



September 21, 2022

**Subject: 2.2.1 Review Alignment of Policy Goals and Rate Methodology**

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The following goals and objectives were developed during the kickoff meeting for this project and further generated during steering committee meetings. All policy goals for North Dakota were compared with the DOJ Settlement Agreement and contract for this engagement to ensure goals and objectives were comprehensive.

While the settlement agreement is specific to people on waivers for physical disabilities who are over the age of 21 and, eligible or likely to become eligible to receive Medicaid long-term services and supports, all waivers are being reviewed in the context of this project, except for the waiver for people with intellectual or developmental disabilities (ID/DD). The following policy goals were established by the Steering Committee for this project.

The following reflects overarching policy goals with objectives listed below each goal.

1. Establish a formal rate setting process for the state.
  - a. Establish daily rates and simplify combinations of services
2. Increase the number of providers across all waivers
  - a. Decrease documentation needs and administrative burden for all providers
  - b. Align and provide consistent reimbursement for services across all waivers
  - c. Mitigate issues of nonpayment for consumer cost sharing
  - d. Incentivize private, family, personal caregivers to continue as a provider when family member no longer needs care
  - e. Eliminate payment issues
3. Increase access to and awareness of services available
  - a. Increase education for and awareness of advocacy organizations in North Dakota
  - b. Support rural development organization to determine the feasibility of creating a cooperative rural provider pool.
  - c. Increase the number of providers
4. Strengthen Care Coordination
  - a. Create a seamless service experience for recipients across their lifespan
  - b. Provide behavioral health training for providers who care for consumers with co-occurring behavioral health conditions
  - c. Ease burden on case managers across waivers
  - d. Accommodate need for intermittent care
  - e. Reintegrate personal care into all waiver types
  - f. Create consistent rural differential payment across all waiver types

The following pages include tables describing the goals, objectives, progress towards them, and metrics the state can use to measure progress toward achieving the goals and objectives listed herein.

Alignment of Policy Goals and Rate Methodology	
<b>Goal 1.</b>	<b>Establish a formal rate setting process for the state.</b>
<b>Progress</b>	The North Dakota Department of Human Services (ND DHS) entered into contract with CBIZ Optumas to engage in a formal rate setting process. That process is approximately 30% complete. Upon its completion, ND DHS will have a formal rate setting process in place. The engagement will be completed by November 11, 2022.
<b>Metrics</b>	<ol style="list-style-type: none"> <li>1. Completion of the final report, documenting the formal rate setting process.</li> <li>2. Implementation of daily rates by all waiver programs in the state.</li> </ol>
<b>Objective a.</b>	<b>Establish daily rates and simplify combinations of services</b>
<b>Progress</b>	The North Dakota Department of Human Services (ND DHS) secured a contract with CBIZ Optumas to engage in a formal rate setting process. That process is approximately 30% complete. ND DHS will have formal rate setting process recommendations including daily rates for the most common service combinations by November 11, 2022.
<b>Metrics</b>	Daily rates for the most common service combinations will be included at the completion of final report documenting the formal rate setting process.

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<b>Goal 2.</b>	<b>Increase the number of providers across all waivers</b>
<b>Progress</b>	<ol style="list-style-type: none"> <li>1. In January 2022, the state entered into contract creating the Direct Service Workforce/Family Caregiver Resource and Training Center (DSW/FCRC), operated through an initial three-year contract with the University of North Dakota (UND) School of Medicine and Health Sciences Center for Rural Health. One of the activities in the scope of work for the project is to create recruitment strategies for Qualified Service Providers (QSPs).</li> <li>2. Additionally, a competitive grant process to support the development and expansion of QSP agencies was started in 2021. A second round of grants is planned for this year targeting geographic areas lacking in providers.</li> <li>3. Finally, funds are being made available through North Dakota’s ARPA 9817 funds to pay for bonuses to recruit new providers or retain existing providers. Agencies can apply for both types of bonus funding. Individual providers are also able to apply. This funding application was released in March 2022.</li> </ol>
<b>Metrics</b>	An incremental increase in the number of providers quarterly, bi-annually, and annually after implementation of the UND contract.
<b>Objective a.</b>	<b>Decrease documentation needs and administrative burden for all providers</b>
<b>Progress</b>	The department had a target completion date of April 1, 2022 to streamline the agency and individual QSP enrollment process and revise the current enrollment paperwork. That deadline has been changed to December 2022.

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<b>Metrics</b>	Enrollment, reporting, and billing processes are all simplified as experienced and reported by providers.
<b>Objective b.</b>	<i>Align and provide consistent reimbursement for services across all waivers</i>
<b>Progress</b>	Several waivers pay the same rate for similar or the same services.
<b>Metrics</b>	Rates are the same for services provided across all North Dakota Medicaid waivers and state programs such as SPED and EX-SPED.
<b>Objective c.</b>	<i>Mitigate issues of nonpayment for consumer cost sharing</i>
<b>Progress</b>	The state has explored options for this but still struggles to find a solution.
<b>Metrics</b>	Service recipients responsible for a cost share pay it in full and on time.
<b>Objective d.</b>	<i>Incentivize private family personal caregivers to continue as a provider when a family member no longer needs care</i>
<b>Progress</b>	The state has begun this process by recruiting family caregivers once the family member they are providing care for is no longer in need.
<b>Metrics</b>	The number of private family personal caregivers who choose to stay on to care for TPMs who are not in their family.
<b>Objective e.</b>	<i>Eliminate payment issues</i>
<b>Progress</b>	Through a direct interface between this system and the Medicaid Management Information System (MMIS), QSPs can seamlessly complete their billing. This has allowed QSPs to bill with more frequency, improving their ability to manage their own resources. However, providers across programs are still currently reimbursed at different rates.
<b>Metrics</b>	Complaints regarding payment issues decrease to none or very few.

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<b>Goal 3.</b>	<b>Increase access to and awareness of services available</b>
<b>Progress</b>	In November 2021, the department began hosting webinars explaining HCBS funding for older adults and adults with physical disabilities. Individuals who could benefit from services, their family members, and community entities that work with older adults and adults with physical disabilities were encouraged to participate. Thirteen webinars were scheduled between January and July 2022. Recordings of the webinars are also available on the Aging Services website.
<b>Metrics</b>	Targeted Program Members (TPMs), and their families know to reach out through the Human Service Zones or ADRL offices.
<b>Objective a.</b>	<i>Increase education for and awareness of advocacy organizations in North Dakota</i>
<b>Progress</b>	AARP has a state branch in North Dakota.

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<b>Metrics</b>	Additional advocacy groups outside of AARP develop or open in the state.
<b>Objective b.</b>	<b><i>Support rural development organization to explore the feasibility of creating a cooperative rural provider pool</i></b>
<b>Progress</b>	The DSW/FC RC, operated through an initial three-year contract with the University of North Dakota (UND) School of Medicine and Health Sciences Center for Rural Health is the chosen organization for this objective.
<b>Metrics</b>	<ol style="list-style-type: none"> <li>1. Cooperative rural provider pool is established as of 2023.</li> <li>2. Decrease in recipients living in rural areas who cannot find a provider.</li> </ol>

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<b>Goal 4.</b>	<b>Strengthen Care Coordination</b>
<b>Progress</b>	Training has been provided by the SME to case managers, transition coordinators, and Center for Independent Living staff on complete, consistent documentation as well as person-centered planning.
<b>Metrics</b>	<ol style="list-style-type: none"> <li>1. Ongoing training or training resources provided for case managers, transition coordinators and Center for Independent Living staff is available and being utilized.</li> <li>2. Reviews of person-centered documentation on an annual basis show consistent and accurate strengthened person-centered care coordination and utilization.</li> </ol>
<b>Objective a.</b>	<b><i>Create a seamless service experience for recipients across their lifespan</i></b>
<b>Progress</b>	<ol style="list-style-type: none"> <li>1. The department uses the Life Domain Vision Tool developed by LifeCourse Nexus to capture information about the TPM, their desires and needs. The tool serves as the primary resource for person-centered planning.</li> <li>2. A myriad of state forms have been replaced with more targeted tools, better enabling person-centered planning across the lifespan.</li> <li>3. The State’s Money Follows the Person (MFP) program remains involved with the TPM for a full year after enrollment assuring a smooth transition to living in the most integrated setting possible. CMS authorized additional Money Follows the Person (MFP) funding to allow hiring of 10 additional full-time staff to assist with transitioning nursing home residents to integrated community settings.</li> </ol>
<b>Metrics</b>	TPMs report a seamless experience throughout their lifetimes in ongoing annual audits and/or surveys.
<b>Objective b.</b>	<b><i>Provide behavioral health training for providers who care for consumers with co-occurring behavioral health conditions</i></b>
<b>Progress</b>	Discussions between ND and Optumas have begun during project meetings to discuss options for this objective.
<b>Metrics</b>	<ol style="list-style-type: none"> <li>1. Number of providers taking the training.</li> <li>2. Providers report being better equipped to manage their consumer’s behavioral health needs.</li> </ol>
<b>Objective c.</b>	<b><i>Ease burden on case managers across waivers</i></b>

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<b>Progress</b>	The State will engage in a pilot by hiring a staff member who could act as a service/provider navigator to help case managers and consumers find QSPs. This would initially be a pilot project to prove the concept works.
<b>Metrics</b>	<ol style="list-style-type: none"> <li>1. Review of required case management documentation to eliminate unnecessary or duplicative documentation to reduce the amount of time case managers spend on administrative tasks.</li> <li>2. Determine if statutes, regulations, or policies need revision to streamline administrative processes.</li> <li>3. Reduce cases pending from 50.8% to 20% or less at any given time.</li> </ol>
<b>Objective d.</b>	<b><i>Accommodate need for intermittent care</i></b>
<b>Progress</b>	Discussions between ND and Optumas have begun during project meetings to discuss options for this objective.
<b>Metrics</b>	<p>A list of on-call providers and agencies exists.</p> <p>TPMs with intermittent care needs report no issue with finding providers.</p>
<b>Objective e.</b>	<b><i>Reintegrate personal care into all waiver types</i></b>
<b>Progress</b>	Discussions between ND and Optumas have begun during project meetings to discuss options for this objective.
<b>Metrics</b>	Personal care services are an option on all waivers.
<b>Objective f.</b>	<b><i>Create consistent rural differential payment across all waiver types</i></b>
<b>Progress</b>	Several waivers currently include a rural differential payment.
<b>Metrics</b>	Rural differential payments are applied across all waivers.