



To improve and revise the data collection efforts related to the ND US Department of Justice Settlement Agreement (US DOJ SA) the State will maintain the following set of key performance indicators (KPIs) on the Department's website to illustrate the State's progress and challenges implementing the US DOJ SA. This data will be published quarterly. Data collection methods were created to track the following critical issues facing Target Population Members (TPMs) who want to receive care in the most integrated setting appropriate to their needs.

- Referrals to HCBS
- Average weighted HCBS case management caseloads
- Unique inquires to the aging and disability resource link (ADRL)
- Number of TPMs served in a skilled nursing facility (SNF)
- Number of individuals served under all HCBS funding sources
- Number of TPMs diverted from a SNF
- Number of TPMs transitioned from a SNF
- Number of long-term service and supports options counseling (LTSS OC) visits that resulted in a TPM transitioning to the community
- Number of home modifications completed
- Number of TPMs who accessed rental assistance
- Number of TPMs that received permanent supported housing
- Average annual cost of HCBS and SNF care
- Number of TPMs that maintained their housing during a SNF stay
- Number of person centered-plans (PCPs) that are completed with TPMs in the community and TPMs in a SNF
- Number of new QSPs enrolled
- Number of QSP applications processed within 14 calendar days
- Number of QSPs who received enrollment assistance from the QSP Hub
- Number of QSPs who expanded their service array
- Number of new QSP agencies serving tribal and other underserved communities
- Number of QSPs by county
- Number of TPM complaints responded to within the required timeframe

- Percent of provider CIRs reporting within the required timeframe
- Percent of remediation plans initiated.

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

630

INDIVIDUALS REFERRED TO
HCBS CASE MANAGEMENT IN
QUARTERS 1 & 2 OF 2023

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2

Data is based off a calendar year.

There were 630 referrals to HCBS in the first two (2) quarters of 2023. Sixty percent (60%) of referrals sent to the HCBS Case Managers during that timeframe become an open case. This is up 5% from the 2022 average.

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.

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

1,854 TOTAL INDIVIDUALS REFERRED TO HCBS
CASE MANAGEMENT IN **2022**

1,893 TOTAL INDIVIDUALS REFERRED TO HCBS
CASE MANAGEMENT IN **2021**

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Data is based off of a calendar year

In calendar year 2022, 55% of the referrals that were sent to the HCBS Case Managers became an open case. The State believes this is an indication that the Aging and Disability Resource Link (ADRL) centralized intake system is effective in predicting who might be eligible for assistance in receiving HCBS. Six (6) Adult and Aging Services employees answer calls and respond to web referrals Monday – Friday from 7:00 am -6:00 pm (CST).

ADRL staff complete a centralized intake interview with the individual/family/legal decisionmaker that helps to determine if the person would likely qualify for one of the HCBS programs. If they may qualify, the case is referred to an HCBS Case Manager. The HCBS Case Manager then makes a home visit to complete a functional assessment, determines final eligibility, conduct person centered planning, and authorizes necessary care.

CASE MANAGEMENT CASE LOADS

120  **QUARTERS 1 & 2 OF 2023**
AVERAGE MONTHLY
WEIGHTED CASELOAD
PER HCBS CASE MANAGER

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Data based off a calendar year.

There are 67 HCBS Case Managers who carry an average weighted caseload of 120 cases. The average weighted caseload of each case manager went up from an average of 117, in 2022.

The Department's 23-25 budget included funding to hire seven (7) additional HCBS case managers. Three (3) of the positions will only provide case management for individuals living in Basic Care. Basic Care cases will be removed from the other HCBS Case Manager caseloads. This will free up time for staff to provide additional case management to individuals with complex needs and will help to reduce the average weighted caseload.

CASE MANAGEMENT CASE LOADS

117  AVERAGE MONTHLY
WEIGHTED CASELOAD
PER CASE MANAGER
IN **2022**

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Data based off a calendar year.

The average weighted caseload per month per HCBS Case Manager increased slightly from 2022 (117) to 2023 (120). The State believes an ideal average monthly weighted caseload would be about 100 per case manager.

CASE MANAGEMENT CASE LOADS

110



AVERAGE MONTHLY
WEIGHTED CASELOAD
PER CASE MANAGER
IN **2021**

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Data based off a calendar year.

The average weighted caseload per month per HCBS Case Manager increased from 2021 (110) 2022 (117) to 2023 (120). This is a reflection of the increased in referrals for HCBS. The State believes an ideal average monthly weighted caseload would be about 100 per case manager

AGING AND DISABILITY RESOURCE LINK (ADRL) INFORMATION AND ASSISTANCE (I & A) CONTACTS

24,266

UNIQUE I & A INQUIRIES IN
QUARTERS 1 & 2 OF 2023

- 8,089 CALLS
- 18,726 WEBSITE HITS
- 16,177 UNIQUE WEBSITE HITS
- 795 WEB INTAKE REFERRALS

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The implementation of the ADRL centralized intake system has allowed the State to streamline the process to apply for HCBS and receive information about other community-based services. In the first two (2) quarters of 2023, an average of 78 new case are opened every month.

The ADRL is also an information and referral service. There are three ways people can get information; by phone, email, or submitting a web intake. The ADRL has allowed the State to create better awareness of HCBS options which is a requirement of the US DOJ SA. The average wait time before a call is answered live by an Adult and Aging Services team member is currently 1 minute.

AGING AND DISABILITY RESOURCE LINK (ADRL) INFORMATION AND ASSISTANCE (I & A) CONTACTS

43,475

TOTAL UNIQUE I & A
INQUIRIES IN **2022**

- 14,255 CALLS
- 33,691 WEBSITE HITS
- 29,220 UNIQUE WEBSITE HITS
- 1,198 WEB INTAKE REFERRALS

34,487

TOTAL UNIQUE I & A
INQUIRIES IN **2021**

- 11,207 CALLS
- 28,092 WEBSITE HITS
- 23,280 UNIQUE WEBSITE HITS
- 576 WEB INTAKE REFERRALS

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Total inquiries to the ADRL central intake system have steadily increased since it was implemented in September of 2020. Some of this is due to a successful advertisement campaign on social media.

There was a 26% increase in total inquiries from 2021-2022.

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

2,438 TPMs SERVED IN A SNF IN **2022**

2,376 TPMs SERVED IN A SNF IN **2021**

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9

Data updated annually.

There was a slight increase (3%) in the number of Medicaid residents that received services in a nursing facility from 2021-2022. About 50% of nursing home residents are Medicaid residents. This number includes all Medicaid eligible individuals who were referred for a short or long-term stay.

TOTAL UNDUPLICATED INDIVIDUALS RECEIVING CARE UNDER ALL HCBS FUNDING SOURCES

2,678

INDIVIDUALS SERVED IN
QUARTER 2 OF 2023

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During this reporting period over 2600, adults with physical disability and older adults, accessed one of the four (4) funding sources available to help this population remain in the most integrated setting that meets their needs.

Aging Services administers the following federal and state programs that help eligible individuals receive services in their homes and community.

- Service Payments to the Elderly and Disabled (SPED)
- Expanded - Service Payments to the Elderly and Disabled (Ex-SPED)
- Medicaid State Plan – Personal Care (MSP-PC)
- HCBS 1915 (c) Medicaid waiver (HCBS waiver)

AVERAGE UNDUPLICATED INDIVIDUALS RECEIVING CARE UNDER ALL HCBS FUNDING SOURCES

2,365

AVERAGE NUMBER OF
INDIVIDUALS SERVED IN
2021

2,537

AVERAGE NUMBER OF
INDIVIDUALS SERVED IN
2022

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11

- The average number of unduplicated individuals who were served under HCBS increased 8.5% between 2021 & 2022.

TPM UTILIZING STATE OR FEDERALLY FUNDED HCBS

486

TOTAL OF
UNDUPLICATED TPMs
SERVED IN **QUARTERS 1 & 2**
OF **2023**



139 TOTAL OF NEW UNDUPLICATED
HCBS DIVERSIONS THAT OCCURRED IN
QUARTERS 1 & 2 OF 2023

- 46 DIVERTED FROM A SNF ON SPED
- 95 DIVERTED FROM A SNF ON MW
- 17 DIVERTED FROM A SNF ON MSP B OR C

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12

There are 486 unduplicated TPMs who are currently receiving HCBS. In the first two (2) quarters of 2023, 139 new TPMs were diverted from a skilled nursing facility and are receiving necessary care in the home.

All 139 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

494

UNDUPLICATED TPMs
SERVED IN **2022**

308 NEW UNDUPLICATED
HCBS DIVERSIONS OCCURRED

- 92 DIVERTED FROM A SNF ON SPED
- 221 DIVERTED FROM A SNF ON MW
- 52 DIVERTED FROM A SNF ON MSP B OR C

273

NEW UNDUPLICATED HCBS
TPMs WERE DIVERTED AND
SERVED IN

2021

- 104 DIVERTED FROM A SNF ON SPED
- 144 DIVERTED FROM A SNF ON MW
- 65 DIVERTED FROM A SNF ON MSP B OR C

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13

There was an 81% increase in the number of unduplicated TPMs who received HCBS in their home or community. The majority of TPMs utilize the services available under the HCBS 1915(c) Medicaid waiver.

For the first time in the history of the waiver, the State increased slots (number of people allowed to be served) to account for the growth and interest in HCBS as an alternative to institutional living.

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

55

TPMs WHO TRANSITIONED IN
QUARTERS 1 & 2 OF 2023

30

TRANSITIONS THAT OCCURRED
WITHIN 120 DAYS IN
QUARTERS 1 & 2 OF 2023

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14

In the past two quarters of 2023, 55 TPMs have moved back to the community. The US DOJ SA requires that TPMs be transitioned within 120 days of requesting transition support services.

55% (30) 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 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.

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

121

TPMs TRANSITIONED
IN 2022

87 OCCURRED WITHIN 120 DAYS

91

TPMs TRANSITIONED
IN 2021

78 OCCURRED WITHIN 120 DAYS

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15

There was a 33% increase from 2021 to 2022 in the number of TPMs who successfully transitioned back to the community. The number of transitions that occurred within the required 120-day timeframe also increased. There was a 12% increase in the number from 2021 to 2022

Since 2007 the State has a Money Follows the Person (MFP) grant that provides transition services to help Medicaid eligible individuals receive the necessary person-centered planning and support services necessary to create a successful transition plan. From 2007 to Quarter 2 of 2023 there have been a total of 811 transitions, 244 Elder, 329 Physical Disabilities, (204 DD & 34 Children)

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

17



LTSS OC VISITS THAT
RESULTED IN A TPM
TRANSITIONING TO THE
COMMUNITY IN
QUARTERS 1 & 2 OF 2023

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16

The US DOJ SA requires the State to provide information about HCBS options to all TPMs referred for a long-term stay in a nursing facility. The required information is provided by long-term service and support options counselors. Long Term Services and Support Options Counselors (LTSS OC) receive the names of Medicaid eligible individuals who are referred to the nursing home every working day. They are responsible to make an in-person visit to the nursing home or hospital to provide HCBS information directly to the TPM and their legal decisionmaker to make sure they understand all their options covered under Medicaid.

This process has helped the State create more awareness of HCBS options. If an individual would like to further explore transition options from institutional placement their case is referred to a Money Follows the Person Transition (MFP) Coordinator. The State has seen an increase in the number of MFP referrals coming directly from the nursing home. The State believes this is a result of the information shared during the LTSS OC visits. The process of talking about HCBS options has become normal and routine in the nursing homes. Once a TPMs hears about their HCBS options it may take some time to process the information, and once ready,

they ask the nursing home to make the referral to MFP.

TPM WHO TRANSITIONED TO AN INTEGRATED SETTING

37



LTSS OC VISITS RESULTED IN A
TPM TRANSITIONING TO THE
COMMUNITY IN **2022**

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The US DOJ SA requires the State to provide information about HCBS to all TPMs which is accomplished in part by the in-person visits that are made with TPMs who are in hospitals or SNFs and will need services long-term. This resulted in 37 TPMs returning to the community. The State believes that the process of talking to all TPMs about HCBS, and visiting nursing homes and hospitals every day has increased the awareness about HCBS throughout the State.

HOME MODIFICATIONS

23

HOME MODIFICATIONS
COMPLETED IN
QUARTERS 1 & 2 OF 2023

- 22 INSTALLED WITHIN 30 DAYS OF REQUEST
- 1 INSTALLED WITHIN 31-60 DAYS OF REQUEST
- 0 INSTALLED WITHIN 61-90 DAYS OF REQUEST
- 0 INSTALLED OVER 90 DAYS OF REQUEST

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18

If a TPM is going to receive care in their home and community, they need access to accessible and affordable housing. Some individuals have a home, but it no longer meets their needs because of a physical disability. Simple modifications to the home can make it much easier and safer to receive direct care at home.

The State established an environmental modification workgroup and is continuously exploring new and innovative ways to try and make this service more accessible to TPMs. There are significant barriers to providing this service. Federal and state rules do not allow payment for materials or labor before services are rendered. Contractors often require up to a 50% down payment before they will start a construction project. This and other similar barriers have impeded the number of environmental modification jobs that can be completed each year.

During this reporting period the State enrolled new providers who are more willing to work within the current HCBS billing parameters and the number of completed projects is 27, up from 13 modifications in 2022.

TPM ACCESSING RENTAL ASSISTANCE

30

TPMS WHO HAVE ACCESSED VARIOUS
FORMS OF RENTAL ASSISTANCE IN
QUARTERS 1 & 2 OF 2023

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19

In Q1, 19 TPMs received rental assistance. In Q2, 30 TPMs received assistance which is a 58% increase. Please note this data only includes the number of individuals who received rental assistance from the Housing General Fund or MFP Rental Assistance. Many other housing related services such as housing facilitation or subsidized housing have been provided to additional TPMs.

The Settlement Agreement requires the state to provide permanent supported housing to 60 TPM by 12/14/2023. The State is on track to meet this requirement. The State provided funding to contract for additional Housing Facilitators that can help TPMs already receiving care in the community to find affordable assessable housing.

TPM ACCESSING RENTAL ASSISTANCE

36

TPM HAVE ACCESSED VARIOUS FORMS OF
RENTAL ASSISTANCE IN **2022**

13

TPM HAVE ACCESSED VARIOUS FORMS OF
RENTAL ASSISTANCE IN **2021**

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20

Access to affordable accessible housing can be a significant barrier to receiving HCBS in the most integrated setting. The number of individuals who received rental assistance from 2021 to 2022 more than doubled. Individuals were assisted through the MFP, State, Project Based, Housing Choice Voucher or Mainstream Voucher rental assistance programs. Eligible individuals are provided information and assistance in finding assessable affordable housing and applying for various forms of rental assistance with the help of Housing Coordinators that work with individuals across the State.

TPM RECEIVING PERMANENT SUPPORTED HOUSING

30

TPMs USING PERMANENT SUPPORTED
HOUSING IN **QUARTERS 1 & 2 OF 2023**

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21

Permanent supported housing services can include but are not limited to access to a housing facilitator who will help the individual locate and secure housing in the community. Housing facilitators can help an individual apply for housing assistance, gather required documentation necessary to rent an apartment, and negotiate issues with landlords.

TPM RECEIVING PERMANENT SUPPORTED HOUSING

99

TPMs USING PERMANENT SUPPORTED HOUSING IN **2022**

28

TPMs USING PERMANENT SUPPORTED HOUSING IN **2021**

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22

There was a significant increase in the number of TPMs receiving permanent supported housing from 2021-2022. Access to affordable accessible housing continues to be a significant barrier to people being diverted or transitioning from institutional placement.

The State is working hard to address housing barriers and establishing relationships with the State Housing and Finance agency any other members of the housing community who are also committed to helping TPMs access the housing they need to successfully live in their community.

TPM WHO MAINTAINED HOUSING IN COMMUNITY DURING A SNF STAY

4

TPMs WHO MAINTAINED THEIR
HOUSING IN THE COMMUNITY
DURING A SNF STAY IN
QUARTERS 1 & 2 OF 2023

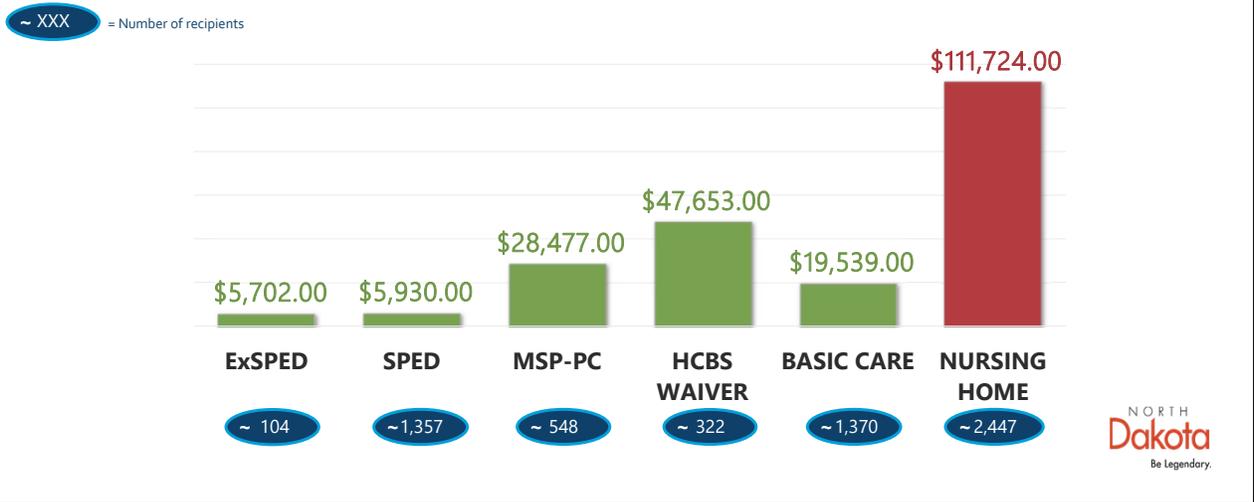
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23

In 2023 the State started collecting data about the number of individuals who were able to keep their housing after entering a nursing facility. The LTSS OC have been trained to ask individuals if it is their intention to return to their home as part of the LTSS OC visit.

If a TPM says it is their intent to move home, the LTSS OC works with the facility social worker and others to make sure the necessary steps have been taken to secure housing in the community are completed.

SFY22 AVERAGE ANNUAL INDIVIDUAL COST COMPARISON BY HCBS FUNDING SOURCE AND AVERAGE ANNUAL COST OF SNF CARE



Data based on a State Fiscal Year, updated annually.

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 nursing facility care is the reason that 50% of the residents of 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 nursing facility.

TPM PERSON CENTERED PLANS (PCP)

HCBS PCPs CREATED FOR TPMs IN
THE COMMUNITY FOR
QUARTERS 1 & 2 OF 2023

795

HCBS, LTSSOC
AND MFP PCPs CREATED FOR
TPMs IN A SNF FOR
QUARTERS 1 & 2 OF 2023

976

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25

The State recently started tracking this data. HCBS Case Managers complete a PCP with all HCBS recipients. The vast majority of the planning meetings are completed face to face in the TPMs home.

The LTSS OC also complete a PCP with TPMs who reside in the nursing home around the time of their annual nursing facility level of care redetermination. If they want to further explore the possibility of transitioning to a community setting they are referred to MFP.

Residents have expressed appreciation for the visit as some TPMs do not have a lot of visitors and appreciate that they are being provided all of their options.

TPM PERSON CENTERED PLANS (PCP)

1,064

HCBS PCPs CREATED FOR
TPMs IN THE COMMUNITY
IN **2022**

886

HCBS, LTSSOC AND MFP PCPs
CREATED FOR TPMs IN A SNF
IN **2022**

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26

In order to meet the requirements of the Settlement Agreement the State currently conducts person-centered planning with every TPM. Person-centered planning is led by the individual and their legal decision-maker and is based on their unique needs, goals and preference for community or institutional living. Planning meetings are facilitated by an Adult and Aging Services team member and can take place in an individual's home, the hospital, or the nursing home.

This process has generated a lot of awareness about the HCBS options covered under Medicaid and has led to the increase in MFP transitions from the nursing home. Another added benefit for individuals who are currently living in the facility is to make sure they are aware of their rights and options for community living.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

117
NEW QSPs
ENROLLED IN
**QUARTERS 1 & 2 OF
2023**



103
NEW INDIVIDUAL QSPs

14
TOTAL OF NEW
AGENCY QSPs

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27

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.

The State has been working on various recruitment and retention strategies to encourage individuals and agencies to enroll to be a QSP. This includes establishing 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 streamlining and improving the QSP enrollment process.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

452

NEW QSPs
ENROLLED IN **2022**



441

NEW INDIVIDUAL QSPs

11

NEW AGENCY QSPs

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28

On average the State has about 1,100 QSPs enrolled to provide HCBS. About 750 of them are actively working and providing services each month. The State employs QSP provider navigators who help TPMs find a willing QSP who can meet their needs. In rural and frontier areas of the State it can be more difficult to find available QSPs.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

117

NEW QSP APPLICATIONS PROCESSED
WITHIN 14 CALENDAR DAYS IN
QUARTERS 1 & 2 OF 2023

82% IS THE MONTHLY AVERAGE OF APPS
PROCESSED WITHIN 14 CALENDAR DAYS

337

CALLS RECEIVED REQUESTING
ENROLLMENT ASSISTANCE FROM
THE QSP HUB, **22** OF THOSE
ENROLLED AS QSPs IN **QUARTERS
1 & 2 OF 2023**

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29

Data based on a calendar year.

There are many federal and state requirements that must be met before an agency or individual is enrolled as a QSP. The State contracts with a vendor to manage enrollment for QSPs. The contract requires that all completed applications are approved within 14 calendar days. The State is working with the vendor and others to improve the instructions and forms needed to enroll with the intent of increasing the number of QSP enrollment applications that are submitted with all the correct information. If this goal is met it will also increase the number of applications that completed with the two-week timeframe.

The State also contracts with a vendor to provide a QSP information and assistance Hub to provide support, training, and technical assistance to QSPs. The QSP Hub provided technical assistance to individuals via hundreds of calls to their system. Sixteen individuals or agencies that received technical assistance

went on to become enrolled QSPs in the first quarter of 2023.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

75

NEW QSP APPLICATIONS
PROCESSED WITHIN 14
CALENDAR DAYS IN **2022**

49% IS THE MONTHLY AVERAGE OF APPS
PROCESSED WITHIN 14 CALENDAR DAYS

137

QSPs WHO RECEIVED
ENROLLMENT ASSISTANCE
FROM THE QSP HUB IN **2022**

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30

Data based on a calendar year.

The QSP Hub provides direct support through their information and assistance line, individual enrollment assistance, and provides training opportunities to QSPs. The QSP Hub is continuously adding resources and is developing additional training that will be targeted toward the needs of QSPs. We expect the number of QSPs supported by the QSP Hub, and the number of those entities that successful complete QSP enrollment to increase in 2023.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

31

QSP AGENCIES THAT EXPANDED
THEIR ARRAY OF SERVICES
IN **QUARTERS 1 & 2 OF 2023**

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This number reflects the number of QSPs that expanded services in any part of North Dakota. The State modified the QSP application form to help QSPs understand what services they are qualified to provide when they initially enroll. This prevents the QSP from having to ask that it be provided to their service array and helps to shorten the time between provider selection and service delivery.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

13

NEW QSP AGENCIES SERVING
TRIBAL, RURAL, AND OTHER
UNDERSEVED COMMUNITIES
IN **QUARTERS 1 & 2 OF 2023**

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32

The State is committed to working directly with Tribes to improve access to HCBS for Native Americans living in ND. With help and direction from the University of North Dakota National Resource Center on Native American Aging the State started meeting monthly with leaders from the Tribal QSP agencies. The intent is to listen and learn about the needs of American Indian elders with the goal of working with the Tribes to provide culturally informed HCBS.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

9

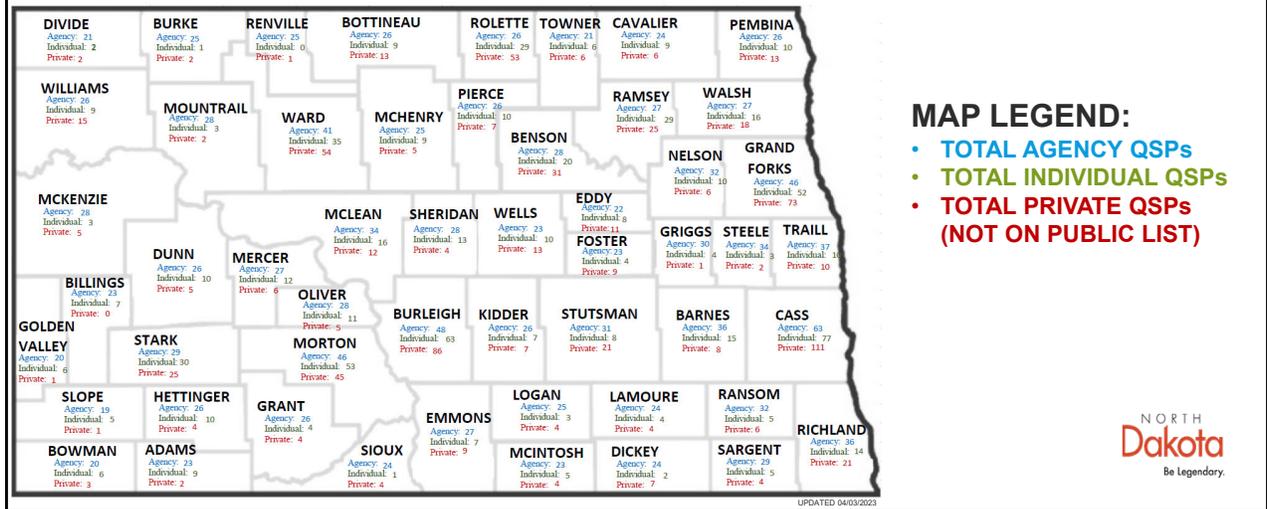
NEW QSP AGENCIES SERVING
TRIBAL, RURAL, AND
OTHER UNDERSEVED
COMMUNITIES IN **2022**

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33

The number of agencies that enrolled to provide HCBS in tribal and other underserved areas of North Dakota remained the same in the first quarter of 2023 and 2022 there were nine (9) new QSP agencies enrolled to serve in these areas. The number of new QSP agencies enrolled to serve in these areas increased to 13 in the second quarter of 2023.

HCBS QUALIFIED SERVICE PROVIDERS (QSP) TOTALS BY COUNTY



Data updated quarterly.

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 ND, the Government run Human Services Zone acts as one of the only agency QSPs in the area that have employees in the area to provide care.

TPM COMPLAINTS

66 

TPM COMPLAINTS THAT WERE
RESPONDED TO WITHIN THE
REQUIRED TIMEFRAME
IN **QUARTERS 1 & 2 OF 2023**

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35

There were 66 complaints received about the care provided to TPMs in the first two quarters of 2023 and all 66 were followed up on with the required two-week timeframe. Any individual or professional has a right to submit a complaint about HCBS at any time. Complaints can be made anonymously, and the State follows up on all complaints. The most frequent complaint issues include provider being absent without notice, poor care, property theft, and the provider having a criminal history.

The State screens individual QSPs to ensure they meet all provider requirements and requires agency QSPs to screen their employees. This includes reviewing criminal conviction history. If a complaint is substantiated, the State works to mitigate the situation through termination of provider status or other appropriate sanction.

TPM COMPLAINTS

96 

TPM COMPLAINTS WERE
RESPONDED TO WITHIN THE
REQUIRED TIMEFRAME
IN **2022**

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36

There were 96 complaints received about the care provided to TPMs in 2022 and all 96 were followed up on with the required two-week timeframe. Most complaints are submitted by the HCBS case managers, received through the Vulnerable Adult Protective Services (VAPS) reporting line, or are the result of a critical incident report (CIR) submitted to Adult and Aging Services. The type of allegations made in the complaint were similar to the complaints received thus far in 2023. i.e. QSP absent without notice, poor care, theft of property, and provider having a criminal history.

CRITICAL INCIDENT REPORTS (CIR)

71%

AVERAGE OF PROVIDER
COMPLETED CIRs REPORTED
WITHIN THE REQUIRED
TIMEFRAME IN
QUARTERS 1 & 2 OF 2023

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37

Data based on a calendar year.

Adult and Aging Services staff provide quarterly webinars about how and when to submit a critical incident report. The number of critical incident reports that are submitted within the required timeframe (24 hours of learning/knowing about the incident) has increased by 5% in the first two quarters of 2023.

There can be significant turnover at QSP agencies so the State is consistently educating providers about his very important requirement.

CIRs must be submitted about a TPM if there is a death; life-threatening illnesses or injuries; alleged instances of abuse, neglect, or exploitation; changes in health or behavior that may jeopardize continued services; serious medication errors; illnesses or injuries that resulted from unsafe or unsanitary conditions; or, any other critical incident that is required to be reported by State law or policy.

CRITICAL INCIDENT REPORTS (CIR)

64%

AVERAGE OF PROVIDER
COMPLETED CIRs REPORTED
WITHIN THE REQUIRED
TIMEFRAME IN **2022**

NORTH
Dakota
Be Legendary.

38

Data based on a calendar year.

As soon as a paid provider or paid family member learns of a critical incident involving a TPM, the incident must be:

1. Reported to the HCBS Case Manager and
2. A Critical Incident Report must be completed and submitted using the General Event Report (GER) within the electronic case management system.
3. The completed CIR is to be submitted within 24 hours of learning or knowing of the incident.

The HCBS Case Manager will receive notification of the submission of an incident report about an individual on their case load within the case management system.

In addition, the Agreement Coordinator sends all CIRs to the US DOJ and the SME within seven (7) days of learning about the incident.

REMEDICATION PLANS

100%

PERCENT OF REQUIRED
REMEDICATION PLANS
INITIATED IN
QUARTERS 1 & 2 OF 2023

NORTH
Dakota
Be Legendary.

39

The Settlement Agreement requires the State to initiate a remediation plan for all CIRs except those that involve a death by natural causes. There were 328 CIRs sent to the DOJ and SME from 1/1/23 to 6/30/23 that included the required initiation of a remediation plan.

During this period there were 379 total reported CIRs. 100% of them included the initiated remediation plan. The State also provides updates on the resolution of the plans as appropriate to the DOJ and SME.