



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 (KPIs) 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 ND Department of Health and Human Service's (HHS) 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.

The following performance measures are included in this report.

- Individuals referred to HCBS Case Management
- HCBS Case Management caseloads
- TPMs in a skilled nursing facility (SNF)
- TPMs transitioned to an integrated setting
- TPMs utilizing state or federally funded home and community- based services (HCBS)
- New unduplicated number of TPMs diverted from skilled nursing facility (SNF)
- Average annual individual cost of care comparison by funding source
- Average amount of time to approve Qualified Service Provider (QSP) applications
- Number of enrolled individual QSPs
- Number of enrolled agency QSPs
- Number of QSP closures
- Number of QSPs providing 24/7 care
- QSP totals by County

## HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

# 481

INDIVIDUALS REFERRED TO  
HCBS CASE MANAGEMENT IN **QUARTER 1 OF 2024**

### COMPARISON DATA

2023 – **1,592**

2022 – **1,854**

2021 – **1,893**

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There were 481 referrals to HCBS in the first quarter of 2024. Fifty-two percent (52%) or 248 of the referrals sent to the HCBS Case Managers during this timeframe became an open case.

The fluctuation in the numbers between 2022-2023 can be attributed to the Aging and Disability Resource Link (ADRL) referral specialists doing a better job of only referring individuals who likely qualify for HCBS.

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.

## CASE MANAGEMENT CASE LOADS

# 114

AVERAGE MONTHLY  
WEIGHTED CASELOAD  
PER HCBS CASE MANAGER IN  
**QUARTER 1 OF 2024**

### COMPARISON DATA

2023 – **119**

2022 – **117**

2021 – **110**

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There are 70 HCBS Case Managers who carry an average weighted caseload of 114 cases. The average weighted caseload of each case manager went down from an average of 119 in 2023.

The State hired (3) new staff to provide case management for Medicaid eligible individuals living in Basic Care. Basic Care cases were removed from the other HCBS Case Managers caseloads. The change was made to free up time for the HCBS Case Managers to provide additional case management to individuals with complex needs. As expected, this staffing change has helped reduce the average weighted caseload for HCBS Case Managers.

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

# 2,071

TPMs SERVED IN A SNF in  
**FEBRUARY of 2024**

### COMPARISON DATA

2023 – **2,412**

2022 – **2,438**

2021 – **2,376**

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There were 2,071 Medicaid eligible individuals who received services in a skilled nursing facility in the first quarter of 2024. 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.

## TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

# 38

TPMs TRANSITIONED IN  
**QUARTER 1 OF 2024**

### COMPARISON DATA

2023 – **118**

2022 – **121**

2021 – **91**

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In the first quarter of 2024, 38 TPMs have moved back to the community. The US DOJ SA requires that TPMs be transitioned within 120 days of requesting transition support services. Twenty-five (25) or 66% of the 38 TPMs 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 eligible 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. The State is developing and implementing additional strategies to further address these issues.

## TPM UTILIZING STATE OR FEDERALLY FUNDED HCBS

# 933

TOTAL OF  
UNDUPLICATED TPMs  
SERVED IN **QUARTER 1 OF 2024**

### COMPARISON DATA

2023 – **666**  
2022 – **494**  
2021 – **273**

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There are 933 unduplicated TPMs who are currently receiving HCBS. This appears to be a large increase from 2023 but there was a change in the way data is collected that more accurately reflects the number of TPMs being served. From 2021 -2023, the average number of new TPMs diverted per year is 478.

All 933 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

# 115

NEW UNDUPLICATED HCBS TPMs WERE DIVERTED AND SERVED IN **QUARTER 1 OF 2024**

- 34 DIVERTED FROM A SNF ON SPED
- 85 DIVERTED FROM A SNF ON MW
- 30 DIVERTED FROM A SNF ON MSP B OR C

#### COMPARISON DATA

**2023 – 321** (52 ON SPED, 250 ON MW, 89 ON MSP B OR C)

**2022 – 308** (92 ON SPED, 221 ON MW, 52 SNF ON MSP B OR C)

**2021 – 273** (104 ON SPED, 144 ON MW, 65 ON MSP B OR C)

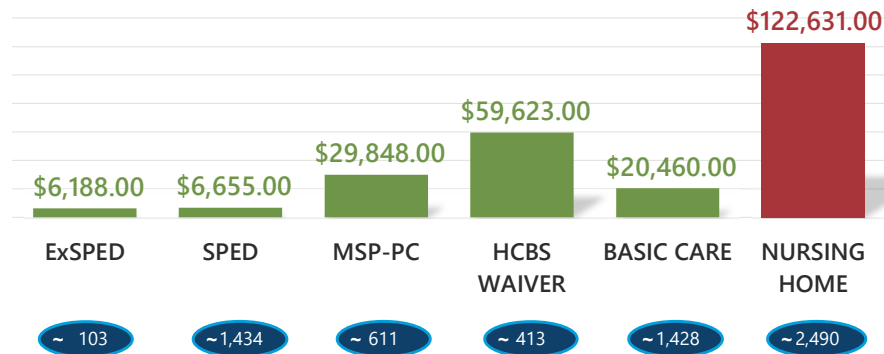
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In the first quarter of 2024, 115 new TPMs were diverted from a skilled nursing facility and are receiving necessary care in the home. The number diverted by funding source reflects that TPMs may receive services under more than one program. The HCBS 1915(c) Medicaid waiver continues to be the most utilized service for newly diverted TPMs. The State is closely monitoring the number of people utilizing the waiver to accurately project the number of slots that may be needed to meet the growing demand for this service.

## 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.



## HCBS QUALIFIED SERVICE PROVIDERS (QSP)

# 11 days

AVERAGE LENGTH OF TIME TO  
APPROVE QSP APPLICATIONS IN  
**QUARTER 1 OF 2024**

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The responsibility to enroll QSPs has moved from a contracted vendor to State employees. In January 2024, the State began using an online QSP portal to enroll QSPs. State staff use the online portal to receive and process applications. This new system has decreased the amount of time it takes to process complete applications to less than 2 weeks.

The system replaced a paper based process, it asks a series of questions, and then intuitively guides the user to the services they are eligible to provide. The portal allows applicants to enter and save their information eliminating the need to provide information multiple times.

The system includes short video tutorials and tool tips to help answer questions quickly which will increase the likelihood of completing the application process in the first attempt. All required enrollment training such as the QSP Fraud Waste and Abuse training and the QSP orientation is contained within the system.

The system will also be used for reenrollment and to add or change a provider's personal information, service array, or service territory.

## HCBS INDIVIDUAL QUALIFIED SERVICE PROVIDERS (QSP)

# 89

NEW INDIVIDUAL QSPs  
ENROLLED IN **QUARTER 1**  
OF **2024**

# 1,180

TOTAL ENROLLED INDIVIDUAL QSPs  
IN **QUARTER 1** OF **2024**

### COMPARISON DATA

2023 – **280**

2022 – **441**

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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.

## HCBS AGENCY QUALIFIED SERVICE PROVIDERS (QSP)

8

NEW AGENCY QSPs  
ENROLLED IN  
**QUARTER 1 OF 2024**

179

TOTAL ENROLLED AGENCY QSPs IN  
**QUARTER 1 OF 2024**

COMPARISON DATA

2023 – **34**

2022 – **11**

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In 2023, the State saw an increase in the number of QSP agencies who enrolled with HHS to provide care to eligible individuals. This trend is continuing into the initial quarter of 2024. Agencies choose their service territory and the type of services they want to provide. Agencies will be able to better market their services to the citizens of North Dakota when a new QSP registry is launched. The new registry is called Connect to Care ND and will be available on the HHS website as a tool to assist people in finding an HCBS provider.

## HCBS QUALIFIED SERVICE PROVIDERS (QSP)

1

AGENCY

36

INDIVIDUAL

NUMBER OF QSP CLOSURES IN  
**QUARTER 1 OF 2024**

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The number of individual and agency QSPs enrolled each month can vary. Many of the individual QSPs are caring for someone they had a close personal relationship with prior to them needing care. If that person is no longer receiving services, the individual QSPs often close their QSP status. The State is working on a plan to inform these QSPs about the need for direct care staff in North Dakota and encourage them to maintain their enrollment and consider helping others.

## HCBS QUALIFIED SERVICE PROVIDERS (QSP)

# 13

QSP AGENCIES PROVIDING  
24/7 CARE IN **QUARTER 1 OF**  
**2024**

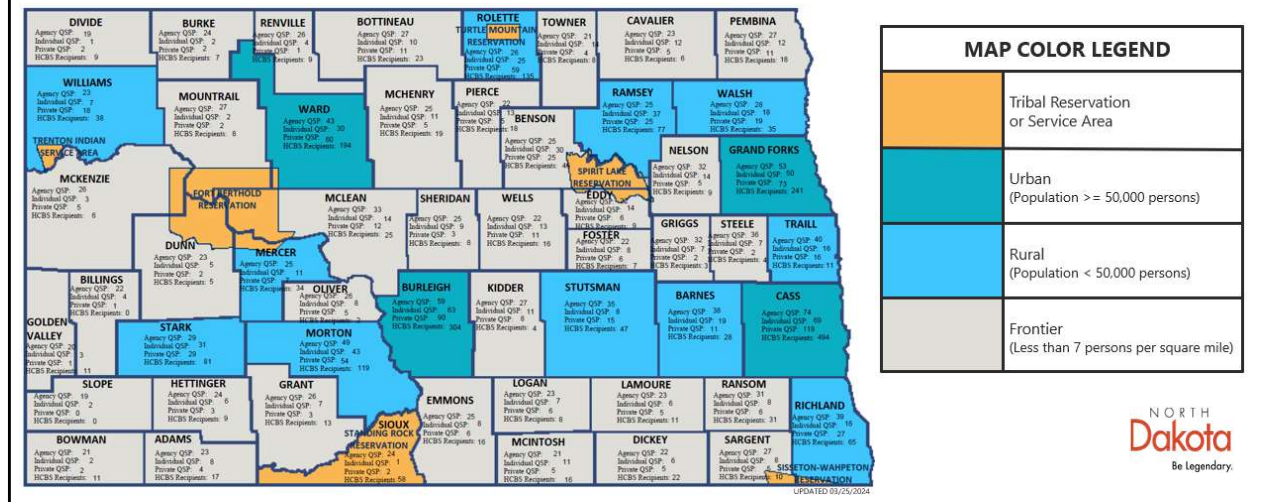
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Sixty-three (63) Medicaid eligible individuals are receiving 24/7 supports under residential habilitation or community support services. These services are provided by 13 QSP agencies who employ qualified staff who provide the direct care. Residential Habilitation and Community Support recipients meet a nursing facility level of care but have chosen to live in the community and receive in-home care.

The ability to provide 24/7 support is a critical component of the service delivery system. Providing this level of support often involves at least five (5) individual staff for each person served.

# 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 North Dakota, the Government run Human Services Zone acts as one of the only agency QSPs in the area that have employees to provide care. The State is hopeful that the new enrollment portal and other workforce initiatives will increase the number of qualified providers in North Dakota.