



MFP External Partner Meeting

June 09, 2025



Health & Human Services

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

Our Strategic Priorities

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

Our Guiding Principles

Continuous improvement and innovation: We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

Responsible stewardship: Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

Transparent and open communication: We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

Engaged collaboration: We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

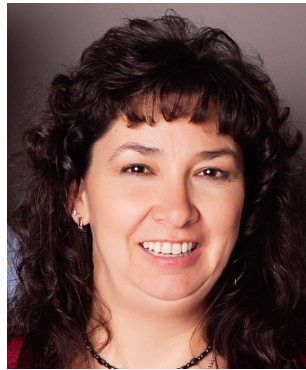
Data-centered decisions: Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

MFP Team Members



Kayla Trzpuc

Money Follows the
Person Program
Administrator



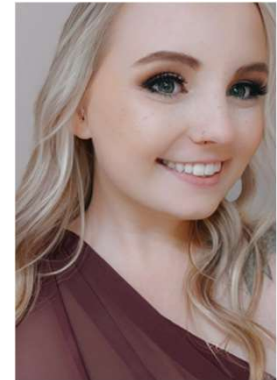
Gale Coleman

Money Follows the
Person Data and
Quality Analyst



Karen Wolf

Money Follows the
Person Transition
Services Specialist



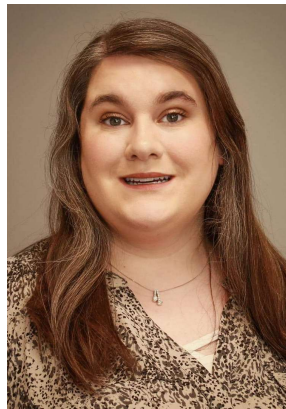
Makayla Domagala

Money Follows the Person
Referral Specialist

TDP Team Members

Open

Transition and
Diversion Services
Program Administrator



Kate Rock

Transition and
Diversion Services
Referral Specialist



Sarah Nelson

Transition and
Diversion Services
Quality Specialist

Agenda

- Life Skills and Transition Center Updates
- Developmental Disability Section Updates
- Children's waiver updates
- Medicaid Legislative Updates
- Adult and Aging Services Updates
- North Dakota Transition and Diversion Program
- Adult Foster Care Workgroup
- Housing partner updates
- Tribal Initiative
- MFP Grant Program Reports (Work Plan, Operational Protocol, and Quality Measure Set)

Opening Poll

- [Link](#)
- Name and Agency
- What are you looking to gather from this meeting?



Life Skills and Transition Center

- Keith Vavrovsky

DD Updates

- DD Division Staff

Children's waiver updates

- Kat Barchenger

Medicaid Updates

- Brendan Joyce

Adult and Aging Updates

- Nancy Maier

Adult Foster Care Updates

- Kathryn Good

Transition Diversion Program Updates

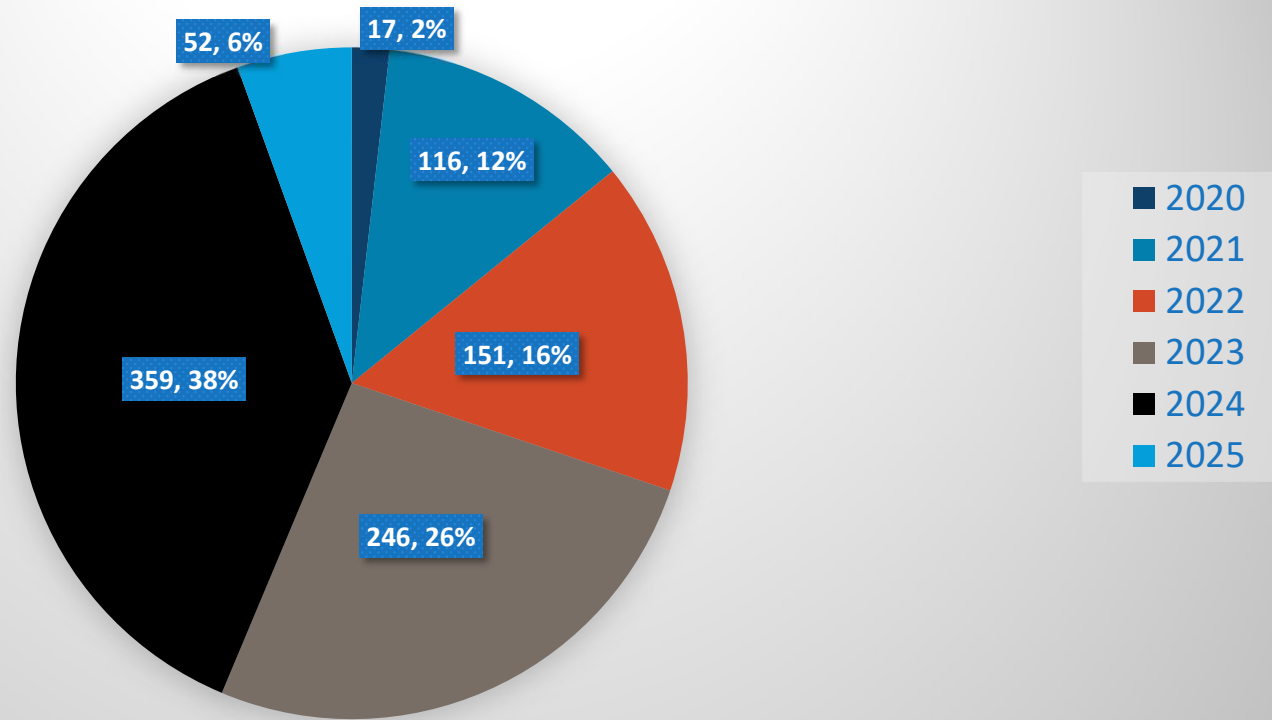
- Utilize the 10% funding first
- 3 full time state staff
- 6 housing facilitators
- 8 transition coordinators

TDP Data

2025 Specific TDP Referral Data Stats	
Total Referral Summary	
Running TDPP Referral count	295
Quarter One	180
Quarter Two	115
Quarter Three	0
Quarter Four	0

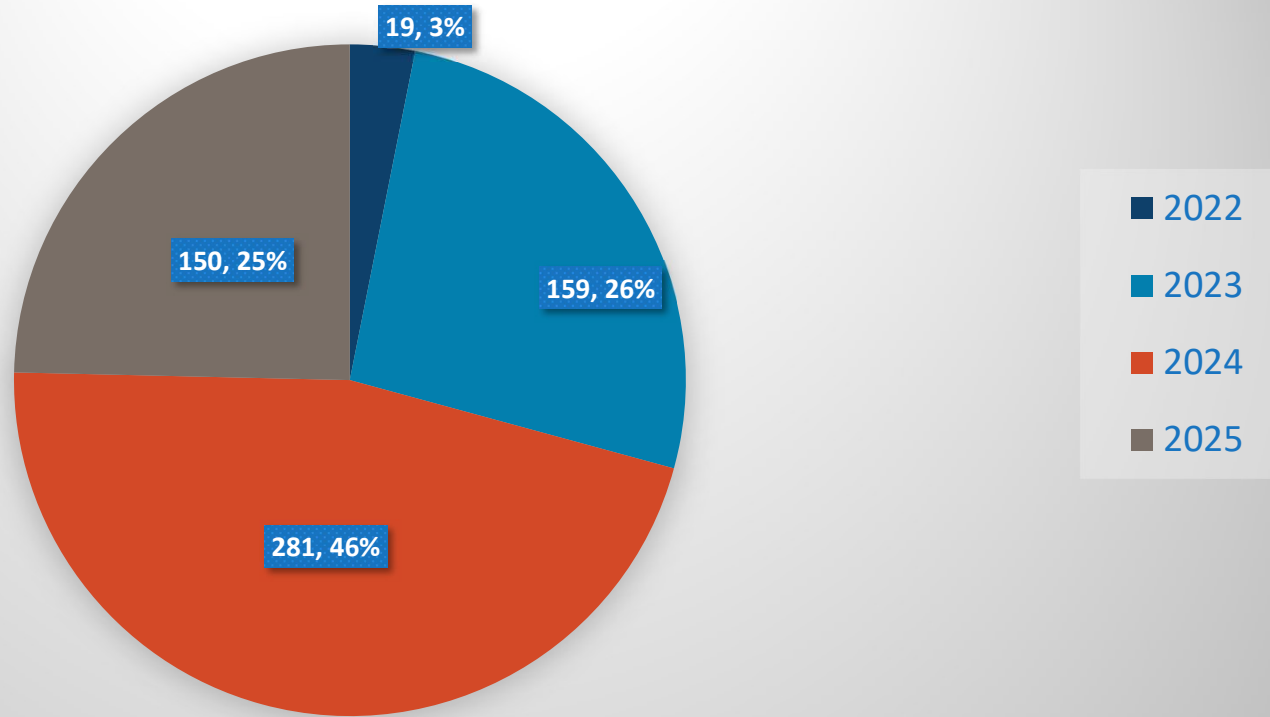
TDP Running Transitions

Transitions – 941



TDP Running Diversions

Transitions – 609



Housing Partner updates

- Open discussion

Tribal Initiative

- Melissa Reardon, NDSU Tribal Liaison

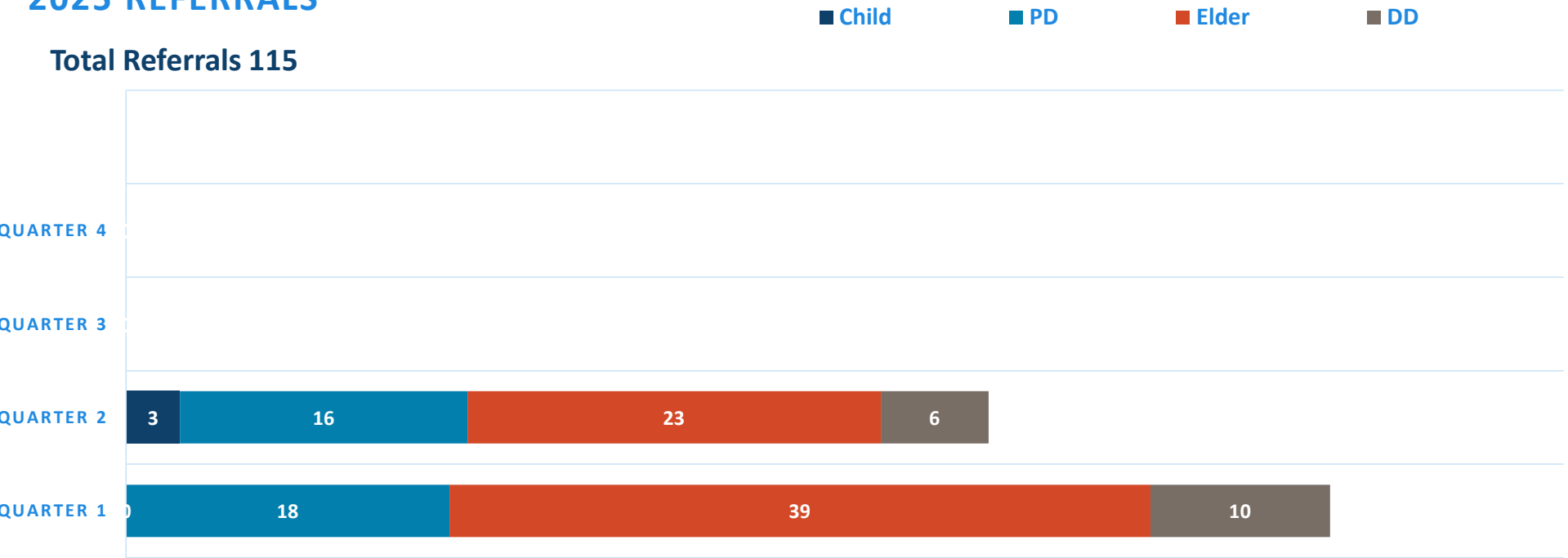
Tribal Initiative

- Mandan Hidatsa & Arikara Nation
- Turtle Mountain Band of Chippewa Indians
- Government to Government happened last week in Bismarck
- 5 state workgroup
 - 2025 Learning Collaborative: scheduled for October 22-24th in Washington State

MFP DATA

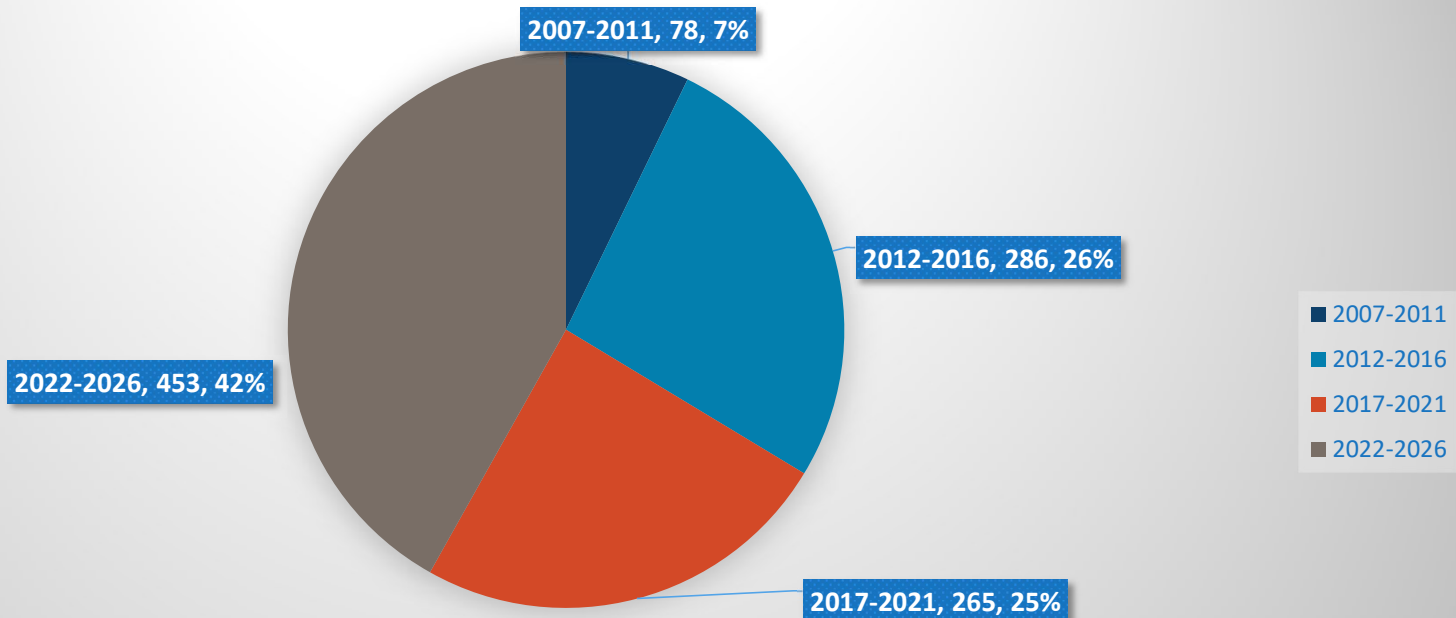
2025 REFERRALS

Total Referrals 115



RUNNING TRANSITION NUMBERS

Transitions-1061



MFP Facts

- The elderly population served by MFP has requested 39% of all supplemental services expenses approved in 2025.
- 53% of all individuals transitioned in 2025 are in the elderly population.
- 83% of all individuals who transitioned in 2025, transitioned from the skilled nursing facility.
- 53% of all transitions in 2025, transitioned within 90 days of signing a consent.
- 67% of 2025 MFP referrals are coming from Nursing Facilities

Benchmarks

Grant Year	Older Adults	Individuals with a physical disability	Individuals with an Intellectual disability	Children	TOTAL
2021	31/20	42/25	14/15	7/5	94/65
2022	64/40	57/60	11/15	3/5	135/120
2023	59/55	50/55	25/15	6/5	140/130
2024	55/60	61/50	27/23	5/7	148/140
2025	16/55	8/55	6/20	0/5	30/135

MFP Programmatic Requirements

- Work Plan has been submitted and approved
 - Work plan for next period is awaiting approval
- Semi-Annual Report is connected to the Work Plan
 - Unpaid rent/eviction fees-goal was 3 and report entailed 4 individuals
 - Accessible units-goal for the report was 1 entity and reported 2 entities
 - Quality measure set-to maintain the timeline for on time reporting
 - Changed goal to align our T-MSIS reporting

MFP Programmatic Requirements

- Submitted new operational protocol
- General feedback
- Wrapping up MFP Capacity Funding Projects, granted no-cost extension



Quality Measure Set

- MFP states need to report no earlier than Sept 2026
- NCI-AD survey
 - Adult and Aging Services
 - 1915i State Plan Amendment
- NCI-IDD survey
- [NCI-AD Report 2022-2023](#)
- [NCI-IDD Report 2022-2023](#)

Meeting dates for 2025

Mark your calendars

- Wednesday September 10th, 2025
 - Northeast Human Service Center
- Tuesday December 9th, 2025
 - Southeast Human Service Center

Questions



Final Poll

- Post Survey
- Rebalancing ideas
- Suggestions for the future
- Any additional comments/feedback



Thank you

- Kayla Trzpuc
 - kbtrzpuc@nd.gov
- MFP/TDP team
 - hhsmpreferrals@nd.gov
- ADRL Intake
 - Carechoice@nd.gov



North Dakota Medicaid Update

MFP Stakeholder Meeting

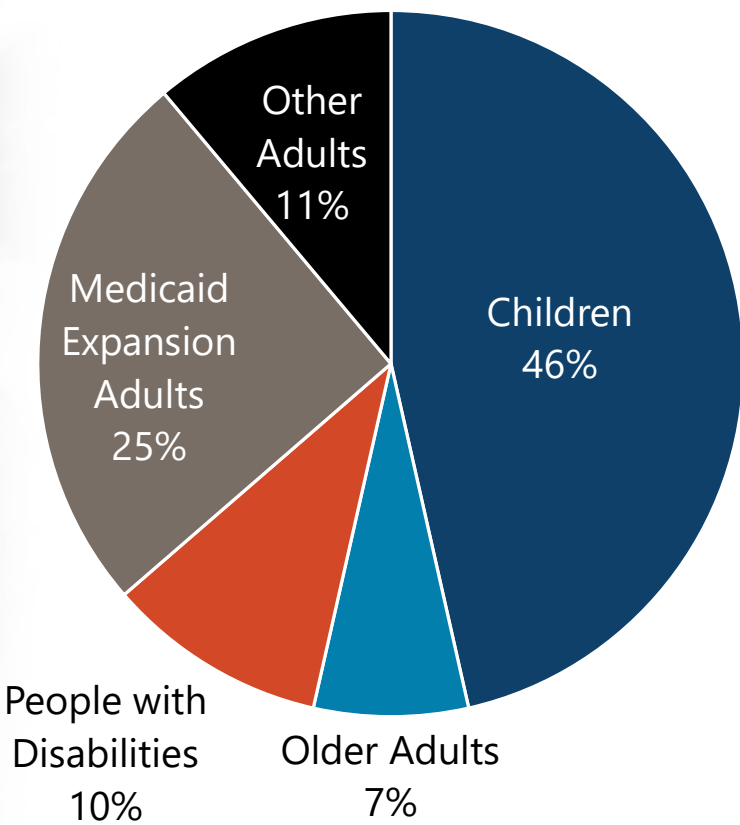
Brendan Joyce

June 9, 2025





Who is covered by North Dakota Medicaid?



State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

Who We Serve



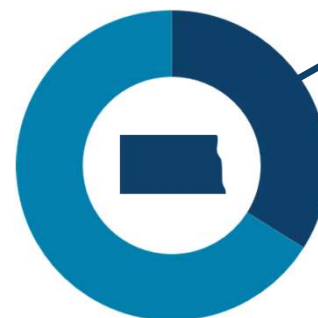
Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid



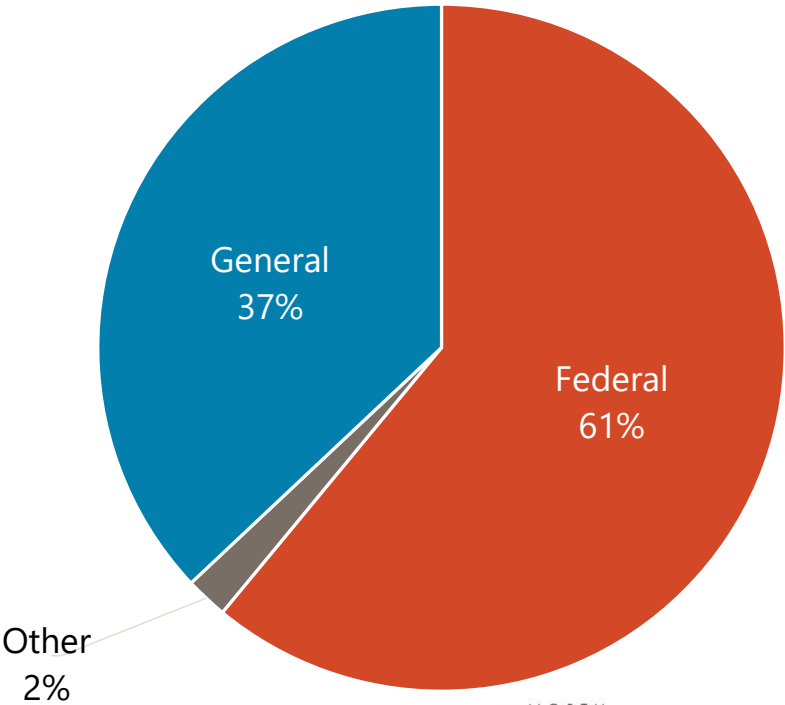
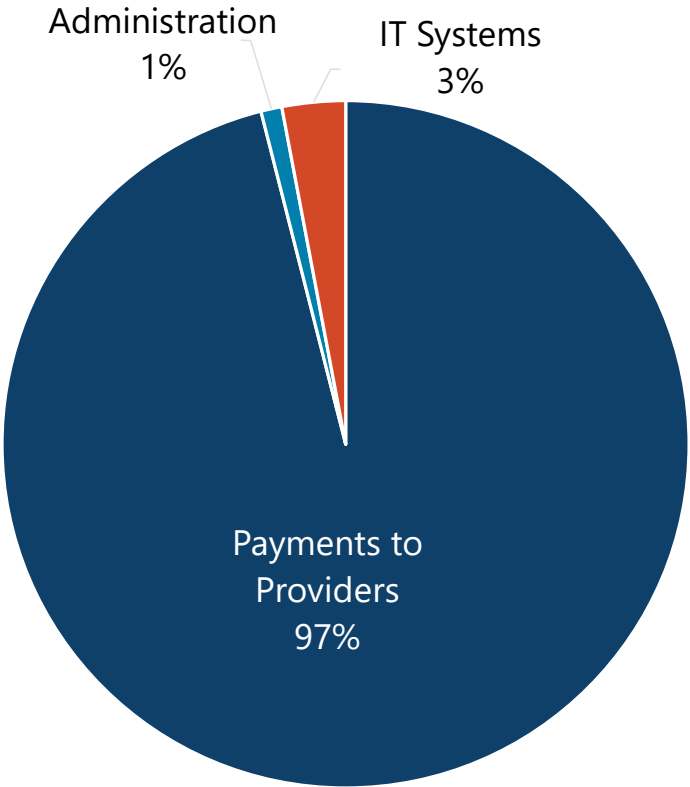
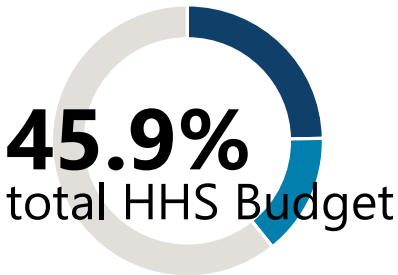
Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



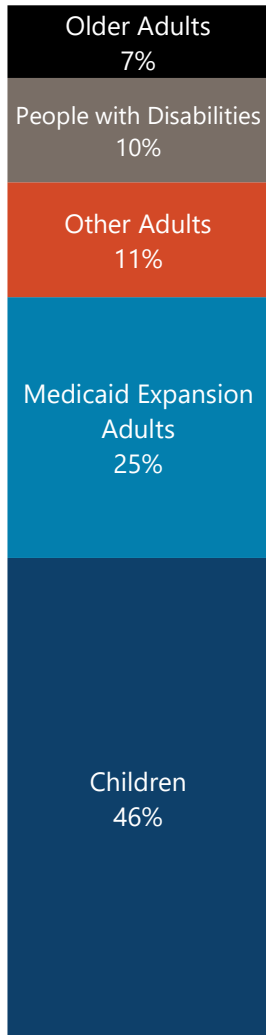
34% of children born in North Dakota will be on Medicaid or CHIP during their first year of life

2025-2027 Budget Overview

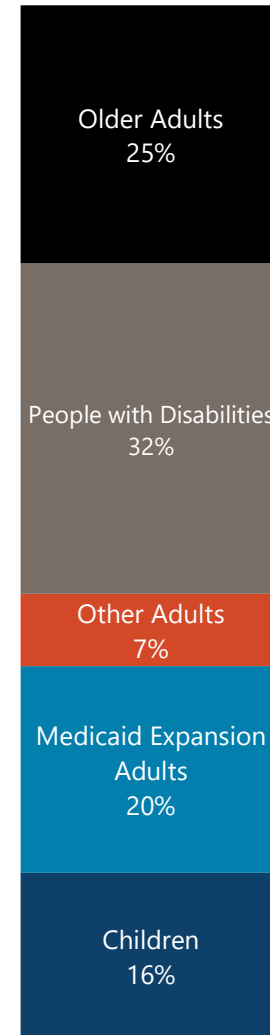
Medical Services & Long-Term Care: \$2.9 Billion Total Budget



North Dakota Medicaid Enrollment and Expenditures SFY 2024

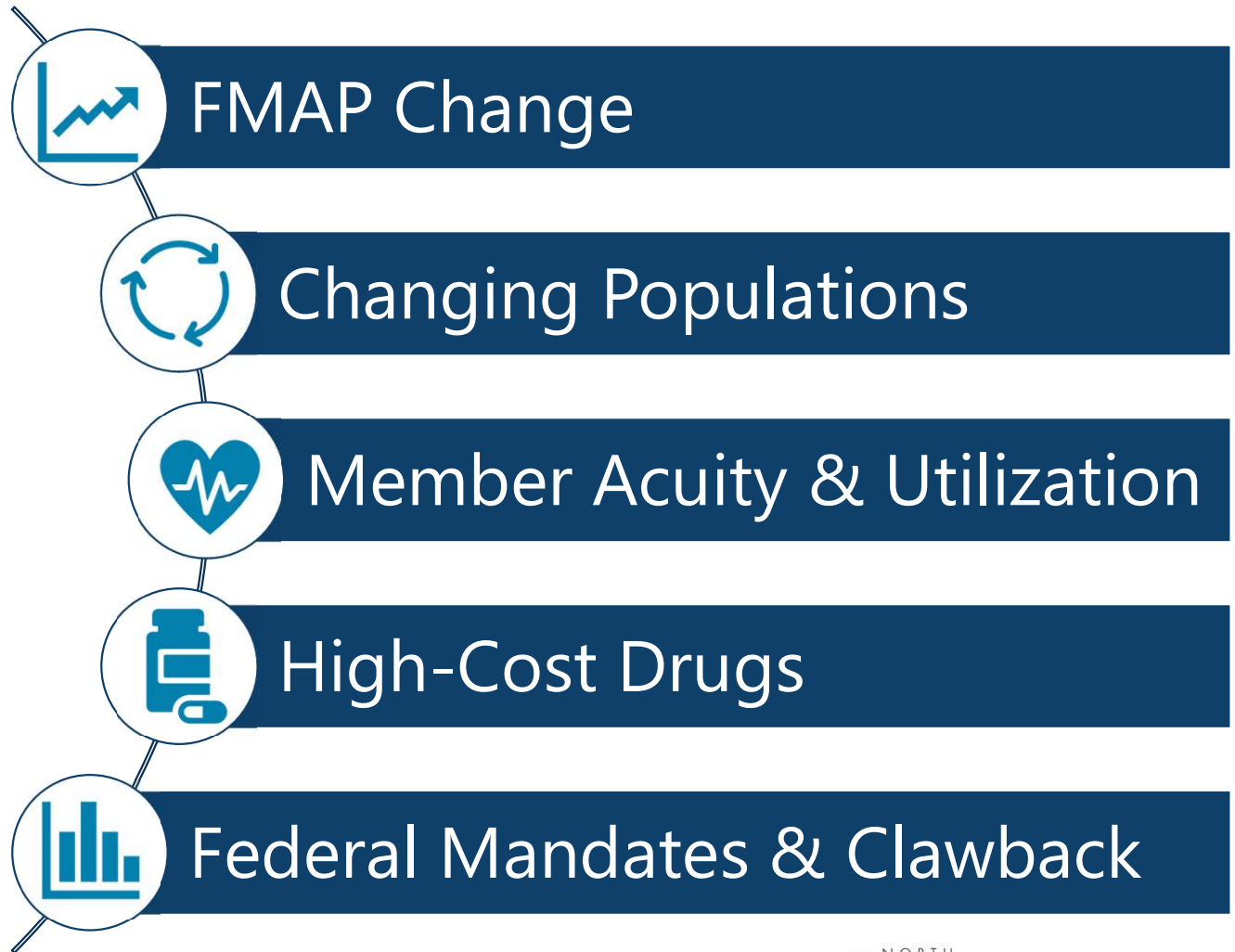


Enrollment



Expenditures

Key Budget Drivers



Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience



Governor's Budget Recommendations for ND Medicaid

Decision Package	Governor’s Recommendation				Legislative Decision
	General	Federal	Total		
Private Duty Nursing & Home Health Targeted Rate Increase	\$1,235,768	\$1,235,768	\$2,471,536	Ongoing	Funded
QSP/HCBS Targeted Rate Increase	\$3,595,104	\$1,797,552	\$5,392,656	Ongoing	Funded
Ambulance Targeted Rate Increase	\$2,189,770	\$2,189,770	\$4,379,540	Ongoing	Not Funded
Cross Disability Waiver Implementation	\$2,474,226	\$2,474,226	\$4,948,452	Ongoing	Funded
Value Based Purchasing	\$1,000,000	\$1,000,000	\$2,000,000	Ongoing	Funded
Provider Inflation – Medicaid 1.5% & 1.5%	\$6,949,693	\$9,266,071	\$16,215,764	Ongoing	Increased to 2% & 2%
Provider Inflation – Long Term Care 1.5% & 1.5%	\$3,294,874	\$2,101,980	\$5,396,854	Ongoing	Increased to 2% & 2%

Legislative Actions Relating to ND Medicaid

HB 1012	HB 1067	HB 1485	HB 1252	SB 2076
Basic Care \$5 per day Rate Add-On for 2025-2027 Biennium	Extends Autism Waiver to Age 21; Exempts SSI Survivor's Benefits & Child Support for DD Waiver Eligibility for Children	Increases Personal Needs Allowance by \$15 and adds Annual Inflation	Removes Capital Construction Limitation for Tribal Health Care Coordination Fund	Changes Prior Auth to Certification for Youth with 5+ Concurrent Behavioral Health Medications
SB 2271	SB 2305	SB 2399		
Rate Rebase & Recalculation for Adult Residential Facilities	Continues Paid Family Caregiver Pilot Program; Prohibits Duplication with HCBS Waiver Services; Changes Payment Structure	Requires changes to PRTF rates; allows therapeutic leave days for PRTFs		

Legislative Studies & Reports Involving Medicaid

Studies & Reports

- Developmental Disability Provider Accreditation & Costs
- Nursing Facility Quality Withhold
- Special Education Funding
- Review Asset Limit & Basic Care Study Progress
- Adult Residential, Basic Care & Assisted Living Payment Model and Licensure
- PRTF Rates & Value Based Purchasing
- 340B Transparency Study
- Dental & Oral Health Care Needs

House Bill 1460

Substitute caregivers and respite care providers - Requirements.

1. As used in this section:
 - a. "Respite care provider" means an individual enrolled as a qualified service provider who provides respite care to private pay adult residents in the absence of the provider.
 - b. "Substitute caregiver" means an individual who meets qualified service provider standards and provides respite care to private pay adult residents in the absence of the provider.
2. The department may not limit the services of a substitute caregiver or a respite care provider providing resident care on behalf of a foster home for adults to less than two hundred twenty calendar days during the twenty-four-month period immediately following the renewal date of the initial license or for less than one hundred ten calendar days during the twelve-month period immediately following the date of the issuance of the initial license.
3. Unless a substitute caregiver or a respite care provider provided resident care on behalf of a foster home for adults for more than twelve hours during a calendar day, the department may not count the calendar day toward the limit determined by the department in accordance with subsection 2.
4. This section applies to private pay adult foster care providers.

House Bill 1460 (cont.)

SECTION 2. A new section to chapter 50-11 of the North Dakota Century Code is created and enacted as follows:

Adult foster care providers - Temporary assistants - Permitted use of electronic device for monitoring.

An adult foster care provider may:

1. Employ a temporary assistant as needed to assist with private pay adult residents that have physical limitations that require more than one provider to properly assist.
2. Use an electronic device for monitoring an otherwise unattended adult resident within a limited range, which allows the provider to remain nearby while ensuring the safety of the resident. Before implementing an electronic device for monitoring, the use of the device must be approved in writing by the resident or, if the resident is incapacitated, a family member or legal representative of the resident.

House Bill 1460 (cont.)

SECTION 3. LEGISLATIVE MANAGEMENT STUDY - LICENSING OF FOSTER HOMES FOR ADULTS. During the 2025-26 interim, the legislative management shall consider studying the licensing of foster homes for adults. The study must consider the barriers to receiving services for older adults and adults with disabilities; regulatory restrictions that create challenges for facilities, providers, and caregivers; and any funding or reimbursement limitations in federal and state law. The study must include input from the department of health and human services, older adults and adults with disabilities in need of services and their family members, residents and their family members, facilities, providers, and caregivers. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the seventieth legislative assembly.

Workgroup Meeting #1

May 20, 2025

- Stakeholders in attendance
 - Department staff
 - Aging Services, Developmental Disabilities
 - Legislative Rep(s)
 - AFC Provider(s)



Workgroup Meeting #2

June 23, 2025, 11:00 AM

- If you would like an invitation, please email adultfostercare@nd.gov to request the meeting invite





HB1012 Overview – Adult & Aging HCBS LTC Budget



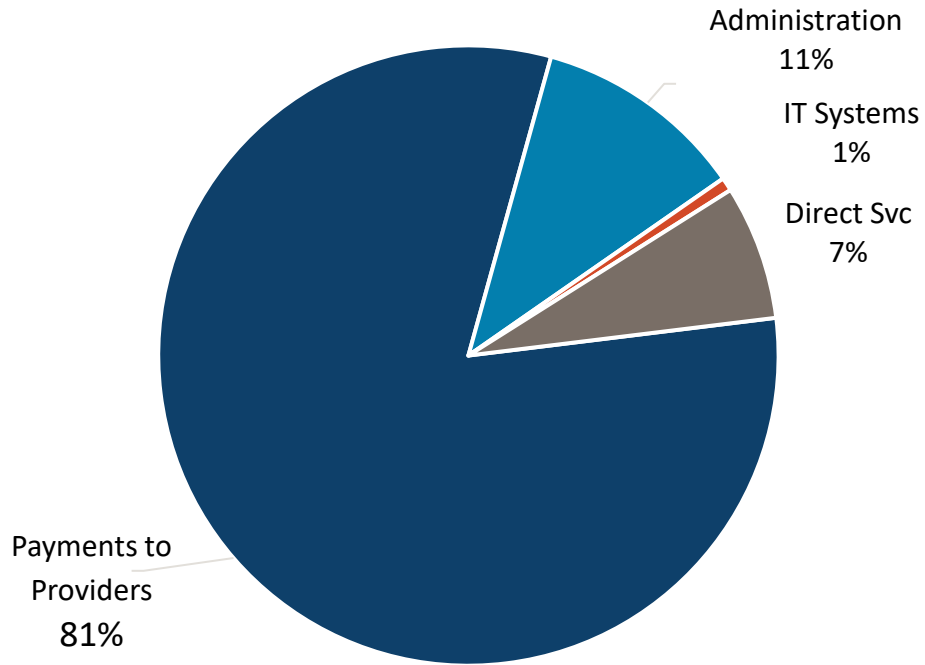
Health & Human Services

March 20, 2025, Nancy Nikolas Maier | Director, Adult and Aging Services Section

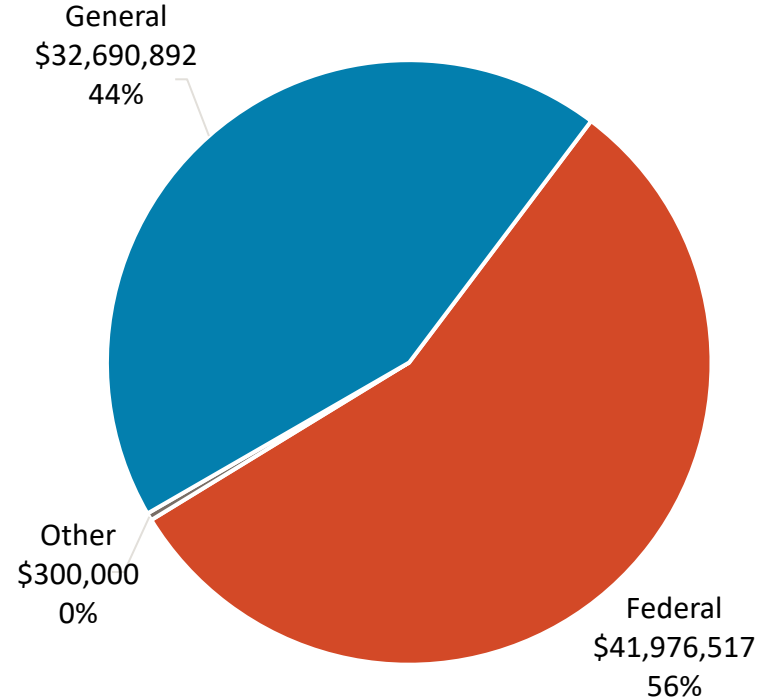
Budget Overview

Adult & Aging Services: \$75 million total budget

25-27 EBR – Adult/Aging Svc



25-27 EBR - Adult/Aging Svc



1.2%
total HHS Budget

- **4,329 people** receiving HCBS case mgmt (2024) – 3,538 HCBS and 791 basic care
- **77 case managers** (73 HCBS, 4 Basic Care)
- **8% increase in referrals** 2023 to 2024 – in 2024 avg of 150 new referrals / mo resulting in 80 new open cases
- **1,359 Qualified Service Providers** (QSPs) – 206 agencies, 1,153 individuals

The Adult and Aging Services Section is designated as the State Unit on Aging. We administer and deliver more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

Providing programs that help adults access services closer to home



Administer Older Americans Act Services

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, evidence-based falls prevention classes, CAPABLE program
- Companionship services



Support Caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services



Protect Vulnerable Adults

- Long-term Care Ombudsman
- Adult Protective Services (VAPS)
- Guardianship Establishment Fund



Support in-home and community-based living

- Service Payments to the Elderly and Disabled (SPED)/ Expanded SPED (ex-SPED)
- HCBS Medicaid waiver/ State Plan-Personal Care
- Money Follows the Person (MFP)

Types of SUPPORT SERVICES available via HCBS

Adult Day Care	Adult Foster Care	Adult Residential Care	Homemaker	Home Delivered Meals	Non-Medical Transportation
Case Management	Chore	Community Support Services/ Residential Habilitation	Non - Medical Transportation Escort	Nurse Education	Personal Care - daily rate
Community Transition Services	Companionship	Emergency Response System	Personal Care - unit rate	Personal Care - Assisted Living	Respite
Environmental Modification	Extended Personal Care	Family Home Care	Supervision	Supported Employment	Transitional Living

Note: Lighter blue shading indicates service included in EBR *Targeted Rate Increase* request

Qualified Service Providers Targeted Rate Increase Ongoing

Total	\$5,392,656
General	\$3,595,104
Federal	\$1,797,552

Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.

- ND's rates lag states in the region.
 - South Dakota did a comprehensive rate study of in-home providers in 2023 that reviewed baseline and benchmark wages and other costs for Qualified Service Provider services.

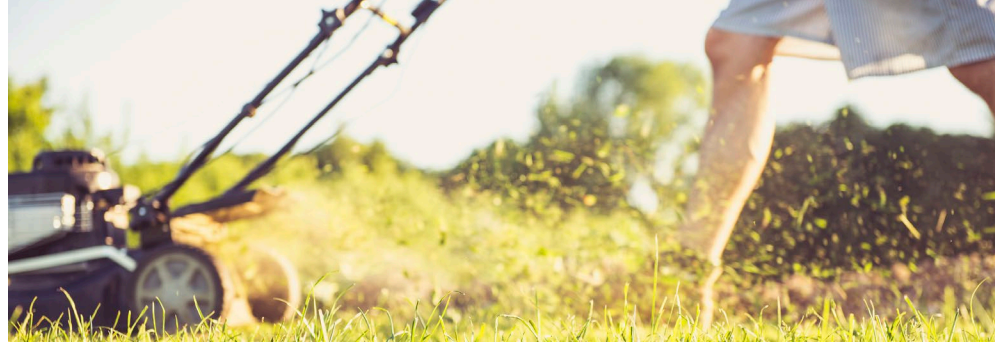
Select Qualified Service Provider Agency Rates per 15-minute unit					
	ND	MN	MT	SD	WY
Personal Care	\$8.05	\$5.95	\$8.92	\$10.88	\$8.53
Homemaker	\$7.14	\$7.90	-	\$10.88	\$6.62
Respite	\$7.93	\$9.64	\$6.02	\$10.53	\$7.50
Companion	\$7.14	\$7.90	-	\$10.53	\$7.60
Nursing	\$17.64	\$12.46	\$19.30	\$22.60	\$19.15

QSP rate increases target areas of highest need



QSP Nursing Services

- **Nurse Education** – assessment, nursing plan of care development and training
- **Extended Personal Care** - hands-on medical care tailored to individual's needs, including skilled or nursing care
- **Updated Agency Rate** - \$19.71 per 15-min unit



QSP Aide Services

- **Homemaker** – housework, meal prep, laundry, shopping assistance
- **Chore** – Heavy cleaning, snow removal, lawn care
- **Personal Care** (unit rate) – help with personal hygiene, mobility etc.
- **Respite** – short break for caregivers
- **Supported Employment** – on the job support to remain employed
- **Transitional Living** – independent living skills training
- **Updated Agency Rate** - \$9.40 per 15-min unit



QSP Companion Services

- **Non-Medical Transportation – Escort** – help with mobility while shopping, banking etc.
- **Companionship** – socialization to reduce isolation
- **Supervision**- monitoring to ensure safety for people with cognitive impairment
- **Updated Agency Rate** - \$9.10 per 15-min unit

Included in Executive Budget Request

Rental assistance funds to support transition/diversion

US DOJ Settlement Agreement requires the State to provide permanent supported housing (PSH), including rental assistance as necessary, to a specified number of target population members each year.

- Year 1 – 20 people
- Year 2 – 30 people
- Year 3 – 60 people
- Year 4+ - # based on aggregate of need

Total	General	Federal	Other
\$300,000	\$300,000	\$0	\$0

This is an ongoing funding request.



State-Funded Rental Assistance to support community living for TPMs

State funded Rental Assistance

helps individuals pay for affordable housing in the community when the cost of housing is putting them at risk of housing instability.

This flexible housing resource also supports diversion efforts by paying housing costs during an institutional stay, to assure the individual does not lose their place to live in the community while they are recovering from an injury or other circumstance that causes them to be out of their home temporarily.

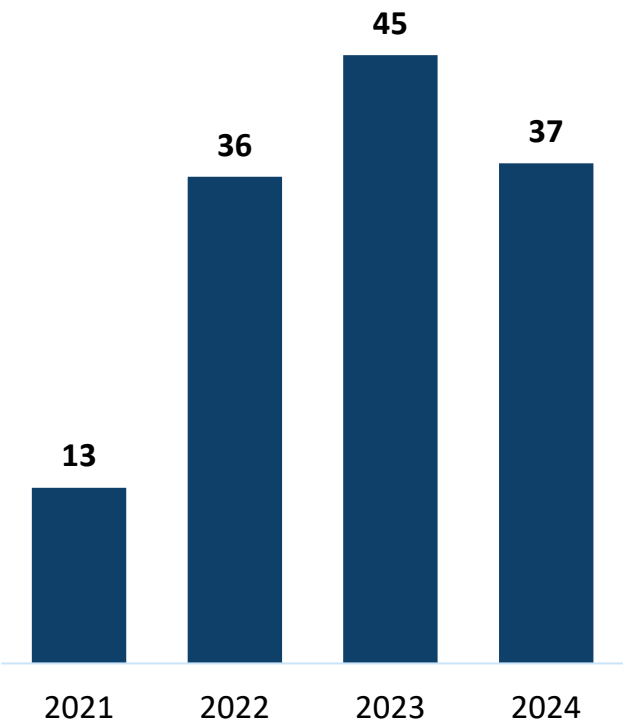
Top 5 Housing Barriers for TPMs

- 1. Finding an accessible unit
- 2. Credit issues
- 3. Rental assistance
- 4. Eviction History
- 5. Need for Environmental Mod



About 80% of TPMs list “housing” as a barrier

TPMs accessing State-funded rental assistance



Included in Executive Budget Request

Adult Protective Services

HHS maintains responsibility for providing Adult Protective Services (APS) across North Dakota, which involves response to reports of abuse or neglect (including self-neglect) of vulnerable adults.

The APS unit has seen a growth in the number of report of suspected abuse/neglect over the last several years, with the most common types of reports related to self-neglect (i.e., inability to care for oneself) and financial abuse by others.

This request would allow HHS to more appropriately staff to the demand by adding resources to the **contracts** maintained with Mountrail/McKenzie and Cass Human Service Zones **for APS coverage**.

Total	General	Federal	Other
\$718,522	\$718,522	\$0	\$0

This is an ongoing funding request.



Included in Executive Budget Request

Transition and Diversion support services

Flexible services designed to make it possible for people with special, and often significant, health needs to move out of institutional settings (like nursing homes, basic care facilities, and DD group homes) to community-based settings (owned or rented home).

The same set of services has been deployed to stop people from ever having to move to an institution (diversion) by supporting home mods to or moves between community settings.

The request anticipates funding sufficient to complete an estimated 500 transitions/diversions over the course of the biennium; this assumes an average cost per person served of \$10,500. History from the pilot phase of this work show that most transitions assist individuals with a physical disability, support people at risk of homelessness or survivors of domestic violence. Most referrals come from HCBS case managers, from substance use treatment providers, centers for independent living, domestic violence centers, and community-based care coordinators (ex. Free Through Recovery).

Total	General	Federal	Other
\$5,289,397	\$2,733,934	\$2,555,463	\$0

This is an ongoing funding request.

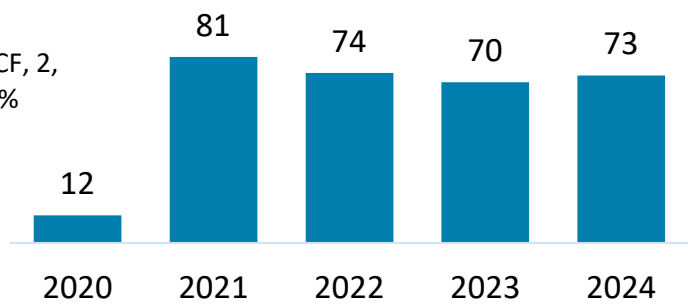
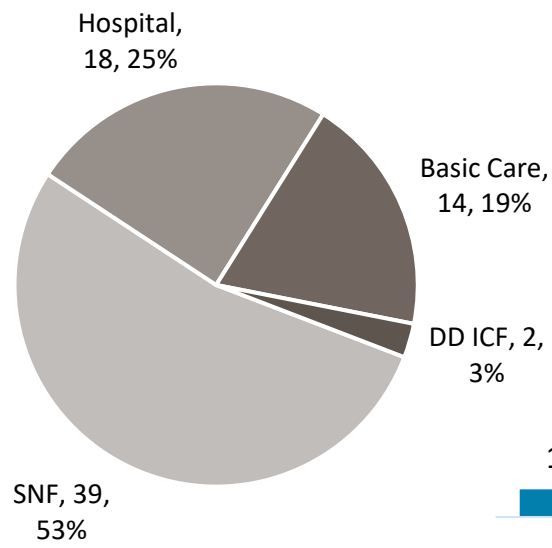


Impact of Transition and Diversion (T/D) project efforts

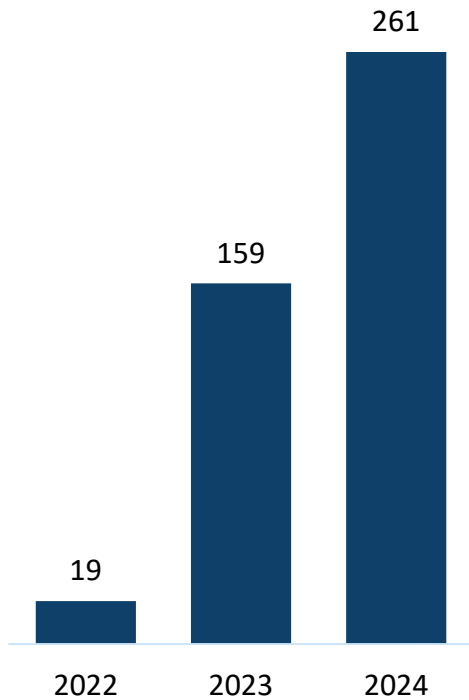
Transitions 2020-24

Diversions 2022-24

In SFY2024 people transitioned from:

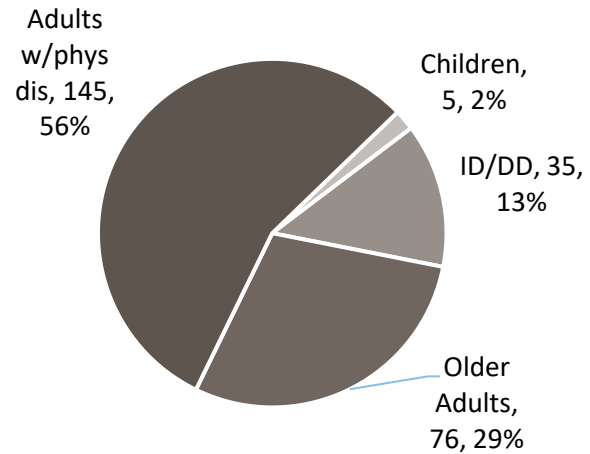


\$3,002
Average spent/transition
(SFY24)



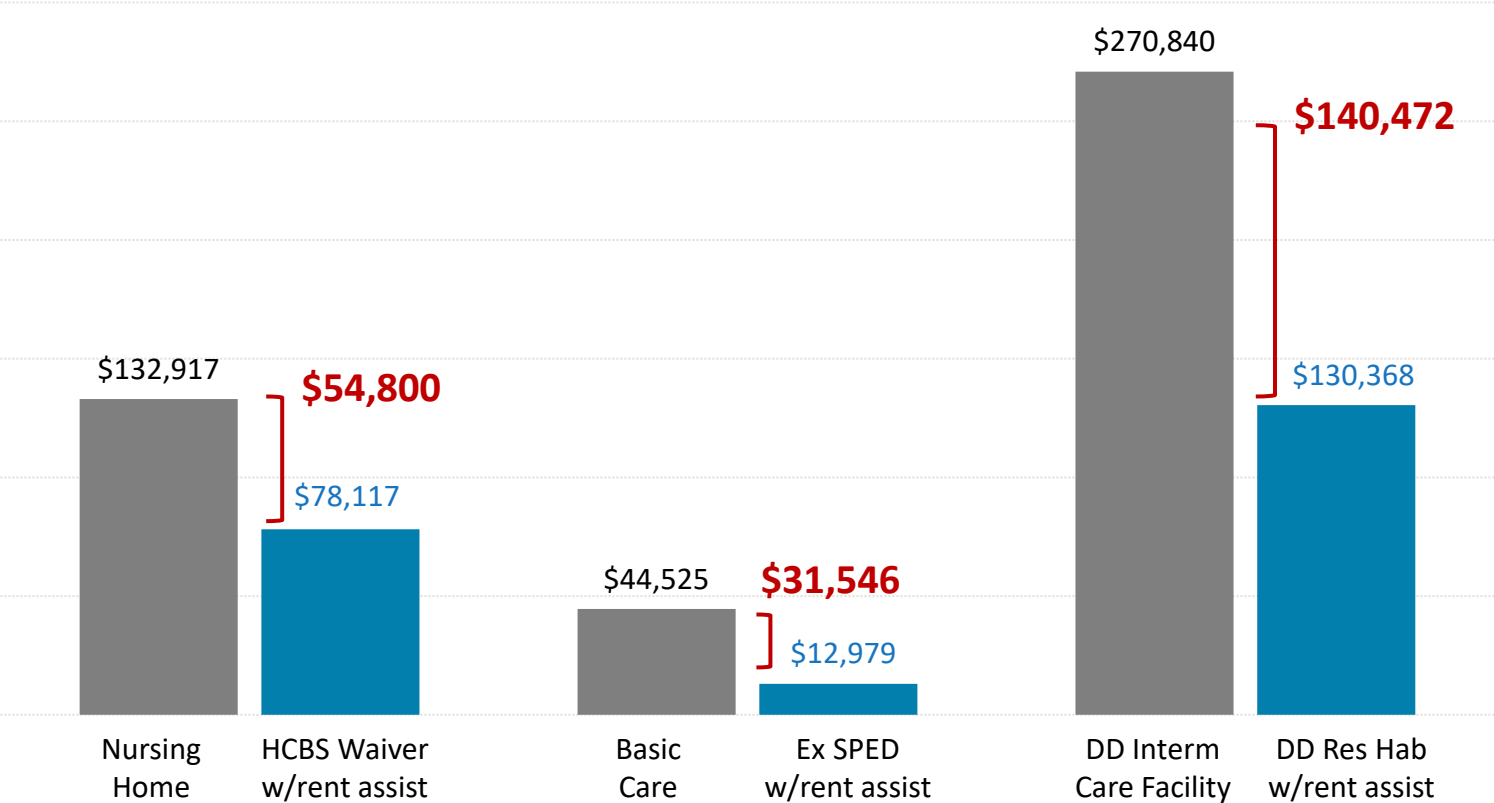
\$3,742
Average spent/diversion
(SFY24)

SFY2024 Diversions were completed for...



Financial Impact of Transition & Diversion

Simulated **per person per year cost savings** associated with living and receiving services in a more integrated vs a less integrated setting



Transition and Diversion can be accomplished when resources are flexible enough to meet unique needs and broad enough to address barriers holistically.

Note: Simulation assumes average annual cost for each service type (HHS 2024) plus an assumed average monthly payment for housing assistance for each community-based service (HCBS waiver, Ex SPED and DD Res Hab)

Other legislation impacting Adult and Aging Services appropriation

		Federal	General
Engrossed SB 2138	Volunteer-driven community-supported services		\$200,000 (an \$80,000 increase from the current \$120,000)
Engrossed SB 2029	Establishment of Office of Guardianship Council <ul style="list-style-type: none"> Bill would move \$423,000 of state general funds to the Supreme Court budget to administer the Guardianship establishment program for older adults and adults with physical disability. 		(\$423,000)
Engrossed HB 1012	<ul style="list-style-type: none"> Rebase Private Duty Nursing and RN Home Health Rates 	1,235,768	1,235,768
Engrossed HB 1012	<ul style="list-style-type: none"> Provider inflation 2% both years of the biennium 	2,101,980	3,294,874