



HB1012 Overview – Developmental Disabilities

House Appropriations | Human Resources Division

Representative Jon Nelson, Chairman



Health & Human Services

February 3, 2025, Tina Bay | Director, Developmental Disabilities Section

Developmental Disabilities Section

NDCC Reference and Purpose

The developmental disabilities section is dedicated to ensuring that individuals with developmental and intellectual disabilities have access to comprehensive, person-centered services that promote independence, inclusion, and quality of life.

Chapter	Chapter Name
25-01.2	Developmental Disability
25-04	Care of Developmentally Disabled
25-16	Residential Care and Services for Developmentally Disabled
25-16.1	Receivers for Developmentally Disabled Facilities
25-18	Fee for Service Rate setting for Developmentally Disabled Facilities
50-06	Department of Health and Human Services



Developmental Disabilities programs and services



Early Intervention

Services in a family's home, teaching parents' hands-on activities that they can do with their child (birth through age 2) to promote child development.



Program Management

Provides information, referral and support to eligible individuals so they can access services and achieve their outcomes.



Corporate Guardianship

Support vulnerable individuals 18 years and older who need assistance making life choices.



Intermediate Care Facilities

Residential facility that provides health or rehabilitative services for individuals who require active treatment.



Home and Community Based Waiver Services

Provides individuals the opportunity to receive services in their own home and community rather than an institution.

What does it mean to be “DD Eligible” in ND

- To qualify to receive **case management supports** from a DD Program Manager (i.e., **DDPM-eligible**):
 - Determined to have either (1) an intellectual disability or (2) related condition such as autism, cerebral palsy, etc., which also results in substantial functional limitations in 3 or more areas of major life activities.
 - Eligibility defined in: NDAC 75-04-06
 - Services available: assistance with locating and coordinating support services, providing general information, and monitoring supports and services.
- To qualify for **residential and non-residential services** via an Intermediate Care Facility or the DD HCBS Waiver (i.e., **DD-eligible**):
 - DDPM-Eligible and determined to need an “ICF/IID level of care”.
 - “ICF/IID level of care” defined in: 42 CFR §440.150(a)(2)
 - Services available: range of DD authorized services like family support, intermediate care facility, residential habilitation, day programming, employment supports, respite, and equipment and supplies.

Developmental Disabilities Program Administration

Program administration helps make delivery of services possible by serving as the state's primary liaison to the federal funder.

Administration

- Provider licensing
- Provider enrollment
- Technical assistance
- Policy development
- Contract management
- Waiver administration
- Service authorization
- Guardianship
- Appeals

Program Integrity

- Quality assurance
- Accreditation
- National Core Indicators (NCI)
- Home and Community Based Services (HCBS) Survey
- Regulatory compliance
- Provider audits
- Case reviews
- Federal & State Audits

Partnerships

- Community Providers
- North Dakota Interagency Coordinating Council
- Cross Disability Council
- Money Follows the Person

Developmental Disabilities Program Management (DDPM)

DD Program Managers

Assist clients, families, and guardians in navigating available services, with a focus on helping clients maintain their health and safety while working toward achieving their personal goals.

What do they do?

- Intake & eligibility
- Conduct person-centered planning
- Service authorization
- Crisis support planning
- Referrals to provider agencies
- Face to face visits with clients
- Direct care

117

DD program managers

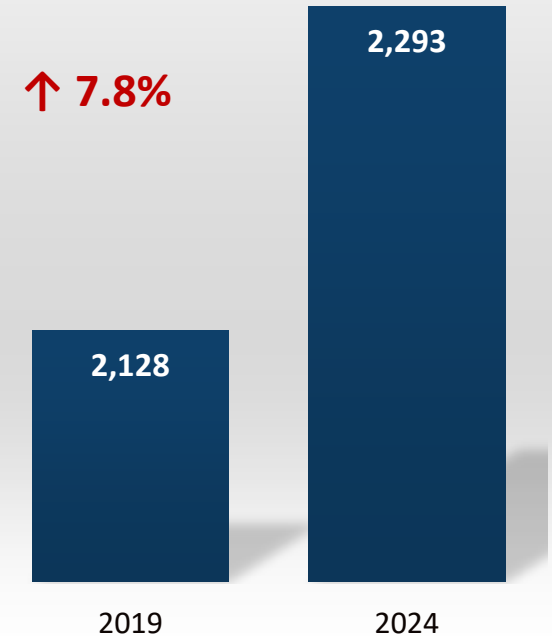
240 and **191**

On average, 240 new referrals and 191 new eligibilities conducted each month

8,410

Individuals with developmental disabilities receiving case management services

DD Eligibility Determinations



Developmental Disabilities Program Supervision (DDPA)

Network with
community
providers

Intake for
referrals

Appeals

Approval of
service
authorization

Quality case
reviews

On-site
environmental
scans of all licensed
group homes

Crisis support
planning

Supervision of
DDPMs



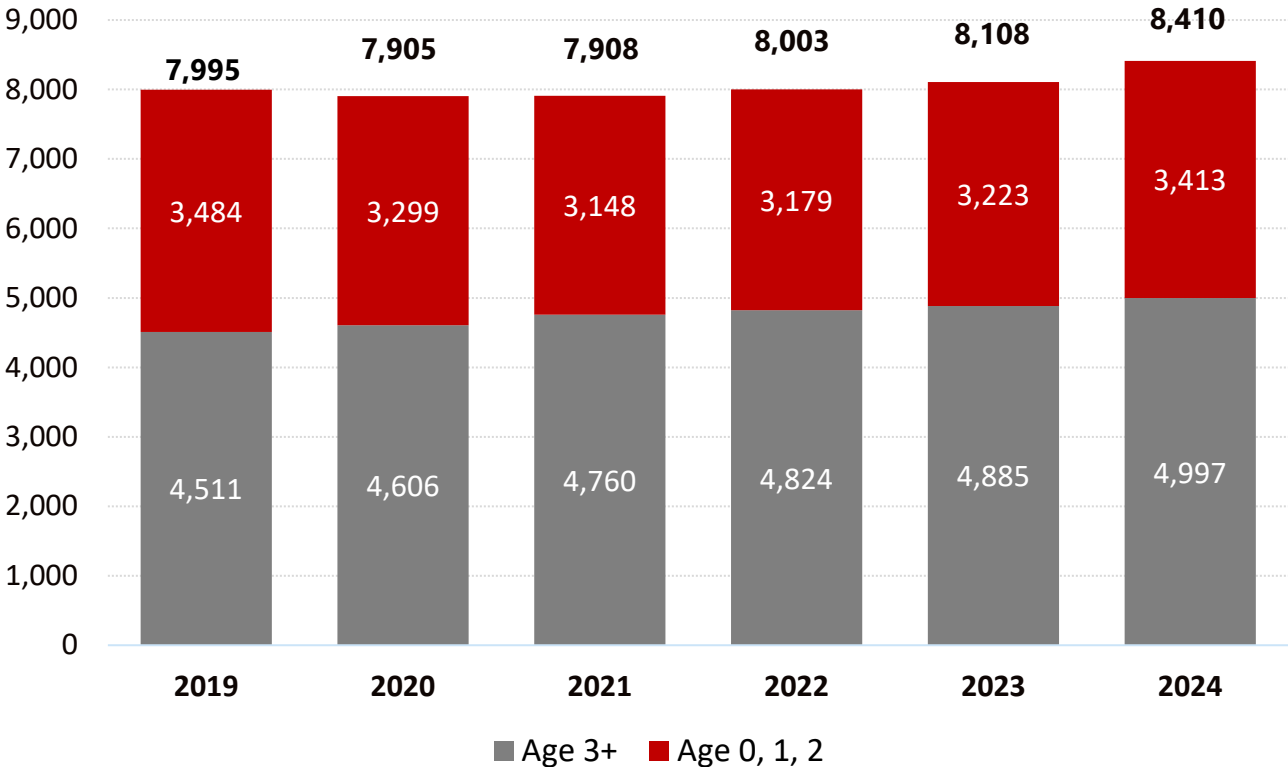
Developmental Disabilities Program Managers served over 8,400 children and adults in SFY 2024

NDs 1915(c) waived services for people with a range of developmental disabilities are coordinated by **117 DD program managers** and delivered by **45 licensed providers** and **580 self directed providers** who served **8,400 people** ages 0-90+ in 2024



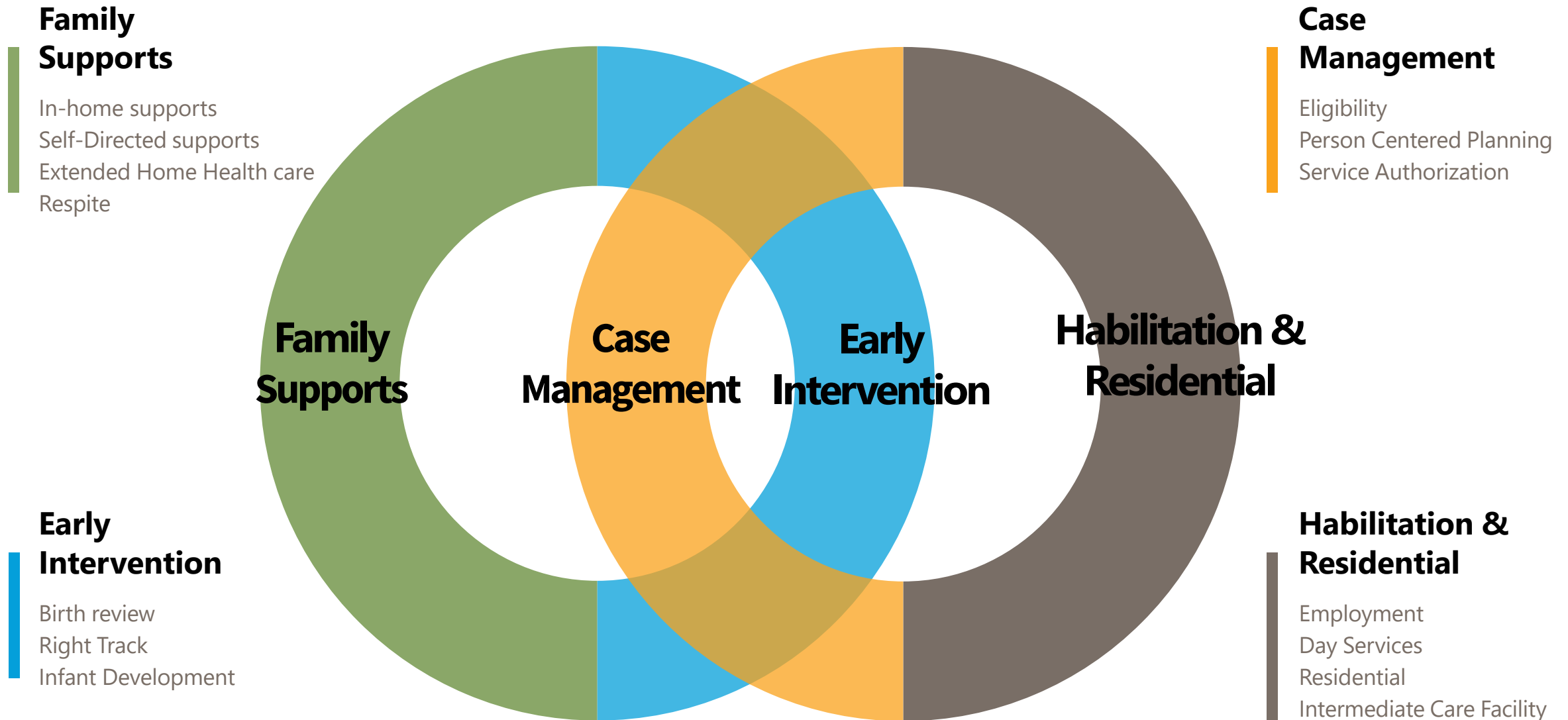
41% of individuals served are younger than age 3

Count of individuals by age group



*Age is calculated at the beginning of each SFY and may not reflect age at time service was active

Program management and early intervention are a key intersection within the continuum of services available to people with Developmental Disabilities

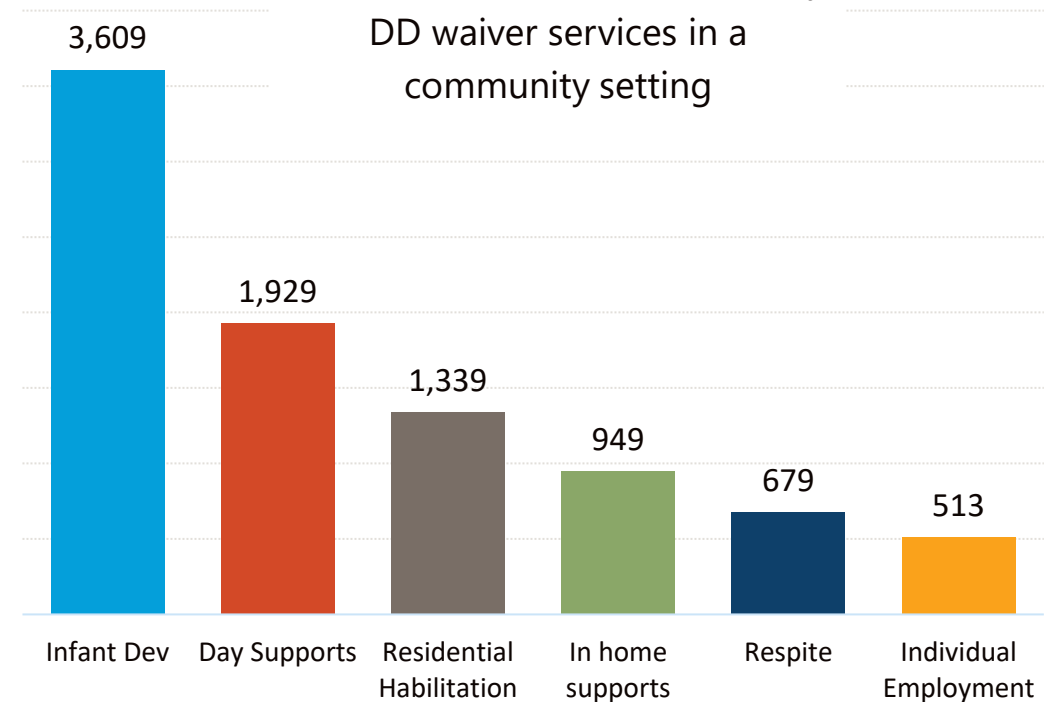


ID/DD Home and Community Based Services Waiver (aka “DD Waiver”)

- Serves individuals across the life span (birth to death)
- Offers a variety of services that are available based on the person’s needs and preferences
- Recipients must be both functionally and financially eligible.
 - Note: Parental income and assets are disregarded when determining financial eligibility for children utilizing waiver service.
- Federal funds matched with state funds (FMAP)

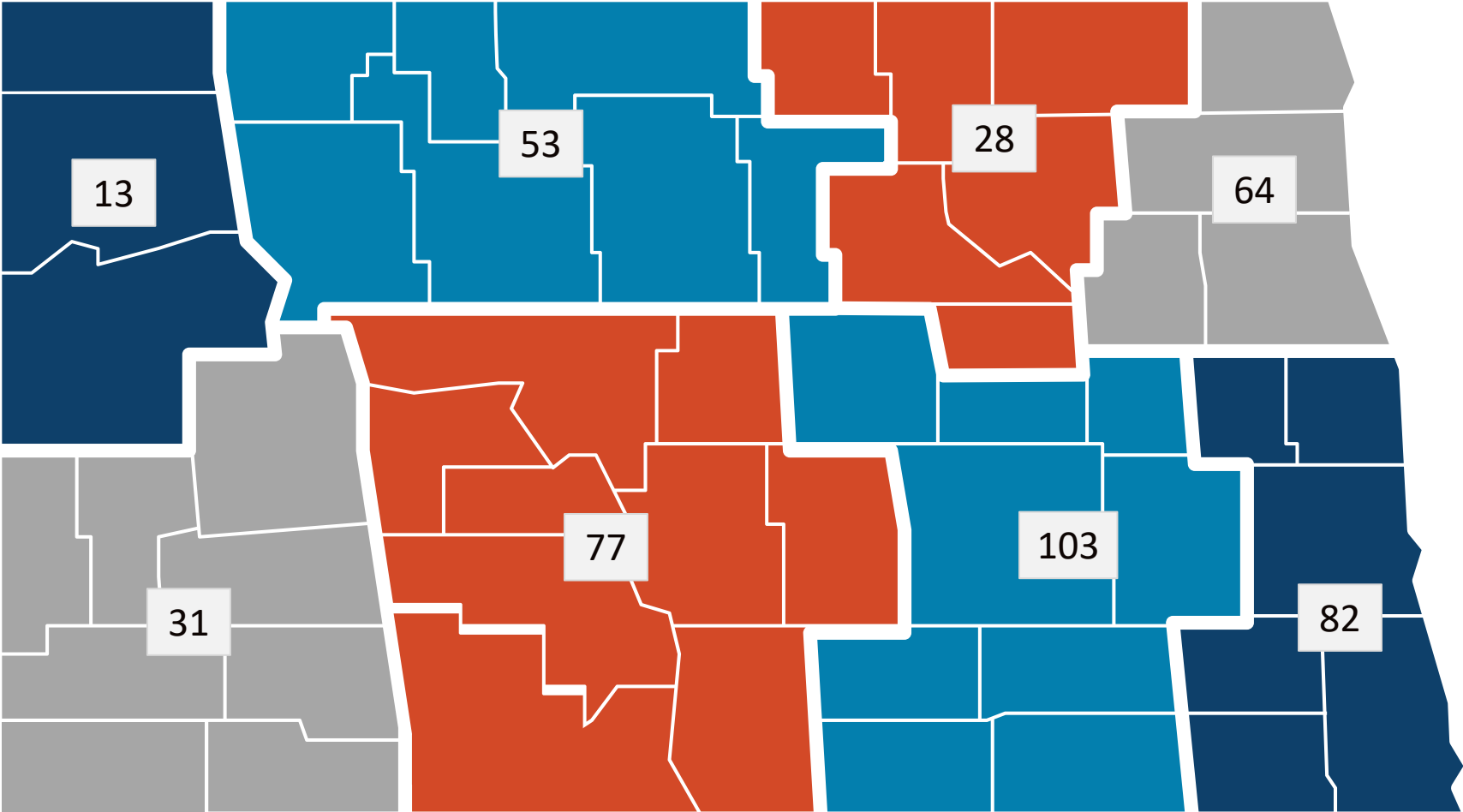
6,314

Number of people supported by DD waiver services in a community setting



**Note: Data includes duplicated individuals as it represents individuals receiving each type of service*

Intermediate Care Facilities licensed bed capacity by region



451 licensed beds

The average monthly bed usage
July 23 – June 24

389

(**86%** utilization rate)



One area we would like to explore is whether there is a way to repurpose the available beds for crisis situations, while still avoiding the incentivization of institutional services.

Where do people served by the DD section live?

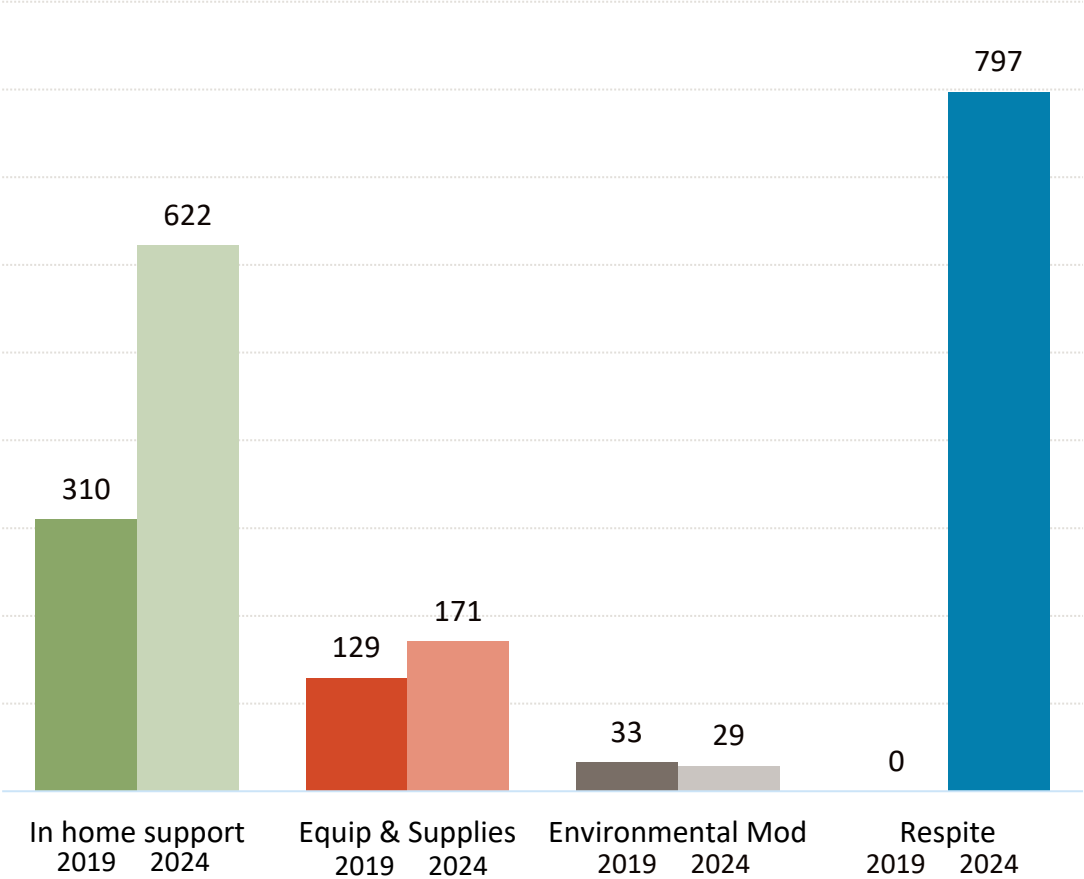
people served over 12 mo period by type of service by type of residence | Jul 2018-June 2019 and Jul 2023-Jun 2024

	2019		2024	
Intermediate Care Facility (ICF) (Provider-owned facility, daily rate)	565	7%	530	6%
Residential Habilitation (Pvt housing, provider-supported daily rate)	1,313	16%	1,278	15%
Family/Own Home (Provider-supported, incl Ind Hab)	≈1,600	20%	≈1,100	13%
Family/Own Home (DDPM only)	≈600	8%	≈620	7%
Family Home (Self-Directed)	310	4%	622	7%
Family Home (Infant Development)	≈3,830	47%	≈4,250	51%
TOTAL	≈8,000		≈8,400	



Self Directed Services are a mode of service delivery that is growing in terms of utilization in the DD Waiver

people using Self Directed Services
Claims Data | DD Waiver SFY 2024



What are “Self Directed Services”?

With the support of a fiscal agent, families can hire their own staff, set wages, provide training, and create schedules for staff they hire, offering greater flexibility and personalization in the care and support they receive.

- **Respite & In home supports**
- **Equipment & Supplies**
 - Nutritional supplements
 - Adaptive kitchen utensils
 - Switches/adaptive controls
 - Sensory items (noise cancelling headphones, weighted vests/blankets)
 - Assistive technology (smart thermostat, smart lock, smart lights, sensors, alarms, automatic soap dispenser, switches, and iGuard stove controller)
- **Environmental Modifications**
 - Widening of doorways in homes
 - Track lift system
 - Lifts for vehicles
 - Accessible showers
 - Ramps

How does the supportive role of the DDPM change based on the setting where someone lives?

Task	DDPM Only	SNF	Personal Care (MSP)	LSTC	ICF/IID	Waiver-provider	Waiver- without provider (SDS)	Infant Development	Medically Fragile
Avg Utilization	400-800	100-150	50-100	60-80	450-500	2,200-2,600	800-1,000	3,200-3,800	20-30
Face to Face Visits	Annual	Annual & with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Direct Care	As needed	NA	NA	NA	NA	As needed (primarily Indep Hab)	NA	NA	NA
Guardian Contacts	Annual	Annual and with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Service Plan Development	Develops Svc Plan – initial & annual (short-version)	Develops Service Plan – initial, annual & options counseling	Develops Service Plan – initial, every 6 months & annual	Develops Service Plan – initial & annual (short-version)	Plan Approver	Plan Approver	Develops Service Plan –initial & annual (either full or short version)	Plan Approver – initial, annual, every 6 months and 2-7 and 2-9 transition	Develops Service Plan – initial & annual (full version)
Risk Assessment	Initial	Initial & annual	Initial, 6 mo & annual	Initial	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
PAR (Level of Care)	NA	NA	Annual	NA	Annual	Annual	Annual	Annual	NA
Case Actions	NA	NA	Initial & annual	NA	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
QER	NA	NA	NA	NA	Annual	Every 6 months	Every 6 months	Every 6 months	Every 6 months
Service authorizations	NA	NA	NA	NA	Yes	Yes	Yes	Yes	Yes



Accomplishments: Filling Gaps & Improving Services

Enhancements to DD HCBS Waiver

In-Home Supports

- New flexibility: Individuals can now utilize both Provider managed and Self-Directed services.

Equipment & Supplies

- Increase in limit: from \$4,000 to \$5,000 per waiver year.

Environmental Modifications

- Increase in limit: from \$20,000 to \$40,000 per waiver period (5 years)
- Added that modifications can be made to homes rented by participant or primary caregiver.

Respite Service

- Created stand-alone service that allows for 600 hours per year of support.



What might 600 hours of respite mean for a family?

600 hours/year =
50 hrs / month OR
11.5 hrs/week OR
3.5 wks/year

Accomplishments: Filling Gaps & Improving Services

Enhancements to DD services

Youth Social Supports & Community Integration Grant

- Grant provided funding to three agencies aimed at supporting community integration for youth aged 12-21.
- 46 youth participated
- Participants took part in various community activities, including visits to local parks, water parks, street fairs, movies, fishing trips, and the zoo.
- The pilot was operational from June 1 – August 31, 2024. *Funding Source: ARPA 10% HCBS Fund*

Guardianship Establishment Fund

- Provides funds to cover petitioning costs for family and friends who are willing to serve as guardian but may not have the financial resources to complete the legal process.
- \$3,000 max per request; 112 requests approved



Accomplishments: Filling Gaps & Improving Services

Family Caregiver Pilot

Pilot start date 4/1/2024; Data as of 12/3/2024

Submitted applications: 444

Waiver*:

Traditional IID/DD HCBS Waiver:
342 (Total enrolled: 6106) = 5.6%

Autism Waiver:

40 (Total enrolled: 345) = 12%

Medically Fragile Waiver:

24 (Total enrolled: 26) = 92%

Children's Hospice Waiver:

0 (Total enrolled: 0) = 0%

Unknown: 38

*Based on the waiver selected in the application by the person applying.

Age:

0-17: 76%

18+: 24%

Approved Applications: 50*

Waiver:

Traditional IID/DD HCBS Waiver: 96%

Autism Waiver: 2%

Medically Fragile Waiver: 2%

Age:

0-17: 62%

18+: 38%

*This includes 50 paid caregivers (49 applicants – 1 applicant/2 different households).

Daily Rate:

Age: 0-17—\$77.45/day

Annual average of \$20,137

Age: 18+ = \$154.89/day

Annual average of \$40,271

Pending Applications: 17

Waiver:

Traditional IID/DD HCBS Waiver: 16

Autism Waiver: 1

Age:

0-17: 71%

18+: 29%

Additional applications reviewed once funding from appeals is able to be released.

Waitlist: 182

Denied: 172

Primary Denial Reason:

Applicant not enrolled in a 1915c waiver: 62

Assessed needs did not meet extraordinary care criteria: 97

Support needs are otherwise compensated: 4

Program funds not available: 0

Application incomplete: 0

Family Caregiver did not meet program requirements: 9

Revoked: 2

Withdrawn: 17

Closed: 4

Appeals: 21*

\$256,741.55 currently held in appeals

\$352,389.70 currently held in appeal rights timelines

*Anyone who has been denied for an appealable reason would have appeal rights where the funding is held until 30 days after the decision date (unless appealed further, then the funding continues to be held)

Cost of appeals from the Attorney General (AG) and Office of Administrative Hearings (OAH)*:

\$35,614.93

Costs are through October 2024.

*Funds to cover these costs do not come from the funding allocated through Senate Bill 2276. These costs are covered using HHS funding.

Implementation costs from Senate Bill 2276:

IT – Portal: \$73,401.03*

*Does not include IT maintenance & operations for portal.

FTE/Salary Costs: \$81,072.30

Portal Functionality

Within the Family Paid Caregiver Portal, an applicant can:

- Submit an application
 - Extraordinary Care Assessment and Child Abuse and Neglect Background Inquiry documents can be uploaded for review.
- View status of submitted application(s)
- View authorization(s)
- Request payments
- View payment status

Total Funds Appropriated for Direct Service: \$2,200,000

Total Funds Authorized: \$1,252,245.67

Held for Appeals: \$609,131.25

Held for Pending Applications: \$338,623.08

Accomplishments: Filling Gaps & Improving Services

Supporting Provider Operations

Accreditation Options

- Expanded the number of options DD providers can consider for securing accreditation of services.
 - Select the entity that best aligns with their needs and objectives.
 - Select an entity that offers the support and resources necessary for their success.

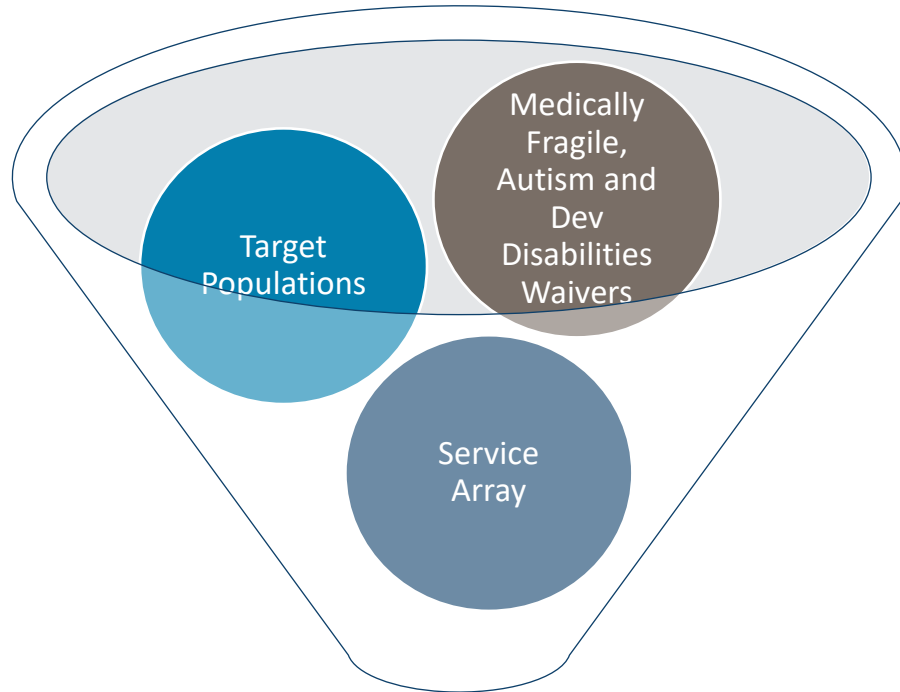
Person-centered approach to Risk Toolkit

- Resource to provide guidance re how to think about / manage risk
 - Geared toward people receiving DD services, guardians, family members, and service planning team members
 - Available online: [PCP Risk Toolkit](#)



Accomplishments: Filling Gaps & Improving Services

Preparing for a Cross Disability Waiver



Cross Disability Children's Waiver helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.



Components of Quality

*How are we doing?
Can we do it better?*

National Standards

Evidence Based Practices

Applying or translating research findings into care practices and decision making that will result in the best client outcomes

Accreditation

Assures quality, consistency and relevant approaches through application of research-based standards and a peer-review process

State Standards

Licensure and Certification

Granting of authority to practice within health and safety guidelines and/or scope of practice

Incident Reporting

Tracking of health and safety events that occur in the course of delivering care to clients



Outputs and Outcomes

National Core Indicators

Standard measures used across states to assess the outcomes of services provided to individuals and families

Core Set Performance Measures

National standards of care and treatment processes for common health conditions

Processes

Quality Assurance / Quality Control

Monitoring desired level of quality in service delivery by examination of processes and procedures

Accreditation as part of the ND Quality Framework

Accreditation is about more than regulatory compliance. It represents a quality standard that evaluates how well an agency is supporting the people it serves.

- Allows for an outside, unbiased, third-party review of policies and practices and the experiences of those receiving services.
- Measures these items against national practices, experiences, and established standards. In turn, this allows for the ability to keep North Dakota services and supports truly person-centered.
- Encourages providers to collect data and use the data to make informed decisions or changes toward policy and practices.

Regulatory Monitoring

Licensing, monitoring and training, and the HCBS survey process focus on ensuring that providers meet minimum standards for health, safety, and compliance with state policies.

Accreditation

Accreditation goes further by emphasizing person-centered care and aligning practices with nationally recognized best practices.



Discharge can be Voluntary or Involuntary

Voluntary Discharge: the person chooses to exit services or choose another provider

- Personal preference
- Move to a different city
- Move to a short term stay in a skilled nursing facility (ex. rehab, recovery)

Involuntary Discharge: the person is discharged from services against his or her own wishes.

- Provider “not able to meet needs”
 - Short staffing
 - Safety needs for both client and staff
 - Client-to-client interactions
 - Guardian or family challenges, including preventing the provider from providing supports

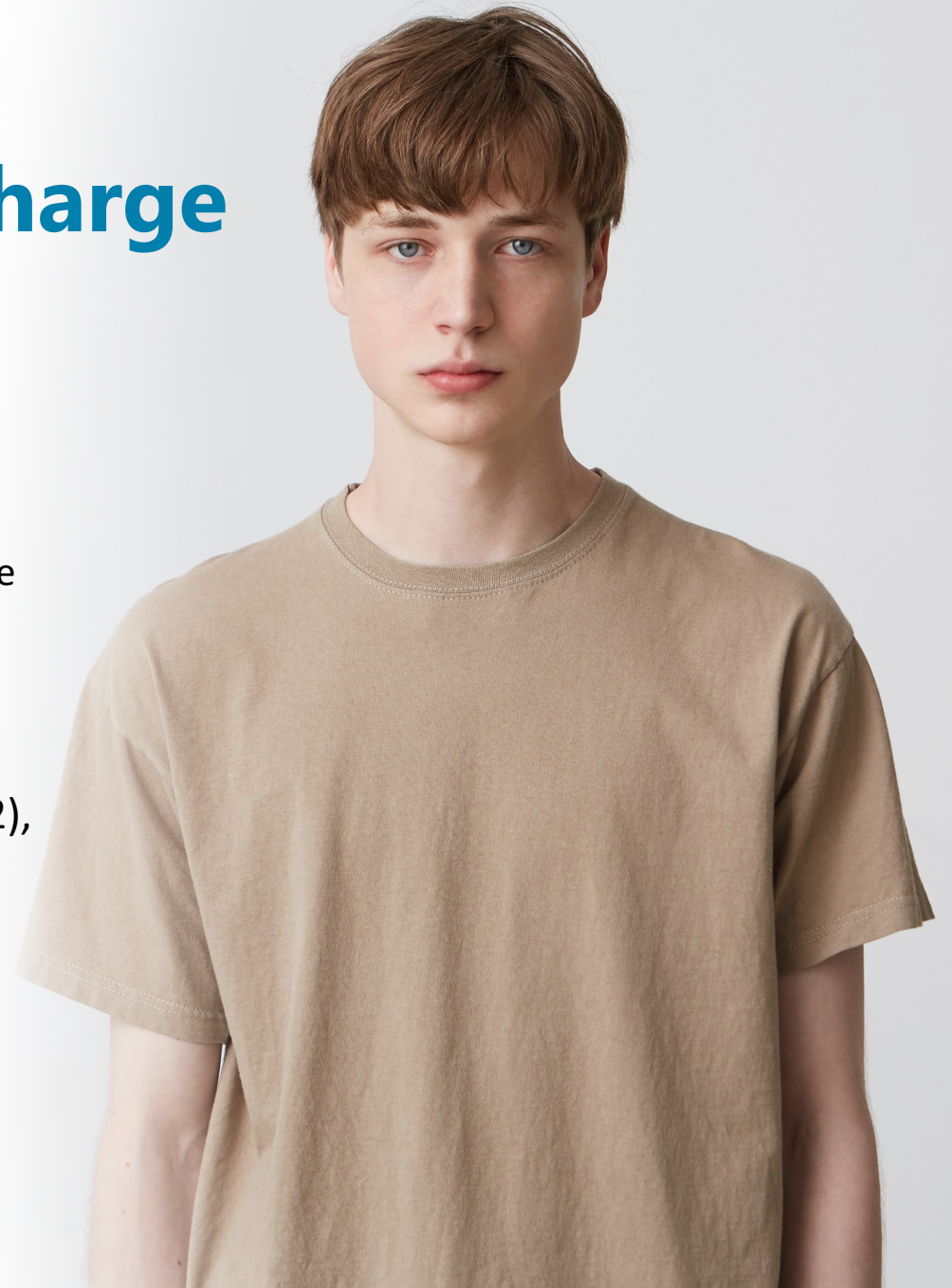
Involuntary Discharges (July-December 2024): **9**
People living in ICF or ResHab setting (12-31-24 snapshot): **5,527**

	Total	Details
Total Involuntary Discharges	9	1-Medical Needs 1-Substance Abuse 7-Behavior
Continued with Provider	2	Team Problem Solving Resulted in Stabilization
Accepted by a New Provider	5	
Back with Family	1	
At LSTC (Life Skills and Transition Center)	0	
At NDSH (North Dakota State Hospital)	0	
Homeless	1	Due to Substance Abuse

**Involuntary Discharge means that the individual's care team did not concur with the discharge decision.*

Examining opportunities to think differently about discharge

- HHS assembled a “Discharge Policy Work Group” to develop recommendations to improve involuntary discharge practices and policy. Work group is examining:
 - Reasons for involuntary discharge
 - Current challenges in the system related to involuntary discharge
 - Multiple case studies of those that have been given notice of involuntary discharge
- Work Group membership includes: HHS DD section policy (2) and field staff (2), P&A (2), DD provider CEOs (3), Guardians (2), LSTC (1)
- Results from the group’s recommendations could potentially lead to policy change.



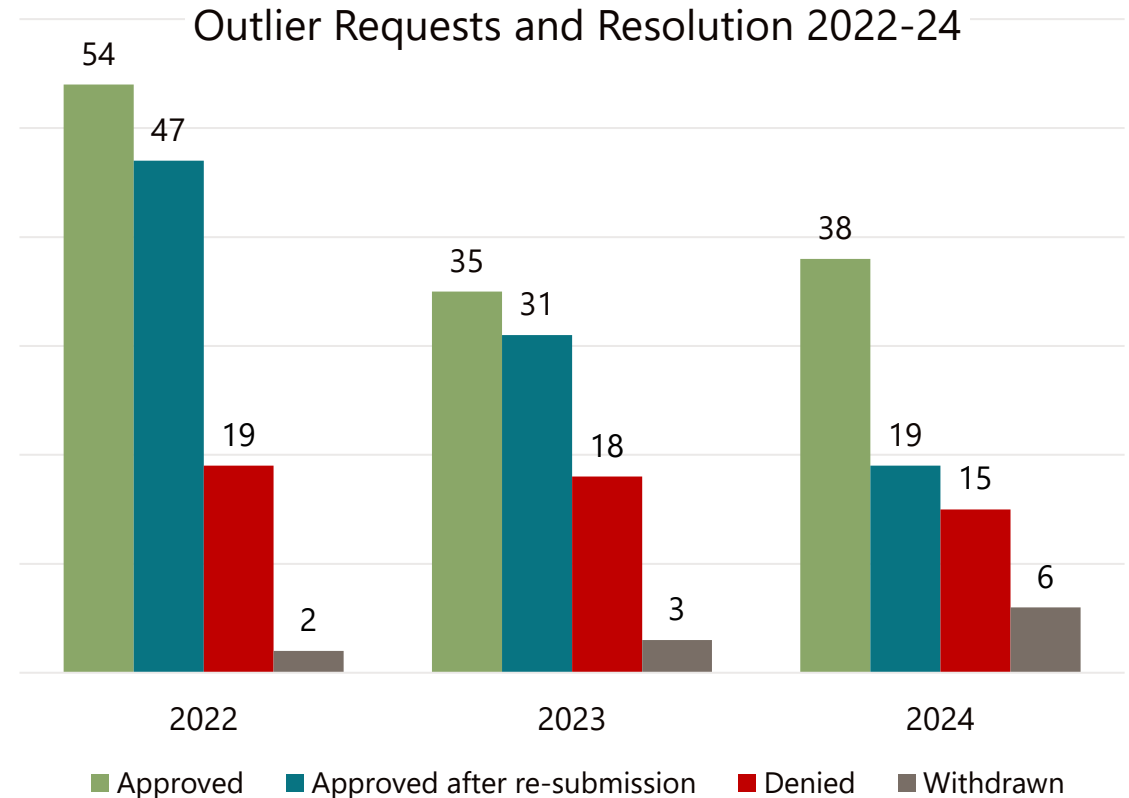
Outlier Requests are a systematized part of the service auth process designed to account for extraordinary needs

If an individual's needs exceed the support service hours authorized as per the information gleaned from the SIS or ICAP assessment, they can request consideration for additional Medicaid-funded staff support.

1. Meet a medical or behavioral qualifier, and
2. Pose an imminent risk of harm to health/safety (self or others), and
3. Support needs exceed hours identified, and
4. Other mitigation options were pursued before requesting additional staffing



The Outlier Policy helps ND **apply consistent principles** across unique situations and helps ensure that the system is supporting the **least restrictive level of staffing** that is necessary to meet a person's needs.



Common Denial reasons

- Hours in setting meet the level of staffing requested
- No data included or it is incomplete
- Frequency or intensity does not meet the policy requirements

Assistive devices and technologies are opening up new avenues for people to support their “life activity” needs without relying on staffing as the sole solution

Assistive devices and various home and vehicle modifications have always been part of how families and providers have worked together to modify the physical environment to meet a person’s unique needs.

- Ramps and Lifts
- No-step showers, grab bars
- Walkers, canes and

The environment, expectations, and opportunities surrounding environmental modification are ever-changing

- Sensory issues
- Technology-enabled devices
- Smart-home improvements paired with physical home modification



Access to assistive devices/technologies is growing.

Navigating how to access a growing array of options can be difficult for families.

	Medicaid State Plan	DD waiver	Autism waiver	Med Fragile waiver	Aged & Disabled waiver	Other (MFP, SPED, ExSPED)	Other (housing rehab)
Benefit Limits	Specific to individual need	Equip & Supplies - \$5k/yr Env Mod - \$40k (over 5 yrs)	Assistive Tech - \$5k (over 5 yrs)	Assistive Tech & Env Mod - \$25,300/waiver yr (all services)	Specific to individual need	Unique to each program	Unique to each program
Eligible settings	Own home (rent or own)	Own home (rent or own)	Own home (rent or own)	Own home (if mod cannot be moved, must own)	Own home (rent or own)	Unique to each program	Unique to each program
How to access	Enroll as Medicaid provider	Veridian (contracted intermediary)	Purchased by HHS and shipped to home	Veridian (contracted intermediary)	Enroll as Medicaid provider	Each program has a pathway	Each program has a pathway
Eligible items	Medically necessary as defined in NDAC 75-02-02	All 4 Medicaid 1915c waivers note that approval of any item is dependent on the disability and the need (i.e., prevent institutionalization by addressing ADL/IADLs)				Unique to each program	Unique to each program

- For waivers that serve children, if an item is generic, availability depends in part on the age of the participant. As a general principle, if a child without a disability would need it, Medicaid will not cover it because the need is not specific to a child's disability. (ex. a highchair for a 3-year-old v a 15-year-old)

Example: Eligibility across programs

List of items noted by P&A during budget presentation related to ARPA-funded pilot project

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
Accessible Blinds	Yes	Yes	Yes (blackout)	No
Air Purifier	Yes	Yes	No	Yes
Amazon Echo/Show	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT
Automatic Door Opener	Yes under environmental mod	Yes under environmental mod	No	Yes
Bathing Chair	Yes	Yes	No	No
Bean Bag	Yes	No	Yes	No
Bike Basket	Yes	Yes	Yes	Yes
Bike Cargo Rack	No?	No	No	No
Bike Lock	No	No	No	No
Bluetooth Neckband	No	No	No	No
Brick	Yes	Yes	No	No
Cabinet Lock w/Code	Yes	Yes	Yes	Yes
Cabinet Lock w/Key	Yes	Yes	Yes	Yes
Cable Management	Yes	Yes	Yes	Yes
Colored Wall Lights	Yes	Yes	Yes	Yes
Door Security Bar	Yes	Yes	Yes	Yes
Door Sensor	Yes	Yes	Yes	Yes
Dry Erase Calendar	No - generic	No	Yes	No
Echo Wall Mount	Yes if it is needed to access AT	Yes	Yes if it is needed to access AT	Yes if it is needed to access AT
Fidgets	Yes	No	Yes	Yes
Floor Lamp	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off
Grocery Bag Carriers	Yes	Yes	No	No
Hearing Protection	Yes	Yes	Yes	Yes
Hospital Bed	Yes	Yes	No	No

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
LEVO tablet stand	Yes	Yes	Yes	Yes
Montessori Knives	Yes	Yes	No	No
No Drill Furniture Anchors	Yes	Yes	Yes	Yes
Open Sesame Accessory - Standard Transmitter	Yes	Yes	Yes	Yes
Phone Mount	Yes	Yes	Yes	Yes
Pull Down Shelf - 5pd Series	Yes	Yes	Yes	Yes
Recliner Switch	Yes	Yes	Yes	Yes
Ring Doorbell	Yes	Yes	Yes	Yes
Ring Doorbell Mount	Yes	Yes	Yes	Yes
Smart Bulbs	Yes	Yes	Yes	Yes
Smart Lock	Yes	Yes	Yes	Yes
Smart Plugs	Yes	Yes	Yes	Yes
Sofa Armrest Organizer	Yes	Yes	Yes	Yes
Stair Climber Cruiser Cart	Yes	Yes	Yes	Yes
Switch Bot	Yes	Yes	Yes	Yes
Timer	Yes	Yes	Yes	Yes
Veggie Chopper	Yes	Yes	No	Yes
Visual "Stop" Banner	Yes	Yes	Yes	No
Weighted Blanket	Yes	Yes	Yes	Yes
Wyze Lock	Yes	Yes	Yes	Yes

Included in Executive Budget Request

Convert the DD Youth Assessment Tool from ICAP to SIS-C

- Currently HHS-DD section uses the ICAP assessment for the resource allocation process for children birth - 15.
- The tool was selected in 2018 in part because the child-version of the SIS assessment (which ND uses for adults) was not yet available. As of 2024, the ICAP is no longer being normed or updated.
- HHS has proposed replacing the ICAP with the child-SIS (SIS-C) to reduce the impact of changing from the child assessment to adult, as both assessments will focus on support needs rather than deficiencies.
- This is expected to be a multi-year project that involves both testing the new assessment and adjusting the allocation formula based on the scoring results in the new assessment. This funding is for the use of the assessment and the consultant needed to do the allocation work.

Total	General	Federal	Other
\$400,000	\$200,000	\$200,000	\$0

This is a one-time funding request.



Included in Executive Budget Request

Implement a Host Home Service in the DD HCBS Waiver

- One of the highest priority gaps in the DD service delivery system involves appropriate service settings for youth who need at least some level of residential care outside of their family home.
- This request establishes a host home service in the DD waiver; it replaces the Family Care Option service which has been a part of the DD waiver for many years but has not effectively deployed.
- Host homes will infuse therapeutic level supports for both the youth and for the youth's family / support system to foster continued opportunities for family involvement as the youth navigates challenging symptoms and nears adulthood.
- Funds are for service delivery (paid to providers) in support of 20 operational host homes serving approximately 20 youth.

Total	General	Federal	Other
\$3,379,800	\$1,689,900	\$1,689,900	\$0

This is an ongoing funding request.



Included in Executive Budget Request

Provider Inflation

- Provider Inflation 1.5%/1.5%
 - 45 agency providers
 - 580 individual providers (self-directed)

Total	General	Federal	Other
\$16,808,241	\$8,293,006	\$8,515,235	\$0

This is an ongoing funding request.



Included in Executive Budget Request

Cross Disability Waiver Implementation

- Address existing disparities in access to home and community-based services for children with disabilities, taking meaningful steps to expand access and resources to people who may not be well served by the current system of care.
- Modernize the current system, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2025-2027 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
 2. Design Cross Disability Waiver (Service Array, Access, Quality, Provider Qualifications & Rates)
 3. Start Building Service Infrastructure
- Anticipated start date for delivery of services is July 2028.

Total	General	Federal	Other
\$4,948,452	\$2,474,226	\$2,474,226	\$0

This is an ongoing funding request.



Part of the Cross-Disability Waiver work will change what it means to be “DD-eligible”

Modifying and Refining Level of Care



CURRENT STATE

North Dakota uses an older federal definition of developmental disability to decide who qualifies for services. This definition focuses mainly on things like learning, self-care, and mobility.

NEXT STEP

Update North Dakota’s definition to match more modern standards, like those used by the AAIDD, DSM-5, and ICD-11.

- The update will include "social" functioning as part of what qualifies someone for services.
- This change will help the state better identify and support people with intellectual and developmental disabilities.














HOW DO WE GET THERE?

To make this happen, the state will work with a contracted entity to:

- ✓ Review the best practices from across the country,
- ✓ Test new tools alongside the current system,
- ✓ Select a new tool, and
- ✓ Develop an implementation plan.

What does it actually mean to modify the DD “level of care”?

4 primary domains affect a person’s ability to execute life activities

	ND Today	ND Future
1 Intellectual or Developmental Significant limitations in both Intellectual functioning (general mental capacity) & adaptive behavior; originates before age 22	 + 	 + 
2 Conceptual Language and literacy, money, time, number concepts, self direction	 + 	 + 
3 Social Interpersonal skills, social responsibility, self-esteem, gullibility, naivete (wariness), social problem solving, ability to follow rules/obey laws, avoid victimization	+ 	 + 
4 Practical Activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone		



What stays the same?

- Definition of and understanding of each individual element of diagnosis / deficit
- Definition of an ICF/IDD level of care

What changes?

Our understanding, assessment and recognition of the interplay between the diagnosis of intellectual disability and various adaptive deficits (conceptual, social, practical), and the impact the cumulative effect has on a person’s ability to execute life activities

Budget review



Developmental Disabilities Section

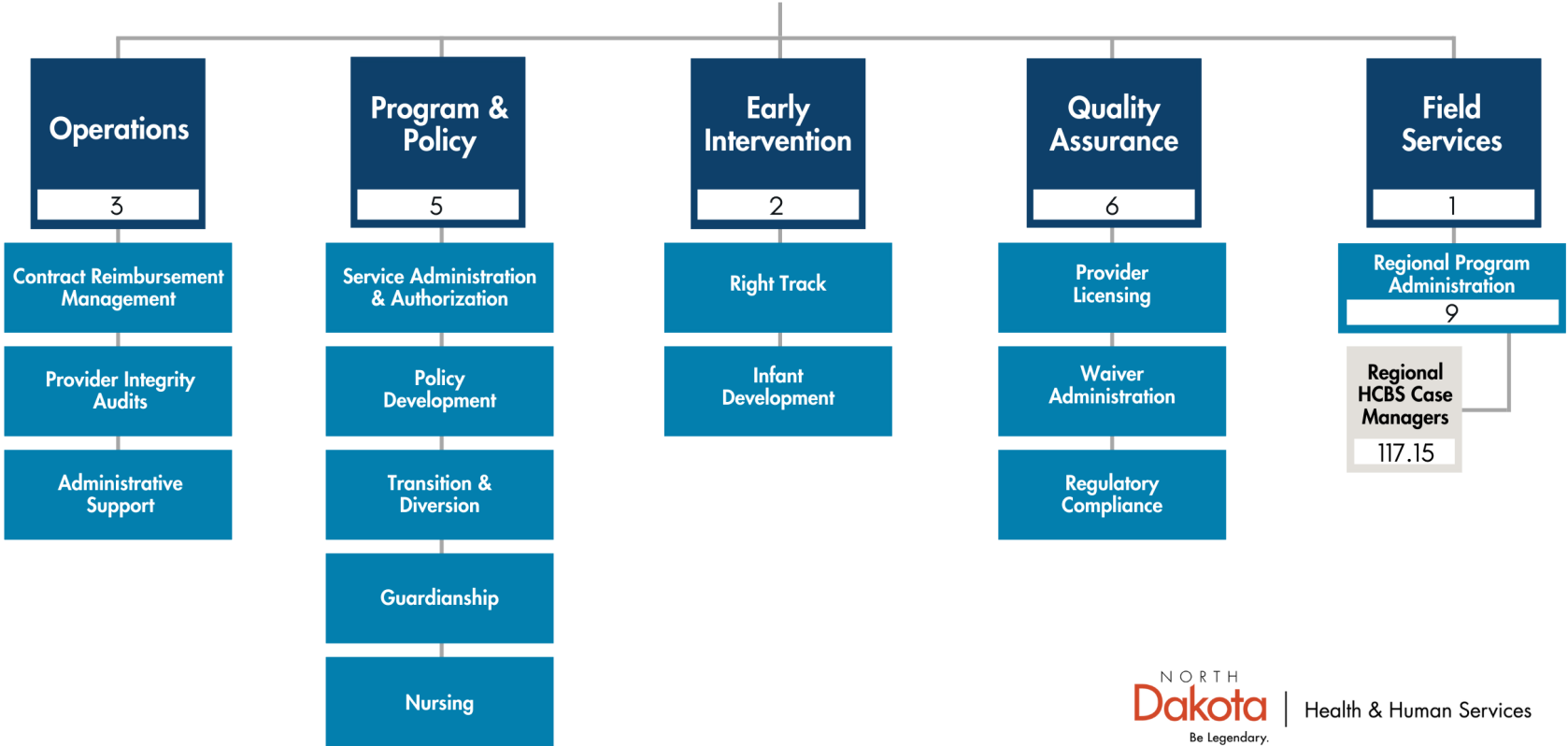
Team Structure and Function

Position #s Assigned / Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
144.15	141.15	3*	3*

*As of 12/01/2024

Average Age	42
Avg Years of Service	11
Retirement Risk	6%
Turnover 2021	4%
Turnover 2022	3%
Turnover 2023	6%
Turnover 2024	7%

Developmental Disabilities Director *Tina Bay*



Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Total General	\$ 372,688,337	\$ 399,078,048	\$ 26,389,711
Total Federal	\$ 409,372,626	\$ 411,040,033	\$ 1,667,407
Total Other	\$ 137,500	\$ 521,747	\$ 384,247
511x Salaries - Regular	\$ 16,348,674	\$ 20,543,343	\$ 4,194,669
513x Salaries Temp	989,717	156,134	(833,583)
514x Salaries Overtime	108,056	-	(108,056)
516x Salaries Benefits	8,304,060	10,294,746	1,990,686
Total Salaries & Benefits	\$ 25,750,507	\$ 30,994,223	\$ 5,243,716
52x Travel	273,175	618,545	345,370
53x Supply	110,046	134,794	24,748
54x Postage & Printing	10,249	29,281	19,032
55x Equipment under \$5,000	4,000	4,000	-
58x Rent/Leases - Bldg/Equip	462,442	562,180	99,738
59x Repairs	44,951	84,951	40,000
61x Professional Development	62,504	74,861	12,357
62x Fees - Operating & Professional	11,515,177	12,165,182	650,005
53x Supplies	2,250	4,250	2,000
60x IT Expenses	189,600	2,534,541	2,344,941
69x Equipment Over 5K	10,000	10,000	-
71x Grants, Benefits, & Claims	743,763,562	763,423,020	19,659,458
Total Operating	\$ 756,447,956	\$ 779,645,605	\$ 23,197,649
Total	\$ 782,198,463	\$ 810,639,828	\$ 28,441,365

Developmental Disabilities Budget
as % of HHS Budget
12.92%

Budget by Funding Source

- 49.2% - General
- 50.7% - Federal
- 0.1% - Other

Budget by Pass Through

- 1.7% - Paid to Contracted Vendors
- 94.0% - Paid to Private Providers for Direct Services
- 4.0% - HHS Admin
- 0.3% - HHS Technology

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM		INCREASE/ (DECREASE)	TOTAL	2025-27 EXECUTIVE BUDGET RECOMMENDATION		
	AMOUNT				GENERAL FUND	FEDERAL FUND	OTHER FUND
Guardianship Services	\$ 4,792,200	\$	1,317,155	\$ 6,109,355	\$ 6,109,355	\$ -	\$ -
Assessments and Fiscal Agent Services	6,722,977		(667,150)	6,055,827	1,071,655	4,737,172	247,000
GENERAL FUND	\$ 6,526,151	\$	654,859	\$ 7,181,010	\$ 7,181,010	\$ -	\$ -
FEDERAL FUND	4,989,026		(251,854)	4,737,172	-	4,737,172	-
OTHER FUND	-		247,000	247,000	-	-	247,000
GRAND TOTAL	\$ 11,515,177	\$	650,005	\$ 12,165,182	\$ 7,181,010	\$ 4,737,172	\$ 247,000

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM		INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
	AMOUNT			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Various Grants	\$ 2,969,242	\$	(1,883,130)	\$ 1,086,112	\$ 139,840	\$ 715,272	\$ 231,000
Federal Fund Match for Protection & Advocacy	200,000		20,000	220,000	-	220,000	-
GENERAL FUND	\$ 2,598,826	\$	(2,458,986)	\$ 139,840	\$ 139,840	\$ -	\$ -
FEDERAL FUND	570,416		364,856	935,272	-	935,272	-
OTHER FUND	-		231,000	231,000	-	-	231,000
GRAND TOTAL	\$ 3,169,242	\$	(1,863,130)	\$ 1,306,112	\$ 139,840	\$ 935,272	\$ 231,000

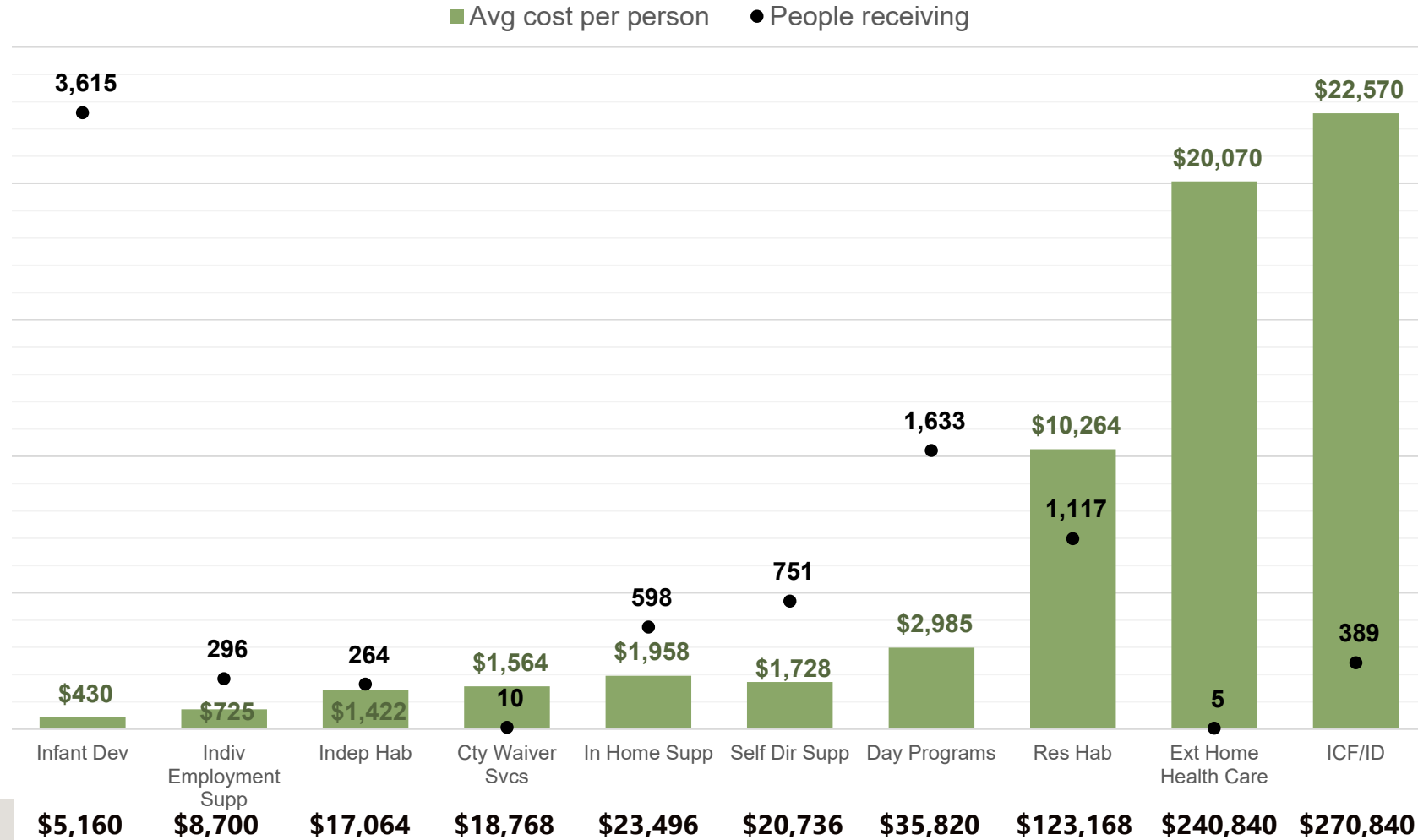
Grants on a walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
ICF/ID	\$ 233,291,959	\$ (18,500,231)	-	-	-	\$ (18,500,231)	\$ 214,791,728
<u>DD HOME AND COMMUNITY BASE SERVICES</u>	514,123,745	16,620,019	-	-	-	16,620,019	530,743,764
RESIDENTIAL HABILITATION	284,026,875	(1,727,474)	-	-	-	(1,727,474)	282,299,401
DAY PROGRAMS	117,517,263	1,077,483	-	-	-	1,077,483	118,594,746
INFANT DEVELOPMENT	36,888,505	852,360	-	-	-	852,360	37,740,865
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	36,704,331	(3,512,172)	-	-	-	(3,512,172)	33,192,159
REMAINING SERVICES*	38,986,771	19,929,822	-	-	-	19,929,822	58,916,593
COST SETTLE, DISC SERV, & UNDERFUNDING	(4,622,143)	4,622,143	(3,545,420)	-	-	1,076,723	(3,545,420)
TOTAL FUNDS	\$ 742,793,561	\$ 2,741,931	\$ (3,545,420)	\$ -	\$ -	\$ (803,489)	\$ 741,990,072
GENERAL FUND	\$ 351,680,400	\$ (132,057)	\$ 13,683,876	\$ -	\$ -	\$ 13,551,819	\$ 365,232,219

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - HCBS	TOTAL CHANGES	TO HOUSE
ICF/ID	\$ 214,791,728	\$ 4,865,574	-	\$ 4,865,574	\$ 219,657,302
<u>DD HOME AND COMMUNITY BASE SERVICES</u>	530,743,764	11,881,461	-	11,881,461	542,625,225
RESIDENTIAL HABILITATION	282,299,401	6,394,310	-	6,394,310	288,693,711
DAY PROGRAMS	118,594,746	2,684,341	-	2,684,341	121,279,087
INFANT DEVELOPMENT	37,740,865	854,952	-	854,952	38,595,817
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	33,192,159	756,729	-	756,729	33,948,888
REMAINING SERVICES*	58,916,593	1,191,129	-	1,191,129	60,107,722
COST SETTLE, DISC SERV, & UNDERFUNDING	(3,545,420)	-	3,379,800	3,379,800	(165,620)
TOTAL FUNDS	\$ 741,990,072	\$ 16,747,035	\$ 3,379,800	\$ 20,126,835	\$ 762,116,907
GENERAL FUND	\$ 365,232,219	\$ 8,287,885	\$ 1,689,900	\$ 9,977,785	\$ 375,210,004

Developmental Disabilities Service Continuum

Cost per month per person per type of service – SFY24



Top Services

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
ICF/ID (Daily)	12,207	12,505	298	\$689.90	\$731.90	\$42.00	12,536	\$705.75
Residential Habilitation (Daily)	35,139	36,107	968	\$313.69	\$333.15	\$19.46	35,383	\$322.01
Day Programs (15 min.)	657,065	669,190	12,125	\$7.09	\$7.55	\$0.46	668,822	\$7.27
Infant Development (Pay point)	6,331	6,503	172	\$230.64	\$247.29	\$16.65	6,633	\$234.61
Family Support - In Home Supports (15 min.)	121,005	137,887	16,882	\$9.63	\$10.26	\$0.63	120,746	\$9.81

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) BUDGET
511x Salaries - Regular	\$16,348,674	\$13,356,498	\$18,180,530	\$(1,831,856)
513x Salaries Temp	989,717	379,374	438,829	550,888
514x Salaries Overtime	108,056	111,081	111,081	(3,025)
516x Salaries Benefits	8,304,060	6,668,966	9,044,651	(740,591)
Total Salaries & Benefits	\$25,750,507	\$20,515,919	\$27,775,091	\$(2,024,584)
52x Travel	273,175	381,515	475,049	(201,874)
53x Supply	110,046	123,385	288,368	(178,322)
54x Postage & Printing	10,249	26,902	34,032	(23,783)
55x Equipment under \$5,000	4,000	-	670	3,330
58x Rent/Leases - Bldg/Equip	462,442	305,610	391,893	70,549
59x Repairs	44,951	110,195	142,531	(97,580)
61x Professional Development	62,504	29,520	39,005	23,499
62x Fees - Operating & Professional	11,515,177	6,857,684	11,462,744	52,433
53x Supplies	2,250	16,617	18,247	(15,997)
60x IT Expenses	189,600	402	25,872	163,728
69x Equipment Over 5K	10,000	-	2,500	7,500
71x Grants, Benefits, & Claims	743,763,562	516,679,618	733,786,374	9,977,188
Total Operating	\$756,447,956	\$524,531,448	\$746,667,285	\$9,780,671
Total	\$782,198,463	545,047,367	774,442,376	\$7,756,087
Total General	\$372,688,337	\$250,628,070	\$360,755,509	\$11,932,828
Total Federal	\$409,372,626	\$293,928,034	\$413,168,148	\$(3,795,522)
Total Other	\$137,500	\$491,263	\$518,719	\$(381,219)

DD-related Policy Bills with Budget Impact

		Federal	General
SB 2305	Family Paid Caregiver Pilot		TBD
SB 2192	Grants for Provider Accreditation		\$240,000





On the horizon for DD

- Host homes
- Level of Care redesign
- Cross disability waiver design
- Process redesign for DD system
- Youth-oriented Employment / Day Services

Contact Info

Tina Bay

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Disabilities Section

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Appendix

More about the ND Level of Care for DD eligibility, excerpted from Alvarez and Marsal reports.

- [ND Developmental Disabilities Study](#), presented to ND Legislature on June 30, 2022 (Alvarez and Marsal)
- [Cross-Disability Children's Waiver Update](#), presented to ND Legislature on September 25, 2024 (Alvarez and Marsal)



Understanding Level of Care

- In order to receive waiver services, eligible individuals must demonstrate the need for a Level of Care (LOC) that would meet the state's eligibility requirements for services in an institutional setting.
 - Waivers target a population of people in need of LTSS (for example: people with intellectual and developmental disabilities; people with autism; people with physical disabilities; seniors) and use functional eligibility criteria (LOC)
 - Eligibility for Medicaid HCBS waivers is directly linked to institutional level of care, because waivers are an alternative to institutionalization in facilities like Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Facilities
 - Level of Care is determined initially at admission and then recertified annually.
- The overall goal of Level of Care determinations is to ensure that the right people are getting the right amount of care, in the right environment.
 - People most in need have access to Long Term Services & Supports (LTSS)
 - Limited state resources are used to provide LTSS for that population of people
 - Those people have the opportunity to receive LTSS in the least restrictive environment that meets their needs

Modernizing the DD Definition to Recognize Adaptive Social Deficits

FUTURE STATE

- Update definition of developmental disability to match AAIDD, DSM-5, & ICD-11 definition.
- Continue to require that a person meet at least 3 functional limitations.
- Add requirement that functional limitations cross two adaptive areas.

- North Dakota currently uses the federal definition of developmental disability from the Developmental Disabilities Assistance and Bill of Rights Act of 2000 as part of determining eligibility for services. The definition aligns major life activities with adaptive deficits that are conceptual: receptive and expressive language, learning, and self-direction; and practical: self-care, mobility, capacity of independent living, and economic self-sufficiency.
- The AAIDD, DSM-5, and ICD-11 definitions also consider adaptive deficits in social functioning. Examples include: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- A&M recommends **modernizing the statutory definition of developmental disability and**, accordingly, level of care, to align with these more modern definitions, **requiring significant functional limitations in two of the following three areas of adaptive functioning: conceptual, social, and practical.**
- Examples of peer states that use all three categories of adaptive deficits include: Nebraska, Iowa, Kansas, and South Dakota.

Intellectual or Developmental Disability Definitions (1 of 2)

	North Dakota	AAIDD
<p>Intellectual or Developmental Disability Definition</p> <div data-bbox="147 486 619 836" style="background-color: #4a7ebb; color: white; padding: 10px;"> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Recognize adaptive social deficits 2. Require substantial functional limitations in 3 or more major life activities, that cross at least 2 of the 3 domains: conceptual, social, and practical </div>	<p>The term “developmental disability” means a severe, chronic disability of a person which:</p> <p>A. is attributable to a mental or physical impairment or combination of mental and physical impairments;</p> <p>B. is manifested before the person attains age twenty-two;</p> <p>C. is likely to continue indefinitely;</p> <p>D. results in substantial functional limitations in three or more of the following areas of major life activity: [SEE BELOW]</p> <p>E. reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.</p>	<p>Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.</p> <p>Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.</p>
<p>Adaptive Deficit: Conceptual</p>	<p>Receptive and expressive language Learning Self-direction</p>	<p>Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.</p>
<p>Adaptive Deficit: Social</p>	<p style="background-color: #e0e0e0; text-align: center;">[Hatched area]</p>	<p>Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.</p>
<p>Adaptive Deficit: Practical</p>	<p>Self-care Mobility Capacity of independent living, and Economic self-sufficiency</p>	<p>Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.</p>

Intellectual or Developmental Disability Definitions (2 of 2)

	DSM-5	ICD-11
Intellectual or Developmental Disability Definition	Intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains, or areas . These domains determine how well an individual copes with everyday tasks. While intellectual disability does not have a specific age requirement, an individual's symptoms must begin during the developmental period and are diagnosed based on the severity of deficits in adaptive functioning.	Neurodevelopmental disorders are behavioral and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, or social functions . Although behavioral and cognitive deficits are present in many mental and behavioral disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.
Adaptive Deficit: Conceptual	The conceptual domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory.	Conceptual skills are related to the application of knowledge (e.g., reading, writing, calculating, solving problems, decision-making) and communication
Adaptive Deficit: Social	The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.	Social skills are those related to managing interpersonal interactions, relationships, social responsibility, following rules, obeying laws as well as avoiding victimization.
Adaptive Deficit: Practical	The practical domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.	Practical skills are those related to activities such as self-care, health and safety, occupational skills, recreation, use of money, transportation, and use of home appliances and devices.

See Appendix, *Intellectual & Developmental Disabilities Definitions*, for peer state examples.