

North Dakota - Department of Justice Settlement Agreement

**Biannual Report
June 15, 2021 – December 14, 2021**

**ND Department of Human Services
Aging Services Division**

Submitted 1.12.22



List of Acronyms

ADA – Americans with Disabilities Act
ACL – Administration for Community Living
ADRL – Aging and Disability Resource Link
CMS – Centers for Medicare and Medicaid Services
CIL – Center for Independent Living
CIR- Critical Incident Report
CQL – Council on Quality and Leadership
DD - Developmental Disabilities
DHS – Department of Human Services
Ex-SPED – Expanded Service Payments to the Elderly and Disabled
FTE – Full Time Equivalent
HCBS – Home and Community Based Services
HCBS waiver - HCBS Medicaid waiver
HRSI - Human Services Research Institute
IC- Informed Choice
IP - Implementation Plan
MFP – Money Follows the Person
MSP-PC - Medicaid State Plan Personal Care Services
ND – North Dakota
NF LoC – Nursing Facility Level of Care
PCP – Person-centered Planning
PSH – Permanent Supported Housing
QSP – Qualified Service Providers
RA – Rental Assistance
SA – Settlement Agreement
SME – Subject Matter Expert
SNF – Skilled Nursing Facilities
SPED – Service Payments Elderly and Disabled
TPM - Target Population Member
USDOJ – United States Department of Justice
VAPS – Vulnerable Adult Protective Services

Introduction

On December 14, 2020, the State of North Dakota (ND) entered into an eight-year Settlement Agreement (SA) with the United States Department of Justice (USDOJ). The SA is designed to ensure that the State will meet the requirements of Title II of the Americans with Disabilities Act (ADA).

The SA requires the State to submit biannual reports to the USDOJ and the Subject Matter Expert (SME) containing data according to the Implementation Plan (IP). The final IP was approved on September 28, 2021, as required in the SA.

This report describes progress made toward the requirements listed in Sections VI–XVI for the period of June 15, 2021, through December 13, 2021, but also includes information from the entire first year of the SA in some sections. The report builds on the approved SA IP. All the requirements and associated strategies toward compliance that were due or are being worked on in this reporting period were included. New information is provided under the progress report heading highlighted in yellow and target dates were modified when necessary. If a benchmark or strategy was not used during this period, no information was provided.

A reporting dashboard is included as Appendix A to this report. It provides statistical data and additional information about the progress that has been made toward the required benchmarks of the SA regarding informed choice (IC), home and community-based services (HCBS), Aging and Disability Resource Link (ADRL), transition support services and housing to assist target population members (TPM).

The State will retain all data collected pursuant to the SA and make it available to the USDOJ and the SME upon request.

A complaint report is included in Section XVI of this document as required. It includes a summary of the type of complaints received and remediation steps taken to resolve substantiated complaints that were submitted during this reporting period.

The strategies contained in the IP and the performance measures and statistical data in this report focus on the need to:

- **Increase access** to community-based service options through policy, process, resources, tools, and **capacity building** efforts.
- Increase **individual awareness** about community-based service options and create **opportunities** for informed choice.
- Widen the **array of services** available, including more **robust housing-related supports**.
- Strengthen **interdisciplinary connections** between professionals who work in behavioral health, home health, housing, and home and community-based

services (HCBS).

- Implement broad access to **training and professional development** that can support improved **quality** of service, highlighting practices that are **culturally-informed**, streamlined, and rooted in **person-centered** planning.
- Support **improved quality** across the array of services in all areas of the State.

What We're Proud of

Major accomplishments during the first year (Year One) of the USDOJ SA

- **Transitioned 88 TPMs** from a SNF to integrated community housing where they can receive necessary support while enjoying the freedom and benefits of community living.
- **Diverted 268** individuals from a SNF by providing necessary services and supports so they can remain at home with their family and friends.
- Provided **information about HCBS** options through informed choice referral visits to **936** TPMs referred for a long-term stay in SNF.
- Shifted to **centralized intake** using the Aging and Disability Resource Link (ADRL) website and toll-free phone line linking people with disabilities to HCBS support.
 - Provided **10,854 callers** with information and assistance about HCBS.
 - Responded to **1,744 referrals** for HCBS, which is an average of 159 per month.
- Provided State or federally funded HCBS to **3,143 unduplicated** adults in 2021.
- Provided **permanent supported housing** assistance to **28 TPMs** who transitioned out of a SNF.
- Increased our **administrative capacity to serve** additional TPMs by adding three additional full-time case management employees and seven community outreach specialists FTE to conduct informed choice referral visits.
- **Increased awareness** about the possibilities of in-home and community-based services for adults with physical disabilities through numerous presentations, conferences, and training events.
- Engaged with **stakeholders** to inform the strategies used to implement the requirements of the settlement agreement in a person-centered and culturally responsive way.

Year One Settlement Requirements (12.14.20-12.13.21)

The chart below lists the requirements from the Settlement Agreement (SA) that were due during this reporting period. All first-year requirements have been met except for providing person-centered planning to 290 Target Population Members (TPMs) of which 145 are residing in a skilled nursing facility (SNF). Although the State conducts person-centered planning with recipients of federal and State funded HCBS, the current person-centered plan (PCP) does not fully comply with the SA requirements in Section VIII. C. (1-8). The State has experienced unanticipated delays in the vendor's development and finalization of a Person-Centered Plan that is fully compliant with the requirements of the Settlement Agreement within the web-based case management system. The State has responded to this challenge with the creation of a State form, to be used in the interim, to meet these requirements. This form is currently being developed and it is anticipated that it will be finalized in February 2022.

SA Section #	Requirement	Due Date	Met
VI.A	Appoint an Agreement Coordinator	02/14/21	✓
VI.F	Develop an Implementation Plan for Years 1 & 2	Approved 9/21/21	✓
VI.F	Implementation Plan feedback	06/14/21	✓
XIII.D	Provide technical guidance to nursing homes that commit to provide HCBS and rural community providers who commit to expand	06/14/21	✓
XV.D	Submit State Biannual Data Report	06/14/21	✓
VII.F	Role specialization and training of case managers	09/14/21	✓
IX.H.1	Seek CMS approval for residential habilitation, community support services, and companionship services	09/14/21	✓
IX.H.2	Amend financial and functional eligibility of the SPED program	09/14/21	✓
XIV.A.1	Conduct individual or group in-reach to each nursing facility	09/14/21 (& annually)	✓
VIII.I.2	Person-centered planning training of case managers	12/14/21 (& annually)	✓
VIII.I.3	290 TPMs receive person-centered planning	12/14/21	Not Met
IX.D	Necessary steps to enable TPMs to self-direct care	12/14/21	✓
XII.B.1. a	Permanent supported housing to 20 TPMs	12/14/21	✓
XV.D	State Biannual Data Report	12/14/21	✓

SA Section VI. Implementation Plan

Responsible Division(s)

ND Governor's Office and ND Department of Human Services (DHS) Aging Services Division

Agreement Coordinator ([Section VI, Subsection A, page 8](#))

Implementation Strategy

Appoint Agreement Coordinator. The Agreement Coordinator is responsible for leading the State team tasked with ensuring access to community-based services that allow TPMs to live in the most integrated setting appropriate.

Progress Report:

- Nancy Nikolas Maier, Director, ND DHS Aging Services Division, was appointed Agreement Coordinator on February 10, 2021.

Draft IP (Section VI, Subsections B and C, page 9)

Implementation Strategy

Conduct a series of project planning sessions to develop and draft strategies to meet requirements. The SME team worked with the State to review the plan prior to submission and alignment of the plan with four required plans developed by the SME.

Progress Report:

- On September 28, 2021, final IP was approved.

Service Review ([Section VI, Subsection D, page 9](#))

Implementation Strategy

Strategy 1. Conduct internal listening sessions that include a review of relevant services with staff from the ND DHS Aging Services, Medical Services, and Developmental Disability Divisions. One priority is identification of administrative or regulatory changes that need to be made to reduce identified barriers to receiving services in the most integrated setting appropriate.

Progress Report:

A listening session is conducted during every ND USDOJ SA stakeholder meeting. Feedback is used to modify policy and waiver amendments. The State will continue to hold listening sessions in the second year of the agreement.

Progress Report:

Completed July 1, 2019. In 2020 the number of recipients increased by 257 because of the eligibility changes to SPED. In 2021, the number increased by 151.

Strategy 3. Increase access to SPED for less impaired individuals who need services to live in the most integrated setting appropriate, thus diverting them from a higher level of care.

Progress Report:

Completed January 1, 2020

Strategy 4. Add residential habilitation, community-support services, and companionship to the HCBS 1915 (c) Medicaid waiver. **(Complete January 1, 2020)**

Progress Report:

Completed January 1, 2020

Strategy 5. Implement rate increases for supervision, non-medical transportation, non-medical transportation escort, and family personal care. The services were chosen because the current rates were previously identified as too low to attract enough QSPs. A waiver amendment will be submitted to the Centers for Medicare and Medicaid Services (CMS).

Progress Report:

Waiver amendment approved by CMS January 1, 2022. Rate increase will become effective February 1, 2022.

Stakeholder Engagement ([Section VI, Subsection E, page 9](#))

Implementation Strategy

The State will create ongoing stakeholder engagement opportunities including quarterly ND USDOJ SA stakeholder meetings the first two (2) years of the SA. The State will educate stakeholders on the HCBS array, receive input on ways to improve the service delivery system, and receive feedback about the implementation of the SA.

Progress Report:

- Stakeholder meetings/quarterly listening sessions were held during this reporting period on June 15, 2021, and December 9, 2021.
- [Link to 2021 Listening Session and Stakeholder Meetings Summary](#)

The State will work with community partners to hold HCBS Community Conversations in all nine (9) case management territories and Native American reservation areas in ND. The meetings will provide information about HCBS and provider enrollment and will include an opportunity to receive valuable feedback from local community stakeholders about the provision of HCBS in rural and Native American communities. State will post meeting minutes, stakeholder requests, and the State's response after each meeting. State will also create a calendar of events section on the DOJ portion of the DHS website.

Progress Report:

- In-person Community Conversations were held:
 - November 16, 2021, Napoleon, ND
 - November 17, 2021, Dunseith, ND
 - November 18, 2021, Casselton, ND
 - November 23, 2021, Hettinger and Glenn Ullin, ND
 - Two were held virtually on November 22, 2021

The state will schedule additional community conversations and has created an events calendar on the Department's website. Feedback is used to make changes in the service delivery system etc. and the changes are shared at ND USDOJ stakeholder SA meetings.

SME Consultation ([Section VI, Subsection F, page 9](#))

Implementation Strategy

Agreement Coordinator will meet weekly with SME and team to consult on IP. Agreement Coordinator will provide required updates to USDOJ, submit draft, and incorporate updates as required.

Progress Report:

- Weekly meetings are conducted between the Agreement Coordinator and the SME.

- Meetings are conducted between the Agreement Coordinator and the DOJ bi-weekly.

SME and IP ([Section VI, Subsection G, page 9](#))

Implementation Strategy

Strategy 1. Due June 14, 2022

Strategy2. Due June 14, 2022

Website ([Section VI, Subsection H, page 10](#))

Implementation Strategy

Establish a webpage for all materials relevant to ND and USDOJ SA on the DHS website. **Complete June 14, 2020**

SA Section VII. Case Management

Responsible Division(s)

DHS Aging Services Division

Role and Training ([Section VII, Subsection A, page 10](#))

Implementation Strategy

Strategy 1. Complete January 1, 2020

Strategy 2. The State will create and require a comprehensive standardized training curriculum be completed by all HCBS case managers. The State will provide ongoing training and professional development opportunities to include cultural sensitivity training to ensure a high-quality trained case management workforce. The State has contracted with a local expert in Native American cultural competency to develop training for HCBS case managers. Post-training evaluation tools to ensure understanding of training objectives will be developed.

Progress Report:

Performance Measure(s)

Percent of HCBS case managers trained in the standard curriculum by December 31, 2021.

- Eighty-eight percent (88%) of the HCBS managers completed the standard curriculum.
- The State has extended the deadline for current case managers to complete the standard curriculum to March 31, 2022.

Percent of HCBS case managers trained to cultural sensitivity.

- There are sixty-five (65) HCBS case managers and 100% received the training.
 - Fifty-five (55) staff attended training in October 2021
 - Ten (10) viewed a recording of the training.

Percent of HCBS case managers found to be competent in key learning objectives after receiving cultural sensitivity training.

Question 1: I am knowledgeable of Native American populations in North Dakota.				
	Very	Somewhat	Neutral	Very Little
Pre	10%	65%	12%	11.7%
Post	83%	16.1%	1.1%	
Increase				
Question 2: I understand the barriers that Native Americans face accessing services.				
	Very	Somewhat	Neutral	Very Little
Pre	13.8%	64.9%	14.9%	6.4%
Post	82.8%	21.5%		
Increase				
Question 3: I am conscious of my own biases.				
	Very	Somewhat	Neutral	Very Little
Pre	25.5%	62.8%	11.7%	
Post	45.2%	39.8%	15.1%	
Increase				
Question 4: I understand the benefits and importance of cultural competence in my practice.				
	Very	Somewhat	Neutral	Very Little
Pre	72.3%	23.4%	4.3%	
Post	87%	10.9%	2.2%	
Increase				
Question 5: I am confident working across cultures.				
	Very	Somewhat	Neutral	Very Little
Pre	21.3%	57.4%	16%	5.3%
Post	60.2%	35.5%	4.3%	
Increase				

Strategy 3. The State expanded the ADRL to include a centralized intake process to assist TPMs in learning about and applying for HCBS. **(Implemented January 1, 2021)**

Referrals can be made over the phone or submitted via the internet. The DHS Aging Services Division employs six (6) staff who provide information and assistance in completing the centralized intake process. If a TPM or their legal decision maker wants to apply for HCBS, the intake assessment is sent to an HCBS supervisor who assigns a HCBS case manager to complete an assessment and verify eligibility. Person-centered planning is undertaken and completed with each TPM.

Progress Report:

Performance Measure(s)

Number of referrals received by case management territory through the updated ARDL centralized intake process.

- Referrals received by case management from the ADRL is 1,209.

Average number of days to assign an HCBS case manager following referral. **(Tracking began May 1, 2021)**

- The average number of days to assign a case manager to a referral is one (1) day.

Percent of case management referrals responded to within 5 business days.

- The percent of case management referrals responded to within five (5) days is ninety-six percent (96%).

Number and percent of HCBS case management staff trained on new system.

- There are sixty-five (65) case managers and 100% have been trained on the new case management system.

Strategy 4. Implement an informed choice referral process to identify TPMs who screen at a NF LoC and inform them about HCBS, person-centered planning, and transition services available under Medicaid to help TPMs receive services in the most integrated setting appropriate.

Informed choice referral visits are being conducted by HCBS case managers, and due to staff capacity, are currently targeting TPMs who express interest in HCBS or because of their care needs are best served in the community. The ND NF LoC tool has been updated to include questions to identify these TPMs. The provision of information about HCBS is available to everyone, including people with higher needs. The State will develop strategies to revise this tool and process and build staff capacity to assure that it meets the provisions of the SA. **(Informed choice visits implemented January 1, 2021)**

Progress Report:

Performance Measure(s)

Number of informed choice referrals.

- 1,491 informed choice referrals were sent to the HCBS case management territories from January 1, 2021-December 13, 2021.

Number of TPMs referred through informed choice to transition services through MFP.

- There were eighty-one (81) TPMs referred through the Informed Choice process to MFP transition services. To date, fifteen (15) of the eighty-one (81) referrals have successfully transitioned to the community. Sixty-six (66) are in process.

Number of long-term stay NF LoC determinations provided to TPMs by case management territory.

- NF LoC determinations by territory:

CM Territory #	# NFlOC
Territory 1	40
Territory 2	161
Territory 3	45
Territory 4	238
Territory 5	481
Territory 6	111
Territory 7	267
Territory 8	62
Territory 9	86
Total	1491

Strategy 5. Create a sustainable public awareness campaign to increase awareness of HCBS and the ADRL. Campaign will include marketing on social media, and providing public education to the public, professionals, stakeholders, and TPMs at serious risk of entering nursing facilities. Campaign will also include providing education to those parties that recommend SNF care to TPMs. **(Target completion date December 14, 2022)**

Progress Report:

Performance Measure(s)

Number of ADRL contacts per month.

- A total of 11,783 ADRL contacts were made between December 14, 2020 – December 13, 2021, for an average of 981 contacts per month.

Strategy 6. To ensure a sufficient number of HCBS case managers are available to assist TPMs in learning about, applying for, accessing, and maintaining community-based services for the duration of the SA, the State will assess need and request additional resources, if necessary, in the next biennium executive budget request. **(Complete July 1, 2022)**

In addition, the State will provide technical assistance, training, and ongoing support to encourage State and tribal providers to enroll to provide HCBS case management to TPMs. This includes using MFP Tribal Initiative funds to help tribal entities hire licensed social workers to provide culturally competent HCBS case management services in Native American communities.

Progress Report:

Performance Measure(s)

Number of HCBS case managers hired by Tribal nations.

- Currently one (1) case manager has been hired by Standing Rock Sioux tribe. Aging Services staff have provided training.

Strategy 7. Implement a new case management system to simplify the case management processes and reduce time required to complete administrative responsibilities of the position. Reducing administrative burden will free up staff time to conduct person-centered planning and other TPM-facing case management functions. **(Target completion date July 1, 2022)**

Progress Report:

Case Managers began using Therap in January of 2021 to create provider service authorizations necessary for claims billing and electronic visit verification (EVV). The Therap case management system is used to receive referrals from the ADRL, store client demographics, complete HCBS participant assessments, caregiver assessment, SPED financial assessment, vision tool and case notes. HCBS case managers also create provider service authorizations in the system. The risk assessment and informed choice referral for long-term care were recently added. The system is also used for critical incident reporting. The full implementation of the case management system will be complete when the person-centered plan and complaint system are finalized.

Case managers keep track of their time in the State’s workforce system. They track billable case management time and administrative tasks like training etc. Seventy percent of the case managers time is spent on actual case management task. Approximately 30% is on administrative tasks.

Performance Measure(s)

Percent reduction in case manager time spent on administrative functions after the case management system is fully implemented.

Case management system has not been fully implemented. The information below reflects case management time based on current process.

CM Workforce Data	Reporting Period	12.20-11.21
Project	Sum Of Hours	% Of Hours
HCBS Admin	34,228.92	29.62%
HCBS CM	81,317.67	70.38%
Grand Total	115,546.59	100.00%

Assignment ([Section VII, Subsection B, page 10](#))

Implementation Strategy

Strategy 1. Due July 1, 2022

Strategy 2. If a TPM in a SNF indicates they are interested in HCBS between NF LoC reviews, they are referred to the ADRL and assigned a HCBS case manager.

The State will increase SNF in-reach activities by working with the MFP / Centers for Independent Living (CIL) staff to contact current TPMs residing in a SNF and inform them about HCBS. In addition, State staff will conduct follow up visits to build relationships and continued education about HCBS with TPMs who initially refused an informed choice visit. **(Target implementation date January 1, 2022)**

Progress Report:

Performance Measure(s)

Average number of days from assignment of a HCBS case manager to first contact.

- The average number of days from assignment of a HCBS case manager to first contact is two (2) business days.

Capacity ([Section VII, Subsection C, page 10](#))

Implementation Strategy

Strategy 1. Simplify the HCBS case management process to ensure a sufficient number of HCBS case managers are available to serve TPMs. The HCBS case managers are required to keep track of the number of hours they work, and the type of work being performed. Reports can be run to calculate the amount of time spent conducting client-facing case management services versus administrative tasks. This information will be used to determine staff capacity and number of FTEs needed. **(Six-month reporting begins June 14, 2021)**

Progress Report:

There are several strategies throughout the implementation plan that describe the States effort to increase case management capacity. Any request for additional case management staff will be included in the Aging Services proposal for the Department's executive budget request.

HCBS Case Managers can currently provide all necessary case management services listed in a member's Person Centered Plan. This includes meeting face-to-face with TPMs (if current public health restrictions allow) to discuss Community-Based Service options, as dictated by individual needs, and completing Person Centered Planning when the person is identified as a TPM.

Performance Measure(s)

Average weighted caseload per Case Manager (December 2021).

- There are fifty-five (55) full time case managers with an average caseload of fifty-four (54) cases:
 - Three part-time case managers have an average caseload size of forty-five (45).
 - Nine HCBS supervisors carry an average caseload of fifteen (15) cases.

Percent reduction in administrative tasks after case management system is fully implemented.

- See CM workforce data chart in Section VII. Subsection A Strategy 7.

Strategy 2. Continue to ensure a sufficient number of HCBS case managers are

available to serve TPMs. The State assigns caseloads to individual HCBS case managers based on a point system that calculates caseload by considering the complexity of case and travel time necessary to conduct home visits. The State completes a monthly review of statewide caseloads to determine capacity and ensure a sufficient number of HCBS case managers are available to serve TPMs. **(Complete May 1, 2021)**

Remediation

The State submitted a request and received approval to use MFP capacity building funds to hire five (5) staff to conduct informed choice referral visits so that the HCBS case managers have capacity to provide case management to additional TPMs in the most integrated setting appropriate. Staff will be hired in areas of the State with the highest number of referrals and/or in rural areas where the most travel is required. **(Target completion date October 1, 2021)**

In addition, the State will review its current weighted caseload assignment process to ensure the appropriate amount of case management services are being provided to TPMs residing in a SNF, and to those who are referred for admission to a SNF.

Progress Report:

MFP funds were used to hire five (5) Informed Choice staff. Older American Act funding will be utilized to hire five (5) additional Informed Choice staff.

The State has hired seven (7) Community Outreach Specialists (working title for these positions) to conduct informed choice referral visits and is actively recruiting three (3) more. They are responsible to visit TPMs in nursing homes and hospitals and will eventually see every TPM who is referred for a long term stay in the nursing home as required in the agreement.

Access to TPMs ([Section VII, Subsection D, page 11](#))

Implementation Strategy

Strategy 1. Complete January 2, 2021

Facilities that deny full access to the facility will be contacted by the Agreement Coordinator to attempt to resolve the issue and will be informed in writing that they are not in compliance with ND administrative code or the terms of the Medicaid provider enrollment agreement. If access continues to be denied, a referral will be made to the DHS Medical Services Program Integrity unit which may result in the termination of provider enrollment status.

Progress Report:

Performance Measure(s)

Number and percent of SNFs providing less than full access to TPMs.

Number of referrals for denial of full access made to Program Integrity.

Number of investigations initiated due to denial of access.

- No facilities denied access during to the facility during this reporting period.
- Some facilities, families and guardians have asked questions about the State's right to discuss community-based options with their relatives. A 'Frequently Asked Questions' document has been drafted to assist the Community Outreach Specialists and the Transition Coordinators in explaining an individual's right to visitors and right to participate in their care planning and understand treatment options.

Strategy 2. Conduct training with hospital and SNF staff to discuss the HCBS informed choice referral process and subsequent changes to the ND NF LoC tool effective January 1, 2021. The training will be adjusted over time to reflect further changes to the NF LoC and Informed Choice process that will be made during the time this IP in effect. **(Initial training complete December 17, 2021)**

Progress Report:

Performance Measure(s)

Number of SNF and hospital staffed trained on informed choice

- Training sessions held on November 5, 2021, with ninety-two (92) in attendance and November 19, 2021, with thirty-six (36) in attendance.

Strategy 3. Inform facilities in writing that they must afford HCBS case managers access to TPMs per State and Federal regulations and the SA. **(Complete March 26, 2021)**

Progress Report:

Performance Measure(s)

Number and percent of informed choice visits conducted in-person.

- A total of 936 unduplicated TPMs were contacted to complete an informed choice visit.
- A total of 202 Informed Choice visits were conducted in-person.

- 202 (22%) were conducted in-person.
- 734 (78%) were conducted virtually or via telephone due to COVID-19 visitation restrictions.

Case Management System Access [\(Section VII, Subsection E, page 11\)](#)

Implementation Strategy

Provide HCBS case managers and relevant State agencies access to all case management tools including the HCBS assessment and PCP. **(Target completion date July 1, 2021)**

Progress Report:

Performance Measure(s)

Number of case management entities that have logins and access to the new case management system.

- All Aging Services case management staff and the case manager hired by the Standing Rock Sioux Tribe have access to Therap.

Quality [\(Section VII, Subsection F, page 11\)](#)

Implementation Strategy

Strategy 1. Complete January 1, 2020

Strategy 2. To ensure a quality HCBS case management experience for all TPMs the State will update the current annual case management reviews to ensure sampling of all components of the process (assessment/person-centered planning/safety, contingency plans, and service authorizations) to determine if TPMs are receiving services in the amount, frequency, and duration necessary for them to remain in the most integrated setting appropriate. **(Target completion date January 1, 2022)**

Progress Report:

Performance Measure(s)

State produces an individual audit summary report and will compile the data into an annual report. The report will measure the error rate by territory and type.

- All audits are completed by December 31st of each year. The current auditing process include the review of the information listed in Strategy

2. The 2021 audit report will be completed by January 31, 2022.
- State staff met and will be drafting protocol for the 2022 audits based on the new case management system and process.

ADRL ([Section VII, Subsection G, page 11](#))

Implementation Strategy

The strategies listed in Section VII.A. also apply to this section.

SA Section VIII. Person-Centered Plans

Responsible Division(s)

DHS Aging Services Division

“Charting the LifeCourse” Training ([Section VIII, Subsection A, page 11](#))

Implementation Strategy

Implement new case management system for State staff, public, private, and tribal HCBS case managers and QSPs that includes “Charting the LifeCourse” person-centered planning framework tools. HCBS case managers will create, with the TPM, the PCP that will be maintained and updated in the new system. **(Target completion date ~~December 1, 2021~~ March 31, 2022)**

Remediation

The State will procure a foundational skill building educational series that will be virtually facilitated by the LifeCourse Nexus Team with the HCBS case managers and other DHS Aging Services Division staff. This series will be expanded to include a session on conflict resolution. **(Target completion date ~~December 1, 2021~~ January 31, 2022)**

Progress Report:

The new case management system is not complete because the vendor has not fully developed a person-centered plan that meets all settlement agreement requirements.

Performance Measure(s)

Number of HCBS case managers fully trained in “Charting the LifeCourse” and other person-centered planning tools as of ~~December 31, 2021~~ January 31, 2022.

- All 121 Aging Services staff are participating in the Charting the LifeCourse, PCP training. The initial series will wrap on January 20th, 2022. Any new staff and staff who missed a session will be attending make up sessions and received the training as part of their initial onboarding process.
- Aging Services will provide training on all newly developed PCP tools when the PCP tools are included in the new case management system. Training will be conducted when the DOJ SA PCP is created as a State form. **(Target Completion Date February 1, 2022)**

Number and percent of TPMs that have a completed individualized PCP.

Between December 14, 2020 – December 13, 2021, the following number of plans were completed with individuals receiving a State or federally funded community-based service. The plans referred to below meet State and Federal requirements for person centered-planning, but do not meet all the requirements of a PCP listed in Section VIII. C. (1-8) of the SA.

The State has experienced unanticipated delays in the vendor's development and finalization of a Person-Centered Plan form that is fully compliant with the requirements of the Settlement Agreement within the web-based case management system. The State has responded to this challenge with the creation of State forms, to be used in the interim, to meet these requirements. The forms are currently being developed and it is anticipated that it will be finalized in February 2022.

Number of HCBS case managers who meet core person-centered competencies.

Aging Services Person-Centered Plans	12.14.20-12.13.21	
HCBS Program	Plan Name	# Complete
1915 (c) HCBS Medicaid Waiver	SFN 404 HCBS Medicaid Waiver Person Centered Plan of Care	567
Medicaid State Plan Personal Care	SFN 662 Personal Care Services Plan of Care	497
Service Payment to the Elderly and Disabled (SPED)	SFB 1467 SPED/EXSPED Individual Care Plan	2605

- The State is currently working with the Administration for Community Living (ACL)/CMS technical assistance opportunity administered by the (NCAPPS) to develop core competencies for staff.

Policy and Practice [\(Section VIII, Subsection B & C, page 11\)](#)

Implementation Strategy

Strategy 1. Ensure that the HCBS functional assessment and individualized PCP contained in the new case management system meets all requirements of subparts 1-8. The PCP will be updated when a TPM goes to the hospital or SNF and remains available and accessible in the new system when the TPM returns to the community. **(Target completion date ~~December 31, 2021~~ July 1, 2022)**

Progress Report:

The new case management system is not complete. Therefore, the benchmark to complete 290 PCPs (145 coming from TPMs in SNF) has not been met for year one of the SA.

The State currently conducts person-centered planning with all TPMs and individuals receiving transition assistance, but the requirements outlined in the settlement agreement can only be found by referring to multiple areas of the individual's file. For example, the assessment, case notes etc. The State is creating a State form that will meet all SA PCP requirements. This document will be used until the case management system is fully operational.

Performance Measure(s)

Number of new PCP meetings completed by the HCBS case manager per month.

Number of PCP updated every six (6) months as required.

- See progress report above. Data collection will start when the new fully compliant State form PCP is complete.

Strategy 2. Update current policy that states if the TPM enters a SNF and services are not used for at least thirty (30) days, the case should close unless prior approval is received. After discharge, a TPM must submit another application and re-apply for services once they are ready to resume care in the community. HCBS case managers are also required to complete a new functional and financial assessment.

Policy will be updated to clarify that a TPM does not have to reapply for services if they were an eligible recipient before they entered the SNF, and they are there on a short-term (less than 90 days) NF LoC stay. HCBS case managers will update the assessment and PCP to reflect any change in need or preference but will not need to

complete a new financial assessment unless there has been a substantial change, or they are due for a required annual reassessment. **(Complete July 1, 2021)**

Progress Report:

Performance Measure(s)

Number and percent of HCBS case managers trained on new policy.

- Training was conducted on July 19, 2021. All sixty-five (65) or 100% of the HCBS case managers attended.

Strategy 3. To facilitate the exchange of information across settings, an interface will be created between the new case management system and the ND Health Information Network (NDHIN) to make a PCP part of the patient health record that is available to qualified clinicians. **(Complete September 23, 2021)**

Progress Report:

NDHIN went live on September 23, 2021. Participating health systems can now see that the TPM is receiving HCBS administered by the Department of Human Services as part of the patient health record.

Strategy 4. The SA states that TPMs will not be required to rely on natural supports if they choose not to do so, or if the proposed person(s) is unable to or unwilling to provide natural supports.

The DHS will add the above statement to the HCBS policy and procedure manual and will also implement the following to meet this requirement:

- Live alone eligibility requirements for residential habilitation and community-supports are too restrictive and will be removed to allow more TPMs to access services. A waiver amendment will be submitted, and administrative code will be updated accordingly. **(Complete January 1, 2022)**
- Currently, TPMs who live with family are not eligible to receive supervision. This requirement will be removed. A waiver amendment will be submitted, and administrative code will be updated accordingly. **(Complete January 1, 2022)**

Progress Report:

The Waiver amendment is approved effective January 1, 2022, Policy has been updated to ensure that natural supports are not required to provide services to HCBS individuals. Training on the Waiver Amendment is scheduled for January 24, 2022, and the policy will be in place by February 1, 2022.

Strategy 5. Every PCP will incorporate all the required components as outlined in Section VIII.C.1-8 and these are apparent in PCP documentation. The person-centered planning tool in the new case management system will allow all required information to be captured and included in the plan.

The State will update the annual case management review process to include sample PCPs from each HCBS case manager to ensure they are individualized, effective in identifying, arranging, and maintaining necessary supports and services for TPMs, and include strategies for resolving conflict or disagreement that arises in the planning process (**Target implementation date ~~January 1, 2022~~ July 1, 2022**)

Progress Report:

See related progress report above. State staff met in January and are in the process of updating the annual case management review protocol to include the required information.

Strategy 6. The current person-centered planning tool has been updated to adequately capture information on housing needs and is specific to each TPM housing barriers. Necessary supported housing services are also identified on the PCP. (**Complete December 31, 2021**)

Policy Manual Update [\(Section VIII, Subsection D, page 12\)](#)

Implementation Strategy

Current policy requires that when a TPM applies for long-term services, the HCBS case manager initiates the person-centered planning process.

Remediation

The DHS will add the person-centered planning requirements from the waiver into the case management section of HCBS policy and procedure manual 525-05. (**Complete November 1, 2021**)

Progress Report:

HCBS policy was updated effective November 1, 2021.

Performance Measure(s)

Number of PCPs completed per month.

Percent of PCPs completed within required timeframe

- See progress note above. Data collection will start when the new fully compliant State form PCP is complete.

Number and percent of PCPs reviewed by the State that meet all requirements.

- 100% of the current PCPs are reviewed and approved by the State. The plans meet the current State and federal requirements for a PCP but do not meet the requirements in the SA Section VIII. C. (1-8)

Conflict Resolution TA [\(Section VIII, Subsection E, page 13\)](#)

Due date April 1, 2022

Reasonable Modification Training [\(Section VIII, Subsection F, page 13\)](#)

Implementation Strategy

Strategy 1. To comply with Title II of the ADA which states that a public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination based on disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

The State will work with the DHS Legal Advisory Unit and other agencies or boards to determine if a request for reasonable modification can be accommodated as required in the SA. HCBS policy will be updated to determine how requests for reasonable modification may submitted for review and reconsidered. **(Target completion date October 1, 2021 February 1, 2022)**

Progress Report:

Performance Measure(s)

Number and percentage of HCBS case managers trained on reasonable modification.

- Policy has been drafted and will be manualized effective February 1, 2022. Training on the policy will be held in January 2022.

Number of HCBS case managers after receiving training who showed increased understanding of reasonable modification requirements under the ADA.

- Aging Staff will work with the Civil Rights Officer and Legal Advisory Unit to create ADA training for case managers. **(Target completion date March 31, 2022.)**

Number of stakeholders provided education about reasonable modification.

- Will be working with the Civil Rights Officer and the Legal Advisory Unit to create ADA training for case managers. **Target completion date March 31, 2022.)**

Number of requests received and outcome of those requests per month.

- All fourteen (14) requests for reasonable modifications listed below were approved:

Reasonable Modifications		
Month/Year Request	# Received	Accommodation Type
21-May	1	Waived live alone policy for supervision
21-Jul	4	Exceed HCBS waiver service cap, modified policies to allow payment for nursing tasks, waived Live alone policy for community support services, waived live alone requirement for supervision
21-Aug	1	Waived live alone for community support services
21-Sep	3	Modified policy on allowable service combinations, modified policy to allow tube feeding, modified policy to allow nursing tasks
21-Oct	4	Modified policy to allow family to be the paid provider, modified policy on allowable service combinations, waived live alone policy for supervision, modified policy to allow nursing tasks
21-Nov	1	Modify policy to allow family to be the paid provider

SME review of transition plans [\(Section VIII, Subsection G, page 13\)](#)

Implementation Strategy

Strategy 1. The State will develop a process to submit all transition plans that identify a setting other than the TPM's home, a family home, or an apartment as the TPM's most integrated setting appropriate to the SME for the first two years of the SA. **(Reporting begins June 1, 2021)**

Progress Report:

Performance Measure(s)

Number and percent of transition plans that identify a setting other than a TPM's home, family home, or apartment.

- A total of eighty-eight (88) TPMs transitioned; eight-seven (87) individuals transitioned into a home, family home, or apartment, and one (1) individual was transitioned to an Adult Foster Care home which is also considered an integrated setting in the SA.

Person-centered planning TA [\(Section VIII, Subsection H, page 13\)](#)

Implementation Strategy

Strategy 1. To ensure annual ongoing training, the State will utilize MFP capacity building funds to procure an entity to provide ongoing technical assistance and annual person - centered planning training through September 30, 2025. Training will be required for all HCBS case managers and DHS Aging Services Division staff. The entity will also be also required to assist the State in developing person-centered planning policy and procedures, performance measures and core competencies that will assist the TPM in receiving services in the most integrated setting appropriate. **(Target completion date October 1, 2021)**

Progress Report:

Performance Measure(s)

Number and percent of HCBS case managers trained on person-centered planning practices.

- All sixty-five (65) case managers or 100% have been involved in a series of trainings to include the five (5) person-centered planning domains of:
 - strengths-based, culturally informed, whole person focused;
 - cultivating connections inside the system and out;
 - rights, choice, and control;
 - partnership, teamwork, communication, and facilitation;
 - documentation, implementation, and monitoring.

The series includes training on and working within the Charting the LifeCourse framework, training on cultural diversity, training on services and programs within DHS along with training on LTSS that are offered through other stakeholders.

Number of HCBS case managers who after receiving training showed increased understanding of person-centered planning principles.

- The State is currently working with the Administration for Community Living (ACL)/CMS technical assistance opportunity administered by the (NCAPPS) to develop core competencies for staff.

Number of HCBS case managers who meet core person-centered planning competencies.

- The State is currently working with the Administration for Community Living (ACL)/CMS technical assistance opportunity administered by the (NCAPPS) to develop core competencies for staff.

Person-Centered Planning process and practice ([Section VIII, Subsection I, page 13](#))

Implementation Strategy

During the IP period, the State must develop PCPs with at least 290 unduplicated TPMs within one year of the effective date and an additional 290 TPMs within two years of the effective date. At least half of the TPMs who receive person-centered planning each year will be SNF TPMs.

Through facility in-reach, community outreach, and increased public awareness of the ADRL and HCBS options, the State currently seeks to identify TPMs who are interested in receiving services in the most integrated setting appropriate. Based on current case management capacity, TPMs who indicate a preference to receive services in the community are assigned an HCBS case manager who will complete a PCP. The State will develop additional strategies so that before the end of the SA, all TPMs will be provided a PCP so they can make an informed choice.

The State has experienced unanticipated delays in the vendor's development and finalization of a Person-Centered Plan form that is fully compliant with the requirements of the Settlement Agreement within the web-based case management system. The State has responded to this challenge with the creation of State forms, to be used in the interim, to meet these requirements. The forms are currently being developed and it is anticipated that it will be finalized in February 2022.

The State is working to create a process to assess the creation of PCPs and provide a sample to the USDOJ and the SME to ensure this benchmark is met for SA year one and year two.

Strategy 1. Ongoing person-centered planning technical assistance is being provided to the State as part of an Administration for Community Living (ACL)/CMS technical assistance opportunity administered by the (NCAPPS).

The State will ensure ongoing technical assistance after September 30, 2021, by using MFP capacity building funds to procure person-centered planning technical assistance from a qualified entity from October 1, 2021 – September 30, 2025. **(Provider procured October 1, 2021)**

Progress Report:

ND was notified on September 16, 2021, that ND DHS has been selected to receive an additional two years of NCAPPS technical assistance. This extends the assistance through September 30, 2023. ND has modified the contract with HSRI in August of 2021 to add the MFP Capacity Building Funds needed to fund the ongoing person-centered planning technical assistance for Aging Services from October 1, 2021 – September 30, 2025.

Strategy 2. Ensure that a PCP is completed with every TPM who requests HCBS, beginning in the initial 24 months, with those expressing interest in HCBS. **(Complete December 14, 2021)**

Progress Report:

Performance Measure(s)

Number of PCPs for TPMs not residing in the SNF that are completed by December 14, 2021, and December 14, 2022.

Number of PCPs for TPM residing in SNF that are completed by December 14, 2021, and December 14, 2022.

- See progress report above. Data collection will start when the new fully compliant State form PCP is complete.

Number of targeted in-reach visits conducted.

- There were seventy-nine (79) group in-reach visits conducted from April 23, 2021 – September 15, 2021. A group presentation was completed with every nursing home in the State.

Number of completed PCPs for at risk and TPMs in SNF.

- See progress report above. Data collection will start when the new fully compliant State form PCP is complete.

Strategy 3. Conduct targeted in-reach to TPMs. To help identify TPMs residing in a SNF, the MFP transition coordinators and DHS Aging Services Division staff who complete informed choice visits will also conduct targeted in-reach to TPMs residing in SNFs to discuss HCBS and the potential benefits of community living. For the first 24 months, if a TPM indicates a preference for community living they will be assigned an HCBS case manager and MFP transition coordinator who will complete a PCP. A

housing facilitator will also be assigned if the plan identifies housing as a barrier to community living. **(Target start date October 1, 2021)**

Progress Report:

Performance Measure(s)

Number of targeted in-reach visits conducted.

- There were seventy-nine (79) group in-reach visits conducted from April 23, 2021 – September 15, 2021. A group presentation was completed with every nursing home in the State.

Number of TPMs in SNF referred to MFP.

- Eight-one (81) TPMs in SNFs were referred to MFP.

Number of HCBS case managers assigned to TPM in SNF.

- Case Management assignment not required until June 2022

Percent of housing facilitators assigned when housing is an identified barrier on the PCP.

- Referral data is being collected and additional information will be available during the next DOJ SA reporting period.

SA Section IX. Access to Community-Based Services

Responsible Division(s)

DHS Aging Services Division

Policy ([Section IX, Subsections A, B & C, page 14](#))

Implementation Strategy

Strategy 1. HCBS policy will be updated, by service, to clarify that HCBS will be delivered in the most integrated setting appropriate, including at a TPMs home, workplace, and other community settings. **(Completed November 1, 2021)**

Progress Report

Policy was updated effective November 1, 2021.

Strategy 2. A Service Delivery stakeholder workgroup will be established to identify ways to improve flexibility in the service delivery system. The State will invite TPMs,

family members, guardians, State administrative staff, tribal representatives, HCBS case managers, QSPs, and other interested stakeholders to participate. The group's primary purpose is to make recommendations for the State to consider regarding ways to improve the authorization and service delivery process and create contingency/emergency back-up plans that do not rely on the TPM to identify informal supports.

The State will use the recommendations to develop contingency/emergency back-up-plan training for HCBS case managers, update policy and develop provider recruitment strategies to increase access to other QSPs in the event of an emergency, improve the authorization of services, and updates to the PCP.

State staff will be responsible for taking any regulatory action necessary to implement the agreed upon recommendations from the workgroup. **(Workgroup established November 4 January 31, 2022, Recommendations developed and reported March 1, 2022)**

Performance Measure(s)

Number of contingency plans incorporated into the PCPs that have been audited.

Progress Report:

- 100% of the contingency plans incorporated into the current PCPs have been audited by State staff. HCBS Program Administrators review and approve all PCPs.

DSW/FC Resource and Training Center [\(Section IX, Subsections D, page 14\)](#)

Implementation Strategy

Strategy 1. The State requested and received approval to use MFP capacity building funds to establish a Direct Service Workforce/Family Caregiver Resource and Training Center (DSW/FC Resource and Training Center) to assist TPMs who choose their own individual QSPs to successfully recruit, manage, supervise, and retain QSPs. The DSW/FC Resource and Training Center will also help TPMs to understanding the full scope of available services and the varying requirements for enrollment, service authorization, and interaction with HCBS case management. **(Agency procured December 31, 2021)**

Progress Report:

Performance Measure(s)

Number of TPMs who self-direct or who express interest in self-direction supported by the DSW/FC Resource and Training Center.

- The contract with Center for Rural Health, located at the University of North Dakota School of Medicine & Health Sciences to develop and implement the Resource Hub is now fully executed. The State had an initial project kick off meeting with the staff involved to establish priorities and define roles of key staff. Staff will continue to meet bi-weekly, and training sessions are being scheduled on all aspects of the HCBS system. i.e., eligibility, services, provider enrollment, billing etc.

Right to Appeal [\(Section IX, Subsection E, page 14\)](#)

Implementation Strategy

Strategy 1. Educate HCBS applicants on the right to appeal any decision to deny/terminate/reduce services by adding information to the Application for Services form. HCBS case managers will be required to inform TPMs that they can help them file an appeal during the person-centered planning meetings. **(Completed December 31, 2021)**

Progress Report:

- Application updated and will be manualized February 1, 2022.

Strategy 2. Educate TPMs who are already receiving services on their right to appeal any decision to deny/terminate/reduce HCBS by adding information to the “HCBS Rights and Responsibilities” brochure. HCBS case managers will be required to inform TPMs that they can help them file an appeal during the person-centered planning meetings. **(Complete ~~December 31, 2021~~ February 1, 2022)**

All TPMs receiving HCBS must be made aware and provided a copy of the required information. HCBS case managers are required to explain the information, which is signed by the recipient and/or their legal decision maker, if applicable.

Progress Report:

Performance Measure(s)

Number of TPMs provided written information on the right to appeal.

- The Rights and Responsibilities Brochure has been updated and posted to the DHS Aging Services publications website. A printing order has been submitted, and case management staff have been notified of the change. Additional training on the updates will take place on January 24, 2022, during the HCBS Update meeting.

Strategy 3. TPMs cannot be categorically or informally denied services. Policy will be updated to require HCBS case managers to make formal requests for services or

reasonable modification requests when there are unmet service needs necessary to support a TPM in the most integrated setting appropriate. All such requests and appeals must be documented in the PCP. (~~Target completion Date October 1, 2021~~ February 1, 2022)

Progress Report:

- Updated Case Management and Reasonable modification policy will be manualized by February 1, 2022.

Policy Reasonable Modification [\(Section IX, Subsection F, page 14\)](#)

Implementation Strategy

Strategy 1. The State will work with the DHS Legal Advisory Unit and other agencies or boards to determine if a request for reasonable modification, including the delegation of nursing tasks, can be accommodated as required in the SA. HCBS policy will be updated to determine how requests for reasonable modification may submitted for review and reconsidered. (~~Target completion date October 1, 2021~~ February 1, 2022)

Progress Report:

Performance Measure(s)

Number and percent of HCBS case managers trained on reasonable modification.

- Policy has been drafted and will be manualized effective February 1, 2022. Additional training on the policy will take place on January 24, 2022, during the HCBS Update meeting

Number of stakeholders provided education about reasonable modification.

- Aging Services staff will be working with Civil Rights Officer and the Legal Advisory Unit to create training for HCBS case managers by March 31, 2021.

Number of reasonable modification requests received and outcome.

- Fourteen (14) reasonable modification requests were made, and all were approved.

Strategy 2. Recommendations due April 1, 2022

Strategy 3. The State will use existing extended personal care services or the nurse assessment program to pay a registered nurse to administer training to the QSP to

ensure that the QSP can perform needed nursing-related services for the TPM in the community. **(Complete December 14, 2021)**

Progress Report:

Performance Measure(s)

Number of TPMs receiving extended personal care.

- Currently there are fifty-three (53) TPMs using Extended Personal Care Services and two (2) pending approval, twenty-two (22) receiving SPED, and thirty-one (31) on HCBS Medicaid 1915 (c) waiver.

Strategy 4. Policy will be updated to require the HCBS case manager to assist TPMs in making a request for reasonable modification to the State when services are necessary but unavailable are identified during the person-centered planning process. **(Target completion Date ~~October 1, 2021~~ February 1, 2022)**

Progress Report:

Performance Measure(s)

Number of requests for reasonable modification and outcome.

- Fourteen (14) reasonable modification requests were made, and all were approved.

Strategy 5. The State will track all requests for reasonable modification to identify trends in service gaps, location, utilization, or provider capacity. Reports will be reviewed at a quarterly meeting attended by all DHS Divisions that administer HCBS. Strategies to address identified issues will be established and included in future revisions of the IP. **(Target completion date October 1, 2021)**

Progress Report:

Reasonable modification requests are being tracked and were discussed at the November 2021 quarterly waiver meeting attended by staff from all Divisions who administer HCBS.

Performance Measure(s)

Number of requests for reasonable modification and outcome.

- Fourteen (14) reasonable modification requests were made, and all were approved.

Denial Decisions ([Section IX, Subsection G, page 15](#))

Implementation Strategy

All decisions to deny a TPM requesting HCBS is based on an individualized assessment. TPMs will not be categorically denied services and are provided the legal citation for the denial and their appeal rights as required.

Strategy 1. and 2. See progress report information listed in Section IX.E and the associated measure as they also apply to this section.

Service enhancements ([Section IX, Subsection H, page 15](#))

Implementation Strategy

Strategy 1. Add residential habilitation, community-support services, and companionship to the HCBS 1915 (c) Medicaid waiver to provide up to 24-hour support, and community integration opportunities for TPMs who require these types of supports to live in the most integrated setting. **(Complete January 1, 2020)**

Progress Report:

Performance Measure(s)

Number of QSPs who received enrollment assistance to provide residential habilitation, community support or companionship services.

- Fifteen (15) QSPs have received assistance and have moved forward with steps to become a community support services or residential habilitation provider.
- Eleven (11) QSPs were successfully enrolled as residential habilitation or community-support providers. They received orientation to programs, assistance obtaining module information, medication testing for QSP agencies who are not already DD agencies, and assistance with CQL accreditation.
- Three (3) agencies are currently in progress (included in total) to become a community support services or residential habilitation provider and are receiving assistance.
- One (1) provider received assistance to become a community support services or residential habilitation provider but did not meet the standards to successfully enroll as a QSP.
- Fourteen (14) have been successfully enrolled to provide residential habilitation and community-support services.

- Eight-seven (87) QSPs enrolled to provide companionship. Number of QSPs successfully enrolled to provide services

Strategy 2. Update SPED financial and functional eligibility criteria to increase access to SPED. **(Complete July 1, 2019, and January 1, 2020)**

Progress Report:

Performance Measure(s)

Number of TPMs served in the SPED program.

- As of December 14, 2021, 1,488 individuals are served through SPED.
- Since December 14, 2020, 105 TPMs have been diverted from a skilled nursing facility and served through SPED.

Percent increase in SPED recipients.

- A total of 763 applications were received in 2020 which is a 30% increase over the 586 applications received in 2019. A total of 756 applications were received in 2021 which is a 1% decrease from the 763 received in 2020.

Number of individuals who apply for SPED and are denied.

- A total of 184 SPED applications were denied or terminated based on applicable State law or administrative code. The denial/termination reasons are as follows:
 - 10 - Unable to determine financial eligibility (did not cooperate with financial assessment)
 - 1 - Unable to determine overall eligibility (did not cooperate with assessment)
 - 5 - All services funded by MSP
 - 3 - All services funded by MW
 - 1 - Disqualifying transfer
 - 13 - Financial eligibility (100% fee)
 - 20 - Financial eligibility (over assets)
 - 40 - Functional eligibility
 - 1 - Functional eligibility (impairments due to mental health)
 - 2 - Health, welfare, safety
 - 88 - No services started/utilized in over 30 days

SA Section X. Information Screening and Diversion

Responsible Division(s)

DHS Aging Services & Medical Services Divisions

Informed Choice Referral Process [\(Section X, Subsection A, page 15\)](#)

Implementation Strategy

Strategy 1. Implement an informed referral choice process to identify TPMs and provide information about community-based services, person-centered planning, and transition services to all TPMs and guardians, if applicable, who formally request or are referred for placement in a SNF and who are screened for a continued stay in a SNF.

Because of staff capacity the State currently provides this information to TPMs and guardians who express interest in HCBS or who, because of their care needs, are best served in the community. On June 14, 2022, the State will begin providing the required information to all TPMs as required in the SA.

Progress Report:

MFP funds were used to hire five (5) Informed Choice staff. Older American Act funding will be utilized to hire five (5) additional Informed Choice staff.

The State has hired seven (7) Community Outreach Specialists (working title for these positions) to conduct informed choice referral visits and is actively recruiting three (3) more. They are responsible to visit TPMs in nursing homes and hospitals and will eventually see every TPM who is referred for a long term stay in the nursing home as required in the agreement.

Strategy 2. To identify TPMs when they are screened at a NF LoC and ensure that they receive information about community-based services, person-centered planning, and transition services, and therefore have an opportunity to make an informed decision about where to receive services, the ND NF LoC tool has been updated to include questions to identify TPMs who are interested in learning about community-based options or who, because of their level of need, might be best served in the community.

State staff are required to conduct the visits within five (5) business days of the referral. If a TPM chooses HCBS, a HCBS case manager is assigned and a referral is made to MFP, if applicable. TPMs are currently asked to indicate in writing whether they received such information.

Progress Report:

Performance Measure(s)

Number of TPMs who received informed choice visits.

- A virtual or in person informed choice visit was conducted with 936 unduplicated TPMs.

Number of informed choice visits that resulted in TPM transitioning to a community setting.

- Eight-one (81) informed choice visits resulted in a referral to MFP transition supports. To date, fifteen (15) of the eighty-one (81) referrals have successfully transitioned to the community. Sixty-six (66) are in process.

Number of informed choice visits that resulted in diversion of TPMs from an institutional setting.

- No diversions resulted from an informed choice visit. Most visits are conducted with TPM in a SNF so they would be counted as a transition.

Number and percent of TPMs in SNF reached through group or individualized in-reach.

- As of November 30, 2021, there were 2,376 TPMs living in SNF in North Dakota. (Note: The total number of TPMs being served in SNF changes daily so information was calculated off the most current data available.)
- In-reach presentations conducted from April 2021 – September 2021 were attended by 443 TPMs or 19% of TPMs residing in a SNF.
- A virtual or in person informed choice visit was conducted with 718 or 30% of TPMs residing in a SNF.

Number and percentage of informed choice visits where the TPM requested follow up and the follow-up visit occurred.

- There were fifty-seven (57) requests for follow up visits. Twenty-one (21) follow ups were completed. Note: There is a lag in the data so this number may be underreported. State will modify its tracking process to ensure compliance.

NF LoC Screening and Eligibility [\(Section X, Subsection B, page 15\)](#)

Implementation Strategy

Strategy 1. Members who meet criteria for a particular SNF service must be offered that same service in the community if the community-based version exists or can be provided through reasonable modification to existing programs and services. As part of the informed choice implementation, all HCBS case managers were given access to the TPM's NF LoC screening evaluations to help determine which supports are necessary for them to live in the most integrated setting appropriate. If necessary, services are identified but are not available in the community, policy will be updated to require the HCBS case manager to formally request services or submit a reasonable modification request to the State for consideration. This information can currently be incorporated into the PCP. **(Complete January 1, 2021)**

Remediation

The State has implemented a bi-weekly interdisciplinary team meeting to staff necessary but unavailable service requests with staff from Aging Services, Behavioral Health, and the Human Service Centers to assist individuals who have a serious mental illness and need behavioral health supports to succeed in a community setting. The purpose of the meetings is to discuss how the Divisions can work together to provide the necessary services that will allow the TPM to live in the most integrated setting appropriate.

This concept will be replicated with other DHS divisions to staff reasonable modification requests or to staff situations where it is unclear which HCBS waiver or State plan benefit would best meet the needs and wishes of the TPM. **(Target completion date October 1, 2021)**

Progress Report:

Weekly meetings have been implemented to allow for cross-divisional interdisciplinary team meetings. Behavioral health, Aging Services, Developmental Disabilities, MFP, and the Human Service centers have been notified of the time slotted for the meetings. If the time slot does not work, arrangements are made to accommodate interdisciplinary team meetings.

Performance Measure(s)

Number of cases staffed per interdisciplinary team meetings and outcome.

- There were thirty-six (36) cases staffed from April 15, 2021 – December 12, 2021.

Number of requests for reasonable modification and outcome.

- Fourteen (14) reasonable modifications were requested, all were

approved.

- May – 1
- July – 4
- August – 1
- September – 3
- October – 4
- November – 1

SME Diversion Plan [\(Section X, Subsection C, page 16\)](#)

Implementation Strategy

The SME has drafted a Diversion Plan with input and agreement from the State. The plan outlines a range of recommendations that are intended to inform and support the State's actions related to improving diversions, both during the timeframe of this version of the IP, as well as throughout the duration of the SA.

The State is currently implementing or has incorporated the following recommendations included in the Diversion plan into the IP. The State will consider implementing other recommendations included in the plan in future IP updates.

Progress Report:

- Identifying and providing outreach to TPMs at serious risk of entering a SNF through the informed choice referral process.
 - Visits started January 1, 2020.
- Establishing a workgroup to develop recommendations to improve the informed choice process to ensure all required information is provided in a meaningful, culturally competent way. This will include developing protocols that will allow HCBS case managers to continue to engage TPMs who initially decline their informed choice visits or did not express interest in HCBS.
 - Workgroup staff are currently conducting individual interviews with TPMs about their experience with the informed choice process and transitions services. Second public stakeholder meeting is scheduled for February 16, 2022.
- Developing a formal peer support program through the proposed Peer Support Resource Hub that will allow individuals an opportunity to meet other individuals living, working, and receiving services in an integrated setting before deciding where to receive services.

- State is planning to draft a request for proposal and will procure a peer support agency through a competitive process. **(Target Completion date September 1, 2022)**
- Creating a sustainable public awareness campaign to increase awareness of HCBS and the ADRL. Campaign will include marketing on social media and providing education to the public, professionals, stakeholders and TPMs at serious risk of entering nursing facilities. Campaign will also provide education to those parties that recommend SNF care to TPMs.
 - Efforts are ongoing. Communication plan has been completed and another social media campaign will be conducted. **(Target completion date April 1, 2022)**
- Assuring that the State contractor for Medicaid NF LoC determinations promptly notifies the Aging Services Division when it receives a NF LoC referral for review and assessment and enters the data into the State system. State contractor currently notifies Aging Services within one (1) business day of the name and contact information of every TPM that was successfully screened the previous business day. This information is tracked in a database and provided to the HCBS Case Managers daily. State staff ensure that the individuals being referred are actual TPMs and all SNFs in ND are enrolled Medicaid providers.
 - The State and the vendor continue to improve and refine the NFLoC information that is sent to the State. The vendor updated their software which will make it easier for State staff to receive more detailed admission information to ensure timely informed choice referrals.
- Promptly assigning an HCBS case manager to all TPMs who contact the ADRL by assigning the referral within three business days of the completion of the intake assessment, to an HCBS case manager who begins the person-centered planning process.
 - The average number of days from assignment of a HCBS case manager to first contact is two (2) business days.
- Working with the national person-centered planning contractors to create a companion guide to the “Charting the LifeCourse” person-centered planning vision tool to reflect the interests and situations of older adults and persons with physical disability and improve the person-centered planning process.
 - Work is ongoing. **(Target completion date April 1, 2022)**

SA Section XI. Transition Services

Responsible Division(s)

DHS Aging Services Division

MFP and Transitions [\(Section XI, Subsection A, page 16\)](#)

Implementation Strategy

The State will use MFP Rebalancing Demonstration grant resources and transition support services under the HCBS Medicaid waiver to assist TPMs who reside in a SNF or hospital to transition to the most integrated setting appropriate, as set forth in the TPM's PCP.

Medicaid transition services include one-time nonrecurring set-up expenses and transition coordination. Transition coordination assists a TPM to procure one-time moving costs or arrange for all non-Medicaid services necessary to move back to the community, or both. The non-Medicaid services may include assisting with finding housing, coordinating deposits, utility set-up, helping to set up households, coordinating transportation options for the move, and assisting with community orientation to locate and learn how to access community resources. TPMs also have access to nurse assessments and back-up nursing services.

TPMs transitioning from an institutional setting will be assigned a transition team. The transition team includes an MFP transition coordinator, HCBS case manager, and a housing facilitator if the PCP indicates housing is a barrier to community living. The Transition Team will jointly respond to each referral with the MFP transition coordinator being responsible to take the lead role in coordinating the transition planning process. The HCBS case manager has responsibility to coordinate the Medicaid services necessary to implement the PCP and facilitate a safe and timely transition to community living.

To ensure these services are available and administered consistently statewide the State will:

Use MFP funds to hire three (3) additional MFP transition coordinators in Bismarck, Grand Forks, and Minot. Two additional FTEs were hired in the Fargo office with Centers for Independent Living (CIL) funds. **(Staff hired and trained November 1, 2021 February 28, 2022)**

Progress Report:

- East Grand Forks – 1 hired February 1, 2021
- Bismarck – 1 hired on July 1, 2021
- Minot – 1 hired November 1, 2021

Recruit and retain additional community transition providers willing to enroll with ND Medicaid to provide services under the HCBS waiver by reviewing the adequacy of current reimbursement rates, providing incentive grants to encourage providers to enroll and providing technical assistance to the CILs who are interested in expanding their capacity to provide these services. **(Target completion date ~~December 1, 2021~~ February 1, 2022)**

Progress Report:

The State issued a request for proposals to provide QSP incentive grants. Applicants could receive bonus points for agreeing to provide services in high demand like transition supports. Thirty-one (31) applications were reviewed. Grants will be awarded in January 2022. Rates for this service will be reviewed during the upcoming 2023-2024 biannual budget building process.

Conduct a policy review to further define the functions, responsibility, and reporting requirements for MFP and HCBS waiver community transition support services. The policies will be available online. This process will include a review of other high performing state MFP programs to learn about and potentially adopt successful transition strategies to best serve TPMs. **(Target completion date November 1, 2021)**

Remediation

The State requested and received approval to use MFP capacity building funds on May 7, 2021, to offer incentive grants to support start up and enrollment activity costs for new or existing QSPs to establish or expand their business to provide HCBS. Grants will be awarded in amounts up to \$30,000 based on the priority of need of the services the agency will provide. **(Grants awarded by ~~November 15~~ February 1, 2022)**

Performance Measure(s)

Number of MFP transition coordinators hired November 1, 2021.

- New staff added in 2021 include: Independence Inc. (Minot) 1.5 staff, Dakota CIL (Bismarck) 1 staff, Freedom CIL (Fargo) 2 staff.
- The 2022 MFP budget includes the addition of:
 - Dakota CIL (Bismarck): 2 Transition Coordinators, 1 Assistant Transition Coordinator.
 - Freedom CIL (Fargo): 3 Transition Coordinators.
 - Options CIL (East Grand Forks): 2 Transition Coordinators and one Assistant Coordinator.
 - Independence (Minot): 1 Transition Coordinator.

Number and total dollar amount of incentive grants awarded.

Fourteen (14) of the thirty-one (31) incentive grant applications received will be funded. Award amounts varied between \$19,294 and \$30,000 for a total of \$393,607. Grantees will be notified by January 31, 2022. Additional information will be available about the grants in the next biannual report.

Progress Report:

The CMS must approve all policy changes to the MFP Grant so all changes will be made in draft and will be submitted to CMS in 2022 after their new policy change process is implemented with the technical assistance providers.

The State is meeting with staff from other state MFP programs to discuss best practices and explore ways to improve our current MFP program. Meetings have been held with New Jersey, West Virginia, and Washington. Upcoming meetings will be held with staff from Connecticut, Ohio, Texas, and South Dakota.

MFP Policy and Timeliness [\(Section XI, Subsection B, page 16\)](#)

Implementation Strategy

Strategy 1. Due date June 14, 2022

Strategy 2. The State will include the requirement to report transitions that have been pending for more than 90 days to the MFP program administrator in the MFP policy and procedure manual. The MFP program administrator will facilitate a team meeting to staff the situation and provide more intensive attention to the situation to remediate identified barriers preventing timely transition. **(Target completion date October 1, 2021)**

Progress Report:

The CILs have been informed that they must report to the State when a transition has been pending for more than ninety (90) days. The cases will be staffed between the State and CILs at regularly scheduled meetings. The first meeting will be held January 31, 2022.

Strategy 3. The State will conduct a quarterly review of all transitions to identify effective strategies that led to successful and timely transitions, trends that slowed transitions, and gaps in services necessary to successfully support TPMs in the community. This information will be used to develop training and future strategies to improve the transition process. Review team will include State staff, HCBS case managers, MFP transition coordinators and housing facilitators.

Progress Report:

Performance Measure(s)

Number of transitions supports team members trained on successful strategies.
(Target completion date January 1, 2022)

- These quarterly meetings will begin January 24, 2022.

Transition Team [\(Section XI, Subsection C & D, page 16-17\)](#)

Implementation Strategy

To ensure TPMs have the supports necessary to safely return to an integrated setting, the HCBS case manager, MFP transition coordinator and housing facilitator (if applicable) will work as a team to develop a PCP that addresses the needs of the TPM.

Once a TPM is identified through the informed choice referral process or other in-reach strategy, the MFP transition coordinator will meet with the TPM to explain MFP and the transition planning process. Within two (2) business days of the original referral an HCBS case manager is assigned, and the team must meet within ten (10) business days to begin to develop a PCP. The MFP coordinator is responsible for continuing to provide transition supports and identify the discharge date. Once the TPM is successfully discharged, the MFP transition coordinator continues to follow the TPM for one (1) year post discharge. The HCBS case manager also provides ongoing case management assistance.

Progress Report:

Performance Measure(s)

Track number of transition referrals and timelines for case management assignment. **(Tracking began May 1, 2021)**

Number of successful transitions.

- There were eighty-eight (88) transitions successfully completed with TPM during the first year of the SA.
- Number of PCPs completed with TPMs in SNF.
 - The new case management system is not complete because the vendor has not fully developed a person-centered plan that meets all settlement agreement requirements. Therefore, the benchmark to complete 290 PCPs (145 coming from TPMs in SNF) has not been met for year one of the SA.

- The State currently conducts person-centered planning with all TPMs and individuals receiving transition assistance, but the requirements outlined in the settlement agreement can only be found by referring to multiple areas of the individual's file. For example, the assessment, case notes etc. The State is creating a State form that will meet all SA PCP requirements. This document will be used until the case management system is fully operational.

Number of in-reach activities conducted.

- There were seventy-nine (79) group in-reach visits conducted between April 23, 2021 – September 15, 2021.
- 1,491 contacts were made to TPMs/ legal decision makers who were screened for a LTC stay in the SNF, 679 received a virtual or in-person informed choice visit. Another 309 were contacted but declined to participate in a conversation about services, 212 were contacted but did not meet the targeting criteria but were still provided information, 62 could not be located. Data is still pending with 70 contacts because of a lag in data collection.

Transition goals [\(Section XI, Subsection E, page 17\)](#)

Implementation Strategy

Strategy 1. Effective January 1, 2021, the MFP grant was authorized for three additional years. The State will continue to use the funds and resources from this grant to provide transition supports. **(Complete)**

Strategy 2. Through increased awareness, including in-reach and outreach efforts, person-centered planning and ongoing monitoring and assistance, the State will use local, State, and Federally-funded HCBS and supports to assist at least 100 SNF TPMs to transition to the most integrated setting appropriate. The State will divert at least 100 TPMs from SNF to community-based services. **(Required completion date December 14, 2022)**

To meet these requirements, the State needs to develop additional capacity to inform TPMs about HCBS, person-centered planning, and transition supports. The State intends to build capacity by hiring additional staff to conduct informed choice referral visits and conduct facility in-reach to TPMs living in a SNF. **(Target completion date October 1, 2021)**

Progress Report:

The State has hired seven (7) Community Outreach Specialists (working title for these positions) to conduct informed choice referral visits and is actively

recruiting three (3) more. They are responsible to visit TPMs in nursing homes and hospitals and will eventually see every TPM who is referred for a long term stay in the nursing home as required in the agreement.

In addition, the State will request funds in the 2022 MFP budget request to hire additional MFP transition coordinators and transition assistants. The assistants would coordinate the logistics of the actual move and help conduct post discharge follow up. **(Target completion date January 1, 2022 February 1, 2022)**

Progress Report:

The MFP budget requesting additional funding to hire staff will be submitted on February 1, 2022.

- The 2022 MFP budget will include the addition of:
 - Dakota CIL (Bismarck): 2 Transition Coordinators, 1 Assistant Transition Coordinator.
 - Freedom CIL (Fargo): 3 Transition Coordinators.
 - Options CIL (East Grand Forks): 2 Transition Coordinators and 1 Assistant Coordinator.
 - Independence (Minot): 1 Transition Coordinator.

Performance Measure(s)

100 unduplicated SNF TPMs successfully transitioned.

- Eighty-eight (88) individuals successfully transitioned out of SNFs in year one of the SA.

100 unduplicated at risk TPMs successfully diverted.

- 268 individuals were diverted from nursing facility placement in year one of the SA. Diversion happens when an individual who screens at a NFLoC and is on Medicaid or at risk of Medicaid receives the necessary HCBS to prevent their institutional placement.

Strategy 3. The State tracks TPMs using a unique identifier and will report unduplicated transition and diversion data. **(Complete December 14, 2021)**

Progress Report:

Remediation

The State will work with the new case management system vendor to integrate the MFP process into the case management system. The system can create unique TPM records that show the progression of service delivery from initial referral through service provision and case completion. **(Target completion date**

August 15, 2021)

- All TPMs are tracked by their North Dakota identification number.
- All Transition Coordinators began utilizing the Therap system August 15, 2021, to integrate the MFP process.

SA Section XII. Housing Services

Responsible Division(s)

DHS

DHSSME Housing Access Plan ([Section XII, Subsection A, page 18](#))

Implementation Strategy

The SME has drafted a Housing Access Plan with input and agreement from State. The SME Housing Access Plan outlines a range of recommendations that are intended to inform and support the State's actions related to improving housing access, both during the timeframe of this version of the IP, as well as throughout the duration of the SA. (See [Appendix F](#)- Housing Access Plan)

The State is currently implementing or has incorporated the following recommendations included in the Housing Access Plan into the IP. The State will consider implementing other recommendations included in the plan in future IP updates.

- Establishment, integration, and maintenance of a housing inventory resource.
 - The Housing Services Work Group will coordinate with ADRL and MFP staff to build on the information that has been gathered in the MFP Housing database, focusing even more heavily on data elements that are of most interest to Housing Facilitators working with TPMs who have housing barriers (ex. details on accessibility features in a particular housing property). We have funds set aside in the 10% HCBS Plan to assist with this effort. We want it to be integrated into the database used by HCBS and Informed Choice staff to the greatest extent possible. The MFP-maintained housing inventory remains available as a resource as we work toward a new iteration of the tool
- Additional policy conversation and partnership with public housing authorities and affordable housing providers across ND related to policies, preferences, and practices that would support TPMs.
 - The members of the Housing Services workgroup will seek

opportunities to engage with public housing authorities in ND either individually or as a group (as ND NAHRO works to re-establishes its presence in the State as an active connector) to discuss ongoing HCBS system transformation efforts, focusing on the role they play in helping to support transitions/diversions from institutional settings.

- Efforts to establish State-funded rental assistance as well as partnerships that help assure maximum utilization of existing federal rental assistance programs.
 - Utilizing emergency housing assistance funds from U.S. Treasury, ND has established a statewide housing assistance program (ND Rent Help) that offers support with rent and utilities, to qualifying households. This is in addition to the rent supports made available to individuals transitioning from institutions by MFP. We will monitor publicly available HUD dashboards to better understand utilization of other federal housing assistance resources in ND for the purpose of identifying opportunities to strengthen connections between various funding resources.

Implementation Strategy

Development of housing needs and preferences tools that will be incorporated into informed choice and case management processes.

Strategy 1. Convene State Housing Services workgroup to review current State context and provide housing strategies to be incorporated into the IP. **(Workgroup established April 1, 2021, recommendations complete August 2021)**

Remediation

Assemble interagency USDOJ Housing Support workgroup to develop solutions collaboratively.

Progress Report:

- State Housing Services workgroup convened in April 2021 and prepared recommendations for inclusion in the IP in May 2021. The workgroup helped revise and update recommendations based on feedback received for the final IP in August 2021. The workgroup will continue to work together to ensure the various housing related initiatives are moving forward.

Connect TPMs to PSH ([Section XII, Subsection B, page 19](#))

Implementation Strategy

Strategy 1. Connect TPMs whose PCP identify a need for PSH or housing that SME agrees otherwise meets requirements of 28 C.F.R. § 35.130(d) (Milestone dates December 14, 2021 / December 14, 2022 / December 14, 2023 / December 14, 2024)

Progress Report:

Performance Measure(s)

Housing facilitators work with the TPMs team to identify suitable housing options when housing has been deemed a barrier by the TPM. The housing facilitators' work focuses on needs related to accessibility of living unit, affordability, and issues of access related to a TPM's criminal background and the background check policies in place by local housing providers.

Utilization of housing inventory/locator resource by housing support professionals

- New housing inventory locator not yet in place; housing facilitators and others working with TPM teams can utilize the existing housing inventory / locator resource maintained by MFP as needed.

Number of TPMs who indicated housing as a barrier who were provided PSH. Targets include Year 1 – 20, Year 2 – +30, Year 3 – +60, Year 4+ - number based on need for PSH identified in PCPs.

- Of the eight-eight (88) individuals who transitioned from a nursing home to the community during the first year of the DOJ SA, twenty-eight (28) received permanent supported housing. Eleven (11) received assistance with home modification and fifty-six (56) individuals received some type of housing assistance from a housing facilitator.

Housing outcomes including but not limited to the number of days in stable housing post-transition.

Housing costs as percent of household income

- Housing outcomes for each TPM are not yet in place to be captured in a systematic way; work group has this as a priority in year two (2).

Connect HCBS and Housing Resources ([Section XII, Subsection C, page 19](#))

Implementation Strategy

Strategy 1. Increase the network of housing facilitators and transition coordinators actively working in the State. **(Target completion date November 1, 2021)**

Remediation

Partner with provider recruitment efforts currently underway (ex. MFP, ND Rent Help) to establish Communities of Practice that will build and solidify connections between parties engaged in this work.

Progress Report:

In 2021 the network of housing facilitators and transition coordinators working in the State increased significantly. The individuals providing these services specifically to individuals transitioning and diverting from institutions is managed through the DHS Aging Services MFP team while the individuals who serve the need for housing facilitation more broadly (including but not limited to transition and diversion) are managed by the DHS Economic Assistance ND Rent Help team.

- Six and one half (6.5) transition coordinators working in ND (May 2021 - contracted with Centers for Independent Living through MFP)
- Four (4) housing facilitators working on transition and diversion (May and Sept 2021 - contracted with Minot Center for People with Disabilities)
- Forty-three (43) housing facilitators working with people experiencing homelessness and other housing crisis (July/Aug 2021 - contracted to 14 community partner organizations through ND Rent Help)

Strategy 2. Create network and contact information for housing support professionals to know how they can work together and provide clear guidance on how to effectively divert TPMs from institutional settings. Connect HCBS case management and informed choice referral process to new housing support resources that are available in the State to enable actions outlined in each TPMs PCP. **(Target completion date November 1, 2021)**

Progress Report:

Case managers, transition coordinators, housing facilitators and informed choice staff have started seeing greater connection through the PCP and IC referral process. As systems and processes mature, these connections will strengthen even further.

Performance Measure(s)

Number of referrals made and resulting services accessed.

- 142 Informed Choice referrals were conducted using the newly updated form that assesses housing needs. Referral data is being collected and additional information will be available during the next DOJ SA reporting period.

Strategy 3. Define a process to guide appropriate identification of professionals who will work together to help overcome barriers that are identified in TPM 's PCPs. Professionals from housing facilitation, HCBS case management, transition coordination, rental assistance, and environmental modification will be represented on the Housing Services workgroup to build stronger interconnectivity between disciplines.

The ND Housing Services workgroup will work together to help assure that both diversion and transition-oriented teams have what they need to develop practical housing action plans for each TPM who has housing barriers identified in their PCP.

Diversion teams will focus on working with TPMs who are still in a community setting and need additional supports to avoid a move to a SNF. A typical diversion team will include an HCBS case manager, housing facilitator, and the TPM and will consult with a property manager or vulnerable adult protective services worker as appropriate.

Transition teams will focus on working with TPMs who are in a SNF and desire a transition to community. A typical transition team will include an HCBS case manager, a transition coordinator, a housing facilitator, and the TPM and will consult with a discharge planner or property manager as appropriate. **(Target completion date December 1, 2021)**

Progress Report:

Case management and informed choice staff have been working together to infuse discussions about housing barriers into PCP work with TPMs. As of Dec 2021, case management and informed choice staff have access to shared information related to the PCP through the technology system; in year two (2) access will be available to housing facilitators and transition coordinators to further align each other's work.

Therap screens are being updated to capture information related to housing needs and housing transition coordination (currently tracked via spreadsheet as a working document for each housing facilitator/transition coordinator and thus,

not readily visible to other team members). The transition from paper-based to digital forms will also include the transition of the IC referral form that helps capture information on housing barriers.

Strategy 4. Staff diversion or transition teams to meet benchmarks required by dates noted in the SA as appropriate, for each TPM who has an identified housing need. **(Target completion date for establishing metric and process to report on performance measures December 1, 2021)**

Progress Report:

Once an informed choice referral is received and a housing barrier is indicated, referral to a housing facilitator occurs within two (2) working days. All team members which include the housing facilitator make contact within ten (10) working days. Throughout 2021 this process of connecting relied on paper-based forms as the initiating trigger; as the teams' work continues to be more deeply enabled by the technology platforms that are connecting the teams' work, the timeliness of connection will be easier to monitor.

Performance Measure(s)

Establish timeliness metric for connecting diversion or transition team to TPM

- Timeliness Metric: Once informed choice referral indicates housing as a barrier, referral to housing facilitator will be made within two (2) business days. Once a housing facilitator receives the referral, they will contact both the TPM, MFP Transition Coordinator, and the assigned HCBS case manager within ten (10) business days of the referral.

Number and percent of team connections made by timeliness metric.

- Data not yet available. **(Target completion date April 1, 2022)**

Strategy 5. Assure that there are meaningful connections between housing and case management tracking systems utilized to support the PCP for each TPM. **(Target completion date December 1, 2021)**

Remediation

Identify liaisons working within each system to ensure connections happen at key implementation points, in addition to any automated integrations that may be possible.

Progress Report:

As housing facilitators began their work as part of a TPMs PCP, information was tracked manually and individually. By Dec 2021 the State has identified fields and variables to include in the Therap case management system. The inclusion of

screens specific to the work of housing transitions will enable more collaborative work between team members as well as better ability to monitor and report progress. **(Target completion date March 1, 2022).**

Strategy 6. Incorporate information on system updates in trainings for HCBS workers, including how data collected related to housing will be used in reporting. **(Target completion date November 1, 2021)**

Progress Report:

As information specific to housing barriers and housing facilitation is added to forms and processes, it is incorporated into trainings for HCBS case managers and informed choice staff. As the system matures and processes continue to evolve, this need to incorporate housing-specific information into training will be ongoing.

Strategy 7. Define housing barriers that may face ND renters and ensure those variables are reflected and addressed in informed choice and case management process. **(Target completion date July 1, 2021)**

Progress Report:

Housing services work group identified the most common housing barriers faced by ND renters for inclusion in the informed choice referral process. Informed choice forms were updated in September 2021 (starting point for paper-based collection of information related to housing barriers)

Performance Measure(s)

Number of informed choice referrals that collect information related to housing barriers.

- 142 Informed Choice referrals were conducted using the newly updated form that assesses housing needs. Referral data is being collected and additional information will be available during the next DOJ SA reporting period.

Number of PCPs that show evidence that individual-level barriers are referred to and addressed by the Diversion and Transition teams who are working with the TPM.

- Since August 15, 2021 all MFP/ADRL transition TPM has had housing barriers identified and a plan developed to address the identified barriers. The system is paper based, so data was not reportable during the reporting period.

Training and Coordination for Housing Support Resources ([Section XII, Subsection D - Housing Services- Page 20](#))

Implementation Strategy

Strategy 1. Develop a matrix that identifies the full range of home and environmental modification resources available in ND. **(Target completion date October 1, 2021)**

Remediation

Assemble interagency Environmental Modifications workgroup to develop solutions to issues that are identified as barriers to TPM's ability to secure environmental modifications. Workgroup to include representation from DHS Medical Services, DHS Economic Assistance, DHS Executive Office, DHS Life Skills Transition Center, DHS Developmental Disabilities division, DHS Aging Services division, Department of Commerce Division of Community Services, ND Housing Finance Agency.

Progress Report:

Version one (1) of a matrix that outlines environmental modification resources available in ND is complete. The information collected will be the basis of recommendations to be made by the Environmental Modifications work group in year two (2).

Strategy 2. Due April 1, 2022

Strategy 3. Due July 1, 2022

Strategy 4. Develop training for housing support providers to know how to access various home modification resources effectively and appropriately, including assembly of funding from multiple sources and expected timelines for authorization of housing modifications. Develop ongoing training opportunities for housing professionals/teams regarding integration of reasonable modification ideas into the PCP. **(Target completion date January 1, 2022)**

Remediation

Involve local government staff with experience in housing rehabilitation.

Progress Report:

The Environmental Modifications work group, together with HCBS case management and housing facilitation staff will continue to work together in year two (2) to identify strategies that will facilitate assembly of resources for environmental modifications. Training for housing providers on this process will best occur once those strategies are solidified (revised estimate of completion date: July 2022).

The following updates were added to the current HCBS Medicaid 1915 (c) waiver renewal application. They were based on public comment provided by members of this work group. **(Target completion date April 1, 2022.)**

- Adding Assistive Technology Professionals to the list of professionals that can supply a written recommendation for Environmental Modification and Specialized Equipment.
- Allow installation costs to be added to the coverage of Specialized Equipment.
- Increased the threshold of spending on Specialized Equipment without prior approval from \$250 to \$500.
- Expand qualifications for QSPs for environment modification and specialized equipment to allow a handyman/contractor/tradesman in good standing and provide a professional reference relevant to their ability to complete the necessary work as qualification to enroll as a QSP for environmental modification and specialized equipment.
- Allow a handyman to provide installs and modifications to the home not exceeding \$4,000 in time and materials. A licensed contractor would qualify as a QSP with their contractor's license and would not be limited to the \$4,000 threshold.

Strategy 5. Identify training resources that help professionals/teams better understand flexibilities that may be possible with reasonable modification and that help TPMs and their families and/or caregivers better understand options available to them. **(Target completion date November 1, 2021)**

Remediation

Involve organizations with occupational therapy, housing rehabilitation and adaptive technologies/equipment experience in this initiative.

Progress Report:

There are several system partners who are engaged in providing information about reasonable accommodations and best practices in environmental modifications. The Environmental Modifications work group and Housing services workgroup will help capture a summary of resources that are available and will identify opportunities to streamline access to the information that is available.

Strategy 6. As per SA Section XII(D)(3)(a)-(c), examine policies of housing providers and Medicaid policy (specifically SNF) to create guidance regarding "intent to return home", resulting in a usable resource for eligibility workers and housing support team professionals.

“Intent to Return Home” is identified in individual service plans that involve a person’s “intent” following a change in status. This may preclude a TPM from being able to maintain their housing while temporarily in an institutional setting because of housing provider or Medicaid-related policies and requirements related to time away from a housing unit. Add information about intent to return home to informed choice document as needed, including information that needs to be communicated to SNF to facilitate continued TPM access to monthly payments which further enable a return home. **(Target completion date ~~October 1, 2021~~ August 1, 2022)**

Progress Report:

Performance Measure(s)

Utilization of intent to return home element of informed choice process.

- The informed choice process now captures information about a TPM's intended duration of stay in an institutional setting (due to health, rehab, or other reasons). The Housing Services work group will, in year two (2), work with public housing and other public housing subsidy partners, as well as Medicaid policy staff, to identify barriers to maintenance of housing subsidy during a temporary out-of-home stay in an institution and will recommend changes to policy to mitigate identified barriers as appropriate.

Strategy 7. Develop recommended practice guidelines that housing providers can choose to adopt if they want to better align with "intent to return home" goals established in the TPM’s service plan or informed choice document. Include clear communication expectations as part of the TPM diversion and transition teams. **(Target completion date ~~November 1, 2021~~ August 1, 2022)**

Remediation

Partnership with ND National Association and Housing Rehabilitation (ND-NAHRO) Organizations and ND Housing Finance Agency (NDHFA).

Progress Report:

The informed choice process now captures information about a TPM's intended duration of stay in an institutional setting (due to health, rehab, or other reasons). The Housing Services work group will, in year two (2), work with public housing and other public housing subsidy partners, as well as Medicaid policy staff, to identify barriers to maintenance of housing subsidy during a temporary out-of-home stay in an institution and will recommend changes to policy to mitigate identified barriers as appropriate.

Strategy 8. Offer guidance to professionals involved in service teams regarding subsidy rules related to filing change of income forms with housing subsidy providers. Include

guidance on how to access resources that can bridge TPM housing costs during out-of-home stays. (~~Target completion date November 1, 2024~~ **August 1, 2022**)

Remediation

Partnership with ND-NAHRO and NDHFA to develop materials.

Progress Report:

The informed choice process now captures information about a TPM's intended duration of stay in an institutional setting (due to health, rehab, or other reasons). The Housing Services work group will, in year two (2), work with public housing and other public housing subsidy partners, as well as Medicaid policy staff, to identify barriers to maintenance of housing subsidy during a temporary out-of-home stay in an institution and will recommend changes to policy to mitigate identified barriers as appropriate.

Fair Housing (Section XII, Subsection E, page 20)

Implementation Strategy

Strategy 1. Broaden access to fair housing training to all housing facilitators and make available to all professionals involved in transitions and diversions. (~~Target completion date October 1, 2024~~ **November 1, 2022**)

Progress Report:

Performance Measure(s)

Number and percentage of staff trained (include all disciplines represented by Housing Services workgroup).

- Staff involved in PCP process have access to fair housing training. The process to capture number and percentage of staff trained has not yet been built. State will incorporate verification of fair housing training completed in training records. This work will be facilitated in part by the broader transformation of the training/professional development resources available to individuals involved in delivery of HCBS in ND (via an initiative in the 10% HCBS Plan).

Rental Assistance (Section XII, Subsection F, page 20)

Implementation Strategy

Strategy 1. Outline State strategy for access to rental assistance, including all resources available (ex. HUD Housing Choice voucher, Mainstream voucher; Veterans

Administration Supportive Housing voucher; Rural Development rental subsidy; State rental assistance (new); emergency rent assistance (State or federal)). Include processes for accessing rental assistance (eligibility, referral, documentation, and determination). Develop State rental assistance brief that outlines State resources and strategy. **(Target completion date October 1, 2021)**

Progress Report:

Performance Measure(s)

Number of TPMs who are accessing various forms of rental assistance.

- Housing Services workgroup has identified the range of rental subsidy resources available to ND residents. The addition of fifty-five (55) application counselors through ND Rent Help has created a new resource available to individuals who are experiencing rental housing affordability challenges. Work to strengthen partnerships between all referral and navigation resources involved in rental affordability is ongoing; this includes an understanding of the new resources HUD has made available during the pandemic.
 - Of the sixty-eight (68) TPMs who received assistance with housing search in the last half of 2021; fifty-one (51) via a housing facilitator and seventeen (17) without a housing facilitator.
 - Forty-seven (47) received help applying for rental assistance. Of which, twenty-seven (27) received rental assistance and twenty (20) are still pending.
 - Twenty-one (21) did not receive help applying for rent assistance:
 - Ten (10) did not need rent assistance,
 - Nine (9) are still in early assessment phase of referral so no decision on application yet,
 - Two (2) were not able to transition (death, health).

Note: an additional nine (9) people received assistance with housing search and accessing rental assistance but are not deemed TPMs.

Strategy 2. Expand permanent supported housing capacity by funding and providing rental subsidies for use as permanent supported housing. **(Target completion January 1, 2022)**

Progress Report:

Performance Measures(s)

Number of TPMs who receive rental assistance.

- Twenty-eight (28) of the eighty-eight (88) TPMs who transitioned during the first year of the USDOJ SA received rental assistance in 2021.

Number of TPMs who do not experience housing cost burden (i.e., pay more than 30% of their monthly adjusted income for housing) by receipt of rental assistance.

- Access to rental assistance in ND increased significantly in 2021, due to pandemic-related resources (HUD Emergency vouchers, Treasury ERAP funds to State and tribal nations) and the continued efforts of the MFP grant. The addition of four (4) MFP funded housing facilitators and forty-three (43) ND Rent Help funded housing facilitators, along with fifty-five (55) ND Rent Help application counselors has contributed to a broader understanding of resources available and improved support to TPMs and others who struggle with affordability and could benefit from rental assistance. Additionally, public housing authorities in ND are becoming more adept at utilizing the additional HUD resources available to them (Mainstream vouchers, Emergency vouchers, FUP and NED vouchers) so utilization rates of HUD resources is expected to continue to rise.

Strategy 3. Enhance the existing ND Housing 101 training course that has been designed to introduce helping professionals to housing concepts, terminology, and market information. Identify additional modules to include in the training curriculum to allow for deeper knowledge on specific topics, and determine which modules need to be localized to be effective. Include modules for transition and diversion teams regarding applying for rental assistance, and for housing facilitators regarding “Opening Door” as a resource to mitigate housing barriers. **(Target completion date ~~December 1, 2021~~, November 1, 2022)**

Remediation

NDHFA and MFP partnership to update.

Progress Report:

Updating Housing 101 for HCBS wireframe of content modifications is underway; implementation of modifications (including methods of delivery) will be incorporated into the broader training system transformation that is part of the State's 10% HCBS plan.

SA Section XIII. Community Provider Capacity and Training

Responsible Division(s)

DHS Aging Services and Medical Services Divisions

Resources for QSPs ([Section XIII, Subsection A, page 21](#))

Implementation Strategy

Strategy 1. Use MFP capacity building funds to establish DSW/FC Resource and Training Center to assist and support Individual and Agency QSPs and family caregivers providing natural supports to the citizens of North Dakota.

Progress Report:

Performance Measure(s)

Number of QSPs assisted by the DSW/FC Resource and Training Center.

Number of QSP agencies receiving Council on Quality and Leadership (CQL) accreditation.

- The State has paid for the initial CQL accreditation for five (5) QSPs

Number of new agencies enrolled as providers.

- Twenty (20) new agency QSPs were enrolled in the first year of the SA. One (1) provider enrolled to serve a reservation area and twelve (12) enrolled to provide care in rural counties.

Number of new independent QSPs enrolled as providers.

- 233 individual QSPs enrolled during year one of the SA. 115 individual QSPs signed up to serve in communities with a population of less than 15,000 people.

Number of agencies that expand array of services.

Number of such agencies serving tribal and other under-served and rural communities.

- The contract with Center for Rural Health, located at the University of North Dakota School of Medicine & Health Sciences to develop and implement the Resource Hub is now fully executed. The State had an initial project kick off meeting with the staff involved to establish priorities and define roles of key staff. Staff will continue to meet bi-weekly, and

training sessions are being scheduled on all aspects of the HCBS system. i.e., eligibility, services, provider enrollment, billing etc.

Strategy 2. Implement an inflationary rate increase for all HCBS services that was approved in the 21-23 DHS budget. Providers will receive a 2% increase in year one of the biennium and a 0.25% increase in year two.

Progress Report:

Performance Measure(s)

Rate increases published on July 1, 2021.

- Inflationary rate increases for July 1, 2021 were granted and new rates posted on the DHS website.
- The following rate increases were approved in the January 01, 2022, amendment and will be effective February 01, 2022.
 - Non-Medical Transportation from \$3.27 to \$8.74 per 15-minute unit.
 - Non-Medical Transportation (Escort) from \$3.53 to \$6.71 (agency) & \$4.89 (individual).
 - Family Personal Care from \$76.67 to \$150 per day.
 - Supervision from \$2.49 to \$6.71 (agency) & \$4.89 (individual).

Strategy 3. Due January 1, 2022.

Strategy 4. Due March 1, 2022

Strategy 5. Due June 1, 2022

Strategy 6. Pay the CQL accreditation fees for up to 10 agencies who are willing to develop residential habilitation and community-support services for the HCBS Waiver serving adults with a physical disability or adults 65 years of age and older. Deferring costs for accreditation will increase capacity to provide the 24-hour a day services needed to support TPMs with more complex needs in the community. **(Target implementation date October 15, 2021)**

Progress Report:

- The State has paid for the initial CQL accreditation for five (5) QSPs who are willing to develop Residential Habilitation/Community Support services.

- Additionally, the State is assisting to pay for two (2) QSPs who are both Developmental Disabilities & Aging Services providers.

Strategy 7. The State will streamline the agency and individual QSP enrollment process and revise the current enrollment packet. **(Target implementation date January 1, 2022 April 1, 2022)**

Performance Measure(s)

Number of QSPs trained to the revised processes.

- The initiative to streamline the Agency and Individual enrollment process is not yet complete. Information will be provided in the next progress report.

Strategy 8. The State will create a Communication and Recruitment Plan to engage other agencies as potential community providers for the target population. The plan will include the development of a series of educational webinars that focus specifically on a particular community-based service and the qualifications that are needed for enrollment. Webinars will be marketed through DHS website, social media page, direct mail, email, and through stakeholder list serves. **(Target completion date November 1, 2021)**

Progress Report:

Performance Measure(s)

Number of webinars offered by topic and number of attendees.

- As of December 31, 2021, three (3) webinars have been conducted addressing HCBS:
 - Residential Habilitation – November 24, 2021, with eighteen (18) individuals in attendance.
 - Aging and Disability Resource Link (ADRL) – December 9, 2021, with forty-four (44) individuals in attendance.
 - Funding Sources – December 16, 2021, with forty (40) individuals in attendance.
 - An additional thirteen (13) webinars to address HCBS are scheduled from January – July 2022.
 - Recordings of the webinars are made available, and each webinar is listed on the event calendar on the Aging Services website.

Number of applications received for the QSP incentive grants.

- There were thirty-one (31) applications received for the QSP incentive grants.

Strategy 9. Support start-up and enrollment activity costs for new or existing QSPs to establish or expand their business to provide HCBS. Grants will be awarded in amounts up to \$30,000 based on the priority of need of the services the agency will provide. **(Grants awarded by ~~October 15, 2021~~ February 1, 2022)**

Progress Report:

Performance Measure(s)

Number of grants awarded by date.

Number of new providers offering services, including number serving tribal and frontier areas.

Number of existing providers expanding to provide HCBS.

Number of agencies that expand array of services.

- Fourteen (14) of the thirty-one (31) incentive grant applications received will be funded. Award amounts varied between \$19,294 and \$30,000 for a total of \$393,607. Grantees will be notified by January 31, 2022. Additional information will be available about the grants in the next biannual report.

Strategy 10. Due July 1, 2022

Strategy 11. Due January 1, 2022

Critical Incident Reporting [\(Section XIII, Subsection B, page 21\)](#)

Implementation Strategy

Strategy 1. The State will create critical incident reporting training opportunities for QSPs. Training will be provided through online modules and virtual training events. The State will update QSP handbook to include current reporting requirements. The State will also work with staff from the DSW/FC Resource and Training Center to develop ongoing training that will assist QSPs in understanding and complying with safety and incident reporting procedures. **(First critical incident reporting training complete August 1, 2021)**

Progress Report:

Performance Measure(s)

Number of QSPs trained on reporting procedures.

- A total of 142 individuals attended learning sessions. Going forward, these training sessions will be conducted quarterly.
 - Sixty-one (61) individuals attended in June 2021.
 - Fifty-six (56) individuals attended in September 2021.
 - Twenty-five (25) attended Basic Care/ARS training attended in July 2021.

An e-learning module has been created and is posted to the Aging Services website.

Strategy 2. Implement training suggestions included in the Safety Assurance Plan.

Progress Report:

The Council on Quality and Leadership (CQL) has been contracted to run the Quality Initiative (QI) work group. A provider input meeting was held on January 7, 2022, approximately thirty-four (34) providers were in attendance. CQL will draft recommendations for QI standards based on the provider feedback. Once the standards are finalized, they must be adopted by all QSP agencies who provide direct support to TPMs and are not otherwise accredited. The ND administrative code was updated effective January 1, 2022, to require a QI program be included in the provider enrollment standards. CQL will have recommendations to the State by February 1, 2022.

The Rights and Responsibilities brochure was updated to include the complaint reporting process.

SME Capacity Plan ([Section XIII, Subsection C, page 21](#))

Implementation Strategy

The SME has drafted a Capacity Plan with input and agreement from the State. The plan outlines a range of recommendations that are intended to inform and support the State's actions related to improving capacity, both during the timeframe of this version of the IP, as well as throughout the duration of the SA.

The State is currently implementing or has incorporated the following recommendations included in the Capacity Plan into the IP. The State will consider implementing other recommendations included in the plan in future IP updates.

Reviewing the weighting system for caseload assignment with a focus on the care coordination needs of TPMs, the provision of the appropriate level of case management services to each TPM residing in a SNF, and those who seek or are referred for admission to a SNF.

- This work is being completed through the case management workgroup. State is currently gathering data from other State case management teams and will use it as a basis for the committee's work. The first case management meeting was held on February 2, 2022.

State will consider implementing a tiered case management system to more efficiently build the capacity to assign a HCBS case manager to all TPMs as required in the SA.

- See above. Committee will also explore a tiered case management system.

Implementing a new case management system that serves as a centralized data reporting system where information is stored, identifying available capacity for each HCBS case manager. This system operates in real-time and is available to the ADRL staff to use in the screening and referral process to optimize the matching of TPMs and available HCBS case managers.

- The State and vendor have worked to incorporate many aspects of the case management process into the new system. Once complete it will act as a centralized data reporting system. The system operates in real-time and is available to ADRL staff, MFP staff, and the Housing Coordinators. A referral interface has been built between the ADRL intake system and Therap. The system contains the assessments, and we are looking into the feasibility of using it as a referral system for TPMs and providers. The full implementation of the case management system will be complete when the person-centered plan and complaint system are finalized in the next few months. **(Target completion date July 31, 2022)**

As part of the case management implementation and design, the State conducted a review of required case management documentation and designed the new process with the intent to eliminate unnecessary and duplicative documentation, to reduce the amount of time spent on administrative tasks and enhance HCBS case manager capacity.

- In 2021, approximately 70% of the case manager's time was spent on billable case management tasks and 30% was spent on administrative

duties. The State will continue to monitor these numbers with the goal of simplifying and streamlining the case management process.

HCBS case managers, SMEs from the national person-centered planning technical assistance group, and the MFP Tribal Initiative team were consulted and made recommendations to improve the new process. These efforts are ongoing, and the State is committed to continuously improving the case management system.

- All Aging staff are participating in the foundational PCP skill building series. The State is working with the vendor to establish a set of core competencies for PCPs. Sixteen (16) of the Aging Services leadership staff are participating in training to become PCP Ambassadors.

Using caseload and referral data to determine where case management shortages exist and developing a plan to request additional resources to address capacity shortages, if necessary, in the next Executive budget request.

- This work is ongoing. Request for additional staff capacity will be included in the Aging Services proposal for inclusion in the 2023-2024 Executive budget request.

The State specialized the role of the HCBS case manager when they became State employees in January 2020. The State is currently updating policy and procedures for HCBS case managers, MFP Transition Coordinators, housing facilitators, and others to define roles and responsibilities of each. The State will produce a process map to clearly delineate the responsibilities of each team member. This information will be shared with facility staff, TPMs, and stakeholders.

- A process map is being drafted and will be used as a training tool for all staff. **(Target Completion date March 1, 2022)**

The HCBS case managers and Aging Services staff are currently being trained in person-centered planning principles with the assistance of nationally recognized subject matter experts.

- See related response above.

The State will work with the DSW/FC Resource and Training Center to identify and address shortages in agency providers, by case management territory, and identify ways to incentivize current providers to build capacity and recruit additional agency providers and individual QSPs.

- The State contracted with The Center for Rural Health, located at the University of North Dakota School of Medicine & Health Sciences to operate the Resource Hub. One of their first, major initiatives will be to

complete a QSP survey and a strategic plan to determine what type of strategies will build provider capacity and retention.

- In addition, the State is finalizing a plan to offer funds for recruitment and retention bonuses that can be used to help recruit and retain qualified individuals to provide direct support to TPMs. **(Target Completion Date March 1, 2022)**

The State will conduct a QSP capacity survey with the DSW/FC Resource and Training Center to assess current and future capacity to serve TPMs. They will also be responsible to create strategies for QSPs to support one another including a QSP list serve.

- See related response above.

The State will be replacing the current QSP searchable database with the assistance of ADvancing States and implement the *ConnectToCareJobs* system to help to identify available providers in all areas of the State. The system will allow QSPs to better market themselves and share their availability with others.

- The State is currently working on a process to meet the State procurement rules so we can move forward this initiative. **(Target Completion Date December 31, 2022)**

The State is currently conducting a review of the provider enrollment process to streamline and improve the enrollment experience for providers. Once complete, this information will be shared with all providers.

- This work is ongoing. **(Target Completion Date April 1, 2022)**

The State is evaluating the capacity to find backup service providers in the event of an emergency and has secured another Lifespan respite grant to provide additional respite opportunities for TPMs and their families.

- This work is ongoing. Information from the QSP Survey and funding from the 10% FMAP fund will be used to help develop capacity for Agencies to provide backup services to TPMs.

Consider adopting a new provider model to reduce the administrative burden on individual QSPs including the Co-Employer/Agency with Choice Model.

- This work is ongoing and additional models are being explored for potential inclusion in the 2023-2024 Executive budget request.

Conduct a rate analysis to determine discrepancies in rates paid to in-home providers and SNF staff.

- Funds from the ND Spending Plan for implementation of 10%

temporary FMAP increase for HCBS/Section 9817/American Rescue Plan Act of 2021 will be used to procure a vendor to complete this study. **(Target Completion Date July 1, 2022)**

Make changes to the HCBS Medicaid waiver to allow the rural differential (RD) rate to apply to additional services thus increasing access in rural communities.

- Effective January 1, 2022, the RD rate may be used for supervision, companionship, and transition support services.

Conducting an analysis of the number of units being authorized and utilized by case management territory to determine if there are discrepancies in the amount of services available to TPMs across the State.

- DHS staff are working to develop a report to determine utilization rates by territory. **(Target Completion Date July 1, 2022)**

Using the resources that can be made available through the ND Spending Plan for implementation of 10% temporary FMAP increase for HCBS/Section 9817/American Rescue Plan Act of 2021, to provide incentives to providers that will serve TPMs with high level of need or in rural and Native American communities.

- There are several initiatives that seek to remedy this issue. The work is ongoing, and progress will be included in future progress reports.

Provide meaningful statewide training opportunities for all QSPs to ensure understanding of the SA, HCBS, person-centered-planning, and the authorization and claims reimbursement system

- This will be a major function of the Resource Hub. The work is ongoing, and progress will be included in future progress reports.

Consider revising the QSP training requirements to improve the provider experience and ensure a quality provider workforce.

- This will be a major function of the Resource Hub. The work is ongoing, and progress will be included in future progress reports.

Creating the DSW/FC Resource and Training Center to improve the support provided to agency and individual QSPs.

- The State submitted a contract to the Center for Rural Health, located at the University of North Dakota School of Medicine & Health Sciences on December 15, 2022, for signature.

Offer incentive grants to encourage large and small agencies to expand their capacity to serve additional TPMs and expand their service array.

- The State received thirty-one (31) applications and will be sending \$30,000 award letters to ten (10) entities who submitted successful proposals. There were more than ten (10) proposals worthy of funding. Therefore, the State will use additional funds to award more grants. **(Target completion date February 1, 2022)**

Capacity Building [\(Section XIII, Subsection D, page 21\)](#)

Implementation Strategy

Strategy 1. Provide incentive grants to organizations (including SNFs) that enroll and provide HCBS. Grants may also be used for current QSP agencies that are willing to expand their current service array or expand their service territory to assist TPMs in rural areas, including tribal communities.

Progress Report:

Ten (10) of the thirty-one (31) incentive grant applications received will be funded at \$30,000 for a total of \$300,000. They will be notified by February 1, 2022.

The State received more than ten (10) proposals that were worthy of funding. The review committee is meeting in January to discuss awarding additional incentive grants using funds from the 10% temporary FMAP increase for HCBS/Section 9817/American Rescue Plan Act of 2021.

Strategy 2. The State will provide ongoing group and individualized training and technical assistance to SNFs that express interest in learning about HCBS. The State will develop a HCBS orientation presentation and materials that will be shared with SNFs. State staff will present at the LTC Conference.

Progress Report:

Performance Measure(s)

Number of SNFs requesting individual technical assistance.

Number of SNFs that have enrolled to provide HCBS.

- The State continues to remind SNFs of the opportunity to provide HCBS. No SNFs have requested technical assistance in the last six (6) months. Two (2) SNF are enrolled as Agency QSPs and are currently providing services.

Strategy 3. Increase the capacity for providers to serve TPMs on Native American reservation communities by continuing to partner with Tribal nations and to request funds for the Money Follows the Person-Tribal Initiative (MFP-TI).

The MFP-TI enables MFP state grantees and tribal partners to build sustainable community-based long-term services and supports (CB-LTSS) specifically for Indian Country.

The State will continue to support the development and success of Tribal entities who enroll as QSPs to provide HCBS in reservation communities by gathering feedback to improve processes, providing technical assistance, training, and staffing cases to ensure TPMs have the services they need to live in the most integrated settings appropriate. Mandan, Hidatsa, Arikara Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians are currently participating.

Progress Report:

Performance Measure(s)

Number of Tribal entities enrolled to provide HCBS.

Number of individuals receiving HCBS per month by tribal owned QSP agencies.

- There are five (5) tribal entities enrolled to provide HCBS. Some agencies are new and are still in the process of accepting referrals.
 - Mandan Hidatsa and Arikara (MHA) Nation
 - North Segment Home Services (N/A)
 - South Segment Home Instead (N/A)
 - Spirit Lake Nation
 - Spirit Lake Okiciyapi (Currently serving twenty-five (25) HCBS recipients)
 - Standing Rock Sioux Tribe
 - Standing Rock Sioux Tribe Tribal Aging & Community Services Agency (N/A)
 - Turtle Mountain Band of Chippewa
 - TM Tribal Aging Agency (Currently serving twelve (12) HCBS recipients)

Strategy 4. The State submitted a proposal to CMS and will seek legislative authority if approved to use the temporary 10% increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS to enhance, expand and strengthen the HCBS system for TPMs.

Progress Report:

On December 21, 2021, the State received Legislative spending authority to implement the 10% FMAP increase fund. Future progress reports will include additional information on the implementation of the plan.

SA Section XIV. In-Reach, Outreach, Education and Natural Supports

Responsible Division(s)

DHS Aging Services Division

In-reach Practices and Peer Resources ([Section XIV, Subsection A, page 22](#))

Implementation Strategy

Strategy 1. State staff will conduct group in-reach presentations at every SNF in North Dakota. Ensure a consistent message is being used throughout the State. **(Complete September 14, 2021)**

Progress Report:

Performance Measure(s)

Number of SNF residents who attended group in-reach presentations.

- A total of 443 residents attended the seventy-nine (79) in-reach presentations conducted between April 23, 2021-September 15, 2021.

Number of individual in-reach/informed choice visits conducted with TPMs residing in SNFs per year.

- A virtual or in person informed choice visit was conducted with 936 unduplicated TPMs residing in SNFs in year one of the SA.

Strategy 2. Identify TPMs when they are screened at a NF LoC and ensure that they have an opportunity to make an informed decision about where to receive services. The newly created informed choice referral process provides for virtual or face-to-face person-centered planning and information about the benefits of integrated settings, which may include facilitated visits or other experiences in such settings and offers opportunities to meet with other individuals with disabilities who are living, working, and receiving services in integrated settings, with their families, and with community providers. It requires making reasonable efforts to identify and address any concerns or objections raised by the TPM or another relevant decision maker. **(Implemented January 1, 2021)**

Progress Report:

Performance Measure(s)

Conduct 250 individual in-reach/informed choice visits with TPM residing in SNFs per year.

- A total of 936 unduplicated TPMs residing in an SNF received an Informed Choice visit between January 1, 2021 – December 13, 2021.

Number of informed choice visits completed every six (6) months.

- January 1, 2021 – June 30, 2021 – 733
- July 1, 2021 – December 13, 2021 – 203
 - The list of individuals in SNFs was refined and a more accurate list of TPMs was compiled. The SNF admission freeze from October-December of 2021 contributed to the decrease in Informed Choice visits.

Communication Accommodations ([Section XIV, Subsection B, page 22](#))

Implementation Strategy

The State will make accommodations upon request for TPMs whose disability impairs their communication skills and provide communication in person whenever possible.

The ADRL intake process includes questions to assess communication needs. The State will update the informed choice referral process to include similar questions. If accommodations are needed the State, hospital, or SNF will provide the necessary accommodation as required. Individual accommodations may include auxiliary aides such as interpreters, large print and Braille materials, sign language for the hearing impaired, and other effective methods to deliver appropriate information to TPMs. The State will update the ADRL and DHS website to include information on how to request accommodations. **(Target completion date October 1, 2021)**

Progress Report:

Performance Measure(s)

Number of TPMs who requested and received communication accommodation.

- This number is not currently available but will be available in future reports. Maximus implemented a new system Path Tracker/Assessment Pro to track NFLoC information for the State and began tracking this data in late December 2021.

Communications Approaches ([Section XIV, Subsections C & D, page 22](#))

Implementation Strategy

Strategy 1. The DHS communications team will develop a communication plan to ensure frequent outreach and training is available to at risk TPMs and their families about HCBS and the SA requirements. The communication plan will include ways to use the marketing tools developed to promote the ADRL and increase awareness of HCBS. The plan will be revised based on stakeholder input provided during the USDOJ SA stakeholder meetings. **(Target completion date November 1, 2021)**

Progress Report:

The Communication Plan was completed on November 1, 2021, and it was sent to DOJ for review on November 6, 2021. The Plan will be reviewed at next stakeholder meeting scheduled for March 17, 2022 and will be available on the Aging Services website.

Strategy 2. Due December 14, 2022

Strategy 3. Work with staff from Medical Services and the ND Department of Health to identify common precursor events to subsequent requests for SNF placement (such as hospital admissions for elders for a broken hip, admission to SNF for short-term rehabilitation, etc.).

Use available data to identify individuals utilizing such services and provide those individuals information about long-term community-based services.

Progress Report:

Aging Services is working with Maximus to create a report that includes this information. The report will be based on data gleaned from NFLoC screenings using the new Maximus Path Tracker/Assessment Pro system.

Respite Services ([Section XIV, Subsection E, page 22](#))

Implementation Strategy

Strategy 1. The State will educate providers and stakeholders during the respite services webinar and stakeholder meetings that HCBS policy currently allows the RD rate to apply to the 24-hour cap on overnight respite. **(Policy updated July 1, 2021)**

Progress Report:

Performance Measure(s)

Number of TPMs utilizing respite care with the RD rate.

- A total of thirty-one (31) TPMs received respite paid at the RD rate between December 14, 2020 – December 13, 2021.

Number of hours of respite services provided.

- State and federally funded HCBS provided 13,765.5 hours of respite care to eligible individuals and their family caregivers under the HCBS waiver in 2021.

Strategy 2. The State will enhance, expand, improve, and provide supplemental respite services and education to family caregivers in North Dakota with resources provided through a Lifespan Respite Care Program: State Program Enhancement Grant. The State will use the grant to continue to provide and develop new virtual and group training opportunities led by individuals who provide natural support to TPMs. **(Grant submitted May 18, 2021 Target completion date June 1, 2022)**

Progress Report:

Performance Measure(s)

Number of trainings on this topic conducted by natural support providers.

- Grant was awarded and Aging Services staff are still developing the training.

Strategy 3. The State will continue to provide education and respite services to individuals providing natural supports. **(Complete December 14, 2020)**

The State will use additional funding provided by the American Rescue Plan to expand evidence-based training programs for TPMs and their natural supports. The State contracts with North Dakota State University Extension and will provide funds to expand the service array to include programs that promote self-advocacy services to increase mobility, functionality, and capacity to age in the community for older adults and adults with physical disabilities. **(Target completion date November 1, 2021)**

Progress Report:

Performance Measure(s)

Number of individuals who attended training by service.

- Five (5) Powerful Tools for Caregivers trainings were conducted with a total of fifty-three (53) caregivers in attendance from December 2020-June 2021.

Strategy 4. The State will conduct training for HCBS case managers and stakeholders to increase awareness of the North Dakota Community Clinic Collaborative (NDC3) available at NDC3.org. NDC3.org is a one-stop, virtual infrastructure for NDC3 partner organizations, supporting the development, delivery, management, and monitoring of evidence-based programs that promote self-management of chronic health conditions and foster well-being. Professionals can use the system to find evidence-based programs in their community and assist TPMs to enroll. Fact sheets will be created for HCBS case managers to provide to TPMs and their natural supports to inform them of the availability and benefits of these programs. **(Target completion date December 1, 2021)**

Progress Report:

Performance Measure(s)

Number of individuals who attended training by service.

- Training is scheduled February 7, 2022, to present on evidence-based practices to all Aging Services staff.

Accessibility of Documents [\(Section XIV, Subsection F, page 23\)](#)

Implementation Strategy

Strategy 1. The State will work with the DHS Civil Rights Officer and the ND Department of Information Technology to review all printed documents and all online information available on the USDOJ Settlement page of the DHS website to ensure compliance with this SA. **(Target completion date ~~December 1, 2021~~ May 31, 2022)**

Progress Report:

Performance Measure(s)

Number of documents converted.

- We received training and are working directly with the ADA Civil Rights Officer to prioritize the documents that need to be made ADA accessible. The DOJ Settlement Support Specialist will convert existing documents to be ADA accessible.

Strategy 2. The DHS will build capacity by training the staff member hired to assist with the implementation and reporting requirements of the SA to review and update documents to ensure compliance with ADA. **(Target completion date January 1, 2021)**

Progress Report:

Training to make documents ADA accessible was conducted on October 26, 2021.

SA Section XV. Data Collection and Reporting

Responsible Division(s)

DHS Aging Services Division

Methods for Collecting Data ([Section XV, Subsections A, B, C & D, pages 23-24](#))

Implementation Strategy

Provide the USDOJ and SME biannual reports containing data according to the SA. The State will retain all data collected pursuant to this SA and make it available to the USDOJ and SME upon request.

Strategy 1. Contract with a new vendor to implement a case management system. This new system will allow the State to collect and report the aggregate data as required.

Progress Report:

Performance Measure(s)

Number of complaints received through the General Complaint Process.

- The State is working with Case Management vendor to finalize the implementation of the complaint system. In the interim the State is continuing to utilize an access database to capture and report on complaints.
- The complaint process has been updated to include the ADRL intake as the entry point of the QSP complaints. Case managers were trained on the QSP complaints on June 21, 2021, and annually with the annual required fraud waste and abuse training that was held on 11/17/2021. Twenty-four (24) complaints involving TPMs were reported from 6/15/21-12/3/21.

Strategy 2. Determine staff capacity and number of FTEs needed to provide a sufficient number of HCBS case managers to serve TPMs. HCBS case managers are required to keep track of the amount of hours they work as well as the type of work being performed. Reports can be run in the State's time and attendance system to calculate the amount of time spent conducting case management versus administrative tasks.

Progress Report:

Performance Measure(s)

Percent of staff time expended on administrative tasks after the new case management system is fully implemented.

Percent of staff time expended on direct service case management tasks after the new case management system is fully implemented.

- New case management system is not fully implemented. Data below reflects current case management process which was partially conducted using manual forms and Therap during year one of the SA.

CM Workforce Data	Reporting Period	12.20-11.21
Project	Sum Of Hours	% Of Hours
HCBS Admin	34,228.92	29.62%
HCBS CM	81,317.67	70.38%
Grand Total	115,546.59	100.00%

- Aging Services will request to include ten (10) FTE in the DHS budget request to make the Community Outreach Staff classified FTE. The State is determining what amount of additional case management capacity to request.

SA Section XVI. Quality Assurance and Risk Management

Responsible Division(s)

DHS Aging Services and Medical Services Divisions

Implementation Strategy

The SME has drafted a Safety Assurance Plan with input and agreement from the State. The plan outlines a range of recommendations that are intended to inform and support the State's actions related to ensuring the safety of and the quality of services for TPMs, both during the timeframe of this version of the IP, as well as throughout the duration of the SA.

The State is currently implementing or has incorporated the following recommendations included in the Safety Assurance Plan into the IP. The State will consider implementing

other recommendations included in the plan in future IP updates.

- The State has established a consistent incident reporting and response process to be used for all critical incidents. The system captures all data recommended in the plan. The process has been documented in the policy and procedure manual. This includes how and when the critical incident report will be reported to the USDOJ and the SME.
 - This initiative is complete, but the work is ongoing. Quarterly webinar training will be provided to agency and individual QSPs. An e-training module is available online as [Critical Incident Reporting \(nd.gov\)](#). A recorded webinar is also available online.
- The State will implement a workflow process map to identify all steps in the reporting and remediation of critical incidents. The map will be used in future training to ensure understanding of the process and requirements.
 - The State is working with an IT architect from the NDIT Division to create process map for the provider and consumer experience. **(Target Completion Date March 1, 2022)**
- The State has held and will continue to provide critical incident report training to all providers. Training materials and video recordings are available online.
 - See related response above.
- The State will utilize a workgroup to develop a QI policy and procedures that can be adapted by Agency providers who employ non-family as required in the SA. The State will require the QI plans to include an individual safety plan created as part of the PCP and must be submitted to the State for approval.
 - The State contracted with CQL to manage the QI workgroups and create standards for the program. **(Target Completion Date February 1, 2022)**
- The updated HCBS functional assessment includes a safety assessment of the home to ensure adequate equipment or environmental modification services are offered to ensure the home is accessible and functional for the TPM. It also assesses the need for supervision.
 - The updated assessment includes questions about safety, need for environmental modification and supervision. The HCBS waiver allows for a formal assistive technology assessment to be completed as part of specialized equipment and supplies.
- The State holds a quarterly critical incident report meeting where all reports are reviewed. The State will develop a process to include a mortality review of all

deaths, except for death by natural causes, to determine whether the quality, scope, or amount of services provided to the TPM were implicated in the death. Information gleaned will be used to identify and improve gaps in the service array.

- The State has developed this process and the first mortality review will be conducted in January 2022.
- The State has a process for the public to file complaints and has updated the DHS website to include information on how to report. This information is shared at stakeholder meetings and other public events involving TPMs.
 - The State is working with Case Management vendor to finalize the implementation of the complaint system. In the interim the State is continuing to utilize an access database to capture and report on complaints.
 - The complaint process has been updated to include the ADRL intake as the entry point of the QSP complaints. Training has been provided to case managers. Information has been added to the website and is reviewed at all N USDOJ SA stakeholder meetings to ensure ongoing awareness.

Quality Improvement Practices (Section XVI, Subsections A & B, page 24)

Implementation Strategy

Strategy 1. The State will create critical incident reporting training opportunities for QSPs. Training will be provided through online modules and virtual training events. The training will focus on the State's data system and the State's processes for reporting, investigating, and remediating incidents involving the TPM.

The State will update the QSP handbook to include current reporting requirements. The State will also work with staff from the DSW/FC Resource and Training Center to develop ongoing training that will assist QSPs in understanding and complying with safety and incident reporting procedures. **(First critical incident reporting training complete August 1, 2021)**

Progress Report:

Performance Measure(s)

Number of QSPs trained on reporting procedures.

- A total of 142 individuals have attended learning sessions.

Number of virtual training events conducted.

- Eleven (11) training events have been conducted, including a recorded webinar that is available on the Aging Services website.
- Instructions on how to submit incidents, requirements, GER user guide, and a link to a recorded live webinar were mailed/emailed to 1,027 QSPs.

Number of training modules created.

- A training module for online learning has been developed and is posted to the Aging Services website. [Critical Incident Reporting \(nd.gov\)](#)

Number of critical incident reports that were reported on time.

- The State started using Therap for critical incident reporting on July 1, 2021. The numbers below include all incidents and may involve individuals who are not part of the DOJ SA target population. The State is working with Therap to improve the reporting process to allow the State to filter out any incidents that do not involve TPMs. **(Target Completion Date March 1, 2022)**
- From 7/1/21-12/14/21 there were 494 incidents reported in Therap. Of those sixty-nine (69) or 14% were reported timely.
- The State will continue to work with providers to improve the timely reporting of incidents. This includes individual education about the timely reporting requirements. Sometimes the providers report the incident to the case manager within the required time but the actual CIR in Therap is not submitted that same day. The State is working with CQL and the agency QSPs to create the standard for the QI programs. The standards will require the providers to identify how they will report critical incidents in a timely manner.

Strategy 2. Agency QSP enrollment standards will be updated to require licensed agencies or entities employing non-family community providers to have a QI program that identifies, addresses, and mitigates harm to TPMs they serve. This would include the development of an individualized safety plan for each TPM. The QI Plan will be provided to the State upon enrollment and reenrollment as an agency QSP. The safety plan need not be developed by the provider unless it was not included in the PCP developed by the HCBS case manager and the TPM. **(QI program required January 1, 2022)**

Progress Report:

Performance Measure(s)

Number of Agency QSPs and entities with QI program in place.

- The Council on Quality and Leadership (CQL) has been contracted to run the Quality Initiative (QI) work group. A provider input meeting was held on January 7, 2022, approximately thirty-four (34) providers were in attendance. CQL will draft recommendations for QI standards based on the provider feedback. Once the standards are finalized, they must be adopted by all QSP agencies who provide direct support to TPMS and are not otherwise accredited. The ND administrative code was updated effective January 1, 2022, to require a QI program be included in the provider enrollment standards. CQL will have recommendations to the State by February 1, 2022.

Strategy 3. Due July 1, 2022

Strategy 4. The State will convene a QI workgroup. The State will invite State staff, including the Medical Services QI coordinator, QSP agencies, TPMS, family members, guardians, and other interested stakeholders to be part of the group. The group's primary purpose will be to participate in the development of resources and tools to help agencies create a QI program that identifies, addresses, and mitigates harm to TPMS they serve. This will include the development of a process for the State to determine whether providers identify and report critical incidents as required. Resources will be made available to all QSPs. **(Workgroup established October 1, 2021, Recommendations complete December 1, 2021 February 1, 2022)**

Progress Report:

- See progress report under strategy 2 above.

Strategy 5. The State developed a process to submit critical incident reports to the USDOJ and SME within seven (7) days of the incident as required in the SA. **(Reporting begins June 12, 2021)**

Progress Report:

Performance Measure(s)

Percent of critical incident reports submitted within seven (7) days of incident as required.

- All critical incident reports were submitted to the USDOJ and SME within the required timeframe. Follow up information is submitted upon request.

Critical Incident Reporting ([Section XVI, Subsection C, page 25](#))

Implementation Strategy

Policy will be updated to require a remediation plan to be developed and implemented for each incident, except for death by natural causes. The State will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented. **(Policy updated July 1, 2021)**

Progress Report:

Performance Measure(s)

Percent of required remediation plans completed.

- There were eight (8) formal remediation plans required and 100% of the plans were completed.

Number of training events conducted.

- Eleven (11) training events have been conducted, including a recorded webinar that is available on the Aging Services website.

Number of online modules created.

- A training module for online learning is being developed and will be posted to Aging Services website in January 2022.

Number of critical incident reports that were reported on time.

- Incidents reported timely from July 1, 2021- December 14, 2021, are 494. Of those sixty-nine (69) were reported timely according to our report which equals 14% timely in that timeframe. This data includes all incidents, low/med/high and all basic cares/ex-sped/individuals who do not screen at LOC.

Case Management Process and Risk Management ([Section XVI, Subsection D, page 25](#))

Implementation Strategy

The State will use the new case management system and the State's internal incident management system to proactively receive and respond to incidents and implement actions that reduce the risk of likelihood of future incidents.

To assure the necessary safeguards are in place to protect the health, safety, welfare of all TPMs receiving HCBS, all critical incidents as described in the SA must be reported

and reviewed by the State. Any QSP who is with a TPM, involved, witnessed, or responded to an event that is defined as a reportable incident, is required to report the critical incident.

Strategy 1. The new case management system will be used to receive and review all critical incidents. Critical incident reports must be submitted and reviewed within one (1) business day. **(Target completion date August 1, 2021)**

Progress Report:

Performance Measure(s)

Percent of critical incidents reviewed within one (1) business day of receipt.

- A total of 494 critical incident reports were received during the first year of the SA. Five (5) reports were not reviewed within one (1) business day, therefore 99% of the reports were reviewed timely.

Strategy 2. The DHS Aging Services Division will continue to utilize a Critical Incident Reporting Team to review all critical incidents on a quarterly basis. The team reviews data to look for trends, need for increased training and education, additional services, and to ensure proper protocol has been followed. The team consists of the DHS Aging Services Division Director, HCBS program administrator(s), HCBS nurse administrators, Vulnerable Adult Protective Services (VAPS) staff, LTC Ombudsmen, and the DHS risk manager. **(Complete December 14, 2020, and ongoing)**

Progress Report:

Performance Measure(s)

Percent of critical incident reports reviewed by State staff.

- 494 critical incidents reports were received during the first year of the SA. 100% of critical incident reports received were reviewed by State staff on the CIR team.

Strategy 3. Due February 1, 2022

Strategy 4. The State will develop a process to include a mortality review of all deaths, except for death by natural causes, of TPMs to determine whether the quality, scope, or amount of services provided to the TPM were implicated in the death. The review will be conducted by the quarterly critical incident report committee. Information gleaned from the review will be used to identify and address gaps in the service array and inform future strategies for remediation. **(Timeline for completion January 1, 2022)**

Progress Report:

A list of all deaths will be sent out one week prior to quarterly incident reporting

meeting to all Critical Incident Report team members and will be documented in meeting minutes. Each death is reviewed by HCBS case manager and Nurse Administrator. Unexplained deaths are also forwarded to Aging Services Director to review.

Notice of Amendments to USDOJ and SME ([Section XVI, Subsection E, page 25](#))

Implementation Strategy

The State will submit written notice to the USDOJ and the SME when it intends to submit an amendment to its State-funded services, Medicaid State Plan, or Medicaid waiver programs that are relevant to this SA, and provide assurances that the amendments, if adopted, will not hinder the State's compliance with this SA. **(Reporting begins June 1, 2021)**

Progress Report:

Performance Measure(s)

Number of amendments reported.

- Since December 14, 2020, three (3) amendments to the HCBS waiver and a 5-year waiver renewal application were submitted to the USDOJ, and the SME as required.

Complaint Process ([Section XVI, Subsection F, page 25](#))

Implementation Strategy

Strategy 1. Implement a process to receive and timely address complaints by TPMs about the provision of community-based services. Complaints that involve an immediate threat to the health and safety of a TPM require an immediate response upon receipt. All other complaints require follow up within fourteen (14) calendar days. State staff collaborate with the VAPS unit to investigate complaints. The State will notify the USDOJ and the SME of all TPM complaints received as part of its biannual data reporting as required. **(Reporting begins June 14, 2021)**

Progress Report:

Performance Measure(s) Number of TPM complaints

- See chart in Strategy 3 below.

Strategy 2. The State will publicize its oversight of the provision of community-based services for TPMs and provide mechanisms for TPMs to file complaints by

disseminating information through various means including adding information to the DHS website, HCBS application form, “HCBS Rights and Responsibilities” brochure, presentation materials, and public notices. **(Target completion date November 1, 2021 February 1, 2022)**

Progress Report:

The Rights and Responsibilities Brochure has been updated and posted to the DHS Aging Services publications website. A printing order has been submitted, and case management staff have been notified of the change. Additional training on the updates will take place on January 24, 2022, during the HCBS Update meeting. The application for services has also been updated and will be manualized on February 1, 2022.

Strategy 3. The Agreement Coordinator will submit a Complaint Report that includes a summary of all complaints received as part of the biannual data reporting requirements. **(Reporting begins June 14, 2021)**

Progress Report:

Performance Measure(s) Number of TPM complaints

- There were twenty-four (24) complaints associated with a TPM from June 15, 2021 -December 13, 2021. All complaints were responded to within the required timeframe.

TPM Complaints 6/14/2021-12/13/2021					
Complaint Type	# by Type	*Pending Outcome	# Unsubstantiated	# Substantiated	Remediation
Absenteeism	3	0	0	3	Provided T&A
Abuse/Neglect/Exploitation	6	2	0	4	Provided T&A to the Agency employer
Breach of Confidentiality	1	1	0	0	Provided T&A
Poor Case Management	0	0	0	0	N/A
Criminal History/Activity	4	2	1	1	Provided T&A
Theft	2	0	2	0	N/A
QSP Disrespectful	0	0	0	0	N/A
Inappropriate Billing	1	0	0	1	Terminated
Poor Care	4	2	0	2	Provided T&A
QSP Damaged Recipient Property	0	0	0	0	N/A
QSP under the Influence of Drugs/Alcohol	1	0	0	1	Employee terminated
Self-Neglect	1	0	0	1	Provided T&A
Other- Not Wearing PPE	1	0	0	1	Provided T&A
Total Complaints associated with TPM	24	7	3	14	