



A REPORT TO THE NORTH DAKOTA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Comprehensive Review and Analysis for the 2022-2026 State Plan



MAY 1, 2020
JOANNE HOESEL, MA

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Introduction

The North Dakota State Council on Developmental Disabilities (Council) requests a comprehensive review and analysis (CRA) of North Dakota's services, supports, and unmet needs in the intellectual and developmental disability (IDD) service system. The CRA helps select priorities for the Council's 2022-2026 state strategic plan. This report contains information to understand systems and trends in eight areas better: 1) Health and Healthcare, 2) Employment, 3) Education and Early Intervention, 4) Transportation, 5) Child Care, 6) Housing, 7) Informal and Formal Services and Supports, and 8) Recreation.

Methodology

The author relied on a variety of resources and methods to complete this report. Information was found via internet and database searches from PubMed, Google Scholar, federal and state government websites, advocacy agency websites, and contact with key informants. Relevant material was identified through a combination of keywords, phrases, topical searches. The report synthesizes this information to provide the Council with a thorough description of how the services and supports currently function in meeting the needs of individuals with IDD.

North Dakota Demographics Overlay

North Dakota (ND) has a population of 762,062, according to the July 1, 2019, U.S. Census population estimates.¹ There has been a shift in rural-to-urban ratios, whereas, in 1980, 63 percent of the state's population lived in rural areas, the 2018 data indicates 49 percent of the population lives in these areas.² Table 1 illustrates the population loss, growth, and urbanization experienced in ND between 2010 and 2017, which has implications for service delivery.

Table 1: ND Rural/Urban Population Shift 1980-2018.

ND Population Shift				
Year	Rural	Urban	Total	Rural %
1980	412,267	240,450	652,717	63%
1990	375,270	263,530	638,800	59%
2000	352,138	290,099	642,237	55%
2010	341,155	331,421	672,576	50%
2018	375,113	384,964	760,077	49%

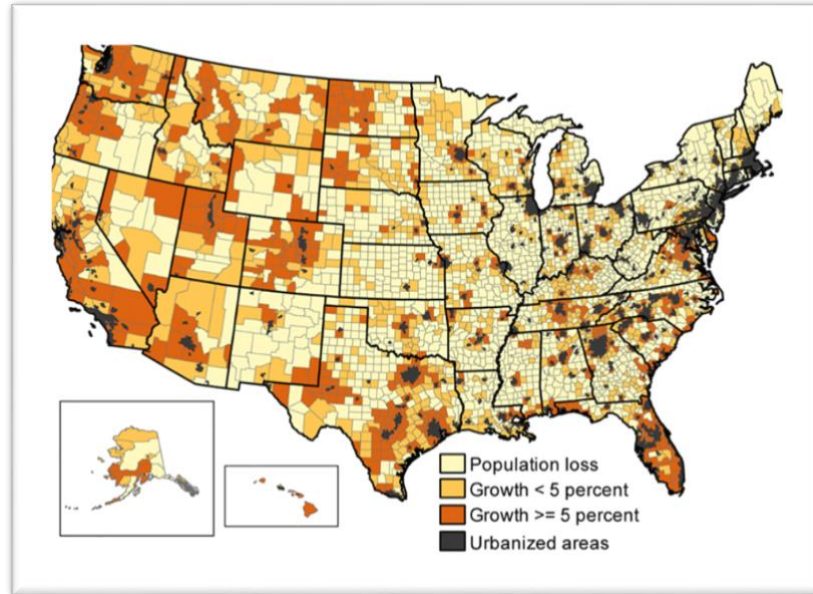
Source: US Department of Agriculture ³

¹ U.S. Census. Retrieved from: <https://www.census.gov/quickfacts/fact/table/ND/PST045219#>

² United States Department of Agriculture Economic Research Service. Retrieved from: <https://data.ers.usda.gov/reports.aspx?StateFIPS=38&StateName=North%20Dakota&ID=17854>

³ Ibid.

Figure 1: US Population Change 2010-2017



Source: US Department of Agriculture ⁴

Further analysis of ND's population reveals that 23.5 percent of the population is under 18 years of age (179,085), and 15.3 percent are 65 years of age and older (116,595). According to the U.S. Census bureau's July 1, 2019 estimates, 7.1 percent (54,106) of ND residents under age 65 have a disability of any kind. The 2018 U.S. Census American Community Survey (ACS) one-year estimate provides a snapshot of ND citizens who have a cognitive disability. For children between the ages of 5 and 17, there are 4,209 children with a cognitive difficulty; for those between the ages of 18 – 64, there are 16,957 people with a cognitive disability; and for people over the age of 65, 6,916 people have a cognitive disability.⁵

⁴ United States Department of Agriculture Economic Research Service. Retrieved from: <https://www.ers.usda.gov/webdocs/charts/57704/popmap1017.png?v=3470.3>

⁵ United States Census Bureau. Retrieved from: https://data.census.gov/cedsci/table?q=disability%20status&g=0400000US38_0100000US&hidePreview=true&tid=ACSS1Y2018.S1810&t=Disability&vintage=2018&moe=false&cid=S1810_C01_001E

Portrait of State Services

Health & Healthcare

Access to quality healthcare is essential for all people, especially those with disabilities. Healthcare helps maintain health but also assists in having a positive quality of life. In 2019, the Commonwealth Fund's Scorecard on State Health System Performance rated ND 16th in the U.S. ND's ranking reflects a low incidence of frequent physical and mental distress, a high ranking (49th) for excessive drinking, and a ranking of 37 for the percentage of children under 35 months who receive recommended vaccinations.⁶ The County Health Rankings & Roadmaps' annual rankings measure health factors such as high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births.⁷ Figure 2 shows ND's county rankings and provides a view of health variation by county.⁸

Figure 2: ND 2019 County Health Rankings & Roadmaps Illustrating the Healthiest and Least Healthy Counties

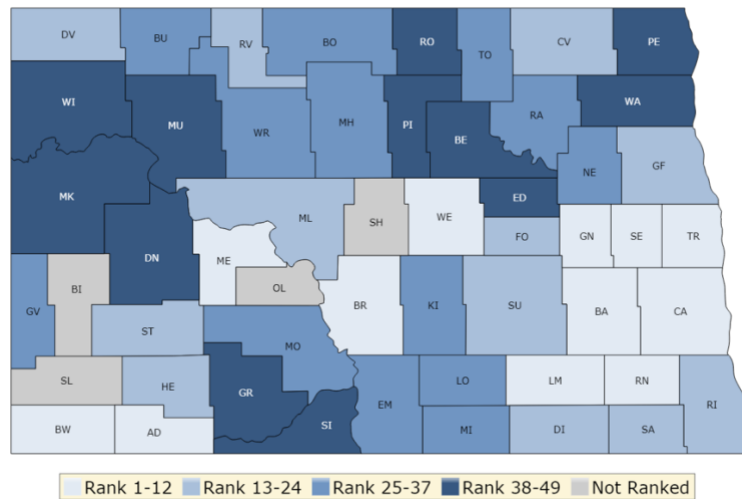


Table 2 highlights the disparity between the healthiest and least healthy ND counties. There is a 19 percent difference in residents having poor or fair health. Thirty-two percent of the residents in the least healthy county have poor or fair health, whereas only 13 percent of the residents in the healthiest county have a similar health status. The rankings vary dependent upon racial and ethnic groups as well; Twenty-nine percent of the ND Native American Indian population presents with poor or fair health versus 13 percent of white residents.⁹

⁶ The Commonwealth Fund. Retrieved from: <https://interactives.commonwealthfund.org/2018/state-scorecard/state/north-dakota/>

⁷ County Health Rankings & Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/about-us>

⁸ County Health Rankings & Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/app/north-dakota/2019/overview>

⁹ Ibid.

Table 2: ND's 2019 Healthiest versus Least Healthy County Variations¹⁰

	Healthiest ND County	Least Healthy ND County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	6,700	26,300	19,100	3,400	7,800	6,200	5,900
Poor or Fair Health (%)	13%	32%	29%	N/A	28%	27%	13%
Poor Physical Health Days (avg)	2.6	5.7	5.9	N/A	4.5	3.8	2.7
Poor Mental Health Days (avg)	2.7	4.9	3.6	N/A	2.3	5.9	3.0
Low Birthweight (%)	5%	7%	7%	7%	9%	6%	6%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers

Source. County Health Rankings and Roadmaps 2019

Access to Public/Private Health Insurance

Three insurers offer insurance coverage to ND residents: Medica, Sanford, and Blue Cross/Blue Shield. According to the U.S. Census bureau's July 1, 2019 estimates, 7.1 percent (54,106) of ND residents under age 65 have a disability. Table 3 displays the 2013 - 2017 ACS 5-year estimates of the ND's population categorized by those with a disability, insurance status, and type of insurance coverage by age groups.^{11 12}

¹⁰ County Health Rankings & Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/app/north-dakota/2019/overview>

¹¹ United States Census Bureau. Retrieved from: https://data.census.gov/cedsci/table?q=insurance%20by%20disability&g=0400000US38_0100000US&hidePreview=true&tid=A_CSDT5Y2017.B18135&t=Disability&vintage=2018

¹² United States Census Bureau. Retrieved from: <https://www.census.gov/topics/health/disability/about.html>

Table 3 ND 2013-2017 Population Estimates by Disability and Insurance Status and Type

Population Group	# of people in ND
Under age 19 – total count	180,510
with a disability	6,573
without health insurance	544
with health insurance:	6,029
with private health care coverage	3,967
with public health care	2,930
Age 19 – 64-total count	447,594
with a disability	37,603
Without health insurance	3,881
With health insurance coverage:	33,722
with private health care coverage	21,920
with public health care coverage	16,105
65 years and over-total count	101,175
with a disability	33,884
Without health insurance	84
With health insurance coverage:	33,800
with private health care coverage	24,277*
with public health care coverage	33,496*

More individuals, birth through age 64, with disabilities have private insurance than those over age 65. The highlighted cells in Table 3 illustrate that people over the age of 65 may have both Medicare and private insurance. Due to the multiple insurance sources, the public and private insurance numbers for this age group will not equal the total number of people with health insurance.

Uninsured in ND

The July 2019 ACS rate for non-institutionalized people under the age of 65, and uninsured, is 8.4 percent (64,013).¹³ The 2017 ND uninsured rate for non-institutionalized individuals aged 21 – 64 with a cognitive disability is 8.2 percent. The national rate for the same group is 9.6 percent.¹⁴ In reviewing the information in Table 3, there are 4,509 people with disabilities in ND that are uninsured.

Insurance Coverage Change

About 1 in 54 children have been identified with autism spectrum disorder (ASD) according to estimates from the Center for Disease Control and Prevention's Autism and Developmental

¹³ United States Census Bureau. Retrieved from: <https://www.census.gov/quickfacts/ND>

¹⁴ Disability Statistics. Retrieved from: <http://www.disabilitystatistics.org/reports/acs.cfm?statistic=11>

Disabilities Monitoring (ADDM) Network.¹⁵ There have been previous attempts nationally and in ND to pass legislation to mandate insurance coverage for autism. In 2018, the ND Insurance Commissioner issued a bulletin notifying insurance companies that treatments for autism can no longer be excluded from an insurance policy. The bulletin does not mandate coverage for autism, just as insurance plans are not mandated to cover mental health or substance abuse disorders. However, if they do provide coverage for these conditions, deductibles, co-pays, and treatment limitations cannot be more stringent than for other medical care. Also included in the bulletin, insurance carriers can no longer exclude applied behavioral analysis (ABA) on the basis that this therapy is an experimental or investigative treatment.¹⁶

Medical Assistance

Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The program is funded jointly by ND and the Centers for Medicare and Medicaid Services (CMS).¹⁷ In ND, the Department of Human Services (DHS), Medical Services Division administers the Medicaid program. In the 2017-2019 biennium, 65 percent of the DHS budget (\$2,388,042,849) which totals over 3 billion dollars DHS (\$3,658,110,494) paid for medical assistance grants. There are four categories of medical assistance grants:

- Traditional Medicaid and Healthy Steps (CHIP) \$585,090,227 (16%),
- Medicaid Expansion \$570,521,018 (16%),
- Developmental Disabilities Grants \$584,948,726 (16%), and
- Long-Term Care Services \$647,482,878 (18%).¹⁸

Traditional Medicaid

The ND traditional Medicaid program is a fee-for-service payment program, which means that a medical provider is paid a fee for each specific service provided. To qualify for the traditional Medicaid, a person must be an ND resident, be a United States citizen, and meet the applicable asset and income limits. When these criteria are met, the Traditional Medicaid program provides coverage to the following groups of people:

- Low-income individuals from birth
- Children in foster care or subsidized adoption
- Former foster care children up to age 26, under certain circumstances
- Children with disabilities (birth to 19)
- Pregnant women
- Women with breast or cervical cancer
- Workers with disabilities
- Older, blind, and disabled individuals
- Low-income Medicare beneficiaries (Medicare Savings Programs)

¹⁵ Center for Disease Control and Prevention. Autism Spectrum Disorder. Retrieved from: <https://www.cdc.gov/ncbddd/autism/data.html>

¹⁶ ND Insurance Department. Retrieved from: <https://www.nd.gov/ndins/news/insurance-commissioner-issues-bulletin-supporting-treatments-autism-spectrum-disorder>

¹⁷ Medicaid.gov. Retrieved from: <https://www.medicaid.gov/medicaid/index.html>

¹⁸ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/17-19-biennial-report-dhs.pdf>

ND's traditional Medicaid program is a comprehensive coverage plan ranging from preventative, acute, and long-term care services. A full listing of covered services is available in Appendix A. Typically, if a person's income level changes, they must inform the Medicaid program since income changes may affect program eligibility. The need to inform Medicaid of income changes differs for children because a continuous eligibility policy is in place. Continuous eligibility means that once a child under age 19 is determined to be eligible for Medicaid, they stay eligible for up to 12 months without regard to changes in income. Also, most pregnant women receiving Medicaid remain eligible regardless of income changes for at least 60 days after the pregnancy ends. For all people eligible for Medicaid, coverage begins up to 3 calendar months before the month of applying for the program.¹⁹

Children's Health Insurance Plan (CHIP)

The CHIP program provides healthcare coverage to uninsured children age 18 and younger in qualifying families who earn too much to qualify for Medicaid, but not enough to afford private insurance.²⁰ Single 18-year-olds may also be eligible. ND implemented the CHIP on October 1, 1999. During the 2019 ND Legislative session, several changes were made to the program. The ND plan, formerly called Healthy Steps, is now known as the CHIP.²¹ The administration of the program transferred from contracts with Blue Cross Blue Shield of North Dakota and Delta Dental of Minnesota to the DHS Medical Services division. The CHIP coverage now matches that of the traditional Medicaid plan. Children covered by the CHIP now have access to a yearly screening and well-child checkup, no co-payments, and removal of service limits on physical therapy, speech therapy, and occupational therapy. Also, there is no dollar limit for Medicaid-covered dental services.²² This change, effective January 2020, transitioned about 2,000 children from the CHIP to the traditional Medicaid program. ND's CHIP enrollment in December 2019 was 2,029.²³

Children with Disabilities Medicaid Coverage

Children with disabilities often have higher medical bills that can go over the qualifying limits of private health insurance. Children with Disabilities Medicaid coverage allows families who do not qualify for the traditional Medicaid program to "buy-into" the Medicaid program by paying a monthly premium based on the family's income.²⁴ The income eligibility for this buy-in program as of July 1, 2019, is 250 percent of the federal poverty level.²⁵ A monthly premium equal to five percent of a family's gross countable income is required.²⁶

¹⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/medicalserv/medicaid/eligible.html>

²⁰ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/testimony/2019/house-human-services/sb2106-chip-2019-3-4.pdf>

²¹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019-2020-interim/admin-rules/2019-12-3-medicaid-chip-eligibility.pdf>

²² ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/news/2019/12-31-chip-transition-traditional-medicaid-jan1.pdf>

²³ Medicaid.gov. Retrieved from: <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

²⁴ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/medicaid/fact-sheet-children-w-disabilities-medicaid-buy-in.pdf>

²⁵ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/earlyintervention/ndicc/docs/20190925-26-minutes.pdf>

²⁶ ND Department of Human Services. Recipient Liability Fact Sheet. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/medicaid/fact-sheet-medicaid-recipient-liability.pdf>

Child Participation Rate

The Medicaid child participation rate is the percentage of eligible children ages birth to 18 who enroll in Medicaid and the CHIP.²⁷ 2016 data shows that while 93.7 percent of the eligible children in the United States were enrolled in Medicaid and the CHIP programs, ND's participation rate was 83.2 percent.²⁸ A sampling of Medicaid child and the CHIP monthly enrollment data for 2015 – 2019 is displayed in Table 4. Enrollment appears to be consistent over time.

Month	Enrollment
September 2015	41,383
September 2017	43,853
September 2019	42,183
December 2019	42,063

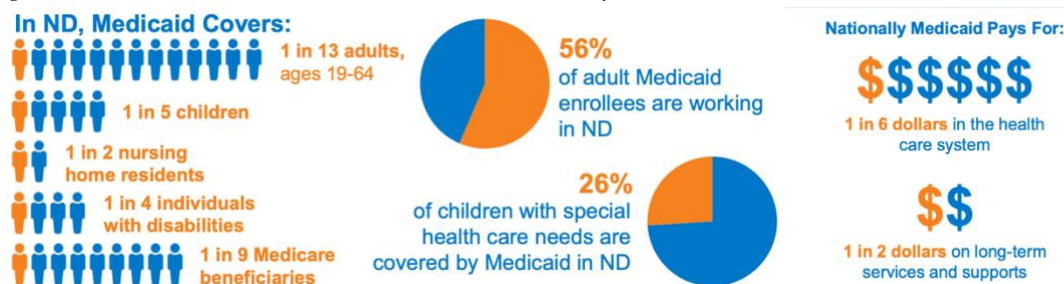
Table 4. North Dakota Child Medicaid and CHIP Monthly

Medicaid Expansion

The ND legislature (2013) opted to expand the Medicaid program to all qualifying individuals under age 65. Many of the newly eligible individuals are men with low incomes and no children. The expansion allows these individuals to have insurance coverage, preventative services, and greater economic security in the event of accidents or illnesses.²⁹ In 2018, 20,173 individuals enrolled in the ND Medicaid Expansion Program.³⁰

As of December 2019, the total Medicaid/CHIP enrollment in ND, inclusive of both adults and children, was 89,370 people.³¹ Figure 3 illustrates the significant role Medicaid plays in insurance coverage in ND. For example, Medicaid covers 1 in 2 people for long-term supports and services.

Figure 3: ND Medicaid Fact Sheet, 2019. Source: Kaiser Family Foundation ³²



²⁷ Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22north-dakota%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

²⁸ Kaiser Family Foundation. Medicaid and CHIP Child Participation Rates. Retrieved from: <https://www.kff.org/medicaid/state-indicator/medicaidchip-child-participation-rates/?currentTimeframe=0&selectedDistributions=child-participation-rate-2013-child-participation-rate-2016&sortModel=%7B%22colId%22:%22Child%20Participation%20Rate%202013%22,%22sort%22:%22asc%22%7D>

²⁹ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/medicaid/medicaid-expansion-brochure.pdf>

³⁰ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/medicaid/technical-report-measurement-medicaid-expansion-2018.pdf>

³¹ Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22north-dakota%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³² Kaiser Family Foundation. Retrieved from: <http://files.kff.org/attachment/fact-sheet-medicaid-state-ND>

Health Tracks

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is known in ND as Health Tracks. Health Tracks is a preventative health care program for newborns, children, and young adults through age 20 who enroll in the Medicaid program. The program provides comprehensive periodic screenings and well-child checkups that help prevent and identify health problems.³³ The services included in a child's plan are individualized based on need. Health Tracks may cover:

- Physical exams
- Hearing and vision checks
- Glasses and hearing aids
- Vaccines (shots) and labs
- Dental care, braces, fluoride varnish
- Behavioral health screenings
- Growth and development checks
- Nutrition counseling

Rebalancing

There is a national effort to rebalance Medicaid programs and remove its institutional bias. This bias is exhibited by the fact that Medicaid typically pays for institutional versus community-based care. A waiver is required to pay for services delivered outside of an institution or not included in the traditional Medicaid plan. This rebalancing effort places emphasis on providing services in appropriate, permanent, and integrated community-based settings instead of more costly institutional settings. In FY2015, the average institutional cost per person was \$210,110.00, while the average waiver cost per person was \$46,481. For the average cost to provide residential supports to one person in an institution, 4.5 people could receive HCBS waiver supports.³⁴ ND's waiver spending ranks high in that compared to the national per capita spending rate, ND's HCBS waiver spending per capita is more than double. ND's 2017 waiver spending rate per capita is \$281 versus the US rate of \$124.³⁵

ND Medicaid Waivers

In order to pay for services not covered through the traditional Medicaid state plan, CMS must approve a waiver. A waiver allows for 1) care to people who would otherwise reside in a nursing home or intermediate care facilities for a person with intellectual and developmental disabilities (ICF/IDD) and 2) care for people who might not otherwise be eligible under Medicaid.³⁶ An approved waiver, 'waives' the usual traditional Medicaid rules. CMS has several types of waivers, and states can choose the type that best fits their needs. ND Medicaid has six waivers, and each is a 1915(C) Home and Community-Based Waiver (HCBS). HCBS waivers

³³ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/medicalserv/health-tracks/>

³⁴ Coleman Institute for Cognitive Disabilities. Retrieved from: http://stateofstates.wpengine.com/wp-content/uploads/publications/SOS-Brief-2018_2_Rebalancing.pdf

³⁵ State of the State in Intellectual Disabilities. Retrieved from: <https://stateofstates.wpengine.com/create-idd-chart/idd-comparison-chart>

³⁶ Center for Medicare and Medicaid. Retrieved from: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/state-medicaid-policies>

allow states to pay for services delivered in homes or communities instead of in an institution.³⁷

The six ND Medicaid waivers are:

1. Home and Community Based (previously known as the Aged and Disabled)
2. Traditional Intellectual Disabilities and Developmental Disabilities
3. Autism Spectrum Disorder Birth through age 13
4. Children with Medically Fragile Needs
5. Technology Dependent
6. Children's Hospice Waiver

Each waiver has a specific required level of care (LOC), which a person must meet in order to qualify for a waiver's benefits. For example, a person must meet the eligibility of an ICF/IDD in order to access either the Autism or Traditional IDD waiver. The eligibility requirement of a person needing to meet the LOC shows evidence of providing care in the community versus an institution. Each ND waiver is available to eligible people statewide, and each waiver is renewed every five years. Table 5 displays information about the six ND waivers. Overall, ND's waiver focus is to increase service options for children in the community since five of the six waivers include a child focus.

Table 5: ND Department of Human Services 1915C HCBS Waiver Details by Specific Waiver, Number of Slots, Level of Care, Responsible Division, and Target Group

Waiver Name	# of Slots in the final waiver year	Most Recent Waiver Renewal	Level of Care Required	DHS Division	Self-Directed?	Target Group	Comments
Home and Community-Based	580	7/1/2018	Nursing Home	Aging Services	No	Aged and disabled	Eligibility groups- Aged, blind, disabled, Medicaid buy-in, Medically Needy
Traditional IDD/DD	6830, as amended	4/1/2019	ICF/IDD	DD Division	Yes	DD/IDD	Reserved Slots: Infant Dev - 170 Supported Employment - 5 Emergency - 15
Autism	96	1/1/2020	ICF/IDD	Medical Services	Yes	Birth through 13	
Medically Fragile	25	6/1/2018	Nursing Home	Medical Services	Yes	Age 3 to 17	Cost limit = \$18,996
Technology Dependent	3	4/1/2017	Nursing Home	Medical Services	No	Minimum age is 18	Vent dependent minimum of 20 hours per day
Children's Hospice	30	7/1/2018	Nursing Home	Medical Services	Yes	Maximum age is 21	

³⁷ Center for Medicare and Medicaid. Retrieved from: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/national-overview-1915-c-waivers>

Waiver Changes

There have been several changes to ND's waivers in the last two years. The changes to three waivers are highlighted below.

1. Home and Community Based Waiver (formerly known as the Aged and Disabled Waiver)- Amended 2019
 - Add residential habilitation - formalized training and supports.
 - Add community support services- formalized training and supports.
 - Add companionship services- to reduce social isolation.
 - Waived conflict-free case management rules for Tribal nations that want to provide culturally competent case management services to eligible Tribal members.
 - Expand the definition of adult foster care to include agency adult foster care facilities.
 - Modify language to comply with changes made in SB 2124, which designates that HCBS Case Managers will become state employees (due to the county social service redesign project, these agencies are now called Human Service Zones).³⁸
2. Tradition Intellectual and Developmental Disabilities Waiver - Amended effective April 2020³⁹
 - Increased number of slots for vacancy and absence reasons.
 - A higher acuity medical level may be available for those receiving Residential Habilitation, Day Habilitation, Prevocational Services, and Small-Group Employment Services. A higher acuity level results in a higher reimbursement rate.
 - The adjusted number of reserved waiver slots for the following purpose(s) are:
 - Infant Development - 170 slots
 - The transition from Supported Employment to Individual Employment Support services -5 slots
 - Emergency- 15 slots
 - The waiver uses a new payment system, which began on April 1, 2018. Funding did not decrease, but the funds are distributed more consistently and equitably. The new methodology uses standardized rates and bases staffing levels on third-party assessed client needs.^{40 41}
3. Autism Waiver
 - Waiver coverage changes increase the age through the age of 13 versus through the age of 11.⁴²

Waiting Lists

In the traditional Medicaid program, a state must provide the state plan benefits to all eligible and enrolled people. There cannot be any waiting list for benefits. Waivers offer exclusive services for a defined group of people, and enrollment has a limited number of slots per waiver year. These restrictions contribute to wait lists for many waiver services in states throughout the

³⁸ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/publicnotice/2019/9-4-public-comment-notice-medicaid-hcbs-waiver-amendments.pdf>

³⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/draft-amendment-traditional-iid-dd-hcbs-waiver-proposed-effective-4-1-2020.pdf>

⁴⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/news/2018/3-23-nd-changes-how-it-pays-for-services-provided-to-people-with-developmental-disabilities.pdf>

⁴¹ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/services/disabilities/dd-rate-methodology.html>

⁴² ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/publicnotice/2019/8-28-public-notice-asd-waiver-amendments.pdf>

country. In 2017, there were over 707,000 people on HCBS waiver waiting lists in 40 states. People with IDD comprise about two-thirds of the national waiver waiting list enrollment, and over one-quarter are seniors and adults with physical disabilities.⁴³ According to the Kaiser Foundation Data, in 2017, ND had eight people on a wait list for the Traditional IDD waiver; Three people were on the wait list for the Medically Fragile Waiver.⁴⁴ As of April 25, 2020, no people are waiting for the Traditional IDD waiver.⁴⁵

1915i Medicaid State Plan Amendment

In addition to waivers, there are other methods used to gain reimbursement for services Medicaid does not typically cover. One method is a 1915i state plan amendment, where a state can target the HCBS benefit to one or more specific populations and provide the services through the traditional Medicaid state plan.⁴⁶ During the 2019 legislative session, ND lawmakers authorized the DHS to create a Medicaid 1915(i) state plan amendment. The proposed 1915i plan adds considerable services and supports to eligible people with a diagnosis of mental illness, substance use disorder, or traumatic brain injury; eligibility excludes those with an IDD.⁴⁷ 1915i coverage is expected to begin on July 1, 2020.

Voucher Programs

A voucher program approves a symbolic ticket or coupon to eligible recipients, which may be spent only for specific reasons or goods. The ND Legislature provides funds for mental illness, substance use disorders, and autism services voucher programs.

Autism Voucher Program

House Bill 1038 (2013) created the autism voucher program for children ages 3 through 17 diagnosed with an Autism Spectrum Disorder. Eligibility for this program requires that family income is within 200% of the Federal Poverty level, and their child does not receive services through a Medicaid waiver. The goal of this voucher program is to fill coverage gaps in non-therapy related services and provide support to families who may not qualify for other help.⁴⁸ Examples of services and supports paid for with an autism voucher include but are not limited to respite care, assistive technology, and adaptive sports and activities. The autism voucher program was amended in March 2020 to remove the requirement that a child must be recommended for the program by a qualified professional.

Maternal and Child Health

The DOH manages the Title V maternal and child health grant (MCH). This grant is a crucial source of support for promoting and improving the health and well-being of mothers and

⁴³ Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicaid/issue-brief/key-questions-about-medicaid-home-and-community-based-services-waiver-waiting-lists/>

⁴⁴ Kaiser Family Foundation. Retrieved from: <https://www.kff.org/report-section/key-questions-about-medicaid-home-and-community-based-services-waiver-waiting-lists-appendix-tables/>

⁴⁵ Email from DHS-DD Division Director, Tina Bay.

⁴⁶ Medicaid.Gov. Retrieved from: <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915i/index.html>

⁴⁷ ND Department of Human Services. Retrieved from: <https://www.behavioralhealth.nd.gov/1915i>

⁴⁸ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/autism/docs/dn-345-autism-voucher-brochure.pdf>

children, including children with special needs and their families.⁴⁹ ND's FY 2018 federal grant allocation was:

- Federal allocation \$1,739,627
- State MCH Funds \$1,337,350
- Local MCH funds \$68,089⁵⁰

In the 2017-2019 biennium, the special health care needs program provided care coordination services to up to 600 families. In 2018, 771 individuals were provided with health care transition education and training services. They also provided funding to Family Voices of ND who in turn supported 1,292 families and 66 professionals.⁵¹ DOH also manages the autism spectrum disorder (ASD) database, which became effective January 1, 2016. Over 450 ASD reports have been submitted since the database began.⁵² Fifteen statewide cleft lip/palate clinics were held, and the Cardiac Care for Children Program provided care coordination and payment for the initial pediatric cardiology examination and routine testing for approximately 950 children.⁵³ The Children with Special Health Care Needs program covers:

- Diagnostic testing and evaluation for children under the age of twenty-one if the child has or may potentially have a condition included on a list of more than one hundred eligible conditions. Financial eligibility is not required for diagnostic services.
- Treatment support for children under the age of twenty-one who have an eligible condition and a family income at 185 percent of the federal poverty level.⁵⁴

Newborn Screening

Every baby born in ND is required by state law to have a newborn bloodspot screening test that identifies nearly fifty disorders.⁵⁵ The Newborn Screening Program began with screening for PKU in 1964.⁵⁶ ⁵⁷ According to the DOH, in 2019, there were 12,056 babies screened in ND. This number may include babies that were screened in ND but born in another state. This means the number may be higher than the number of babies born in ND. There were twenty-eight true positive disorders and 166 carriers identified through the screening.⁵⁸

Effective January 2020, (NDCC 23-07-01 and NDAC 33-06-01) the following are among several conditions added to the list of mandatory reportable conditions:

⁴⁹ ND Department of Health. Retrieved from: <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

⁵⁰ U.S. Department of Health and Human Services. Retrieved from: <https://mchb.tvisdata.hrsa.gov/State/Detail/ND>

⁵¹ ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf, page 28

⁵² ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf, page 23

⁵³ ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf, page 27

⁵⁴ ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/Files/HSC/SHS/Diagnostic-Treatment_services_fact-sheet.pdf

⁵⁵ ND Department of Health. Retrieved from: https://nbs.health.nd.gov/image/cache/NS_022616_WebsiteGraphic.pdf

⁵⁶ Note. Phenylketonuria (fen-ul-key-toe-NU-ree-uh), also called PKU, is a rare inherited disorder that causes an amino acid called phenylalanine to build up in the body. <https://www.mayoclinic.org/diseases-conditions/phenylketonuria/symptoms-causes/syc-20376302>

⁵⁷ ND Department of Health. Newborn Screening Program. Retrieved from: <https://nbs.health.nd.gov/program-info/>

⁵⁸ Email received on 4-14-2020 from Joyal Meyer, RN, MSN, Newborn Screening Program Director, Division of Special Health Services, DOH

- Fetal Alcohol Syndrome
- Neonatal Abstinence Syndrome
- Acute Flaccid Myelitis
- Critical Congenital Heart Disease.⁵⁹

A snapshot of FASD in North Dakota
 New cases born each year 110-550
 Annual cost for new cases (330 cases = \$7.5 million)
 Birth - 18 years of age cohort (1,980-9900)

Figure 4: Occurrence and Cost of Fetal Alcohol Syndrome in ND. UND Fetal Alcohol Syndrome Center 2019

In their 2019 report to the ND Task Force on Substance-Exposed Newborns, the ND Fetal Alcohol Syndrome Center at the UND reported that 3,400 women used alcohol during their pregnancies. Of all the substances of abuse, alcohol produces by far the most severe adverse effects for the fetus.⁶⁰ Figure 4 provides a snapshot of FASD in ND, showing that 110 children are born each year with FASD. Table 6 illustrates the impact of five substances on twelve fetal effects. Alcohol can impact all twelve fetal effects, whereas other substances have serious but fewer types of fetal effects.

Table 6: Serious Adverse Health Effects for the Fetus by Detailed by Substance ⁶¹

Effect	Alcohol	Marijuana	Cocaine	Heroin	Tobacco
Low Birth Weight	Yes	No	Yes	Yes	Yes
Impaired Growth	Yes	No	No	No	No
Facial Malformation	Yes	No	No	No	No
Small Head Size	Yes	No	No	No	No
Intellectual and Development Delays	Yes	Yes	No	No	No
Hyperactivity, Inattention	Yes	Yes	No	Yes	Yes
Sleeping Problems	Yes	No	Yes	Yes	Yes
Poor Feeding	Yes	No	Yes	No	No
Excessive Crying	Yes	Yes	Yes	Yes	No
Higher Risk for Sudden Infant Death Syndrome	Yes	No	No	Yes	Yes
Organ Damage, Birth Defects	Yes	No	No	No	No
Respiratory Problems	Yes	No	No	Yes	Yes

Immunization

DOH manages the state's immunization program. The National Immunization Survey estimates the percentage of children and adults that are up to date with their 2016-2017 immunizations. ND has several areas where the vaccination goals in the Healthy People 2020 program were not met. (See Table 7) As reported earlier, the Commonwealth Fund Scorecard ranked ND 37th for the percentage of children under thirty-five months of age who received recommended vaccinations. Table 7 illustrates that adolescent vaccination goals are met, whereas vaccination goals for children age 19 to 35 months and all but one for those in kindergarten are not met. Of children entering kindergarten, 3.14 percent of ND parents or guardians claimed an exemption to the school immunization requirements.⁶²

⁵⁹ ND Department of Health. Mandatory Reportable Conditions. Retrieved from: <https://www.health.nd.gov/sites/www/files/documents/Files/OSE/Reportable/OnePageQA.pdf>

⁶⁰ Burd, Larry, PhD, (2019). *A Report to North Dakota on Fetal Alcohol Exposure and Fetal Alcohol Spectrum Disorder*. North Dakota Fetal Alcohol Syndrome Center. Retrieved from: https://med.und.edu/fetal-alcohol-syndrome-center/_files/fas-center-report-2019.pdf

⁶¹ Burd, Larry, PhD, (2019). *A Report to North Dakota on Fetal Alcohol Exposure and Fetal Alcohol Spectrum Disorder*. North Dakota Fetal Alcohol Syndrome Center. Retrieved from: https://med.und.edu/fetal-alcohol-syndrome-center/_files/fas-center-report-2019.pdf

⁶² ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf , page 41

Table 7: Estimated ND Vaccination Compliance Data by Type and Age Group

Type	Age group	Healthy People 2020 Goal	Estimated ND Percentages
DTaP, polio, MMR, Haemophilus influenzae type B, hepatitis B, chickenpox, and pneumococcal	children ages 19 to 35 months	80 percent	68.2 percent
tetanus, diphtheria, and pertussis (Tdap) vaccine	adolescents	80 percent	92 percent
meningococcal vaccine	adolescents	80 percent	92 percent
human papillomavirus (HPV) vaccine		80 percent	45.5 percent- boys 60.2 percent-girls
polio	Kindergarten	95 percent	93.98 percent
diphtheria/ tetanus/pertussis	Kindergarten	95 percent	93.79 percent
measles/mumps/ rubella	Kindergarten	95 percent	93.84 percent
hepatitis B	Kindergarten	95 percent	95.58 percent
chickenpox	Kindergarten	95 percent	92.95 percent

ND DOH Certification Responsibilities

- The DOH licenses or certifies the following programs in ND⁶³:
- Long-term care nursing facilities – 80
- Hospitals – 36 critical access hospitals, 6 general acute hospitals, 2 long-term acute care hospitals, 3 psychiatric hospitals, and 1 rehabilitation hospital
- Intermediate care facilities for individuals with intellectual disabilities – 73
- Home health agencies –18
- Hospice programs –13
- Rural health clinics – 57
- Clinical laboratories – 669
- Ambulatory surgical centers – 13
- End-stage renal dialysis units – 16
- Portable X-ray units – 1
- Psychiatric residential treatment facilities – 6

The list provides a snapshot of medical institutions and agencies serving ND citizens. Note that DOH certifies 73 ICF/IDD – all but one being private entities.

⁶³ ND Department of Health. Retrieved from: https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf , page 35

Developmental Disabilities -DHS

The ND DHS-Developmental Disabilities Division manages the early intervention and the IDD system. The system comprises private DD providers, the state institution, regional human service centers, and early intervention providers. The DD Program Managers, who provide care coordination for people with IDD, are located in the regional human service centers.⁶⁴ A central objective is to serve people with IDD in the least restrictive setting possible. During the 17-19 biennium, over ninety people transitioned or were diverted from an institutional setting. A significant agency realignment occurred during the biennium in that direct supervision of DD program administrators and program managers shifted from the regional human service centers to the DD Division. According to DHS, this restructuring was done to support consistent service delivery, quality, and better alignment with policy.⁶⁵

Life Skills and Transition Center (LSTC)

The LSTC is the state's ICF/IDD facility and provides residential, vocational, and outreach services. Residential services include 24-hour comprehensive medical and clinical programming services and supports, services for adults with IDD and sex offending behaviors, individuals requiring skilled nursing and behavioral health services, and youth transitioning from the facility to a community setting. Vocational services provide work sites on campus and in the community.⁶⁶ The LSTC celebrated thirty years of accreditation through the Council of Quality and Leadership (CQL) during the 2017- 2019 biennium.⁶⁷ The adult population on June 30, 2018, was 53, which was the lowest census reported since 2006 (131). (see Fig.5) The youth population on the same date was 11, whereas both 2015 and 2016 had the highest child census with 19 each year. In both 2017-2018, there was 15 youth in care.

FACT: From 2000 to 2017, the number of adults residing on campus dropped from 149 to 53.

Figure 5: ND Department of Human Services, 2019 Biennial Report

Oral Health

More than one-half of ND children have had tooth decay, and more than one in five have untreated tooth decay.⁶⁸ There are several dental support programs in ND to address dental needs. The DOH's Oral Health Program works with the public and Bureau of Indian Education schools throughout the state to assess pediatric oral health. During the 2018-2019 school year, 1,998 kindergartners enrolled in the forty-three participating schools received a dental screening.⁶⁹ The DOH also manages the Seal!ND program, which is a school-based fluoride varnish and sealant program. This program provided services to 3,000 students in the 17-19 biennium. Services include initial screening, sealant placement, and fluoride varnish application.⁷⁰ DOH collaborates with the Ronald McDonald Care Mobile to provide oral health services to children in the western part of the state. The Ronald McDonald Care Mobile is a mobile dental clinic that delivers dental care to underserved children ages birth through twenty-

⁶⁵ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/17-19-biennial-report-dhs.pdf>

⁶⁶ <https://www.legis.nd.gov/files/resource/committee-memorandum/19.9037.01000.pdf>

⁶⁷ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/testimony/2019/house-approp-hr/sb2012-overview-lstc-2019-3-7.pdf>

⁶⁸ Ronald McDonald House Charities. Retrieved from: <https://rmhcbismarck.org/caremobile/Default.asp>

⁶⁹ Center for Rural Health, University of North Dakota. Retrieved from: <https://ruralhealth.und.edu/what-we-do/oral-health>

⁷⁰ ND Department of Health. Retrieved from:

https://www.health.nd.gov/sites/www/files/documents/About%20Us/2017_2019_Biennial_Report.pdf, page 24.

one. The Care Mobile is a 40-foot long dental clinic with a dentist, hygienist, and dental assistant.⁷¹ The Care Mobile, owned by the Ronald McDonald House Charities of Bismarck, partners with Bridging the Dental Gap, Inc. of Bismarck, which is a non-profit community dental clinic serving those covered by Medicare or who are uninsured, under-insured, or have low incomes.⁷²

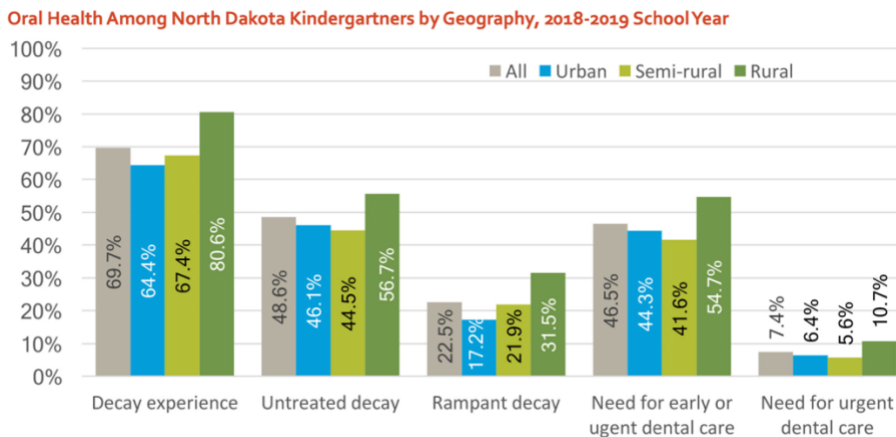
The Donated Dental Services program provides free, comprehensive dental treatment to people with disabilities or who are elderly or medically fragile. The program operates through a volunteer network of 15,000 dentists and 3,500 dental labs across the United States. Since its inception in ND in 2000, it has served 932 patients. According to the website on April 8, 2020, due to long wait lists, applications are only being accepted in the following counties: Barnes, Burleigh, Foster, McKenzie, Pierce, Ramsey, Richland, Rolette, Stark, Stutsman, Ward, Wells, Williams.⁷³ Figure 6 shows that 65 people were on a wait list in 2018-2019.



Figure 6: Donated Dental Patient Treatment Information
Source: Dental Life Line

The UND Center for Rural Health's February 2020 Fact Sheet indicates that there are dental health disparities by geography and race and ethnicity.⁷⁴ Figure 7 illustrates that in all five dental problem categories listed, kindergarten-age children in rural areas of ND have worse dental health. Figure 8 highlights health disparities by race and ethnicity in ND. Using the same five dental problem categories, American Indian children outpaced other races in dental health problems. Note that 18 percent of American Indian children needed urgent dental care.

Figure 7: ND Oral Health by State Geography.



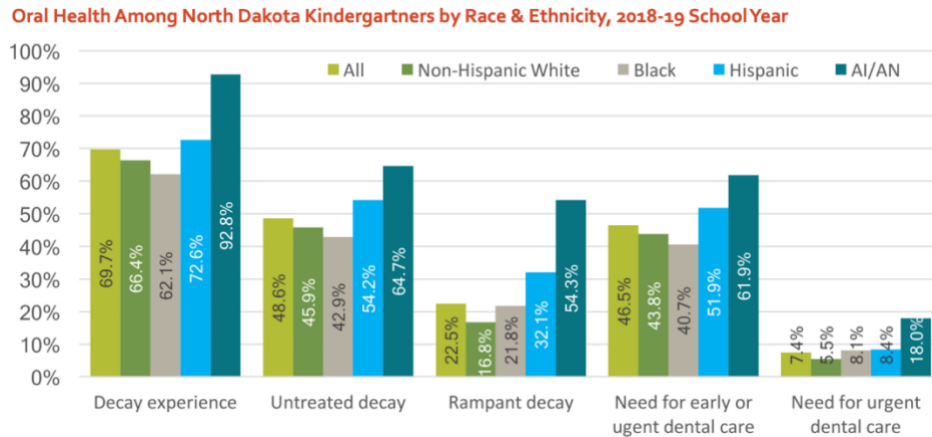
⁷¹ Ronald McDonald House Charities. Retrieved from: <https://rmhcbismarck.org/caremobile/Default.asp>

⁷² Bismarck-Mandan Chamber. Retrieved from: <http://business.bismarckmandan.com/list/member/bridging-the-dental-gap-inc-5457>

⁷³ Dental Lifeline Network. Retrieved from: <https://dentallifeline.org/about-us/our-programs/>

⁷⁴ Center for Rural Health, University of North Dakota. Retrieved from: <https://ruralhealth.und.edu/what-we-do/oral-health>

Figure 8: ND Oral Health by Race and Ethnicity. Source UND Center for Rural Health 75



Behavioral Health Information

Eight regional human services centers (HSC) and the State Hospital in Jamestown provide public behavioral health services.

Regional Human Service Centers

The HSCs provide a continuum of mental health and substance abuse services, including open access, community outreach, crisis residential, and private community hospital services. The services are provided directly by HSC staff or through contracts with private providers. The DHS Field Services division manages the HSCs. Sixty percent of the staff at the regional human service centers are involved with providing behavioral health-related services. The remaining 40 percent provide a combination of developmental disabilities, child welfare, adult protection, and vocational rehabilitation services.⁷⁶ Figure 9 illustrates the number of clients and the variety of services they received in 2018. Note the significant increase in telehealth delivered services. Telehealth is a method to increase access to services, especially those living in rural areas and people with mobility challenges.

2018 AT A GLANCE – Human Service Centers

- **18,146 individuals received 536,301 services**
- **2,920 youth** received behavioral health services
- **1,049 pregnant women and/or individuals who inject drugs** received substance use disorder services
- 3,017 clients received **7,818 telehealth services (38% 1-year increase)**
- 5,364 clients received **12,469 emergency services**
- 7,134 clients received **12,819 assessments**
- 3,072 clients received **82,400 days of residential treatment services**

Figure 9: ND DHS Regional Human Service Center 2018 Statistics 77

⁷⁵ Center for Rural Health, University of North Dakota. Retrieved from: <https://ruralhealth.und.edu/assets/3506-14138/nd-high-rates-of-decay.pdf>

⁷⁶ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/interim/19-5030-03000-meeting-minutes.pdf>

⁷⁷ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/17-19-biennial-report-dhs.pdf>,

State Hospital

The ND State Hospital located in Jamestown, provides acute services, sub-acute services, specialized rehabilitation hospital services for individuals with severe and persistent mental illnesses and substance use disorders, specialized residential addiction services for adults in the custody of the Department of Corrections and Rehabilitation, and specialized residential services for individuals in the sex offender treatment and assessment program.

2018 Behavioral Health Study

The DHS contracted with the Human Services Research Institute (HSRI) to complete a comprehensive behavioral health system analysis.⁷⁸ The 2018 study analyzed HSC service and client data; individuals who received both behavioral health and DD services were kept in the analysis. The study removed 4,837 individuals from the analysis since they received HSC services only for an IDD disability. The study provides a framework for legislation and planning for the state. Key findings in the study reveal several items relevant to people with disabilities and minority populations:

- ND's behavioral health system spends the majority of its resources on institutional-based services versus community-based services.⁷⁹
- There are significant regional variations in the proportions of individuals receiving outpatient services—ranging from 70 people per 1,000 in one region to 28 per 1,000 in another.
- Although over 40% of working-age adults who receive publicly funded outpatient mental health services are unemployed, evidence-based employment support programs are limited.
- A lack of affordable housing is one of the significant barriers that people with behavioral health issues in North Dakota encounter, and a significant contributor to homelessness across the state.
- Significant disparities were discovered, particularly for American Indian populations, LGBTQ individuals, and New Americans.
- American Indian populations are overrepresented in HSC and the Medicaid data—and also in child welfare and criminal justice settings—compared to census estimates. The overrepresentation emphasizes the need for more culturally appropriate services.
- There are complicated issues for older adults and people with physical and IDD disabilities who also have a SUD. Screening, assessment, referral, and transition support is needed to ensure that people are supported before, during, and after the transition.

Mental Health Services for those with Developmental Disabilities

There continue to be challenges for people with both IDD and behavioral health conditions. Persons with IDD and mental illness currently do not have equal access to psychiatric inpatient treatment, nor do they have equal access to therapeutic interventions and counseling services.⁸⁰ Most behavioral health professionals are not trained in methods that best serve individuals with

⁷⁸ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study-final-report-hsri.pdf>

⁷⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study-final-report-hsri.pdf> page 2

⁸⁰ National Association of Dual Diagnosis. Retrieved from: <https://thenadd.org/wp-content/uploads/2019/10/eliminate-discriminative-practices-against-persons-mental-illness-id-policy-update.pdf>

IDD. It is estimated that between 30-40% of all persons with IDD have a psychiatric disorder compared to 27% of the general population, and 10-20% have challenging behavior (self-injury, aggression, destructive behavior) severe enough to impair daily life.⁸¹ It is estimated that one in three children with Down syndrome will have behaviors severe enough to be referred and treated by a behavioral health specialist.⁸² In ND legislative testimony, it was reported that there is a significant difference in how special educators and mental health professionals address behavioral health concerns. This difference can lead to special educators not considering referrals for mental health services or mental health professionals overlooking the need for special education and related services to make school more successful.⁸³

The Life Skills and Transition Center provides behavioral health and crisis outreach services to individuals with IDD living across the state through the Clinical Assistance Resources and Evaluation Services (CARES) team.⁸⁴ The CARES team is comprised of applied behavioral analysts and psychologists. In 2018, they had a caseload of 238. The CARES team provides both in-person and telephone/video consultation.

⁸¹ Association of University Centers on Disabilities. Retrieved from:

<https://www.aucd.org/docs/webinars/Mental%20Health%20Diagnosis%20in%20IDD%20-%20AUCD.pdf>

⁸² The Developmental Medical Center. Retrieved from: <https://dsagsl.org/wp-content/uploads/2014/04/Behavior-Guide-for-Down-Syndrome.pdf>

⁸³ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/66-2019/21_5093_03000appendixj.pdf

⁸⁴ ND Legislature. Retrieved from: <https://www.legis.nd.gov/files/resource/committee-memorandum/19.9037.01000.pdf>

Employment

Work gives people a sense of purpose and self-worth. All individuals, regardless of disability, deserve the opportunity to be full members of their community where they can live, learn, work, and play through all stages of life.⁸⁵

ND Employment Landscape

North Dakota had a total of 15,886 job openings in February 2020. Cass County reported the most significant number of job openings (4,358), followed by Burleigh County (2,682) and Grand Forks County (1,544). 56.8 percent of the job openings required a high school diploma or equivalent or no educational credential.⁸⁶ Because of the rapidly changing landscape caused by the COVID 19 pandemic, and its unprecedented impact, employment data is quickly evolving. Unemployment claims filed the week of March 7, 2020, totaled 517; For the week ending March 21, 2020, unemployment claims totaled 5,976.^{87 88} Initial unemployment claims for the week ending April 4, 2020, totaled 16,167.⁸⁹

Disability-Related Employment Information

Statistics from the Disability Statistics Compendium show that Americans with disabilities saw a slowdown in job gains compared to those of the previous year.⁹⁰ This report also shows that geography has an impact on employment outcomes for Americans with disabilities. People with disabilities in North Dakota are twice as likely to have jobs as West Virginians with disabilities. ND leads the nation with 56.3 percent of its citizens with disabilities employed.⁹¹ According to the National Report on Employment Services and Outcomes Through 2017, ND's unemployment rate in 2017 was 2.6 percent.⁹² According to the U.S. Census, the percent of ND working-age people employed in 2017 was 81.5 percent compared to 74.8 percent in the U.S.⁹³ The percent of working-age people with any disability working was 55.3 percent compared to 36.3 percent in the U.S.⁹⁴ Table 8 illustrates ND's employment data as it relates to individuals with or without a disability plus includes data specific to individuals with cognitive disabilities. 33% of people with cognitive disabilities live below the poverty level, whereas 8.7% of those with no disability live below the poverty level.

⁸⁵ National Association of County Behavioral Health and Developmental Disability Directors. Retrieved from:

<https://www.autism-society.org/wp-content/uploads/2018/04/IDD-BRIEFING-Employment-importance-Final-2.22.18.pdf>

⁸⁶ Labor Market Information Center. Retrieved from: https://www.ndlmi.com/admin/gsipub/htmlarea/uploads/lmi_ojornd.pdf

⁸⁷ ND Job Service. Retrieved from: <https://www.ndlmi.com/gsipub/index.asp?docid=687>

⁸⁸ ND Response Center. Retrieve from: <https://ndresponse.gov/covid-19-resources>

⁸⁹ Labor Market Information Center. Retrieved from: <https://www.ndlmi.com/gsipub/index.asp?docid=687>

⁹⁰ Houtenville, A. and Boege, S. (2019). Annual Report on People with Disabilities in America: 2018. Durham, NH: University of New Hampshire, Institute on Disability. Retrieved from: <https://disabilitycompendium.org/sites/default/files/user-uploads/Final-Annual-Report-2018.pdf>

⁹¹ Disabled World. Retrieved from <https://www.disabled-world.com/disability/statistics/2019-chart.php>

⁹² State Data.Info. Retrieved from: https://www.statedata.info/bbstates/North_Dakota.pdf

⁹³ State Data.Info. Retrieved from: <https://www.statedata.info/data>

⁹⁴ Ibid.

Table 8: ND 2017 Employment Data -Described by People Having No Disability, Any Disability and Cognitive Disability ^{95 96}

North Dakota 2017 Data	No Disability	Any Disability	Cognitive Disability
% of working-age people employed	81.5%	55.3%	38.1%
Hours Worked – weekly	40 ⁹⁷	39	32
% below Poverty	8.7%	24.4%	33%

In ND, using the 2018 ACS 1-year estimates, 459,075 people living in ND were between the ages of 18 and 64. 382,875 of these were in the labor force. 76,200 (16.5%) of those between the ages of 18 and 64 (459,075) were not in the labor force, meaning they were working-age but were **not** looking for work. Of these 76,200 people, 15,110 (19.8%) had any disability, and 8,165 (10.7%) of those not in the labor force had a cognitive disability. Table 9 further illustrates that when the group with cognitive disabilities is analyzed, 48% are not in the labor force. (8,165 of 16,957

Table 9: ND 2018 Employment Status by Disability and Type ⁹⁸

Employment Status North Dakota Population 18-64 = 459,075	No Disability N=420,860	Any Disability N=38,215	Cognitive Disability* N=16,957
Employed N=372,455	350,857 (83% of those with no disability are employed)	21,598 (56.5% of those with any disability are employed)	7,838 (46% of those with a cognitive disability are employed)
Unemployed N= 10,420	8,913 (2% of those with no disability are unemployed)	1,507 (3.9% of those with any disability are unemployed)	954 (5.6% of those with a cognitive disability are unemployed)
Not in Labor Force N=76,200	61,090 (14.5% of those with no disability are not in the labor force)	15,110 (39.5% of those with any disability are not in the labor force)	8,165 (48% of those with a cognitive disability are not in the labor force)

*The cognitive disability numbers are a subset of the 'any disability' numbers and should not be included in calculations to arrive at the total number in the first column.

Employment Data for Young Adults

When the employment data is analyzed further for individuals between the age of 16-30, it reveals that while ND has more people in this age group employed, they earn less annually than their national counterparts. The U.S. Census shows that, for ND people age 16-21, 55 percent of those with cognitive disabilities were employed. The mean annual earnings were \$3,602 (2013 dollars) compared to the US, where 20 percent were employed and had a yearly salary of \$5,772. For the age group of 22 – 30, there were 2,877 individuals, and 68 percent of them were

⁹⁵ Disability Statistics. Retrieved from: <https://www.disabilitystatistics.org/reports/acs.cfm?statistic=2>

⁹⁶ State Data.Info. Retrieved from: <https://www.statedata.info/data>

⁹⁷ Ibid.

⁹⁸ U.S. Census. Retrieved from:

https://data.census.gov/cedsci/table?q=B18120%3A%20EMPLOYMENT%20STATUS%20BY%20DISABILITY%20STATUS%20AND%20TYPE&g=0100000US_0400000US38&hidePreview=true&tid=ACSDT1Y2018.B18120

employed and had an average of \$9,790 in annual earnings. Nationally for this group, 34 percent were employed with \$14,846 in yearly earnings.⁹⁹

ND Employment Councils

There are numerous ND councils and committees that focus on methods to increase employment options for the state's citizens.

1. ND Workforce Development Council advises the Governor and the public on workforce development needs and studies workforce opportunities and challenges.¹⁰⁰
2. ND State Rehabilitation Council advises the DVR on program, policy, delivery of services, and methods to increase access to their services. The Committee on Employment of People with Disabilities was consolidated into the State Rehabilitation Council through House Bill 1135 during the 2017 Legislative session.¹⁰¹
3. ND State Independent Living Council guides the ND independent living system. ND has four Centers for Independent Living (CIL's) that provide IL services to individuals with disabilities of all ages.¹⁰²
4. ND Community of Practice for Transition – (formerly called the Statewide Transition Council) helps improve transition outcomes for young adults with disabilities.

Employment-related Laws

Three laws aim to assist people with disabilities with their employment experience: 1) The American with Disabilities Act (1991), 2) the Olmstead Decision (1999), and 3) the Workforce Innovation and Opportunity Act (WIOA). WIOA, enacted in 2014, is a comprehensive federal law intended to streamline, consolidate, and improve workforce development and training services for various groups, including youth and workers with disabilities.¹⁰³ In ND, WIOA programs are located across three state agencies (Job Service North Dakota, DPI/Division of Adult Education, and DHS/Division of Vocational Rehabilitation).¹⁰⁴ In 2014, there were 57 charges filed under the Americans with Disabilities Act in ND. The most common issue identified was employment discharge (58.9%), followed by a lack of providing reasonable accommodations (35%).¹⁰⁵

Ticket to Work

The Ticket to Work program provides Social Security disability beneficiaries with access to free employment support services via Ticket to Work service providers.¹⁰⁶ The program allows people to keep their benefits while exploring employment options.¹⁰⁷ Everyone age 18 through 64 who receives either or both Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits because of his or her disability is eligible to participate in the

⁹⁹ State Data.info. Retrieved from: https://www.statedata.info/sites/statedata.info/files/files/Transition_Report_2015.pdf

¹⁰⁰ Ibid.

¹⁰¹ ND Legislature. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/session-laws/documents/pwelf.pdf>

¹⁰² ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/dvr/individual/independent.html>

¹⁰³ Federal Registry. Retrieved from: <https://www.federalregister.gov/documents/2016/08/19/2016-15980/state-vocational-rehabilitation-services-program-state-supported-employment-services-program>

¹⁰⁴ ND Job Service. Retrieved from: <https://www.workforce.nd.gov/uploads/8/WDCReportFINAL2018.pdf>

¹⁰⁵ Disability Statistics. Retrieved from: <https://www.disabilitystatistics.org/eeoc/custom.cfm>

¹⁰⁶ Social Security Administration. Retrieved from: <https://choosework.ssa.gov/>

¹⁰⁷ Social Security Administration. Retrieved from: <https://choosework.ssa.gov/about/index.html>

Ticket to Work program. Participants will work with either an Employment Network or the state Vocational Rehabilitation agency, depending on individual needs.¹⁰⁸

The ND Division of Vocational Rehabilitation (DVR) Division

The DVR assists individuals with disabilities to achieve competitive employment and increased independence by providing training. DVR also offers assistance to businesses in finding solutions to their disability-related issues.¹⁰⁹ In FFY 2018, 61 percent of the DVR case expenditures were for training services to individuals with disabilities. The training consists of postsecondary tuition, on-the-job-training, work experience, job development, adaptive aids and equipment, benefits planning, and transportation. DVR must spend at least 15 percent of its federal funds on work readiness activities for students age 21 and younger. According to their 2019 annual report, ND's DVR spent 19 percent of their funds on this activity.¹¹⁰ DVR also established contracts with fifteen school districts to provide pre-employment transition services to transition-age youth with disabilities and served 2,219 students with disabilities.^{111 112}

In 2019, 27% of people served by NDVR and achieved employment had a cognitive impairment.

Figure 10: Source: ND Division of Vocational Rehabilitation

As Figure 10 indicates, 27 percent of people served by DVR had a cognitive disability.

Employment Support for People with Significant Support Needs

People that access vocational rehabilitation services have a wide range of support needs. There are two programs designed for those with significant needs: supported employment and extended services programs.

1. Supported Employment provides training for individuals with the most significant disabilities who, because of the severity of their physical or mental impairments, have never been employed or have a history of sporadic employment. A job coach or employment specialist provides the interventions.¹¹³ ND uses a "place and train" model until employment stability is achieved for a period not to exceed 24 months.¹¹⁴ Supported Employment is also available through the Traditional IDD/DD Waiver.
2. Extended Services is a program for people who have received supported employment but continue to need support after their DVR services end.¹¹⁵ The extended services program is available through VR, Behavioral Health, and the DD Divisions in DHS.

Employment Support in the Traditional IDD Waiver

There are additional employment services available within the Traditional IDD waiver.

¹⁰⁸ Social Security Administration. Retrieved from: <https://choosework.ssa.gov/about/how-it-works/index.html>

¹⁰⁹ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/dvr/about/index.html>

¹¹⁰ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/testimony/2019/senate-approp/sb2012-overview-vr-2019-1-16.pdf>

¹¹¹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/dvr/docs/2019-Annual-Report.pdf>

¹¹² Ibid.

¹¹³ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/dvr/individual/supported.html>

¹¹⁴ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/dvr/docs/Policy-Supported-Employment-SE.pdf>

¹¹⁵ Ibid.

- **Individual Employment Support** assists participants in maintaining paid employment in an integrated setting or self-employment. Service includes on or off-the-job support to assist in obtaining or maintaining employment. The employer pays participants at or above minimum wage.¹¹⁶
- **Prevocational Services** prepare participants for paid employment in integrated community settings. Services are structured to develop general abilities and skills that help employability in a work setting. Services may include training in effective communication within a work setting, workplace conduct and attire, following directions, attending to tasks, problem-solving, and workplace safety.¹¹⁷
- **Small-Group Employment Support** helps maintain paid employment in an integrated setting. Services include support for small groups of participants needing intervention to assist them in obtaining and maintaining employment as a group. Supports are provided to groups of two to eight employed participants.¹¹⁸

Self-Employment

Social entrepreneurship is a growing trend that supports the position that entrepreneurship and self-employment are viable employment options for people with disabilities. Entrepreneurship can promote autonomy, reduce dependence on entitlement-based services, and reduce employment disparities while stimulating business and job creation. The DVR has a self-employment program that identifies a step-by-step process for clients pursuing self-employment.¹¹⁹ In a very small study, "social entrepreneurship" was found to be gaining momentum in the IDD community. Although it has the potential to be an empowering source of job creation and social innovation, it also has the potential to disenfranchise the IDD population further.¹²⁰ Given this, it is essential to match employment type to individual needs and strengths.

Client Assistance Program (CAP)

The Client Assistance Program (CAP) is a federally funded program designed to assist individuals with disabilities in resolving challenges they may experience with federally funded rehabilitation programs. In ND, assistance related to the State Vocational Rehabilitation Program, Centers for Independent Living, and Tribal Vocational Rehabilitation Programs is available.¹²¹ CAP is administered by the ND Protection & Advocacy Project (P&A)

¹¹⁶ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/traditional-iid-dd-hcbs-waiver-2019.pdf>

¹¹⁷ Ibid.

¹¹⁸ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/traditional-iid-dd-hcbs-waiver-2019.pdf>

¹¹⁹ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/dvr/individual/self.html>

¹²⁰ Kate Caldwell, Sarah Parker Harris and Maija Renko, (2019). Inclusive Outcomes for Social Entrepreneurs With Intellectual Disability: "What Happens When They Act", *Inclusion*, 10.1352/2326-6988-7.4.204, 7, 4, (204-219). Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jar.12662>

¹²¹ ND Protection and Advocacy Project. Retrieved from: <http://www.ndpanda.org/cap/>

Education and Early Intervention

There are 1,136 public and private prekindergarten through grade 12 schools in ND.¹²² The enrollment in the 2018-2019 academic year was 113,646, and there were 6,947 graduates. There were 15,103 students enrolled in 42 private schools in FY 2019. According to the Kids Count Data Center, in 2018, there were 10,886 special education students in ND.¹²³ Of this total, there were 769 students with IDD, which equates to 4.8 percent of the special education enrollment. Of the 15,103 children in private schools, 215 were children with disabilities.¹²⁴ ¹²⁵ Per pupil public spending for the 2017-2018 academic year was \$11,606.¹²⁶

Special Education

The Individuals with Disabilities Education Act (IDEA) ensures that all children and youth with disabilities have a free appropriate public education (FAPE), and special education and related services are designed to meet students' unique needs. Public education is to prepare students for further education, employment, and independent living.¹²⁷ The IDEA requires public schools to develop an Individual Education Plan (IEP) for every student with a disability who meets the federal and state requirements for special education. Federal regulations require that children with disabilities, including preschool-aged children and, in particular, students with IDD, be educated with children who are nondisabled to the maximum extent appropriate.¹²⁸ The requirement of educating students in the Least Restrictive Environment (LRE) has been part of IDEA since its inception in 1975.

ND DPI Special education performance data provides information on how the state's special education system is performing.¹²⁹ Table 10 highlights performance targets that measure the amount of time children with IEPs spend inside or outside of a regular classroom or separate school.

¹²² Great Schools.org. Retrieved from: <https://www.greatschools.org/north-dakota/>

¹²³ Kids Count Data Center. Retrieved from: <https://datacenter.kidscount.org/data/tables/4425-children-enrolled-in-special-education-in-public-schools-by-type-of-impairment-percent-of-special-education-enrollment#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/693,694,695,3547,3548/9934,9935>

¹²⁴ ND Department of Public Instruction. Retrieved from:

<https://www.nd.gov/dpi/sites/www/files/documents/SpEd/ProportionateShare201819.pdf>

¹²⁵ National Center for Educational Statistics. Retrieved from:

https://nces.ed.gov/surveys/pss/privateschoolsearch/school_list.asp?Search=1&State=38&SchoolPageNum=1

¹²⁶ ND Department of Public Instruction. State Summary 2017-2018. Retrieved from:

<https://insights.nd.gov/Education/State/Summary>

¹²⁷ ND Department of Public Instruction. Retrieved from: <https://www.nd.gov/dpi/education-programs/special-education>

¹²⁸ ND Department of Public Instruction. Retrieved from:

<https://www.nd.gov/dpi/sites/www/files/documents/SpEd/Guidelines/IDGuidelinesFinalVersionPosted.pdf>

¹²⁹ ND Department of Public Instruction. Retrieved from:

<https://insights.nd.gov/Education/State/SPED/LeastRestrictiveEnvironment>

Table 10: Select ND Special Education Data for the 2018-2019 Academic Year

Target	Target	Actual	Target Met?
Percent of children with IEPs aged 6 through 21 served inside the regular class 80% or more of the day.	76%	73.52%	No
Percent of children with IEPs aged 6 through 21 served inside the regular class less than 40% of the day.	4.80%	5.82%	No
Percent of children with IEPs aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements.	1.97%	1.58%	Yes
Percent of children with IEPs aged 3 through 5 attending a separate special education class, separate school, or residential facility.	≤27.6%	32.97%	No

Two additional measures reflect the ND four-year graduation rate and the dropout rate for students with IEPs. ND youth with IEPs graduating from high school in the 2016-2017 academic year with a regular high school diploma and within four years of the first time they entered the 9th grade is 66.2 percent.¹³⁰ ND did not meet the goal of 89 percent. ND defines dropouts as students who leave school before graduation for reasons other than to transfer to another school. Students who receive special education services and leave school with a certificate of completion are designated as dropouts. The ND dropout rate for students with IEPs for the 2016-2017 academic year is 16.7 percent. ND met this goal, which is 18 percent.¹³¹

The EdWeek Research Center reports its comprehensive analysis of data in its *Quality Counts* report card. The report card shows where each state ranks for educational opportunities and performance.¹³² States are graded and ranked in three categories:

- 1) The chance for success
- 2) school finance
- 3) K-12 achievement

In the 2019 report, ND finished 14th among the 50 states, with an overall score of 78.8 out of 100 points and a grade of C-plus. The nation as a whole scored a grade of C. ND earned a B in the Chance-for-Success and school finance categories and ranks tenth. For the K-12 Achievement Index, ND finished 38th with a grade of D-plus.

¹³⁰ ND Department of Public Instruction. Retrieved from: <https://insights.nd.gov/Education/State/SPED/GraduationDropout>

¹³¹ Ibid.

¹³² Education Week. Retrieved from: <https://www.edweek.org/ew/articles/2019/01/16/highlights-report-north-dakota.html>

Head Start

Head Start and Early Head Start are child development programs, serving children in low-income families, children with disabilities from birth to age five, and expectant mothers and families. The overall goal of Head Start is to increase the social ability of children and improve the chances of success in school. Head Start is federally funded, but each program is required to provide a 20 percent local funding match. There have been Head Start programs in North Dakota since 1965.¹³³ According to the Head Start Program Information Report data, ND's enrollment was 2,149 participants in 2017-2018 and 2,410 children and 60 pregnant women in 2018-2019.¹³⁴

Secondary Transition

Transition planning is required for all students receiving special education services as they move from high school to adult living.¹³⁵ A review of the transition performance data shows that ND narrowly missed the target for the percent of youth aged 16 and above whose IEP includes transition services that will reasonably enable the student to meet the postsecondary goals. ND's rate was 99.52 percent for the 2018-19 academic year, whereas the target set by the Office of Special Education Programs is 100 percent.¹³⁶ The ND Community of Practice for Transition Council seeks to improve transition outcomes for young adults with disabilities.¹³⁷

Part C-Early Intervention

The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal program that provides funds to develop and implement a statewide early intervention program for children from birth through age two with disabilities and their families.¹³⁸ In ND, the program is called Infant Development, and the lead agency responsible for the program is the DHS-DD Division. There is at least one early intervention provider in each ND region, including reservations. In total, there are ten contracted providers. Any child under the age of 3 who may have a delay or a medical condition that could result in a developmental delay or disability is eligible for referral to the program.¹³⁹ ND's program uses a parent-coaching model, and services are provided in the child's home. Each eligible child has a service team that determines the type, frequency, and duration of services necessary to meet the child and caregiver needs.

Four services comprise the Infant Development program:

1. Home visits: Home visits allow professionals to coach the primary caregiver(s) in how to address the needs of their child. Home Visits must occur at least once a month.
2. Consults: Consultations allow team members to coach both the primary caregiver(s) and home visitor in the area of their specialty.

¹³³ ND Department of Public Instruction. Retrieved from: <https://www.nd.gov/dpi/education-programs/early-childhood-education/head-start>

¹³⁴ ND Department of Public Instruction. Retrieved from: <https://www.nd.gov/dpi/sites/www/files/documents/Early%20Learning/2019%20North%20Dakota%20Head%20Start%20Collaboration%20Office%20Needs%20Assessment.pdf>

¹³⁵ Individuals with Disabilities Education Act. Retrieved from: <https://sites.ed.gov/idea/statute-chapter-33>

¹³⁶ ND Department of Public Instruction. Retrieved from: <https://www.nd.gov/dpi/sites/www/files/documents/SpEd/December%20IDEA%20Advisory%20Meeting%20Minutes.pdf>

¹³⁷ ND Department of Human Services, Division of Vocational Rehabilitation. Retrieved from: <https://www.nd.gov/dhs/dvr/councils-partners/ndcop.html>

¹³⁸ U.S. Department of Education. Retrieved from: <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html>

¹³⁹ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/interim/19-5055-03000-meeting-minutes.pdf>

3. Evaluation/Assessment: An evaluation determines eligibility for Developmental Disabilities Program Management, as well as Infant Development services. An annual assessment determines progress made on the Individual and Family Service Plan (IFSP) outcomes.
4. IFSP Development/Update: The IFSP directs early intervention supports and services.¹⁴⁰

In the 2017 report, the ND infant development program served 4.17 percent of the state's child population under the age of three. Of the children served, 8.94 percent were Native American compared to the U.S. early intervention programs overall rate of .73 percent. The program measures the percent of children that were functioning within expectations by the time they turned age three or exited the program. While the target is 45.10 percent, ND's actual percent was 37.5 percent or 123 out of 328 children. The Department noted they are focusing on monitoring the data. Since a new outcome tool was recently implemented, they hope to see increased fidelity as well as valid and reliable data.¹⁴¹

Recent Early Intervention Program Changes

- A full-time coordinator for the Part C program was hired in May of 2018.
- Costs for Infant Development services within the IDD Medicaid Waiver appear in the DHS Quarterly Budget Insight Report. In the 2017 – 2019 biennium report, Infant Development had a monthly average of 1,237 children receiving the services at a monthly average cost of \$843.¹⁴²
- The program collects a large amount of performance data. Up until the fall of 2017, ND used the Oregon Early Childhood Assessment Tool. Since this tool is no longer supported or used by the creators, a new tool was chosen. ND now uses the Assessment, Evaluation, and Programming System (AEPS).¹⁴³
- A core working group formed to address the concern over the increased amount of the federal Part C grant dollars used for direct services, which leaves less for coordinating efforts.¹⁴⁴
- The 64th Legislative session passed Senate Bill 2324 to study the early intervention program. The 2017 Health Services Interim Committee directed the early intervention study.¹⁴⁵ It does not appear that any program or policy changes resulted from this legislative study.
- The workgroup evolved into a broader stakeholder group that held a summit on November 29, 2017, and reported its findings to the interim committee.¹⁴⁶

¹⁴⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/traditional-iid-dd-hcbs-waiver-2019.pdf>

¹⁴¹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/FFY-ND-Part-C-Application.pdf>

¹⁴² ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/pubs/docs/qtrly-budget-insight-july2017-june2019.pdf>

¹⁴³ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/ffy-2017-spp-apr.pdf>

¹⁴⁴ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/65-2017/19_5055_03000appendixd.pdf

¹⁴⁵ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/documents/17-0806-05000.pdf>

¹⁴⁶ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/65-2017/19_5091_03000appendixb.pdf

As noted previously, there are other components to the Part C program in addition to the infant development direct services. They are:

- Experienced Parents- Parents of children with developmental delays or disabilities who provide information to parents of children currently receiving Early Intervention services regarding system issues and provide input regarding procedures and parent material.¹⁴⁷

- Child Find

The regulations for Part C require that each state has a comprehensive Child Find system to identify, locate, and screen all infants and toddlers with disabilities birth through age two as early as possible.¹⁴⁸ Two child find activities in place in ND are:

- Birth Review--This activity is a cooperative effort with the ND DHS, the ND DOH, and all birthing hospitals. New parents are sent postcards and presented with the opportunity to have additional information sent to them or to be connected to their local Right Track provider. If interested, the hospital makes a referral to the family's regional human service center.¹⁴⁹
- Right Track- provides free in-home developmental screening for children from birth to three years of age. It is a family-centered program offered to every child so they can experience the "best start" in physical, social, emotional, motor, and intellectual development. There is at least one right track provider in each region of the state. Right Track coordinators work with staff and families to determine the frequency of follow up visits based on the screening results, observations, and parental questions.¹⁵⁰ From October 2016 through August 2017, 6,434 Right Track visits occurred.¹⁵¹
- Technical Assistance-Contracted support to implement quality measures, analyze data, and improve the supervision system.¹⁵²
- Audiologists -Individual contracts with local audiologists to train Infant Development staff and interpret hearing screening results (OAE and tympanograms).
- Family Liaison- provide training and information to parents.
- Interagency Committee

The mission of North Dakota's Interagency Coordinating Council is to provide leadership and advise and assist ND DHS-DD Division in the effort to implement a statewide system for the delivery of appropriate services to children at-risk and children with disabilities (ages birth through 5) and their families.¹⁵³

¹⁴⁷ ND Department of Human Services. Retrieved from:

<https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/FFY-ND-Part-C-Application.pdf>

¹⁴⁸ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/65-2017/19_5091_03000appendixh.pdf

¹⁴⁹ ND Department of Human Services. Retrieved from:

<https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/FFY-ND-Part-C-Application.pdf>

¹⁵⁰ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/interim/19-5055-03000-meeting-minutes.pdf>

¹⁵¹ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/65-2017/19_5055_03000appendixe.pdf

¹⁵² ND Department of Human Services. Part C Annual Performance Report 2017. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/doc/ffy-2017-spp-apr.pdf>

¹⁵³ ND Department of Human Services. Retrieved from:

<https://www.nd.gov/dhs/services/disabilities/earlyintervention/ndicc/docs/standard-operating-procedures.pdf>

Early Intervention Funding

ND's funding for the Infant Development program is two-fold: 1) Federal Grant and 2) Medicaid Traditional IDD waiver funds. Parents can choose to apply for Medicaid, which covers the program under the Traditional IDD Waiver. If parents decide to have their child covered by Medicaid, they have the benefit of income and asset disregard plus access to other Medicaid medical benefits for the child. If parents decide to apply for Medicaid, Part C federal funding is used for the additional early intervention system components. The current trend is that more families are choosing not to apply for Medicaid. This trend puts pressure on the ability to maintain the other required components of the system, which are also paid with the Part C grant. It is important to note that when a state accepts the federal Part C grant, the state must implement all required components regardless of whether the grant funds are sufficient to cover the costs.¹⁵⁴ ND does not collect third party insurance or assess a parent fee for this program.

Part B- Early Childhood Special Education

When a child exits the Part C-Early Intervention program, they are referred, if appropriate, to the Part B -early childhood special education program to continue maximizing a child's development. Eligibility for Part B requires a child to have a disability and need special education and related services.¹⁵⁵ ¹⁵⁶ In the ND Part B 2017 report, 2,139 children were served by the program.¹⁵⁷ NDDPI provided information on the transition of children from Part C to Part B programming, which is displayed in Figure 11.¹⁵⁸ It appears that annually, between 60-70 percent of children referred from early intervention are found eligible for early childhood special education services.

¹⁵⁴ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/65-2017/interim/19-5055-03000-meeting-minutes.pdf>

¹⁵⁵ National Center for Hearing Assessment and Management. Eligibility and Service Delivery Policies: Differences Between IDEA Part C and IDEA Part B: A Comparison Chart, 2016. Retrieved from: <https://www.infanthearing.org/earlyintervention/docs/aspect-idea-part-c-and-idea-part-b.pdf>

¹⁵⁶ U.S. Department of Education. Retrieved from: <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html>

¹⁵⁷ Retrieved from: <https://idc.clicdata.com/v/5MF4CZvDTX6A>

¹⁵⁸ ND Legislative Management. Retrieved from: https://www.legis.nd.gov/files/committees/65-2017/19_5091_03000appendixg.pdf

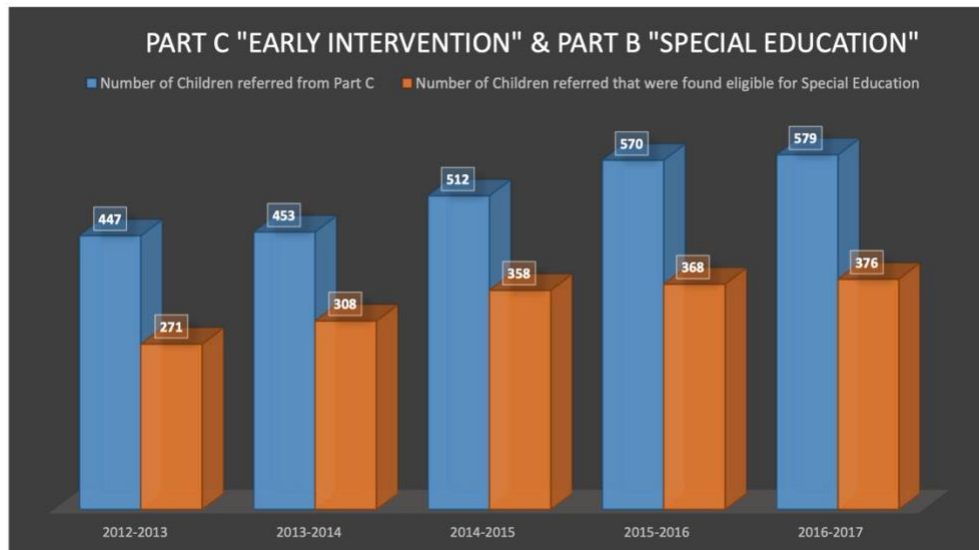


Figure 11: Number of Children Referred from Part C and Found Eligible for Part B Programs. Source ND Department of Public Instruction

IDEA Advisory Committee

ND's IDEA advisory committee exists to make recommendations and to advise the DPI concerning the administration of, preparation of general regulations for, and evaluation of Special Education programs in the state.¹⁵⁹ In the December 2019 IDEA Advisory committee, ND DPI presented several special education-specific outcomes.¹⁶⁰ Table 11 illustrates that ND does not meet the graduation target for students with IEPs, and students with IDD are found least proficient in math and reading.

¹⁵⁹ ND Department of Public Instruction. Retrieved from:

<https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/IDEA%20Bylaws.pdf>

¹⁶⁰ ND Department of Public Instruction. Retrieved from:

<https://www.nd.gov/dpi/sites/www/files/documents/SpeEd/December%20IDEA%20Advisory%20Meeting%20Minutes.pdf>

Table 11: ND Special Education Outcomes, reported by DPI in December 2019 to the ND IDEA Committee¹⁶¹

Outcome	Results
Indicator -Graduation Rate: Percent of youth with IEPs graduating from high school with a regular diploma.	Target 89% Actual 68.48%
Who is most likely to graduate: Environment: regular classroom	77% • SLD 82% • SI 65% • OHI 74% Ethnicity – White
Who is least likely to graduate: Environment: students in separate classrooms?	Environment: • students in separate classrooms: 30% • Students in resource room: 55% Primary Disability: • ID – 37% • Autism: 50% • ED – 53% Ethnicity: • Native American: 55% • Black or African American: 56% 4-year graduation rate: • 87.99% All students, • 90.57% Non-IEPs, • 68.48% IEPs.
Who is least likely to score proficient in Math?	<ul style="list-style-type: none"> • Students in resource room: 5.35% • ID: 1.11% • Grade 10: 4.36% • With Accommodation: 5.74% • Native American: 7.17%
Who is most least likely to score proficient in Reading?	<ul style="list-style-type: none"> • ID: 0.00% • Residential Facility: 0.00% • Pacific Islander: 4.00% • Inside Regular Class 40% to 79% of Day: 4.48% • American Indian: 7.25% • Took NDSA with Accommodation: 7.40% • SLD: 7.69%

Children's Cabinet

Senate Bill No. 2313 (2019) created a Children's Cabinet to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.¹⁶² The Cabinet is to develop strategies to address gaps or needs regarding early care and education, medical and behavioral health, community, child welfare, and juvenile justice.¹⁶³ Governor Doug Burgum

¹⁶¹ ND Department of Public Instruction. Retrieved from:

<https://www.nd.gov/dpi/sites/www/files/documents/SpEd/December%20IDEA%20Advisory%20Meeting%20Minutes.pdf>
¹⁶² ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/66-2019/committees/joint/childrens-cabinet>

¹⁶³ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/66-2019/documents/19-1121-05000.pdf>

appointed 12 members in the fall of 2019.¹⁶⁴ The Cabinet met two times since its inception as of February 2020.¹⁶⁵

Teacher Training

The ND DPI provides a teacher training support system to build the support system in each school in the state. The ND Teacher Support System has mentored 2,295 new teachers since 2010. Approximately 78 percent of the teachers that receive the mentoring support continue to teach in ND today. Over 430 Instructional Coaches have been trained with the ND Teacher Support System.¹⁶⁶ There have been several legislative actions to provide teachers with training on behavioral health issues. Senate Bill 2048 (2019) mandates a mental health competency course for all initial teacher licenses.¹⁶⁷

¹⁶⁴ ND Office of the Governor. Retrieved from: <https://www.governor.nd.gov/news/bugum-announces-members-newly-established-childrens-cabinet>

¹⁶⁵ Public New Service. Retrieved from: <https://www.publicnewsservice.org/2020-02-26/childrens/new-nd-childrens-cabinet-gets-its-feet-wet/a69362-1>

¹⁶⁶ ND Education Standards and Practices Board. Retrieved from: <https://www.nd.gov/espb/welcome-north-dakota-teacher-support-system>

¹⁶⁷ ND Education Standards and Practices Board. Retrieved from: <https://www.nd.gov/espb/licensure/license-information/mental-health-requirement>

Transportation

Transit

The ND Department of Transportation (DOT) administers the state's federal transit grant and state-aid funding for transit projects. Transit service is for the general public, students, veterans, the elderly, and persons with disabilities.¹⁶⁸ State funding for public transit is determined by the state legislature and distributed by a formula outlined in the ND Century Code.¹⁶⁹ According to the DOT, all fifty-three ND counties have transit service three to five days a week. There are approximately thirty-four bus programs that provide public transportation for anyone who needs a ride in rural ND. The ND DOT website provides county maps where the transit providers, services, hours, cost, and contact information, are listed.¹⁷⁰

There are five types of transit services in ND.

1. Fixed route – These are scheduled and regular routes.
2. Demand/Response – Rides are reserved by calling ahead to reserve a seat.
3. Medical Rides - Travel for medical appointments, dialysis, or chemotherapy. This service may be formally structured or provided as needed.
4. Dial-A-Ride/Para Transit- This accessible door-to-door service is for persons with disabilities and seniors.
5. Intercity - A fixed route schedule to and from major ND population centers. Providers are Jefferson Lines, Standing Rock Public Transit, and Souris Basin Transportation. Passengers can connect to local transit to travel into rural areas of the state.

According to ND DOT, the top reasons riders use transit are:

- Medical
- Shopping
- Employment
- Education/Training¹⁷¹

In 2019, the DOT developed a statewide transportation plan, called "ND Moves." This plan serves as a guide and a resource in the development of state and local transportation systems and programs.^{172 173} Meetings were held around the state to gain input for the transportation plan. Participants were asked to identify the most significant barriers in accessing bicycle, pedestrian, and transit systems in their areas. The top three obstacles identified in each system are illustrated in Figure 12.¹⁷⁴

¹⁶⁸ ND Department of Transportation. Retrieved from: <https://www.dot.nd.gov/divisions/localgov/transit-aboutus.htm>

¹⁶⁹ Ibid.

¹⁷⁰ ND Department of Transportation. Retrieved from: <https://www.dot.nd.gov/divisions/localgov/transit-providers.htm>

¹⁷¹ ND Department of Transportation. Retrieved from: <https://www.dot.nd.gov/divisions/localgov/transit.htm>

¹⁷² ND Department of Transportation. Retrieved from: <https://www.dot.nd.gov/plans/statewide/ndmoves.htm>

¹⁷³ Ibid.

¹⁷⁴ ND Department of Transportation. Retrieved from: <https://www.dot.nd.gov/plans/statewide/docs/NDMovesAppendix.pdf>



Figure 12: 2020 ND Department of Transportation. ND Moves Plan-Identified Barriers, Source. ND DOT

The study's findings identified that mobility is a top issue for most people with disabilities and often determines the extent to which they can participate in the community and retain employment. DOT indicated they found no clear pattern that emerged in the analysis of transit issues as it relates to people with disabilities.¹⁷⁵

Transportation Supports in Medicaid Programs

There are several transportation services covered through ND DHS-Medicaid. The traditional Medicaid plan includes non-emergency medical transportation services to and from a recipient's home to the closest medical provider.¹⁷⁶ Within the traditional IDD waiver, several services allow for non-medical transportation. They are:

- **Day Habilitation** may include transportation costs to access program-related activities in the community. Transportation costs from a participant's residence to their workplace are available when a participant needs it as a support intervention for the participant to maintain employment. It is not allowed as a substitute for personal, public, or generic transportation.
- **Prevocational Services** may include transportation costs to access program-related activities in the community.
- **Adult Foster Care** - Non-medical transportation is included in the foster care rate.
- **Small group employment** - Transportation costs from a participant's residence to their workplace may be included in the service rate when a participant needs it as a support intervention for the participant to maintain employment. It is not allowed as a substitute for personal, public, or generic transportation.¹⁷⁷

The proposed 1915i Medicaid state plan amendment also includes coverage for non-medical transportation with a 200-vehicle mile and four taxi/bus ride per month limit.¹⁷⁸

¹⁷⁵ ND Department of Transportation. Retrieved from:

<https://www.dot.nd.gov/plans/statewide/docs/NDMovesPlanWithExecSummary.pdf>, page 19

¹⁷⁶ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/services/medicalserv/medicaid/covered.html>

¹⁷⁷ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/approved-nd-1915c-hcbs-waiver-for-individuals-w-idd-addendum-effective-4-1-2020.pdf>

¹⁷⁸ ND Department of Human Services. Retrieved from: <https://www.behavioralhealth.nd.gov/1915i/snapshot>

Child Care

Quality childcare enables people to work or go to school. The DHS-Children & Family Service Division (DHS-CFS) manages the early childhood program in ND. The Child Care and Development Block Grant (CCDBG) is the primary source of federal funding for child care subsidies for low-income working families and funds to improve child care quality.¹⁷⁹ The CCDBG requires several tasks: Consumer Education and Referral, Quality Rating Improvement System, and Early Childhood Work Force Registry. DHS-CFS contracts with Lutheran Social Service who provides the required tasks through the following programs: ¹⁸⁰

1. Child Care Aware® of North Dakota performs the consumer education function. It collects and maintains data about the child care industry in ND annually.¹⁸¹ This online child care database provides information on the state's child care providers.¹⁸²
2. Bright & Early is ND's quality rating improvement system. The program seeks to assess, improve, and communicate the level of quality in childcare and early education programs across the state.¹⁸³ Programs that participate receive exclusive benefits that support and sustain their quality. Some of the benefits include free or low-cost training, access to grants used to purchase new materials and equipment, Quality Rating award dollars, and marketing materials to showcase their program.
3. Growing Futures performs the workforce registry and provides the process to approve childcare training. Only approved training counts toward license renewal. The registry is the central clearinghouse of information and resources for people who work with children.¹⁸⁴

Child Care Assistance for Parents

Part of the CCDBG is the Child Care Assistance Program (CCAP). The CCAP helps income-eligible families pay for child care while they work or attend school or training. DHS-CFS uses the county social service (human service zone) offices to carry out the eligibility determination process for the program. In 2018, continuous eligibility began for this program. Continuous eligibility means that households continue to be eligible for an additional 12 months if the household's income meets the guidelines.¹⁸⁵ The DHS CCAP information indicates that, on average, 1,747 families per month receive 788 dollars for child care assistance through this program.¹⁸⁶ The CCDBG 2019-2021 plan indicates there is no waitlist for the program; however, in the case a waitlist occurs, children experiencing homelessness would be prioritized for the service.¹⁸⁷

¹⁷⁹ Federal Grants Wire. Retrieved from: <https://www.federalgrantswire.com/child-care-and-development-block-grant.html#.XnJQmZnKhQI>

¹⁸⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

¹⁸¹ Child Care Aware of North Dakota. Retrieved from: <https://ndchildcare.org/data-pub/data.html>

¹⁸² Child Care Aware of North Dakota. Retrieved from: <https://ndchildcare.org/parents/find-child-care/>

¹⁸³ Bright and Early of North Dakota. Retrieved from: <https://www.brightnd.org/faq>

¹⁸⁴ Zero to Three. Retrieved from: <https://www.zerotothree.org/resources/868-north-dakota-growing-futures>

¹⁸⁵ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

¹⁸⁶ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/qtrly-budget-insight-july2019-dec2019.pdf>

¹⁸⁷ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

Another child care assistance program supports teen parents. The Crossroads program supports teen parents by providing case management services to help them complete their high school or GED education and supports them up to age 21. CCAP will waive co-payments for Crossroads eligible participants. Services are also prioritized for Temporary Assistance for Needy Families (TANF) recipients, as CCAP will waive the co-payment.¹⁸⁸

Assistance for Child Care Providers

The **Early Childhood Education Grant Program** was established in the 2015 Legislative session to increase the capacity of child care in ND and provide funding for public and private Early Childhood Education programs serving four-year-old children. Eligibility requires the children to be eligible for free or reduced lunches.¹⁸⁹ The **Child Care Loan Program**, through the ND Commerce Department's Commerce Development Fund, provides financial assistance to child care providers.¹⁹⁰ Licensed child care providers may borrow up to \$100,000 at a fixed rate of 2.5 percent.

Ongoing training is required for licensed child care providers, and DPI reports new 2018 ND early learning standards: birth to kindergarten. The standards include 1) Approaches to Play and Learning; 2) Social and Emotional Development; 3) Language, Communication, and Literacy; 4) Mathematics and Logical Thinking; 5) Scientific Reasoning; 6) Social Studies; 7) Creative Arts; and 8) Perceptual, Motor, and Physical Development. According to the news release, the standards provide a common set of expectations for young children's learning and development in a variety of early learning settings across the state.¹⁹¹

Child Care Licensing Categories

There are several types of child care provider licenses in ND.¹⁹²

- **Licensed Family Child Care:** Family providers may care for up to 7 children with no more than three children under the age of 24 months, plus two additional school-age children.
- **Licensed Group Child Care:** Group child care programs may be licensed in a home or a facility. Groups may be licensed for up to 30 children, with the actual license capacity determined by available space, staff to child ratios, and sometimes local ordinances.
- **Licensed Child Care Center:** Child care centers are licensed for at least 19 children in a facility, with the actual license capacity determined by available space, staff to child ratios, and sometimes local ordinances.
- **Licensed Preschools:** Preschools provide educational and socialization experiences for children age two years to kindergarten and may operate sessions for no more than 3 hours per day.

¹⁸⁸ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

¹⁸⁹ ND Department of Commerce. Retrieved from: <https://www.workforce.nd.gov/workforce/EarlyChildhoodEducationGrantProgram/>

¹⁹⁰ ND Department of Commerce. Retrieved from: https://www.business.nd.gov/development_fund/NDDEFPrograms/#Child%20Care

¹⁹¹ Zero to Three. Retrieved from: <https://www.zerotothree.org/resources/2666-north-dakota-releases-new-early-learning-standards>

¹⁹² ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/childcare/info/>

- **Licensed School-Age Programs:** School-age programs are licensed for at least 19 children in a facility, with the actual license capacity determined by available space, staff to child ratios, and sometimes local ordinances. School-age programs offer services before and after school, and sometimes on school holidays and through the summer months.
- **Multiple License Facility:** This type of program has more than one type of license, such as a center and preschool.
- **Self-declared Providers:** Care for five or fewer children or three infants in a home. These providers must meet some minimal standards, including a background check and basic health and safety training, are inspected before approval, and receive one monitoring visit per year. Self-declared providers are eligible to participate in the Child Care Assistance Program and the USDA Food program.¹⁹³
- **Approved Relatives:** Care for five or fewer children or three infants; are also eligible to participate in the Child Care Assistance Program. By federal law, the 'approved' relatives must be related by marriage, blood relationship, or court order and include grandparents, great-grandparents, aunts, and uncles.

Child Care Programs for Children with Disabilities

According to the CCDBG, all providers shall make appropriate accommodations, as required by the ADA, to meet the needs of children with special needs. The requirements include that the provider shall ensure staff members must receive proper instructions as to the nature of the child's special needs and potential for growth and development.¹⁹⁴

The Inclusion Support program seeks to create and maintain an inclusive environment that supports children who have disabilities or developmental delays.¹⁹⁵ The program has received legislative funding since its inception in 2011. Program funds can be used for supporting staff needs, modifying a child care setting, or purchase items such as sensory equipment or software to help children with special needs. Any licensed or self-declared provider can apply for these funds. A 2017 DHS news release indicates that at that time, 87 licensed, and self-declared providers received funding from this program.¹⁹⁶

Child Care Consultation services are available through partnerships with Child Care Aware of ND and the ND Center for Persons with Disabilities. The service offers phone and on-site assistance to child care programs that have children with special care concerns (developmental, physical, and health-related). Child care providers can access a free screening completed by an Inclusions Specialist through Child Care Aware.¹⁹⁷

¹⁹³ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

¹⁹⁴Ibid.

¹⁹⁵ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/services/childcare/inclusion.html>

¹⁹⁶ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/news/2017/7-14-taking-applications-inclusion-support-grant-.pdf>

¹⁹⁷ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/cfs/amended-2019-2021-ccdf-state-plan.pdf>

Child care providers can care for children ages 13 through 18 when the child is physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed or certified psychologist.

Child Care Capacity in ND

Demand for child care continues to be high in ND. Child Care Aware prepares a capacity report quarterly. In the latest report (2019), child care supply meets only 36% of potential demand.¹⁹⁸ The report indicates that 70.7 percent of children ages 0 through 5 and 78.6 percent of children ages 6 through 13 have all parents in the workforce. It is anticipated that 45,377 children ages 0 through 5 and 53,439 children ages 6 to 12 need child care. This equals a potential need for 98,816 child care slots. The current state capacity is 35,954 slots, which creates a deficit of 62,862 slots.

In addition to the lack of sufficient child care slots, Child Care Aware reports what appears to be a shortage of child care options available outside of traditional work hours. Of 1,235 child care programs, there are 314 child care programs available before 7 am; forty-nine are open after 6 PM; twenty providers are open on weekends. Due to many parents having non-traditional work schedules, these limited provider options likely add to the challenge.¹⁹⁹

¹⁹⁸ Child Care Aware of North Dakota. Retrieved from: <https://ndchildcare.org/data-pub/data.html>

¹⁹⁹ Ibid.

Housing

Housing is central to people's opportunities for living long and well. Stable and affordable housing is an essential element of healthy communities.²⁰⁰ Housing is considered affordable when housing costs are no more than thirty percent of a household's gross income.²⁰¹ Over the past decade, nationally, housing costs have increased by 24 percent, and rental prices have increased by 52 percent.²⁰² ND's median household income was \$63,837, according to the 2018 ACS 1-year estimates.²⁰³ In ND, 10% of households spend more than half of their income on housing costs.²⁰⁴

Federal Income Assistance

There are several federal programs available for general income assistance, which can be used to pay for housing.

1. **Social Security Retirement (SS)**-In order to receive social security retirement benefit (SS), a person needs 40 work credits or have worked at least approximately ten years.²⁰⁵
 - a. More than 29,000 people in ND rely on SS for 90 percent or more of their income. The annual average 2020 SS benefit in ND is \$17,591.^{206 207}
 - b. ND was one of 13 states that taxed SS benefits; however, this changed during the 2019 legislature with the passage of House Bill 1174 which eliminated the state tax on SS benefits for single filers who have SS benefits up to \$50,000 and married couples filing jointly with benefits up to \$100,000. ²⁰⁸ This change affects about 30,000 North Dakotans.²⁰⁹
2. **Supplemental Security Income (SSI)** pays benefits to adults and children who are disabled and have limited income and resources. These benefits are also available to people 65 years and older who do not have a disability but meet the financial limits.
 - a. The mean SSI income in ND is \$9,723 annually (2017), which is approximately \$810 per month.²¹⁰

²⁰⁰ County Health Rankings and Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/reports/state-reports/2019-north-dakota-report>

²⁰¹ ND Housing Finance Agency. Retrieved from: <https://www.ndhfa.org/Publications/Reports/NDHFA%20Publications/AffordableHousingFacts4-19.pdf>

²⁰² U.S. Census Bureau, 2017 American Community Survey 5 and 1-year estimates

²⁰³ U.S. Census Bureau. Retrieved from:

<https://data.census.gov/cedsci/table?q=S0201%3A%20SELECTED%20POPULATION%20PROFILE%20IN%20THE%20UNITED%20STATES&g=0400000US38&hidePreview=true&tid=ACSSPP1Y2018.S0201>

²⁰⁴ County Health Rankings and Roadmaps. Retrieved from: <https://www.countyhealthrankings.org/reports/state-reports/2019-north-dakota-report>

²⁰⁵ Social Security Administration. Retrieved from: <https://www.ssa.gov/pubs/EN-05-10035.pdf>

²⁰⁶ Yahoo Finance. Retrieved from: <https://finance.yahoo.com/news/heres-every-states-average-social-132355610.html>

²⁰⁷ Average SS methodology: Social Security's *most current data* during 2018- add 2.8%, representing Social Security's cost-of-living increase for 2019-add 1.6% — the cost-of-living increase for 2020 — to determine the average benefit for a retired worker in each state during 2020.

²⁰⁸ ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/66-2019/bill-actions/ba1174.html>

²⁰⁹ U.S. News and World Report. Retrieved from: <https://www.usnews.com/news/best-states/north-dakota/articles/2019-04-24/legislature-cuts-state-taxes-on-social-security-benefits>

²¹⁰ U.S. Census Bureau, 2017 American community survey 1 – year estimates

- b. In ND, the percentage of non-institutionalized persons aged 21 – 64 with a cognitive disability who receive SSI benefits in 2017 was 19.7% compared to the U.S. estimate of 25.8 percent.²¹¹
3. **Social Security Disability Insurance (SSDI)** To qualify for SSDI benefits, a person must have worked long enough in jobs covered by Social Security (usually ten years) and have a medical condition that meets Social Security's definition of a disability.²¹²

ND Affordable Housing Challenges

Households with incomes eighty percent of the median income are considered 'low income.' Those with incomes, fifty percent of the median are considered, 'very low income,' and those with incomes below thirty percent are considered "extremely low income."²¹³ According to the U.S. Census 2014-2018 5-year estimates, ND's median income is \$63,473.²¹⁴ According to the 2019 ND Affordable Housing Fact Sheet published by the ND Housing Finance Agency, there are 26,485 extremely low income renter households in ND. There are only 51 affordable and available rental homes per 100 extremely low renter households.²¹⁵

Two surveys and reports document the difficulties of low-income individuals and families and housing: The HUD Worse Case Survey and the Priced-Out reports.

1. The 2017 HUD Worse Case Report provides national data and analysis of the critical problems facing low-income renting families using the report draws on data from the American Housing Survey (AHS).
 - a. The AHS is a crucial source of national data on housing markets, conditions, and dynamics. In 2009, this survey began assessing the presence of disabilities or functioning limitations.
 - b. The most frequently occurring type of disability was ambulatory limitations (walking or climbing stairs), which affects 49.2 percent of very low-income renter households that include a nonelderly person with a disability.
 - c. The second most prevalent disability is cognitive limitations (serious difficulties concentrating, remembering, or making decisions), affecting 46.3 percent of these households.²¹⁶
2. The 2016 Priced-Out report highlights the challenge of meeting rental housing costs with the monthly income of a person living solely on SSI benefits. Key findings of this report include:
 - a. The average annual income, in 2016, of a single person receiving SSI payments was \$9,156 - about 22 percent below the 2016 federal poverty level, and equal to only 20 percent of the national median income for a one-person household.

²¹¹ Erickson, W., Lee, C., von Schrader, S. (2017). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org

²¹² Social Security Administration. Retrieved from: <https://faq.ssa.gov/en-us/Topic/article/KA-01771>

²¹³ U.S. Census Bureau, 2017 American Community Survey 5 and 1-year estimates

²¹⁴ U.S. Census Bureau. Retrieved from: https://www.census.gov/search-results.html?q=median+income+by+state&page=1&stateGeo=none&searchtype=web&cssp=SERP&_charset_=UTF-8

²¹⁵ North Dakota Housing Finance Agency. Retrieved from: <https://www.ndhfa.org/Publications/Reports/NDHFA%20Publications/AffordableHousingFacts4-19.pdf>

²¹⁶ U.S. Department of Housing and Urban Development. Retrieved from: https://www.huduser.gov/portal/sites/default/files/pdf/Worst-Case-Housing-Needs.pdf_page_16.

- b. The 2016 national average rent for a studio/efficiency unit was \$752, equal to 99 percent of monthly SSI payments.
- c. In 220 housing market areas, one-bedroom rents exceeded 100 percent of monthly SSI payments -an increase of almost 60 markets since the 2014 Priced Out report.

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The Priced-Out report highlights six ND counties facing this challenge. Table 12 provides details on the ND counties where households pay over 100 percent and up to 147 percent of their monthly SSI payment on housing.²¹⁸

ND County	Percent Above the Monthly SSI Payment
Dunn	147%
Golden Valley	112%
Mountrail	117%
Stark	103%
Ward	122%
Williams	130%

Table 12: ND Priced-Out Counties. Source: TAC, 2016.

According to the ND Housing Finance Agency, ND faces many housing challenges:

- Aging housing inventory,
- Lot or land costs have increased dramatically,
- High level of competition for affordable housing,
- Limited affordable housing options,
- Resources for affordable housing are limited,
- Housing needs for the state's aging population is increasing, and
- People with disabilities, the homeless, and those at risk of homelessness have unmet needs for housing with supportive services.

²¹⁷ Technical Assistance Collaborative, Inc. Retrieved from: <http://www.tacinc.org/media/59493/priced-out-in-2016.pdf>

²¹⁸ Ibid.

The National Residential Information Systems Project (RISP) gathers and analyzes longitudinal data on Medicaid funded residential and in-home supports for people with IDD.²¹⁹ According to the FY 2016 RISP Profile, the number of people served by IDD agencies is categorized by type and size. Figure 13 illustrates that in ND, it appears that the majority live in their own home or with family, followed by living in facilities with 7 – 15 people.

ND HCBS Transition Plan

The CMS issued a final rule that became effective on March 17, 2014, and requires states to review and evaluate HCBS settings, including residential and non-residential settings paid for through ND's six Medicaid waivers.²²⁰ CMS intends to ensure that individuals have full access to the benefits of community living and can receive services in the most integrated setting.²²¹ From April 2014 through October 2014, the DHS conducted a review and analysis of all HCBS settings and developed the State's initial Statewide Transition Plan. The DHS conducted surveys of all providers of HCBS residential and non-residential services that focused on each setting's physical location, surroundings, community integration, and other environmental characteristics. ND received initial approval of its Statewide Transition Plan on November 1, 2016, with final approval in 2018.²²²

The review and transition plan revealed situations where people needed to be relocated to compliant settings. According to the transition plan, all client transitions must be completed no later than March 17, 2022. The problems identified during the review are found in Table 13, along with the status of each.

North Dakota

Figure 3: People Served by the IDD Agency on June 30, 2016 by Residence Size and Type

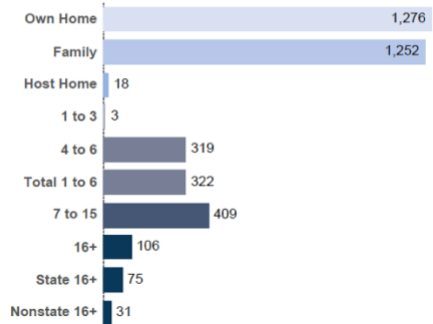


Figure 13: ND 2016 RISP Profile.

²¹⁹ University of Minnesota. Retrieved from: <https://risp.umn.edu/about>

²²⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/medicaid/nd-revised-preliminary-statewide-transition-plan-submitted-for-cms-final-approval-11-1-18.pdf>

²²¹ Medicaid.gov. Retrieved from: <https://www.medicaid.gov/sites/default/files/2019-12/final-rule-fact-sheet.pdf>

²²² ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/docs/medicaid/2-01-2019-nd-approved-statewide-transition-plan-hcbs-settings.pdf>

Table 13: ND Department of Human Services 2018 HCBS Transition Plan Issues and Status

Service/Waiver	Issue	Status	Comments
Adult Foster Care	Need more control over schedule, funds, visitors, meals.	Appears completed but transition plan contains several comments in 2019 that need to be addressed in specific locations	
Extended Services (name changed to Prevocational Services)	Need more community interaction	Completed	
Residential Habilitation	Need leases to comply with ND landlord-tenant laws	Completed	
Day Supports (name changed to Day Habilitation and Prevocational Services)	Cannot be provided in an ICF or on the grounds of an ICF	LSTC program relocated	
Adult Residential	No determination made on whether this meets the HCBS requirements	May submit for heightened scrutiny review – staff gathering information on each setting	The plan indicates January of 2020 as the target date
Adult Day Care provided in Nursing Homes	Does not meet HCBS requirements	Removed as a waiver service in this setting	Completed
Day Supports in an ICF setting	Relocated to other community settings	Completed	
Adult Day Health	Does not meet HCBS requirements	Removed from waiver – was not utilized	
Autism Waiver	Compliant		
Tech Dependent Waiver	Added several items to policy manual but no service changes needed		
Hospice Waiver	Compliant		
Medically Fragile	Compliant		

To avoid future problems and avoid people moving into housing that does not meet the community waiver standard of CMS, DHS has incorporated the Heightened Scrutiny Process. This process is triggered when a waiver recipient is potentially moving to 1) Settings in a publicly or privately-operated facility that provides inpatient institutional treatment; 2) Settings in a building on the grounds of, adjacent to, a public institution; 3) Settings with the effect of isolating individuals from the broader community.

To address the current and ongoing housing challenges for people accessing waiver services, DHS: 1) formed a workforce development initiative with the ND Supportive Housing Collaborative, 2) invests Money Follows the Person (MFP) rebalancing funds, and 3) provides staff resources to increase the number of direct service providers. A rural differential rate for some waiver services is available to encourage providers to offer services in the most rural settings.

ND Housing Resources and Safeguards

There are several laws and funding sources that assist communities with low-income housing challenges and help individuals achieve safe and appropriate housing.

- The Community Services Block Grant (CSBG) Program helps communities implement anti-poverty programs. The CSBG Program, through the state's seven Community Action Agencies (CAAs), provides emergency assistance, money management, and housing counseling, self-sufficiency services, case management, and outreach and referral services.²²³
- The Fair Housing Act prohibits discrimination in the sale, rental, and financing of dwelling based on race, color, national origin, religion.
- Title VI of the Civil Rights Act prohibits discrimination based on race, color, or national origin in programs and activities receiving federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits discrimination based on disability in programs, services, and activities provided or made available by public entities.²²⁴
- Section 504 of the Rehabilitation Act of 1973 is a federal law that prohibits discrimination based on disability in any program or activity that receives financial assistance from any federal agency, including HUD, as well as in programs conducted by federal agencies including HUD.²²⁵

HUD has a variety of housing assistance programs through the ND Housing Finance Agency. The programs fall into three categories:

- 1) Rehab programs. Examples are Helping HAND, Low Income Tax Credit, and Major Home Improvement programs.²²⁶
- 2) Financial resources. Examples are Construction Loan Guarantees, Exemption from Property Taxation, and the Housing Incentive Fund.²²⁷
- 3) Rental Assistance. Examples are the Moderate Rehabilitation Program, Opening Doors Landlord Mitigation Risk Fund, and Section 8 program.²²⁸

Money Follows the Person (MFP)

The MFP program helps individuals who are elderly or have physical or other disabilities and who live in nursing homes, the LSTC, or other institutions move to 1) their own home or apartment, 2) a family member's home, 3) an assisted living facility or 4) other community housing options. In ND, the MFP grant began in 2007 with a 5-year, 8.9 million dollar award from CMS.²²⁹ To qualify for this voluntary MFP program, an individual must be a Medicaid recipient, live in an institutional setting for 90-consecutive days or more, and want to return to community living. Participants must be directly responsible for their living expenses. Program

²²³ ND Department of Commerce. Retrieved from:

<https://www.communityservices.nd.gov/lowincomeprograms/CommunityServicesBlockGrantCSBG/>

²²⁴ ND Fair Housing Laws. Retrieved from: <https://www.bing.com/search?q=nd+fair+housing+laws&FORM=QSRE2>

²²⁵ HUD.gov. Disabilities. Retrieved from:

https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/sect504faq

²²⁶ North Dakota Housing Finance Agency. Retrieved from: <https://www.ndhfa.org/Rehab/Programs.html>

²²⁷ North Dakota Housing Finance Agency. Retrieved from: <https://www.ndhfa.org/Development/Programs.html>

²²⁸ North Dakota Housing Finance Agency. Retrieved from: <https://www.ndhfa.org/RentalAssistance/Programs.html>

²²⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/pubs/mfp/overview.html>

participants work with a transition coordinator from a center for independent living (CILS) to create a written transition plan, arrange for services and supports in the individual's home and ensure their needs are met. They are monitored for one year following their transition. The program provides up to \$3,000 in one-time moving costs, 24-hour backup nursing call services, rental assistance, and access to state and Medicaid-funded community-based services like personal care services, home modifications, assistive technology, transportation, and other services.²³⁰

MFP funding ended in December of 2018; however, congress passed the Medicaid Extenders Act, and transitions restarted in ND on April 1, 2019, using unspent grant dollars. MFP transitions continue at the time of this writing, and future congressional action determines what will happen after 2020.²³¹ ND intends to continue transitions with available funding as long as possible.²³² In order to find an ongoing funding source for the MFP program, ND DHS added the MFP Transition Costs (\$3,000) as a service in the Traditional IDD Waiver. Within the waiver, this service is called "Community Transitions." ND's cumulative 2007-2019 MFP grant total is \$31,340,262.²³³ Table 14 illustrates the annual transitions and within which eligibility group they occurred. Throughout this grant, there have been 156 transitions for people with IDD.

Table 14: ND MFP Transitions by year and Client Type, 2007 - 2020

Grant Year	Older Adult	Individuals with a physical disability	Individuals with an Intellectual disability	Children	TOTAL Year/All
2007	0	0	0	0	0
2008	1	1	3	0	5/5
2009	4	7	4	0	15/20
2010	4	6	16	0	26/46
2011	5	8	19	0	32/78
2012	13	21	11	1	46/124
2013	14	18	19	1	52/176
2014	17	27	14	2	60/236
2015	14	28	17	5	64/300
2016	15	28	17	4	64/364
2017	9	16	10	3	38/402
2018	13	23	15	2	53/455
2019	5	20	8	2	35
2020	0	2	3	0	5
Totals	114	205	156	20	495

Received from Jake Reuter, MFP Coordinator, DHS, Aging Services Division, March 25, 2020.

²³⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/news/2019/5-28-dhs-continues-helping-people-transition-from-institutional-care-to-community%20living.pdf>

²³¹ Email from MFP Coordinator March 25, 2020.

²³² ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/news/2019/5-28-dhs-continues-helping-people-transition-from-institutional-care-to-community%20living.pdf>

²³³ Medicaid.gov. Retrieved from: <https://www.medicaid.gov/sites/default/files/2020-01/mfp-grant-awards-12162019.pdf>

MFP Tribal Initiative

ND is one of five states granted the MFP Tribal Initiative (TI) funds in 2013 to build sustainable community-based long-term services and supports in Indian country. This initiative helps people with functional limitations or cognitive impairments with activities of daily living such as bathing, dressing, eating, or other basic activities. Eligibility is the same as the main MFP program. The MFP TI can also be used to develop the system infrastructure to implement supports for American Indians.²³⁴

MFP -Rental Gap Assistance Program

The MFP program also has a housing program to help people who are elderly or disabled access decent, safe, and affordable housing. There are four consumer housing resource specialists, located in Minot, Grand Forks, Fargo, and Bismarck that assist MFP recipients to find housing to assist in their transitions from institutions.²³⁵

Housing Assistance in the Traditional IDD Waiver

The traditional IDD waiver contains the following housing supports.²³⁶

1. **Environmental Modifications** - funds modifications to a home or vehicle that are necessary to ensure the health, welfare, and safety of the participant or/and enable the participant to function with greater independence in the home. Without this, the participant would require institutionalization. The amount of service for environmental modifications cannot exceed \$20,000 per participant for the duration of the 5-year waiver period.
2. **Equipment and Supplies** enable a participant to remain in their home, to prevent or delay placement in an institution. With an annual limit of \$4,000 per participant per waiver year, items such as devices, controls, or appliances, assistive technology, personal monitoring, or tracking systems are available.
3. **In-Home Supports** help prevent or delay unwanted out of home placement. The supports benefit the primary caregiver as they assist the participant in activities of daily living when these tasks require more than one person to accomplish.
4. **Homemaker Services** help complete environmental tasks that a participant is not able to complete, such as housework, meal preparation, laundry, shopping, communication, and managing money.

Other Housing Support and Assistance Options

1. Aging and Disability Resource Centers (ADRC) –ND's ADRC assists people to find long-term supports and services for older adults and people with disabilities, including home health care and assistive technology.²³⁷
2. The ND Assistive program assists people with a variety of assistive technology options such as equipment demonstration, short-term equipment trials, specialized phone equipment, device training and set-up, assessments, consultations, and evaluations. ND

²³⁴ Medicaid.Gov. Retrieved from: <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>

²³⁵ ND Center for Persons with Disabilities. Retrieved from: <http://www.ndcpd.org/mfp/about-us.html>

²³⁶ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/docs/traditional-idd-hcbs-waiver-2019.pdf>

²³⁷ ND Department of Human Services. Retrieved from: <https://carechoice.nd.assistguide.net>

Assistive has a variety of items available through their Home First Centers in Mandan and Fargo.²³⁸

- a. Assistive technology devices and services can help individuals with learning, cognition, and developmental disabilities improve their day-to-day interactions and increase their ability to live in the least restrictive environment possible.

Examples of assistive technology available are:

- Text-to-speech software for reading and writing
- Recorded textbooks
- Voice Recognition software for writing
- Recording devices for taking notes
- Mobile devices for tasks and scheduling
- Door alarms and motion detectors
- Locked medication dispensers
- Offset door hinges to widen doorways without construction
- Voice-activated home automation^{239 240}

²³⁸ ND Assistive Technology. Retrieved from: <https://ndassistive.org/blog/get-to-know-smart-home-technology-at-nd-assistive/>

²³⁹ ND Assistive Technology. Retrieved from: <https://ndassistive.org/services-for-individuals/daily-living-environmental-adaptations/>

²⁴⁰ ND Assistive Technology. Retrieved from: <https://ndassistive.org/services-for-individuals/learning-cognition-developmental/>

Informal and Formal Supports

Informal supports are the forms of help that people freely give to each other in daily life. Informal support ranges from providing a ride to an event, problem-solving, listening, or a reminder up to long-term, full-time support and services that are unpaid. Formal supports are the paid supports that assist individuals to live in the least restrictive setting possible.

According to the Coleman Institute and Department of Psychology, University of Colorado, in FY 2015, there were 11,893 persons with IDD living in ND, and 67 percent lived with a family caregiver. The majority of this support is provided informally. It is estimated that ND's IDD agencies financially support only 10 percent of caregiving families. Of these caregivers, 28 percent were age 60 and over. Figure 14 illustrates the significant role families play in supporting people with IDD in ND.²⁴¹

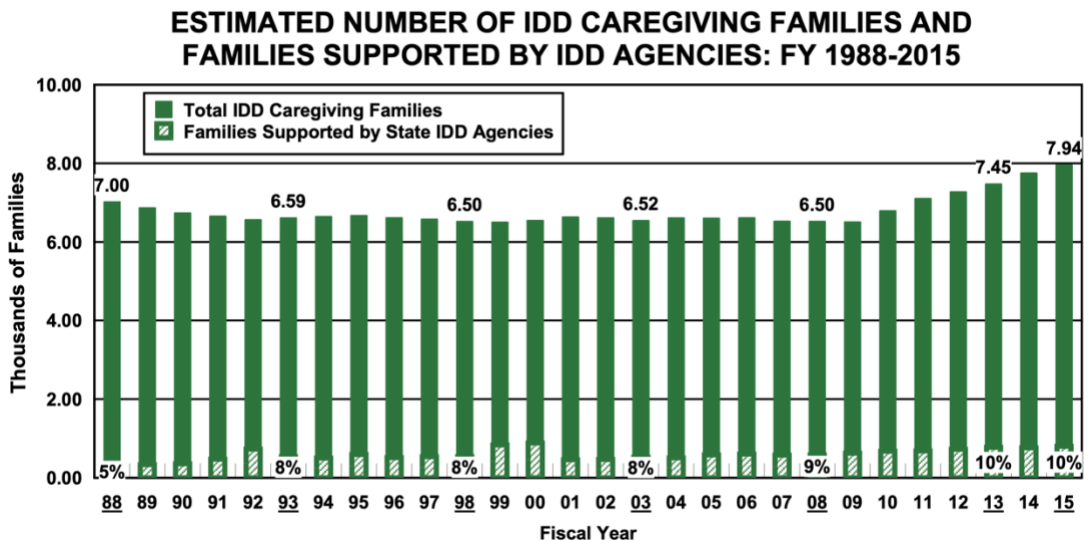


Figure 14: ND Caregiving Families. Source: Braddock et al. Coleman Institute and Department of Psychology, University of Colorado, 2017.

Guardianship

Guardianship is a legal process where a court determines if an individual is "incapacitated."²⁴² When a guardianship is appointed, a guardian makes decisions on behalf of the incapacitated person. Guardianship is designed to protect members of vulnerable populations while maintaining their rights whenever possible. A guardian makes decisions to ensure that medical, social, and emotional needs are met.²⁴³ Guardianship is a very serious decision, and considerations are needed to ensure that it is necessary for the individual's protection. It is difficult to find information on the rate of guardianships for individuals with IDD, but according

²⁴¹ Braddock et al. State of the State.org (2017) Retrieved from: <https://stateofthestates.org/wp-content/uploads/documents/NorthDakota.pdf>

²⁴² The ARC.org. Retrieved from: <https://thearc.org/wp-content/uploads/forchapters/Guardianship-White-Paper.pdf>

²⁴³ US Legal. Retrieved from: <https://guardianships.uslegal.com/guardian-compensation/>

to the 2017-2018 National Core Indicator Survey, of thirty-five states with a sample size of 25,671 people, 2 in 5, or 43 percent have a full or partial guardian.²⁴⁴

There have been several changes since 2016 to guardianship laws in ND. A statewide guardianship monitoring program became effective on January 1, 2018, and minimum training qualifications were established for guardians of adults. Professional guardians must maintain certification through the Center for Guardianship Certification.²⁴⁵ Since the statewide monitoring program began, 32 adult guardianship cases were referred by the district courts to the monitoring program. Primary reasons for referrals include the following: 1) a guardian not performing duties, 2) a guardian requesting to be discharged, and 3) problems with annual reports from the guardian to the court.

It is challenging to find a guardian if a family member is not available or willing to serve this function. Court petitioning costs, which can total up to \$2,500, can present a barrier. While there are state general funds available for guardianships, it does not meet the demand. The Guardianship Establishment program, through ND DHS, provides financial assistance to people who are petitioning for guardianship of an incapacitated adult.²⁴⁶ According to the 2019 legislative testimony by DHS, the program served 174 adults between 2015-2017. One hundred forty-one people were served between 2017-2019. For the entire state of ND, between 2015-2017, there were 730 guardianships, and as of December 12, 2018, there were 515 guardianships established since July 2017.²⁴⁷ The DHS-DD division has funds for a limited number of guardianships and guardianship petitions. This corporate guardianship program provided by Catholic Family Services provides a guardian when one is not found for a person with IDD.²⁴⁸ According to the DHS DD Division, their 19-21 biennium's contract with Catholic Charities is for 489 wards, which is an increase of 20 from the previous biennium. As of December 2019, there is a wait list of 119. Of this waitlist number, not all will need a guardian when one is available, and some are on the list in anticipation of a future need for guardianship.²⁴⁹

In 2011, an ND Legislative study on guardianship was completed. Winsor C. Schmidt provided a 2012 report to the ND Legislative management and indicated that at that time, the unmet need for full public guardian services in ND was 149 individuals.²⁵⁰

There are times when a family feels pressure to establish guardianship for their child with disabilities as they approach the age of 18. This pressure can be direct or indirect. Some professionals may feel it is essential to assist the young person with important life decisions,

²⁴⁴ National Core Indicators.org. Retrieved from: https://www.nationalcoreindicators.org/upload/core-indicators/NCI_AtAGlanceReport_1718_Final_May2019.pdf

²⁴⁵ ND Courts. Retrieved from: <https://www.ndcourts.gov/Media/Default/Court%20Administration/Annual-Report/2018annualreport.pdf>

²⁴⁶ ND Courts. Retrieved from: <https://www.ndcourts.gov/legal-self-help/adult-guardianship>

²⁴⁷ ND Department of Human Services. (2019) Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019/house-appropriation/sb2012-overview-aging-2019-3-7.pdf>

²⁴⁸ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/dd-overview.html>

²⁴⁹ Email received from Department of Human Services Developmental Disabilities Division, Tina Bay, Director. April 23, 2020.

²⁵⁰ ND UND Law. Retrieved from: This Article is based on a Final Report submitted to the Human Services Committee, North Dakota Legislature: Winsor Schmidt, Study of Guardianship Services for Vulnerable Adults in North Dakota (May 30, 2012). https://law.und.edu/_files/docs/ndlr/pdf/issues/89/1/89ndlr77.pdf

such as medical and housing issues, and directly discuss petitioning for guardianship with the young adult's parents. In less direct situations, professionals may refuse to act on decisions made by people with disabilities.²⁵¹ A viable option to guardianship is the "Supported Decision-Making" process. This model's goal is to avoid unnecessary guardianships. The model uses "supporters" who assist the person with disabilities in understanding options, responsibilities, and potential consequences of their decisions. The supporter helps them obtain and interpret information relevant to their choices and to communicate their preferences to the appropriate people. Information on this model indicates that the majority of people with IDD/DD can manage their affairs with informal assistance and guidance from trusted family members and friends. In ND, the supported decision-making model gained support in the 2019 legislative session with the passage of House Bill 1378. This bill approves a Supported Decision-Making process in ND.²⁵² The bill details the process for making well-informed, voluntary decisions by methods less restrictive than guardianship. According to the Protection and Advocacy Project in ND (P&A), a supported decision-making agreement between the individual and the supporter is signed, dated, and requires witnesses or a notary public. The agreement defines what type of assistance the individual is requesting and what the supporter has permission to do. Educational materials and information sessions are being developed.²⁵³

Aging Services

DHS- Aging Services Division administers home and community-based services that allow older adults and individuals with physical disabilities to remain in their own homes and communities. The goal of the programs is to protect the health, safety, welfare, and rights of residents of long-term care settings and vulnerable adults in the community.²⁵⁴ The Aging and Disability Resource LINK (ADRL) provides information and assistance through the Care Choice website and the toll-free telephone line. In 2017, the website received 6,860 hits, and 2,790 individuals received support over the phone. Eighty-five people received options counseling, which helps guide individuals and their family members through choices in care services and supports.²⁵⁵

According to the DHS-Aging Services 2019 Legislative testimony, the top five information requests on the ADRL are: ²⁵⁶

1. In-home assistance
2. Medicaid Information
3. Adult protective services
4. Ombudsman referral
5. Options counseling

In 1989, the vulnerable adult protection services (VAPS) law was passed and authorized by the DHS to develop, administer, and implement a program of protective services for vulnerable adults. A vulnerable adult is any person older than age 18 that has a substantial mental or

²⁵¹ Special Needs Alliance. Retrieved from: <https://www.specialneedsalliance.org/blog/how-you-can-promote-supported-decision-making-for-people-with-intellectual-and-developmental-disabilities/>

²⁵² ND Legislative Management. Retrieved from: <https://www.legis.nd.gov/assembly/66-2019/documents/19-0884-04000.pdf>

²⁵³ ND Protection and Advocacy Project. Retrieved from: <http://www.ndpanda.org/decide/supportedDecisionMaking.html>

²⁵⁴ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019/house-approp-hr/sb2012-overview-aging-2019-3-7.pdf>

²⁵⁵ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/news/2012/5-22-options-counseling.pdf>

²⁵⁶ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019/house-approp-hr/sb2012-overview-aging-2019-3-7.pdf>

functional impairment. In 2013, the mandated reporting law passed, which "requires any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect may report the information to the department or an appropriate law enforcement agency."²⁵⁷ In 2018, the VAPS program received 2,276 reports with 1,405 allegations, and 1,305 were investigated. Seven hundred seventy-nine of those investigated were substantiated (55%). Self-neglect was the most common allegation. The 2018 substantiated number is a 58 percent increase since the mandatory reporting law passed.

The State Long Term Care Ombudsman Program, required by the Older Americans Act, investigates and resolves complaints by residents of nursing facilities, board and care facilities, and other adult care homes.²⁵⁸ In ND, there are 5,953 nursing facility beds, 2,040 basic care beds, 3,143 assisted living beds, 255 facilities in 70 communities.²⁵⁹

Child Welfare

ND began a social service system redesign with the passage of Senate Bill 2206 (2017) and continues with the passage of Senate Bill 2124 (2019). The ND DHS, the ND Association of Counties, and local social services leaders are working together to redesign social services to serve citizens better and deliver services more efficiently.²⁶⁰ On January 1, 2020, the administration of human services at the local county level shifted from 50 or more individual and multi-county social service offices, each with their director, to 19 Human Service Zones led by 19 interim directors.²⁶¹

Existing literature suggests that youth with disabilities at an increased risk of abuse or neglect.²⁶² Nationally, youth with disabilities constituted 31.8% of the entire foster care population.²⁶³ An important note is that while reunification with family is the ideal goal for most youth in foster care, youth with disabilities are 37% less likely to be placed with a family in a trial home visit. While kinship (blood relationship) foster care is often regarded as the best alternative home, youth with disabilities are 40% less likely to live in this type of setting.²⁶⁵ Nationally, parents with IDD are over-represented in the child protective services system.²⁶⁶ In ND, in FFY 2017, 42 percent of children removed from their homes was due to parental substance abuse, and 22

²⁵⁷ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/adultsaging/vulnerable.html>

²⁵⁸ Find Law. Retrieved from: <https://elder.findlaw.com/elder-care-law/what-is-the-long-term-care-ombudsman-program.html>

²⁵⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019/house-approp-hr/sb2012-overview-aging-2019-3-7.pdf>

²⁶⁰ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/redesign-sb2124/index.html>

²⁶¹ ND Department of Human Services. Retrieved from: <http://www.nd.gov/dhs/info/redesign-sb2124/2020-01-update-fact-sheet.pdf>

²⁶² Slayter, Elspeth. (2016). Youth with Disabilities in the United States Child Welfare System. Children and Youth Services Review. 64. Retrieved from:

https://www.researchgate.net/publication/298215479_Youth_with_Disabilities_in_the_United_States_Child_Welfare_System

²⁶⁴ Administration for Children and Families-Childrens Bureau. Retrieved from: <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems>

²⁶⁵ Slayter, Elspeth. (2016). Youth with Disabilities in the United States Child Welfare System. Children and Youth Services Review. 64. Retrieved from:

https://www.researchgate.net/publication/298215479_Youth_with_Disabilities_in_the_United_States_Child_Welfare_System

²⁶⁶ Journal of Mental Health Research in Intellectual Disabilities. (2012). Apr 1; 5(2): 94–129.

Published online 2012 Apr 10. doi: [10.1080/19315864.2011.615460](https://doi.org/10.1080/19315864.2011.615460)

percent were removed due to neglect.²⁶⁷ For the same fiscal year, there were 15,646 reports suspecting abuse or neglect with 2064 victims of abuse or neglect. Neglect or Abuse reports have increased by 64 percent since 2010. Child victims have increased by 82 percent since 2010; 919 of the victims were under the age of 5. Due to a significant effort to reunify children with their parents, blood relatives, or foster homes, congregate care placements in child welfare have decreased by 39 percent since 2012. In ND, there were 327 children in congregate care in 2012, whereas, in FFY 2018, there were 201.

Independent Living

Independent living means that a person lives in his or her apartment or house and needs limited or no help from outside agencies.²⁶⁸ The purpose of Independent Living (IL) services is to eliminate barriers and provide assistance to individuals with disabilities so they can live and work more independently in their homes and communities. ND has four Centers for Independent Living (CIL's) that provide IL services to individuals with disabilities of all ages.

All of CIL's offer the following core services:

- independent living skills training
- peer support
- individual and systems advocacy
- information and referral
- youth and institutional transition

CIL's also provide additional services as determined by consumer identified needs in their service area. The services may include;

- personal assistance services,
- housing assistance,
- transportation assistance,
- social and recreational activities,
- community awareness and education, and
- technical support to businesses and local governments.²⁶⁹

Day Supports

Day supports is a service provided through the traditional IDD waiver. A day program assists individuals in acquiring, retaining, and improving skills necessary to reside in a community setting successfully. "Services may include assistance with self-help, socialization, and adaptive skills; provision of social, recreational, and therapeutic activities to maintain physical, recreational, personal care, and community integration skills; and development of prevocational skills such as compliance, attendance, task completion, problem-solving, and safety; and supervision for health and safety."²⁷⁰

²⁶⁷ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/info/testimony/2019/house-approp-hr/sb2012-overview-cfs-2019-3-5.pdf>

²⁶⁸ Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/ncbddd/disabilityandhealth/people.html>

²⁶⁹ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/dvr/individual/independent.html>

²⁷⁰ ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/services/disabilities/dd-overview.html>

Peer Support

Peer Support, as it relates to individuals with IDD, empowers those who live in institutions to understand, learn, and lead. The goal is to increase understanding of rights, learn about community opportunities, and actively participate in their planning process.²⁷¹ The Bridge-Pathways to Employment Workshop is available for agencies through the DHS-DVR website that assists individuals with IDD/DD to attain employment.²⁷² However, no specific ND IDD peer support effort was found.

Family Support

The following agencies provide support to families of individuals with disabilities.

1. **Family Voice of North Dakota** has been assisting families since 1997. They have several programs designed to support families.²⁷³
 - a. The **Health Information and Education Center** program assists families in navigating public and private systems to access services and resources for their children. They work to promote family-centered care and medical homes for children with special health care needs.²⁷⁴
 - b. **ND Parent to Parent** is a statewide network of parents supporting families of children with developmental delays, disabilities, and special health needs.²⁷⁵
2. **Federation of Families**

The ND Federation of Families for children's mental health is a parent-run advocacy organization focused on the needs of children and youth with emotional, behavioral, and mental disorders and their families.²⁷⁶ The Youth Move Beyond organization, which is a youth-based organization that advocates for youth rights and voice in mental health and other systems that serve youth, was formed by the Federation of Families to increase youth involvement.²⁷⁷
3. **Pathfinders** is a statewide non-profit organization founded in November 1987, by a small group of parents with a strong desire to help other families understand the special education laws and systems. They offer resources to parents & families, youth and young adults, professionals, and the community focusing on individuals ages birth through 26 with learning differences or challenges.²⁷⁸
4. The **North Dakota Association for the Disabled** (NDAD) was founded more than 40 years ago by concerned citizens to assist people with disabilities and health challenges in the state of North Dakota, many of whom were ineligible for services from other agencies.²⁷⁹ They offer financial assistance, equipment for loan, and information, referral, and advocacy.²⁸⁰

²⁷¹ Peer support specialist network. Retrieved from: <https://www.projectamistad.org/pssn>

²⁷² ND Department of Human Services. Retrieved from: <https://www.nd.gov/dhs/dvr/individual/student.html>

²⁷³ Family Voices of North Dakota. Retrieved from: <http://fvnd.org/site/index.php/about-us/our-mission/>

²⁷⁴ Family Voices of North Dakota. Retrieved from: <http://fvnd.org/site/index.php/education/health-information-center/>

²⁷⁵ Family Voices of North Dakota. Retrieved from: <http://fvnd.org/site/index.php/nd-parent-to-parent/>

²⁷⁶ ND Federation of Families for Children's Mental Health. Retrieved from: http://www.ndffcmh.org/about_us

²⁷⁷ ND Federation of Families for Children's Mental Health. Retrieved from: http://www.ndffcmh.org/youth_move_beyond

²⁷⁸ Pathfinder Services of North Dakota. Retrieved from: http://pathfinder-nd.org/index.php?option=com_k2&view=item&layout=item&id=70&Itemid=141

²⁷⁹ ND Association for the Disabled. Retrieved from: <https://ndad.org>

²⁸⁰ ND Association for the Disabled. Retrieved from: <https://ndad.org/services/>

5. The **ND Center for Person with Disabilities** (NDCPD) provides community services in the form of training, research, preservice, and information dissemination.²⁸¹ Their 2017-2022 plan goals focus on improving employment, healthy aging, education, and the overall health of people with IDD.²⁸²
6. **The ARC's** mission is to fight for the civil rights and inclusion of people with IDD and their families. The ARC has played a lead role in significant victories in civil rights, community living, education, income security, and other vital issues. There are six chapters in ND. ²⁸³

²⁸¹ ND Center for Persons with Disabilities. Retrieved from: <http://ndcpd.org/core.html>

²⁸² ND Center for Persons with Disabilities. Retrieved from: <http://ndcpd.org/index.html>

²⁸³ The ARC. Retrieved from: <https://thearc.org/chapter/the-arc-of-north-dakota-inc/>

Recreation

Recreation and socialization add meaning and richness to everyone's life. For individuals with physical and developmental disabilities, it is especially important to find safe, comfortable, and fun activities in the community.²⁸⁴ Unfortunately, there is a higher prevalence of sedentary behavior among adults with IDD compared to the general population.²⁸⁵ ND is fortunate to have a variety of recreation options for people with disabilities. There are opportunities available to people statewide and city-specific. The information was retrieved via the internet and may not be a complete listing of recreation opportunities across the state.

Recreation Opportunities Available to Individuals statewide:

- 1) **Camp ReCreation** is a Christian summer camp for people with IDD. The Camp aims to pair young adult counselors with campers who have special needs on a one-to-one basis. As they participate in each day's activities, the pairing builds bridges of understanding and friendship. Camp ReCreation promotes respect, community involvement, and volunteerism. The camp takes place at the Richardton-Taylor High School. Camp activities include, but are not limited to, crafts, music, games, and faith formation, as well as special events such as bowling, swimming, a dance, carnival, picnics, and live entertainment.²⁸⁶
- 2) **ND Assistive** provides has items that may help individuals with IDD participate in recreation, sports, and leisure. Assistive technology devices and services that can help with this may include:
 - Large print playing cards and playing cardholders
 - Adaptive video game consoles
 - Voice-activated home automation for entertainment
 - Referrals to other organizations in the state that specialize in adaptive activities for recreation²⁸⁷
- 3) **Tewaukon National Wildlife Refuge**-The 8,363-acre Tewaukon refuge established in 1945 is located in southeast ND. People can enjoy fishing, hunting for deer and pheasants, and bird watching on the Refuge. The refuge has accessible bathrooms, boat docks, fishing locations, and a nature center. ²⁸⁸
- 4) The **National Center on Health, Physical Activity, and Disability website** lists several youth programs available for people with disabilities and health conditions in ND. NCHPAD's overall mission is to help people with disabilities find accessible programs.²⁸⁹
- 5) **Escape to the Lake** is NDAD's annual adaptive water recreation event, which provides adults and children with physical disabilities the opportunity to water-ski, or take a pontoon

²⁸⁴ Senior Link. Retrieved from: <https://www.seniorlink.com/blog/the-importance-of-recreation-for-individuals-with-disabilities>

²⁸⁵ American Association of Health and Disability. Retrieved from: <https://www.aahd.us/abstract/a-review-of-social-and-environmental-barriers-to-physical-activity-for-adults-with-intellectual-disabilities/>

²⁸⁶ Camp Recreation. Retrieved from: <https://www.camprecreationnd.com/>

²⁸⁷ ND Assistive. Retrieved from: <https://ndassistive.org/services-for-individuals/recreation-sports-leisure/>

²⁸⁸ National Center on Health, Physical Activity and Disability. Retrieved from: <https://www.nchpad.org/Directories/Parks/1069/Tewaukon~National~Wildlife~Refuge>

²⁸⁹ National Center on Health, Physical Activity and Disability. Retrieved from: <https://www.nchpad.org/Directories/Youth/USA/North~Dakota>

ride.²⁹⁰ NDAD also sponsors qualifying individuals with access to other adaptive recreation activities such as swimming lessons, sled hockey, bowling, and more.

- 6) **Annie's House** at the Bottineau Winter Park, managed by the Anne Carlsen Center, accommodates skiers with physical and cognitive disabilities. The park is evolving into an all-season recreation, education, and arts program.²⁹¹ This state-of-the-art facility and the surrounding area provide an array of life-changing opportunities for individuals and veterans with disabilities.²⁹² There is no charge for these activities
- 7) The **Art at Anne's** program offers classes statewide to allow creative expression and personal development for all students. Types of classes offered include visual art, sculpture/clay art, music, creative movement, drumming, theatre, writing, photography, and multi-media. The art classes and experiences are designed for all ages.²⁹³
- 8) **Can Shine** is a national charitable non-profit organization. Anne Carlsen has partnered with Can Shine to create a 5-day program to assist riders with disabilities to learn how to bike. Approximately 80 percent of the people who participate can ride a two-wheel bicycle independently (at least 75 feet with no assistance) by the end of the program.²⁹⁴
- 9) **Techno Camps** provide students of all abilities the opportunity to access new technologies and apply them in the real world. The focus of the camp is to assist individuals further develop skills with technology adaptations. The Techno Camps are held at the Elks Camp Grassick. Attendance at camp is limited, and participants must be age 13 – 21 and have a disability.²⁹⁵

City Specific Recreational Opportunities

- 1) Fargo
 - Fargo parks have both adult and child adaptive programs, and their website also lists ADA fishing sites. ²⁹⁶ Examples of youth programs in Fargo include Adaptive Tae Kwon Do, Coed Softball League, camps, wheelchair sports.²⁹⁷
- 2) Grand Forks
 - The SMILE program is an adaptive recreational program for adolescents. This program assists in developing appropriate and healthy leisure and social skills. Participating in this program is by recommendation only. Program size is limited to thirty (30) participants.²⁹⁸
- 3) West Fargo
 - The Camp-A-Day Adaptive Recreation Program is for youth with developmental disabilities. Campers are provided with recreational activities, including crafts and field trips. All participants must have a current IEP. This camp occurs in June.²⁹⁹

²⁹⁰ North Dakota Association for the Disabled. Retrieved from:

<https://ndad.org/services/RecreationalActivities/EscapetotheLake/>

²⁹¹ Anne Carlsen Center. Retrieved from: <https://annecarlsen.org/about/>

²⁹² Anne Carlsen Center. Retrieved from: <https://annecarlsen.org/recreation-and-leisure/annies-house/>

²⁹³ Anne Carlsen Center. Retrieved from: <https://annecarlsen.org/events/art-at-annes/>

²⁹⁴ Anne Carlsen Center. Retrieved from: <https://annecarlsen.org/events/ican-bike/>

²⁹⁵ Anne Carlsen Center. Retrieved from: <https://annecarlsen.org/events/technocamp/>

²⁹⁶ Fargo Parks and Recreation. Retrieved from: <https://www.fargoparks.com/>

²⁹⁷ National Center on Health, Physical Activity and Disability. Retrieved from:

<https://www.nchpad.org/Directories/Youth/USA/North~Dakota/Fargo>

²⁹⁸ National Center on Health, Physical Activity and Disability. Retrieved from:

<https://www.nchpad.org/Directories/Youth/173/SMILE~~Special~Needs>

²⁹⁹ West Fargo Parks and Recreation. Retrieved from: <https://www.wfparks.org/activities/youth-activities/camps/>

4) Bismarck

- Meet it or Beat It Bowling is a program that is offered to individuals of all ages and abilities. This short program is designed for the individual bowler to meet or beat his/her previous week's scores. Emphasis is on participation.³⁰⁰
- The Triple Star Day Camp is offered to individuals ages ten and up with varying abilities. Emphasis is given to age-appropriate activities, as well as opportunities to participate in community activities and to swim.

5) Mandan

- Dreams in Motion provides competitive and recreational adaptive sports programs critical to the health and well-being of youth and adults with mobility challenges or visual impairments.³⁰¹
- Universal Play Ground-The playground was designed considering people's physical, sensory, social, communication, and cognitive abilities. The universal playground has a rubberized poured-in-place surface. This surface allows people to use their senses to know 'safe zones' when referring to where playground equipment is located. The surface also allows people with wheelchairs to easily access the playground and provides a soft surface if anyone was to fall.³⁰²

6) Williston

- Williston parks hold a swim party for families and children who need a low stimulation environment who may have disabilities, anxiety, or need extra assistance³⁰³

³⁰⁰ Bismarck Parks and Recreation. Retrieved from: <https://www.bisparks.org/programs/adult-programs/adaptive-recreation/>

³⁰¹ Dreams in Motion. Retrieved from: <https://www.dreamsinmotioninc.com/>

³⁰² Mandan Parks and Recreation. Retrieved from: <https://mandanparks.com/parks-shelters/shelter-rentals/universal-playground/>

³⁰³ Williston Parks and Recreation. Retrieved from: <https://www.willistonparks.com/special-needs-events>

Report Observations

Table 15 summarizes the positive items and challenges identified while drafting this report. The table provides the Council with a potential framework for future initiatives.

Table 15: Positive Findings and Challenges Identified in the Comprehensive Review and Analysis Report

Positive Findings	Challenges
Autism Waiver has an increased age limit	There are 4,509 people with disabilities in ND who are uninsured.
CHIP coverage matches Medicaid	Immunization targets for young children are not met.
ND HCBS waiver spending per capita outpaces the US average. \$281 versus \$124	Medicaid Child and CHIP participation rate is below the US average. (93.7% versus 83.2%)
No wait list for the IDD waiver	Regional disparities in behavioral health access (70/1000 people served versus 28/1000 people)
Additional mandatory reportable conditions implemented	Lack of affordable housing in ND
CARES team provides behavioral health services to those with IDD.	Low number of MFP transition for people with IDD (156 between 2007-2012)
There is an increased use of telehealth.	33% of people with a cognitive disability live in poverty in ND
ND leads in the # of people with IDD that are employed	48% of ND people with a cognitive disability are not in the labor force
New AEPS tool used in Infant Development to gain better data.	35% of ADA ND charges are due to lack of accommodation
Supported Decision-Making option in place.	Special Ed outcomes for students with IEPs and time spent in a regular classroom
Number of people is limited to 8 in the group employment service in the IDD Waiver	Graduation rate of students with IEPs (66.2-68.48% ND 4-year rate)
A full-time infant development coordinator was hired in 2018	Poor educational outcomes for students with IDD
	Child care options during non-traditional work hours
	Childcare capacity (only 36% of potential demand met)
	Guardian Shortage (119 waitlist for Corporate Guardianships)
	Poor dental health of ND kindergartners and NA children

Recommendations

The following recommendations are offered as a roadmap for system improvement and present a range of possible options for consideration.

1. FASD is 100% preventable. Consider contact with the UND FASD Center to determine opportunities to decrease new cases. (estimated to be 110-550 yearly in ND)
2. The missed immunization targets far exceed what would be expected given the rate of 3.14% of parents of kindergartners claiming an exemption. Consider contact with DOH to gain more information on barriers for children not receiving their immunizations.
3. Encourage an increase in the use of telehealth for people with IDD.
4. Make contact with MFP administrator to gain information on barriers for people with IDD using the MFP transition funds.
5. Advocate for more culturally appropriate services overall.
6. Monitor Infant Development data as a new data tool has been implemented.
7. Gain information on whether the HFA's rental support programs are being utilized fully.
8. Maximize the use of the Supported Decision-Making option.
9. Collaborate with DPI to gain information on barriers for students with IEPs and specifically students with an IDD to identify methods to address the poor outcomes.

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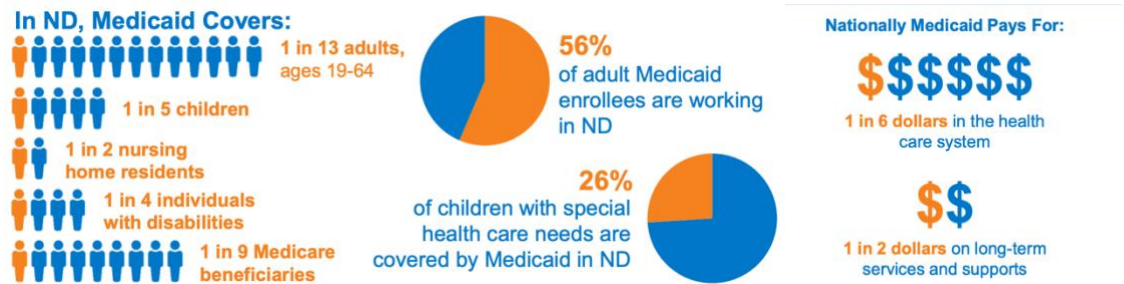


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Appendix A

ND Traditional Medicaid State Plan Covered Services

The services listed below are a general listing; some covered services have limitations or restrictions.

Hospital

Inpatient: Covers room and board, regular nursing services, supplies and equipment, operating and delivery room, X-rays, lab, and therapy.

Outpatient: Covers emergency room services and supplies, lab, X-ray, therapies, drugs and biologicals, and outpatient surgery.

Nursing Facility

Covers room and board, nursing care, therapies, general medical supplies, wheelchairs, and durable medical equipment.

Clinics, Rural Health Clinics

Covers outpatient medical services and supplies furnished under the direction of a doctor.

Hospice

Provides health care and support services to terminally ill individuals and their families.

Physicians

Covers medical and surgical services performed by a doctor; supplies and drugs given at the doctor's office; and X-rays and laboratory tests needed for diagnosis and treatment.

Prescription Drugs

Covers a wide range of, but not all, prescription drugs, insulin, family planning prescriptions, supplies, and devices. Requires a prescription from a doctor.

Chiropractor

Covers X-rays and manual manipulation of the spine for certain diagnoses.

Health Tracks (EPDST)

Covers screening and diagnostic services to determine physical and mental status, and treatment to correct or eliminate defects or chronic conditions and help prevent health problems from occurring for children under 21. It also covers medically necessary orthodontia and vaccinations.

Home Health

Covers nursing care, therapy, and medical supplies when provided in a recipient's home. A physician must order care.

Durable Medical Equipment and Supplies

Covers medical supplies such as oxygen and catheters and reusable equipment that is primarily medical in nature. Items must be medically necessary and do not include exercise equipment, personal comfort, or environmental control equipment.

Dental

Covers exams, X-rays, cleaning, fillings, surgery, extractions, crowns, root canals, dentures (partial and full), and anesthesia.

Family Planning

Covers diagnosis and treatment, drugs, supplies, devices, procedures, and counseling for persons of childbearing age.

Sterilization

Covers sterilization procedures if: (1) The recipient is at least 21 years old; (2) The recipient is legally competent; (3) The recipient signs an informed consent form; and (4) At least 30 days but not more than 180 days have passed between the signing of the consent form and the sterilization.

Podiatry

Covers office visits, supplies, X-rays, and surgery procedures.

Mental Health

Covers psychiatric and psychological evaluations, inpatient services in a psychiatric unit of a hospital, individual-group-family psychotherapy, partial hospitalization services, and inpatient psychiatric and residential treatment centers services for individuals under 21 for the care and treatment of mental illness or disorders.

Ambulance

Covers ground and air ambulance trips, attendant, oxygen, and mileage when medically necessary to transport a recipient to the closest health care facility meeting his needs. House Bill 1282 permits ambulance personnel to refuse transport to an individual where medical necessity cannot be demonstrated and recommend an alternative course of action for the individual. If the ambulance was not medically necessary, Medicaid will not pay for the service.

Transportation

Covers non-emergency transportation services to and from the recipient's home to the closest medical provider capable of providing a medically necessary examination or treatment.

Vision

Covers exam, glasses, frames, and some hard contact lenses for the correction of certain conditions. Replacement eyeglasses may only be provided after a minimum of 12 months for children under 21 or 24 months for adults if a lens change is medically necessary. An exception to the replacement limitation may be made if new eyeglasses are required for a significant change in correction and the eyeglasses are prior approved. Lost or broken glasses for individuals over 21 will not be replaced within the first two years.

Therapies

Covers physical and occupational therapy and speech and language pathology.

Out-of-State Services

Medically necessary covered services may be provided outside of North Dakota if the services are not available within North Dakota and have been prior approved by the department or if the services are provided in an emergency.

Source: ND DHS Medical Services Division