2025 Listening Sessions and ND DOJ Stakeholder Meetings Input Summary

Information Shared:

- Update on Housing MOUs
- Home Modification Capital Fund
- Legislative Update
- Year 4 Key Performance Indicators (KPI)
- Year 5 Implementation Plan
- QSP Training
- 1st QTR 2025 KPI
- SME Compliance Report
- Legislation Update
- Transition and Diversion Program Funding
- TPM Rental Assistance
- Therapeutic Options Training
- DOJ SA Semiannual Report
- HCBS Program Updates
- QSP Quality & Compliance Meetings
- Transition and Diversion Program
- Target Population Member Rental Assistance
- Home Modification Fund
- Peer Support
- HCBS Program Updates
- Skilled Nursing Facility Virtual Training
- Subject Matter Expert (SME) Compliance Report
- 3rd Quarter Key Performance Indicators (KPI)
- 2025 QSP Survey Results – QSP Hub

ND Stakeholder Listening Sessions

- What training or credentials would be beneficial for providers to have to ensure that direct care staff are trained and will provide quality services?
- What does a high-quality Home and Community-Based Services (HCBS) delivery system look like, and what key features or supports make it work well for individuals, families, and providers?”
- What qualifications and skills should be required of QSP agency staff?

Community Concerns/Comments:

- The workforce shortage is still very real, not being able to have services provided because the workforce isn't there. My daughter is 27 with complex physical and intellectual needs and she lives at home with us. In that age group I've witnessed

parents now having to place their children, their adult children, because the home and community-based services aren't available.

It's such important data to collect when we're talking to legislation and obviously all of us are a little worried about Medicaid and federal cuts that might come our way and what monies our state would have to potentially come up to fund our services.

So I just think from the beginning, that data is so important to collect because we're getting people back out in the community. Those of us that are already out in the community do not have the services that we need for our loved ones and a lot of parents are starting to age out so then they have no choice but to admit their adult children, so I think that I think it's really important to see both sides.

- Training should be optional for qualified service providers (QSPs) that want to be able to branch out to assist individuals under aging in the behavioral health sector.

  I don't feel like it should be mandatory for all providers based on what they feel comfortable accepting to who they feel comfortable accepting to provide cares for based on that would determine what extra training they may need.
- Relias offers training to qualified services providers that has a lot of like specific modules tailored to different medical needs including training on adaptive equipment. It's a subscription service that offers different training packages for specific conditions.
- Obviously, it's wildly important that providers know how to do medical care or personal care, but there's also the human that needs to be treated and that is where we talk about disability etiquette. What are offensive terms, do we lean on a wheelchair when you are out in the community, do you know how to communicate not for them, but with them?

  We have hundreds of volunteers that have never worked with anyone with disabilities before and so the etiquette of how to treat them with dignity and professionalism is wildly important. When you're working with individuals with disabilities and you're out in the community, we should be dressed and kept well, right? You shouldn't be looking like you just crawled out of bed and you're slouching around, because that's not a good representation of the value of the person you are there to help in that community. There are just the basic humanity and dignity for individuals that need to be expressed.
- There a quite a variety of skills and competencies that are needed based on the individual being cared for. There needs to be some way of adjusting the rate for those people who have extraordinary skills compared to probably the general rate.

- We have to think about what the waivers say. What are the rules regarding the services that these providers are providing and is the person in the right waiver? We want to make sure providers are not put in a difficult situation.

Q & A from Stakeholder meetings:

Q: About 24-hour delivery of complex care as aging is growing and they're looking into broadening their scope to serve more individuals with higher complexities than what we're used to as providers. Is aging ever going to look at adding on a medical acuity tier instead of going over to do private duty nursing as a separate option based on the people that they're planning to admit.

A: There is not an immediate plan for that. I know that's something that DD does, and we've discussed learning more about what they do, however, we don't have a plan for that yet. We are trying to access more of the private duty nursing because there are certain providers who would rather do it that way. Therefore, we need to have a mix of services that are really going to be able to meet as many kinds of situations as we can.

Q: How about individuals in ventilators and those on the DD waiver?

A: Right now, there are three individuals living in the community who have a ventilator and receive residential habilitation or community supports services. One individual has been services in their home for 20 years on a ventilator and another for 12 years. That's where private duty nursing, home health, and some of those kinds of things need to become part of that conversation too. As we have more people who need that level of care, we need to evolve our programs to know how to do that well.

Q: What about housing for those individuals?

A: Housing is the number one challenge that we have and it's the number one need when someone is moving into the community. They need affordable accessible housing and if an individual is working with MFP, some of the rebalancing funds offer state funded rental assistance if they can't wait for a voucher. Legislators have been asked for an additional $300,000 in state general funds to help people who are already in the community move into affordable, accessible housing. It seems to be harder to get a federal voucher so we are trying to do what we can to have resources to do that from a state perspective.

Q: Individuals who will be served under Aging Services that have behavioral health issues is there a budget that's going to be in place for guardianship for these individuals? Many of the individuals that we currently do serve would benefit from it since some of them are not able to make certain decisions that are in the greatness of their needs.

A: We are asking for $423,000 to run our guardianship establishment program, which is run by Aging Services, if somebody has a guardian, whether it be a corporate guardian or a family member. If they truly need guardianship, we can help pay the petitioning costs of that service.
We used $423,000 to get us through two years and during this biennium it only got us through nine months.
We've been given additional funds to run that program so that we can continue to meet that need. There's a bill going through the legislature right now to talk about making a guardianship office in the courts and doing some other things.
We'll have to see how all that pans out, it is a really big need and there's not enough corporate guardians to go around.

Q: Where do those statistics come from when you're identifying people who are diverted?

A: A diversion is an individual who is on Medicaid or has applied for Medicaid and meets a nursing facility level of care. Instead of being admitted to a nursing home they receive supportive services in a private home or a family home. In North Dakota we have Agency Adult Foster Care homes which are not considered integrated, so we can't count those individuals as diverted or transitioned. So, these are truly people who are living in an integrated setting, which in most cases is their own private home or their family home.
These are individuals who are on Medicaid and getting the right package of services, so they avoid going to a nursing home.

Q: Is there training for qualified service providers that is specific to people who have a physical disability or specific diagnosis?

A: Yes. In a recent qualified service provider survey, we asked providers what they wanted to be trained on we received responses such as Parkinson's, Multiple Sclerosis, and other specific situations they encounter with the people they are serving.

Q: Are there trainings for qualified service providers that are offered as a package, or do they have to be developed?

A: There are core curriculums that have been created with public funds. There is Wiscare out of Wisconsin and they worked with the university to develop a curriculum for a broad population. We've looked at a demo and it is something we are thinking about. We are also considering if it would be better to take the time to develop them ourselves or are there packages out there that would meet the needs.
There are a few states that are using that Wiscare and from what I understand there are thirty different modules to choose from.

Q: What are resources that HCBS can provide to be able to have adequate amount of care for these people that are requiring two-person assist in a one-to-one setting?

A: We have services that allow for two-person assist and the rate augmentation that we can provide some funding for that second person to come and assist when necessary. Those funds are available through about May of 2026. We would also encourage you to talk to the case manager and see what we can do.

Q: This enrollment portal that you're talking about, will each of our employees have a login or will we be the controller of it and then give them access to do these competencies like on days of onboarding.

A: That's something we're not completely sure of currently. What would you prefer as a provider?

A: I would love it if we had the control, and we gave them access during onboarding.

Q: I recently had a person approach me who wanted to become an individual QSP. I was trying to help her get the information, she had a lot of questions that weren't covered on the website. Do you have designated staff and phone numbers for them to call?

A: We work with the Qualified Service Provider Hub at UND and so they have dedicated staff. North Dakota Qualified Service Provider Hub. They can help that person, answer their questions, and help them understand the enrollment process. So, I would encourage them to go there.

Q: One of the issues that has risen is job security. Individuals receiving 24/7 care who say they no longer want to be with a certain QSP. What

happens is the provider schedules out the staff to work because there's no information that the provider will no longer serve that individual and staff only receive a 24–48-hour notice that they will not be working. What are ways that we can better help communicate from provider to case manager and from case manager to provider?

A: That is a question for case manager supervisors that we can facilitate. I'll bring it up with them and see what we can do and have a dialogue about that.

Q: How do we get the referrals for the home modifications?

A: Email the case manager in your area and let them know you are on the public list and QSP list for that service.

Q: With the House Bill #1012, do you have any information in regard to the medical housing for individuals with extraordinary medical needs and the extraordinary medical needs housing loan fund?

A: It would be a setting where people with high medical acuity could live and receive the care that they need. That's not something I've been directly working on but it is something that I will reach out to the Executive Office and see where we're at or what the plans are for that one.

Q: We get individuals that have bed bugs, and I know that there's funds out there to help with the bed bug situation. There's no place for these people to move their things. Is there an option to rent a storage unit or something?

A: So, they need a place to store their stuff while their home is fumigated. That isn't something we have funding for on our end. During COVID, our adult protective service system had a goods and services fund that was helpful, where they could do some of that kind of stuff. That money was expended; however, we're not getting it again because it was COVID dollars. Maybe those are things that we could think about in the future as it relates to Adult Protective Services and ask for some legislative funding or partner with nonprofits and other people working in the community to do some of those things that we're not able to do.

Q: When you talk about the transitional program, how would permanent supportive housing fall with this classification? Would that qualify to transition people out, or would they qualify for home and community-based services while they're living in permanent supportive housing?

A: It depends on the person and for home and community based services we have to make sure that the home meets the settings criteria.
So depending on the characteristics of the apartment building and how it's managed that would determine whether or not that would be a setting that we would be would be considered an integrated setting that would allow us to count it as a transition.
Also, MFP is designed for a four or less unrelated individuals in a setting or in a home for example, and the transition and diversion program follows suit.

Q: Under the settlement agreement, do you accept complaints DD people because QSPs typically are under the Aging Services waiver.

A: Yes, if a QSP that's serving somebody with intellectual disability, yes, we accept that complaint and it would be our team that would look into it. But we would loop in the DD program administrators as well.

Q: I have a question about Therapeutic Options in regard to the teaching of restraints and is Aging now going to be introducing approved restraints?

A: Under our waiver, we do not allow any restraints. The only exception to that would be under the Basic Care laws in North Dakota
where, under very certain circumstances, a restraint can be used which has to be ordered by a doctor and delivered by a nurse.
At this point we have not talked about any restraints or what might be necessary. Therapeutic Option's main point is to try not to escalate, but we know that if things happen, we want to make sure people are safe. I understand that they did give some simple like releases if somebody grabs your hand or your hair, but in general restraints would just not be used and we would want to try to use other tactics to deescalate a situation.

Q: When you're in a transition meeting and it seems that a person may not have capacity to really understand what it would take to move into the community. What does your team do in that situation?

A: We would look to see if there are any documents to determine if they have a DPOA or anything like that. Then we would work with the facility to ask about their experience with the individual and what their assessments show. We have one individual right now who is going through the guardianship process, so we have paused and will wait until the guardianship gets established.

Q: If the Medical Services division keeps denying appropriate payments for nursing services or travel expenses for medically necessary out-of-state medical procedures, properly referred by a medical doctor, does the settlement agreement prevail? Or can the medical services division keep denying accommodations of a member in the target population?

A: I don't know that I have the right credentials to answer that question, but I can make a note and circle back with you. The settlement agreement says that we must have a process for someone to request a reasonable modification. I will talk with our legal advisory unit before I give you a firm response.