# North Dakota – Department of Justice Settlement Agreement

## Biannual Report
## December 14, 2024 – June 13, 2025

## ND Department of Human Services
## Aging Services Division

**Submitted July 31, 2025**

## List of Acronyms

ADA – Americans with Disabilities Act
ADRL – Aging and Disability Resource Link
ARPA – American Rescue Plan Act of 2021
CAPABLE - Community Aging in Place, Advancing Better Living for Elders
CCBHC - Certified Community Behavioral Health Clinic
CM – Case Manager
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
DDPM – Developmental Disabilities Program Manager
DHHS – Department of Health and Human Services
DME – Durable Medical Equipment
EPCS – Extended Personal Care Services
EVV – Electronic Visit Verification
Ex-SPED – Expanded Service Payments to the Elderly and Disabled
FTE – Full Time Equivalent
FMAP – Federal Medical Assistance Percentage
HCBS – Home and Community Based Services
HCBS waiver – HCBS Medicaid waiver
HSC – Human Service Center
HSRI – Human Services Research Institute
HUD – Housing and Urban Development
ISP – Individual Service Plan
IP – Implementation Plan
LTSS OC – Long Term Services and Supports Options Counseling
LTC TCM - Long Term Care Targeted Case Management
MFCU – Medicaid Fraud Control Unit
MFP – Money Follows the Person
MFP-TI – Money Follows the Person-Tribal Initiative
MMIS – Medicaid Management Information System
MOU - Memorandum of Understanding
MSP-PC – Medicaid State Plan-Personal Care Services
NCAPPS – National Center on Advancing Person Centered Practices and Systems
NCI – National Core Indicators
NCI-AD – National Core Indicators – Aging and Disability
ND – North Dakota
NDAC – North Dakota Administrative Code
NF LoC – Nursing Facility Level of Care
OAA – Older Americans Act
PCP – Person Centered Plan

PSH – Permanent Supported Housing
POA – Power of Attorney
QSP – Qualified Service Provider
QSP Resource Hub – Qualified Service Provider Resource Hub
SA – Settlement Agreement
SME – Subject Matter Expert
SNF – Skilled Nursing Facility
SPED – Service Payments to the Elderly and Disabled
TBI – Traumatic Brain Injury
TDPP – Transition and Diversion Services Pilot Program
TPM – Target Population Member
UND – University of North Dakota
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 (8)-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 initial IP was approved on September 28, 2021, as required in the SA.

This report describes progress toward the requirements listed in Sections VI–XVI for December 14, 2024 through June 13, 2025. The report is 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 are included. New information is provided under the progress report heading highlighted in yellow and target dates were modified when necessary.

A reporting dashboard of the activities conducted in this reporting period are included as Link to 2025 Aging Services DOJ SA Dashboard to this report. They provide statistical data and additional information about the progress that has been made toward the required benchmarks of the SA regarding Long Term Services and Supports (LTSS) Option Counseling home and community-based services (HCBS), Aging and Disability Resource Link (ADRL), transition support services, and housing to assist target population members (TPMs).

The State also posts an annual comparison dashboard that highlights the progress and data trends since the SA was signed on December 14, 2020. The next annual report comparison charts will be available in January 2026.

A complaint report is included in Section XVI (Appendix B) of this document as required. It includes a summary of the type of complaints received and remediation steps taken to resolve substantiated complaints involving TPMs 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 LTSS Options Counseling.
- 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 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 of care** across the array of services in all areas of the State.

## What We're Proud of

Major accomplishments during first 6 months of Year 5 (December 14, 2024 – June 13, 2025) of the USDOJ SA:

- **Transitioned 33 TPMs** from a Skilled Nursing Facility (SNF) to integrated community housing where they can receive necessary support while enjoying the freedom and benefits of community living.

- **Diverted 158** new individuals from a SNF by providing necessary services and support so they can remain at home with their family and friends.

- Provided **information about HCBS** options through **723** unduplicated LTSS Options Counseling referral visits to **330** unduplicated TPMs referred for a long-term stay in a SNF.

- There are **2,273** (April 2025) current Medicaid recipients residing in SNFs. There were **548 unduplicated** annual LTSS OC visits completed during this reporting period.

- Provided **centralized intake** using the Aging and Disability Resource Link (ADRL) website and toll-free phone line linking people with disabilities to HCBS support.

    - Provided **7,834 callers** with information and assistance about HCBS and assisted another **955** through the **web intake** process**.**

    - Referred **776 individuals** from these contacts for **HCBS**, which is an average of **129** per month.

- HCBS Case Managers responded to **968 HCBS referrals** from all sources (ADRL intake, direct referral, MFP, LTC Eligibility Unit, and LTSS Options Counseling visits).

- Provided State or federally funded HCBS to **3,279 unduplicated** adults in this reporting period.

- Provided **permanent supported housing** assistance to **25 (rental assistance)**

**TPMs** who transitioned out of a SNF.

- **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.

## A Year 5 perspective update.

In the first six (6) months of Year 5 of the settlement agreement (SA), the demand for Home and Community-Based Services (HCBS) remains consistently high, increasing the workload for HCBS Case Managers and State staff. As previously reported, there has been a 54% increase in the number of HCBS participants since 2020 when the SA was signed. On average, 161 new referrals and 83 new cases opened for HCBS each month of this reporting period. In the coming months, four (4) more HCBS case managers (including two nurse case managers) will be added to further support the growing need. The State is also planning to hire another Complaint and Grievance administrator and Jaci Seefeldt has been hired as the Assistant Director for the Adult and Aging Services section.

The preference for in-home care remains strong and is expected to grow as the baby boomer generation ages. According to the ND State Data Center, North Dakota's 65+ population, currently about 18% of the total population, will increase by approximately 3,000 people by 2035. While a slight decline is projected between 2035 and 2045, growth in the 85+ population is expected to resume thereafter. We are serving a record number of people under HCBS while the growth in Medicaid members receiving care in SNFs is trending down.

The Administration for Community Living estimates that seven (7) in ten (10) individuals will require long-term services and supports for at least five (5) years. A primary challenge for all states is ensuring adequate funding, case management, provider capacity, program administration, and accessible, affordable housing to meet this demand. While serving individuals in the least restrictive setting (typically a private or family home) remains a top priority, it is increasingly complex due to the rising number of current and future TPMs. Because of medical complexity, or a need for protective oversight, some TPMs integrated settings may be a shared living model, specifically Agency Adult Foster Care. For the first time, the State is counting a transition toward the DOJ SA transition benchmarks for an individual who moved to an agency adult foster care and is receiving residential habilitation and community support. The state looks forward to discussing the circumstances of this case with the DOJ and SME team as there may be other TPMs who can be best served in this type of setting.

An additional challenge is the increasing number of TPMs who require care for not only physical disabilities but also complex medical and behavioral health needs. Over the past six (6) months, progress has been made through the introduction of free Therapeutic Options training for residential habilitation and community support providers. This training certifies participants to serve individuals with behavioral health needs.

To qualify for the free training, agency QSPs were required to submit a plan outlining how they would train their staff using the strategies learned. Participants completed four (4) days of training and earned a behavioral health certificate, enabling them to train their direct care staff and access ongoing behavioral health consultation services from Therapeutic Options.

Efforts remain underway to fully implement all projects funded by the MFP Capacity Fund and the ARPA of 2021 Section 9817 10% enhanced FMAP proposal, as approved by CMS. These additional funds have been instrumental in the progress made toward meeting the Settlement Agreement requirements. However, since the funds must be expended by December 31, 2025, the State is working within a limited timeframe to complete as many projects as possible. The following report highlights the progress made in some of the key initiatives.

During the last Legislative session funds were included in the Department's budget to continue to operate the transition and diversion project that was started during the pandemic. This service has helped numerous TPMs transition out of a SNF who were on Medicaid but did not yet qualify for the MFP Program.

In addition to funding for the Transition and Diversion Project, the 2025-2027 Department budget included the following funds that will continue to strengthen HCBS for older adults and adults with disabilities in ND. The Legislators approved every executive budget request that was made for the purpose of enhancing HCBS for the target population.

| **2025-2027 DHHS Approved Budget Requests** | **General Fund Increase** |
|---|---|
| Transition and Diversion Project | $2,733,934 |
| TPM Housing Assistance | $300,000 |
| Adult Protective Services | $390,829 |
| Senior Nutrition & Health | $2,933,343 |
| Family Caregiver Support Program | $991,256 |
| Marketing ADRL | $42,000 |
| QSP Targeted Rate Increase | $3,595,104 |
| Private Duty Nursing & Home Health Rate Increase | $1,235,768 |
| **Total** | **$12,222,234** |

The State is working with the communications team to continue to document key achievements related to the system change efforts that have been implemented in response to the SA requirements. In addition to the testimonials that were previously

produced and are available on the Department's website, we have identified additional TPMs who are ready to share their stories in the hope of inspiring others to think about community living and encourage people to enroll if they are willing to serve as a provider.

The State is committed to continue to serve TPMs and will continue to work on solutions to challenges that still exist. They include:

- Developing a flexible fee-for-service delivery system that allows providers to respond to the evolving needs of older adults and individuals with physical disabilities such as frequent hospitalization or requests to change providers while maintaining compliance with federal and state regulations.

- Navigating complex billing processes, claim corrections, and Electronic Visit Verification (EVV) requirements, which have made service delivery and billing more difficult. Some providers lack the capacity or willingness to manage these complexities and instead opt to serve only private-pay clients. Reform is needed at both the federal and state levels to eliminate bureaucratic barriers that hinder innovation and flexibility in service delivery and payment systems, particularly for Medicaid-funded HCBS.

- Ongoing workforce challenges continue to strain the service system. While the State has successfully recruited a significant number of individual and agency providers, gaps persist for TPMs who cannot find suitable providers in their preferred communities. In contrast, the eastern region of the state has a high concentration of providers, creating competition for referrals. Many providers still face difficulties in staffing 24/7 care arrangements.

- Additional challenges include improving the quality of HCBS for individuals with complex needs. This will be the focus of several Year 5 initiatives outlined in the approved IP. The State plans to transition from the current documentation-based competency process to a module-based training system, where direct care staff must complete training and pass a competency exam. Additionally, the State is considering a requirement that agencies have at least two (2) years of experience providing direct care before enrolling to deliver residential habilitation or community support services. Experience is essential, as these services support individuals with significant medical needs who often also face functional limitations, mental health concerns, and substance use issues.

- Another increasingly discussed concern is the potential for fraud and waste within the HCBS delivery system. The State collaborates closely with the Medical Services Program Integrity Unit, which is responsible for enrolling and auditing QSPs, as well as with the Medicaid Fraud Control Unit (MFCU), to take swift action against providers who engage in improper billing or deliver substandard care. Adult and Aging Services will host a QSP Program Integrity meeting this fall, with in-person sessions planned in Fargo and Bismarck, along with a virtual option. The goal is to

help providers better understand documentation and record-keeping requirements and to showcase new tools available through our case management and claims submission systems to help them be compliant. The MFCU will be invited to participate and explain its role in supporting the integrity of these vital services.

## Looking Ahead

A Year 5 IP is approved, and this report provides detailed updates on the status of the initiatives below.

### Support QSPs

- Finalize the Connect to Care marketing features.
- Provide behavioral health training to enhance QSPs' ability to serve individuals with complex needs.
- Offer personal resilience training to support QSPs in managing caregiving demands.
- Implement targeted rate increases following approval in the 2025-2027 Department of Health and Human Services (DHHS) budget.
- Recruit providers willing to serve individuals with complex needs.
- Enhance the QSP Enrollment Portal and refine services provided by the QSP Resource Hub.

### Divert TPMs from Institutional Stays

- Assess the need for additional case managers and program staff to support the growing demand for Home and Community Based Services (HCBS).
- Complete the implementation of projects funded by the Federal ARPA 9817 plan to strengthen the HCBS infrastructure.

### Facilitate TPM Transitions to Integrated Settings

- Integrate peer support into the transition team model.
- Focus on independent living skills to help TPMs adapt to community living.

### Expand Permanent Supported Housing

- Maximize state and federal resources to provide rental assistance for TPMs.
- Build partnerships with the construction and remodeling industry to improve access to environmental modifications, helping TPMs maintain stable housing.

**Year 5 Settlement Agreement Requirements (12/14/24-12/13/25)**

The chart below lists the requirements from the Settlement Agreement (SA) that are due during Year 5 of the Settlement Agreement. The State believes that all Year 4 requirements have been met, except for transitioning TPMs within 120 days. The State works with TPMs to create safe and efficient transition plans, and the goal is to transition people within the 120-day requirement. However, many TPMs have significant barriers to overcome like declining health, need for additional therapy, and specific housing needs that can make meeting this goal very difficult.

| SA Section # | Requirement | Due Date |
|---|---|---|
| VI.F | Develop an Implementation Plan for Year 5 | 12/23/2024, Completed |
| XIII.D | Provide technical guidance to SNFs that commit to provide HCBS and rural community providers who commit to expand | Ongoing requirement |
| XV.D | Submit State Biannual Data Reports | 2/1/2025 and 8/1/2025 Completed |
| XIV.A 1. | Conduct individual or group in-reach to each nursing facility | Completed annually |
| VIII.I 2. | Person-centered planning training for Case Managers | Completed annually |
| X.B.2. | Implement incremental changes to the NF LoC process and community-based services eligibility | 06/14/2022 and ongoing |
| X.B.3. | Require annual NF LoC determination screening for all continued stays in a nursing facility for TPMs. | 12/14/2022 and ongoing |
| XI.B | Transitions occur no later than 120 days after TPM chooses (See Note above) | 06/14/2022 and ongoing |
| XV.D | Submit year 6 IP | 3/31/2026 – The date was pushed back so the |

| | | |
|---|---|---|
| | | biannual report is submitted before the IP. |
| XV.D | State Biannual Data Report | 01/31/2026 |

# SA Section VI. Implementation Plan

Responsible Division(s)

ND Governor's Office and ND Department of Health and Human Services (DHHS) Aging Services.

## Agreement Coordinator (Section VI, Subsection A,B, & C pages 8-9)

Nancy Nikolas Maier has been appointed as the Agreement Coordinator. Michele Selzler is the Settlement Agreement Support Specialist. The State holds regularly scheduled internal meetings to review progress toward implementing the strategies included in the IP and to develop new strategies that will assist the State with implementing the requirements of the SA.

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

Implementation Strategy

Continue to conduct internal and external listening sessions that include a review of relevant services with stakeholders and staff from the ND DHHS Aging Services, Medical Services, Developmental Disability, and the Behavioral Health Division. 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. **(Ongoing strategy)**

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 future years of the agreement. Link to 2024 Listening Session Summary

**Progress Report:**

The summary for the 2025 Listening Sessions will be included in the next report.

Based on the feedback provided during the 2024 events, the State took the following actions during this reporting period.

- Regarding the gap in programming for younger people with disabilities, the State

added companionship to SPED to serve those under 60.

- In response to the information about various tax breaks for adults with disabilities and older adults, the State is planning to have the Tax Department conduct a webinar explaining how these programs work. The Tax Department did a Tax Break training on April 1, 2025 for Adult and Aging Services staff.

- We are working with a group of SMEs from the Tribal Nations to address the needs of Native Americans. The group worked together to add care coordination as an allowable task under the HCBS waiver. In addition, an amendment to the TCM state plan has been submitted to make it easier for qualified staff from Tribal nations to provide this service.

- There was interest in providing additional incentive grants for QSPs. The State received CMS approval to issue grants aimed at improving transportation for TPMs to medical appointments and other community services. As a result, two (2) agency QSPs and two (2) DD providers were awarded funds to purchase accessible vehicles for transportation support.

- The group expressed the need for continued housing assistance. The 2025-2027 biennium executive budget request included $300,000 in State general funds to provide rental assistance to TPM's.

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

Implementation Strategy

**Strategy 1.** The State will continue to create ongoing stakeholder engagement opportunities including quarterly ND USDOJ stakeholder meetings through Year 5 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. The State asks for feedback on a variety of topics, shares data, and allows time for attendees to share any issues they feel need to be addressed at each meeting. A Stakeholder feedback summary will be completed at the end of the year. **(Ongoing strategy)**

2025 Meeting Schedule:

- March 20, 2025
- June 12, 2025
- September 18, 2025
- December 11, 2025

**Updated Strategy 2.** The State will host eight (8) in-person meetings in rural, frontier, and Native American reservation areas of North Dakota to discuss Home and Community-Based Services (HCBS). These sessions, distinct from DOJ stakeholder meetings, aim to

assess existing services and address unmet HCBS needs, especially in underserved areas. Meetings will offer information on HCBS, provider enrollment, and gather local feedback to guide improvements. Event dates will be posted on the DHHS website, and a year-end feedback summary will inform future service enhancements. Invitations will be extended to local hospitals, Skilled Nursing Facilities, social services, community leaders, and advocates. **(Target completion date December 13, 2025)**

**Progress Report:**

These meetings are held quarterly and will be completed in the second half of 2025.

**Updated Strategy 3.** Include representation from New Americans, Native Americans and other special groups when gathering public input. The State will work with the Developmental Disability Section, Department's refugee services coordinator, University of North Dakota (UND) Native American Resource Center, staff from Tribal entities, the Interim Executive Director of the ND Human Rights Coalition, and other advocates from the LGBTQIA+ community to determine the best way to reach these populations and gather input that will improve access to HCBS. These groups will also be consulted to help identify local subject matter experts who may be willing to provide cultural awareness training with State staff and providers.

The State will also continue to work with the UND Native American Resource Center staff to hold a monthly stakeholder call with experts from Tribal entities to work on HCBS initiatives that will positively impact Tribal communities. **(Ongoing Strategy)**

**Progress Report:**

Monthly meetings have continued with the Native American Stakeholder group on HCBS Initiatives. This group continues to work through details of the HCBS Care Coordination service and through changes to the North Dakota Medicaid State Plan, Targeted Case Management Service that will improve access to tribal communities in the ability to provide Targeted Case Management.

The Agreement Coordinator provided information at a webinar sponsored by AARP to discuss Adult and Aging Services with the North Dakota Rainbow Seniors organization. This organization serves older adults who identify as Lesbian, Gay, Bisexual, Transgender, Queer +.

## SME Consultation and IP (Section VI, Subsection F & G, page 9)

Implementation Strategy

Agreement Coordinator will meet weekly with the SME and team to consult on the IP. The Agreement Coordinator will provide the required updates to USDOJ, submit drafts, and incorporate updates as required. The revisions to the IP will focus on implementation for the upcoming year, challenges encountered by the State to date, and strategies to resolve them with plans to address noncompliance if required. **(Ongoing strategy)**

**Progress Report:**

The Agreement Coordinator and the SME continue to meet weekly.

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

Implementation Strategy

Maintain a webpage for all materials relevant to ND and USDOJ SA on the DHHS website. The plan and other materials are made available in writing upon request. A statement indicating how to request written materials is included on the established webpage found here U.S. Department of Justice Settlement Agreement | Health and Human Services North Dakota. **(Ongoing strategy)**

### Section VI. Performance Measure(s)

Number of unduplicated individuals served in HCBS by funding source.

- 3,279 unduplicated individuals are being served under all HCBS funding sources. (808 HCBS Medicaid waiver, 706 MSP-PC, 1,699 SPED, and 66 ExSPED).

## SA Section VII. Case Management

Responsible Division(s)

DHHS Aging Services

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

Implementation Strategy

**Updated Strategy 1.** The State employs HCBS case managers who provide HCBS case management full-time. The State requires all newly hired HCBS case managers to complete a comprehensive standardized training curriculum that has been developed within three (3) months of employment. The State provides ongoing training and professional development opportunities to include cultural awareness training for special populations to ensure a high-quality trained case management workforce. The State continues to work with Tribal stakeholders to identify local experts in Native American cultural competency to develop and deliver training for HCBS case managers. Post-training evaluation tools to ensure understanding of training objectives have been developed. **(Ongoing strategy)**

See updated strategy in Link to Section VIII, Subsection H, page 13 for additional information.

**Updated Strategy 2.** The State has two (2) Full Time Equivalent (FTE) that serve as provider navigators who will assist all HCBS case managers statewide in finding QSPs to serve eligible HCBS recipients. The State is considering the feasibility of using the new Connect to Care system, formally referred to as ConnecttoCareJobs platform, to share referrals for HCBS to QSPs. Assistance from the provider navigators frees up time for the case managers and assists them in keeping up with the increased demand for HCBS. **(Target completion date August 1, 2025, and ongoing)**

**Progress Report:**

The State will continue to use the provider navigators to assist individuals in finding a provider who meets their needs. The State has decided not to pursue using ConnecttoCare jobs as the system where we share referrals because the current process is working and we are trying to finalize the marketing features in the system.

**New Strategy 3.** There has been a large increase in the number of QSP Agencies that have enrolled to provide services, especially in Fargo, ND. This has made the desire for new referrals in that area very competitive. To ensure an equitable opportunity for QSP Agencies to respond to new referral requests, the State implemented a QSP referral policy. The State has distributed the policy and will be holding a virtual stakeholder meeting to provide education about the process and gather feedback that will inform any necessary policy updates. Link to Provider Navigator – Frequently Asked Questions (FAQs) (**Stakeholder meeting complete December 31, 2024)**

**Progress Report:**

A virtual training was held on February 28, 2025, and input gathered during the session led to changes in the referral process, which were piloted in May 2025. Previously, referrals were sent to a rotating group of QSPs to ensure all providers had an opportunity to respond. During the pilot, referrals were sent to all QSPs. After the pilot, feedback indicated that providers saw no benefit to the new process. They reported delays in responses and an overwhelming number of referral emails. As a result, navigators returned to the original referral process.

**Updated Strategy 4.** 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 continue to monitor weighted caseloads of the 74 licensed social workers currently hired as HCBS case managers. The State has plans to add four (4) additional case managers in 2025 and to add one (1) additional Basic Care Case Manager. **(Target completion date ~~April 1~~ August 1, 2025, and ongoing)**

**Progress Report:** The State has received internal approval to hire four (4) new staff; however, the hiring committee has not met since the end of the Legislative session, so full authorization to begin the hiring process has not yet been granted. The State has also begun administratively claiming Medicaid funds to cover the cost of case management services provided to Medicaid-eligible individuals. This additional revenue will support the

continued provision of these services and help fund the hiring of additional case managers as needed.

**New Strategy 5.** The State has established a workgroup consisting of HCBS Case Management Supervisors and Aging Services Program Administrators to analyze the business process of entering all required information into the State's case management system. The goal of this review is to identify steps that may be delegated to administrative support staff thus freeing up time for the HCBS Case Managers to focus on client facing duties. If enough administrative tasks are identified, the state will consider the feasibility of hiring administrative support for the HCBS Case Managers. **(Ongoing Strategy)**

**Progress Report:**

The workgroup has met three (3) times and identified the areas that administrative staff could help case managers to free up their time to do their main social work duties. The State is discussing the process of creating a centralized electronic mail room that would process all the HCBS Case Managers' mail, including sending PCPs to eligible individuals, providers, etc. This type of support would greatly reduce their workload.

Several changes and updates have been made. We are continuing to review processes and make changes as we are able.

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

Implementation Strategy

Ensure that the supervisors are assigning the case manager to TPMs already living in the community and requesting HCBS within two (2) business days. **(Ongoing strategy)**

**Progress Report:**

Cases are assigned to case managers within an average of two (2) days.

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

Implementation Strategy

**Strategy 1.** 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. **(Ongoing strategy)**

Challenges to Implementation

The volume of ADRL referrals, visit requests, and interest in HCBS in general

remains high. The State has twice increased the number of case managers available to serve this population and continues to monitor the need for additional staff.

Remediation

The State continues to monitor the need for additional HCBS case managers. The goal is to have a weighted caseload of no more than 100 cases per case manager **(Ongoing strategy)**

**New Strategy 2.** The State is taking steps to stop charging eligible individuals a service fee for case management. Instead, we will request to claim Federal Medical Assistance Percentage funds (FMAP) to cover the cost of providing case management to Medicaid-eligible individuals receiving Medicaid HCBS. The State has submitted a Medicaid waiver amendment to make this change and is working on similar adjustments for Long Term Care Targeted Case Management (LTC TCM). This shift is expected to increase federal funding, which may be used to hire additional case management and potentially support staff to meet the growing demand for these services. **(Completed July 1, 2025, strategy ongoing)**

**Progress Report:**

See response in Section VII, Subsection A. Updated Strategy 4.

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

Implementation Strategy

**Strategy 1.** Address issues of affording case managers full access to TPMs who are residing in or currently admitted to a facility. 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 DHHS Medical Services Program Integrity Unit which may result in the termination of provider enrollment status. **(Ongoing strategy)**

**Progress Report:**

There were two (2) incidents in which a SNF refused to make a referral when the TPM requested to work with the MFP program, and one (1) instance where the SNF was unwilling to work with an LTSS Options Counselor. Letters were sent to all facilities reminding them of their discharge planning responsibilities. All issues have since been resolved.

**Updated Strategy 2.** Conduct training with hospital and SNF staff to discuss HCBS, LTSS OC, facilitate case management for TPMs, and the required annual level of care screening. The training will be adjusted over time to reflect further changes to the Nursing Facility Level of Care (NF LoC) process and to address any emergent issues and may be provided

virtually. The Year 5 focus will be to help these entities understand the need to make referrals as soon as possible to facilitate safe discharge and access HCBS the first day they return home. **(Ongoing strategy)**

Challenges to Implementation

Additional training to ensure new hires and existing staff are continuously aware of the LTSS OC process and the requirement for HCBS case manager access in the SNF.

Remediation

Training will be held at least biannually in Year 5 of the Settlement Agreement. One (1) of the trainings will be held virtually. **(Target completion date December 13, 2025)**

**Progress Report:**

See Section VII Performance Measure(s)

**Strategy 3.** Utilize the educational materials created to inform TPMs, family, and legal decision makers of the requirements of the SA, LTSS OC, ongoing case management for SNF TPMs, and that TPMs must complete an annual NF LoC determination. **(Ongoing strategy)**

**Progress Report:**

Ongoing training will occur in the fall of 2025.

**New Strategy 4.** To ensure that all Medicaid-eligible individuals, including those applying for Developmental Disability (DD) services through the DD intake system, have access to information about all HCBS options for which they may qualify. The DD Section will establish a process to inform eligible individuals about the State's HCBS coverage during the initial DD intake. Information will also be provided annually thereafter. The DD intake process will include new materials outlining the full range of HCBS programs administered by the DD Section, the 1915(i) waiver, and Aging Services. If a TPM seeks more information about the services administered by Adult and Aging Services, the Developmental Disability Program Manager (DDPM) conducting the intake will transfer the call to the ADRL team, who will provide additional details and start the intake process. Additionally, the DD Section will work with the vendor to update the case management system to integrate this information into the intake process. A section will also be added to the DD individual service plan for individuals and guardians to sign, confirming receipt of this information.

Adult and Aging Services staff will provide training to DD Program Managers, including the supervisors in February 2025 about the Adult and Aging Services HCBS system.

The DD section will also conduct quarterly quality checks of up to 20 cases to ensure that eligible individuals receive information about the state's HCBS coverage, both initially and annually thereafter. The number was selected after reviewing the individuals who meet the TPM definition and requested intake through the DD system. At the time, 19 individuals in the DD system met the TPM criteria. This process will begin in October 2025, using data from July 1, 2025 - September 30, 2025. **(Target implementation date July 1, 2025)**

**Progress Report:**

The DD Section worked with a marketing firm to produce written educational materials to help individuals and their legal decision makers to understand what type of services they may be eligible to receive. The materials have been submitted to the US DOJ team and the SME. Final review of the educational material is underway. Once approved the information will be printed and used during the DD intake process and annually thereafter.

In addition, the following statement has been added to the individual service plan (ISP). This form is signed whenever there are changes to services, or, at a minimum, on an annual basis.

- I have been informed of the service options available to me, including Home and Community-Based Services and Medicaid State Plan services.

Information and training sessions were also conducted on the following dates with the DD Program Managers:

2/27/25 - General overview of USDOJ Settlement Agreement and how it impacts our state and other state plan service options.

6/23/25 - Staff were reminded of the importance of consistently sharing information about all available service options with individuals and families. Staff were also informed that updated materials to assist in communicating these options will be available soon and should be used as part of ongoing outreach and discussions.

7/23/25 - Email communication highlighting the changes to the Individual Service Plan (ISP) and reminding them of the importance of informing people of all service options available.

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

Updated Implementation Strategy

Provide HCBS case managers and relevant State agencies and contractors access to all case management tools including the HCBS assessment and Person-Centered Plan (PCP). Continue to contract with a vendor to maintain and enhance the case management system that was fully implemented August 1, 2022. State staff meet weekly with the vendor and have a list of enhancements that will be implemented during Year 5 of the DOJ Settlement Agreement. Current simplification projects include updating the PCP into one

document to reduce duplication and data entry time and meet requirements of the federal HCBS Quality Measure Set. **(Target completion date December 13, 2025, and ongoing strategy)**

**Progress Report:**

The State is required to update the PCP and the HCBS assessment to comply with the Ensuring Access to Medicaid Services (Access Rule). The most notable changes will require HCBS Case Managers to ask questions about a TPMs alcohol and drug use, conduct a Brief Interview for Mental Status assessment, and a Patient Health Questionnaire. The State is working with the case management system vendor to implement this change. (**Target completion date January 1, 2026**)

## Quality (Section VII, Subsection F, page 11)

Updated Implementation Strategy

To ensure a quality HCBS case management experience for all TPMs the State will conduct annual case management reviews to ensure sampling of all components of the process (assessment, person-centered planning, risk assessment, 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. The State can now identify which consumers are TPMs so the audit information will be updated to include data specific to TPMs. **(Ongoing strategy)**

**Progress Report:**

See Section VII Performance Measure(s)

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

Implementation Strategy

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

## Section VII. Performance Measure(s)

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

- The annual report is completed and approved for 2024. All case manager audits were completed within the required timeframe. Error rates are not measured by territory as each case manager helps in multiple territories. Each of the 74 case managers are reviewed through in-depth audits annually and twice per year for an overall audit of their cases.

Total number of HCBS case managers serving Tribal nations.

- There are ten (10) HCBS Case Managers (CMs) who work in reservation communities.

Number of SNF and hospital staff trained in NF LoC procedures/LTSS OC/discharge planning.

- This training will be held in the fall of 2025.

Number of people from the DD waiver requesting information about the Aging Services HCBS system.

- Draft educational materials are being reviewed, and data will be collected once the new DD Options Counseling process is in place.

Number of referrals to the Aging Services HCBS system from the DD waiver.

- Nineteen (19) individuals who are supported in the DD system have been formally referred to Adult and Aging Services during this reporting period.

DDPM's understanding of HCBS options after February 2025 training.

- An evaluation of the February 2025 training by the Agreement Coordinator was not conducted. Once all the educational materials are approved and the options counseling process is implemented in the DD intake system an evaluation of the DD Program Managers' understanding of HCBS will be conducted.

## SA Section VIII. Person-Centered Plans

Responsible Division(s)

DHHS Aging Services

### Training (Section VIII, Subsection A, page 11)

Updated Implementation Strategy

- See Section VIII, Subsection H (Ongoing strategy)

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

Updated Implementation Strategy

Every PCP will incorporate all the required components as outlined in Link to Section VIII.C.1-8 of the SA and these are apparent in PCP documentation. The PCP tool in the case management system will allow all required information to be captured and included in the plan. The PCP will be updated every six (6) months, annually, and when a TPM goes to the hospital or SNF and remains available and accessible in the system when the TPM returns to the community.

During the annual case management review process the State will review 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.

The new federal HCBS Quality Measures will require the State to modify parts of the PCP. The State will review any proposed changes to the PCP with the SME before changes are implemented. **(Target completion date ~~May 1, 2025~~ January 1, 2026 and ongoing)**

**Progress Report:**

See Section VII. Subsection E

## Person-Centered Planning Policy (Section VIII, Subsection D and E, page 12)

Implementation Strategy

The new federal HCBS Quality Measures will require the State to modify parts of the PCP. The State will review any proposed changes to the PCP with the SME before changes are implemented. **(Ongoing strategy)** Link to Section XI, Subsection B, new strategy 6 for additional information.

**Progress Report:**

Draft documents were submitted to the USDOJ team and the SME on July 19, 2025. The State is working with the case management vendor to finalize the updated PCP in the system.

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

Implementation Strategy

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 DHHS Legal Advisory Unit and other agencies or

boards to determine if a request for reasonable modification can be accommodated as required in the SA. **(Ongoing strategy)**

**Progress Report:**

There were 46 requests for reasonable modifications between December 14, 2024 – June 13, 2025.

| **Approved Reasonable Modification Requests** | | |
|---|---|---|
| | **Modification Type** | |
| **Time Period** | **Medical transport/escort** | **Nursing Tasks** |
| December 14, 2024- December 31, 2024 | 1 | 1 |
| January 2025 | 0 | 9 |
| February 2025 | 2 | 6 |
| March 2025 | 9 | 0 |
| April 2025 | 0 | 9 |
| May 2025 | 0 | 7 |
| June 1, 2025- June 13, 2025 | 0 | 2 |

The State will continue to conduct annual training with HCBS case managers and stakeholders to increase knowledge and awareness of how to identify and notify the Department that an individual has an anticipated or unmet community service need so that the State can determine whether, with a reasonable modification, the need can be met. The State will continue to track all requests for reasonable modification to identify trends in service gaps, location, utilization, or provider capacity. **(Annual training scheduled for September 2025)**

## SME Review of Transition Plans (Section VIII, Subsection G, page 13)

Implementation Strategy

The State will inform the SME that a setting other than the TPM's home, a family home, or an apartment was chosen as the TPM's most integrated setting appropriate to meet their needs when the State intends to count the transition to the site to meet the requirements of the SA. Information about the number of TPMs who moved to another type of setting will also be included in the biannual report. **(Ongoing strategy)**

**Progress Report:**

See Section VIII Performance Measure(s)

## Person-Centered Planning TA (Section VIII, Subsection H, page 13)

Updated Implementation Strategy

To ensure annual ongoing training, the State will use 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 DHHS Aging Services staff. The full development of the PCP competency training learning modules, hands on learning, train the trainer, and evaluation of competency components is complete. This curriculum will be completed by most of Aging Services staff by December 13, 2024. New hires will be required to complete the training in the first 12 months of employment with Aging Services.

In 2025, the State will implement the “Train the Trainer” portion of the curriculum throughout Aging Services. The State is considering using federal ARPA 9817 10% funds to hire a temporary staff person with an education degree and experience in adult learning to teach the train the trainer curriculum to Aging Services staff.

In 2025, the workgroup that was responsible for developing the PCP training competencies will meet again to determine the best way to roll this out. Aging Services supervisors and mentors will be trained in the Indicators of Competency and Evaluating Competency in Person-Centered Planning. **(Updated target completion date December 31, 2025)**

**Progress Report:**

The purpose of the Adult and Aging Services Section Person-Centered Competency Training Series is to provide a sustainable training and staff development program that combines instructional and experiential learning as a part of initial onboarding and ongoing professional development and performance management practices to support the core competencies for all Adult and Aging Services Division programs. The curriculum was developed through stakeholder engagement and workgroup processes that provided vital information and resources that were developed into five (5) training modules.

The North Dakota Adult and Aging Services Division Person-Centered Competency Training Series was developed in collaboration with the University of Missouri-Kansas City training, as sub-contracted by the Human Services Research Institute, National Center on Advancing Person-centered Practices and Systems (NCAPPS), North Dakota HHS, and the Adult and Aging Services Department. Five (5) modules have been developed in alignment with the NCAPPS competency domains for person-centered planning facilitation.

A train-the-trainer program for person-centered competencies has been developed. Supervisors of State staff will learn how to determine staff competency and will learn ways to remediate any gaps in knowledge identified through the process. The trainer kickoff meeting was held on July 31, 2025 and training will be held in the fall of 2025. Training for supervisors to determine competency will roll out in 2026.

## Person-Centered Planning Process and Practice (Section VIII, Subsection I, page 13)

Implementation Strategy

**Updated Strategy 1.** Through facility in-reach, community outreach, and increased public awareness of the ADRL and HCBS options, the State seeks to reach TPMs and assist them in receiving services in the most integrated setting appropriate. The State continues to complete person-centered planning with TPMs as required. There is no specific PCP benchmark for Year 5. By the end of Year 6 of the SA the State must conduct person-centered planning with an additional 670 TPMs.

**Progress Report:**

The State continues to engage with TPMs through person centered planning about care options in the most integrated setting. Long Term Services and Support Options Counselors (LTSS OC) complete person-centered planning with TPMs who first enter the SNF and then again annually. The state has already surpassed the number of PCPs required for Year 6. If a TPM wishes to have person-centered planning occur more frequently, the LTSS OC accommodates this request.

**Strategy 2.** Ensure that a PCP is completed with every TPM who requests HCBS and is still residing in the community. **(Ongoing strategy)**

**Progress Report:**

See Section VIII Performance Measure(s)

**Strategy 3.** The State has assigned a case manager to every SNF and hospital in the State. The case managers assigned to the facility are required to visit TPMs in that facility and provide person-centered planning at least annually. **(Ongoing strategy)**

Challenges to Implementation

Sufficient staff and system capacity to complete case management assignments and the person-centered planning process.

Remediation

With the assistance of the NF LoC vendor the State has developed a monthly report that lists TPMs by facility and by their original NF LoC determination date. The information in the report will assist the case manager in knowing who needs to be seen each month in each facility. Having the information will create efficiencies by allowing staff to schedule multiple visits at the same facility on the same day. The report will help the State keep track of the TPMs and ensure all TPMs are seen as required.

**Progress Report:**

See Section VIII Performance Measure(s)

**New Strategy 4.** To help ensure that New Americans, Native Americans, and members of other minority groups have equitable access to HCBS, the State submitted a waiver amendment to the Centers for Medicare and Medicaid Services (CMS) to add care coordination as an allowable task under HCBS case management. The provider qualifications were also updated to expand the types of Tribal entities and other culturally informed agencies that can provide this service and takes into consideration lived experience. TPMs who are at risk of losing their service provider or who would benefit from access to care coordination provided by an individual who shares their culture or native language will be eligible for this service. **(Waiver approved January 1, 2025; service will be ongoing.)**

HCBS Care Coordination services will include:

- Identifying needs and locating necessary resources to establish or maintain a stable and safe living arrangement,
- Coordinating, educating, and linking individuals to resources,
- Providing and establishing networks of support,
- Assisting with necessary paperwork and documentation to help gain access to services to ensure a stable and safe living environment, and,
- Assisting with the development of the PCP.

**Progress Report:**

HCBS Care Coordination was approved in the HCBS waiver. Three (3) Tribal entities are in the process of completing the requirements for enrollment to provide HCBS Care Coordination.

**New Strategy 5.** The State is collaborating with Economic Assistance and the integrated eligibility system named SPACES vendor to generate a report. The report will help identify people who have submitted pending Medicaid applications, ensuring that the State is aware that they are TPMs who need Options Counseling. Aging Services staff do not have direct access to this information due to the confidentiality rules, and the report will bridge the gap connecting Medicaid data with the daily list of individuals with approved NF LoCs. **(Estimated completion date ~~January 31~~ November 30, 2025.)**

**Progress Report:**

The State is working with staff from Medical Services to finalize the report from the vendor who will assist in identifying when or if the individual has applied for ND Medicaid. The

restrictions around sharing this data across DHHS have led to delays in finalizing the report.

**Updated Strategy 6.** The State, with the help of subject matter experts, designed one of the person-centered planning competency modules to address cultural humility and competency. As of November 2024, all Aging Services staff will be trained and required to meet these competency standards annually. New staff must complete the training within 12 months of their hire date. **(Ongoing strategy)**

**Progress Report:**

See Section VIII Performance Measure(s)

**Updated Strategy 7.** Ensuring access to interpretive services and translating informational materials into other languages.

The QSP enrollment portal will include tool tips in Spanish, French, Nepali, Arabic, and Bosnian. Applicants who need an interpreter to assist them in enrolling as a QSP can call the QSP Hub who will utilize an interpreter service when providing enrollment support**. (Completed January 1, 2025)**

**Progress Report:**

Beginning in 2025, Google Translate is available for use in the Enrollment Portal which affords additional access for providers who speak other languages.

The QSP Hub uses Corporate Translation Services to support providers with application support. During this reporting period the following languages were supported: Bosnian (60%), Spanish (20%), and Arabic (20%).

## Section VIII. Performance Measure(s)

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

- There is one (1) TPM whose most integrated setting is an agency adult foster care. In the expert opinion of the transition team members and the Power of Attorney (POA) this individual's barriers are best met in this setting, and he is doing very well in this setting.

Number of HCBS case managers who meet core person-centered competencies within the required timeframe.

- All HCBS case managers met person-centered planning competencies within the required timeframes. All case managers attend annual training and newly hired case managers take the training as part of the onboarding process.

Number and percent of PCPs reviewed during the State case management review that meet all Settlement Agreement requirements.

- A total of 147 PCPs were reviewed during this reporting period and 100% met the SA requirements.

Number of denials for TPMs requesting HCBS, associated appeals, and outcomes.

- Denials are not tracked by TPM status. The following denial data is based on all denials for HCBS recipients. The count is not unduplicated.

| Month/Year Request | Denial Reason | # of Denials |
|---|---|---|
| **December 14, 2024 – December 31, 2024** | Functional Eligibility | 3 |
| | Did Not Cooperate w/ Assessment | 1 |
| | No Services | 2 |
| **January 2025** | Financial Eligibility | 1 |
| | Functional Eligibility | 18 |
| | No Services | 2 |
| | Not in Agreement w/Services | 1 |
| | Did Not Cooperate w/ Assessment | 2 |
| **February 2025** | Functional Eligibility | 18 |
| | Financial Eligibility | 5 |
| | Did Not Cooperate w/ Assessment | 2 |
| **March 2025** | Functional Eligibility | 16 |
| | Financial Eligibility | 5 |
| | Did Not Cooperate w/ Assessment | 4 |
| **April 2025** | Functional Eligibility | 6 |
| | Financial Eligibility | 4 |
| | Health/Welfare/Safety Concerns | 2 |
| | Did Not Cooperate w/ Assessment | 6 |
| | No Services | 1 |
| **May 2025** | Functional Eligibility | 14 |
| | Financial Eligibility | 2 |
| | Did Not Cooperate w/ Assessment | 4 |
| | No Services | 3 |
| **June 1, 2025 - June 13, 2025** | Functional Eligibility | 11 |
| | Financial Eligibility | 2 |
| | Did Not Cooperate w/ Assessment | 1 |
| **Totals** | | **136** |

| Denial Reason | Denial Reason Definition |
|---|---|
| Did not cooperate w/Assessment | The individual or their legal decision-maker refused to answer assessment questions, or provide additional information that is necessary to determine functional eligibility |
| Financial eligibility | Individuals have income/assets that exceed program caps. |
| Functional Eligibility | Individuals are not impaired in enough ADLs/IADLs to meet eligibility requirements. |
| Health/Welfare/Safety Concerns | Individuals' needs cannot be met. The need exceeds service limits, or the individual is placing them themselves or their providers at risk. |
| No Services | The individual did not use any of the services that were authorized for more than 30 days. |
| Not in Agreement/Assessment | The individual or their legal decision-maker does not agree with the results of the assessment. Individuals may lack insight into why they are impaired in certain ADLs/IADLs. |
| Not in Agreement w/PCP | The individual or their legal decision-maker did not agree with the recommendations the case manager made regarding the type and amount of services that were needed. |

Number of unduplicated PCPs completed for TPMs in the community.

- 1,019 unduplicated PCPs were completed for TPMs living in the community during this reporting period.

Number of unduplicated annual PCP visits to TPMs in SNF.

- 474 unduplicated PCP visits were completed with TPMs residing in a SNF during this reporting period.

Number and percentage of PCPs produced by transition coordinators and reviewed by the State that meet all Settlement Agreement requirements.

- All 33 (100%) of the TPMs who transitioned this reporting period had their PCP reviewed by the State and met requirements.

## SA Section IX. Access to Community-Based Services

Responsible Division(s)

DHHS Adults and Aging Services

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

Implementation Strategy

**Updated Strategy 1.** The State compiled a list of potential services that will enhance the current service array and fill gaps in the service delivery system for potential inclusion in the 2025-2027 DHHS Executive Budget request. Services may be added to one or more of the state or Medicaid HCBS funding sources. The State will implement any of the new services and projects included in the Executive Budget Request if they are approved during the 2025-2027 Legislative session. **(Funded services will be known by June 1, 2025)**

**Progress Report:**

The services below were approved during the 25-27 Legislative session.

- State Rental Assistance funds – $300,000
- Transition and Diversion Support Services - $5,289,397

**Updated Strategy 2.** The State is still considering using presumptive eligibility to assist Medicaid applicants in accessing HCBS. The Agreement Coordinator has had ongoing conversations with the Medical Services Director, other states, and CMS. Recently, CMS issued new guidance on the use of presumptive person-centered plans of care, which could help TPMs access HCBS more quickly. The new guidance may have a similar effect of helping eligible TPMs to gain access to HCBS quickly. The State will continue discussions with stakeholders on how to best implement this in ND. **(Target completion date ~~June 30~~, January 1, 2026)**

**Progress Report:**

The State has drafted language and is working with Medicaid eligibility staff to develop a process for using interim care plans for waiver-eligible individuals who have been approved for presumptive eligibility while in the hospital. Once implemented, this process would allow individuals who wish to return home after a hospital stay to access in-home care upon discharge, helping them avoid the need for a stay in a skilled nursing facility.

## QSP Hub/Provider Models (Section IX, Subsection D, page 14)

Implementation Strategy

**Updated Strategy 1.** The State will continue to use MFP capacity building funds to maintain the work of the QSP Hub operated by the Center for Rural Health at UND. The QSP Hub assists TPMs who choose their own individual QSPs to successfully recruit, manage, supervise, and retain QSPs. The QSP Hub will also help TPMs to understand the full scope of available services and the varying requirements for enrollment, service authorization, and interaction with HCBS case management.

The State worked with the QSP Hub to develop a performance measure to evaluate the success of the support provided by the QSP Hub to TPMs who request assistance with self-direction. The State will track the number of agencies and individual QSPs that were

given technical assistance by the Hub and the number who were successfully enrolled as a provider.

**(Ongoing strategy funded through September 2025)**

**Progress Report:**

Of the 20 agencies that were newly enrolled as a QSP as of June 13, 2025, 80% or (16) of the agencies received technical assistance from the QSP Hub. Of the 210 individuals enrolled during this same period 62% (131) of these new providers received technical assistance from the QSP Hub. The QSP Hub supported a total of 147 providers (64%) that were enrolled during this reporting period. The QSP Hub also fields hundreds of calls from QSPs which has reduced the number of provider calls that used to be fielded by the HCBS Case Managers and QSP Enrollment.

The State is using MFP Capacity funds to continue to contract with the QSP Hub through September 30, 2027.

**Updated Strategy 2.** To reduce the responsibility of individual QSPs and improve the recruitment and retention of providers statewide, the State will determine the feasibility of implementing any changes to the provider model or include formal self-direction policies in the HCBS waiver and Medicaid State Plan – Personal Care programs. If a decision is made to adopt this model, we would request Legislative appropriation during the 2027-2029 legislative session.

Challenges to Implementation

Formal self-directed service options are part of most Medicaid funded HCBS. States can collect Federal Medical Assistance Percentage (FMAP) for self-directed services if approved by CMS. However, because most of the in-home services provided to eligible individuals in ND are funded under the State's Service Payments to the Elderly and Disabled (SPED) program, additional state general fund appropriations would be required to pay for the fiscal intermediary services required under formal self-direction.

Remediation

The State will take all factors into consideration when determining what, if any, new provider models are needed to ensure TPMs can live in the most integrated setting appropriate to their needs. The State will determine the feasibility of a variety of provider models including the co-employer/agency with choice model and a QSP rural cooperative.

The State will also consider the significant investment in creating systems to improve the QSP enrollment experience completed over the past few years to make the final decision. System investments include the QSP Enrollment Portal, QSP registry ConnecttoCare, free access to Electronic Visit Verification (EVV) and the documentation and billing submission system. These investments have shifted much

of the administrative burden off the providers. **(Updated Target completion date for decision December 1, 2025)**

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

Updated Implementation Strategy

TPMs cannot be categorically or informally denied services. Policy requires 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. TPMs and HCBS applicants are made aware of the right to appeal any decision to deny/terminate/reduce services by maintaining information in the Application for Services form and the "HCBS Rights and Responsibilities" brochure. **(Ongoing strategy)**

**Progress Report:**

See Section IX Performance Measure(s)

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

Implementation Strategy

**Strategy 1.** HCBS policy includes the process to request a reasonable modification for review and consideration. Some requests for reasonable modification may conflict with the ND Nurse Practices Act, N.D. Cent. Code § 43-12.1. The State will continue to meet with the Board of Nursing to review all medically related reasonable accommodations to review trends and make recommendations for policy or legislative changes that will allow more TPMs to live at home and receive necessary healthcare. **(Ongoing strategy)**

**Progress Report:**

Regular biannual meetings are held with the North Dakota Board of Nursing to review accommodations and provide updates. The most recent meeting took place on May 6, 2025, during which we discussed the ongoing approach to accommodation. It was affirmed that the Department will continue to process all nursing accommodations as special approvals, even when they involve common medical tasks, to ensure proper training and oversight in the provision of care.

**Updated Strategy 2**. The State will track all requests for reasonable modification to identify trends in service gaps, location, utilization, or provider capacity. Reports are reviewed at a quarterly meeting attended by all DHHS Divisions that administer HCBS. Strategies to address identified issues will be established and included in future revisions of the IP**.**

The most common modification requests in 2024 include requests to:

1. Modify extended personal care services to allow individuals to receive a ride and

escort to medical appointments because of communication or other impairments.

Because of the number of requests received to modify this service, the State submitted a waiver amendment to CMS to make this an allowable task. If approved, case managers will no longer need to request a modification of policy for this purpose because it will become a permanent part of the service. **(Completed January 1, 2025, and ongoing)**

1. Allow a Registered Nurse to teach an individual QSP how to administer insulin, narcotics, and complete wound care tasks for specific clients.

   The accommodations requested to modify the nurse practice act need to be approved based on the medical needs of each individual so a request to make any of these tasks a permanent part of the rules will not be requested at this time.

**Progress Report:**

See Section IX Performance Measures(s)

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

- See Strategy 1. and 2. listed in Section IX.E and the associated measure also apply to this section.

## Service Enhancements (Section IX, Subsection H, page 15)

**Updated Strategy 1.** Continue to recruit and retain residential habilitation and community-support services funded under 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 by assisting up to five (5) additional eligible agency QSPs in US DOJ SA Year 5 with paying for their CQL accreditation. **(The State has funding available through June 30, 2025, or until funds are expended.)**

**Progress Report:**

See Section IX Performance Measure(s)

The State enrolled seven (7) QSPs to provide these services so far in 2024. The State provided funds to pay for CQL accreditation to six (6) agency QSPs. Three (3) of the agencies have been enrolled and three (3) are working on accreditation and are on track to be enrolled soon. Paying for initial CQL accreditation has been an effective strategy for recruiting QSP agencies. There are currently 31 community supports residential habilitation providers currently enrolled. As of June 13, 2025, 104 TPMs are receiving 24-hour support using these services.

**Updated Strategy 2.** Continue to use the rate augmentation fund to reimburse providers for additional expenses incurred while delivering authorized services to HCBS recipients.

These additional funds can cover costs such as employee travel, training, and employee wait time between serving clients. The fund may also offer incentives for Agency QSPs to pursue additional staff training in caring for individuals with dementia, TBI, or behavioral health issues. Additionally, the funds can be used to contract professionals to develop individualized program plans that mitigate known risk while supporting clients in the most integrated environment. The primary requests that have been made to this fund are requests to pay for supplies to complete chore services, and requests to pay a second provider to assist with physically demanding care like transfers, or for two (2) staff to be in the home to ensure the providers safety. **(Ongoing through October 31, 2025)**

**Progress Report:**

The rate augmentation fund will be available until the close out date of the 9817 10% plan fund which will take place in November 2025. There have been two (2) new requests for rate augmentation during this period. One was for an ambulance to move a TPM to a new apartment in a different city. And one (1) was for equipment and Personal Protective Equipment supplies needed to provide the care for a TPM.

**Updated Strategy 3.** Implement the following services and enhancements to the HCBS delivery system that were included in the 2023-2025 DHHS budget.

The State was appropriated $351,000 in the 25-27 biennial budget to enhance the quality of HCBS, to reimburse QSP agencies enrolled in providing personal care to maintain on-call staff. However, with 168 agencies enrolled in providing personal care, there are not enough funds to cover on-call staff for every agency. To address this, the State will establish a competitive grant process. This will allow agencies currently serving HCBS recipients to apply for funds, either to provide stipends for on-call staff or to hire “floater” positions. The floaters will be available on demand to address urgent needs, such as when a scheduled staff member is unable to complete their shift or in other unexpected situations**. (Target completion date ~~February~~ September 1, 2025, and on-going)**

**Updated Strategy 4.** Provide behavior intervention consultation and support direct service providers. The State is aware that oftentimes it is difficult to find HCBS providers who can, and will, serve clients with behavioral health needs. Strategies to increase these services could include establishing resources for QSPs and other HCBS providers to access, that would create behavior intervention plans, helping staff with high need/high complexity cases, and offering consultation to in-home providers as needed. The State is working with the Behavioral Health Division to identify providers in ND who already provide this service. Provider agreements will be established with qualified entities and training will be conducted with the HCBS Case Managers, so they know how to access these services. **(Target completion date January 1, 2025, and ongoing)**

**Progress Report:**

The State has recently entered into a provider agreement with behavioral analysts to help support individuals who have both behavioral health and physical health needs. The goal

with this service is to follow the TPMs through the transition and diversion process to support their behavioral health needs while in the facility and post transition.

**Updated Strategy 5.** Aging Services staff are working with the Behavioral Health Division and the State Hospital to streamline transitions and improve working relationships and expectations of the role that the behavioral health community has in ensuring the health and welfare of transitions involving TPMs with co-occurring mental health and substance use disorders. Representatives from each of these areas are participating in person-centered planning team meetings and developed a set of goals and training expectations for providers.

The overarching goals and vision are to create a systematic approach to work with individuals with co-occurring physical and behavioral health needs.

The group identified the following types of training that would help a QSPs support individuals with behavioral health issues.

- Motivational behavior changes and de-escalation training.
- Interventions to use when encountering TPMs who are actively using drugs.
- General mental health awareness and personal resiliency.

The group is also recommending there be ongoing consultation and crisis intervention support for providers working with someone who is in crisis because of a mental health or substance use issue. The IP contains additional strategies to implement these goals during Year 5. **(Ongoing Strategy to collaborate with behavioral health community)**

**Progress Report:**

Aging Services offered free training through Therapeutic Options to strengthen Residential Habilitation and Community Support providers' ability to train their employees in managing co-occurring behavioral health concerns that can be a barrier to successful community living. Several central office staff from Aging Services also attended and are now qualified to teach the curriculum to other team members.

The training was held in Fargo from June 23–26, 2025, and in Bismarck from July 14–17, 2025. A total of 21 individuals attended, including 16 staff from 15 different QSP agencies and five (5) staff from Aging Services. Individuals who complete the training must be recertified after one (1) year; following that, the certification will be valid for two (2) years. The training also includes ongoing consultation support from Therapeutic Options.

**Updated Strategy 6.** The State will work with behavioral health subject matter experts to create a process for Community Support and Residential Habilitation agency QSPs to earn a behavioral health endorsement as part of QSP enrollment. The endorsement would be earned after agency leadership (i.e. owners, registered nurses, field staff supervisors) complete specialized training that will provide them with additional skills to help support TPMs with behavioral health needs. The State, with the help of the State Hospital, has

identified the type of training that will be provided. Training will include de-escalation, positive behavioral support, trauma and trauma informed care, crisis support, and personal protection skills. The State will offer grant opportunities to pay the costs of sending agency staff to attend the training. This educational opportunity is based on a train the trainer model, so the leaders of these organizations have the capacity to train their field staff. In the future, the State will also consider the feasibility of paying a higher rate to QSPs that have this endorsement when working with TPMs who need this level of specialized training to ensure successful community living. **(Target completion date December 13, 2025, and ongoing)**

**Progress Report:**

Adult and Aging services have entered into a contract agreement to provide the Community Supports and Residential Habilitation providers with four (4) days' training in two (2) locations in the state. This will be a train-the-trainer model, and the agencies will then supply the State with an implementation plan for the training. The trainers will be certified for one (1) year following completion and recertified every two (2) years. The training also includes consultation support from Therapeutic Options.

**New Strategy 7**. The State will work to procure a vendor that could teach motivational interviewing to Aging Services staff and the management staff of QSP agencies that are enrolled to provide Residential Habilitation and Community Supports. **(Target completion date ~~July 1~~, November 30, 2025)**

**New Strategy 8.** The HCBS Program Administers and HCBS Case Management Supervisors will be meeting regularly with the Statewide Human Service Center Administrator who is a Licensed Psychologist, to discuss current needs and trends being identified by HCBS staff and ways that the State's Behavioral Health System can collaborate to meet the needs of this growing population. **(Started October 2024, and ongoing)**

**Progress Report:**

Meetings have been held with the Statewide Human Service Center (HSC) Administrator. Minot HSC is the furthest along in the process of becoming a Certified Community Behavioral Health Clinic (CCBHC). The HCBS Program Administrator and territory staff from that area recently met with the Minot HSC clinical director, administrator, and community liaison. As the remaining HSCs get closer to becoming a CCBHC, similar meetings will be scheduled with the hopes of developing strong working relationships that will improve the behavioral health services available to TPMs.

**Updated Strategy 9.** Continue to educate QSPs about the existence and availability of crisis services that can assist when a TPM being supported in the community has a mental health crisis. The services include the mobile crisis team and crisis facilities.

The mobile crisis team is coordinated through the State's Human Service Centers (public behavioral health clinics). The mobile crisis team can meet a person where they are,

whether this is their home, work, school, or other location. These services are provided by Human Service Center staff or contracted providers in Bismarck, Fargo, Jamestown, Grand Forks, Williston, Minot, and Dickinson. Services will be available in Devils Lake once a provider is found.

What the mobile crisis team offers:

- Stabilizes the crisis quickly.
- Assess for risk of harm to self/others.
- Helps problem-solve by connecting the person to services and resources.
- Provides after-crisis support.

Crisis facilities also offer walk in support at a crisis facility 24 hours 7 days a week for a brief screening in the Bismarck, Fargo, and Jamestown regions. Individuals can walk in and receive short-term, recovery-focused services to help resolve a behavioral health crisis. This could also include one or more overnight stays. Services include withdrawal management, supportive therapy, and referrals to needed services.

Individuals can also walk into any human service center between 8:00 a.m. and 5:00 p.m. CST for a behavioral health screening. Mental health professionals work one-on-one with people to assess their situation and help them connect to services either at a human service center or community provider to prevent a future crisis.

If a TPM cannot physically get to a Human Service Center or contracted provider for a behavioral health screening the case manager may request that a reasonable modification to the “walk-in” policy be made. The mental health professionals may make a home visit or other modifications to ensure they have access to necessary care.

Another resource QSPs can use is the 988 Suicide and Crisis Lifeline funded by the Substance Abuse and Mental Health Services Administration. This service is available across the United States and offers 24/7 call, text, and chat access to trained crisis counselors who can help people who are experiencing suicidal, substance use, or other mental health crises or emotional distress. This service is provided via contracted providers in North Dakota and is a direct connection to immediate support and resources for anyone in crisis. **(Ongoing Strategy)**

**Progress Report:**

The HCBS Case Managers continue to make many referrals to 988 services and remind TPMs, providers, and families about the existence of mobile crisis services at the Human Service Centers. If the mobile crisis team feels that the situation is not appropriate for them to respond, the callers are often advised to call law enforcement.

**New Strategy 10**. The State intends to convert every Regional Human Service Center to become a Certified Community Behavioral Health Clinic (CCBHC). This model is designed

to ensure access to comprehensive behavioral health care. CCBHCs are required to serve anyone who requests mental health or substance use treatment, regardless of their ability to pay, where they reside, or age. CCBHCs are required to get people into care quickly and must provide: 24/7 crisis services, comprehensive services that reduce the need for multiple providers, and care coordination to help people navigate health care, social services, and other systems. The Behavioral Health Division requested legislative authority to develop a state certification during the last Legislative session. Considering other regulatory timelines, the first clinics should be able to apply for certification late spring/summer 2026.

Staff from Aging Services will be meeting with the clinical director of the HSC quarterly to talk about common cases and the issues TPMs face in accessing quality behavioral health services. Additional IP strategies will be created as we collaborate more with the Human Service Center leadership. **(Ongoing Strategy)**

**Progress Report:**

See response in Section IX.H. New Strategy 8

## Section IX. Performance Measure(s)

Number of QSPs offering on-call services.

- Request for a competitive grant proposal will be completed by September 1, 2025

Number of TPMs who self-direct or who express interest in self-direction who are supported by the QSP Hub.

- The QSP Hub provided technical assistance regarding self-directed support 45 times during this reporting period. There were only seven (7) individuals that identified themselves as a TPM. The others were family members, medical providers, and others advocating for the TPM.

Number of outreach efforts to increase awareness of the role of the QSP Hub.

- The QSP Hub completed nine (9) community outreach events to promote awareness of the QSP profession. This included high school events and career events in areas that need providers.

Number of TPMs receiving extended personal care.

- There were 122 TPMs receiving Extended Personal Care services during this reporting period.

Number of QSPs successfully enrolled to provide residential habilitation and community support services.

- A total of 31 agencies are enrolled in both Residential Habilitation & Community Support services. Four (4) new agencies enrolled during this reporting period.

- Council on Quality and Leadership (CQL) funding was paid for one (1) new agency to start CQL accreditation. There are four (4) existing agencies who were also given funds to finish their CQL accreditation. There were 76 individuals who received 24-hour care in this reporting period.

- Number of appeals filed after a denial of a reasonable modification request.

    - There were no appeals of any reasonable modification denials during this reporting period.

  Number of requests for reasonable modifications received and outcome of those requests per reporting period.

    - There were 46 approved requests for reasonable modifications during this reporting period.

| Month/Year Request | Service | # of Approvals |
|---|---|---|
| **December 14, 2024 – December 31, 2024** | Medical Transport/Escort | 1 |
| | Nursing Tasks | 1 |
| **January 2025** | Nursing Tasks | 9 |
| **February 2025** | Medical Transport/Escort | 2 |
| | Nursing Tasks | 6 |
| **March 2025** | Nursing Tasks | 9 |
| **April 2025** | Nursing Tasks | 9 |
| **May 2025** | Nursing Tasks | 7 |
| **June 13, 2025 – June 13, 2025** | Nursing Tasks | 2 |
| **Totals** | | **46** |

## SA Section X. Information Screening and Diversion

Responsible Division(s)

DHHS Aging Services & Medical Services

## LTSS Options Counseling Referral Process (Section X, Subsection A, page 15)

Implementation Strategy

The current LTSS OC referral process requires staff to complete the State Form Number (SFN) 892 – Informed Choice Referral for Long-Term Care form during each visit. The form requires a signature from the TPM or their legal decision maker to confirm they received and understand the required information. Educational materials to help TPMs understand their options have been developed and are required to be used during each visit. **(Ongoing strategy)**

**Progress Report:**

See Section X Performance Measure(s)

## 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 LTSS OC 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 requires 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. **(Ongoing strategy)**

Challenges to Implementation

HCBS case managers may not know if a community-based version of a SNF service exists. Requests for necessary services may involve supports provided through external providers or various Divisions within DHHS including Aging Services, Medical Services, Developmental Disabilities, Behavioral Health, Vocational Rehabilitation, or the Human Service Centers.

Remediation

The State will continue to hold a bi-weekly interdisciplinary team meeting to staff necessary but unavailable service requests with staff from Aging Services, Behavioral Health, Developmental Disability, 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 meeting can also include other DHHS divisions who may be involved in the TPMs care. Division staff discuss reasonable modification requests or staff situations where it is unclear which HCBS waiver or State plan benefit would best meet the needs and wishes of the TPM. **(Ongoing strategy)**

**Progress Report:**

See Section X Performance Measure(s)

**Updated Strategy 2.** Continue to conduct an annual NF LoC screening for all Medicaid recipients living in a SNF. The NF LoC determination vendor provides written reminders to the SNF that the annual level of care is due. **(Ongoing strategy)**

**Progress Report:**

This is an ongoing process.

Challenges to Implementation

If a TPM residing in a SNF fails to screen at a NF LoC during the annual redetermination, Federal Medicaid rules require them to be discharged within 30 days. This could negatively impact TPMs who need sufficient time to transition back to the community.

Remediation

If an individual will no longer meet NF LoC criteria, the SNF can request that the State put an administrative hold on the current NF LoC screening for up to 120 days. This will give the SNF and transition team time to create a safe discharge plan for a return to community living. **(Ongoing strategy)**

**Progress Report:**

There was one (1) individual whose NF LoC required the State to complete an administrative hold to assist in forming a safe discharge plan during this reporting period.

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

Implementation Strategy

The SME drafted a Diversion Plan during the first year of the SA as required with input and agreement with the State. The State implemented or has incorporated recommendations included in the Diversion Plan in the last four (4) years. The SME was not required to write updated plans and now makes recommendations to the state in the SME compliance report and during weekly meetings with the State. Therefore, the SME Diversion Plan is no longer included as an appendix to the IP.

Link to May 2025 SME Report

## Section X. Performance Measure(s)

Number of individuals reached through group SNF in-reach presentations.

- Annual presentations have begun for 2025 and will continue over the next several months. So far 261 individuals have attended presentations at 20 SNFs.

Number and percent of unduplicated LTSS OC visits made to TPMs residing in home, hospitals, and SNFs.

- There were 548 unduplicated visits during this reporting period.
    - SFN – 330 (66%)
    - Hospital – 141 (28%)
    - Home/Community – 8 (2%)
    - Swing bed – 19 (4%)

Number of unduplicated annual PCP visits to TPMs in SNFs.

- 474 unduplicated PCP visits were completed with TPMs residing in SNFs during this reporting period.

Number of cases staffed per interdisciplinary team meetings and outcomes.

- There were 37 interdisciplinary staffing that involved 34 unduplicated individual cases during this reporting period. Note: some individuals have been staffed more than once.
    - December 14, 2024 – December 31, 2024 – 1
    - January 2025 – 4
    - February 2025 – 13
    - March 2025 – 5
    - April 2025 – 9
    - May 2025 – 5
    - June 1, 2025 – June 13, 2025 – 0

- The outcomes of the staffing's include:
    - Providing case managers with directions on how to effectively mitigate risks and develop a thorough risk assessment.
    - Guidance on how to interact with individuals who struggle with behavioral health symptoms.
    - Collaboration between the staff within behavioral health; developmental disabilities, vulnerable adult protective services, MFP/ADRL transitions, and other community agencies to provide

comprehensive services; and
- Providing overall technical assistance and education as to how services may be authorized to fit the needs of consumers.

# SA Section XI. Transition Services

Responsible Division(s)

DHHS Aging Services

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

Implementation Strategy

**Updated Strategy 1.** The State will continue to 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 may include short-term 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 to a transition team. The transition team includes an MFP transition coordinator, HCBS case manager, and a housing facilitator. The Transition Team will jointly respond to each referral with the MFP transition coordinator responsible for taking 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. **(Ongoing strategy)**

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

- Continue to evaluate the current capacity of the MFP transition coordinators in Bismarck, Grand Forks, Minot, and Fargo to determine if additional FTEs are needed. If the State determines there is a need, the State will request funds in future MFP budgets which requires approval from CMS.

- Provide technical assistance, training, and contract monitoring of the CIL transition coordination contracts to continue to address the need for the MFP

transition coordinators to provide high quality transition support statewide and consistently adhere to required policy and procedures. Guidance will be tailored to meet the needs of each CIL region. If significant enough problems are found, CILs will be required to submit a corrective action plan that is approved by the State to mitigate the issues.

- CIL transition coordination contracts require the CILs to attempt to hire additional staff to meet the demand for transition coordination in their service territory.

**Progress Report:**

Each CIL completed its contract monitoring cycle. One (1) CIL was required to submit a corrective action plan to address findings identified during its contract compliance review. Another CIL was found to have insufficient staff capacity to meet the current demand for services; however, recent hires are expected to help alleviate the issue. While there has been some general staff turnover across the CILs, the remaining three (3) agencies have been able to fill vacancies quickly.

**Strategy 2.** Continue to enhance MFP supplemental services. These services are one-time to short-term services to support an MFP participant's transition that are otherwise not allowable under the Medicaid program. The State continuously gathers input from stakeholders and transition coordinators to design and implement additional supplemental services to assist TPMs in transitioning to the community. **(Ongoing Strategy)**

**Progress Report:**

The State requested short-term rental assistance as a supplemental service through MFP and is awaiting CMS approval. The State will continue to offer State rebalancing housing assistance and State TPM rental assistance services.

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

**Updated Strategy 1.** The State will continue to require that transitions that have been pending (pending means from date of signed consent) for more than 90 days are reported to the MFP program administrator. The MFP State staff will facilitate a team meeting to staff the situation with the transition coordinator, HCBS case manager, and housing facilitator and provide more intensive attention to the situation to remediate identified barriers preventing timely transition. Transitions that have been pending for more than 100 days are also reported to the SME. The Agreement Coordinator will be responsible for securely forwarding a list of the names of TPMs whose transition has been pending for more than 100 days. The report will include a description of the circumstance surrounding the length of the transition. The State currently tracks the days from signed consent to transition. **(Ongoing strategy)**

Updated Challenges to Implementation:

The SA requires that transitions take no more than 120 days. Although the State agrees that is an appropriate goal for most transitions, some transitions take longer than the 120 days because of the complex needs of the TPM. Rushing transitions can result in unsafe discharge. In some cases, considerable barriers to transition need to be met before a plan is made to move back to the community. For example, TPMs may have an upcoming surgery, or need to learn to use prosthetics before they are ready to transition. If transitions are going to be successful it is necessary to take the time to develop a solid transition plan. The State will continue to work with the SME to further address this issue.

Of the 139 completed transitions in Year 4 of the SA, 102 (73%) of TPMs were transitioned within 120 days. Twenty-seven (27 %) percent took longer than that. TPMs who transitioned using the Transition and Diversion Services Pilot Project (TDPP) were all transitioned home in 60 or less days. This pilot program does not require a TPM to have resided in the nursing home for 60 or more days. This is a requirement of MFP. The State believes that this can be attributed to a shorter length of stay, helping to make transitions more successful. If people have recently entered the nursing home and indicate a desire to move to the community, steps can be taken to help them keep their housing, and secure their income, facilitating a smoother transition.

**Progress Report:**

Of the 33 transitions completed so far in Year 5, 24 (63%) percent were completed in less than 120 days, and 14 (37%) percent took longer than that. Transition team members and administrative staff continue to meet monthly to review these cases and use three (3) reports (closed, active, and transitioned). The State is creating a process to develop a pending list to track individuals who are interested in transitioning but may want to be seen less often because they are working on removing a large barrier to community living, have upcoming medical procedures, are awaiting disability income, etc. that may be impacting the amount of time it takes to transition.

**Updated Strategy 2.** The State will continue to 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. In 2024, 95 TPMs had a quarterly review because they were waiting for transitions for 90 or more days. The State identified the following issues to be the top 10 barriers to TPMs accessing community living. TPMs may have barriers in multiple areas. An update to the Settlement Agreement requires the State to design and implement two (2) new strategies to mitigate barriers TPMs face when trying to transition to the community. The strategies are contained throughout this section.

**Progress Report:**

| **Top 10 Barriers to Transition 12/14/2024-06/13/2025** | N=45 |
|---|---|
| **TPMs on 90+ day Active Transition List** | |
| Accessible unit needed | 26 |
| Needs housing voucher | 19 |
| Needs a provider | 12 |
| Credit issues | 11 |
| Eviction history | 10 |
| 24/7 provider needed | 10 |
| Lack of documents | 9 |
| Housing modifications | 8 |
| Not Medicaid eligible | 8 |
| Special equipment needed | 7 |

See Section XI Performance Measure(s)

**New Strategy 3.** Recent changes to the US Department of Housing and Urban Development rules and other challenges have made accessing federal housing assistance increasingly difficult, highlighting the growing importance of State-funded housing resources. To maximize the use of federal rental assistance, the State plans to request the use of MFP supplemental services funding to cover rent for TPMs for up to six (6) months. If further support is needed beyond this period, State-funded rental assistance will cover the remaining costs. This strategy, contingent on CMS approval, requires the development of a CMS approved, individualized housing plan. Additionally, a TPM rental payment agreement must be signed to ensure TPMs understand their responsibility for paying their portion of the rent. This agreement clarifies program expectations and helps TPMs better understand the MFP benefits they receive. The State tracks the number of TPMs who receive State or federally funded rental assistance. The goal of this strategy is to reduce the number of TPMs waiting for affordable and accessible housing and to decrease the number of days it takes to transition. **(Completed July 2025)**

**Progress Report:**

See Section XI Performance Measure(s)

**Updated Strategy 4**. Addressing the issue of finding a provider, especially one available 24/7, ranks high on the list of the most common transition barriers. However, these numbers can be misleading because in most cases, the transition coordinators don't start searching for a provider until the housing issues are resolved. The State will change the way we track future data and will not include finding a provider as a barrier unless providers are actively being sought. Many TPMs needs can be met through Residential Habilitation and Community Support Providers and there are 31 providers currently enrolled to provide these services. However, many of them are limited to serving people in the Fargo area. The

State will continue to offer assistance for obtaining initial CQL accreditation for up to five (5) additional agencies who want to enroll to be Residential Habilitation and Community Support Providers**.** The State will track the actual number of TPMs who are waiting to transition because they can't find a provider and the number of Agency providers who have been assisted to enroll. **(The State has funding available to assist with CQL accreditation through June 30, 2025, or until funds are expended.)**

- Section IX Subsection H updated strategy 1 also applies to this section.

**Progress Report:**

See Section IX. Performance Measure

**New Strategy 5.** To address the barrier of TPMs not receiving the correct durable medical equipment (DME) upon discharge from a SNF, the State is collaborating with facilities to implement a targeted solution. Certain aspects of discharge planning are best managed by facility staff, including securing the necessary doctor's orders for DME to ensure the TPM's safety after discharge. However, delays often occur when facilities do not promptly order the equipment or fail to submit insurance claims in a timely manner.

To enhance the understanding of the DME process among MFP staff and empower them to advocate effectively for the required equipment, the Medical Services Program Administrator for DME conducted a training session. MFP staff received guidance on DME eligibility and authorization processes and were encouraged to reach out to the Program Administrator directly if they encounter issues with DME approvals.

The State anticipates a reduction in errors related to DME access and will monitor and address this issue, reporting results in future semiannual updates. **(Training completed on October 16, 2024, ongoing strategy)**

**Progress Report:**

Training was completed on October 16, 2024 by the Program Administrator in Medical Services who oversees the DME program. A training document and contact information were provided to the Transition Coordinators and Housing Facilitators for assistance when they are working with individuals to prepare for a safe discharge. The State believes that there is a need for education at the physician and facility level. We may consider adding training on this topic to our annual SNF training agenda.

**New Strategy 6**. Transition teams may have questions about whether a TPM has the capacity to consent to receive MFP transition supports. The transition team's first step is to send a letter to the SNF to determine if any advanced directives are in place and to understand how the TPM consented to care in the facility. In some cases, the TPM has a legal decision-maker who does not support the TPMs transition plan. The transition team uses a person-centered approach to mediate conflicts and, when a guardian has decision-making authority over the individual's healthcare and residence, their consent is required

for the transition to happen. If needed, a neutral third party may be involved to facilitate resolution.

In other cases, a TPM has no legal decision-maker and can legally give consent to transition. But there may still be concerns regarding transition: for example, finding housing can be challenging if landlords are reluctant to rent to an individual who they feel may not understand the legal obligations connected with signing a lease or a TPM's transition may be delayed while they are waiting for a capacity determination.

To address these issues, the State plans to collaborate with Legal Services of ND, Protection and Advocacy, and other stakeholders to explore solutions. These may include identifying mediators, training peer supports as supportive decision-makers, and developing resources to educate TPMs about their rights to make their own decisions and what steps to take if they feel their guardian is not respecting their needs and preferences. The State will track meeting dates and suggested recommendations for the development of future strategies that will be added to the IP. The State will draft educational materials and track the number of TPMs who were assisted in advocating for their right to live in the community and the outcomes of any third party or peer support attempts to mediate these situations that led to successful transition. **(Target completion date to draft recommendations, educational materials, and assignment of third neutral third party/peer support ~~August 1~~ November 1, 2025)**

**Progress Report:**

Capacity has been documented as a barrier/concern in some monthly 90+ day reviews.

The State has drafted a FAQ document regarding guardianship and informed consent law in ND. The document will be shared with the SME and DOJ team for their review and input. Once complete, the Legal Advisory Division will conduct training with all Adult and Aging Services staff.

A workgroup meeting will be held with the stakeholders mentioned in the above strategy later this year. During the last Legislative session, a bill to require the devolvement of a Statewide Guardianship agency was passed. During a recent US DOJ SA stakeholder meeting there was feedback that suggested we may need to wait to have these types of discussion with a broader stakeholder group until that agency is up and running. The agency will start in April 2026. The State will involve the director and agency staff in future discussions involving TPM capacity and healthcare consent issues.

MFP has implemented a new process to check and see if new referrals have a guardian prior to their first meeting with the participants. The 90+ day list now includes a section that clearly indicates which TPMs have a guardian.

**New Strategy 7.** To address credit and personal finance barriers due to not paying bills, bad debt, and difficulty budgeting money. TPMs will who have this issue listed as a barrier will be referred to take the SmartwithMyMoney.nd.gov program. Link to website This free website allows individuals to create an account, take a research-based financial personality

assessment, and learn how their personality affects their money decisions. The program also seeks to improve financial knowledge by providing information on key topics designed to help people make sound financial decisions. The site offers personalized learning resources to improve financial literacy. The State will track the number of TPMs who complete the training and then become eligible to get assistance with paying their previous debt to remove the barrier. **(Implemented August 2024 and ongoing)**

**Progress Report:**

- **Dakota CIL**: Two (2) TPMs completed the course; one (1) case is now closed, and the other individual is still working to address this barrier to transition.
- **Independence, Inc. CIL**: One (1) individual considered the course but chose to use a representative payee service instead.
- **Options Resource CIL**: Offered the course to one (1) individual who has not yet committed to completing it.
- **Freedom Resource CIL**: No individuals completed the course during the reporting period.

The Transition Coordinators and Housing Facilitators met with the *Smart with My Money* trainer on June 18, 2025, to learn more about the platform. Currently, users must create an account and log in to access the courses. Aging staff inquired about the possibility of printing training materials for individuals to use as a reference while taking the course and are awaiting a response from the platform.

**New Strategy 8.** To address the barrier of missing essential documents such as a State identifying document (ID) or birth certificate required for federal housing and other assistance, the Housing Facilitation Referral assessment will now ask if they have a valid ID, birth certificate, and proof of citizenship status. If any documents are missing, Housing Facilitators and Transition Coordinators will immediately begin assisting them in obtaining these, reducing the chance of transition delays. **(Implementation date January 1, 2025)**

**Progress Report:**

During the initial assessment completed by the Housing Facilitator TPMs are asked if they have identification, a birth certificate etc. as these are important documents when trying to access services. If they are missing any important documents the Housing Facilitators will help them get the documents so it’s not a barrier to timely transition.

**Updated Strategy 9.** The State contracted with Legal Services of ND to hold scheduled “futures planning” events and to distribute tool kits to educate HCBS recipients about the need to take steps now to ensure their health care and other wishes are known in the event they become incapacitated. The goal of the in-person events was to provide education and have a completed durable power of attorney for health care or other legal documents that are ready to be shared with their family and healthcare providers by the end of each event.

Legal Services also held monthly educational webinars from November 2024 – March 2025. HCBS recipients who want to create advance directives can also schedule a virtual appointment with attorneys from Legal Services. The State tracked the number of HCBS recipients who attended the events and completed advanced directives to include in future reports. **(Completed April 1, 2025)**

**Progress Report:**

Twenty-six (26) webinars or in-person events were held throughout the state during this reporting period at various locations. Seventy-one (71) directives/POAs were completed at these events. The State is exploring the possibility of continuing to offer futures planning to HCBS recipients now that the ARPA 9817 funds are ending and will provide updates in future reports.

**New strategy 10.** Deciding to move from a SNF and back into the community is a significant decision. Some TPMs have not lived independently, managed a household, or been responsible for tasks like paying bills, buying groceries, or maintaining utilities for a very long time. Additionally, TPMs might worry about accessing necessary care and living without 24-hour in-person support, even if they no longer require that level of care. These concerns can lead to hesitation or uncertainty about transitioning, and it may take time for them to fully consent to a move.

Some TPMs may struggle to identify exactly what's holding them back from setting a transition date and may benefit from talking to individuals with lived experience who can guide them through the process. To support this, the State will pilot a peer support program using individuals already trained to provide peer support in ND. TPMs who have been waiting to transition for six (6) months or longer will be offered an opportunity to work with a peer support provider. This will give them a chance to explore their thoughts, address their concerns and make a more informed and timely decision about community living. The State will track the number of TPMs who are using peer support and if the service helped them come to a decision about transition. **(Target implementation date January 1, 2025)**

**Progress Report:**

See Section XI Performance Measure(s)

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

Updated 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 LTSS OC 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 five (5) business days of the original referral an HCBS case manager is assigned, and the team must meet within 14 business days to begin to develop a PCP. The MFP transition 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 up to one (1) year post discharge. The HCBS case manager also provides ongoing case management assistance.

If the discharge date is within two (2) weeks or less, the entire transition team is notified so everyone is aware that they need to act and finalize their assignments before the transition date. **(Ongoing strategy)**

**Progress Report:**

The State is working with our vendors to determine if the addition of a discharge date field on the referral form will help gather this information and assist in the formation of the transition team and streamline the transition process.

## Transition Goals (Section XI, Subsection E, page 17)

Updated Implementation Strategy

**Strategy 1.** By December 13, 2024, 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 60% of the TPMs who request transition to the most integrated setting appropriate. Referrals are the number of TPMs who have signed consent to participate in MFP or ADRL transitions and are actively waiting to transition. The State will also divert at least 150 TPMs from SNF to community-based services. **(Ongoing Strategy through December 13, 2025)**

**Progress Report:**

See Section XI Performance Measure(s)

**New Strategy 2:** A barrier to community living for some TPMs is the difficulty of securing enough direct support staff, particularly when their physical needs require more than two (2) caregivers to ensure safety during intermittent care that is needed throughout the day. To address this issue, the State will authorize assistive technology assessments to determine if equipment could reduce the need for human assistance. Additionally, the State is exploring remote monitoring solutions to potentially decrease reliance on multiple caregivers, offering TPMs more care options and greater independence. **(Ongoing strategy, target completion date for a decision about remote monitoring solutions August 1, 2025)**

**Progress Report:**

One (1) assessment of assistive technology needs was funded by HCBS Medicaid waiver during this reporting period. Three (3) assessments were completed as part of the MFP program during this period.

**Updated Strategy 3.** The QSP Hub will complete a provider survey annually. The State will work with the QSP Hub and the lead UND researcher to develop a QSP capacity survey. The survey will try to determine the ability of current providers to staff their currently authorized hours, ability to staff increased hours, and capacity to serve additional clients. The State will continue to use the information from the study to develop recruitment and retention strategies that appeal to what QSPs said they like about providing direct care, i.e., the ability to help others and job flexibility. **(Target completion date December 13, 2025**)

**Progress Report:**

The QSP Hub submitted the 2025 QSP Survey and it closed on July 28,2025. Survey results will be reported in the next report. **(Estimated completion date for final report November 2025)**

**Strategy 4.** The State tracks TPMs in the case management system using a unique identifier and will report unduplicated transition and diversion data. **(Ongoing strategy)**

**Progress Report:**

During this reporting period, there were five (5) MFP participants who transitioned, who also transitioned as a TPM in a prior reporting period. The same eligibility requirements were met, and each TPM was treated as a new referral complete with a new assessment, transition plan, and risk assessment. The State will discuss how to best account for these transitions in the semi-annual reports the DOJ and SME teams.

## Section XI. Performance Measure(s)

Number and total dollar amount of incentive grants awarded.

- Two (2) Transportation Grants, for $75,000 and $73,000, were awarded on June 13, 2025, for the purchase of four (4) ADA accessible vehicles to provide transportation services to TPMs. The grants were awarded to Blossom Services in Fargo and All Embracing Home care that operates in Fargo and Grand Forks. There were 16 applications received from QSPs, and the State is determining the feasibility of awarding more grants with any carryover from the 9817 10% Plan Funds.

Number of TPMs who were re-institutionalized for 30 days or more and the primary reason.

- There were three (3) individuals re-institutionalized for more than 30 days

during this reporting period.

    - One (1) has gone back to the community after 67 days in the SNF.
    - Two (2) are still institutionalized as of 06/16/2025.
- Reasons for re-institutionalization:
    - Infection in a TPMs foot resulting in surgery
    - Fall resulting in surgery and wound care.
    - Cancer, fall, and injury.

Transition 60% of those requesting transition, who have consented, and are eligible.

- 67.3% (33/49) of TPMs active in the transition process transitioned during this reporting period.
    - There were 93 (MFP) and five (5) Transition and Diversion Program TPM referrals during this reporting period.
    - 55 of these TPMs signed consent, six (6) individual cases were closed prior to transitioning, leaving 49 individuals who were active in the transition process.
    - 33 individuals transitioned during this reporting period.

Number of referrals for peer support, outcome, and satisfaction survey.

- Peer support was offered to three (3) individuals during this reporting period. Two (2) declined the service and one (1) accepted. In addition, the State is in the process of entering into contract with Independence Inc. CIL to have a dedicated staff member providing this service to the Northwest area of the state as a pilot opportunity. The intent of the pilot is to have peer-support staff become one of the regular members of the transition team in facilities to better engage with individuals to allow a more natural relationship to form and reduce the barriers to access this type of support.

Number of TPMs who use alternative rental assistance and successfully transition to the community.

- Fifteen individuals received MFP Rental Assistance.

Number of TPMs who transitioned with alternative rental assistance and are still living in the community 1 year after transitioning.

- There were five (5) TPMs who used alternative rental assistance and are still

living in the community one (1) year later. Seven (7) TPMs transitioned a year ago but two (2) people are now deceased.

# SA Section XII. Housing Services

Responsible Division(s)

DHHS

## SME Housing Access Plan (Section XII, Subsection A, page 18)

The SME drafted a Housing Access Plan during the first year of the SA as required with input and agreement from State. The State implemented or has incorporated recommendations included in the Housing Access Plan in the last four (4) years. The SME was not required to write updated plans and now makes recommendations to the State in the SME compliance report and during weekly meetings with the State. Therefore, the SME Housing Access Plan is no longer included as an appendix to the IP.

Link to May 2025 SME Report

## Connect TPMs to Permanent Supported Housing (PSH) (Section XII, Subsection B, page 19)

### Implementation Strategy

**Strategy 1.** Connect TPMs to integrated community housing with community supports whose PCP identifies a need for PSH or housing that SME agrees otherwise meets requirements of 28 C.F.R. § 35.130(d). **(Ongoing strategy)**

Challenges to Implementation

In 2024, accessible and affordable housing is the number one (1) barrier for TPMs awaiting transition in some areas of the State. Consistent gathering of data from multiple points of system entry has helped the State to better understand the barriers to accessing integrated community housing.

Remediation

Housing case notes were added to the case management system. One case note identifies housing barriers upon referral and the second case note identifies assistance provided to overcome the barriers. The data will be reviewed biannually to look for trends and develop strategies to address the issues.

**Progress Report:**

See Section XII Performance Measure(s)

**New Strategy 2.** During the first few years of the Settlement Agreement the State formed an Environmental Modification workgroup to improve North Dakota's approach to home modifications. This group focused on identifying barriers faced by TPMs as outlined in their PCPs and while providing transition and diversion services. A key barrier identified was the shortage of construction and remodeling contractors willing to enroll as a QSP, and the challenge of securing deposits or partial payments for materials before the work could begin.

To address this, the State received approval from CMS to use $300,000 of State only rebalancing funds, to initiate and complete home modifications for individuals eligible for home modification through the HCBS waiver or through State funded HCBS. This service is specifically for those not receiving MFP. MFP participants already have access to this benefit without facing the same claims payment issues.

When an environmental modification project is approved for an eligible individual and no provider is available, the State's designated assistive technology provider, a local non-profit organization and Agency QSP, will act as the intermediary. They will subcontract the work and pay contractors in installments using this fund. The non-profit will oversee project completion, manage payments through the Medicaid Management Information System (MMIS), and receive an overhead fee for managing the project. Once the overhead fee is deducted, the remaining funds will be returned to the pool for future use. If the eligible individual passes away or the project is not completed, the fund will bear the cost. The MFP Program Administrator will oversee this contract to ensure the proper use of funds and that they are returned upon project completion. The goal of this initiative is to help more TPMs remain in or return to their homes by making them safe and accessible for necessary care. **(Completed August 1, 2025)**

**Progress Report:**

See Section XII Performance Measure(s)

**New Strategy 3.** When landlords notify Housing Facilitators about an available accessible apartment for rent, the facilitators will begin tracking this information to match available housing with TPMs waiting to transition. The total number of accessible units will be reported in both the MFP and USDOJ semiannual reports. This tracking helps pinpoint unit locations, fosters stronger relationships with landlords, and enables Housing Facilitators to efficiently connect TPMs and MFP recipients with suitable housing options. **(Implemented October 2024 and ongoing)**

**Progress Report:**

See Section XII Performance Measure(s)

**Updated Strategy 4.** Convene quarterly State Housing Services Collaborative to review and offer feedback on the Low-Income Housing Tax Credit Qualified Application Plan annually, particularly as related to the incorporation of plan elements that would increase TPMs' access to affordable, appropriate housing options. **(Ongoing strategy)**

**Progress Report:**

The State Housing Services Collaborative continues to meet quarterly to work on our goals.

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

Implementation Strategy

**Updated Strategy 1**. Complete and maintain a housing coordinator crosswalk to identify the entities that offer housing facilitation and what type of support they offer to ensure everyone is aware of the parameters of each program. The intent is to avoid duplication and understand the eligibility of each program to facilitate appropriate referrals. **(Ongoing Strategy)**

**Progress Report:**

The crosswalk was completed, and a summary was completed in December 2024.

**Updated Strategy 2.** The State has developed a Supported Housing Services Collaborative made up of housing and community service providers, DHHS staff, and the State Housing Finance agency. The Collaborative established the following goals and is creating action steps to mitigate barriers to effective housing supports that allow eligible populations to access community integrated housing. This process will include defining challenges to implementation. (**Ongoing Strategy)**

> **Goal #1**: Ensure that Target Population Members receive housing supports identified in Person Centered Plans that are designed to support a transition to and success living in the community.
>
> **Goal #2**: Increase access to existing affordable and accessible rental units through policy change and relationship development.
>
> **Goal #3**: Increase Permanent Supported Housing opportunities for TPMs by expanding capacity through rental housing development and rental subsidies.
>
> **Goal #4**: Ensure housing specialists have access to updated housing availability options.
>
> **Goal #5**: Placements to housing should be consistent with settings as defined as Permanent Supported Housing in the Settlement Agreement.
>
> **Goal #6**: Notify the SME prior to transition of any recommended placements to settings other than Permanent Supported Housing for review of the transition plan.

**Progress Report:**

See Section XII Performance Measure(s)

**New Strategy 3.** The rules governing HUD Mainstream Vouchers have recently changed. It is now possible for anyone with a disability under age 62 years in America to request a housing voucher from the ND Housing Authorities. To ensure that HUD Mainstream Vouchers are available for TPMs living in ND, the State is working with the eight (8) ND Housing Authorities to update their policies and create MOUs to establish a priority list for local citizens and develop a separate waiting list for Mainstream Vouchers. **(Estimated completion date December 31, 2024)**

**Progress Report:**

- Five (5) of the eight (8) Housing Authorities have signed a MOU.
- Fargo is awaiting utilization of their mainstream vouchers before signing a MOU.
- Cass County and Stark County are at capacity for voucher utilization so there is no reason to develop a MOU.

**New Strategy 4** To increase access to resources to provide environmental modification to TPMs already living in the community, the Rehab Accessibility Program (RAP) administered by the ND Housing Finance Agency will update the amount of funds available to pay for renovations from $5,000 to $7,000 per person. The $300,000 fund allows unspent dollars to carry over each year through Federal Fiscal Year 2029. The fund offers grant dollars for the renovation of properties occupied by lower-income North Dakotans with physical disabilities. Examples of qualifying renovations include the installation of ramps, door levers, walk-in/roll-in showers, grab bars and the widening of doorways. **(Estimated completion date June 1, 2025)**

**Progress Report:**

See Section XII Performance Measure(s)

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

Implementation Strategy

**Updated Strategy 1.** Develop training for housing facilitators 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 new ongoing training opportunities for housing professionals/teams regarding the new Home Modification Capital Fund, integration of environmental modification ideas into the PCP, including 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. **(Ongoing Strategy)**

**Progress Report:**

Funding will be provided to ensure all MFP-funded Housing Facilitators will be trained by the end of 2026, with some potentially completing the certification earlier depending on availability and the webinar/training schedule provided through the ADA Coordinator Training website.

**Updated Strategy 2.** Individuals who enter a nursing home on a short term stay who have the intent to return to the community must take steps to protect their housing from being counted as an asset when determining Medicaid eligibility. Guidance in the form of a brochure has been created for use by the LTSS OC, eligibility workers, landlords, discharge planners, and housing support team professionals. The brochure is used to educate TPMs on how to maintain their housing while temporarily in an institutional setting because of HUD and Medicaid-related policies and requirements related to the allowable time away from a housing unit. The State will work on a process to help TPMs maintain their community housing by flagging the individual as someone who has an “intent to return home” and is in the facility on a short-term stay. State staff will be trained to ask the TPM or their legal decision maker if they have the required documents to ensure that they can receive housing assistance and maintain their Medicaid.

Challenges to Implementation

Complexity of underlying systems. Determining who is the party responsible to make sure the checklist is used and that all necessary steps to secure a TPMs current housing are incorporated into their discharge and transition plans.

Remediation

Training has been done, but a more direct approach is needed to ensure that the SNF staff understand the importance of submitting the intent to return home form to the Medicaid eligibility unit. A meeting will be held that involves Aging Services staff, Long Term Care (LTC) Medicaid eligibility staff, and the State’s NF LoC review vendor to find a way to improve this process. Once new recommendations are complete, education and training will be provided. **(Target completion April 1, 2025)**

**Progress Report:**

See Section XII Performance Measure(s)

**New Strategy 3.** The MFP Housing Facilitators offer Tuesday Trainings with MFP on housing related topics. The trainers are local experts that discuss housing related issues in ND. The target audience is service providers and landlords. Seven hundred (700) people have registered for these events. The trainings are recorded and shared so they can be used as an ongoing resource. **(Ongoing Strategy)**

**Progress Report:**

Twice a year, the Housing Facilitators hold a series of 12-week training courses to ensure the team has the most up-to-date housing-related information.

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

Implementation Strategy

Housing Specialists will receive in-person training on federal laws that prohibit housing discrimination against individuals with disabilities, with a particular emphasis on the Fair Housing Act and Title II of the ADA, and the Agreement's requirements. Training is done annually with Fair Housing of ND and the ND Department of Labor. All Housing Coordinators are required to attend. **(Ongoing strategy)**

**Progress Report:**

This training is a requirement for the Housing Facilitators as part of the onboarding process.

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

Implementation Strategy

**Updated Strategy 1**. Expand permanent supported housing capacity by funding and providing rental subsidies for use as permanent supported housing. The State will provide rental assistance with any State funds that may be appropriated during the 2025-2027 Legislative session. **(Target appropriation effective date July 1, 2025)**

Challenges to Implementation

Establishing stable funding streams that can support a state rental assistance program.

- Section XI. Subsection A. New Strategy 3. also applies to this section.

**Progress Report:**

See Section XII Performance Measure(s)

## Section XII Performance Measure(s)

Number of TPMs who indicated housing as a barrier who were provided PSH.

- Twenty-two (22) of 33 TPMs received either a voucher, project based, and/or MFP rental assistance. TPM Rental Assistance was not available during this

reporting period because all funds had been previously expended. Some individuals received more than one resource.

- 6 Voucher
- 10 Project Based
- 16 MFP Rental Assistance

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

- There were seven (7) TPM's who transitioned a year ago who were utilizing State funded rental assistance. Five (5) TPMs are still in the community and two (2) TPMs are now deceased.

Number of TPMs who transitioned or were diverted that received housing facilitation and resulting services accessed.

- There were 24 participants out of 33 who transitioned and who received housing facilitation.

Number of TPMs who successfully maintain their housing in the community during a SNF stay.

- There were no requests to maintain housing in the community during a SNF stay.

Number of TPMs who receive rental assistance, including those that transition and those who are diverted.

- 299 TPMs received rental assistance during this reporting period.

Number of environmental modifications completed using rebalancing funds.

- There were no modifications completed during this reporting period. The project started on August 1, 2025.

Increase in the total number of environmental modification projects.

- There were 11 modifications completed in Year 4 of the SA and five (5) were completed during this (6) month reporting period.

Decrease in the amount of time it takes to complete environmental modification projects.

- Two (2) projects that were paid for with HCBS waiver funds were completed during this reporting period. One (1) project involved building a ramp. The project took 25 days to complete. The second project involved installing a clean-cut tub on a non-cast iron tub. The project was completed in 54 days.

- Five (5) projects that were paid with MFP funds were completed during this reporting period. One (1) project involved building a ramp and four (4) projects involved installing grab bars.

The amount of money remaining in the Environmental Modification fund at the end of the State Fiscal Year.

- The contract is currently in development with the procurement office. $300,000 was given for this service in the 2025-2027 department budget.

Number of landlords who contact Housing Facilitators about available accessible units.

- There were ten (10) landlords reporting to MFP that they had various accessible units open for MFP participants during this reporting period. This new process was implemented in October 2024. Housing staff will start tracking if a TPMs moved into these units.
    - EG Properties
    - Metro-Plains (three different properties)
    - Hit, Inc.
    - Prairie Ridge
    - Goldmark - Fargo
    - Park Place
    - Minot Housing Authority - Milton Young Towers
    - Lewis and Clark Development
    - North Dakota Housing and Finance Agency - Newsvendor
    - Minot Housing Authority - Henry Towers

Number of TPMs who are matched with accessible housing through housing facilitation.

- 27 TPMs were matched with accessible housing during this reporting period.

## SA Section XIII. Community Provider Capacity and Training

Responsible Division(s)

DHHS Aging Services and Medical Services

All the strategies in this section are meant to improve provider recruitment, enrollment, and retention, and enhance quality and professionalism of QSPs. Each strategy will state the intended outcome and the state plan for collecting and analyzing data.

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

Implementation Strategy

**Updated Strategy 1.** Continue to use MFP capacity building funds for the QSP Hub. The QSP Hub assists and supports Individual and Agency QSPs and family caregivers providing paid and natural supports to the citizens of ND. **(Ongoing strategy funded through September 2025)**

The primary goals of the QSP Hub are to:

- Provide one-on-one individualized support via email, phone, and/or video conferencing to assist with enrollment and reenrollment, EVV, billing, and business operations to recruit and retain a sufficient number of QSPs. This includes the development of new technical assistance tools such as user guides available in multiple languages. All technical assistance tools were to reflect the new QSP application portal enrollment process.

- Create and maintain accessible, dynamic, education and training opportunities based on the needs of the individual QSPs, QSP agencies, Native American communities, and family caregivers providing natural support services.

- Continue to develop the QSP Building Connections stakeholder workgroup and make updates to the strategic plan.

- Develop an informational support network for QSPs including developing a website, listserv, and avenues for QSPs to support one another. This will include the development of a QSP mentorship program that utilizes experienced QSPs to provide support to new QSPs, or QSPs who request individual technical assistance.

- Utilize data and evaluation to inform and improve the effectiveness of the QSP Hub.

- Establish and implement QSP agency recruitment initiatives.

**Intended Outcome:** Provide support and technical assistance to agency and individual QSPs to boost enrollment and improve retention rates.

**Data:** The State will use data from the QSP Enrollment Portal to monitor and analyze trends in QSP enrollment and retention. Additionally, the State will track the number of agency and individual QSPs who received technical assistance from the QSP Hub who successfully enrolled as providers.

**Progress Report:**

See Section XIII Performance Measure(s)

**New Strategy 2.** The 2024 QSP Annual Survey revealed that 30% of individual QSPs who expressed interest in additional training specifically requested education on various diseases and medical conditions. In response, the State will collaborate with the QSP Hub and other qualified entities to find training tools and live events to enhance QSP knowledge in this area. Potential topics include schizophrenia, bipolar disorder, dementia, traumatic brain injury (TBI), stroke, multiple sclerosis, and Parkinson's disease. **(Ongoing strategy funded through September 2025)**

> **Intended Outcome:** QSPs will receive requested training and gain increased knowledge of common diseases and medical conditions.
>
> **Data:** The State will collect training data, including attendance numbers and pre- and post-test results to assess learning outcomes. Responses to this question will also be tracked in the 2025 QSP Annual Survey.

**Progress Report:**

The State is finalizing a scope of work for a 12-month contract with the QSP Hub. Arranging provider training is included in that scope of work. **(Estimated Completion Date August 31, 2025)**

**New Strategy 3**. The 2024 QSP Annual Survey indicated that most QSP agencies requesting training need support in business acumen, particularly in managing the claims process, followed by marketing services and staff management. To meet these needs, the State will collaborate with the QSP Hub to provide targeted training. The QSP Hub will produce service-specific claims videos that guide users through each step of service authorization and claims submission, aimed at helping new users get started after enrollment. Additionally, the State will involve Medical Services claims staff and the billing system vendor to offer comprehensive claims training. The QSP Hub will also create specialized training focused on marketing strategies for small businesses. **(Ongoing strategy funded through September 2025**)

> **Intended Outcome:** QSPs will receive requested training and gain increased knowledge of various business acumen topics.
>
> **Data:** The State will collect training data, including attendance numbers and pre- and post-test results to assess learning outcomes. Responses to this question will also be tracked in the 2025 QSP Annual Survey. The QSP Hub will be asked to track and trend the number of calls to the Hub related to these topics after training is provided.

**Progress Report:**

The QSP Hub team meets with MMIS monthly and has met with the MMIS education team who will be developing training on how to use the MMIS billing portal. The QSP Hub will work with the education team to roll out the training to QSPs.

**Updated Strategy 4.** The updated QSP Hub work plan will focus on developing partnerships with ND high school and college student career counseling services to discuss the possibility of placing individuals working on a Certified Nursing Assistant certification or those studying to be an RN, OT, PT etc., with QSP agencies to gain experience and coursework credits while providing HCBS. Students could complete a placement in the community and could be hired as employees or work toward credit hours on their degree. **(Estimated implementation date September 1, 2025)**

> **Intended Outcome:** Healthcare students will complete internships in QSP agencies, gaining HCBS experience that can lead to employment opportunities and increased access to HCBS.
>
> **Data:** The QSP Hub will track the number of internships established and the number of students who were retained by the agency or indicated interest in pursuing future work in the in-home and community-based services field.

**Progress Report:**

The QSP Hub has worked to reach out and meet with school districts. There are plans to present to the Grand Forks Career Impact Academy in the fall. The QSP Hub will continue to work on this strategy.

**Updated Strategy 5.** Implement any legislatively approved rate increases for specific HCBS that may be approved in the 2025-2027 DHHS budget. **(Appropriation effective date July 1, 2025)**

> **Intended Outcome:** Services with a rate increase may attract additional providers, thereby expanding access to HCBS.
>
> **Data:** The State will track the number of QSPs enrolled to provide the service before the rate increases and monitor changes in enrollment after the increase to assess impact.

**Progress Report:**

The Legislators approved a two (2) percent inflationary increase for all QSPs effective July 1, 2025. The increase has been implemented, and all providers have been made aware of the new rates. The State will track enrollment trends and report the data in the next report.

In addition, a targeted rate increase for the following services and unit rates was approved with a January 1, 2026 implementation date. The State is submitting an HCBS waiver amendment in August 2025 to gain approval from CMS.

| Service | Proposed Agency Rate (15 min) | Percent Increase | Proposed Individual Rate (15 min) | Percent Increase |
|---|---|---|---|---|
| Personal Care | $9.40 | 16% | $6.84 | 16% |
| Chore | $9.40 | 16% | $6.84 | 16% |
| Homemaker | $9.40 | 16% | $6.84 | 16% |
| Respite | $9.40 | 16% | $6.84 | 16% |
| Supported Employment | $9.40 | 16% | $6.84 | 16% |
| Transitional Living | $9.40 | 16% | $6.84 | 16% |
| Companion Care | $9.10 | 25% | $6.63 | 25% |
| Supervision | $9.10 | 25% | $6.63 | 25% |
| Non-Medical Transportation | $9.10 | 25% | $6.63 | 25% |
| Nursing Care | $19.71 | 25% | $15.64 | 25% |

**Updated Strategy 6.** Continue to operate the online provider enrollment portal for agency and individual QSPs. The system is used for initial QSP enrollment, revalidation, and maintenance of provider information and service array information. **(Ongoing strategy)**

**Intended Outcome:** Complete enrollment and revalidation of completed QSP applications within an average of 14 days after submission.

**Data:** The State will use enrollment data to track the average enrollment and

revalidation dates from the QSP Enrollment Portal to assure timeliness in processing.

**Progress Report:**

Provider enrollment statistics are tracked separately for agency and individual QSPs. In 2025, the average processing time for QSP application approval was 15 days for individual providers and 31 days for agency providers. Processing times were longer in the first two quarters of 2025 due to an increased volume of applications and a higher number of providers applying for services with more complex enrollment requirements.

For example, in 2024, 44 agency providers enrolled to deliver residential habilitation and community support services. In just the first half of 2025, 44 agencies have already been approved for these same services. Enrollment staff also report increases in applications from nurses to provide HCBS and from individuals seeking to offer respite care in adult foster care homes. Respite care in adult foster care homes requires a criminal background check, which can further extend processing times.

Medical Services currently has three full-time staff dedicated to provider enrollment.

**Updated Strategy 7.** Continue to refine and fully implement a centralized QSP matching portal in cooperation with ADvancing States. The system is currently in place and replaced the former QSP online searchable database. The new system was designed with State-specific modifications to a national website called Connect to Care (link) formally referred to as ConnecttoCareJobs to significantly improve the capacity of TPMs in need of community services to evaluate and select individual and agency QSPs with the skills that best match their support needs.

The system has the capacity to create reports, be updated in real time, and is available to HCBS case managers and others online. It allows QSPs to include information about the type of services they provide, hours of work availability, schedule availability, and languages spoken. The system will interface with the QSP portal and will receive daily updates of new QSPs and changes to current QSP information so information in both systems is always current.

The State will continue to work with the QSP Hub to hold training sessions with QSPs to help them develop their online profile and marketing skills in the system so they can better advertise themselves to potential clients. **(Ongoing strategy)**

> **Intended Outcome:** QSPs will be able to effectively use the system to market their services to HCBS recipients and the public thus increasing access to HCBS and reducing the number of providers requesting referral and marketing assistance from the QSP Hub.
>
> **Data:** The State will track the number of QSPs using the system that choose to update their provider profile as a way of marketing their services. The QSP Hub will track the number of calls they receive regarding a lack of referrals and marketing experience.

**Progress Report:**

See Section XIII Performance Measure(s)

**Updated Strategy 8.** The State will create a Communication and Recruitment Plan to engage other agencies as potential community providers for the target population in "service desert" areas like Jamestown and Dickinson, ND. The plan may include meeting directly with the leadership of specific healthcare agencies like hospitals and SNFs and their provider associations to directly ask for their assistance in providing HCBS to TPMs that live in their service area. The Aging Services Section Director will work with the Public Information officers to design an outreach letter that can be used to communicate with SNFs or health systems who may be interested in becoming a QSP. In addition, the State will continue to provide ongoing group and individualized training and technical assistance to SNFs that express interest in learning about HCBS. **(Updated Target completion date ~~August 1~~, October 1, 2025)**

> **Intended Outcome:** Increase the number of traditional healthcare providers and SNFs enrolling as QSPs, thereby enhancing access to HCBS, especially in hard- to-serve areas of the State.
>
> **Data:** The State will track the number of healthcare providers and SNFs that inquire about providing HCBS after the letter is sent, as well as monitoring data to determine how many ultimately enroll and begin providing services.

**Progress Report:**

Meetings have been scheduled with the communications team to start drafting the letters that will be sent to providers.

**Updated Strategy 9.** To facilitate timely transitions for TPMs who live in areas where QSPs are hard to find, the State will support TPMs or their chosen QSP agency in using targeted marketing strategies to recruit staff. Funding will be made available to create job descriptions and post advertisements on social media and other platforms, highlighting specific individuals' needs. TPMs can choose to include details about the type of care required or the specific qualities they are seeking in a provider. This personalized approach aims to attract applicants motivated by a desire to help others and support individuals with disabilities in community living. **(Target implementation date November 1, 2024, and ongoing)**

> **Intended Outcome:** Recruit individuals willing to provide care to TPMs waiting to transition due to a lack of available providers or staff in their chosen community. Reduce the number of TPMs waiting for a provider to facilitate their transition from a SNF to the community, and decrease the total time required to complete TPM transitions.
>
> **Data:** The State will track the number of providers recruited the number of TPMs who ultimately transitioned home, and the number of days to transition in situations where this marketing strategy was used.

**Progress Report:**

Transition team staff were asked to contact individuals who have been waiting to transition due to the lack of available providers in their chosen community and to see if they would be willing to share a request for providers on their social media or consider sharing their story to help raise awareness about the need for qualified providers in these “service desert” areas. The outcome of those conversations and any new initiatives will be included in future reports.

**New Strategy 10.** Support start-up and enrollment activity costs for existing QSPs to establish or expand their ability to provide non-emergency medical transportation, non-emergency medical transportation escort, and community integration activities for HCBS recipients by providing grants to purchase new or used accessible vehicles. These grants will be available to HCBS providers in good standing, who have been enrolled for a minimum of two (2) years and those who are currently providing services to an HCBS recipient. The State is currently determining the amount of funds available and number of grants that will be awarded. **(Grants awarded by May 01, 2025)**

> **Intended Outcome:** Increase access to transportation and community integration services by providing grants to QSP agencies for purchasing accessible vehicles.
>
> **Data:** Increase the percentage of HCBS recipients who report that transportation is not a barrier to accessing the community, as measured in the 2025 National Core Indicators for Aging and Disability (NCI-AD) survey.

**Progress Report:**

See section XI Performance Measure(s)

**Updated Strategy 11.** To ensure timely enrollment and revalidation of QSPs, the State will continue to keep QSP enrollment duties in-house. The State hired five (5) temporary QSP enrollment staff that work under the supervision of the Medical Services QSP Enrollment Coordinator. Staff use the QSP portal to complete all aspects of QSP enrollment. QSP enrollment staff are also responsible for managing the Connect to Care QSP registry, which interfaces with the QSP portal to ensure the provider’s information is accurate and up to date. The QSP enrollment staff will also use the system to process provider revalidations and manage provider data. **(Implemented January 03, 2024 ongoing strategy)**

> **Intended Outcome:** The goal is to process all new QSP enrollment and revalidation applications within 14 calendar days of receipt of a complete application.
>
> **Data:** The average number of days of enrollment is tracked in the QSP Enrollment Portal.

**Progress Report:**

See section XIII Performance Measure(s)

**Updated Strategy 12**. Continue to work with a vendor to complete a project to assess the current training requirements and structure for HCBS providers working in Aging Services, Developmental Disabilities Services, Autism Services, and Behavioral Health Services. The vision for the project is to identify and establish innovative workforce training strategies to meet provider needs and improve the quality of life for North Dakotans with disabilities.

The expected goals of the project are to:

- Identify and address the needs of providers and caregivers,
- Improve the quality of training services by establishing strategic training protocols,
- Establish a standardized set of training policies and procedures across the various services and systems,
- Identify core qualifications for all providers to develop and maintain,
- Improve collaboration and coordination among State agencies and stakeholders.

DHHS partnered with an independent consulting firm to perform the assessment and develop recommendations to implement pathways for an innovative workforce training strategy. As part of their assessment, they asked key stakeholders to complete a web survey and to participate in discovery sessions to provide perspective and inform our understanding of both the current workforce training structure, as well as the needs and desires for the future. The State is currently drafting a Request for Purchase (RFP) to revise the current training for HCBS providers across the lifespan. Future drafts of the IP will contain strategies to implement the training recommendations including the possibility of offering scholarships to providers to encourage participation. **(Target completion date September 01, 2025)**

**Intended Outcome:** Increase access to HCBS by simplifying the training requirements and need to enroll as a provider serving multiple populations.

**Data:** Track the number of providers trained and enrolled to provide care across various populations, including Aging Services, Developmental Disabilities, and Behavioral Health.

**Progress Report:**

The State has been working with the vendor to identify customization to the system to specifically meet our needs. A price quote was recently received and staff from the Adult and Aging Services, DD, and Medical Services. The State has agreed on a curriculum that was created by the University of Wisconsin. Staff are currently reviewing the modules to see what may need to be customized for North Dakota.

**Updated Strategy 13**. Each year many individual QSPs enroll to provide care to one person who may be a relative or a friend who needs assistance. When the individual they serve passes away, moves to a SNF etc., they often stop being an individual QSP. Some of these former QSPs, if asked, may have enjoyed the caregiving role and would be willing to serve other individuals in need of care. Retaining these QSPs would increase the State's capacity to serve TPMs. Now that the new QSP enrollment portal is complete, State staff will work with the QSP Hub staff to design an effective outreach campaign to attempt to retain QSPs who originally enrolled to serve a family member or friend. QSPs in areas of the State that lack sufficient QSPs will be targeted. The State will target QSPs that were disenrolled in the past six (6) to nine (9) months and were in good standing with the DHHS will be targeted for this project. The State will track the number of individuals we reached and if any of them enrolled to provide care. We will also add language to the QSP handbooks to make sure people are aware of the ongoing opportunity to be a QSP after their family caregiver journey ends. **(Target Completion Date ~~March 1~~ November 1, 2025)**

> **Intended Outcome:** Increase access to HCBS by recruiting former QSPs in good standing to become providers again.
>
> **Data:** Track the number of providers who re-enroll and the number of HCBS recipients they subsequently serve.

**Progress Report:**

The State previously sent letters to former QSPs to gauge their interest in providing care for individuals in the community. This outreach did not generate any responses, so the State will not continue using this strategy.

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

Updated Implementation Strategy

The State will provide ongoing critical incident reporting training opportunities for QSPs. Training will be provided through online modules and virtual training events. The State QSP handbook includes current reporting requirements. The State will also work with staff from the QSP Hub to develop marketing of ongoing training that will assist QSPs in understanding and complying with safety and incident reporting procedures. The QSP Hub assists in making QSPs aware of training opportunities, but the training content is developed and delivered by an Aging Services nurse administrator. **(Ongoing strategy)**

**Progress Report:**

The nurse administrator continues to offer live critical incident reporting training opportunities each quarter. In addition to these sessions, QSPs have access to an online training module, various Therap resources, 1:1 education, and a recorded live training for additional learning options.

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

Implementation Strategy

The SME drafted a Capacity Plan during the first year of the SA as required with input and agreement from the State. The State implemented or has incorporated recommendations included in the Diversion Plan in the last four (4) years. The SME was not required to write updated plans and now makes recommendations to the state in the SME compliance report and during weekly meetings with the State. Therefore, the SME Capacity Plan is no longer included as an appendix to the IP.

Link to May 2025 SME Compliance Report

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

Implementation Strategy

**Updated Strategy 1**. 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 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 and 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.

The State holds monthly meetings with a group of subject matter experts with representation from each Tribal nation in ND to address the outstanding in-home and community-based service needs of Tribal members. The group is currently implementing a plan to improve access to care coordination and culturally informed Long-Term Care Targeted Case Management (LTC TCM) services. The next project will focus on the implementation of the HCBS access rule. **(Ongoing Strategy)**

**Progress Report:**

The HCBS waiver amendment to add Care Coordination has been completed, and three Tribal entities are in the process of enrolling to provide the service. The upcoming HCBS waiver amendment, scheduled for submission in August, includes further clarification regarding provider qualifications for this service. Additionally, the State has submitted responses to CMS questions related to the State Plan Amendment aimed at making it easier for Tribal CHR programs to recruit qualified staff to provide TCM services to Tribal members.

**Updated Strategy 2**. Increase the capacity for providers to consult accessibility experts when implementing HCBS such as environmental modification by providing funding to the CILs or other organizations to allow more of their staff to be trained as accessibility experts. Grants will be awarded to allow approved agency staff to complete the ADA Coordinator Training Certificate Program or other similar training. **(Target completion date July 1, 2025)**

**Progress Report:**

See Section XII, Subsection D Updated Strategy 1.

**Updated Strategy 3.** The State submitted a proposal and continuously updates the plan approved by CMS and has secured the legislative authority to use the temporary 10% increase to the FMAP for certain Medicaid expenditures for HCBS to enhance, expand and strengthen the HCBS system for TPMs. **(Ongoing strategy through December 2025)**

The plan includes payment for the following strategies that are ongoing and have direct impact on TPMs covered in the SA:

**Progress Report:**

- QSP Rate Augmentation Fund
    - Peer Support project for TPMs will start August 1, 2025. Independence CIL will be implementing this pilot program.
- Hospice and Home Care Grant
    - The grant has ended but the hospice organization plans to continue to provide home and community-based services including nursing services as a QSP in the expanded service area. They will also continue to provide hospice services statewide. Adult and Aging services staff will be meeting with the grantee to discuss their thoughts on providing care as a QSP with the hope of learning more and encouraging other hospice organizations to adopt this innovative model.
- ConnecttoCareND implementation
    - The State currently uses the ConnecttoCareND system to manage the QSP registry. Efforts are underway to encourage individual QSPs to claim their QSP Portal account by creating a new username and password in the system. This allows them to receive important messages and updates regarding their enrollment status. Once a QSP claims their account in the QSP Portal, their information is transferred through a daily interface to ConnecttoCareND, where an account is automatically created. In that system, QSPs can build a profile (like a social media page) to help market themselves to individuals seeking

in-home and community-based care.

- The State is currently waiting for full integration of the 4L system into the QSP enrollment portal before asking Agency QSPs to claim their accounts. The 4L system is an automated tool that allows agency providers to screen employees to ensure they meet the necessary requirements to provide services funded by state and federal programs. It checks for criminal convictions, sex offender status, debarment from government contracts, and other disqualifying factors.
- Once this feature is fully operational, Agency QSPs will be asked to claim their enrollment portal accounts and enter all employees who serve publicly funded clients into the system for validation through the 4L system. This information will be transmitted through a nightly interface, enabling agencies to create an account and a social media-style profile in ConnecttoCareND to help market their services.
- The final step in implementing the ConnecttoCareND system is to begin using its learning management platform to host provider training modules. These modules will replace the current method used to demonstrate a QSPs competency to provide care. The State is working with Advancing States to procure standardized training that will be used by all HCBS providers in North Dakota. Additional training modules such as those focused on dementia care, traumatic brain injury (TBI), and other specialized topics, will also be hosted on the platform, allowing providers to earn credentials in these areas. The type of training a provider has completed will be visible to individuals using the registry to help them find a qualified HCBS provider. **(Target implementation date January 1, 2026)**

- Companionship services

    - The State is contracting with Lutheran Social Services of MN to start a volunteer senior companion program for individuals who do not qualify for companionship services paid for under State or federally funded HCBS services. **(Target implementation date August 1, 2025)**

    - Companionship services for eligible individuals have also been added to the SPED service array for individuals of all ages. This service is also available under the HCBS waiver.

- QSP Enrollment Portal

    - The portal is operational, and we are awaiting the full implementation of the 4L validation system to be available to agency QSPs.

- Marketing the ADRL

    - The State has secured funding to advertise the ADRL through social media 4 times per year.

- Workforce training and learning management system integration
    - See explanation under ConnecttoCareND implementation
- Behavioral health training for HCBS case managers and QSPs
    - See explanation in Section IX, Subsection H Updated Strategy 5.
- Capacity incentive grants
    - See explanation in Section XI. Performance Measure(s) - Number and total dollar amount of incentive grants awarded.

## Section XIII. Performance Measure(s)

Number of QSPs assisted by the QSP Hub.

- The QSP Hub provided technical assistance a total of 4,267 times during this reporting period. There were 1,123 unduplicated activities.

Number of QSP agencies receiving CQL accreditation.

- During this reporting period, one (1) new agency received assistance with CQL funding, while four (4) existing agencies were supported in maintaining their CQL accreditation.

Number of new agencies enrolled as providers.

- 27 new agencies enrolled as providers during this reporting period.

Number of agencies that stopped providing services.

- 16 agencies stopped providing services during this reporting period.

Number of new individual QSPs enrolled as providers.

- 178 new individuals enrolled as providers during this reporting period.

Number of individual QSPs that stopped providing services.

- 204 individuals stopped providing services during this period.

Rate increases effective January 1, 2026.

- In August 2025, the state is submitting a waiver amendment for CMS to approve proposed January 1, 2026, targeted rate increase.

- Number of QSPs trained to Connect to Care system formally referred to as ConnecttoCareJobs by February 29, 2025.

    - Training on ConnecttoCareND has not been established as systems are still being implemented. Live Training for QSPs should occur by fall of 2025. Initial recorded training courses are available for QSPs to watch on the HUB and aging website.

  Number of SNFs that have enrolled to provide HCBS.

    - No new SNF have enrolled as QSPs. There are two (2) SNF who are currently enrolled to provide HCBS.

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

Responsible Division(s)

DHHS Aging Services

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

**Strategy 1.** State staff will conduct annual group in-reach presentations at every SNF in ND and ensure a consistent message is being used throughout the State. State staff will schedule and advertise a follow-up visit at the facility to give TPMs additional time to process the information and ask any follow-up questions. **(Target complete date December 13, 2025, and ongoing)**

**Progress Report:**

See Section XIV Performance Measure(s)

**Updated Strategy 2**. Continue to conduct LTSS Options Counseling with individuals to identify TPMs and provide information about community-based services, person-centered planning, and transition services to all TPMs and guardians, who are screened for a continued stay in a SNF.

TPMs are identified when they are referred for a long-term stay at a SNF. The NF LoC determination screening tool is required to be submitted for Medicaid serves as the referral. The State receives a daily report of individuals who have recently screened. State staff are required to conduct the visits within 10 business days of the referral.

If a TPM chooses HCBS, they ask the nursing home to complete a State Form Number (SFN) 584 and then the ADRL staff will send the referral to the MFP transition coordinator who assembles the transition services team to begin person-centered planning. The

transition team consists of the MFP transition coordinator, HCBS case manager, and a housing support specialist.

If a TPM is not initially interested in HCBS they are asked if they want to receive a follow-up visit. If they decline a follow-up visit, they are provided written information and the contact information of the case manager and are informed that Aging Services staff will make a visit on an annual basis to complete the person-centered planning process. TPMs are currently asked to indicate in writing whether they received information on HCBS.

TPMs will be seen by the facility case manager/ LTSS Options Counselor when initially referred for a long-term stay in a SNF. Current TPMs living in a SNF will be seen annually in the month in which they were originally admitted to the SNF. Because it will take time to see all TPMs in a SNF there may be individuals who would benefit from knowing about HCBS options prior to their scheduled visit.

LTSS OCs will continue to provide written information and their contact information during their initial and annual visits and will be required to document in the care plan that the individual was provided with this information. **(Ongoing strategy)**

## 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 updated the LTSS OC 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. **(Ongoing strategy)**

**Progress Report:**

See Section XIV Performance Measure(s)

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

Updated Implementation Strategy

Continue to implement a sustainable public awareness campaign to increase awareness of HCBS and the ADRL. Campaign will include marketing on social media at least three (3) times in Year 5 of the SA and will provide public education to the public, professionals, stakeholders, and TPMs at serious risk of entering nursing facilities. The campaign will also include providing education to those parties that recommend SNF care to TPMs. This

includes health care professionals/staff who are most likely to be in regular contact with TPMs and potential TPMs prior to requests or applications for SNF admissions, such as geriatricians and primary care physicians serving a significant number of elders. State staff will also staff information booths at community events and will make themselves available for media requests and to present information about HCBS at stakeholder meetings and virtual and in-person conferences across the State. **(Ongoing strategy through December 13, 2025)**

**Progress Report:**

A public service announcement (PSA) campaign for the ADRL ran in the following months of 2024:

- January – 1,385 calls
- February – 1,260
- April – 1,335
- May – 1,329
- June – 666 (June 1, 2025 – June 13, 2025)

The average number of calls to the ADRL during the nearly five (5) months of the campaign is 1,494 per month.

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

The State will continue to use an additional $250,000 of supplemental grant funds that were recently awarded to enhance, expand, improve, and provide supplemental respite services and education to family caregivers in ND with resources provided through the Lifespan Respite Care Program: State Program Enhancement Grant, and other State and Federal funds. Grant received June 2021. **(Ongoing strategy)**

**Progress Report:**

See Section XIV Performance Measure(s)

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

Updated Implementation Strategy

The State will continue to work with the DHHS Civil Rights Officer and the ND Department of Information Technology to review all printed documents and all online information available on the USDOJ SA page of the DHHS website to ensure compliance with this SA.

The DHHS Legal Advisory Unit and the Civil Rights Officer are discussing bringing in a third-party vendor to update the website and print documents and make the online information accessible. **(Ongoing strategy)**

**Progress Report:**

A workgroup has been developed within DHHS to collaborate with other divisions about website document accessibility. The first meeting was held on April 16, 2025.

## Section XIV. Performance Measure(s)

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

- Annual presentations have begun in 2025 and will continue over the next several months. So far 261 individuals have attended presentations at 20 SNFs.

Number of TPMs who requested and received a communication accommodation.

- 98 TPMs receiving HCBS received a language accommodation for interpreter services.
- Seven (7) individuals received a language accommodation for LTSS OC.

Number of TPMs who access respite, and the hours provided.

- A total of 1,644 respite service hours were provided through the Lifespan Respite Care Voucher Program to 31 caregivers of older adults or adults with dementia.

# SA Section XV. Data Collection and Reporting

Responsible Division(s)

DHHS Aging Services

## 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. The State will retrieve summary and aggregate data from a variety of sources including the case management system, MMIS data warehouse, and provider enrollment.

**Updated Strategy 1.** Continue to contract with a vendor to maintain and enhance the case management system that was fully implemented August 1, 2022. **(Target completion date December 13, 2025, and ongoing strategy)**

**Progress Report:**

The system was recently updated to accept interfaces from Wellsky when a SNF submits a 584-referral form in that system. This interface replaced a cumbersome manual process.

**Updated Strategy 2.** With the assistance of the Senior Research Analyst for the ND HealthCare Workforce Group at UND the State designed a method to analyze the number of units being authorized and utilized, by case management territory, to determine if there are significant discrepancies in the number of services available to TPMs across the State for the study period of State Fiscal Years 2022-2023 (July 1, 2021 – June 30, 2023). The study included Medicaid beneficiaries with 24 months of continuous coverage, or the duration of the two (2) state fiscal years. Anyone who died during the study period or who did not have continuous enrollment was removed from the study group.

Beneficiaries who met the study group criteria were screened for the presence of one (1) or more of the procedure codes. Beneficiaries who met enrollment and procedure code criteria were matched to the authorization file. The claim units from the service file were totaled and compared to the authorized services used.

Challenges to Implementation

Ensure that the data analysis and conclusions drawn from the proposed pilot project are designed to account for individual circumstances (hospitalization, provider changes, delayed billing, etc.) that may impact how a TPM uses the services authorized in the PCP.

Remediation

The State will work with the case management system vendor and the USDOJ, SME, and other experts to create a report that will produce reliable results that may assist the State in creating additional strategies to successfully implement the requirements of the Settlement Agreement. **(Target completion date December 1, 2024).**

**Progress Report:**

The State worked with UND Rural Health to complete an analysis of utilization data for Home and Community-Based Services (HCBS) authorized under various procedure codes for State Fiscal Years 22 & 23 (July 1, 2021 – June 30, 2023). The purpose is to evaluate service usage trends, identify areas of over- or under-utilization, and inform potential policy, funding, and operational improvements.

Link to Appendix A includes the methods used to gather data and analyze it for this report. It also includes a chart of the statewide units authorized and units utilized results. County specific data is available upon request.

## Home and Community-Based Services (HCBS) Utilization Report

### Statewide Summary of Authorized vs. Used Services

**Summary of All Procedure Codes**

Authorized Services: 5,709,086

Services Used: 4,067,460 **(71.2%)**

Services Remaining: 1,641,626 **(28.8%)**

Overall, approximately **71.2%** of authorized services were used statewide, indicating an efficient utilization of the care that is being authorized by the HCBS Case Managers and carried out by the QSP. However, there is some variation that exists across different types of services.

**Authorizations Rates by Service**

These services show the highest rate of utilization:

- S5165 Environmental Modification: 100.0%
- T2028 Specialized Equipment: 100.0%
- S5160 Installation Emergency Response System (ERS): 95.5%
- S5161 ERS: 96.4%
- S5136 Family Personal Care: 83.1%
- T2031 Assisted Living: 82.6%
- S5126 Community Support Services: 82.4%
- S5170 Home Delivered Meals: 79.7%

It makes sense that these services have high utilization rates due to the nature of how they are delivered and billed. For instance, Environmental Modifications are not billed until the job is 100% complete, and Specialized Equipment is only billed once the durable medical equipment (DME) is received by the eligible individual. Emergency Response Services (ERS) and ERS installation are authorized monthly, and providers can bill once the service is activated and continue until the authorization expires.

Family Personal Care and Assisted Living services under the SPED program are billed at a daily rate. Individuals receiving SPED Assisted Living services are not TPMs. Individuals are either receiving daily care from a live-in provider or residing in assisted living are typically somewhat medically stable and require consistent, daily personal care. This stability allows providers to bill for most days each month.

Community Support Services and Home Delivered Meals also have high utilization rates. Community Support Services serves many individuals who meet a nursing facility level of care due to functional limitations and high medical acuity. The utilization rate reflects the intensity of need among this population. Some TPMs receiving this service require 24-hour support each day to maintain their health and safety.

These factors all contribute to the high service utilization rates.

The following service utilization rates range from 48% for extended personal care to 75%

for family home care.

- T1019 - Personal Care Service: 74.7%
- T2016 - Residential Habilitation: 74.2%
- T2021 - Transitional Living: 73.9%
- S5140 - Adult Foster Care: 73.2%
- 00001 - Family Home Care: 75.0%
- S5135 - Supervision/Companionship: 74.3%
- S5150 - Respite Care: 61.8%
- S5108 - Nurse Education Care: 55.6%
- S5130 – Homemaker: 56.6%
- Extended Personal Care: 48%

Adult Foster Care (AFC) and Family Home Care are both types of daily, live-in care services billed at a daily rate. However, utilization for these services is lower compared to Family Personal Care, which has a utilization rate of 83.1%. This difference may be due to the small number of individuals using AFC (fewer than 10 statewide) and the higher turnover observed in the Family Home Care program under SPED and Ex-SPED.

Personal Care services are typically used intermittently, often just a few times per week, for tasks such as bathing assistance. Homemaker is another service that is provided intermittently and may also be a service where it is hard to find a provider willing to work only a few hours or where recipients cancel appointments frequently. Residential Habilitation, on the other hand, is more commonly used for skills training and queuing due to cognitive impairments or TBI, rather than for intensive daily personal care needs. These are also services where the individual may be more likely to refuse care because they don't want bathing assistance or don't want a caregiver in their space all the time. Transitional Living is also typically used intermittently and generally serves individuals with cognitive needs and fewer physical disability-related needs.

The Adult and Aging Services team was not surprised by the relatively high utilization of Companionship Services, as this is a well-loved program among HCBS recipients. Many individuals enjoy the opportunity to engage in community activities, which reduce social isolation. We were also pleased to see a higher rate of Respite Care utilization. Monthly respite care is authorized for all daily live-in caregiver services, including Family Home Care and Family Personal Care. While many caregivers still do not regularly use respite, increased usage is a positive trend, as it plays a critical role in reducing caregiver burnout. HCBS Case Managers are required to authorize respite care in every case where there is a live-in-caregiver proving the care. The State believes this policy may encourage caregivers to use the benefit because they do not need to reach out to the HCBS Case Manager every time they want to use the service. Having access to the units on demand may remove one of the barriers thus making it easier to use this service.

Nurse Education services have a 55.6% utilization rate. Although there are parts of North Dakota where it is difficult to find a nurse to provide QSP services, the way Nurse Education and Extended Personal Care are authorized also impacts utilization. Nurse

Managers typically advise HCBS Case Managers to authorize enough units to account for potential medication changes or unforeseen medical issues so that they do not need to make frequent changes to the PCP and nursing plan of care. This approach ensures that additional staff training can be provided if the TPM's medical needs change.

However, if the TPM remains medically stable during the authorization period, many of the units may go unused. For example, a wound requiring extensive care may justify a lot of authorized nursing units. If the wound heals quickly, the service authorization may reflect high availability but low usage. These scenarios contribute to the lower utilization percentage, despite proactive authorization of units for this service.

The services below have the lowest utilization rates.

- S5120 - Chore - Labor: 46.9%
- T1020 - Personal Care Service: 43.9%
- T2001 - Non-Medical Transportation: 41.2%
- T2019 - Supported Employment: 37.5%

Chore Services are most often authorized for snow removal, lawn care, deep cleaning in hoarding situations, and pest extermination. While the utilization rate may appear low, it is heavily influenced by situational factors such as the frequency of snowfall, how often the lawn needs to be mowed, or whether a hoarding cleanup was completed more quickly than anticipated.

A similar pattern is seen with Non-Medical Transportation. HCBS Case Managers typically authorize four (4) to five (5) trips per month; however, actual usage varies and depends on the individual's needs and choices. Individuals are not required to use all authorized trips, and many use the benefit only as necessary.

The utilization rate for T1020 Personal Care may also be affected by the small number of individuals who receive this service from a live-in provider on a daily rate. With such a limited population, even small variations in usage can significantly affect the overall rate.

Supported Employment is another service with low utilization because many of the people we serve are retired or not seeking employment. This service exists for individuals who would like to seek paid employment or volunteer opportunities. The rate may also be influenced by how many hours an individual is employed, their job responsibilities, and how well they can work on their own and maintain competitive employment.

**County-Level Trends and Overall HCBS Utilization in North Dakota**

The University of North Dakota (UND) assisted the state in tracking HCBS data by county. Overall, the service utilization trends described above are generally consistent across counties. For example, Family Personal Care shows a similar utilization rate statewide. Daily live-in care is also available in most counties, largely due to the policy of allowing paid family caregivers to serve as QSPs, which increases access to care.

Homemaker services are being utilized in every county in the State. Nurse Education and Extended Personal Care services are more commonly used in larger counties, where access to nurses willing to provide these services is more common. This trend is also observed for Residential Habilitation and Community Support Services, which are typically concentrated in more populated areas. In contrast, services like Chore are more sparsely used in rural counties, and low service volume in those areas may skew the utilization data.

It is also important to note that the data in this report does not reflect the recent increase in the number of Agency QSPs available to provide care in North Dakota. Additionally, Residential Habilitation and Community Support Services are now expanding into more rural communities, including towns like Leeds, ND.

Statewide HCBS utilization remains strong, with over 70% of authorized service units being used. This indicates that eligible individuals are accessing services and that HCBS Case Managers are authorizing units effectively. Case managers strive to maintain a balance ensuring flexibility for TPMs and providers to respond to changing health needs while avoiding over-authorization which can contribute to fraud, waste and abuse.

Some services, such as Extended Personal Care and Nurse Education, may still be underutilized in certain areas—particularly in western North Dakota—due to a shortage of nurses willing to become QSPs.

Continued progress in service planning, provider availability, and client engagement will further improve the effectiveness and efficiency of North Dakota's HCBS delivery system. The state will be required to submit similar data to CMS to comply with the federal Access Rule. More recent data will be analyzed and included in future ND USDOJ SA reports

**Updated Strategy 3.** Implement an interface with the Vulnerable Adult Protective Services (VAPS) reporting system and the CIR reports in the current case management system based on a cost proposal and project timeline provided to the State. The interface would enhance collaboration and reporting of all types of critical incidents involving a TPM that were reported as a CIR, QSP complaint, or to VAPS. It would also help the State implement the HCBS Quality Measure set as required by CMS for states with MFP programs. **(Complete August 1, 2025)**

**Progress Report:**

This strategy was successfully implemented during this reporting period, with VAPS reports now being entered electronically through an automated process. This advancement has enhanced coordination between HCBS and VAPS, improving efficiency and streamlining data management.

**Strategy 4.** The State will continue to improve and revise its data collection efforts and will maintain a set of key performance indicators on the Department's website to illustrate the State's progress and challenges implementing the ND DOJ SA. Key Performance Indicators are reported quarterly. **(Ongoing strategy)**

Key performance indicators include:

1. Referrals to HCBS
2. Average weighted HCBS case management caseloads.
3. Number of TPMs served in a skilled nursing facility (SNF).
4. Number of TPMs served in the community.
5. Number of TPMs diverted from a SNF.
6. Number of TPMs transitioned from a SNF.
7. Average annual cost of HCBS and SNF care.
8. Average length of time from QSP application submission to enrollment.
9. Number of QSP agencies enrolled as providers.
10. Number of individual QSPs enrolled as providers.
11. Number of QSP retained.
12. Number of TPMs who are receiving 24/7 care and the number of QSPs authorized to support 24/7 care.
13. Number of QSPs by county; indicate tribal, rural, and frontier.

**Progress Report:**

The KPI report is submitted to the SME every quarter and the most recent version is posted on the ND US DOJ SA website.

## Section XV. Performance Measure(s)

Number of service units authorized and utilized by county.

See Section XV Subsection A. Updated strategy 2 and Link to Appendix A

# SA Section XVI. Quality Assurance and Risk Management

Responsible Division(s)

DHHS Aging Services and Medical Services

Updated Implementation Strategy

The SME drafted a Safety Assurance Plan during the first year of the SA as required with input and agreement from the State. The State implemented or has incorporated recommendations included in the Safety Assurance Plan in the last four (4) years. The SME was not required to write updated plans and now makes recommendations to the state in the SME compliance report and during weekly meetings with the State. Therefore, the SME Safety Assurance Plan is no longer included as an appendix to the IP. Link to May 2025 SME Report

**Updated Strategy 1.** ND will use a portion of the Vulnerable Adult Protective Services Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funds to implement a unified critical incident reporting process. The unified system will meet the requirements of the HCBS quality framework that must be adapted by states with an MFP grant. All VAPS staff will have access to the critical incident reporting form in the web-based data collection system. Reports will be collected and automatically shared electronically with the case management system to be included in the critical incident reports. This will create a unified system for collection and sharing of critical incident reporting throughout Aging Services. This should allow for better coordination of services and data tracking. ND will continue to fund these efforts through the American Rescue Plan Act (ARPA) funding for VAPS. **(Completed February 1, 2025)**

**Progress Report:**

This is complete as of August 1, 2025

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

Implementation Strategy

**Strategy 1.** The State will continue to provide quarterly critical incident reporting training opportunities for QSPs. The trainings are advertised by sending emails to agencies and individual QSPs and posting training dates on the QSP Hub website. The State will also utilize the help of the ND Long Term Care Association to remind their members about reporting requirements and will provide individual training if certain QSPs show a pattern of submitting late reports.

Information about the training is included in the QSP handbooks and the QSP orientation that is now required as part of QSP enrollment. Training is provided through online modules and virtual training events. The training focuses on the State's data system and the State's processes for reporting, investigating, and remediating incidents involving the TPM. **(Ongoing strategy)**

**Progress Report:**

CIR training was conducted on December 30, 2024, with 23 individuals in attendance and on March 31, 2025, with 22 individuals in attendance.

**Updated Strategy 2.** Agency QSP enrollment standards require licensed agencies or entities employing non-family community providers to have a Quality Improvement (QI) program that identifies, addresses, and mitigates harm to TPMs they serve. This would include the development of an individual safety plan. 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 using the risk assessment in the State's case management system. **(Ongoing strategy)**

Updated Challenges to Implementation

Some QSPs struggle to implement a QI program because they lack training and staff to create a robust program.

Remediation

The State has assigned one of the nurse administrators to be responsible for providing technical assistance to QSP Agencies to help them implement robust QI programs. State staff have reviewed all current QSP QI programs for compliance. When a QI program does not meet standards, the State provides technical assistance and may recommend additional training or resources the QSP agency can use to reach compliance. Agency QSPs may also contact the QSP Hub for additional training and support.

**Progress Report:**

See Section XVI Performance Measures(s)

**Updated Strategy 3.** National Core Indicators – Aging and Disabilities (NCI-AD) is a process that measures and tracks the State's performance and outcomes of HCBS provided to TPMs. The NCI-AD survey was completed by over 400 HCBS recipients in 2023 and the survey will be completed again starting January 2025. The State reviewed the results of the study and collaborated with ADvancing States and the Human Services Research Institute (HSRI) to interpret the results. The State will include strategies to mitigate any identified quality issues, gaps in the service array, etc. in future versions of the IP. Quality performance reports are made available on the DHHS website and shared at USDOJ stakeholder meetings. The State intends to complete the NCI-AD survey every two (2) years. **(Ongoing Strategy)**

**Progress Report:**

The NCI-AD survey was completed in March 2025. The process went well, and the data will be available in the fall of 2025.

**New Strategy 4.** The 2023 NCI – AD report shows that 25% of TPMs on the HCBS waiver have had a history of at least two (2) falls in a six-month period and another 10% did not know or were unsure of their fall history. Aging Services CIR data shows that there were 54 falls reported in 2024 involving TPMs. Many of the falls happened in memory care facilities

resulting in emergency room visits via ambulance. To reduce falls amongst TPMs, Aging Services staff will work with the memory care facilities to implement one of the evidence-based falls prevention programs offered under the Older Adult Administration (OAA) Title III-D Preventive Health program. Staff at participating memory care facilities will be trained to offer the fall prevention classes for free and will incorporate the classes into their resident activity programs with the goal of reducing fall related CIRs from this population. **(Target implementation date July 1, 2025)**

**Progress Report:**

The State has identified *Tai Ji Quan: Moving for Better Balance* program as the best option to implement within the memory care facilities. Currently, two memory care facilities have expressed interest and agreed to participate in a falls-based program. Planning meetings to organize staff training sessions are already scheduled, with the objective of having facility staff fully trained by August 2025. Additionally, the Department is exploring reimbursement options to compensate facilities for their time and effort in implementing the falls program, aiming to encourage broader participation from other memory care settings.

**New Strategy 5**. The 2023 NCI – AD report shows that 15% of survey participants stated that they lack transportation to get to medical appointments, and 6% of the Medicaid State Plan - Personal Care participants stated they do not have transportation to get to medical appointments. Sometimes TPMs use the emergency room even when medical need is not really an emergency. One reason for this may be because it can be difficult to find a non-emergency medical transportation provider and the authorization process is not efficient. The State has already modified the QSP enrollment portal to allow individual and agency QSPs to enroll as a non-emergency medical transportation provider making getting access to a provider easier. The next step is for Aging Services staff to work with the Medical Services Division to improve the authorization process to make it easier for TPMs to access this important service. **(Estimated completion date September 1, 2025)**

**Progress Report**:

Further information will be provided in the next reporting period.

**Updated Strategy 6**. The State will continue to submit critical incident reports to the USDOJ and SME within seven (7) days of the incident as required in the SA. The SA was updated on August 29, 2024, to streamline the types of incidents that must be sent to the USDOJ. Based on this modified agreement the State now submits data within seven (7) days of the incident for: (**Ongoing strategy)**

- Deaths related to suspected abuse, neglect, exploitation, provider error, or resulting from unsafe or unsanitary conditions;
- Illnesses or injuries related to suspected abuse, neglect, exploitation, provider error, or resulting from unsafe or unsanitary conditions;
- Alleged instances of abuse, neglect, or exploitation;

- Changes in health or behavior that may jeopardize continued services;
- Serious medication errors; or,
- Any other critical incident that is required to be reported by state law or policy.

**Progress Report:**

There was a total of 153 CIRs during this reporting period. All 153 (100%) were reported within the seven (7) day timeframe.

**Strategy 7.** An Aging Services nurse administrator is responsible to work with State staff to implement the HCBS Quality Measure Set as identified in State Medicaid Director letter SMD# 22-003 RE: Home and Community-Based Services Quality Measure Set (Link to Measuring and Improving Quality in Home and Community Based-Services/Medicaid). The HCBS Quality Measure Set is designed to assess quality and outcomes across a broad range of key areas for HCBS. The HCBS Quality Measure Set is also intended to promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs, and to create opportunities for CMS and states to have comparative quality data on HCBS programs. CMS plans to incorporate use of the measure set into the reporting requirements for specific authorities and programs, including the MFP program. Initial data collection needs to start in 2025 to be reported in 2026. The State has begun the process of implementing these measures and regularly attends training provided by CMS. Aging Services staff will be responsible for training state staff and QSPs on the details of the measures and their intended use. **(Ongoing Strategy)**

**Progress Report:**

The implementation of the CMS Quality Measure Set remains an active and evolving initiative. Since the hiring of the Quality Nurse Administrator in October 2023, a comprehensive crosswalk and review has been completed to evaluate existing processes in comparison to the federal requirements. This analysis informed the development of an implementation plan outlining necessary changes.

Draft revisions to HCBS case management assessments and documentation, specifically targeting Measures 1 and 2, have been developed through multiple collaborative workgroup sessions. These updates include changes to the case management assessment, care plan, and risk assessment to ensure compliance with the measure requirements. The revised components have been integrated into the Therap system and are currently pending final approval for implementation.

In collaboration with various divisions across the Department of Health and Human Services, work is underway to establish processes for Measures 6, 7, and 8. These meetings are ongoing and focused on developing a consistent, coordinated approach to reporting.
Additionally, the required NCI-AD survey has been successfully completed.

At this time, we continue to await further federal guidance regarding implementation timelines and additional reporting expectations.

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

Updated Implementation Strategy

Policy requires 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 ensure the remediation plan was implemented**.**

To ensure timely reporting, DHHS Adult and Aging Services conducts critical incident reporting required training for QSPs. Training is provided quarterly through online modules and virtual training events. The QSP handbook includes current reporting requirements and critical incident reporting requirements are included in the QSP orientation that is required to enroll or revalidate as a QSP. In addition, the State reminds providers of the reporting timeframes each time a CIR is not submitted on time. **(Ongoing strategy)**

**Progress Report:**

See Section XVI Performance Measure(s)

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

Implementation Strategy

The State will use the 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 future incidents.

To ensure the necessary safeguards are in place to protect the health, safety, and 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 in a timely manner.

**Strategy 1.** The case management system is used to receive and review all critical incidents. Providers and State staff have access to submit CIRs. Critical incident reports must be submitted and reviewed within one (1) business day by the State. **(Ongoing strategy)**

**Progress Report:**

See Section XVI Performance Measure(s)

**Strategy 2.** The DHHS Adult and Aging Services 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 DHHS Aging Services Director, HCBS program administrator(s), HCBS nurse administrators, VAPS staff, LTC Ombudsmen, and the DHHS risk manager. **(Ongoing strategy)**

**Progress Report:**

See response in Section IX, Subsection H Updated Strategy 5.

**Strategy 3.** The State conducts a mortality review of all deaths, except for death by natural causes, of TPMs to determine whether the quality, scope, or number of services provided to the TPM were implicated in the death. The review is conducted by the quarterly critical incident report committee. The committee review consists of a review of the reason for the death, if there was an obituary/notice of death posted, if law enforcement was involved, and if there was an autopsy completed. Information gleaned from the review is used to identify and address gaps in the service array and inform future strategies for remediation. (**Ongoing strategy)**

**Progress Report:**

The Department continues to conduct mortality reviews at the quarterly CIR Team Meetings which includes review of the reason for the death, if there was an obituary/notice of death posted, if law enforcement was involved, and if there was an autopsy completed. Deaths are classified as "natural/expected, other, sudden unexpected, and unknown."

## 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. **(Ongoing strategy)**

**Progress Report:**

See Section XVI Performance Measure(s)

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

Implementation Strategy

**Updated Strategy 1.** Continue to receive and timely address complaints by TPMs about the provision of community-based services. Complaints are tracked in the case management system. 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 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. **(Ongoing strategy)**

**Strategy 2.** The State publicizes its oversight of the provision of community-based services for TPMs and provides mechanisms for TPMs to file complaints by disseminating information through various means including adding information to the DHHS website, HCBS application form, "HCBS Rights and Responsibilities" brochure, presentation materials, and public notices. **(Ongoing strategy)**

**Updated Strategy 3.** The State has seen an increase in the number of complaints that have been filed about the care provided by QSPs. This trend in reporting is indicative of the increased number of individuals receiving HCBS each year, the complexity of the care needed by TPMs, and awareness of the right to file a complaint. The State is monitoring the capacity of the Complaint Administrator to manage the increased reports and has made a request and is considering options to fund an additional FTE to be allocated to Adult and Aging Services. The State is also looking at systems that will assist the Complaint Administrator to audit billing more efficiently in situations where the complaint alleges poor care or inappropriate billing. **(Target completion date March 1, 2025)**

**Progress Report:**

- Link to Appendix B for a list of complaints filed during this reporting period.
- Funding to hire an additional complaint administrator has been received and we are awaiting final approval to hire.
- The State continues to collaborate with the MFCU and other key partners to promote the integrity and quality of HCBS services provided by QSPs. Adult and Aging Services is working with these stakeholders to organize a provider integrity event focused on key compliance topics such as documentation, billing practices, and use of EVV. The event will also highlight recent system improvements designed to give QSPs the tools they need to meet state and federal requirements. **(Target completion date November 1, 2025)**

**Strategy 4.** Include information in the required QSP enrollment orientation that describes the state and federal documentation and record keeping requirements for HCBS and the penalties for noncompliance. Information from the Medicaid Fraud Control Unit (MFCU) about their authority to investigate and prosecute Medicaid provider fraud as well as abuse or neglect of residents in health care facilities, board and care facilities, and of Medicaid beneficiaries in noninstitutional or other settings is also included. The purpose of the enrollment orientation is to help ensure that QSPs understand the responsibilities of

providing state and federally funded services to TPMs and to deter individuals who may try to take advantage of the HCBS system for personal gain. The orientation was implemented in January 2024 and will be periodically reviewed and updated. **(Ongoing Strategy)**

**Progress Report:**

This has been completed and will be updated as changes arise. The QSP Hub also provides a monthly Getting Started session for recently approved QSP's. This training provides more detailed information about each of these topics.

**New Strategy 5.** To build relationships and improve quality, Aging Services Program and Nurse Administrators are meeting with the leadership of all Residential Habilitation and Community Support Agencies to discuss program requirements, roles, and responsibilities of HCBS Case Managers and QSP Agency staff, and expectations for providing quality care and incident management. These meetings have been well received, and the Nurse Administrators will soon begin meeting with Extended Personal Care Nurses to improve communication and consistency of this important program. **(Estimated completion date December 13, 2025)**

**Progress Report:**

Nurse Administrators are conducting one-on-one meetings with Extended Personal Care Service providers as needed to educate them on service requirements and expectations. A training video has been recorded by the Nurse Administrator for providers to review at their convenience. Internal policies related to Extended Personal Care Services have been updated and HCBS Case Managers have been informed and trained on these changes. Additionally, the Nurse Administrator has developed a step-by-step protocol for the QSP Nurse Educator to follow when completing assessments. A similar protocol outlining the role of the HCBS Case Manager in Extended Personal Care Services has also been created. In response to any QSP complaints, Nurse Administrators re-educate the providers during a one-on-one meeting and review relevant policies and procedures.

## Section XVI Performance Measure(s)

Number and percent of critical incident reports that were reported, by agency and facility providers, on time.

This information is not currently tracked by agency and facility providers. The State will work with the Case Management vendor to create a report that tracks individual and agency QSPs separately.

- December 14, 2024 – December 31, 2024: 10/11 – 91%
- January 2025: 32/37 – 86%
- February 2025: 9/16 – 56%
- March 2025: 22/33 – 67%
- April 2025: 17/26 – 65%

- May 2025:  17/23 – 74%
- June 1- June 13, 2025: 5/7 – 71%
- Avg total for reporting period: 95/130 – 73%

Percent of Agency QSPs required to have a QI program in place that have one.

- 61.24% of Agency QSPs who are required to have a QI program in place have one.
  1.91% of Agency QSPs are considered non-compliant with the QI program. Audits are ongoing as new agencies enroll as providers.

Number of critical incident reports that have an associated complaint.

- 16 incidents out of 154 reported to the DOJ had an associated complaint.

Number of amendments reported.

- There were no waiver amendments to report during this reporting period.

Number of TPM complaints and outcomes.

- Link to Appendix B

## APPENDIX A

### Methods Used for Services Authorized/Services Utilized Project

**Data Files**

The QSP Resource Hub received North Dakota Medicaid claims for any beneficiary who received home and community based (HCBS) services during the time frame of July 1, 2021 through June 30, 2023. A total of four files were used including eligibility, outpatient claims, authorizations, and an authorization grouping file.

**Methods**

Inclusion Criteria

A total of 3,720 unique beneficiary IDs were examined for enrollment to determine how many beneficiary IDs had complete enrollment of 24 months. Coverage types for inclusion were Home and Community Based Services Waiver, Medicaid Fee for Service, and Service Payments for the Elderly and Disabled. A total of 1,626 beneficiaries, or 43.7% of the initial sample, were identified as having 24 months of enrollment on any of the required eligibility types, this subset will be referred to as the analysis population for the remainder of this document.

All outpatient claims were examined to identify those claims attributed to the analysis population. Of the initial outpatient claims sample, 61.3% were attributed to the analysis population. Attributed outpatient claims were then examined for the presence of an authorization in the authorization file. Of the claims attributed to the analysis population, 95.8% had an authorization. All attributed outpatient claims with an authorization were then considered for analysis. All analysis utilized summarization of claim units across authorizations, those claim unit totals that did not match the total authorized units were excluded from analysis.

**Analysis**

All claims with an authorization for the analysis population were examined at a procedure code level, a procedure code by county level, and at a month level for the procedure codes S5120 – chore and T2001 – non-medical transportation. The outpatient claims data were stratified into two subsets with one summarizing those claims and authorizations delivered by one service provider. The second subset summarized those claims and authorizations where multiple service providers were identified. These subsets were used to prevent duplication. All analysis includes a summary of unique authorizations, number of authorized services, number and percent of services used, and number and percent of services remaining.

Procedure Code Analysis

Analysis was conducted at a procedure code level to determine the number of authorizations, authorized units, authorized units used, and authorized units remaining. The file MedicaidAuthSummaryUpdatedMay2025.xlsx [AuthSummary tab] contains the procedure code level summary.

Procedure Code by County Analysis

Analysis was conducted at a procedure code and county level to determine the number of authorizations, authorized units, authorized units used, and authorized units remaining. The file

MedicaidAuthSummaryUpdatedMay2025_Follow_Ups.xlsx contains the procedure code by county summary [County Data tab].

Chore and Transportation by Month Analysis

Analysis was conducted at a procedure code and county level to determine the number of authorizations, authorized units, authorized units used, and authorized units remaining. The file MedicaidAuthSummaryUpdatedMay2025_Follow_Ups.xlsx contains the procedure codes for chore and non-medical transportation by month [Chore and Transport tab].

**The chart below includes the results of the North Dakota statewide HCBS data analysis. County specific data is available upon request.**

| Procedure | Authorization Class | Statewide | |
|---|---|---|---|
| | | N | % |
| 00001 - Family Home Care | Authorizations | 433 | |
| | Authorized Services | 56,799 | |
| | Services Used | 42,598 | 75.0% |
| | Services Remaining | 14,201 | 25.0% |
| S5108 - Nurse Education Care | Authorizations | 93 | |
| | Authorized Services | 1,586 | |
| | Services Used | 882 | 55.6% |
| | Services Remaining | 704 | 44.4% |

| | | | |
|---|---|---|---|
| S5115 – Extended Personal Care | Authorizations | 241 | |
| | Authorized Services | 59,977 | 48.0% |
| | Services Used | 28,801 | 48.0% |
| | Services Remaining | 31,176 | 52.0% |
| S5120 - Chore -Labor | Authorizations | 210 | |
| | Authorized Services | 17,676 | |
| | Services Used | 8,289 | 46.9% |
| | Services Remaining | 9,387 | 53.1% |
| S5126 - Community Support Services | Authorizations | 113 | |
| | Authorized Services | 12,386 | |
| | Services Used | 10,206 | 82.4% |
| | Services Remaining | 2,180 | 17.6% |
| S5130 - Homemaker Service | Authorizations | 4,033 | |
| | Authorized Services | 671,004 | |
| | Services Used | 380,006 | 56.6% |
| | Services Remaining | 290,998 | 43.4% |
| S5135 - Supervision/Companionship Services | Authorizations | 155 | |
| | Authorized Services | 347,852 | |
| | Services Used | 258,543 | 74.3% |
| | Services Remaining | 89,309 | 25.7% |
| S5136 - Family Personal Care | Authorizations | 254 | |
| | Authorized Services | 33,587 | |
| | Services Used | 27,922 | 83.1% |

| | | | |
|---|---|---|---|
| | Services Remaining | 5,665 | 16.9% |
| S5140 - Adult Foster Care | Authorizations | 15 | |
| | Authorized Services | 1,394 | |
| | Services Used | 1,021 | 73.2% |
| | Services Remaining | 373 | 26.8% |
| S5150 - Respite Care | Authorizations | 173 | |
| | Authorized Services | 83,458 | |
| | Services Used | 51,601 | 61.8% |
| | Services Remaining | 31,857 | 38.2% |
| S5160 - Installation ERS | Authorizations | 127 | |
| | Authorized Services | 133 | |
| | Services Used | 127 | 95.5% |
| | Services Remaining | 6 | 4.5% |
| S5161 - Emergency Response System (ERS) | Authorizations | 3,584 | |
| | Authorized Services | 12,001 | |
| | Services Used | 11,568 | 96.4% |
| | Services Remaining | 433 | 3.6% |
| S5165 - Environmental Modification | Authorizations | 6 | |
| | Authorized Services | 6 | |
| | Services Used | 6 | 100.0% |
| | Services Remaining | - | 0.0% |
| | Authorizations | 1,387 | |
| | Authorized Services | 142,473 | |

| | | | |
|---|---|---|---|
| S5170 - Home Delivered Meals | Services Used | 113,526 | 79.7% |
| | Services Remaining | 28,947 | 20.3% |
| T1019 - Personal Care Service- | Authorizations | 3,512 | |
| | Authorized Services | 4,009,359 | |
| | Services Used | 2,995,374 | 74.7% |
| | Services Remaining | 1,013,985 | 25.3% |
| T1020 - Personal Care Service- | Authorizations | 112 | |
| | Authorized Services | 22,290 | |
| | Services Used | 9,786 | 43.9% |
| | Services Remaining | 12,504 | 56.1% |
| T2001 - Non-Medical Transportation | Authorizations | 1,912 | |
| | Authorized Services | 138,927 | |
| | Services Used | 57,301 | 41.2% |
| | Services Remaining | 81,626 | 58.8% |
| T2016 - Residential Habilitation | Authorizations | 107 | |
| | Authorized Services | 9,143 | |
| | Services Used | 6,787 | 74.2% |
| | Services Remaining | 2,356 | 25.8% |
| T2019 - Supported Employment | Authorizations | 32 | |
| | Authorized Services | 14,416 | |
| | Services Used | 5,403 | 37.5% |
| | Services Remaining | 9,013 | 62.5% |

| | | | |
|---|---|---|---|
| T2021 – Transitional Living | Authorizations | 22 | |
| | Authorized Services | 45,088 | |
| | Services Used | 33.323 | 73.9% |
| | Services Remaining | 11,765 | 26.1% |
| T2028 – Specialized Equipment | Authorizations | 11 | |
| | Authorized Services | 11 | |
| | Services Used | 11 | 100% |
| | Services Remaining | - | 0% |
| T2031 – Adult Residential Service/Personal Care-Assisted Living | Authorizations | 246 | |
| | Authorized Services | 29,521 | |
| | Services Used | 24,379 | 82.6% |
| | Services Remaining | 5,142 | 17.4% |
| **All Procedure Codes** | **Authorizations** | **16,778** | |
| | **Authorized Services** | **5,709,086** | |
| | **Services Used** | **4,067,460** | **71.2%** |
| | **Services Remaining** | **1,641,626** | **28.8%** |

**APPENDIX B**

| Complaint Type | Number of complaints | Unsubstantiated | Substantiated | In Progress | Remediation provided |
|---|---|---|---|---|---|
| Abuse/Neglect/Exploitation | 9 | 5 | 1 | 3 | 1- complaint of A/N/E was substantiated the referral was accepted by the MFCU<br>2-complaints of A/N/E were closed |
| Illness and Injury that resulted from unsafe or unsanitary conditions | 2 | 1 | 1 | | 1-complaint of unsafe conditions was substantiated; the agency has been sanctioned and is being investigated by Program Integrity |
| Serious Medication Errors | 0 | 0 | 0 | | |
| Care Unacceptable to Department | 42 | 13 | 5 | 24 | 5-complaints with care unacceptable to the Department were closed as substantiated with remediation |
| Criminal Behavior | 1 | 1 | 0 | 0 | |
| Criminal History | 0 | 0 | 0 | 0 | |
| Theft | 4 | 2 | 1 | 1 | 1-complaint of theft was substantiated. The employee was terminated from employment and the agency is being investigated by Program Integrity |
| Under the influence of Drugs | 1 | 1 | 0 | 0 | |
| Absenteeism | 5 | 3 | | 2 | |
| Criminal Activity | 0 | 0 | 0 | 0 | |
| Inappropriate Billing | 9 | 5 | 2 | 2 | 1-Provider was terminated<br>1- MFCU Investigating |
| Property Damage | 0 | 0 | 0 | 0 | |
| Breach of Confidentiality | 0 | 0 | 0 | 0 | |
| Disrespectful | 1 | 1 | 0 | 0 | |
| Self-Neglect | 0 | 0 | 0 | 0 | |
| | 74 | 32 | 10 | 32 | |