



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

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

1,592

INDIVIDUALS REFERRED TO
HCBS CASE MANAGEMENT IN
QUARTERS 1 - 4 OF 2023

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There were 1,592 referrals to HCBS in 2023. Sixty-three percent (63%) of referrals sent to the HCBS Case Managers during that timeframe became an open case. The number is down from 2022 because the State continues to refine the intake process to better determine financial eligibility and sends less referrals to the case managers for people who may not qualify.

The Aging and Disability Resource Link (ADRL) centralized intake system continues to be an efficient and effective way to provide information and apply for HCBS in ND.

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

1,854 TOTAL INDIVIDUALS REFERRED TO HCBS
CASE MANAGEMENT IN **2022**

1,893 TOTAL INDIVIDUALS REFERRED TO HCBS
CASE MANAGEMENT IN **2021**

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In calendar year 2022, 55% of the referrals that were sent to the HCBS Case Managers became an open case. In 2023 that number increased by 8%. The State believes this is an indication that the Aging and Disability Resource Link (ADRL) centralized intake system is effective in predicting who might be eligible for assistance in receiving HCBS. Six (6) Adult and Aging Services employees answer calls and respond to web referrals Monday – Friday from 7:00 am - 6:00 pm (CST).

ADRL staff complete a centralized intake interview with the individual/family/legal decisionmaker that helps to determine if the person would likely qualify for one of the HCBS programs. If they may qualify, the case is referred to an HCBS Case Manager. The HCBS Case Manager then makes a home visit to complete a functional assessment, determines final eligibility, conduct person centered planning, and authorizes necessary care.

CASE MANAGEMENT CASE LOADS

119

QUARTERS 1 - 4 OF 2023
AVERAGE MONTHLY
WEIGHTED CASELOAD
PER HCBS CASE MANAGER

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There are 70 HCBS Case Managers who carry an average weighted caseload of 119 cases. The average weighted caseload of each case manager went up from an average of 117 in 2022.

The Department hired seven (7) additional HCBS case managers that were authorized in the 2023-2025 budget. Three (3) of the positions will only provide case management for individuals living in Basic Care. Basic Care cases will be removed from the other HCBS Case Managers caseloads. This will free up time for staff to provide additional case management to individuals with complex needs. The state expects the average weighted caseload to go down in 2024.

CASE MANAGEMENT CASE LOADS

117  AVERAGE MONTHLY
WEIGHTED CASELOAD
PER CASE MANAGER
IN **2022**

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The average weighted caseload per month per HCBS Case Manager increased slightly from 2022 (117) to 2023 (119). The State believes an ideal average monthly weighted caseload would be about 100 per case manager.

CASE MANAGEMENT CASE LOADS

110  AVERAGE MONTHLY
WEIGHTED CASELOAD
PER CASE MANAGER
IN **2021**

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The average weighted caseload per month per HCBS Case Manager increased from 2021 (110) 2022 (117) to 2023 (119). This is a reflection of the increase in referrals for HCBS. The State believes an ideal average monthly weighted caseload would be about 100 per case manager

AGING AND DISABILITY RESOURCE LINK (ADRL) INFORMATION AND ASSISTANCE (I & A) CONTACTS

49,187

UNIQUE I & A INQUIRIES IN
QUARTERS 1 - 4 OF 2023

- 15,502 CALLS
- 39,272 WEBSITE HITS
- 33,685 UNIQUE WEBSITE HITS
- 1,440 WEB INTAKE REFERRALS

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The implementation of the ADRL centralized intake system has allowed the State to streamline the process to apply for HCBS and receive information about other community-based services.

The ADRL is also an information and referral service. There are three (3) ways people can get information; by phone, email, or submitting a web intake. The ADRL has allowed the State to create better awareness of HCBS options which is a requirement of the US DOJ SA. The average wait time before a call is answered live by an Adult and Aging Services team member continues to be one (1) minute.

There was a total of 49,187 contacts in 2023 up 13% from 2022.

AGING AND DISABILITY RESOURCE LINK (ADRL) INFORMATION AND ASSISTANCE (I & A) CONTACTS

43,475

TOTAL UNIQUE I & A
INQUIRIES IN **2022**

- 14,255 CALLS
- 33,691 WEBSITE HITS
- 29,220 UNIQUE WEBSITE HITS
- 1,198 WEB INTAKE REFERRALS

34,487

TOTAL UNIQUE I & A
INQUIRIES IN **2021**

- 11,207 CALLS
- 28,092 WEBSITE HITS
- 23,280 UNIQUE WEBSITE HITS
- 576 WEB INTAKE REFERRALS

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Total inquiries to the ADRL central intake system have steadily increased since it was implemented in September of 2020. Some of this is due to a successful advertisement campaign on social media.

There was a 26% increase in total inquiries from 2021-2022. Total inquiries increased again by 13% in 2023.

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

2,236

TPMs SERVED IN A SNF in **Quarter 4 of 2023**

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There were 2,236 Medicaid eligible individuals who received services in a skilled nursing facility in 2023. This number includes all Medicaid eligible individuals who were approved for a short or long-term stay. Individuals who receive care in a skilled nursing facility for less than 90 days are not considered a target population member under the Settlement Agreement.

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

2,438 TPMs SERVED IN A SNF IN **2022**

2,376 TPMs SERVED IN A SNF IN **2021**

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Data updated annually.

There was a slight increase (3%) in the number of Medicaid residents that received services in a nursing facility from 2021-2022. However, there was an 8% decrease in the number in 2023. The decrease is likely due to more eligible individuals choosing to receive services in the home.

About 50% of nursing home residents are Medicaid residents. This number includes all Medicaid eligible individuals who were approved for a short or long-term stay.

TOTAL UNDUPLICATED INDIVIDUALS RECEIVING CARE UNDER ALL HCBS FUNDING SOURCES

2,739

AVERAGE NUMBER OF
INDIVIDUALS SERVED IN
2023

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The average number of active consumers for 2023 is 2,739 which is an 8% increase since 2022.

In 2023, 2,785 adults with physical disability and older adults, accessed one of the four (4) funding sources available to help this population remain in the most integrated setting that meets their needs.

Aging Services administers the following federal and state programs that help eligible individuals receive services in their homes and community.

- Service Payments to the Elderly and Disabled (SPED)
- Expanded - Service Payments to the Elderly and Disabled (Ex-SPED)
- Medicaid State Plan – Personal Care (MSP-PC)
- HCBS 1915 (c) Medicaid waiver (HCBS waiver)

AVERAGE UNDUPLICATED INDIVIDUALS RECEIVING CARE UNDER ALL HCBS FUNDING SOURCES

2,365

AVERAGE NUMBER OF
INDIVIDUALS SERVED IN
2021

2,537

AVERAGE NUMBER OF
INDIVIDUALS SERVED IN
2022

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12

The average number of unduplicated individuals who were served under HCBS increased 7.27% between 2021 & 2022.

TPM UTILIZING STATE OR FEDERALLY FUNDED HCBS

660
TOTAL OF
UNDUPLICATED TPMs
SERVED IN **QUARTERS 1 - 4 OF 2023**

315 TOTAL OF NEW UNDUPLICATED
HCBS DIVERSIONS THAT OCCURRED IN
QUARTERS 1 - 4 OF 2023

- 52 DIVERTED FROM A SNF ON SPED
- 250 DIVERTED FROM A SNF ON MW
- 89 DIVERTED FROM A SNF ON MSP B OR C

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13

There are 660 unduplicated TPMs who are currently receiving HCBS. In 2023, 315 new TPMs were diverted from a skilled nursing facility and are receiving necessary care in the home. Since 2021, the average number of new TPMs diverted per year is 298.

All 315 of the new individuals meet the functional requirements to receive care in the nursing home and are Medicaid eligible but choose to receive care in the most integrated setting that meets their needs. The State strives to divert as many TPMs as possible, so they can avoid institutional placement, even for a short period of time.

TPM UTILIZING STATE OR FEDERALLY FUNDED HCBS

494

UNDUPLICATED TPMs
SERVED IN **2022**

308 NEW UNDUPLICATED
HCBS DIVERSIONS OCCURRED

- 92 DIVERTED FROM A SNF ON SPED
- 221 DIVERTED FROM A SNF ON MW
- 52 DIVERTED FROM A SNF ON MSP B OR C

273

NEW UNDUPLICATED HCBS
TPMs WERE DIVERTED AND
SERVED IN
2021

- 104 DIVERTED FROM A SNF ON SPED
- 144 DIVERTED FROM A SNF ON MW
- 65 DIVERTED FROM A SNF ON MSP B OR C

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14

There was an 81% increase in the number of unduplicated TPMs who received HCBS in their home or community from 2021 to 2022. In 2023 the percent increase from 2022 is 34%. The majority of TPMs utilize the services available under the HCBS 1915(c) Medicaid waiver.

In 2022, for the first time in the history of the waiver, the State increased slots (number of people allowed to be served) to account for the growth and interest in HCBS as an alternative to institutional living. The State currently adds about 20 TPMs to the waiver each month and about 10 cases close each month. The net gain is 10 per month.

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

118

TPMs WHO TRANSITIONED IN
QUARTERS 1 - 4 OF 2023

73

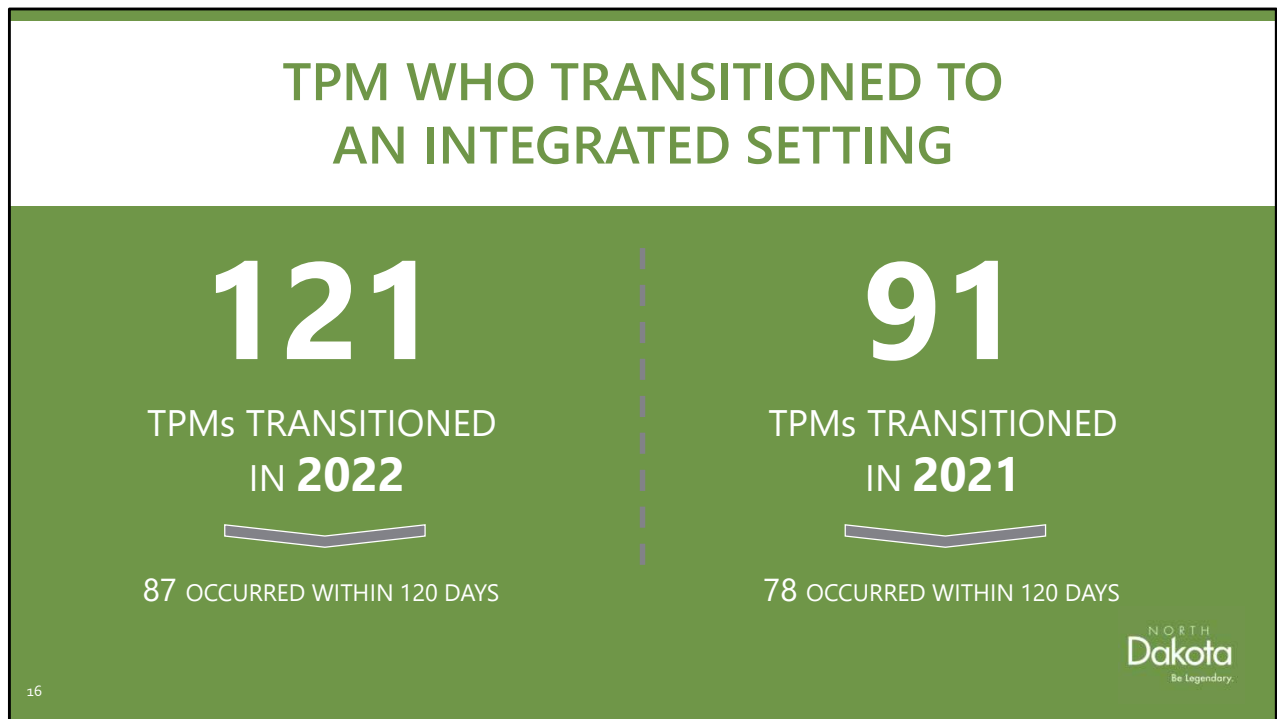
TRANSITIONS THAT OCCURRED
WITHIN 120 DAYS IN
QUARTERS 1 - 4 OF 2023

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In 2023, 118 TPMs have moved back to the community. The US DOJ SA requires that TPMs be transitioned within 120 days of requesting transition support services. The percent of transitions that occur within the 120-day timeframe continues on a downward trend. This speaks to the increasing complexity of barriers to transition. The State is developing and implementing additional strategies to further address these issues.

Sixty-two percent (62%) of TPMs (73) were transitioned within that time frame. Some transitions take more time because there are significant barriers that must be overcome before a TPM is ready to move to the community. The State staffs transitions that have been pending for 90 or more days with transition team members i.e., Transition Coordinator, HCBS Case Manager and the Housing Facilitator, to ensure that all steps have been taken to allow for a safe and efficient move back to the community. The State is committed to helping TPMs transition back to the community, however long it takes, if that is their preference and not until a transition plan is in place to ensure safe transition.



There was a 33% increase from 2021 to 2022 in the number of TPMs who successfully transitioned back to the community. The number of transitions that occurred within the required 120-day timeframe also increased. There was a 12% increase in the number of transitions occurring within the 120-day timeframe from 2021 to 2022

Since 2008 the State has a Money Follows the Person (MFP) grant that provides transition services to help Medicaid eligible individuals receive the necessary person-centered planning and support services necessary to create a successful transition plan. From 2008 to 2023 there have been a total of 900 transitions, 278 Elder, 359 Physical Disabilities, (224 DD & 39 Children).

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

34



LTSS OC VISITS THAT
RESULTED IN A TPM
TRANSITIONING TO THE
COMMUNITY IN
QUARTERS 1 - 4 OF 2023

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17

The US DOJ SA requires the State to provide information about HCBS options to all TPMs referred for a long-term stay in a skilled nursing facility (SNF). The required information is provided by long-term service and support options counselors. Long Term Service and Support Options Counselors (LTSS OC) receive the names of Medicaid eligible individuals who are referred to the SNF every working day. They are responsible to make an in-person visit to the SNF or hospital to provide HCBS information directly to the TPM and their legal decisionmaker to make sure they understand all their options covered under Medicaid.

This process has helped the State create more awareness of HCBS options. If an individual would like to further explore transition options from an institutional placement, their case is referred to a Money Follows the Person (MFP) Transition Coordinator. The State has seen an increase in the number of MFP referrals coming directly from the SNF. The State believes this is a result of the information shared during the LTSS OC visits. The process of talking about HCBS options has become normal and routine in the SNFs. Once a TPM hears about their HCBS options it may take some time to process the information, and once

ready, they ask the SNF to make the referral to MFP.

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

37



LTSS OC VISITS RESULTED IN A
TPM TRANSITIONING TO THE
COMMUNITY IN **2022**

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The US DOJ SA requires the State to provide information about HCBS to all TPMs which is accomplished in part by the in-person visits that are made with TPMs who are in hospitals or SNFs and will need services long-term. This resulted in 37 TPMs returning to the community. The State believes that the process of talking to all TPMs about HCBS, and visiting SNFs and hospitals every day has increased the awareness about HCBS throughout the State.

HOME MODIFICATIONS

29

HOME MODIFICATIONS
COMPLETED IN
QUARTERS 1 - 4 OF 2023

- 24 INSTALLED WITHIN
30 DAYS OF REQUEST
- 3 INSTALLED WITHIN
31-60 DAYS OF REQUEST
- 1 INSTALLED WITHIN
61-90 DAYS OF REQUEST
- 1 INSTALLED OVER
90 DAYS OF REQUEST

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19

If a TPM is going to receive care in their home and community, they need access to accessible and affordable housing. Some individuals have a home, but it no longer meets their needs because of a physical disability. Simple modifications to the home can make it much easier and safer to receive direct care at home. The State established an environmental modification workgroup and is continuously exploring new and innovative ways to try and make this service more accessible to TPMs. There are significant barriers to providing this service. Federal and state rules do not allow payment for materials or labor before services are rendered. Contractors often require up to a 50% down payment before they will start a construction project. This and other similar barriers have been impediments to increasing the number of environmental modification jobs that can be completed each year. The State is trying to recruit providers who are more willing to work within the current HCBS billing parameters.

The number of completed projects is 29, which is a 123% increase since 2022 when 13 modifications were completed. The vast majority 24/29 of these projects were completed within 30 days.

TPM ACCESSING RENTAL ASSISTANCE

62

TPMS WHO HAVE ACCESSED VARIOUS
FORMS OF RENTAL ASSISTANCE IN
QUARTERS 1 - 4 OF 2023

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20

Sixty-two (62) TPMs received rental assistance in 2023. Please note this data only includes the number of individuals who received rental assistance from the Housing General Fund or MFP Rental Assistance. Many other housing related services such as housing facilitation or subsidized housing have been provided to additional TPMs.

The Settlement Agreement requires the state to provide permanent supported housing to 60 TPMs by 12/14/2023. The State has met this requirement.

TPM ACCESSING RENTAL ASSISTANCE

36

TPM HAVE ACCESSED VARIOUS FORMS OF
RENTAL ASSISTANCE IN **2022**

13

TPM HAVE ACCESSED VARIOUS FORMS OF
RENTAL ASSISTANCE IN **2021**

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Access to affordable accessible housing can be a significant barrier to receiving HCBS in the most integrated setting. The number of individuals who received rental assistance from 2021 to 2022 more than doubled. Individuals were assisted through the MFP, State, Project Based, Housing Choice Voucher or Mainstream Voucher rental assistance programs. Eligible individuals are provided information and assistance in finding accessible affordable housing and applying for various forms of rental assistance with the help of Housing Facilitators that work with individuals across the State.

TPM RECEIVING PERMANENT SUPPORTED HOUSING

110 TPMs USING PERMANENT SUPPORTED
HOUSING IN **QUARTERS 1 - 4 OF 2023**

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22

There continues to be an increase in the number of individuals who receive permanent supported housing, and 110 of the 118 TPMs who transitioned in 2023 used these housing supports.

Permanent supported housing services can include, but are not limited to, access to a housing facilitator who will help the individual who is transitioning locate and secure housing in the community. Housing facilitators can help an individual apply for housing assistance, gather required documentation necessary to rent an apartment, and negotiate issues with landlords.

The State has begun to track data that will also capture the number of TPMs living in the community who are receiving supported housing. This information will be added to future reports.

TPM RECEIVING PERMANENT SUPPORTED HOUSING

99

TPMs USING PERMANENT SUPPORTED
HOUSING IN **2022**

28

TPMs USING PERMANENT SUPPORTED
HOUSING IN **2021**

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23

There was a significant increase in the number of TPMs receiving permanent supported housing from 2021-2022. Access to affordable accessible housing continues to be a significant barrier to people being diverted or transitioning from institutional placement.

The State is working to address housing barriers and establishing relationships with the State Housing and Finance agency and any other members of the housing community who are also committed to helping TPMs access the housing they need to successfully live in their community.

TPM WHO MAINTAINED HOUSING IN COMMUNITY DURING A SNF STAY

8



TPMs WHO MAINTAINED THEIR
HOUSING IN THE COMMUNITY
DURING A SNF STAY IN
QUARTERS 1 - 4 OF 2023

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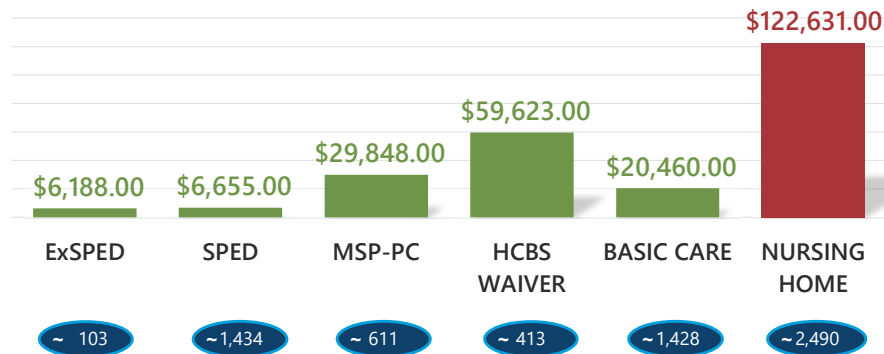
24

In 2023 the State started collecting data about the number of individuals who were able to keep their housing after entering a skilled nursing facility. The LTSS OC have been trained to ask individuals if it is their intention to return to their home as part of the LTSS OC visit.

If a TPM says it is their intent to move home, the LTSS OC works with the facility social worker and others to make sure the necessary steps have been taken to secure housing in the community are completed.

SFY23 AVERAGE ANNUAL INDIVIDUAL COST COMPARISON BY HCBS FUNDING SOURCE AND AVERAGE ANNUAL COST OF SNF CARE

~ XXX = Number of recipients



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There are many benefits to providing HCBS. HCBS is the preferred option of most people who require some type of LTSS to live safely and take care of their daily needs. It is also generally cheaper and takes fewer federal and state resources to provide.

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

TPM PERSON CENTERED PLANS (PCP)

HCBS PCPs CREATED FOR TPMs IN
THE COMMUNITY FOR
QUARTERS 1 -4 OF 2023

1,741

LTSSOC
AND MFP PCPs CREATED FOR
TPMs IN A SNF FOR
QUARTERS 1 - 4 OF 2023

1,935

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HCBS Case Managers complete a PCP with all HCBS recipients. Most of the planning meetings are completed face to face in the TPMs home.

The LTSS OC also complete a PCP with TPMs who reside in the skilled nursing facility around the time of their annual nursing facility level of care redetermination. If they want to further explore the possibility of transitioning to a community setting, they are referred to MFP.

Residents have expressed appreciation for the visit as some TPMs do not have a lot of visitors and appreciate that they are being provided all their options.

TPM PERSON CENTERED PLANS (PCP)

1,064

HCBS PCPs CREATED FOR
TPMs IN THE COMMUNITY
IN **2022**

886

HCBS, LTSSOC AND MFP PCPs
CREATED FOR TPMs IN A SNF
IN **2022**

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In order to meet the requirements of the Settlement Agreement the State currently conducts person-centered planning with every TPM. Person-centered planning is led by the individual and their legal decision-maker and is based on their unique needs, goals, and preference for community or institutional living. Planning meetings are facilitated by an Adult and Aging Services team member and can take place in an individual's home, the hospital, or the nursing home.

This process has generated a lot of awareness about the HCBS options covered under Medicaid and has led to the increase in MFP transitions from the nursing home. Another added benefit for individuals who are currently living in the facility is to make sure they are aware of their rights and options for community living.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)



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

In 2023 the State has been working on various recruitment and retention strategies to encourage individuals and agencies to enroll to be a QSP. This includes contracting for a QSP Information and Assistance Hub, providing recruitment and retention funds directly to providers, awarding incentive grants to start or expand a QSP agency, and improving the QSP enrollment process. A new QSP enrollment portal was launched on January 3, 2024, to make it easier and faster to receive and process applications.

The number of new QSP agencies that enrolled with ND Medicaid tripled from 11 in 2022 to 34 in 2023. There was 32% decrease from 441 to 280 in the number of individual QSPs in that same time period. The exact reasons for this are unknown. The State

speculates that some providers may have waited to enroll until the new QSP enrollment portal was built.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

452
NEW QSPs
ENROLLED IN **2022**



441
NEW INDIVIDUAL QSPs
11
NEW AGENCY QSPs

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29

On average the State has about 1,100 QSPs enrolled to provide HCBS. About 750 of them are actively working and providing services each month. The State employs QSP provider navigators who help TPMs find a willing QSP who can meet their needs. In rural and frontier areas of the State it can be more difficult to find available QSPs.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

272

NEW QSP APPLICATIONS PROCESSED
WITHIN 14 CALENDAR DAYS IN
QUARTERS 1 - 4 OF 2023

76% IS THE MONTHLY AVERAGE OF APPS
PROCESSED WITHIN 14 CALENDAR DAYS

866

CALLS RECEIVED REQUESTING
ENROLLMENT ASSISTANCE FROM
THE QSP HUB, **44** OF THOSE
ENROLLED AS QSPs IN **QUARTERS**
1 - 4 OF 2023

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There are many federal and state requirements that must be met before an agency or individual is enrolled as a QSP. The State started approving new applicants in-house in January 2024. A vendor will continue to process revalidations that are currently in process until June 2024. A new QSP application portal is now being used for submission and review of all new agency and individual QSP applications. The new system will speed up the time it takes to complete and submit an application, and decrease the time it takes for an enrollment decision to be made. One of the goals of this project is to increase the number of applications that are processed within the two-week timeframe.

The State also contracts with a vendor to provide a QSP information and assistance Hub to provide support, training, and technical assistance to QSPs. The QSP Hub provided technical assistance to individuals via hundreds of calls to their system. Forty-four (44) of the individuals or agencies that received technical assistance went on to become enrolled QSPs in 2023. The monthly average of applications processed within 14 days improved from 49% in 2022 to 76% in 2023.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

75

NEW QSP APPLICATIONS
PROCESSED WITHIN 14
CALENDAR DAYS IN **2022**

49% IS THE MONTHLY AVERAGE OF APPS
PROCESSED WITHIN 14 CALENDAR DAYS

137

QSPs WHO RECEIVED
ENROLLMENT ASSISTANCE
FROM THE QSP HUB IN **2022**

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31

The QSP Hub provides direct support through their information and assistance line, individual enrollment assistance, and provides training opportunities to QSPs. The QSP Hub is continuously adding resources and is developing additional training that will be targeted toward the needs of QSPs. We expect the number of QSPs supported by the QSP Hub, and the number of those entities that successfully complete QSP enrollment to increase in 2023.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

76

QSP AGENCIES THAT EXPANDED
THEIR ARRAY OF SERVICES
IN **QUARTERS 1 - 4 OF 2023**

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This reflects the number of QSPs that expanded services in any part of North Dakota. The State modified the QSP application form to help QSPs understand what services they are qualified to provide when they initially enroll. This prevents the QSP from having to ask that it be provided to their service array and helps to shorten the time between provider selection and service delivery.

The new QSP enrollment portal will soon launch a feature for QSPs to make updates to their service array, address etc. in the online portal.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

27

NEW QSP AGENCIES SERVING
TRIBAL, RURAL, AND OTHER
UNDERSEVED COMMUNITIES
IN **QUARTERS 1 - 4 OF 2023**

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The State is committed to working directly with Tribes to improve access to HCBS for Native Americans living in ND. With help and direction from the University of North Dakota National Resource Center on Native American Aging, the State started meeting monthly with leaders from the Tribal QSP agencies. The intent is to listen and learn about the needs of American Indian elders with the goal of working with the Tribes to provide culturally informed HCBS.

The 27 new QSP agencies serving tribal, rural, and other underserved communities in 2023 is triple the nine (9) agencies in 2022.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

9

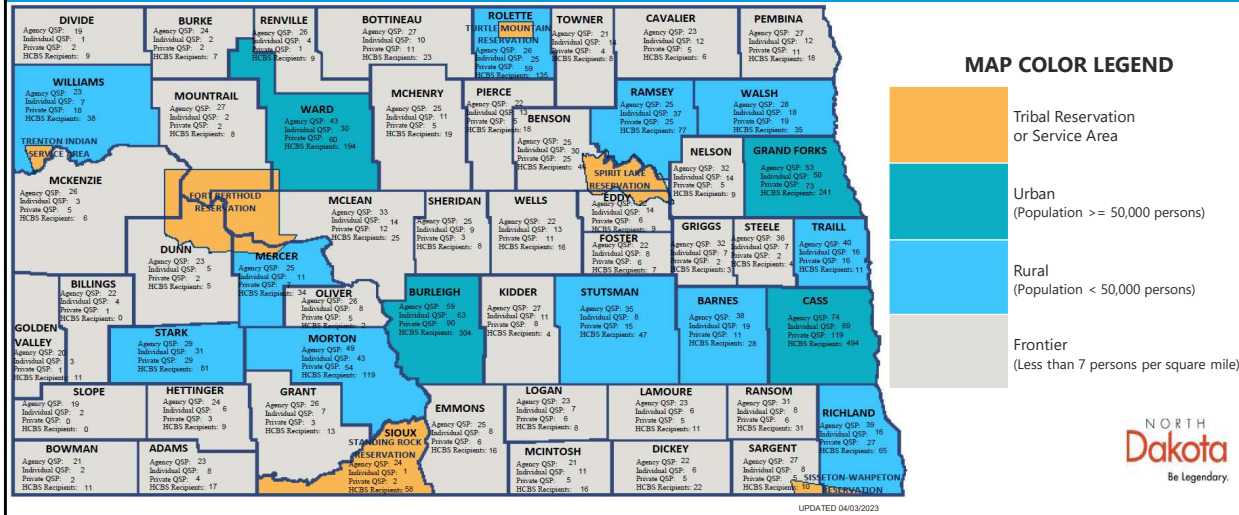
NEW QSP AGENCIES SERVING
TRIBAL, RURAL, AND
OTHER UNDERSEVED
COMMUNITIES IN **2022**

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There are nine (9) new agencies that enrolled to provide HCBS in tribal and other underserved areas of North Dakota in 2022.

HCBS QUALIFIED SERVICE PROVIDERS (QSP) TOTALS BY COUNTY



There is an agency or individual QSP enrolled to serve every county. There are some parts of ND where it is difficult to find enough QSPs to meet the demand for services. In some areas of western ND, the Government run Human Services Zone acts as one of the only agency QSPs in the area that have employees in the area to provide care.

TPM COMPLAINTS

148

TPM COMPLAINTS THAT WERE
RESPONDED TO WITHIN THE
REQUIRED TIMEFRAME
IN **QUARTERS 1 - 4 OF 2023**

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There were 148 complaints received about the care provided to TPMs in 2023 and all 148 were followed up on within the required two-week timeframe. Any individual or professional has a right to submit a complaint about HCBS at any time. Complaints can be made anonymously, and the State follows up on all complaints. The most frequent complaint issues include provider being absent without notice, poor care, property theft, and the provider having a criminal history.

The State screens individual QSPs to ensure they meet all provider requirements and requires agency QSPs to screen their employees. This includes reviewing criminal conviction history. If a complaint is substantiated, the State works to mitigate the situation through termination of provider status or other appropriate sanction. The State believes complaint numbers speak to the complexity of the care that is being provided.

TPM COMPLAINTS

96 

TPM COMPLAINTS WERE
RESPONDED TO WITHIN THE
REQUIRED TIMEFRAME
IN **2022**

NORTH
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37

There were 96 complaints received about the care provided to TPMs in 2022 and all 96 were followed up on with the required two-week timeframe. Most complaints are submitted by the HCBS case managers, received through the Vulnerable Adult Protective Services (VAPS) reporting line, or are the result of a critical incident report (CIR) submitted to Adult and Aging Services.

CRITICAL INCIDENT REPORTS (CIR)

70%

AVERAGE OF PROVIDER
COMPLETED CIRs REPORTED
WITHIN THE REQUIRED
TIMEFRAME IN
QUARTERS 1 - 4 OF 2023

NORTH
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Adult and Aging Services staff provide quarterly webinars about how and when to submit a critical incident report. The number of critical incident reports that are submitted within the required timeframe (24 hours of learning/knowing about the incident) has increased by 9% since 2022.

There can be significant turnover at QSP agencies, so the State is consistently educating providers about his very important requirement.

CIRs must be submitted about a TPM if there is a death; life-threatening illnesses or injuries; alleged instances of abuse, neglect, or exploitation; changes in health or behavior that may jeopardize continued services; serious medication errors; illnesses or injuries that resulted from unsafe or unsanitary conditions; or any other critical incident that is required to be reported by State law or policy.

CRITICAL INCIDENT REPORTS (CIR)

64%

AVERAGE OF PROVIDER
COMPLETED CIRs REPORTED
WITHIN THE REQUIRED
TIMEFRAME IN **2022**

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As soon as a paid provider or paid family member learns of a critical incident involving a TPM, the incident must be:

1. Reported to the HCBS Case Manager.
2. A Critical Incident Report must be completed and submitted using the General Event Report (GER) within the electronic case management system.
3. The completed CIR is to be submitted within 24 hours of learning or knowing of the incident.

The HCBS Case Manager will receive notification of the submission of an incident report about an individual on their case load within the case management system.

In addition, the Agreement Coordinator sends all CIRs to the US DOJ and the SME within seven (7) days of learning about the incident.

REMEDICATION PLANS

100%

PERCENT OF REQUIRED
REMEDICATION PLANS
INITIATED IN
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The Settlement Agreement requires the State to initiate a remediation plan for all CIRs except those that involve a death by natural causes. There were a total of 472 CIRs sent to the DOJ and SME in 2023. In that same period, 422 of the reported CIR required a remediation plan. The State also provides updates on the resolution of the plans as appropriate to the DOJ and SME.