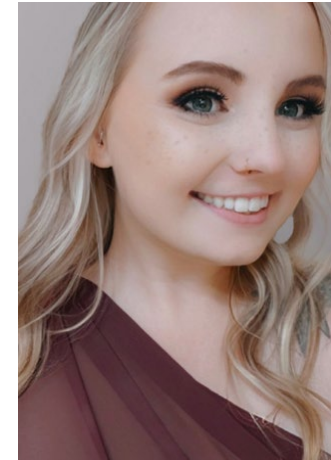
Gale Coleman

Money Follows the
Person Data and
Quality Analyst



Karen Wolf

Money Follows the
Person Transition
Services Specialist



Makayla Domagala

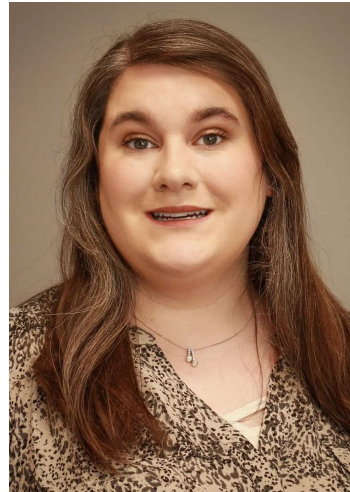
Money Follows the Person
Referral Specialist

TDP Team Members



**Heidi M
Zimmerman**

Transition and
Diversion Services
Program Administrator



Kate Rock

Transition and
Diversion Services
Referral Specialist



Sarah Nelson

Transition and
Diversion Services
Quality Specialist

Agenda

- Life Skills and Transition Center Updates
- Developmental Disability Section Updates
- Department of Justice Comparison Dashboard
- Master Plan on Aging
- Quality Measure Set Updates
- Tribal Initiative
- Housing Partner Updates
- Round Table Topics

Life Skills and Transition Center

- Keith Vavrovsky
 - 30 adults
 - 16 youth
 - One set discharge
 - 3 pending discharges
 - No pending admissions

DD Updates

- DD Section Staff
 - Travis Schmidt
 - Karla Kalanek

Adult and Aging Updates

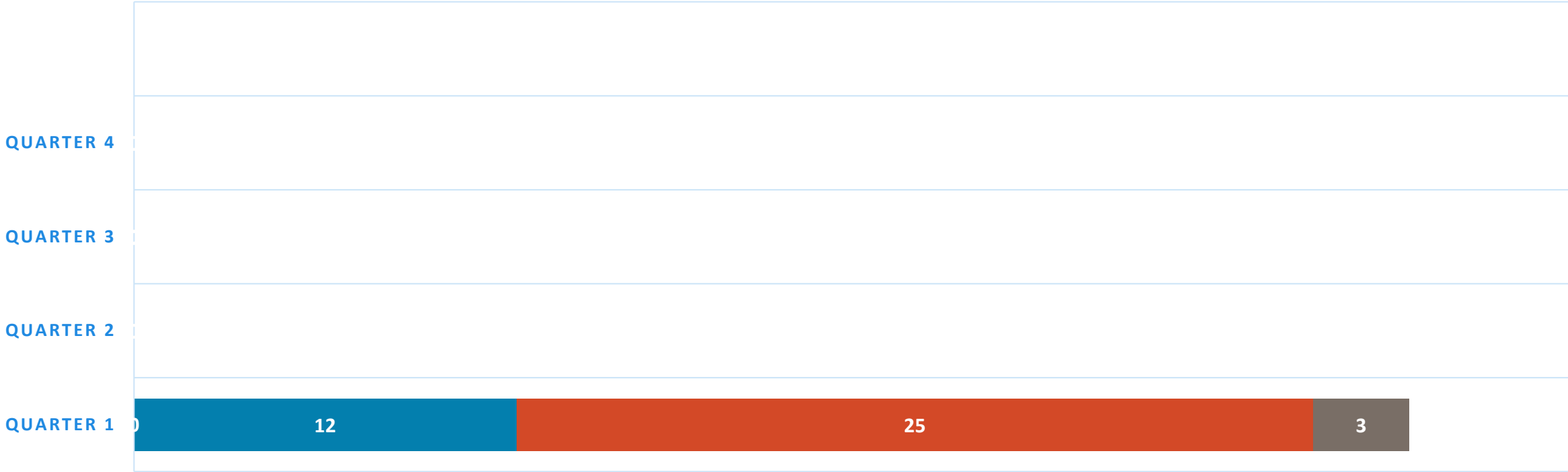
- Nancy Maier
 - Department of Justice Dashboard Comparison
- Jaci Seefeldt
 - Master Plan on Aging

MFP DATA

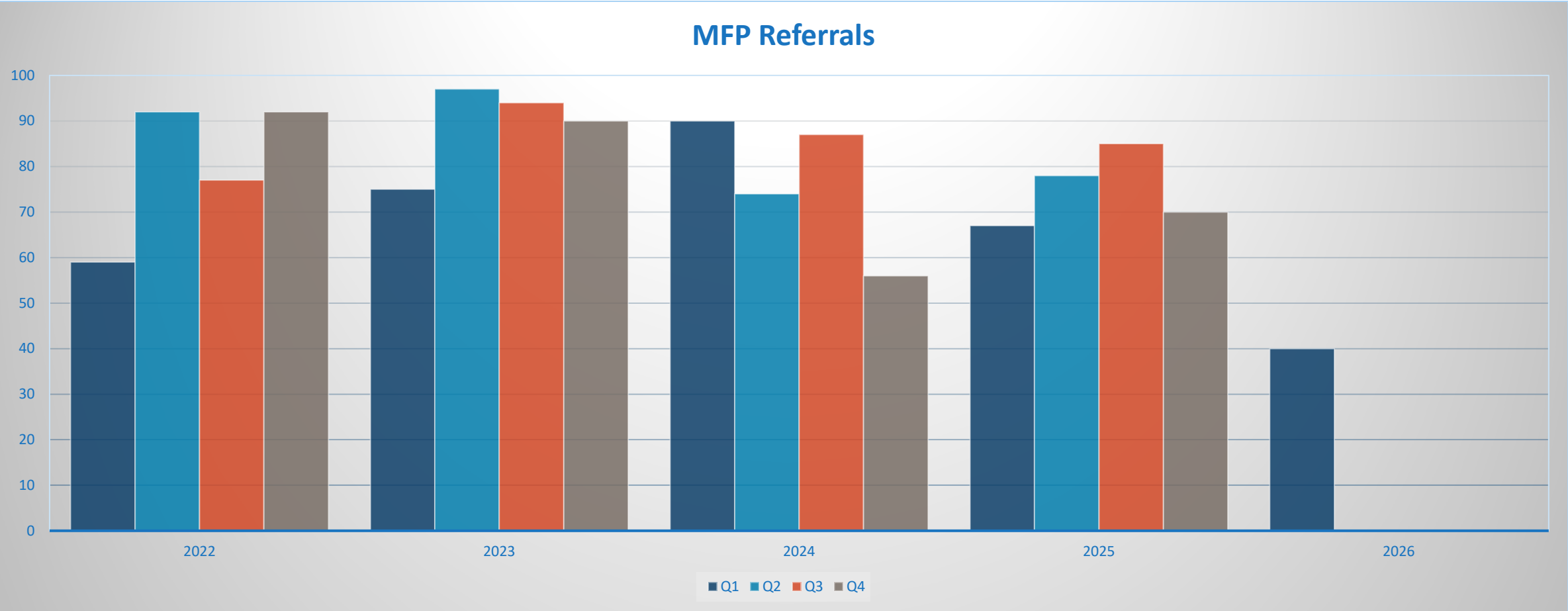
2026 REFERRALS

Total Referrals 32

■ Child ■ PD ■ Elder ■ DD

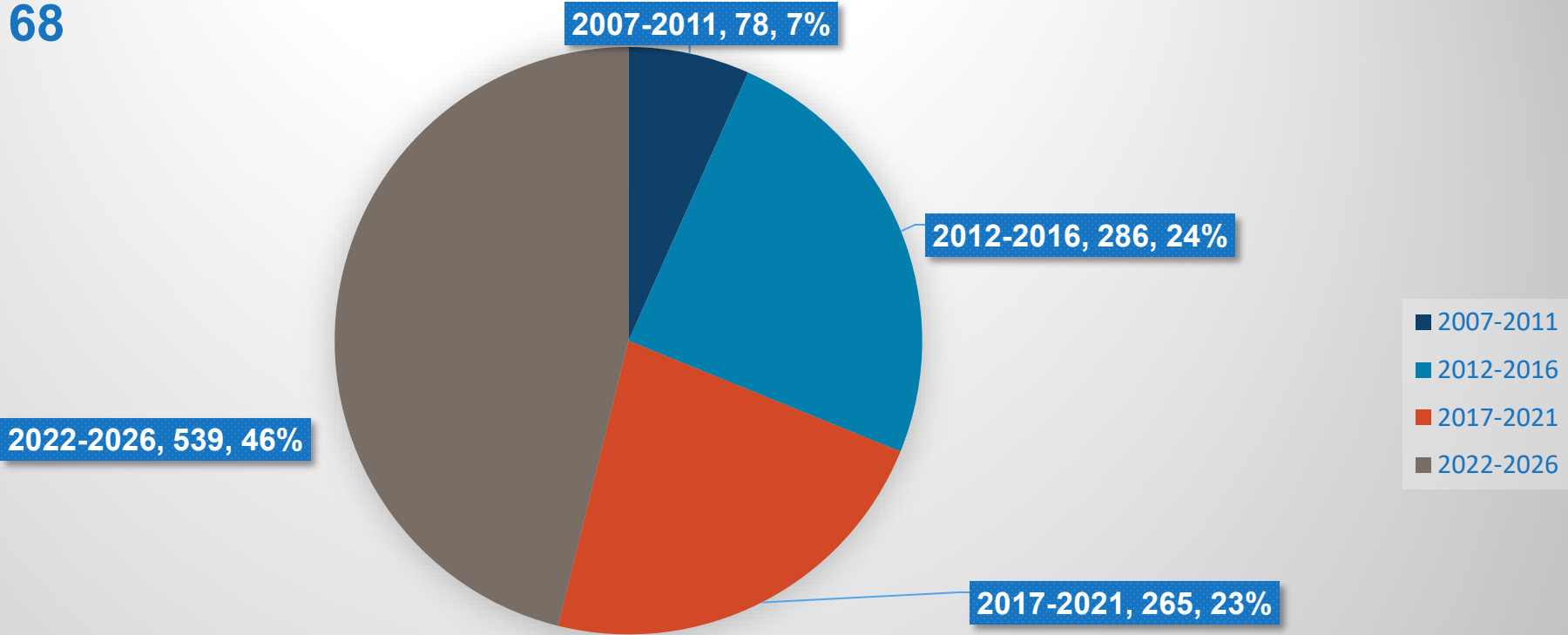


2022 – 2026 Referrals

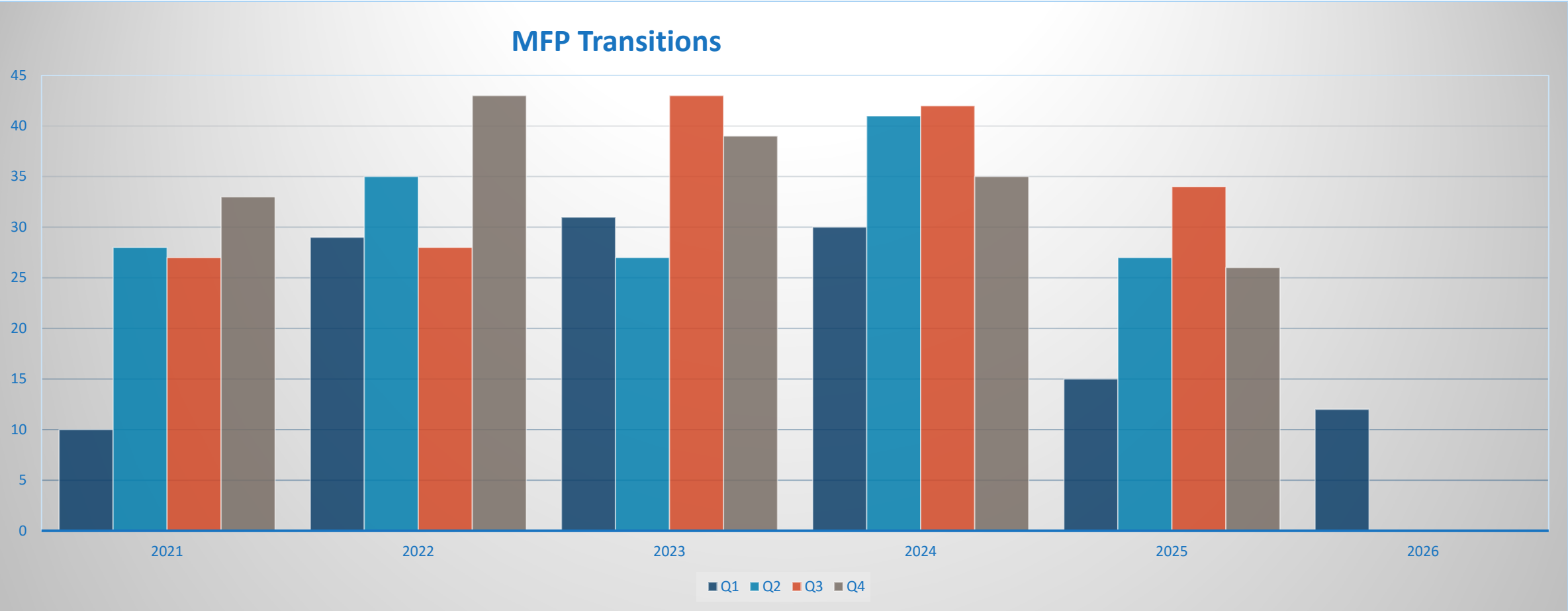


RUNNING TRANSITION NUMBERS

Transitions-1168



2021 to 2026 MFP Transitions



MFP Facts - 2026

- 2026 MFP benchmarks – 100 Total
 - 40 Physically Disabled
 - 40 Elders
 - 15 Developmental Disabilities
 - 5 Children

Benchmarks

Grant Year	Older Adults	Individuals with a physical disability	Individuals with an Intellectual disability	Children	TOTAL
2022	64/40	57/60	11/15	3/5	135/120
2023	59/55	50/55	25/15	6/5	140/130
2024	55/60	61/50	27/23	5/7	148/140
2025	54/55	25/55	19/20	6/5	104/135
2026	7/40	4/40	1/15	0/5	12/100

MFP Programmatic Requirements

- Submitted revised operational protocol
- General feedback
- 2 technical assistance meetings, scheduling an additional one
- Wrapping up MFP Capacity Funding Projects, granted no-cost extension 9/30/2027




Quality Measure Set

- MFP states need to report no earlier than Sept 2026
- NCI-AD survey
 - Adult and Aging Services
 - 1915i State Plan Amendment
- NCI-IDD survey
- Draft report is back (look for it's release)
- States are to select two measures for quality improvement

Quality Measure Set updates

- Mike McCloud

The top-left portion of the page features a series of thin, dark blue lines that intersect to form several overlapping, irregular polygons. These lines are scattered across the upper-left quadrant, creating a complex, abstract geometric pattern.

Home and Community-Based Services Quality Measure Set

Talking Points

What is the Access Rule

What is the HCBS Quality Measure Set

What is the HCBS Priority

How does MFP and the QMS relate

QMS 1 to 8

What are the QMS goals



What is the access rule?

- CMS created the Access Rule to increase transparency and accountability, standardize data and monitoring, and create opportunities for states to promote active beneficiary engagement in their Medicaid programs. To improve overall access to care, the CMS Access Rule requires the following items:
 - Adopt the HCBS Quality Measure Set
 - Review Person-Centered service plans annually
 - Implement a grievance and electronic incident management system
 - Website Transparency
 - Establish Beneficiary Advisory Council
 - Report on waiting list and service delivery timelines
 - Publish FFS Medicaid payment rates for public access

What is the HCBS Quality measure set?

- The HCBS Quality Measure Set is a set of nationally standardized quality measures for Medicaid-funded HCBS. The intention is to promote more common and consistent use within and across states of nationally standardized quality measures in HCBS programs. It also creates opportunities for CMS and states to:
 - Have comparative quality data on HCBS programs
 - Drive improvement in quality of care and outcomes for people receiving HCBS
 - Support states' efforts to promote equity in their HCBS programs

What is the HCBS Priority?

- Within the HCBS Quality Measure Set, there are three key priorities which enhance the HCBS programs. These priorities emphasize the importance of satisfaction and quality of life and highlight the need for equity in service delivery. Key priorities include:
 - Access: The level of access that the beneficiary is aware of and their ability to access resources that support overall well-being.
 - Rebalancing: Striving to create a more balanced distribution of spending and utilization of services between home and community-based settings, relative to institutional care.
 - Community Integration: Ensures the empowerment and full inclusion of children and adults with disabilities in all parts of society.
- These priority areas collectively aim to improve the overall effectiveness and responsiveness of HCBS programs, fostering better outcomes for individuals and their communities.

How do MFP and HCBS Quality Measure sets relate?

- MFP is a demonstration program that supports states while they rebalance their LTSS systems from institutional to home and community-based care.
- Through this program, states are empowered to support individuals—primarily older adults and people with disabilities—as they transition from institutional settings to the community.
- In 2024, CMS directed MFP grant recipients to use the HCBS QMS to report on all Medicaid HCBS under section 1915(c), (i), (j), and (k) authorities, and section 1115 HCBS demonstrations. These reporting requirements begin in the fall of 2026 and will occur biannually after the first reporting period.
- MFP grant funds may be used to support states in implementing the HCBS QMS. This funding flexibility extends to developing a quality management strategy and plan, conducting experience of care surveys, and collecting and analyzing data for measures constructed from claims and/or encounter data and assessment and case management records.

The Quality Measure Set

- The HCBS QMS used to fulfill the requirements of the Access Rule may differ from the QMS currently in use for reporting under the MFP program. While both reporting frameworks aim to enhance quality and accountability in Medicaid-funded HCBS, they have distinct policy purposes and timelines. As a result, the measures included, data collection methods, and reporting expectations may vary between the two programs. States participating in both initiatives will need to align their quality measurement strategies carefully to meet the specific requirements of each, while minimizing duplication and administrative burden. Recent use of medical services (e.g., emergency department services, hospitalization, home health, skilled nursing facility, paid home healthcare).
- As the HCBS QMS continues to evolve, aligning its design and implementation with multiple federal initiatives presents both opportunities and challenges. In response, CMS and its partners are working to ensure that the QMS remains adaptable, efficient, and aligned with strategic priorities. This work includes engaging expert stakeholders and workgroups to refine the measure set and prepare for QMS implementation.

The Quality Measure Set

- Experience of care survey for each of the major population groups
- LTSS 1 Comprehensive Assessment and Update – Mandatory
 - Within 90 days of enrollment or during the measurement year
- LTSS 2 Comprehensive Plan and Update – Mandatory
 - Person Centered Plan documented within 120 days of enrollment or during the measurement year
- LTSS 3 Shared Care Plan with Primary Care Provider – Voluntary
- LTSS 4 Reassessment/Care Plan Update after Inpatient Discharge – Voluntary
 - 30 days after discharge a reassessment with the Case Manager
- LTSS 5 Not Applicable

The Quality Measure Set

- LTSS 6 Admission to a Facility from the Community – Mandatory
 - Admission to a facility from the community or hospital
 - Age groupings – 18-64, 65-74, 75-84, and 85 and older
 - Separated by short term, medium term, and long term stay
- LTSS 7 Minimizing Facility Length of Stay – Mandatory
 - Discharges from a facility within 100 days back to the community
- LTSS 8 Successful Transition after Long Term Facility Stay – Mandatory
 - Discharges from a long term stay back to the community

The Quality Measure Set GOALS

- The goal of the CMS HCBS Quality Measure Set is to improve the quality and accountability of Medicaid funded Home and Community Based Services (HCBS).
- This initiative aims to provide a standardized set of measures that can be used by States to assess and enhance the quality of HCBS programs.
- The measure set is designed to promote health equity, reduce health disparities, and ensure that individuals with disabilities and older adults enrolled in Medicaid receive high quality services in their communities.
- The measure set also aims to create opportunities for states to measure quality, close quality gaps, and drive high quality outcomes across their Medicaid programs.



THANK YOU

Mike McCloud

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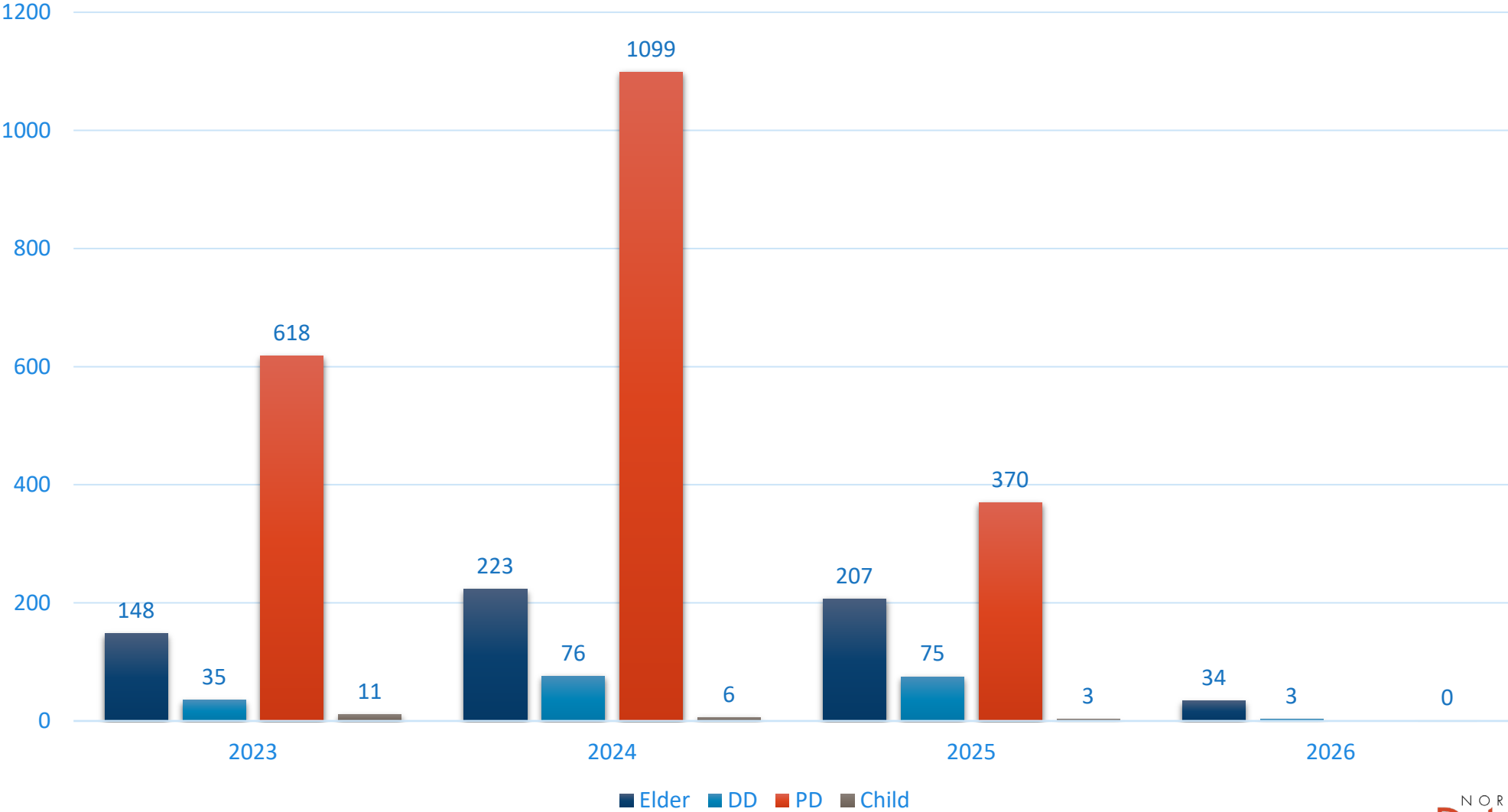
mmccloud@nd.gov

Transition Diversion Program Updates

- Administrative Code published at the beginning of the year
- Continuation of 10% funds, will use that funding structure first

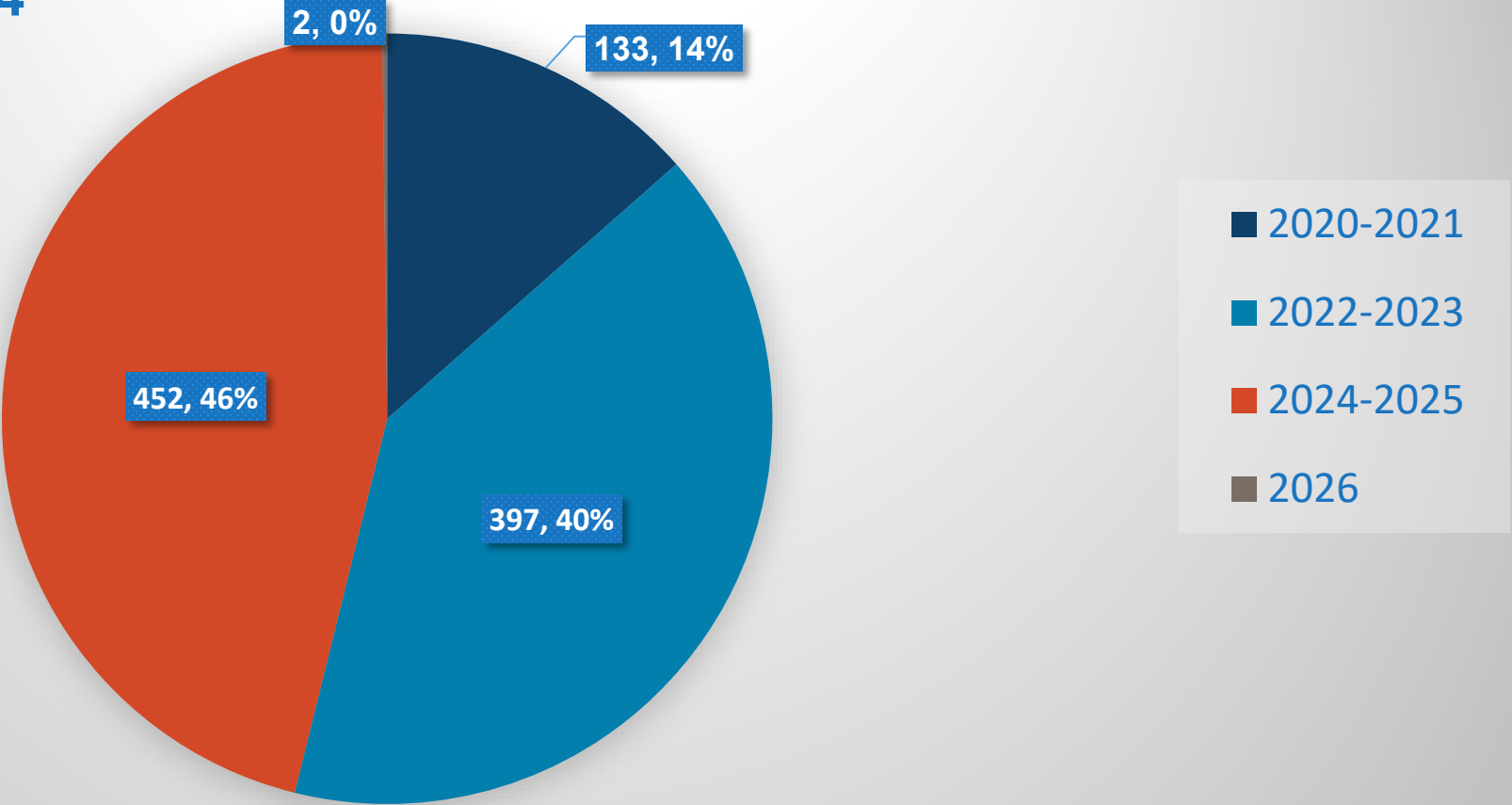


TDP Referral Data



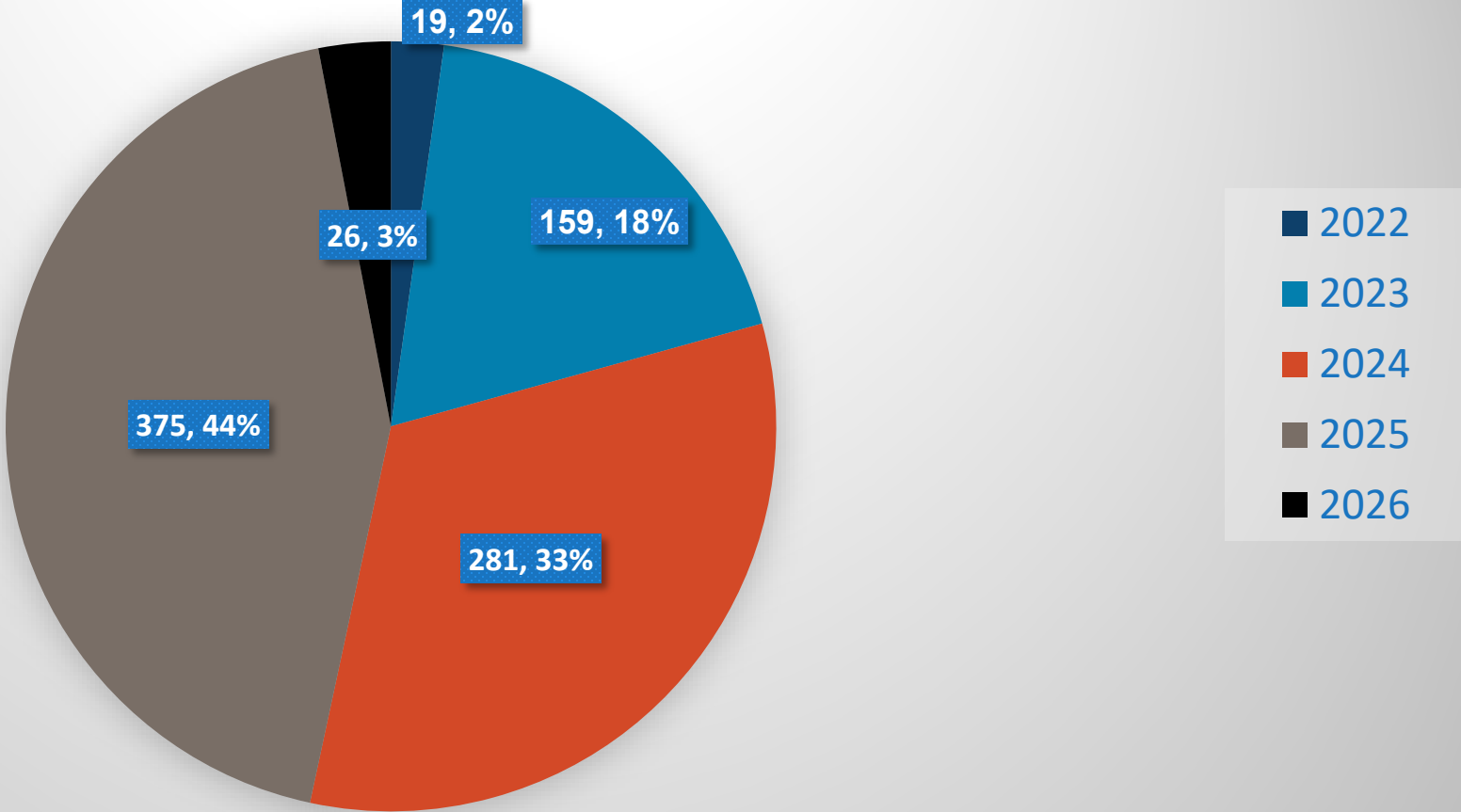
TDP Running Transitions

Transitions – 984



TDP Running Diversions

Diversions – 860



Data for TDP

- What items should we capture for the biennium?
- What is important data that you as partners would want to hear about?

Housing Partner updates

- Open discussion
 - Cheryl Merck

Tribal Initiative

- Melissa Reardon, NDSU Tribal Liaison

Tribal Initiative

- Mandan Hidatsa & Arikara Nation
- Turtle Mountain Band of Chippewa Indians
- 5 state workgroup

Meeting dates for 2026

Wednesday, May 20th (virtual and in-person)

Fargo-1350 32nd St S

Wednesday, August 19th (virtual and in-person)

Bismarck-

Wednesday, November 18th

Questions



Final Poll

- Post Survey
- Rebalancing ideas
- Suggestions for the future
- Any additional comments/feedback



Thank you

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- MFP/TDP team
 - hhsmpreferrals@nd.gov
- ADRL Intake
 - Carechoice@nd.gov