2023 Listening Sessions and ND DOJ Stakeholder Meetings Input Summary

Information Shared:

- Legislative session update
- DOJ SA Implementation Plan report and dashboard review
- MFP update and transitions
- Person Centered Planning-In-person Work and Competencies
- QSP recruitment & Connect to Care
- Subject Matter Expert Compliance (SME) Recommendation Report
- Key Performance Indicators (KPI) report online
- Housing Services Collaborative
- ARPA 9817 funds from Myers and Stauffer
- HCBS waiver amendment
- 6-month DOJ report
- Nursing Facility Presentations
- Housing Services Collaboration Group update
- DOJ Settlement Agreement Year 3 – end of year data
- DOJ Settlement Agreement Implementation Plan –Year 4 update
- QSP Hub update and results QSP survey – QSP Hub
- ADRL Transition and Diversion program updates
- Universal design/accessibly consideration in upcoming funding applications – ND Housing Finance Agency
- Supplement Services

Community Concerns/Comments:

- SNFs need education on their responsibility in the transition process.
- Individuals need assistance applying for Medicaid.
- Individuals need to be given the opportunity live in the community even if they don’t succeed.
- QSPs need to show up to legislative session to advocate for themselves.
- There are clients who are too frail to spend all day on a bus and there is always a need for medical transport.
- QSPs need more training on resources for clients who live in voucher housing that is not adequate. Wheelchairs falling in rotten floors, lack of heat and air conditioning, pre-existing roaches, bad plumbing, etc.
- Right now, we have so many people that need accessible units and they're on waiting lists for up to six months.
- Integrate the nursing facilities that work with our social workers and the agencies that will be taking over care to have a more seamless transition.
- Social workers in skilled nursing facilities understand person centered planning but they don't quite grasp the concept of the individual plan. Social workers are focused on the independent living philosophy and if an individual goes home with services the don’t feel they are independent.

- Currently Fargo is a growing diverse region and individuals are not aware of QSP services. Many multicultural people have aging parents and grandparents that they need assistance with, but they haven't been made aware of services that are available. It would be a great thing to reach out to those communities because the River Valley is growing with people from different backgrounds.

Q & A from Stakeholder meetings

Q: Is the state plan Medicaid office part of the DOJ settlement?

A: Extended personal care is a waiver service. We work in conjunction with medical services, Medicaid state plan personal care is how we fund the personal care. Shannon Strating in our office is the administrator and we work closely with Leanne Thiel and others in medical services to administer those funds.

Q: Is someone who receives extended nursing services eight hours a day (LPN or RN) through the state plan part of the DOJ settlement?

A: Potentially, yes. If they're on Medicaid and they would likely screen at a nursing facility level of care, they would be considered a target population member.

Q: Has HCBS considered a 24/7 on-call staff?

A: That is what we have been discussing. MFP has access to nurses 24/7, so if they have medical questions or other questions, they can reach out.

We would be able to offer a stipend to the person who's on call and help some of the providers offer that 24-hour support. We are interested in people's feedback.

Q: Will you also be looking at billing for Companionship through Therap?

A: How you bill depends on the funding source that you're using. If you prefer to bill in Therap for the older American Act services, we will have to discuss it with the vendor.

If it's under SPED and ExSPED, you would be able to bill using Therap. If it's an Older Americans Act service, we do not have that functionality in Therap. It's strictly used for the HCBS waiver state plan, Personal Care, SPED and ExSPED.

Q: Why was there a significant cost to add each new program to Therap for billing? Wasn't it limited to the ones who track their time using EVV?

A: A lot of our providers are family providers and so they're not used to billing electronically. That's part of the reason we limited it. The ability to bill for SPED and ExSPED Companionship is being built in Therap.

Q: Is there any news on medical transportation?

A: We spoke to Medicaid about non- medical transportation providers, signing up to be a non-emergency medical transportation provider and take that person to the doctor. The desire is there, we just haven't made it happen yet. We're going to try to make that a more seamless process because there's a lot of providers out there who would take people to the doctor, but there's no payment source for it if they are not enrolled with ND Medicaid for that service.

Q: What is the turnover of HCBS case managers? Do they find the job rewarding or just overwhelming?

A: We have had some turnover in a few counties because of retirements and one person moved on to another position, but I think they generally love the work. Of the 120 or 130 staff that we have right now the turnover was 7.5% last year.

The case managers really see that this matters, but they have got a lot going on and they are very stressed. There's a lot of oversight right now because of the DOJ settlement, they carried the brunt of some of these programs. Asking for a substantial number of FTE to help in this area made them feel supported, which that's what we want.

Q: In regard to retaining QSPs once the person they cared for has passed away: How much of that is discussed at the upfront of the enrollment period? Because waiting until the end is a sensitive time and often emotions are high.

A: It would be helpful if they could make that decision upfront and not just get a letter at the end. We would have to make that part of the process going forward. That is something we're going to continue to work on and try to retain some people.

Q: The CILS have had high turnover of transition coordinators. How do we not only hire but retain the transition coordinators to do the work?

A: Some of the new staff are awesome to work with and are really hitting the ground running. The addition of Karen Wolf (Transition Specialist) and having that one-on-one technical assistance and her availability to just reach out to transition coordinators and offer support has been essential regarding the training process.

We also do interdisciplinary staffing between the state and housing which has really helped to build relationships as well.

Q: Clients that live in rural parts of ND and are coming from nursing home facilities and there are no QSPs in that area, can they move to a different area to be able to get that level of care?

A: MFP is a federal national program, so we would work across the state. During that process, we identify there may be needs in one community, but they might be better served in a different community. Should that person desire to move we would assign a transition team. We would work with the outgoing and incoming transition coordinators and housing facilitators to make sure communications were happening. We do a lot of cross state transitions just as it relates to all the pieces of the puzzle working out. Maybe it's a housing, maybe it's a care need, and maybe it's just somebody wants to live in a different area that's closer to some family.

Q: What does MFP have to do regarding providing a mechanical versus non-mechanical lift. And how do we go about getting it?

A: That is considered on a case-by-case basis. We reach to the transition coordinator to see what was offered. We also like look at a therapist or a doctor's recommendation so that we are getting the appropriate item for that individual because sometimes these transitions are happening across the state.

Q: Case managers, Discharge planners, and people at hospitals and nursing homes that are planning exit strategies don't know about QPSs and the services that they could be having at home. In Grand Forks, when we go talk to different nursing homes and bring brochures, they say they've never even heard of this. How do we educate them more?

A: We have a team that goes around to all the nursing homes and hospitals and talk to the person who needs the care, their family, or guardians. We conduct annual in person meetings to educate on HCBS in nursing homes and the public is invited.

Response to answer: I think communicating with the administrators at the hospitals and nursing homes, and family practice doctors who see individuals their yearly checkups. Family practice doctors see the patients who getting to the point where they need help at home and could tell them about these options.

When we're telling the individuals in the nursing home about our services, it goes in one ear and out the other.