

2022 Listening Sessions and ND DOJ Stakeholder Meetings Input Summary

Information Shared:

- Merger of ND DHS and ND Dept of Health
- DOJ SA Biannual Report, SME Biannual Report, Implementation Plan Update
- DOJ Implementation Plan Year 3 update
- HCBS update, ADRL Flexible transition funding, Communication Plan
- QSP Hub/Rural Health Center
- QSP Rate study/QSP Incentive Grants
- Public Comment Process
- NF LoC annual redeterminations
- Legislative Session
- PCP Core Competencies, Housing Needs Assessment

Community Concerns/Comments:

- North Dakota has a terrible shortage of accessible housing direct care workers. If the DOJ would raise the 25% disabled rate in an integrated setting to 50% or allow some other flexibility it might help people get out of institutions.
- It seems like the guardianship system is a little bit frayed on the edges or stretched too far.
- Prairie Harvest in Grand Forks has an 8 bedroom house that was 24/7 staffed. Voucher payments do not meet expenses. We are looking at the future of keeping that facility going. Anyone who wants to visit about this call me
- Collaborate and coordinate all the different services offered by this agency or that and with this funding source or that. If you think it's tough for State Agencies and Providers to be aware of what's out there...image just how difficult it is for consumers (individuals and families).
- I'm so tired hearing about the rest of the disabilities except physical disabilities. It's like physical disability doesn't exist. Why should we have to go sit at the habilitation for 8 hours a day just because the agencies can bill the state? We need more help with physical needs and less help with cognitive. The D3 services has so many policies and regulations, it's ridiculous. I'm switching to home and community service because of it. We need more QSPs. Our legislators need to pay more attention to physical disabilities.
- Having a housing voucher is very helpful and nice, but unfortunately the barrier there sometimes is landlords rely on credit scores. Housing that would accept a Section 8 or Choice voucher versus a subsidized housing credit scores usually require cosigners or something you don't really have that problem if you go into public or subsidized housing so. I'm sure with fair housing they can't lower the credit score just because you have a housing voucher versus.
- I think as far as the Bismarck area goes, it's all kind of been discussed, like accessibility units. The majority of my people, my consumers, need some sort of accessibility in their unit, whether it's a walk in shower or, you know, ground level, no steps into the apartment. I know now with we're struggling with 24 hour care. Not only 24 hour care but lining up with finding an apartment. So we're trying to make sure they both align can be challenging.

- When they say accessible apartment doesn't necessarily mean they're accessible. They may be wheelchair accessible, but you still have steps or no elevator. They can get into the main entry door because it's wheelchair accessible, but then once they're in their apartment, they can hardly move, maneuver around, or even doorways aren't wide enough. And bathrooms definitely not accessible. Just to verify that the apartment they're advertising as accessible is not always accessible.

QSP Hub Presentation Community Comments:

- Since Bosnian pops up as a notable language response, I wonder if other Balkan languages are understandable. Bosnia has 3 official languages. Obviously, people might have cultural barriers due to war, etc.
- Bruce Murry: QSPs don't know they want this, but the Therapeutic Response training in the DD system really helps avoid needless power struggles.
- QSP Hub takeaway – was Surprised it is adults as well as aging. Educate QSPs that they are working with adults not just aging. Big issues are billing and enrollment need focus. Several QSP Agencies have 3 or less staff. Majority not interested in advertising services. A Large percentage are happy with who they are serving.
- Would be great to partner with private insurance company could provide training on enrolling as a provider. Therapeutic response-get ahead in support process help them avoid difficulties they encounter. QSPs could benefit from this help avoid power struggle. DD gets training from Minot State curriculum. Not available to general public

Questions:

Q: Could we have some discussion about the role of the individual choice in people choosing buildings with more than 25% of the residents that would have a disability living in the community?

A: So, what would be considered a most integrated environment for the settlement agreement would be a private home or a family home that's rented or owned by the consumer or their family or again it could be like an agency adult foster care were 4 or less people live together and share supports.

Q: Are people served and their case managers getting what they need from guardians?

A: We see so many additional people that are already in the nursing home and many of them have guardians. The guardians question why we are talking to a particular person and so as part of the settlement agreement we will educate guardians in general that people still have a right to be part of their treatment plan.

Q: What can help with taxes and record keeping? (QSPs)

A: Individual QPSs are independent contractors, they have to file their own taxes and that can be challenging. One of the things that we used to do at the department was send them to the IRS website that tells you rules for independent contractors, those kinds of things.

Q: I'm thinking back to the number of participants who responded or the number of (QSP) surveys that were sent out and then the number of respondents. Is there any way of knowing?

A: The independent QSP survey was roughly 40% return rate and for agency, about 75%.

Q: If we're talking about a response rate, what does the participation rate look like on recruitment/retention? 15-20% or so.

A: I think it was 60 or 70 QSP agencies that actually got invited to take advantage of that opportunity so that's probably 15 or 20%.

Q: How about incentives for wound care, transportation, and small town areas?

A: Medical transport is a part of Medicaid. It would be helpful to get the Nursing community involved

Q: Since the DOJ Settlement Agreement, do we know if there has been any recent discussions/ feasibility studies of a community health worker recognition in ND?

A: Not to my knowledge, but should be part of the discussion

Q: Does the data state that the highest level of education achieved by the majority of our QSP workforce where it was high school and GD or GED, is that right?

A: Yeah, that's correct. Followed by some college.

Q: From the HUD/CoC perspective PSH is intended for people who are chronically homeless, this is not that same population when you discuss PSH, correct?

A: correct

Q: Could Aging Services or UND ever provide webinars on enrolling/credentialing for private insurance? Might be good for Medicaid's bottom line.

A: We will look into that.

ND DHHS questions to Public

Q: The first incentive grants were geared for rural providers and only two rural agencies applied. Who could we reach out to and what is the best way to communicate the grant?

Responses: high school and college students, high school guidance counselors, Parish Nurses, job fairs, TRIO programs, employment programs, Critical Access hospitals, nursing homes, chambers of Commerce, ND Association of Counties or ND League of Cities.

Q: What is the real motivator to retain QSPs?

Responses: money, benefits, flexible schedule, co-worker's relationships, liability protection, tax credits, college tuition credits