



HB1012 Overview to House Appropriations

House Appropriations | Human Resources Division
Representative Nelson, Chairman

January 23, 2025, Nancy Nikolas Maier | Director, Adult and Aging Services Section



Health & Human Services



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

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

ND Century Code Chapters

Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons



Providing programs that help adults access services closer to home



Administer Older Americans Act Services

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



Support Caregivers

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



Protect Vulnerable Adults

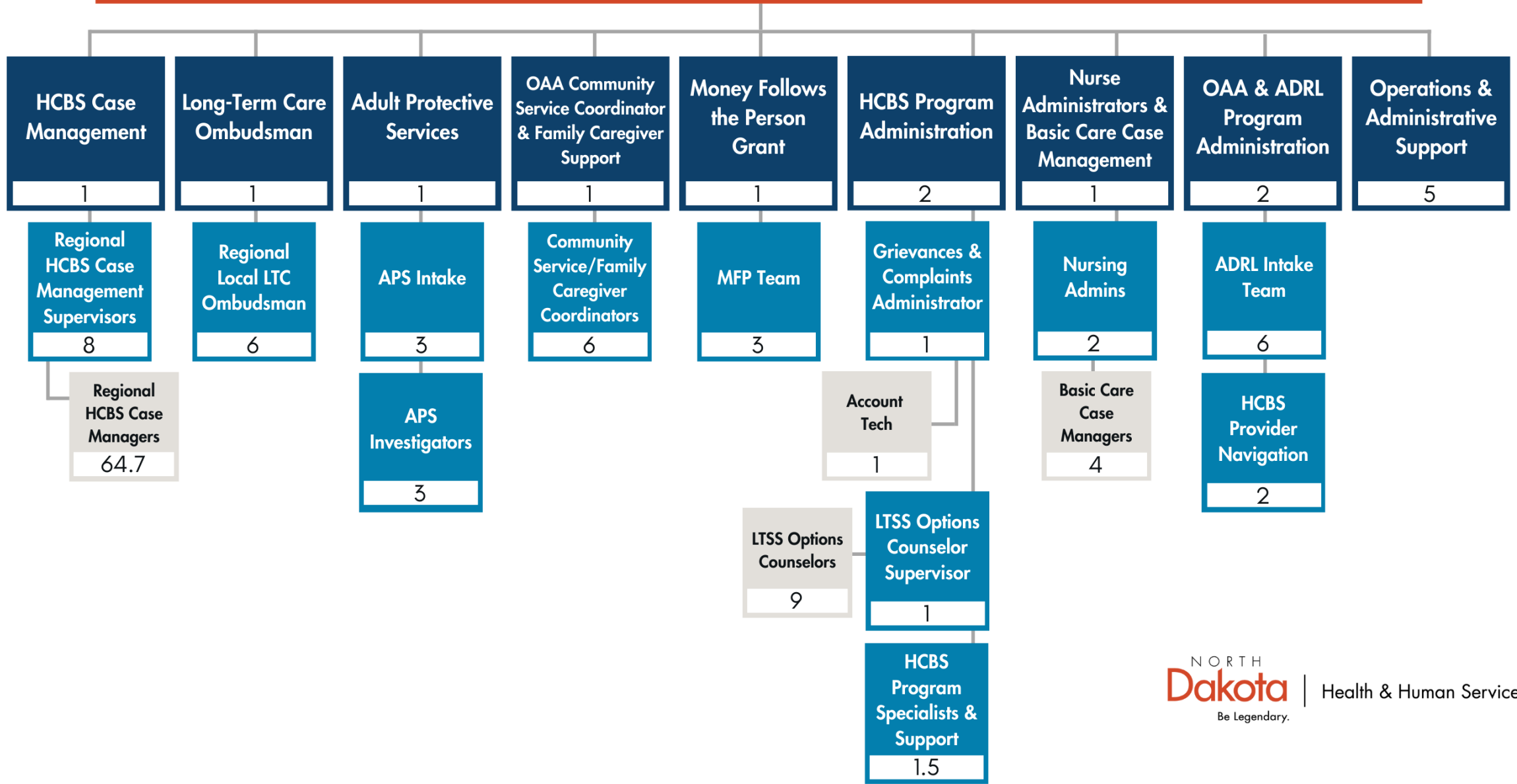
- Long-term Care Ombudsman
- Adult Protective Services
- Guardianship Establishment Fund



Support in-home and community –based living

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

Adult & Aging Services Director *Nancy Maier*



Adult & Aging Services:

Team Structure and Function

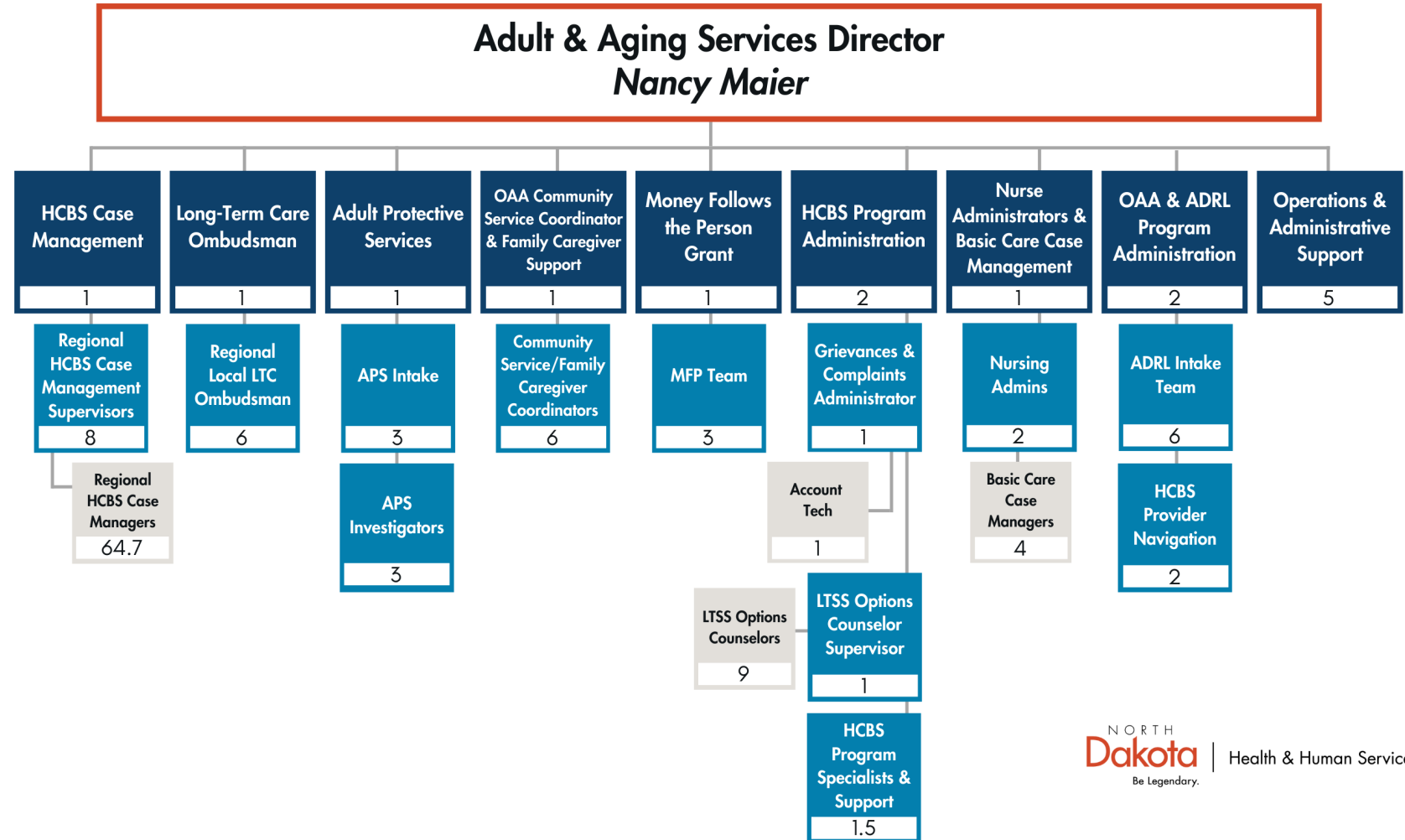
Adult & Aging Services Section

Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
144.65**	142.9	1.75*	4*

*As of 12/01/2024

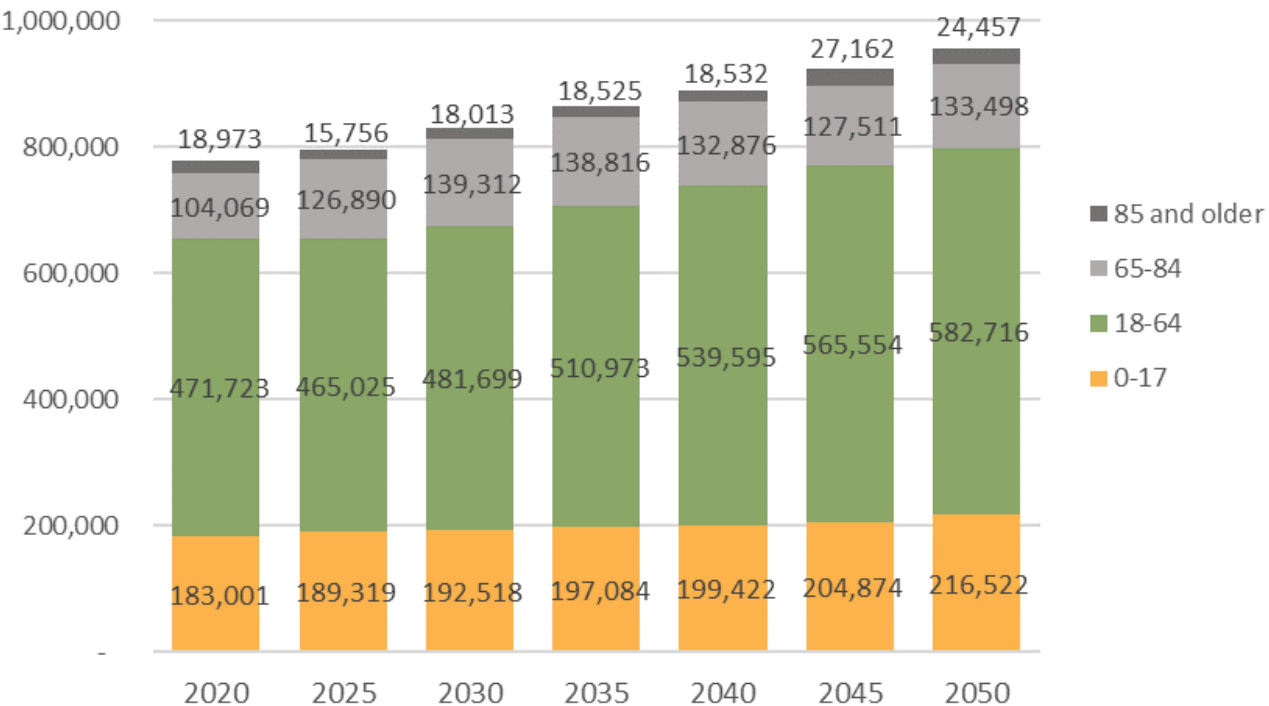
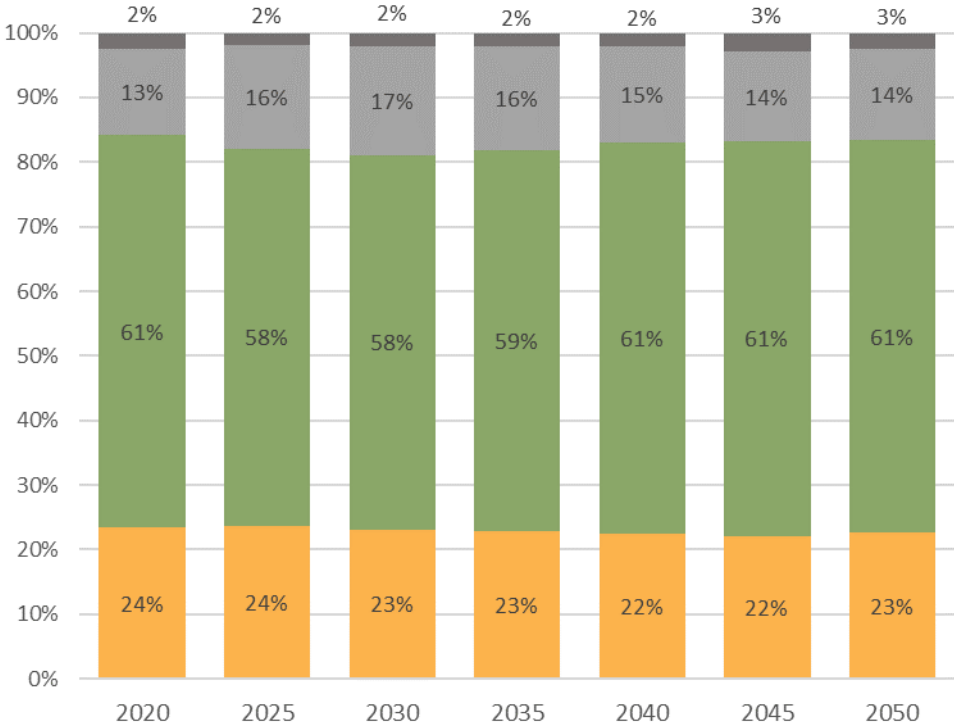
** 74 FTE in HSZ budget

Average Age	46
Avg Years of Service	6
Retirement Risk	2%
Turnover 2021	7%
Turnover 2022	4%
Turnover 2023	7%
Turnover 2024	6%



North Dakota demographic trends will contribute to the state's workforce challenges

North Dakota Population Projections 2020-2050 | ND Department of Commerce State Data Center



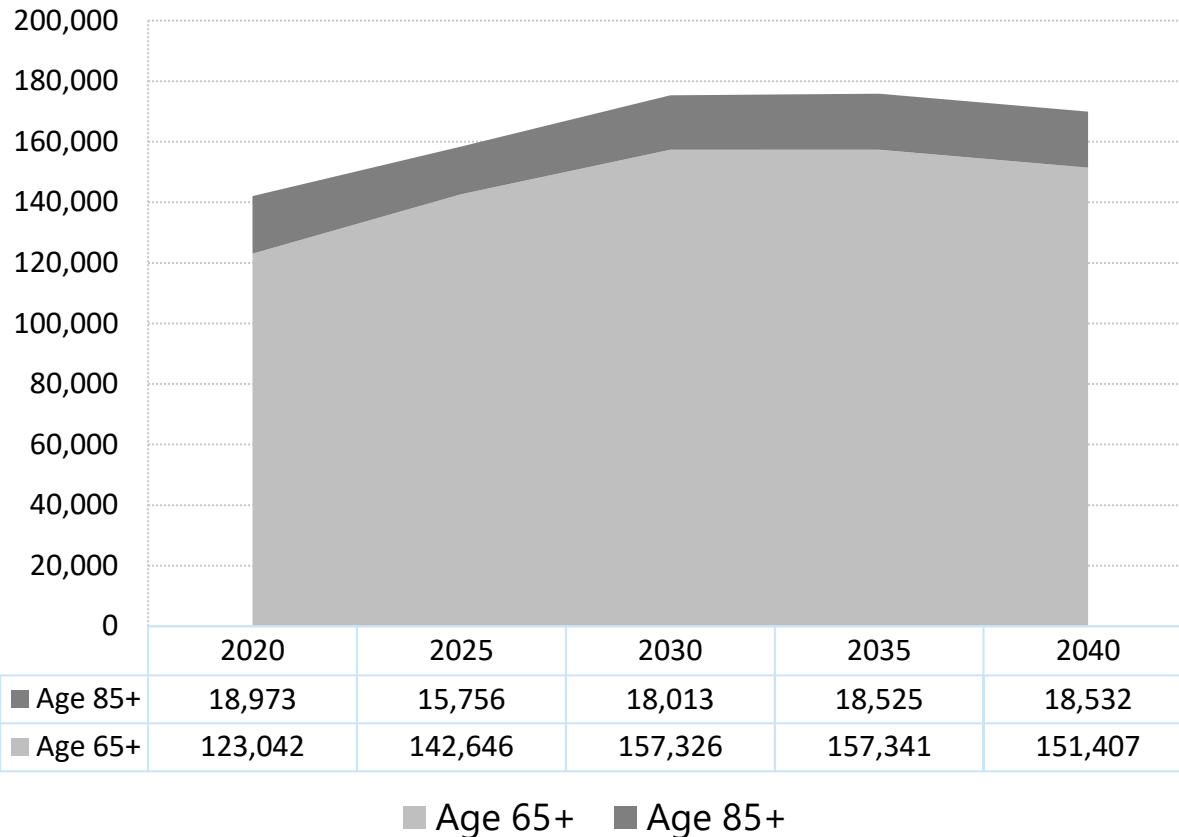
Source: ND 2024 Population Projection | State Data Center



The age shifts from 2020-2030 translate to **24-26,000 fewer people** in the peak "workforce ages" of **18-64**

Who we serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



Source: 2024 ND State Data Center Population Projections

- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
 - People age 65+ represent 18-19% of ND population
 - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

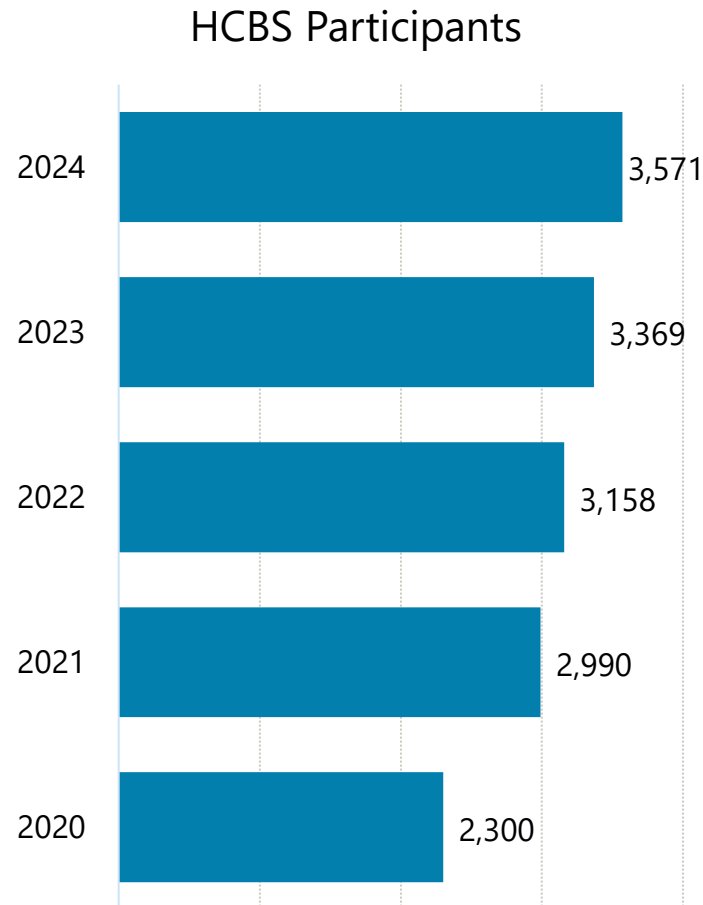


7 in 10

Americans 65+ will need LTC services for an average of 5 years

More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase**.
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services**.
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



 **54% increase since 2020**

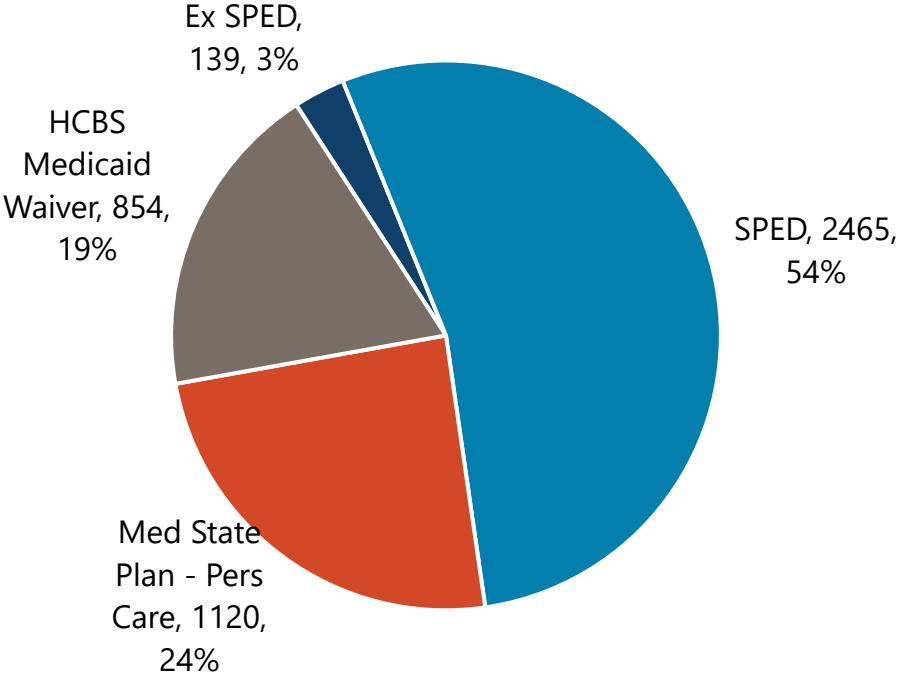
What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community-based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

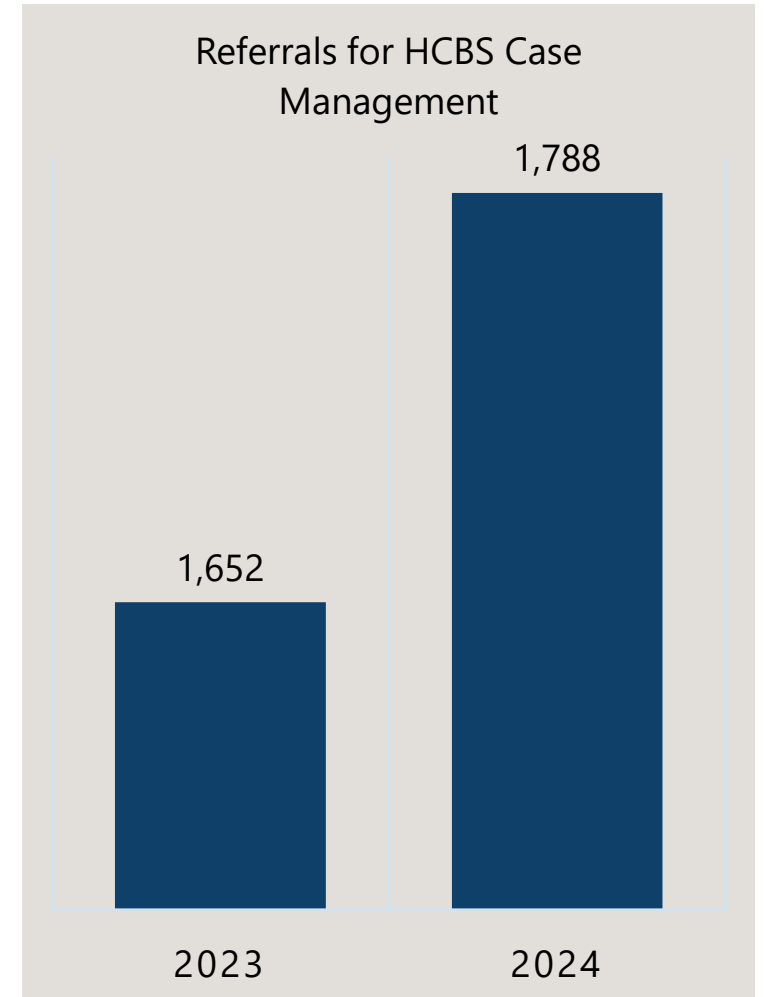
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024



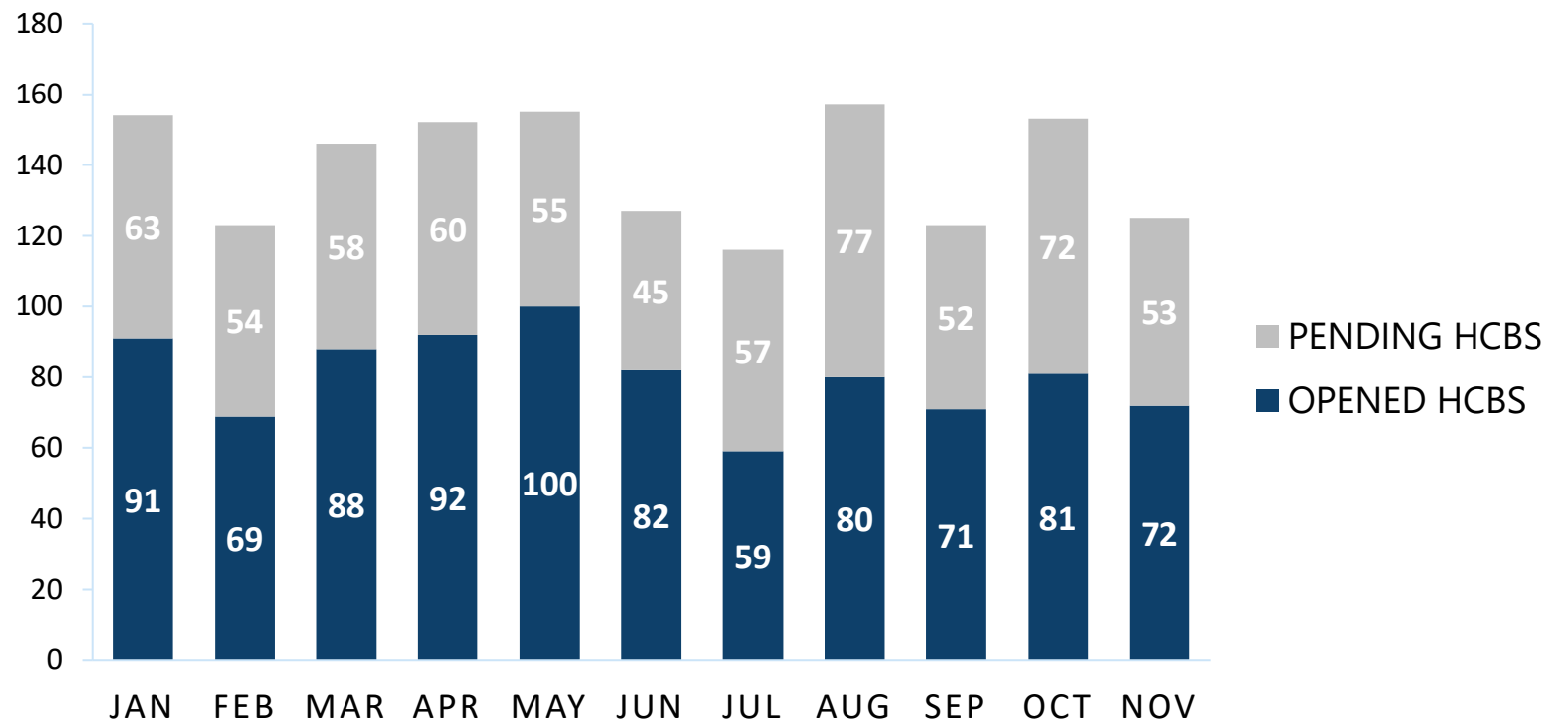
Adult & Aging Services

HCBS Case Managers handle pending cases, new referrals and case closures

The nature of HCBS work means that caseloads are constantly changing -- there are many cases opening and closing each month due to:

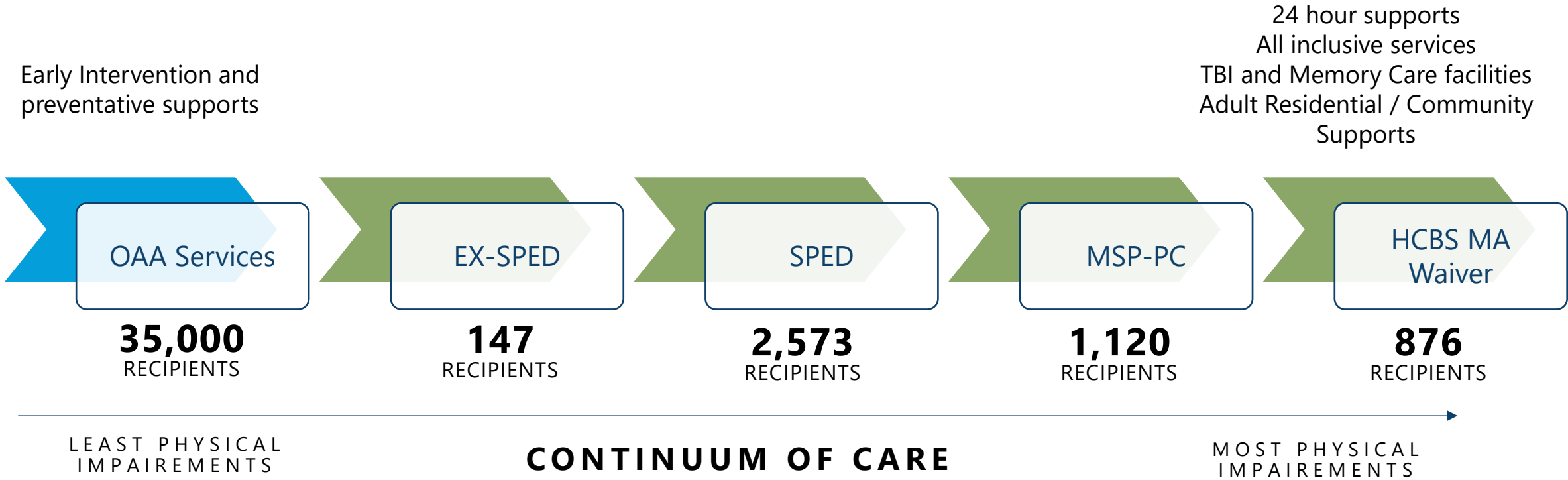
- ✓ Changes in chronic health conditions
- ✓ Medical emergencies (stroke, falls) that increase level of disability and need for assistance
- ✓ Death

2024 HCBS Summary of Referrals



Continuum of home-based services available from early intervention to nursing facility *level of care*

Source: ND HHS, OAA FFY23 Report, HCBS Recipients CY2024



Older American Act = OAA
Meals (group setting and at home), dementia supports, fall prevention, assistive tech, respite, fitness and preventative health care

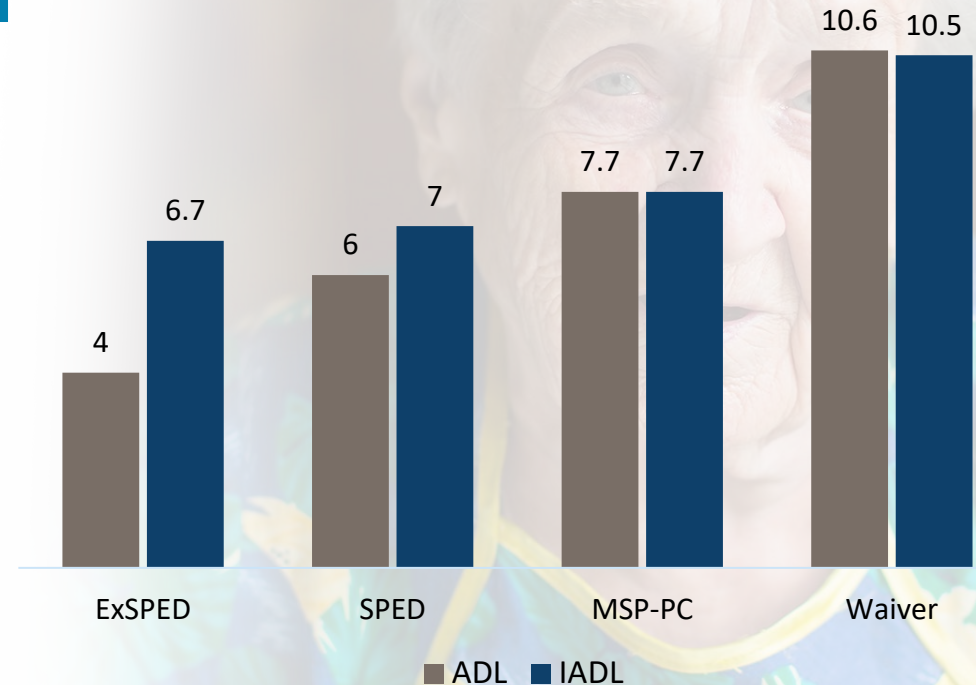
SPED, Expanded SPED and Medicaid State Plan Personal Care (MSP-PC)
House cleaning, snow removal, lawn care companionship, emergency response system, rides to essential services, help with personal care (bathing, dressing, toileting)

HCBS Medicaid Waiver
Personal care (more extensive), supervision for wandering and intermittent care needs, education from a nurse, nurse-performed medical tasks. Up to 24-hour care.

Overall acuity level and the complexity of needs increases across the service continuum

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADLs):

- Tasks we do to stay alive and well.
 - Eating, going to the bathroom,
 - Moving from place to place, shopping, housekeeping and meal preparation
- Difficulties with these tasks correspond to how much help, supervision, and hands-on care an older adult or adult with physical disability needs.
- Cooccurrence of behavioral health and complex medical needs increases the challenge of providing appropriate and effective care.



ADL & IADL Score by Program

The higher the score the more help that will be needed to assist with the activity

Aging and Disability Resource Link (ADRL) is a simplified access point for info about services

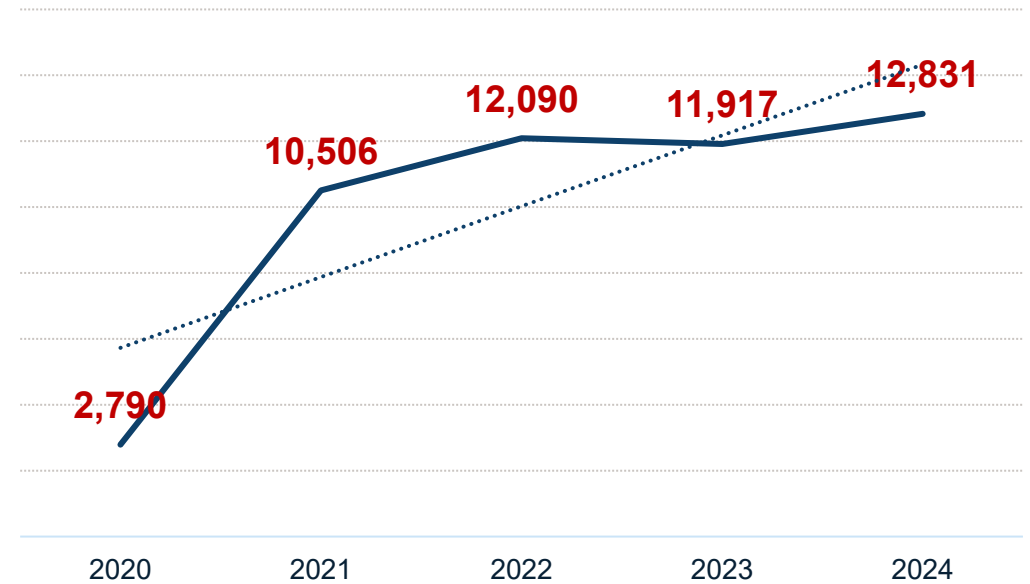
ADRL's Dual Purpose

- Process to receive and route referrals for services (centralized intake for HCBS services for programs administered by Adult/Aging services)
- Help guide North Dakotans to services that can help them stay independent as long as possible

ND ADRL: 855-462-5465

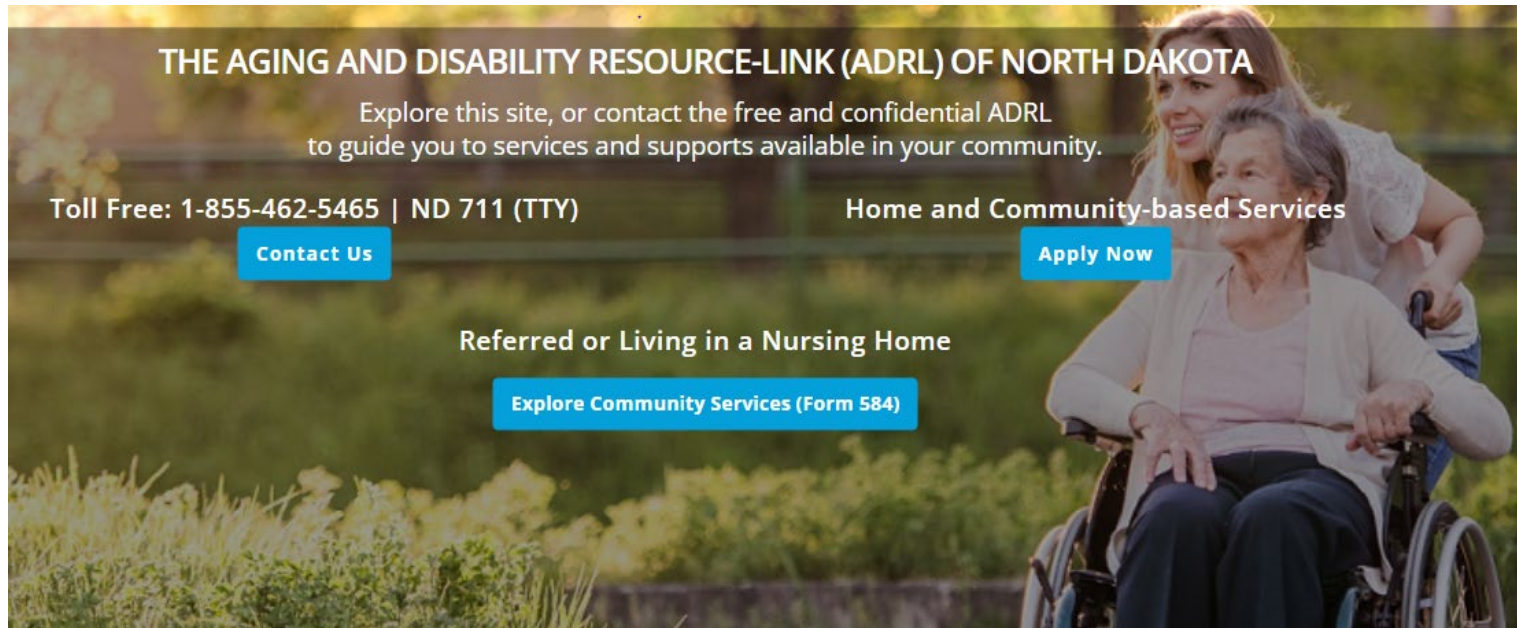
- ✓ Based on "no wrong door" approach
- ✓ 6 people staff the ADRL (calls and emails)
 - FY2020-2024 = 50,134 calls, 48,768 unique website hits, 1,602 web intakes

ADRL Call Volume



The average wait time for the ADRL is 1 minute

ADRL – How it works



Who calls ADRL?

- 34% Self
- 30% Family/friends
- 18% Other Govt Svc
- 16% Healthcare Prof
- 2% SNFs

- 27% - age 0-60
- 37% - age 60-74
- 22% - age 75-84
- 14% - age 85+

Why are people calling?

- How can I find help for my parents...
- I am calling because I don't know where to begin....
- Help with what?
 - Household chores (cleaning, meal prep, buying groceries)
 - Personal care (ex. bathing, toileting, moving around their home and help getting outside)
 - Rent help and home modifications
 - Transportation to buy necessities and to medical appointments

- The ADRL team offers information, assistance, community referrals, and manages HCBS intake
- ADRL specialists assess HCBS eligibility by asking targeted questions
 - What's going on that made you decide to call?
 - Why do you need help?
 - What are your support systems? Resources? Where do you live?
- Referrals are sent to HCBS Case Managers who make a home visit, assess eligibility, create a care plan, and connect individuals with service providers

ADRL – How do people find out about it?

- Social Media Posts and Ads
- Community Partners and Providers
- Healthcare Professionals
- Community Events
- Professional Conferences
- Word of mouth
- Direct Mail
- Other Govt Agencies



Aging and Disability Resource Link

Get connected to services and find information.

[ADRL on HHS website](#)

ND ADRL AGING & DISABILITY RESOURCE LINK

Know your options for care.
Choose what's right for you.

Knowing your options can make a world of difference as you make decisions about your care. Aging and Disability Resource Link staff are here to assist individuals, families, professionals and caregivers.

We help you find in-home and community services and supports to maintain or improve your quality of life.

- ☑ In-home services
- ☑ Community services
- ☑ Caregiver support
- ☑ Providers, services & facilities

Several services and programs are available to ensure older adults and adults with disabilities have the support they need to live in their homes and communities. The ND Aging and Disability Resource Link provides a centralized location to help individuals and families find the resources and information they need.
carechoice.nd.assistguide.net



The ND Aging and Disability Resource Link empowers older adults and adults with disabilities by offering support and resources to help them make informed decisions about living independently in their homes and communities.
carechoice.nd.assistguide.net



TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION SERVICES

- Specialized telecommunications equipment
- Individuals who:
 - Have difficulty using the telephone because of a severe hearing loss, speech impairment, or physical disability
 - Meet income limits based on the expected median income for North Dakota, and
 - Are deaf, hearing impaired, speech impaired, or mobility impaired resulting in inability to use a communication device

SERVICE CHARGE

- There is no charge for the services.

ADULT PROTECTIVE SERVICES PROGRAM (APS) SERVICES

- Assessment and evaluation of alleged abuse, neglect, self-neglect or exploitation
- Referral or arrangement for provision of services if the vulnerable adult consents/consents to services and follow-up
- Public education

ELIGIBILITY

- Individuals age 18 and older or a minor emancipated by marriage who have a substantial need for long-term placement for comprehensive health, safety, or independence.

SERVICE CHARGE

- There is no charge for the services.

For more information, please contact:
Aging Services Aging & Disability Resource Link
1-855-462-5465
TTY 711
Website: carechoice.nd.assistguide.net
Email: carechoice@nd.gov

AGING SERVICES AT A GLANCE

NORTH Dakota | Health & Human Services 833 West Dakota Avenue, Suite 6 • Bismarck, ND 58501
1.855.462.5465 • www.hhs.nd.gov

In accordance with federal and state law, it is the policy of the Department of Health and Human Services (HHS) Aging Services to provide discrimination against individuals in the delivery of programs and services, and to make all programs and activities accessible. For information on the HHS Non-discrimination Policy go to <https://www.hhs.gov/about-us/non-discrimination> or request a written copy of the policy from any HHS office.
REV (5-2022)

Older Americans Act Services (OAA)

35,064 = **↑ 15%**
Older adults served in FFY 23 increase since FFY 22

- Serves people age 60+
- No income limits
 - Voluntary contribution
 - Cannot deny service due to unwillingness or inability to contribute
- Federal, state, local funds, and voluntary contributions (approx. \$19 million federal grant per year)



Older Americans Act Services

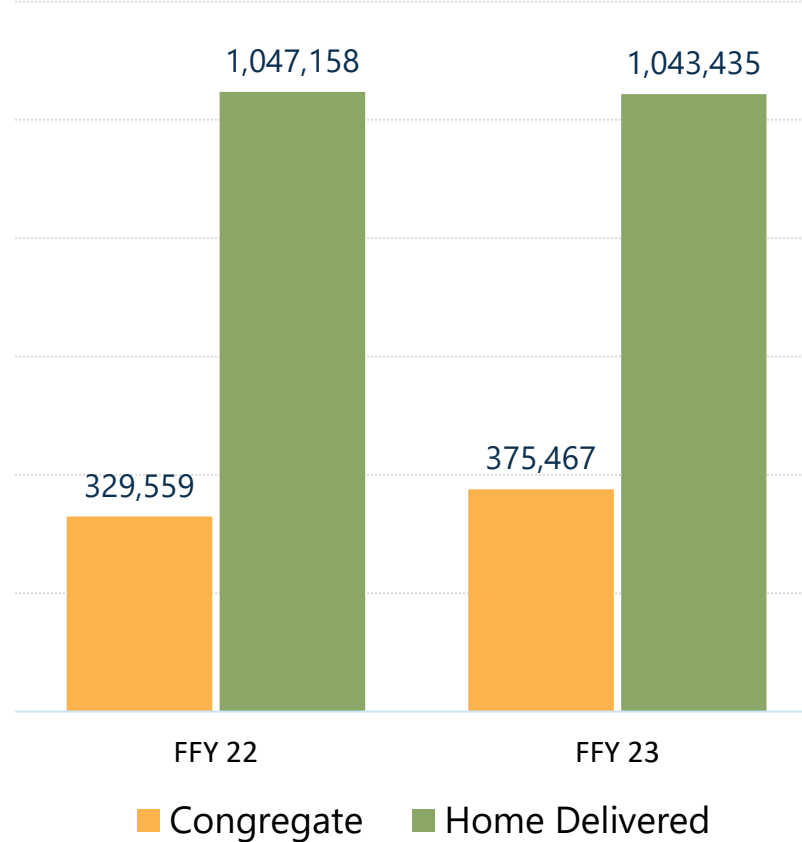
Senior Meals are delivered in a variety of ways

- Congregate meal site
- Home delivered
- Pre-packaged grab-and-go
- Take out meals
- Frozen meal options

1,418,902
Meals served FFY2023

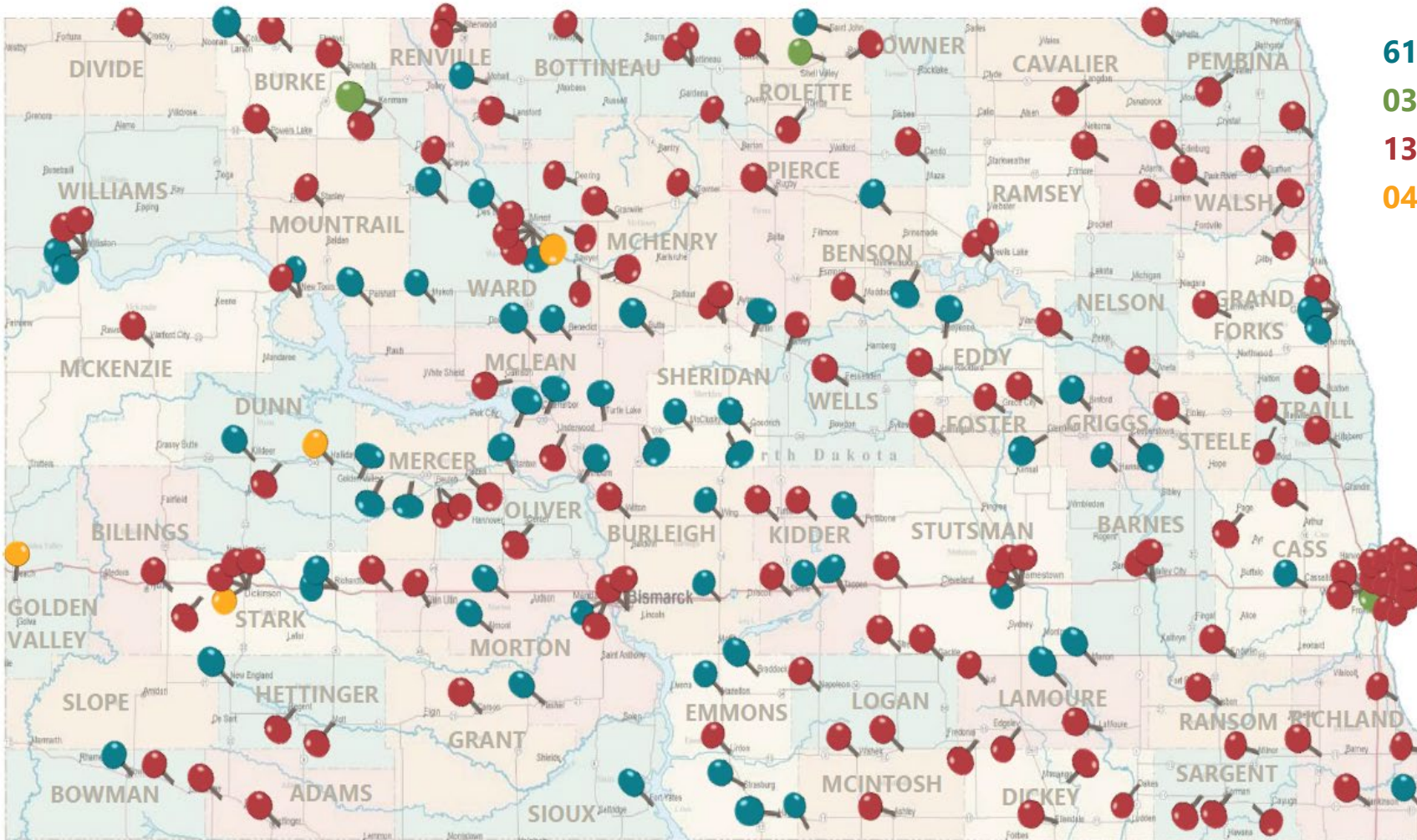
19,059
Consumers served

Nutrition services have shifted toward more home-delivered meals



Older Americans Act Services

There are 205 Senior Nutrition sites active in ND



- 61 Home Delivered Meals (HDM) Only
- 03 Congregate Nutrition Sites Only
- 137 Both Congregate and HDM Options
- 04 Café 60 Nutrition Sites

LAST UPDATED JULY 1st, 2024

Older Americans Act Services

Senior Nutrition Services Funding

North Dakota Department of Human Services
 Changes in Nutrition Services from 2023-2025 Appropriation to 2025-2027 Executive Budget

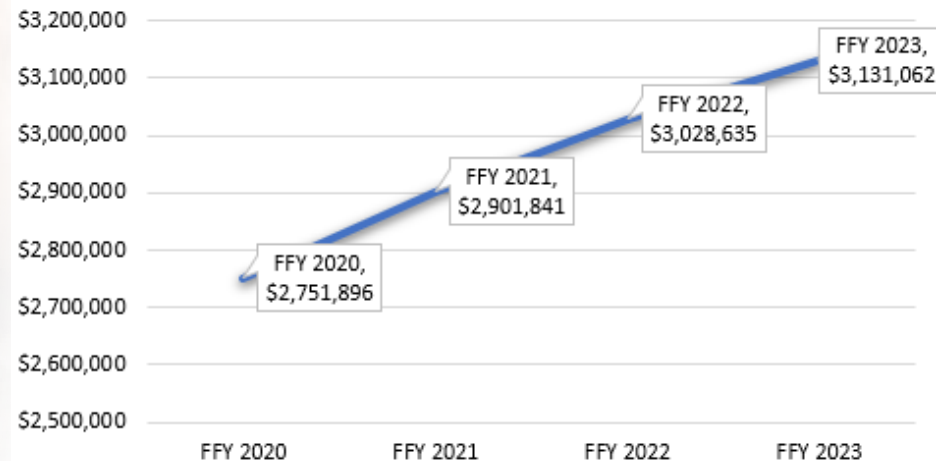
Service Description	2023-2025 Appropriation	Changes in federal funds	Changes in general fund	Total Changes	2025-2027 Budget to OMB	Inflation 4%/3%	2025-2027 Budget
Congregate Meals	7,743,245	1,473,746	(1,357,413)	116,333	7,859,578	0	7,859,578
Home Delivered Meals	14,737,382	320,340	1,597,108	1,917,448	16,654,830	0	16,654,830
Nutrition Services Incentives	1,717,891	(120,071)		(120,071)	1,597,820	0	1,597,820
State Funds to Providers	1,486,268		(761,194)	(761,194)	657,523	67,551	725,074
Total	25,684,786	1,674,015	(521,499)	1,152,516	26,769,751	67,551	26,837,302
General Funds	17,131,180	0	(521,499)	(521,499)	16,542,130	67,551	16,609,681

Older Americans Act Services

Senior Nutrition Services Funding

- Older adults are asked to contribute toward the cost of the meal.
- Services cannot be denied if no contribution is received.
- Each site posts their suggested donation rate and the full cost of the meal.
- Donations must be used to deliver additional services.

Program Income for Nutrition Services



Older Americans Act Services

Preventative Health

Community Aging in Place
– Advancing Better Living
for Elders (CAPABLE)

- **10** home visits from an **occupational therapist**, a **registered nurse**, and a **handyman** to help develop strategies to help “**age in place**” **11** individuals served in FFY23
- Evidence-based program produces results
 - Better **function**
 - Increased **motivation**
 - Reduced **depressive symptoms**, and
 - **Lower healthcare utilization.**

Falls Prevention Classes

- *Stepping On*
- *Tai Ji Quan*
- *Fit and Strong*

Family Caregiver Training

- *Powerful Tools for Caregivers*
- **364** individuals received falls prevention classes or caregiver training FFY23



Falls are the leading cause of injury among older adults.



Older Americans Act Services

Supportive Services

Health Maintenance

Preventative services to assess and **maintain** the **health** and **well-being** of older adults

- Blood pressure/pulse/rapid inspection
- Foot care
- Home visits
- Medication set-up
- **3,663** individuals received health maintenance FFY23

Companionship

Services **reduce** social **isolation** for older adults and individuals with physical disabilities.

- Improves physical and mental health
- Helps prevent institutional placement
- **311** individuals received companionship FFY23



Older Americans Act Services

Assistive Devices and Telecommunications

Assistive Safety Devices Distribution

- Adaptive and **preventive health devices** for individuals aged 60 and older to support **independent living**
- Trained staff assist with purchasing, delivering, and installing devices such as grab bars, emergency response systems, medication dispensers, voice amplifiers, and seat lifts.
- **857** eligible individuals received **1,522** Assistive Safety Devices FFY23

[Senior Safety Program - North Dakota Assistive](#)

Telecommunications Equipment Distribution

- Specialized **telecommunications equipment** for individuals with **communication impairments**, including those who are deaf, hearing, speech, or mobility impaired.
- **232** eligible individuals received **320** telecommunications devices FFY23



Funded with OAA and state/federal telecom taxes assessed to landline and cell phone users

Older Americans Act Services

Supportive Services

Legal Assistance Services

- **Legal advice** and **representation** for older adults with financial or social needs.
- Can assist with **legal issues** such as abuse, age discrimination, guardianship defense, health care, housing, income, long-term care, neglect, nutrition, protective services, and utilities.
- Advance Directive Workshops
- **826** individuals served in FFY23

Options Counseling

- Helped **509** older individuals, adults with physical disabilities, and their families **access** community services **and plan** for future care needs -- regardless of income.
- Staff **assess needs** during home or virtual visits and **connect** individuals to **resources**.
- **522** visits were conducted statewide FFY23



*Most common requests =
help in finding in-home
services and service providers*

Caregiver Supports

Dementia Care Services

- Average **631** care consultations/information and assistance services per month for family caregivers and facility staff
- Average **107** attendees per month for their public and professional training SFY23

19,000 caregivers support **13,700** individuals 65+ who are living with **Alzheimer's** in ND.

Source: Alzheimer's Association (2024)



Lifespan Respite Grant

- Provides information and respite – short breaks for caregivers.

Family Caregiver Support

- **451** caregivers received care coordination, respite, and help paying for supplies, in FFY23

62,000 family caregivers in ND providing **58 million** hours of unpaid family care.

Source: AARP (2024)



Protect Vulnerable Adults

Long-Term Care Ombudsman Program

ND Long-Term Care System

5,047 Nursing Facility Beds
676 Swing Beds
2,104 Basic Care Beds
2,922 Assisted Living Units

- **7** LTC Ombudsman made **1,059** site visits to **247** facilities in FFY2023 where they connected with **6,255** residents.

Most Common Complaint Categories

- Care
- Autonomy, Choice, Rights
- Admission, Transfer, Discharge, Eviction

Top Topics for Individual Information & Assistance

- Resident Rights & Transfer/Discharge
- Quality of Care Issues
- Abuse/Neglect/Exploitation

783

Information
& Assistance
to individuals

537

Information &
Assistance to
Facility Staff

445

Complaints
Received

308

Cases
Closed

Protect Vulnerable Adults

Adult Protective Services (APS)

19 state and contracted staff

1,522 investigations

1,766 allegations

926 substantiated

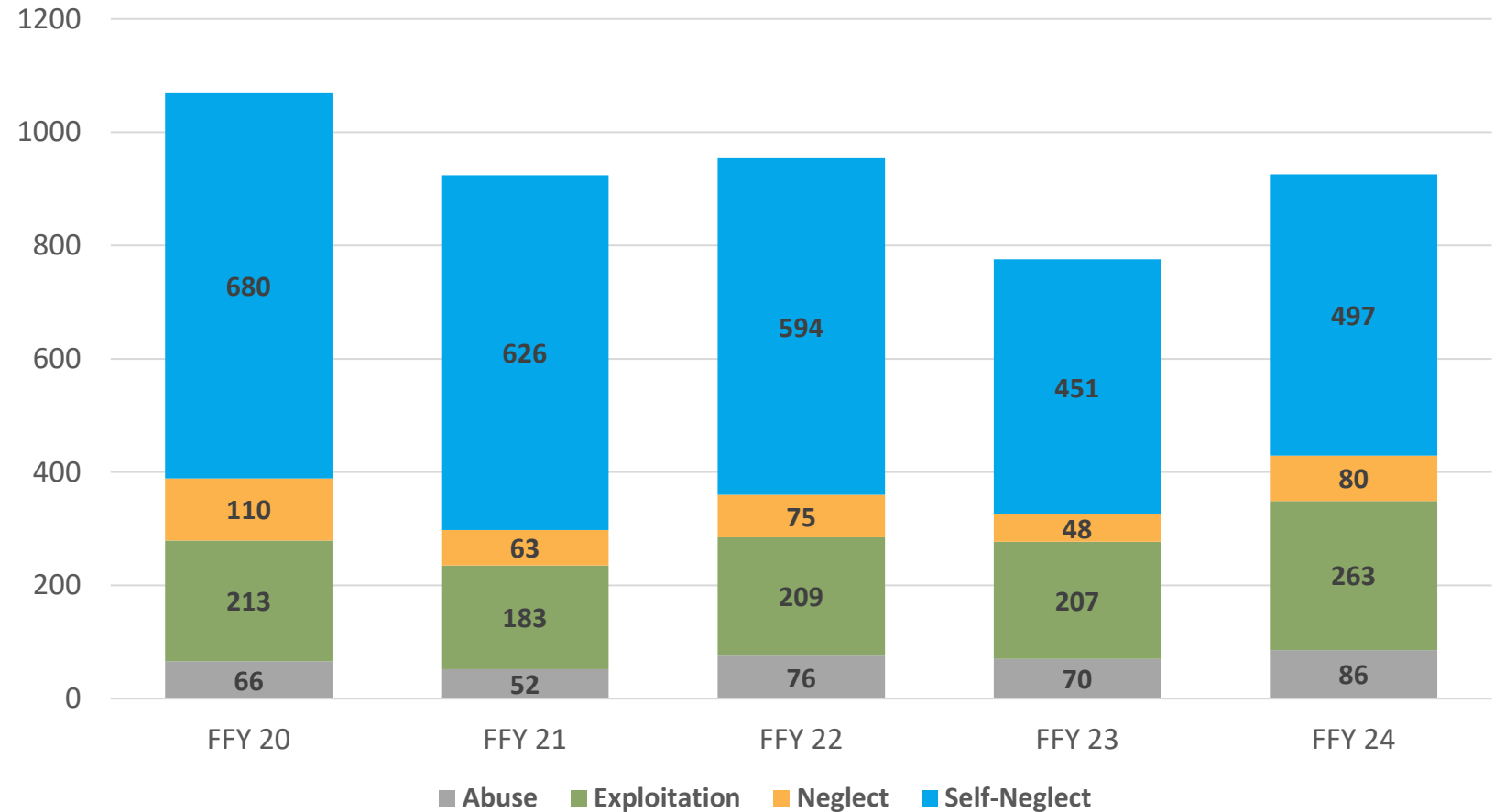
Most common allegations:

Self Neglect

Exploitation

3 state staff conduct intake
APS program received
5,978 reports in SFY2024

Substantiated Allegations FFY 2020-2024





Protect Vulnerable Adults Guardianship Establishment Fund

Fund pays legal costs associated with petitioning for guardianship for income-eligible adults who are incapacitated

Demand for guardianship establishment has been growing

- 142 adults served by this Fund in 2021-23
- **261** adults served July 2023 – Dec 2024
- Current funds have almost been fully expended; HHS anticipates a wait list

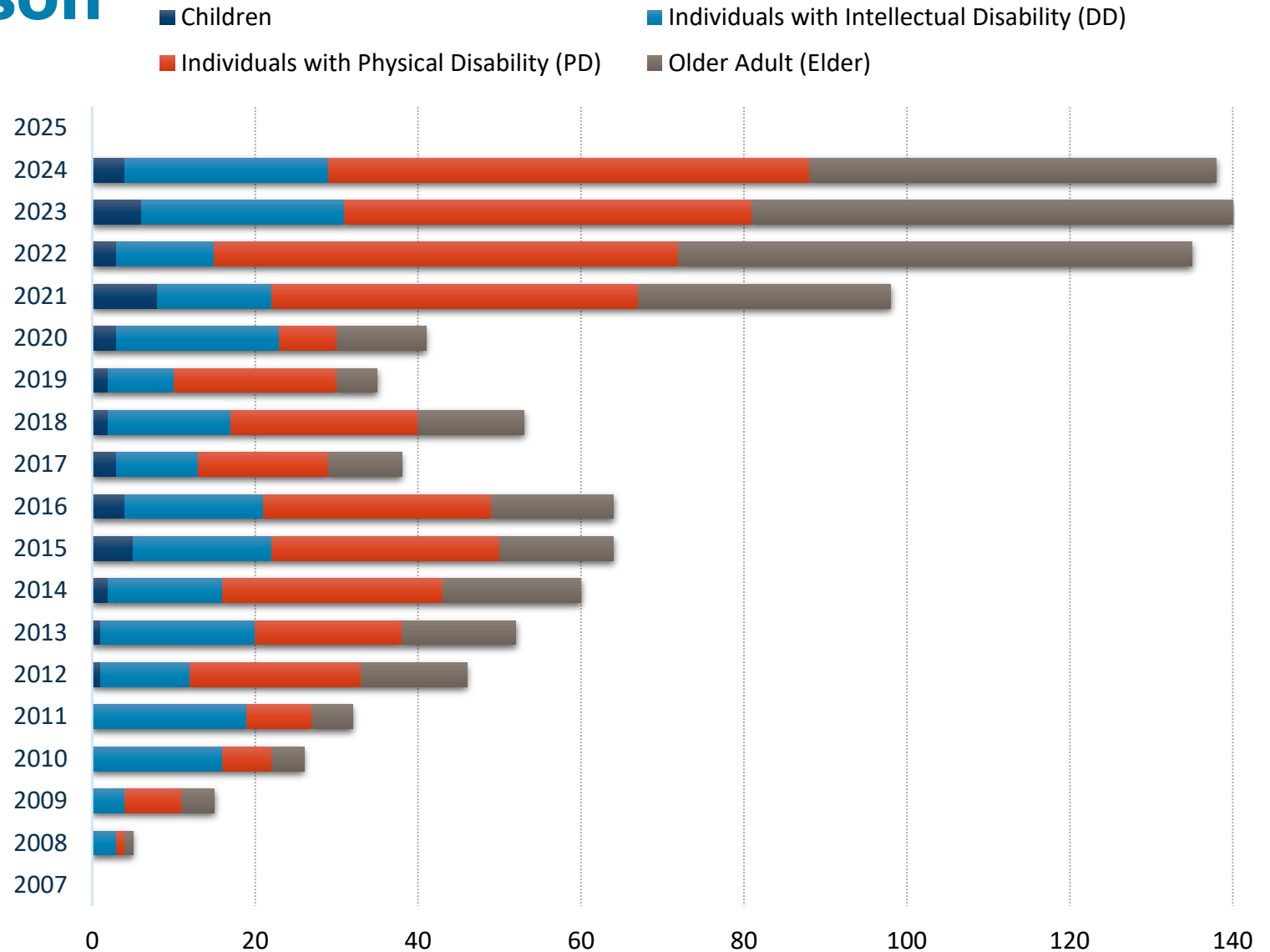
\$3,000 max petitioning cost per person *(increased by 23-25 legislature; previous cap was \$2,500)*

Supporting in-home/community-based living

Money Follows the Person Grant

- Federal grant helps states expand HCBS usage to support LTSS and rebalance care systems.
- Eliminates barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 – ND award was \$8.9 million
- Total award through 2024 - \$60.5 million (fed) and \$4.6 million (state)
- Supported transition out of institutional setting for 1,040 individuals over the past 17 years
- 38% of those transitions were done in the last 4 years.

MFP-supported Transitions per year



US DOJ Settlement Agreement Americans with Disabilities Act

- The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.
- In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.
- Most **integrated setting** is an individual or family home



Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

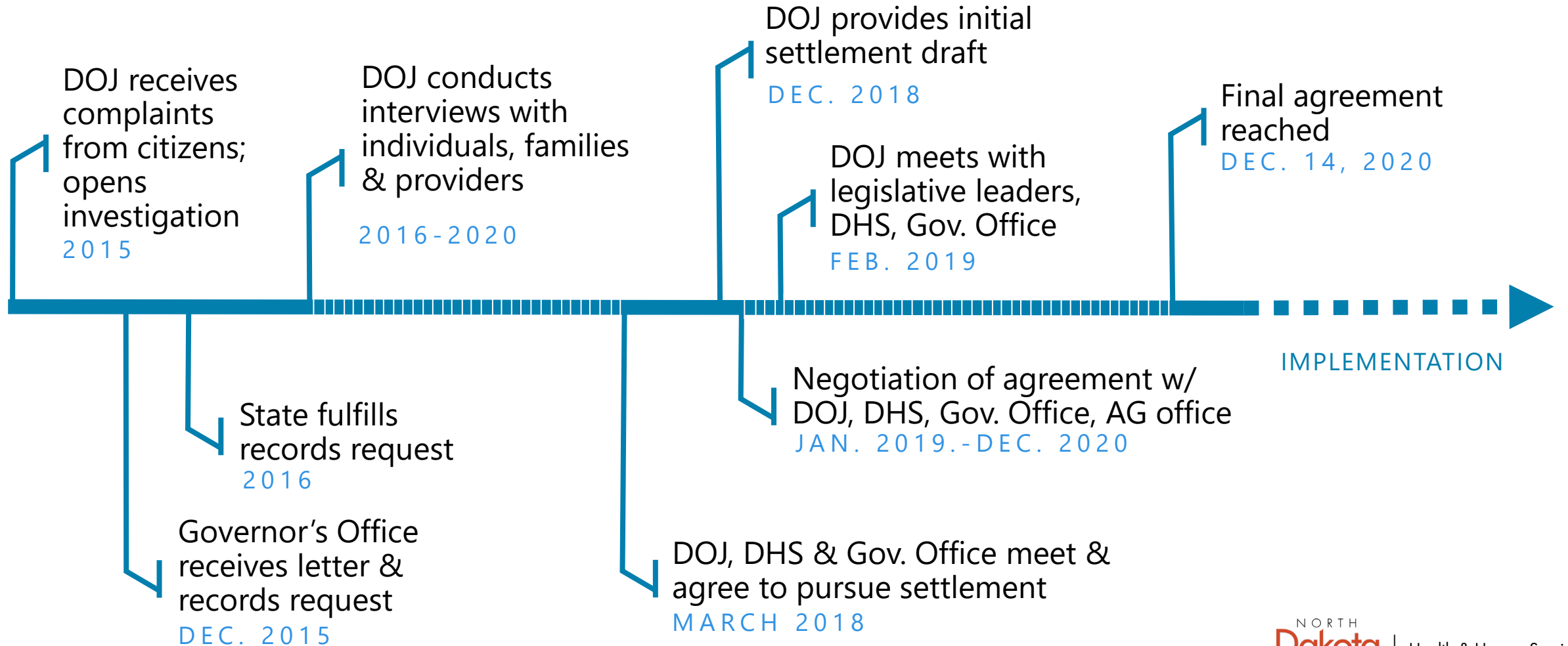
PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



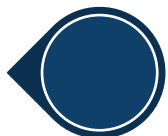
DOJ Settlement Agreement Timeline



Settlement Agreement developed based on a variety of concerns

| EXAMPLES PROVIDED BY DOJ

 **Unnecessary segregation** of disabled individuals in skilled nursing facilities

Adults in skilled nursing facilities who would **rather be in their community** 

 **Imbalance of funds** to skilled nursing facilities and community-based services

Lack of awareness about existing transition services and available tools 

Who are we trying to reach?

Target population members (TPMs)



Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.

IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
 - Likely to require long term services and supports
- Receive nursing facility services AND
 - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
 - Likely to need services long term
- Need services to continue living in the community AND
 - Currently have a HCBS Case Manager or have contacted the ADRL

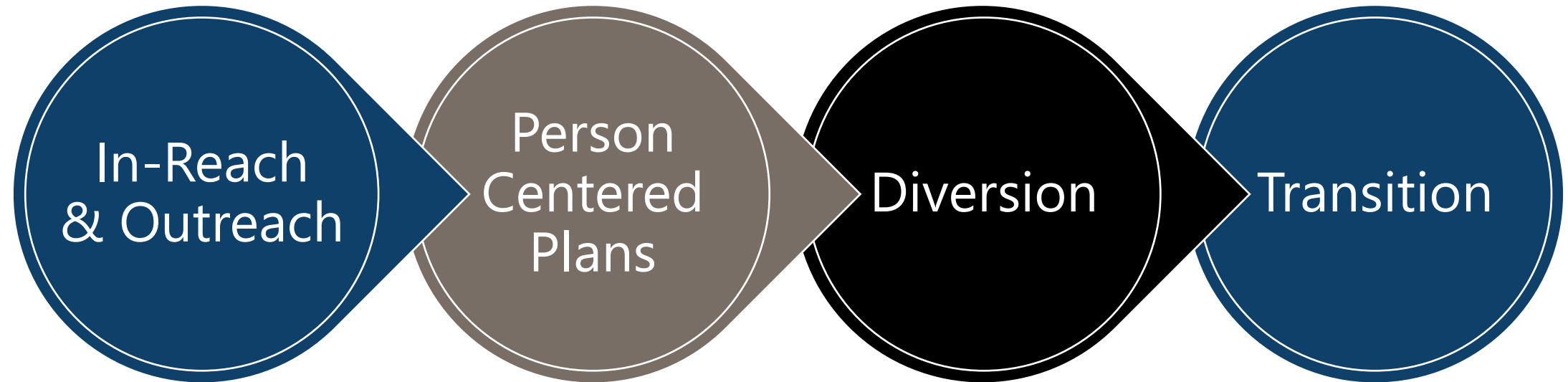


**PEOPLE OVER 65 IN
CERTIFIED NURSING
FACILITIES**

HIGHEST RATE IN THE U.S. **IN 2015**

Sources: Henry J Kaiser Foundation, US Census Bureau (2016)

ND & DOJ Settlement Agreement Implementation Strategy



DOJ Settlement Agreement

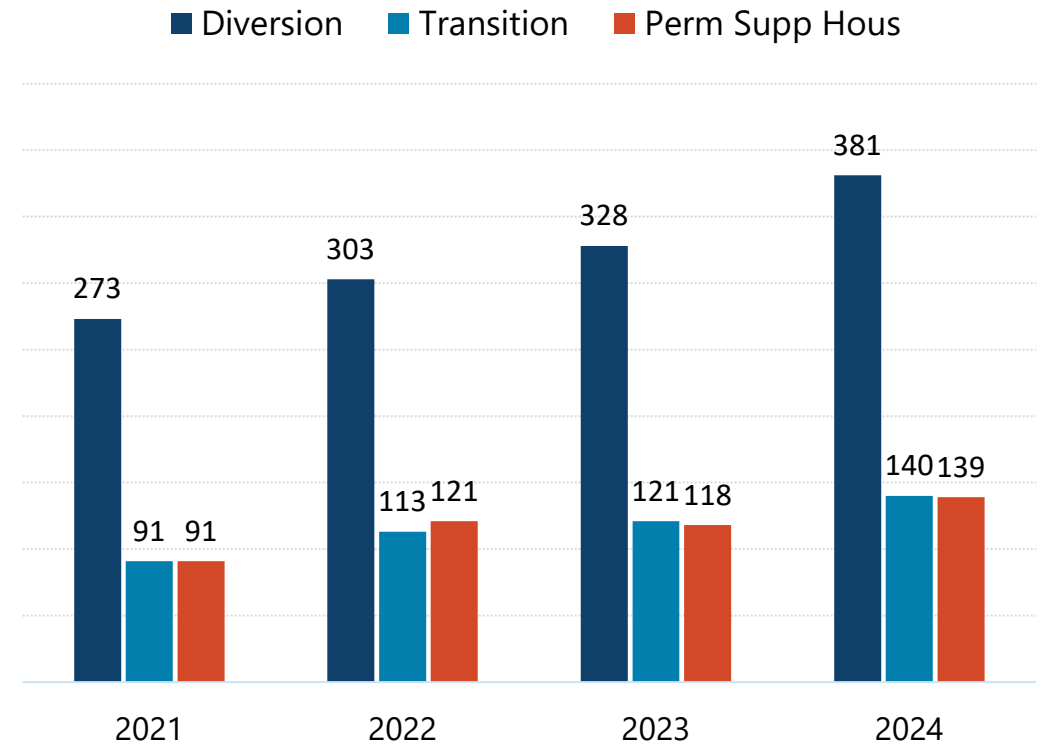
HCBS is supporting increase in Transition and Diversion from institutional settings

“**Diversion**” happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

“**Transition**” happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

“**Permanent Supported Housing**” is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

Target Population Member (TPM) Transitions and Diversions 2021-2024



DOJ Settlement Agreement Benchmarks

2020-2024

- **Transition at least 100 TPMs** by the end of **year 2 (2022)**, and by the end of **year 4 (2024) transition at least 60%** of those requesting to transition out of the SNF (within 120 days of request).
- **Divert** at least **100 TPMs** within **2 years (2022)** and an **additional 150** by the end of **year 4 (2024)** who are choosing to receive care in the community.
- Provide permanent supported housing (rental assistance) to **20 TPMs in year 1 (2021)**, **30 in year 2 (2022)**, **60 in year 3 (2023)**.

2025-2028

- **Transition 70% of TPMs by year 6 (2026) and 85% by year 7 (2027)** who are requesting transition out of the SNF (within 120 days of request).
- **Divert** an **additional 150 TPMs** to community-based services by **year 6 (2026)** and **continue to divert** all who are **choosing to receive care in the community**.
- **Provide** permanent supported housing (**rental assistance**) to additional TPMs based on the aggregate need. *Note: Almost all transitions require some type of state or federally funded rental assistance.*

The Agreement will terminate **eight years (Dec 13, 2028)** after the effective date if the Parties agree that the State has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Included in Executive Budget Request

Rental assistance funds to support transition/diversion

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

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

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

This is an ongoing funding request.



State-Funded Rental Assistance to support community living for TPMs

State funded Rental Assistance

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

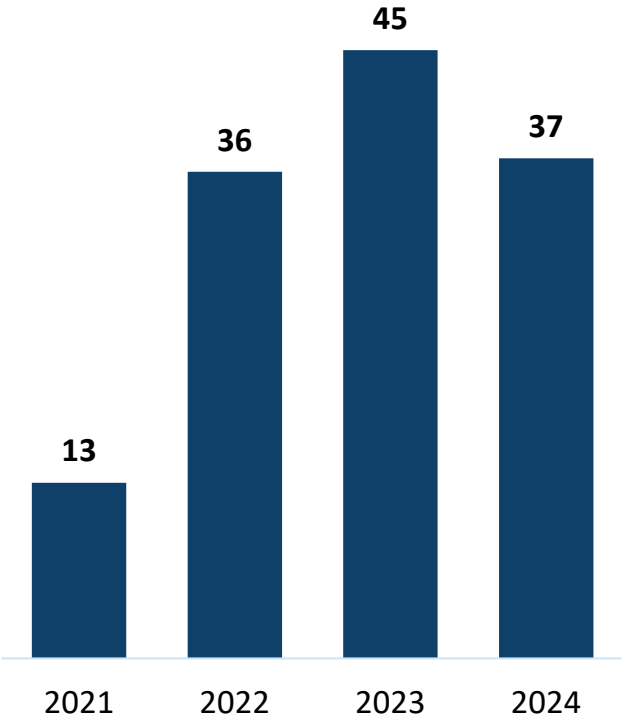
This flexible housing resource also supports diversion efforts by paying housing costs during an institutional stay, to assure the individual does not lose their place to live in the community while they are recovering from an injury or other circumstance that causes them to be out of their home temporarily.

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



About 80% of TPMs list "housing" as a barrier

TPMs accessing State-funded rental assistance



Included in Executive Budget Request **Adult Protective Services**

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

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

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

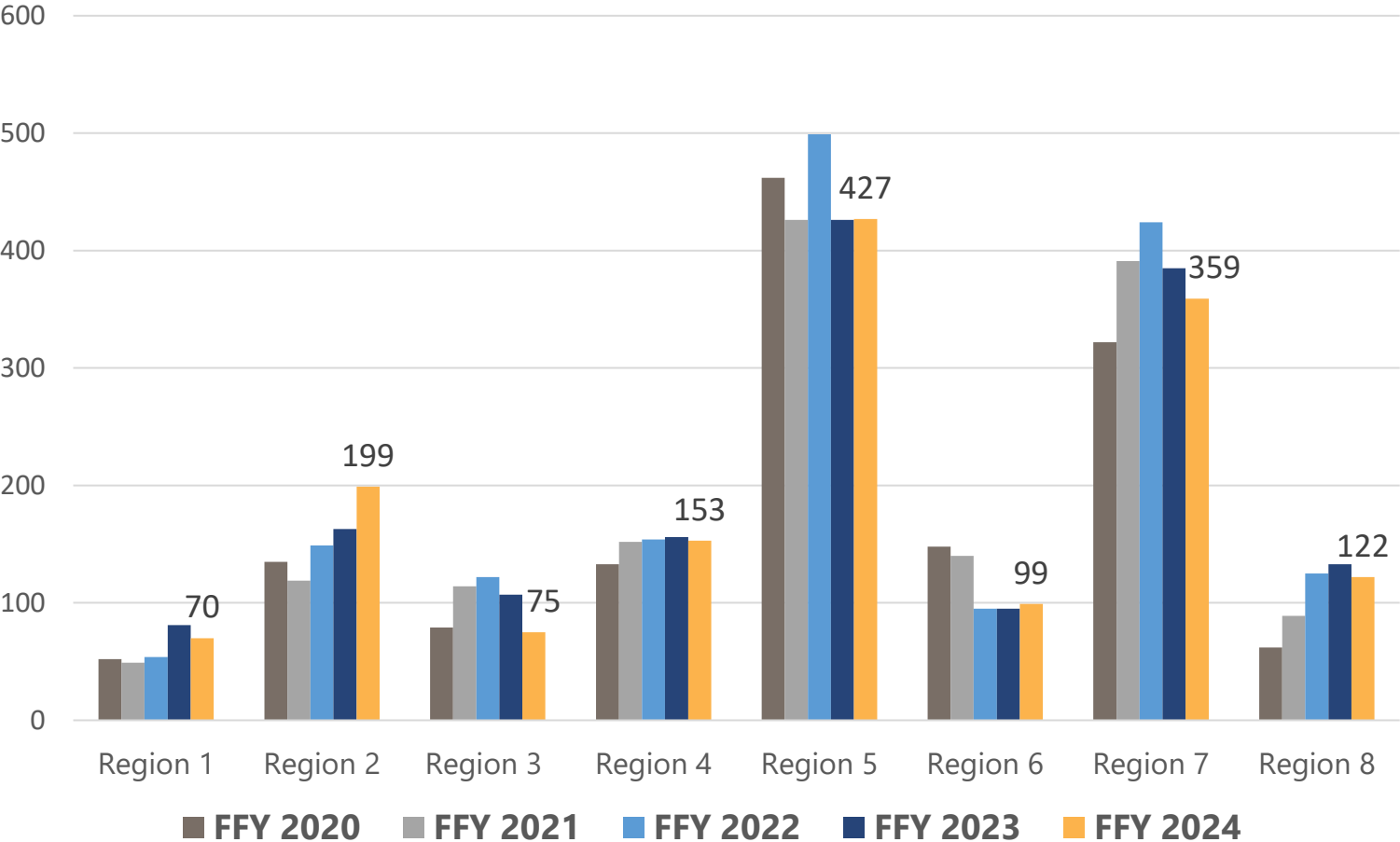


Total	General	Federal	Other
\$718,522	\$718,522	\$0	\$0

This is an ongoing funding request.

Protect Vulnerable Adults

APS Investigations by region and FFY



Region 1 & 2: Mountrail McKenzie HSZ

- 269 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 6: Hart Counseling

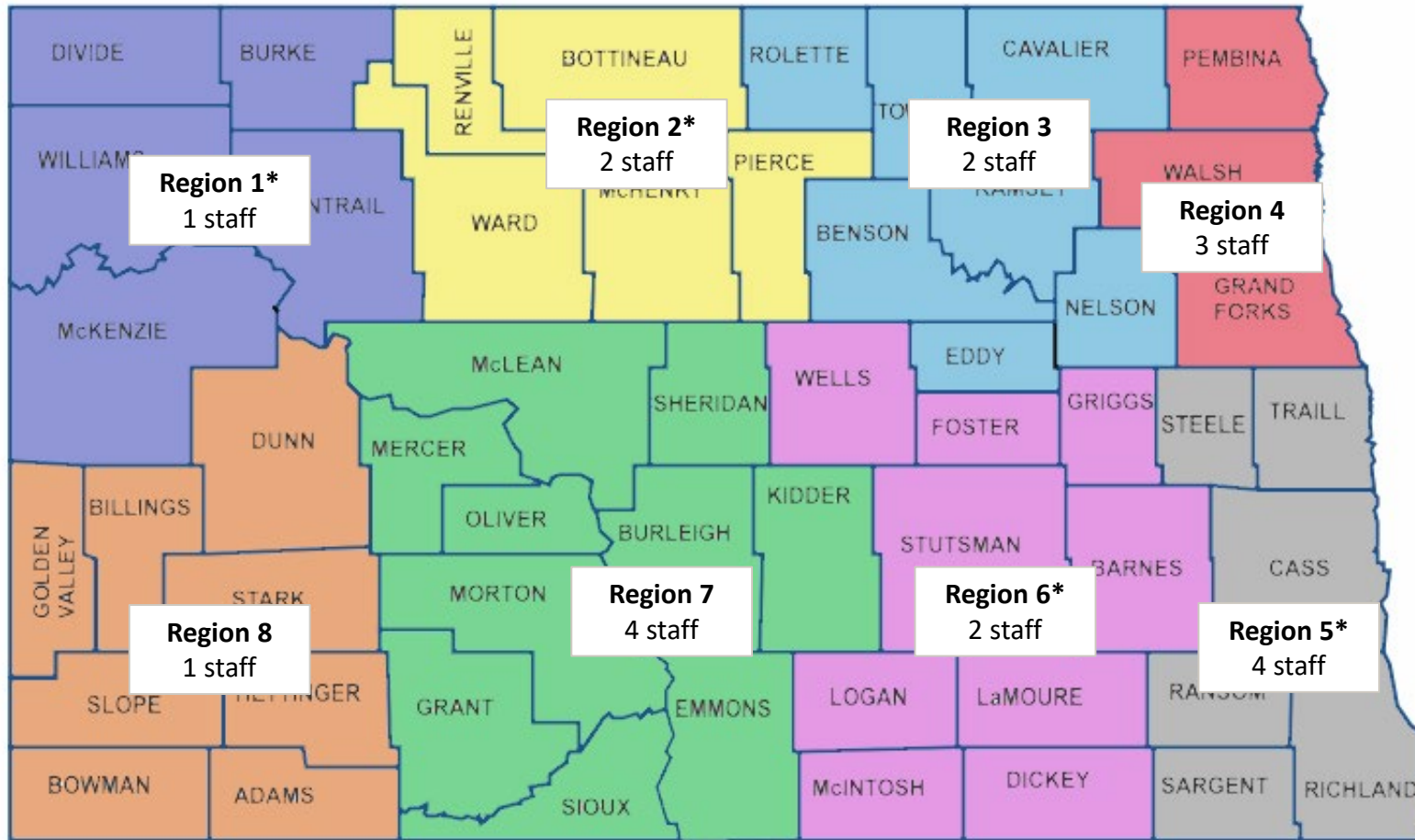
- 99 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 5: Cass HSZ

- 427 Investigations
- Reports have increased
- Complexity of cases is increasing

Protect Vulnerable Adults

APS Regional Coverage



- ✓ HHS APS received almost 6,000 calls for a vulnerable adult report in 2024
 - Justice involvement
 - Homelessness
 - Housing providers
 - Family / Neighbors
- ✓ Rural areas are difficult for APS staff as there are not enough support services in rural communities, so they end up being more of a higher priority service as no one else can respond to concerns.

* Territory served by contracted staff

Included in Executive Budget Request

Transition and Diversion support services

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

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

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

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

This is an ongoing funding request.



ND Options for Transition and Diversion

	HCBS Waivers (ID/DD & HCBS)	MFP	Transition/Diversion Project	Medicaid State Plan (incl 1915i)	Other Varied
Transition	Yes	Yes	Yes	Yes	Yes
Diversion	Yes	No	Yes	Yes	Yes
Allowable expenses?	<ul style="list-style-type: none"> Home modifications Assistive tech/devices Services to support independence, including transition coord services 	<ul style="list-style-type: none"> Home modifications Assistive tech/devices Services to support independence Rent and related housing deposits/fees 	<ul style="list-style-type: none"> Deposits (utility/rental) Home modifications Assistive technology Household furnishings/supplies Moving-related exp Svc \$ while Medicaid is pending 	<ul style="list-style-type: none"> Home modifications Assistive tech/devices Services to support independence 	<ul style="list-style-type: none"> Depends on program; most often includes care coordination, housing coord & financial planning
Who is eligible?	<ul style="list-style-type: none"> Living in a Skilled Nursing Facility (SNF), Intermediate care facility (ICF), or hospital. Waiver- eligible (Screen at Skilled Nursing Facility or Intermediate Care Facility (ICF), or hospital LOC and elig for Medicaid) 	<ul style="list-style-type: none"> Living in a SNF, ICF, or hospital setting 60+ days Medicaid eligible (NOT Medicaid Expansion) Child or Adult with disability and meet institutional LOC 	<ul style="list-style-type: none"> Institutional setting even if <60 days Alt congregate setting or already at home but need supports to maintain Child or Adult with Disability based on fed definition (not necessarily LOC-based) <ul style="list-style-type: none"> Medicaid elig (incl Expansion) Child w/disability (recv waiver svc) Adult – age 65+, w/physical disability or with ID/DD 	<ul style="list-style-type: none"> Medicaid eligible includes Medicaid Expansion Must be moving out of a Medicaid facility to qualify. 	<ul style="list-style-type: none"> Free Through Recovery Comm Connect ND Rent Help DD Trans/Div coord HSZ child welfare coord
Funding	Medicaid	MFP Grant	ARPA 10% Fund + 2025-27 EBR	Medicaid	Various



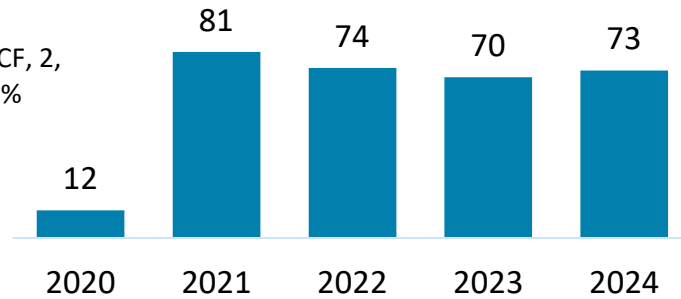
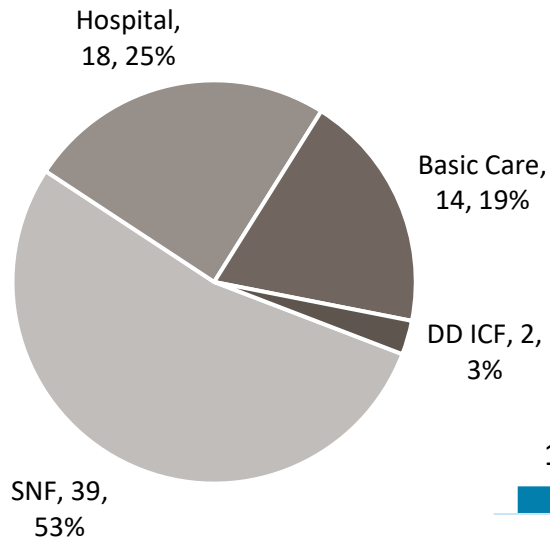
What gap does the pilot fill?

Individuals who need some help attaining stability in home/community setting and who **do NOT meet eligibility criteria for other T/D resources** or have **needs NOT covered** by the other programs.

Impact of Transition and Diversion efforts

Transitions 2020-24

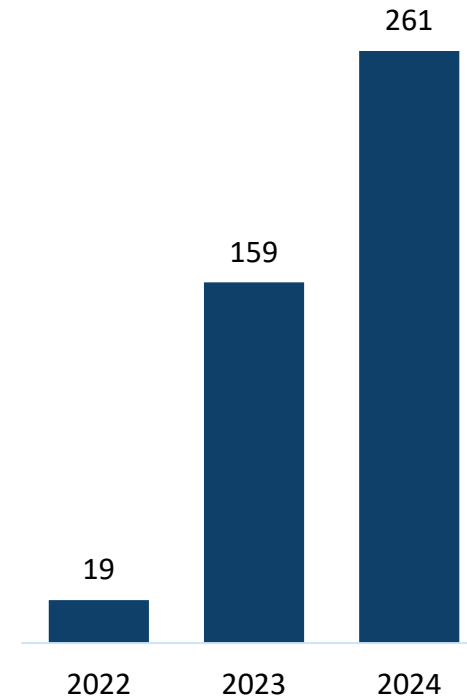
In SFY2024 people transitioned from:



\$3,002

Average spent/transition (SFY24)

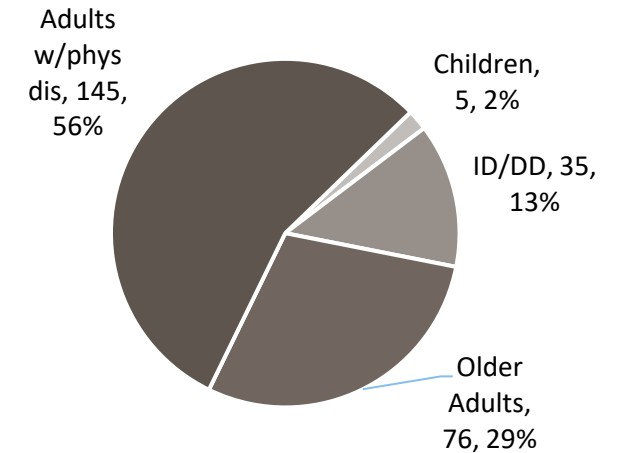
Diversions 2022-24



\$3,742

Average spent/diversion (SFY24)

SFY2024 Diversions were completed for...



Transition and Diversion (T/D) Project

Flexible resources designed to help Medicaid-eligible individuals who are not eligible for or have needs not covered by other T/D services, become or remain stably housed in the community.

Who benefits from the T/D Project?

- In an institutional setting <60 days
- In an "alt congregate setting" (ex. basic care, agency adult foster care, DD-ICF) or already at home but need supports to maintain
- Child or Adult with Disability (based on fed definition) but is NOT necessary to meet a SNF-LOC to access services
- Covered by Medicaid Expansion

What else makes the T/D Project unique?

Can provide help with:

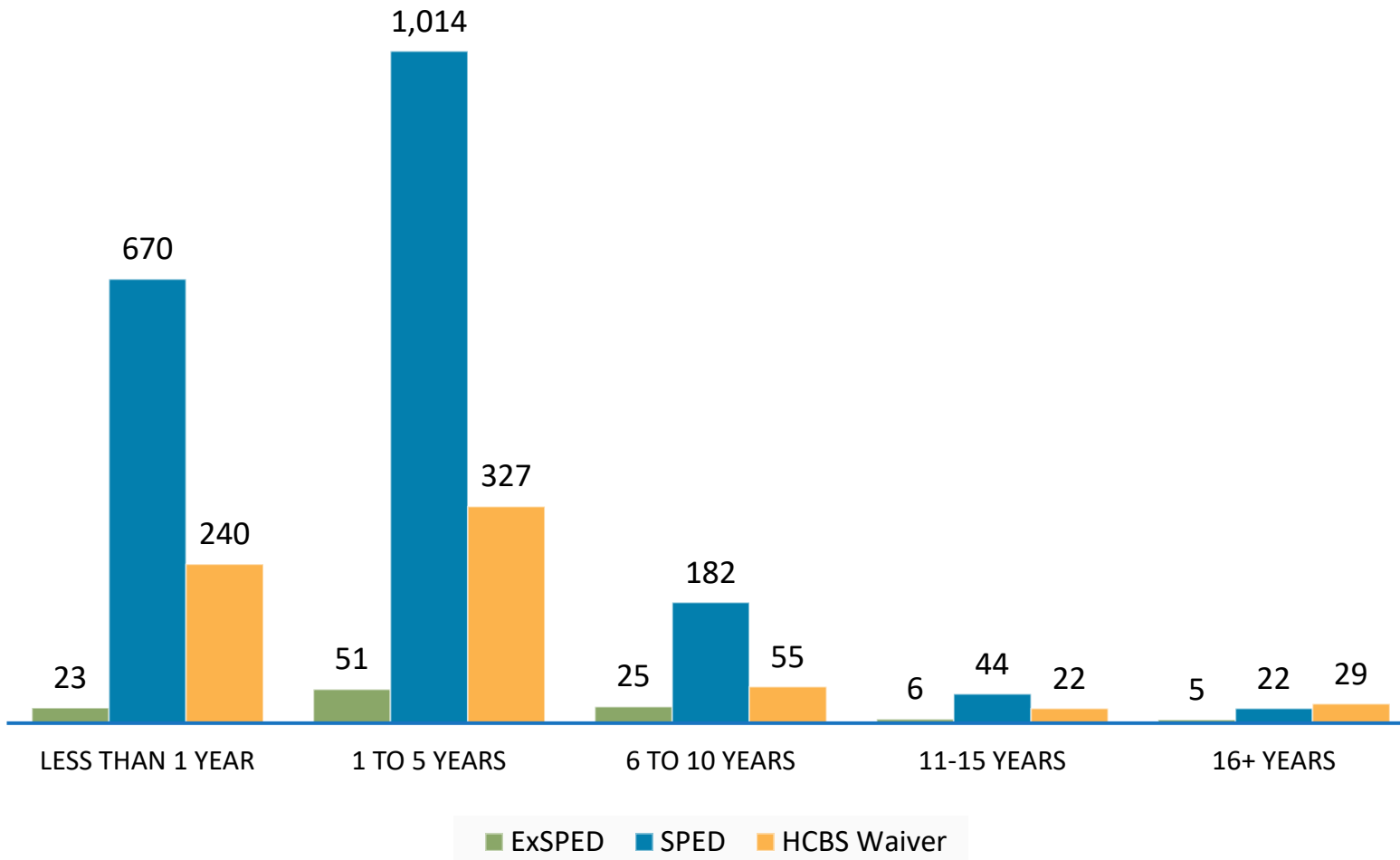
- Housing costs (deposits including first month's rent, app fees)
- Getting-started household furnishings and supplies
- Support services while Medicaid coverage is pending



1-5 years is the typical duration of HCBS service to an individual



of people served by length of time receiving service by program

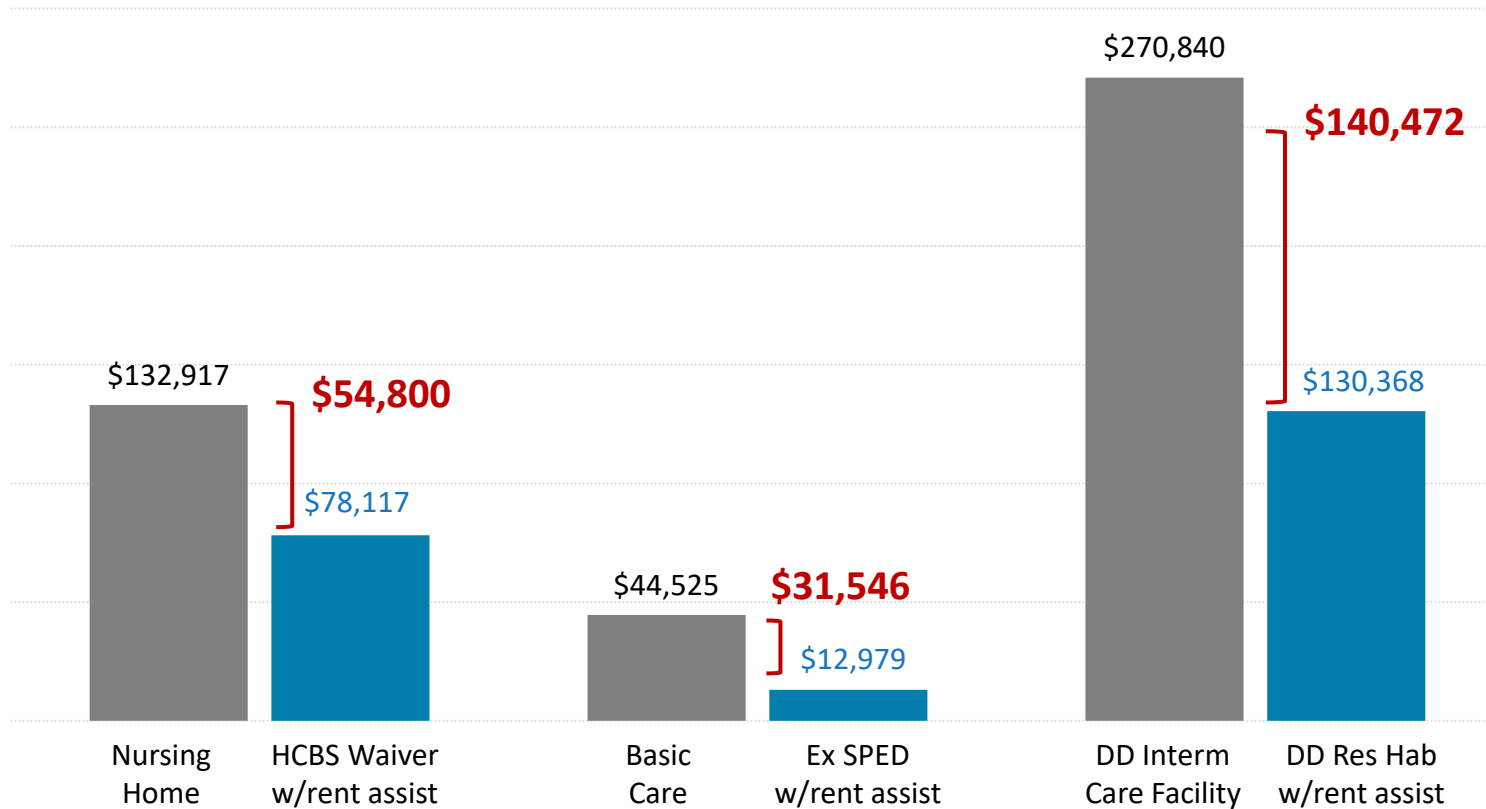


If people get the right supports in the beginning of the care continuum, people will stay out of later stage care longer.

If we can meet someone's needs in an earlier-stage service model, we will spend less over time than if they had to move to a later-stage service earlier than is necessary.

Financial Impact of Transition & Diversion

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



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

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

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	\$ 6,923,252	\$ 9,998,826	\$ 3,075,574
513x Salaries Temp	2,351,736	123,552	(2,228,184)
514x Salaries Overtime	-	30,000	30,000
516x Salaries Benefits	3,392,244	5,018,911	1,626,667
Total Salaries & Benefits	\$ 12,667,232	\$ 15,171,290	\$ 2,504,057
52x Travel	119,417	257,477	138,060
53x Supply	5,881	15,920	10,039
54x Postage & Printing	12,174	9,970	(2,204)
55x Equipment under \$5,000	1,000	5,000	4,000
57x Insurance	3,300	-	(3,300)
58x Rent/Leases - Bldg/Equip	289,299	248,916	(40,383)
59x Repairs	-	1,817	1,817
61x Professional Development	42,463	40,964	(1,499)
62x Fees - Operating & Professional	44,411,855	54,323,360	9,911,505
53x Supplies	3,000	3,000	-
60x IT Expenses	22,800	509,712	486,912
71x Grants, Benefits, & Claims	3,804,695	4,379,984	575,289
Total Operating	\$ 48,715,884	\$ 59,796,120	\$ 11,080,236
Total	\$ 61,383,116	\$ 74,967,409	\$ 13,584,293
Total General	\$ 26,606,768	\$ 32,690,891	\$ 6,084,123
Total Federal	\$ 32,970,714	\$ 41,976,517	\$ 9,005,804
Total Other	\$ 1,805,634	\$ 300,000	\$ (1,505,634)

Operating Schedule

DESCRIPTION	2023-25		2025-27 EXECUTIVE BUDGET RECOMMENDATION			
	BIENNIUM AMOUNT	INCREASE/ (DECREASE)	TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Money Follows the Person Service Contracts	\$ 13,032,828	\$ 1,975,395	\$ 15,008,223		\$ 15,008,223	
Services to support transition and diversion from institutional settings (DOJ)	-	5,289,397	5,289,397	2,733,934	2,555,463	
Housing Assistance to support targeted population member transitions (DOJ)	-	300,000	300,000	300,000		
DOJ - Consultant Contract	511,388	(8,580)	502,808	387,162	115,646	
Guardianship Service Providers	423,000	-	423,000	423,000		
Adult Protective Service Contracts	239,929	470,670	710,599	390,829	319,770	
Health/Nutrition Provider Contracts	27,957,786	2,933,343	30,891,129	18,323,804	12,567,325	
Family Caregiver Support Providers	2,087,398	196,602	2,284,000	991,256	1,292,744	
Marketing Service Contracts	60,000	-	60,000	42,000	18,000	
Admin Services (Advertising, Background checks, Interpreters, service awards)	99,526	(79,112)	20,414	6,906	13,508	
Operation Underfund		(1,166,210)	(1,166,210)	(1,166,210)		
		-				
GENERAL FUND	\$ 18,248,893	\$ 4,183,788	\$ 22,432,681	\$ 22,432,681		
FEDERAL FUND	24,729,351	7,161,328	31,890,679		31,890,679	
OTHER FUND	1,433,611	(1,433,611)	-			-
GRAND TOTAL	\$ 44,411,855	\$ 9,911,505	\$ 54,323,360	\$ 22,432,681	\$ 31,890,679	\$ -

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM		INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
	AMOUNT			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Adult Protective Services Grants	\$ 1,176,698	\$	217,507	1,394,205	\$ 1,087,448	\$ 306,757	
Telecommunication Equipment Distribution Grant	300,000		-	300,000			300,000
Preventive Health - Contract	245,997		14,003	260,000		260,000	
Health and Nutrition Contracts	477,000		343,779	820,779	347,682	473,097	
Dementia Care Services - Alzheimer Association	1,605,000		-	1,605,000	1,605,000		
GENERAL FUND	\$ 2,125,365	\$	914,765	\$ 3,040,130	\$ 3,040,130		
FEDERAL FUND	1,379,330		(339,476)	1,039,854		1,039,854	
OTHER FUND	300,000		-	300,000			300,000
GRAND TOTAL	\$ 3,804,695	\$	575,289	\$ 4,379,984	\$ 3,040,130	\$ 1,039,854	\$ 300,000

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over)
511x Salaries - Regular	\$ 6,923,252	\$ 6,700,335	\$ 8,797,143	\$ (1,873,891)
513x Salaries Temp	2,351,736	360,571	456,971	1,894,765
514x Salaries Overtime	-	46,104	46,104	(46,104)
516x Salaries Benefits	3,392,244	3,184,067	4,210,759	(818,515)
Total Salaries & Benefits	\$ 12,667,232	\$ 10,291,077	\$ 13,510,977	\$ (843,745)
52x Travel	119,417	247,294	329,451	(210,034)
53x Supply	5,881	22,774	29,554	(23,673)
54x Postage & Printing	12,174	9,189	11,424	750
55x Equipment under \$5,000	1,000	11,600	11,600	(10,600)
57x Insurance	3,300	-	-	3,300
58x Rent/Leases - Bldg/Equip	289,299	178,788	238,618	50,681
59x Repairs	-	2,141	2,141	(2,141)
61x Professional Development	42,463	56,382	60,352	(17,889)
62x Fees - Operating & Professional	44,411,855	35,098,342	58,608,219	(14,196,364)
53x Supplies	3,000	3,474	4,624	(1,624)
60x IT Expenses	22,800	92,883	123,188	(100,388)
71x Grants, Benefits, & Claims	3,804,695	4,228,736	5,530,357	(1,725,662)
Total Operating	\$ 48,715,884	\$ 39,951,602	\$ 64,949,529	\$ (16,233,645)
Total	\$ 61,383,116	\$ 50,242,679	\$ 78,460,506	\$ (17,077,389)
Total General	\$ 26,606,768	\$ 24,896,281	\$ 32,642,974	\$ (6,036,205)
Total Federal	\$ 32,970,714	\$ 18,984,961	\$ 28,515,897	\$ 4,454,817
Total Other	\$ 1,805,634	\$ 6,361,438	\$ 17,301,635	\$ (15,496,001)

Summary of Service Contracts

Who provides the care?

- Eight OAA Senior Nutrition Program (senior meals)
- Six Health Maintenance providers (OAA support svc)
- Four Tribal Nutrition/Home visiting agencies
- Three Adult Protective Services agencies (APS)
- Four Centers for Independent Living (Money Follows the Person Transition Coordination)
- Alzheimer's Association (Dementia Care services)
- ND Center for Persons with Disabilities (Housing facilitation for transition/diversion)
- ND Assistive (Senior Safety and Telecommunications)
- Legal Services of North Dakota (Legal Assistance)
- NDSU Extension (OAA support svc)
- Community of Care



Policy bills impacting Adult and Aging Services appropriation

- SB 2138 – volunteer-driven community-supported services
 - Bill to increase the amount of general funds appropriated for the Community of Care Grant from \$120,000 a biennium to \$250,000 a biennium.
- HB 1433 – dementia care coordination
 - Bill to add \$250,000 in general funds to the HHS budget to fund a dementia care coordination position.
- HB 1460 – caregiver requirements
 - Bill to make modifications to substitute caregiver and respite care requirements in adult foster homes, which would impact access to and payment for affected services.

On the horizon for Adults & Aging Services



- Meet the increased demand for services
- Meet the continued implementation and reporting requirements of the US DOJ SA.
- Shortage of QSPs in “service desert” areas of the state.
- Shortage of nurses and providers with behavioral health experience to meet complex needs of HCBS recipients.
- Improve the quality of HCBS by improving the training and onboarding experience for providers.
- Help adults understand the benefits of investing in services that can support them in the first stage of age-related functional impairment. Using services when needs first arise may decrease the need for costly higher levels of care.
- Address the lack of supported decision-making services and guardians for people who lack capacity to self-direct
- Lack of affordable accessible housing units
- Increased federal regulation and compliance requirements for HCBS system.

Contact Information

Nancy Maier, Director
ND HHS Adult and Aging Services
Section

nmaier@nd.gov

701-328-4607

ADRL 855-462-5465

