



HB1012 Overview – Adult & Aging Services

Senate Appropriations | Human Resources Division

Senator Dick Dever, Chairman

March 14, 2025, Nancy Nikolas Maier | Director, Adult and Aging Services Section



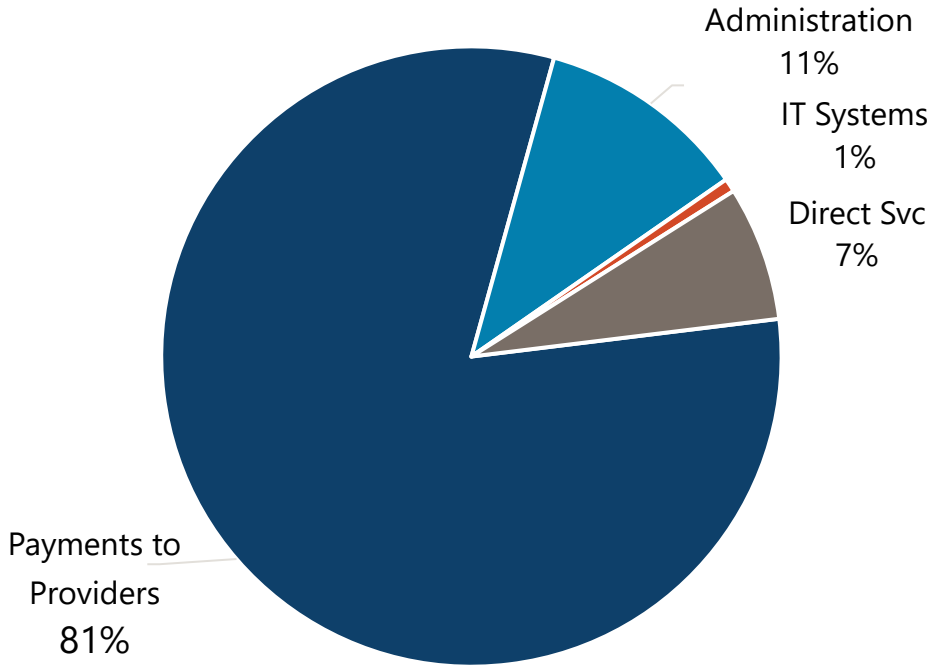
Health & Human Services

Budget Overview

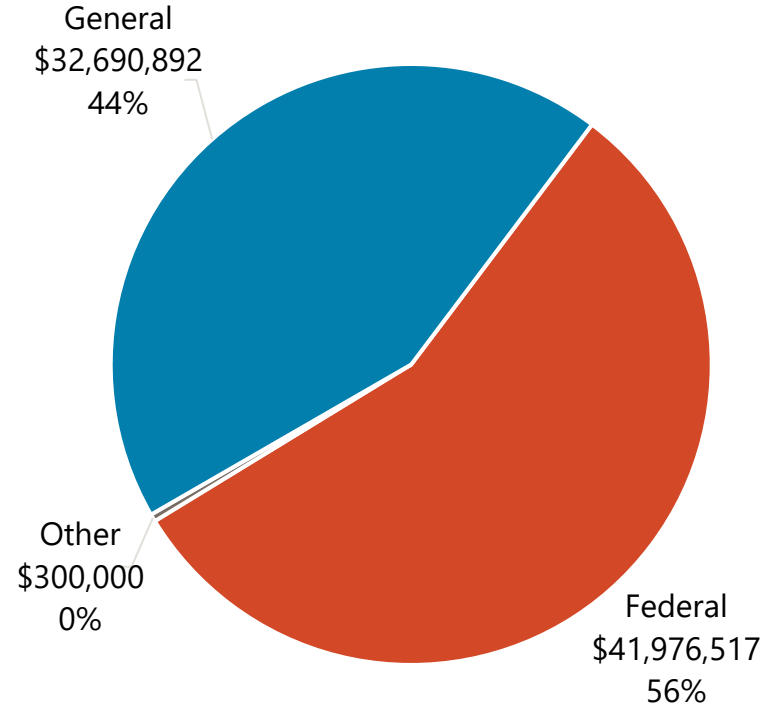
Adult & Aging Services: \$75 million total budget

1.2%
total HHS Budget

25-27 EBR – Adult/Aging Svc



25-27 EBR - Adult/Aging Svc



- **4,329 people** receiving HCBS case mgmt (2024) – 3,538 HCBS and 791 basic care
- **77 case managers** (73 HCBS, 4 Basic Care)
- **8% increase in referrals** 2023 to 2024 – in 2024 avg of 150 new referrals / mo resulting in 80 new open cases
- **1,359 Qualified Service Providers** (QSPs) – 206 agencies, 1,153 individuals

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.

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 (VAPS)
- 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 (MFP)

Who's eligible for what services?



Administer Older Americans Act Services

- Primarily serves people 60+
- No Income limits
- Voluntary contribution
- Cannot deny because of unwillingness or inability to contribute



Support Caregivers

- Proving care to an older adult (60+) or an individual of any age with Alzheimer's disease or related dementia



Protect Vulnerable Adults

- Individuals over age 18 or to minors emancipated by marriage with substantial mental or functional impairments that affect their health safety or independence



HCBS Waiver

- Receiving Medicaid. Meets same impairment level as a resident SNF

SPED

- \$50,000 or less in assets, income-based cost share, 2 ADL or 4 IADL impairments

Ex-SPED

- Receiving Medicaid. Meets same impairment level as a resident of a Basic Care

Guardianship Establishment Fund

- Individuals over age 18 who meet the definition of incapacitated
- Income at or below 100% of federal poverty level or are Medicaid eligible and not eligible for Developmental Disability Case Management

Adult & Aging Services

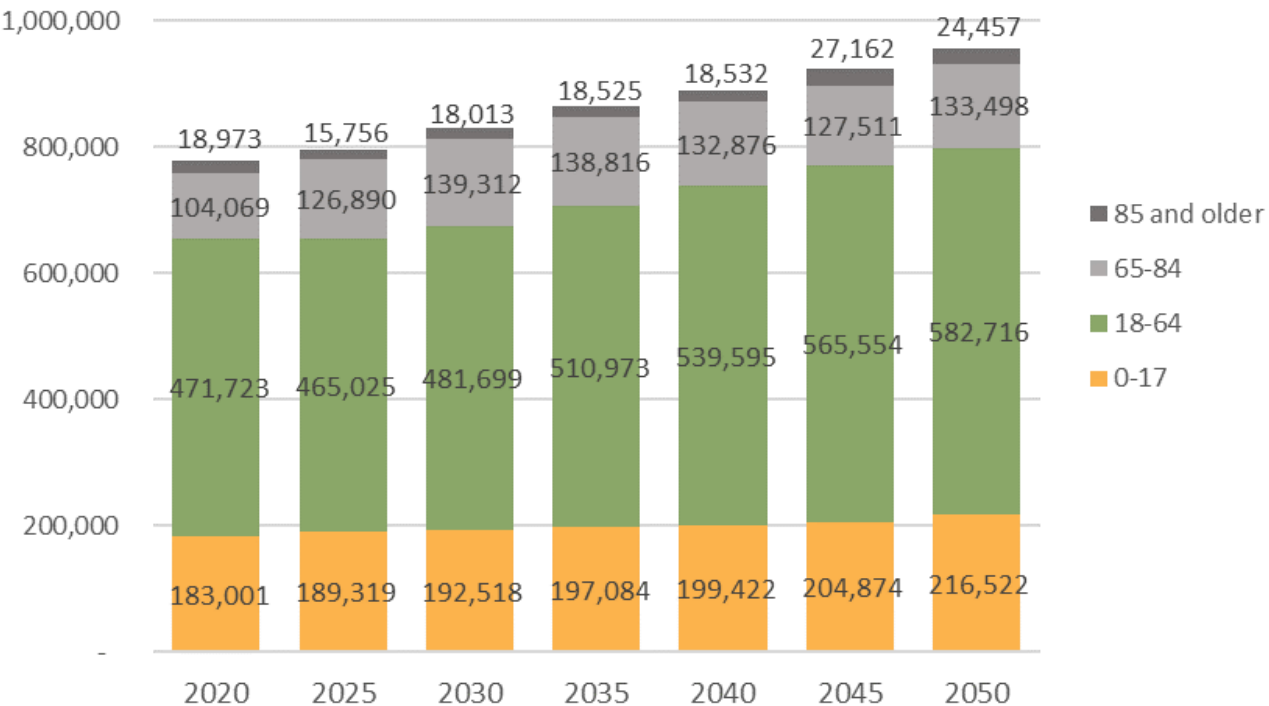
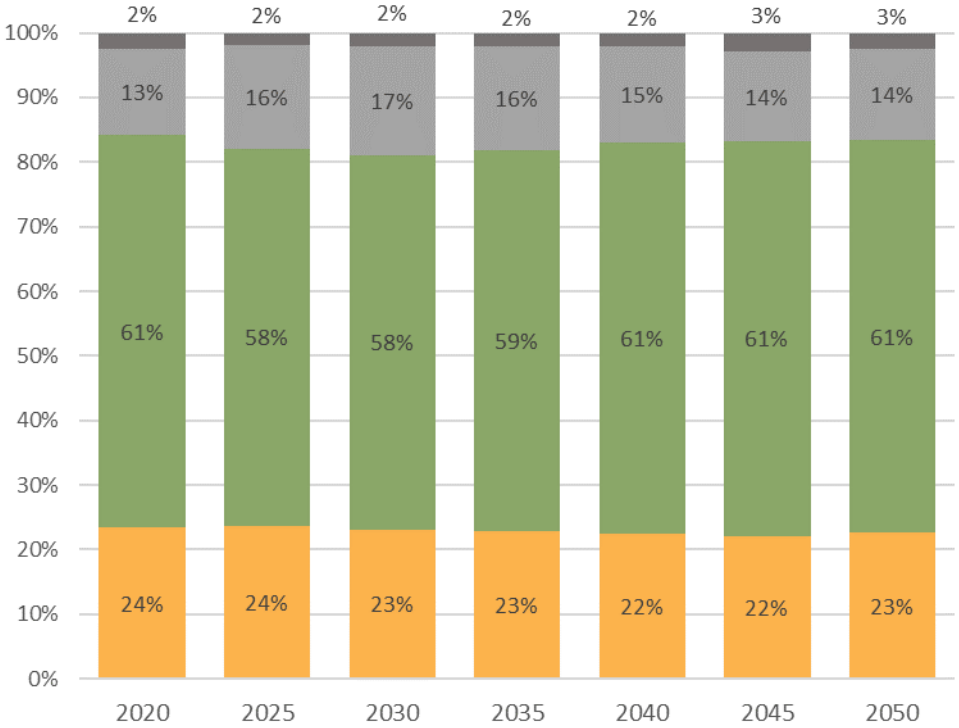
NDCC Reference

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



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



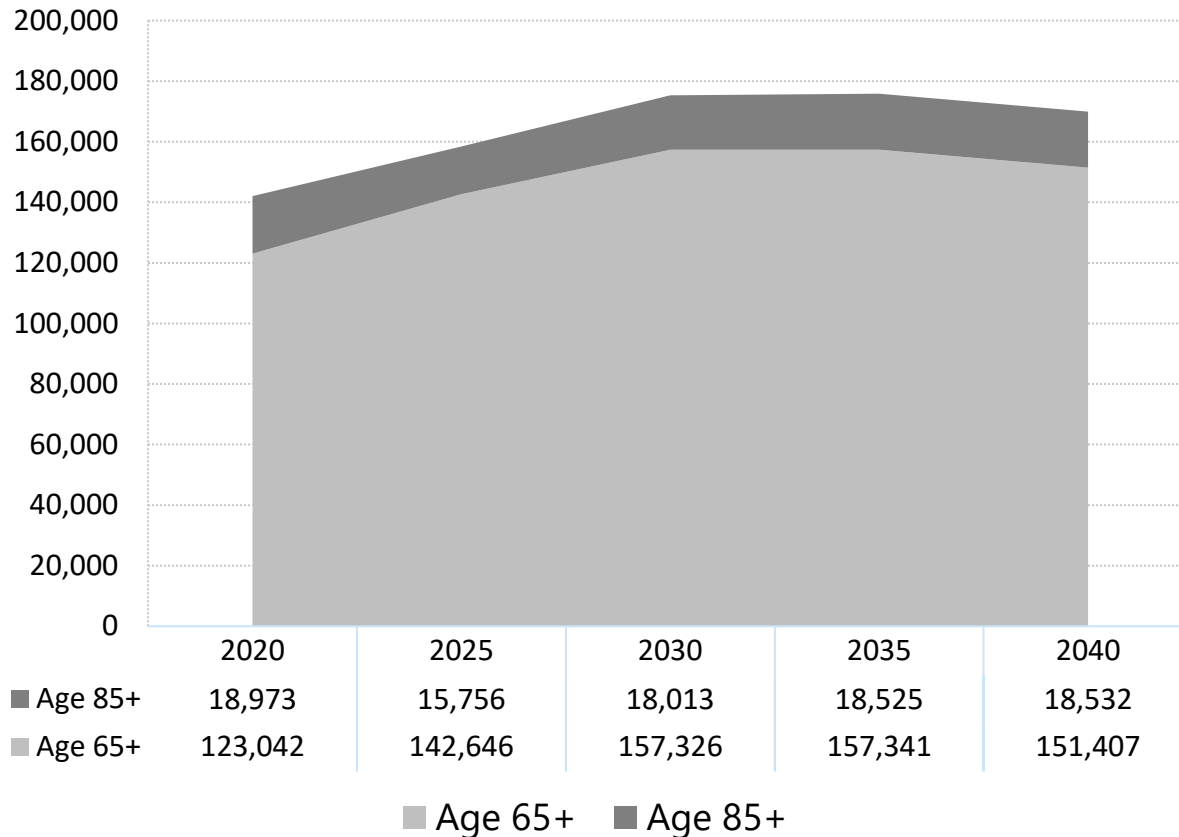
Source: ND 2024 Population Projection | State Data Center



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**

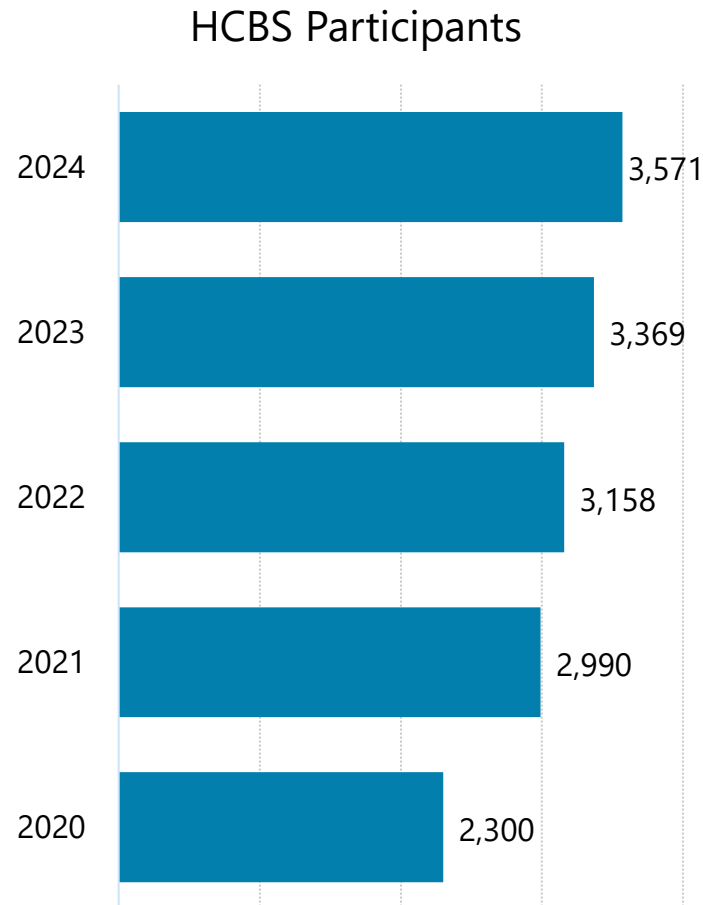


7 in 10

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

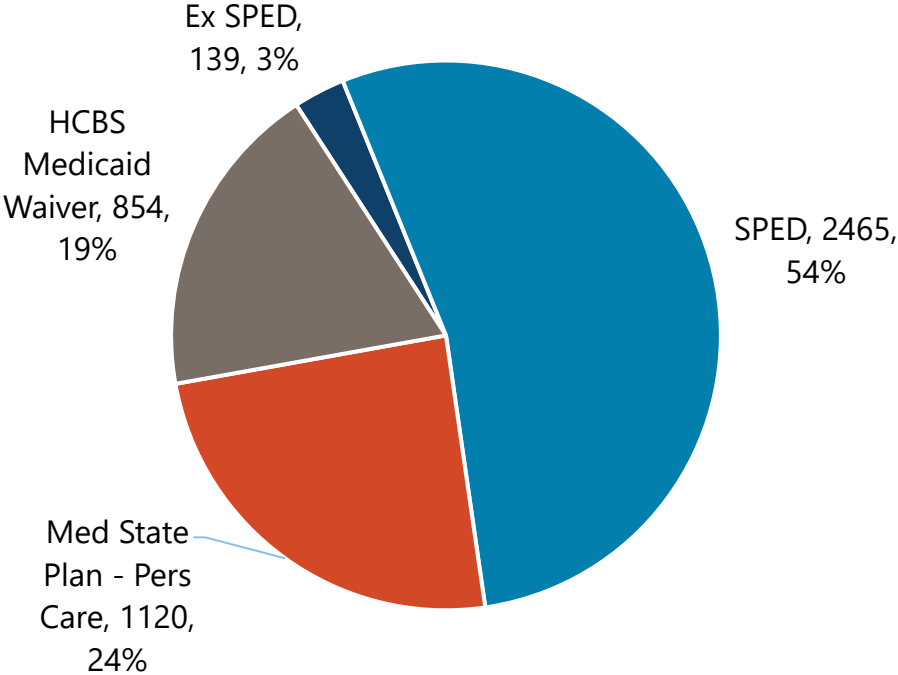
What is HCBS?
Services delivered in an **integrated setting**.

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**

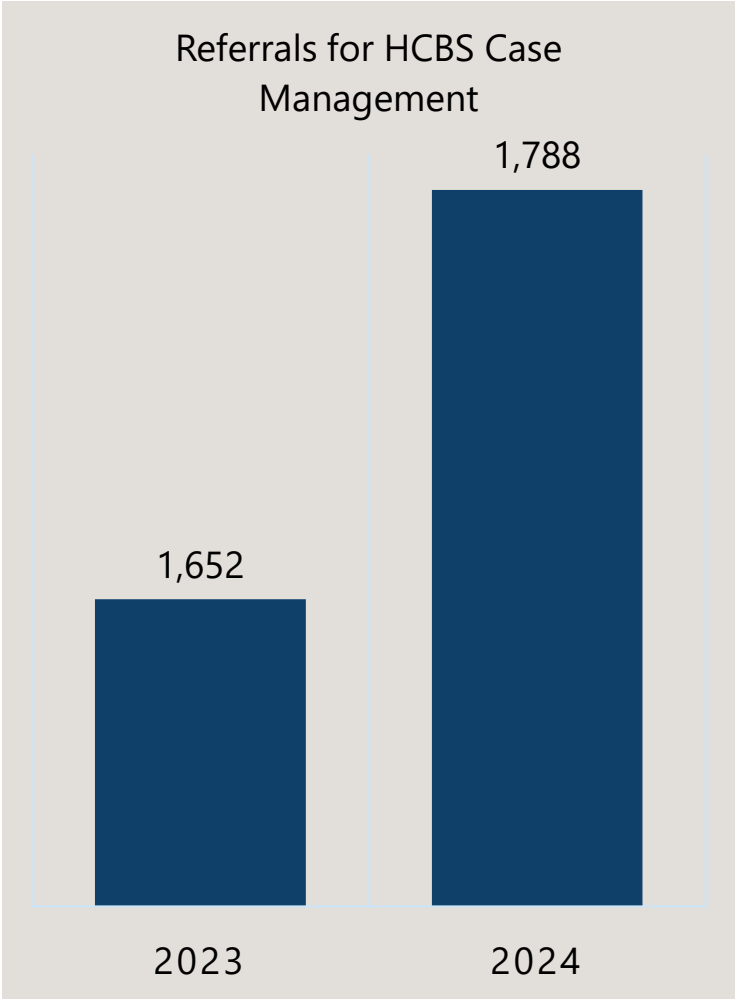
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

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

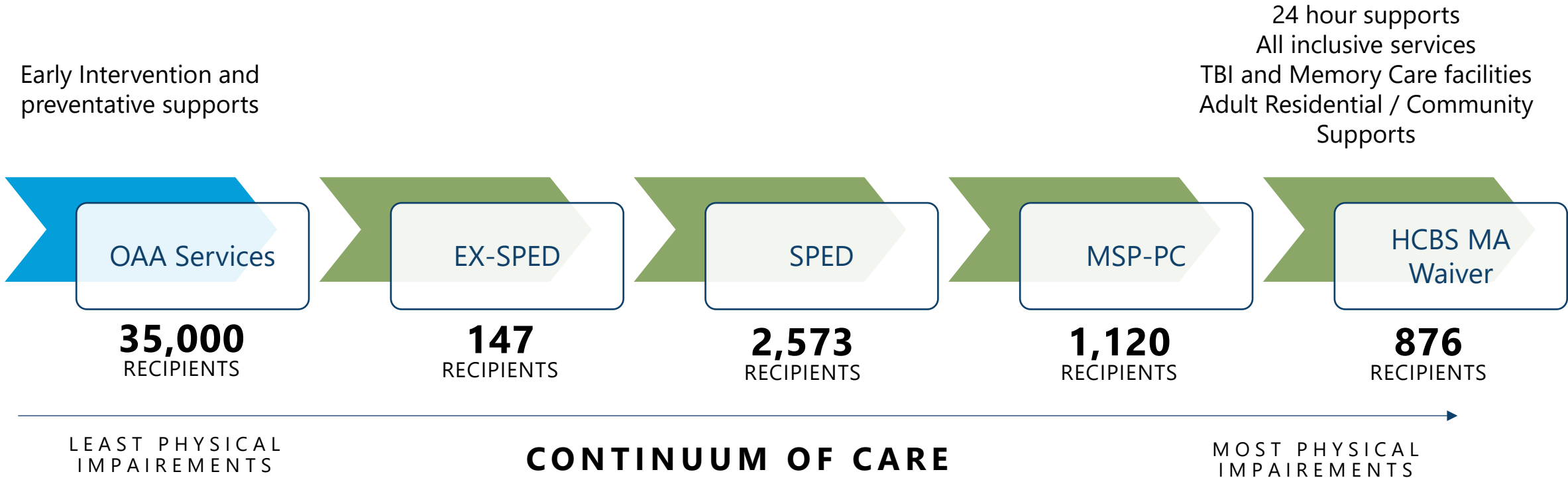
4,329

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



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

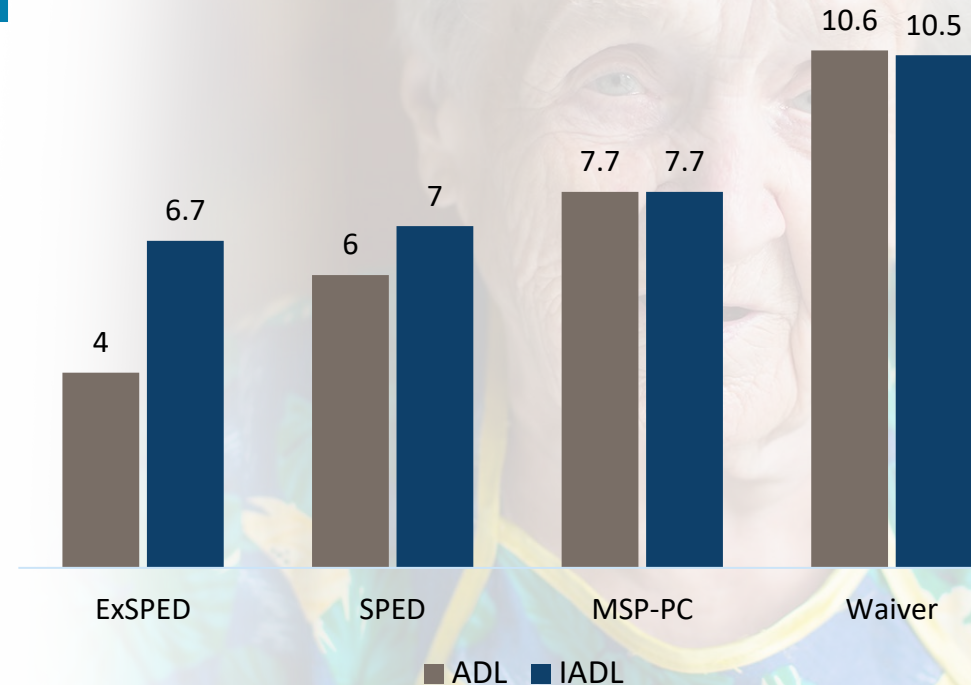
SPED, Expanded SPED and Medicaid State Plan Personal Care (MSP-PC)
House cleaning, snow removal, lawn care companionship, emergency response system, rides to essential services, help with personal care (bathing, dressing, toileting)

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

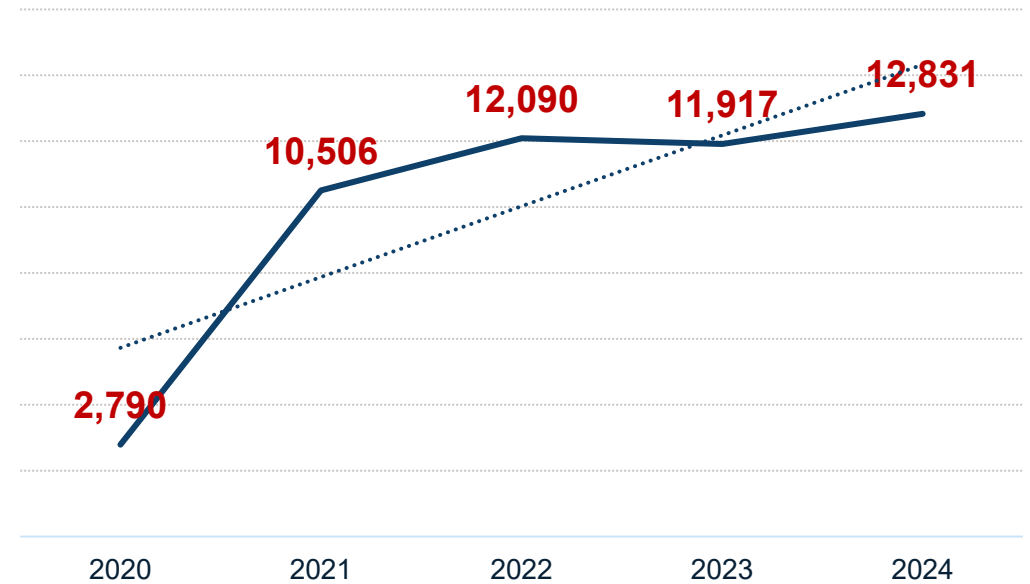
ADRL's Dual Purpose

- 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

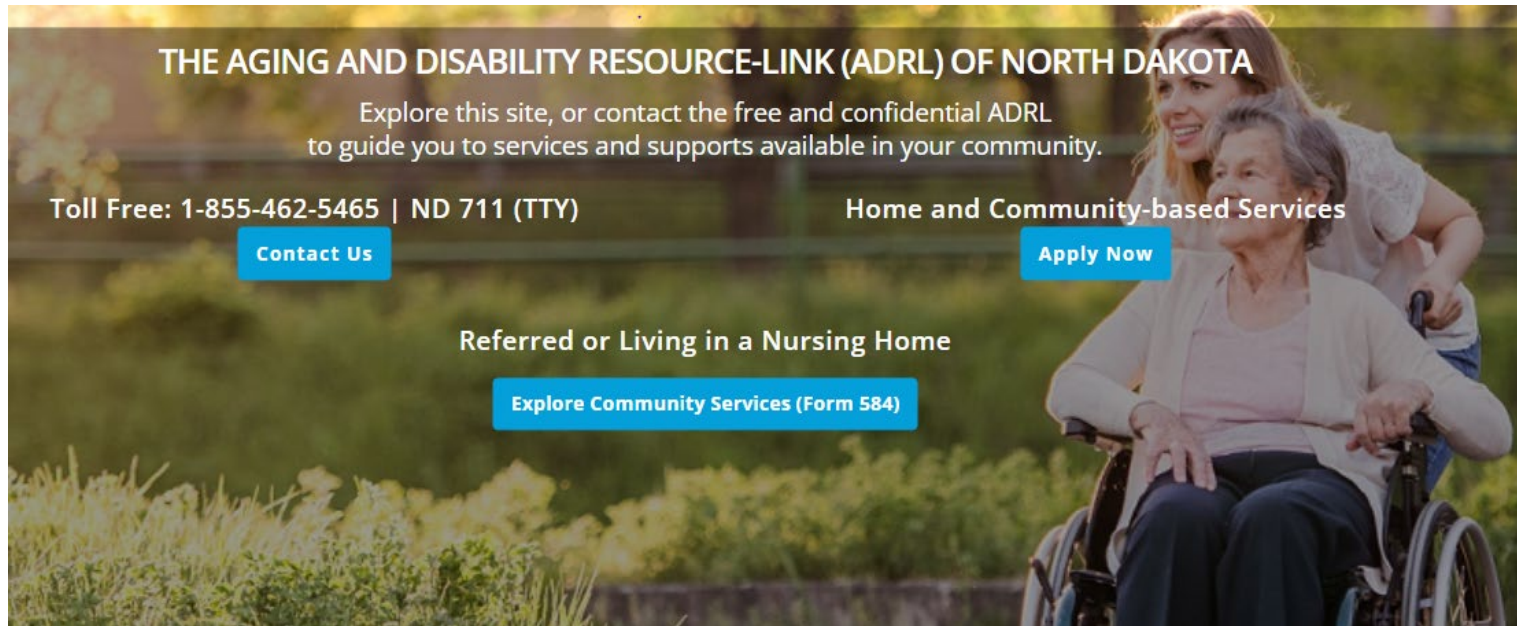
- ✓ Based on "no wrong door" approach
- ✓ 6 people staff the ADRL (calls and emails)
 - FY2020-2024 = 50,134 calls, 48,768 unique website hits, 1,602 web intakes

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 SERVICE

ADULT PROTECTIVE SERVICES PROGRAM (APS)

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 237 West Dakota Avenue, Suite 6 • Bismarck, ND 58501
1.855.462.5465 • www.nd.gov

Meet Bob & Irene



The suite of services available in ND helped Bob and Irene navigate an Alzheimer's diagnosis.



Bobbie's Caregiver Story – [click here](#)

Bob and Irene, a couple in their late 70s, faced challenges as Irene's health declined. They invested their money throughout the years and had a small nest egg. They currently live off social security and a small pension from Bob's employer. They own their home and one car.

They received **home-delivered meals** through a **Senior Nutrition** program, and after her Alzheimer's diagnosis, they accessed support from the **Dementia Care Services Program**.

Bob used **respite care** through the **Family Caregiver Support Program**.

As Irene's condition worsened, she moved to a memory care facility, which Bob paid for privately until they had spent their resources down, so she qualified for the **HCBS Medicaid waiver**, covering her care until she passed away.

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

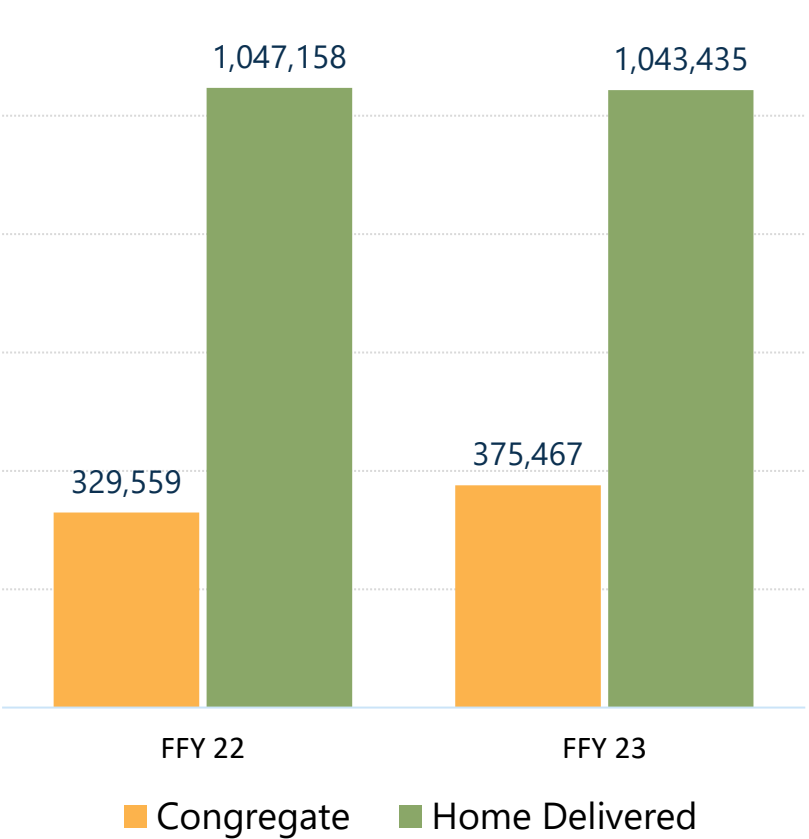
Senior Meals are delivered in a variety of ways

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

1,418,902
Meals served FFY2023

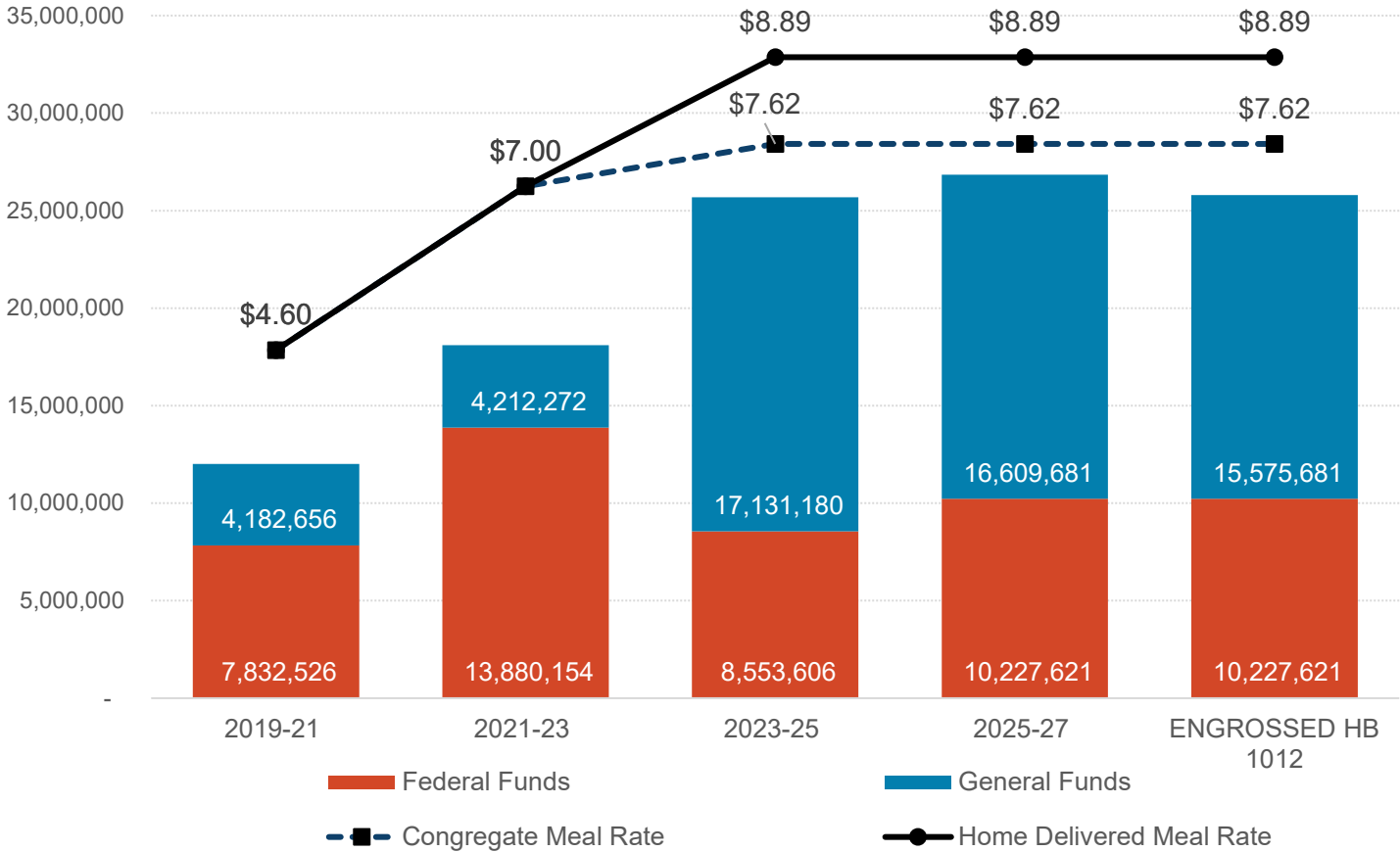
19,059
Consumers served

Nutrition services have shifted toward more home-delivered meals

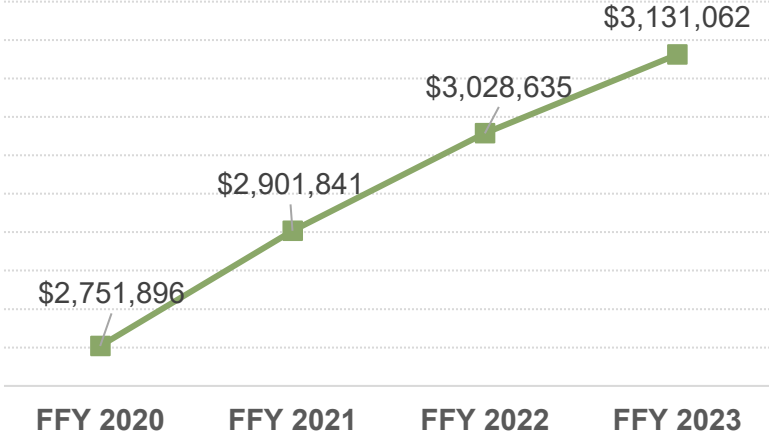


Investments in Senior Nutrition are a State / Federal / Local Partnership

State/Federal Investment in Senior Nutrition Programs



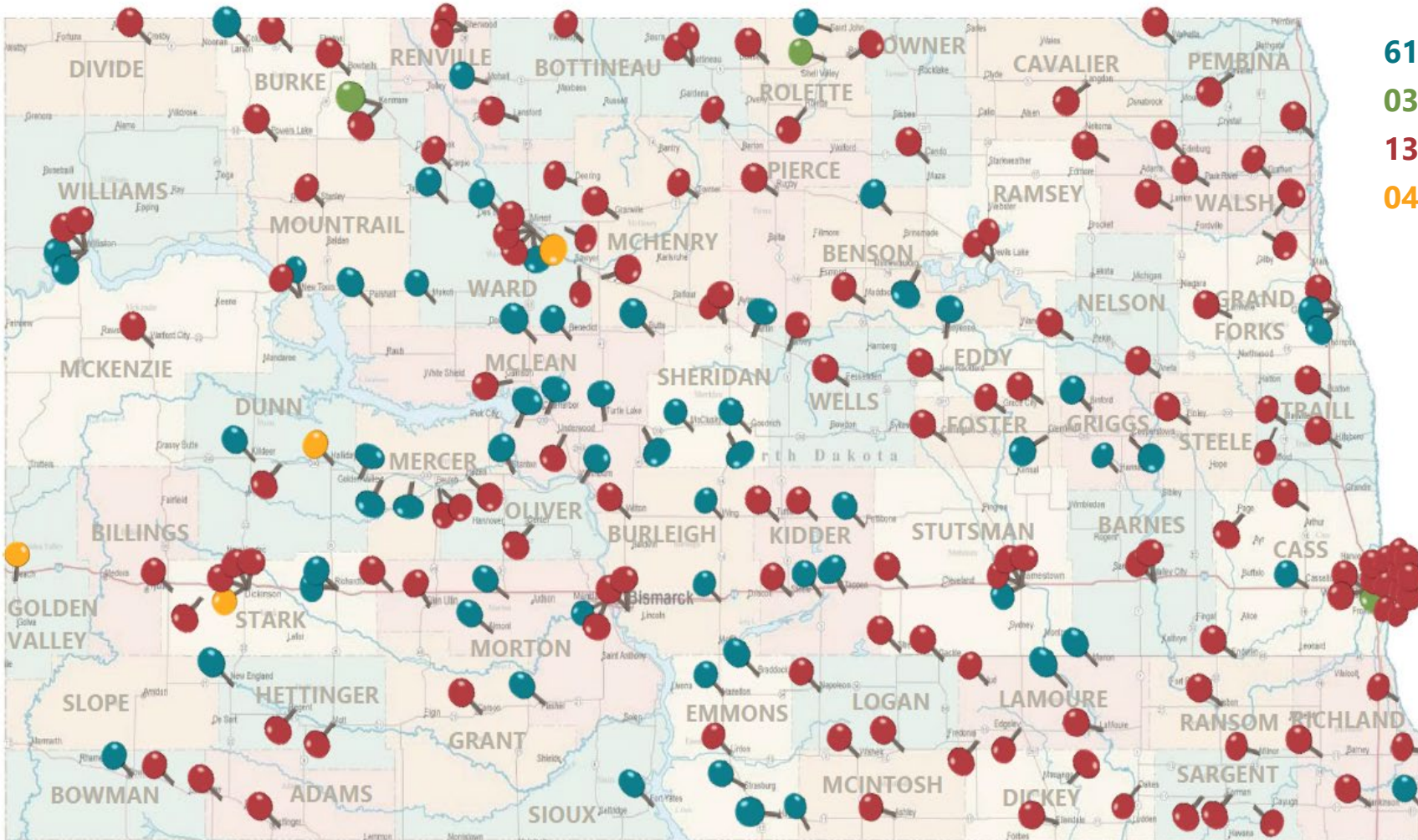
Local Program Income for Nutrition Services



Eating nutritionally-dense meals at least **3 days per week** has been shown to provide health benefits in older adults

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

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*
- **401** individuals received falls prevention classes in FFY23

Family Caregiver Training

- *Powerful Tools for Caregivers*
- **70** individuals received caregiver training in 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.
- Top items - Shower chairs, emergency response devices, bed rails, medication dispensers, and alternate hearing devices
- **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.
- Top items- Specialized answering machines, amplified phones w/large buttons, photo dialing phones
- **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

Senior Community Service Employment Program (SCSEP)

- A **job training** program for low-income, unemployed seniors, offering paid **community service** work to help them **gain experience** and transition to **unsubsidized employment**.

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)



Meet Margaret



The suite of services available in ND help Margaret stay in her home, maintain independence, and avoid costly care, while enhancing her well-being and reducing loneliness.

Margaret, an 80-year-old woman living alone in her own home, struggles with vision, hearing loss, balance, and daily tasks.

Concerned neighbors contacted Adult Protective Services (**APS**) for help.

An **APS** worker found she had no nearby family and limited finances. She lives off **\$1,954** in **social security** per month which is her only source of income. She has a car but can no longer drive it. With her permission, she was referred to the Aging and Disability Resource Link (**ADRL**).

After an **HCBS case manager** completed an assessment, she enrolled in the **SPED** program, receiving **homemaking, personal care, and non-medical transportation**.

She also joined a **fall prevention class** and received a specialized phone from the **Assistive Safety program**, helping her stay connected.



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

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

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

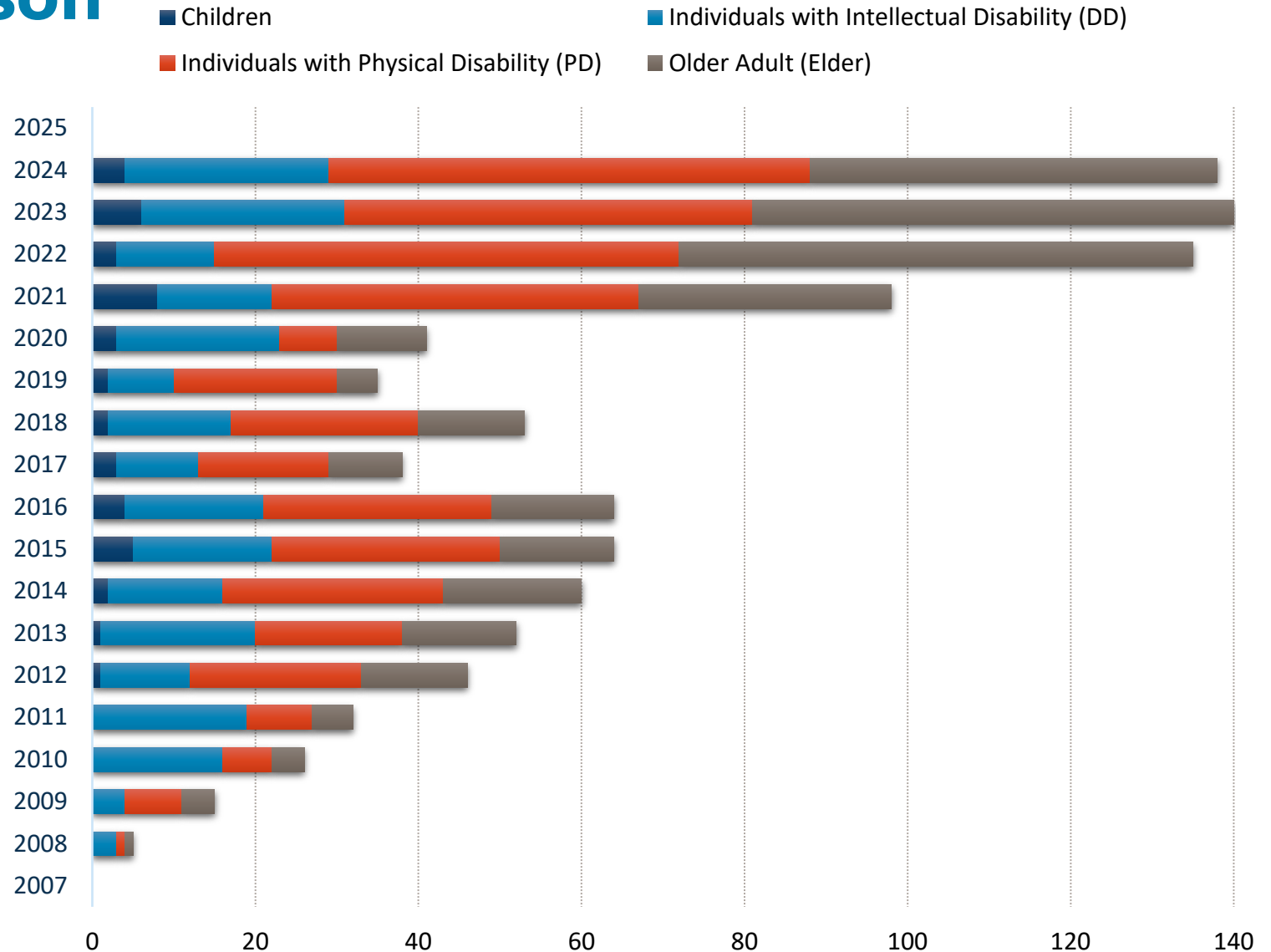
Cases
Closed

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



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.



[Watch Diversion and Transition Testimonials from ND residents served by NDHHS Adult and Aging services](#)



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.

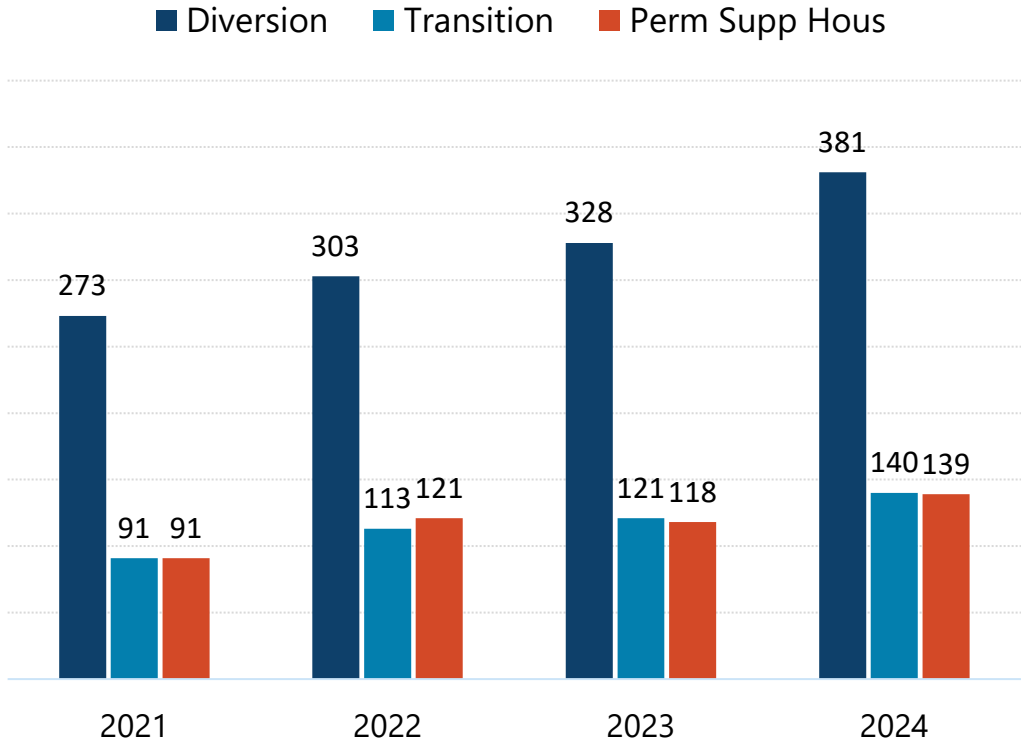
“**Transition**” happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

“**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.



Housing is the #1 barrier to transition

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.



Learn more about the [ND DOJ Settlement Agreement](#)

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.

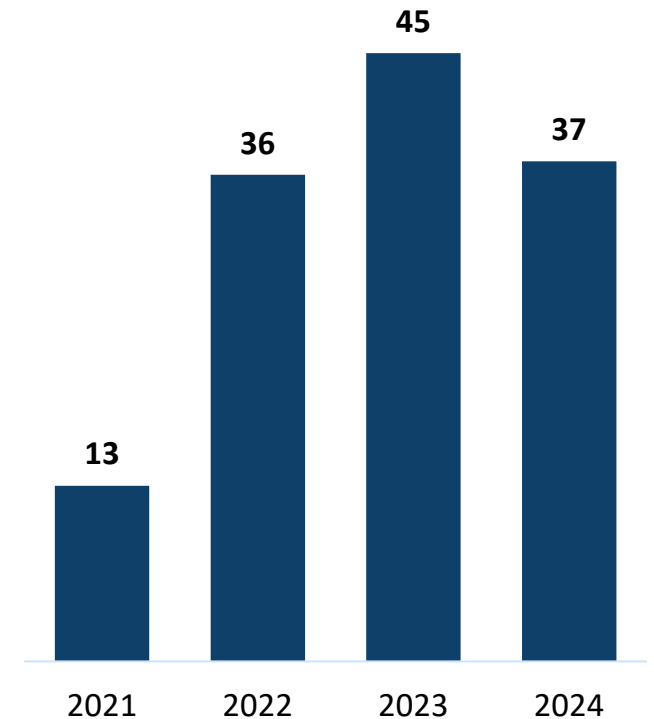
Top 5 Housing Barriers for TPMs

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

Adult Protective Services (APS)

19 state and contracted staff

1,522 investigations

1,766 allegations

926 substantiated

Most common allegations:

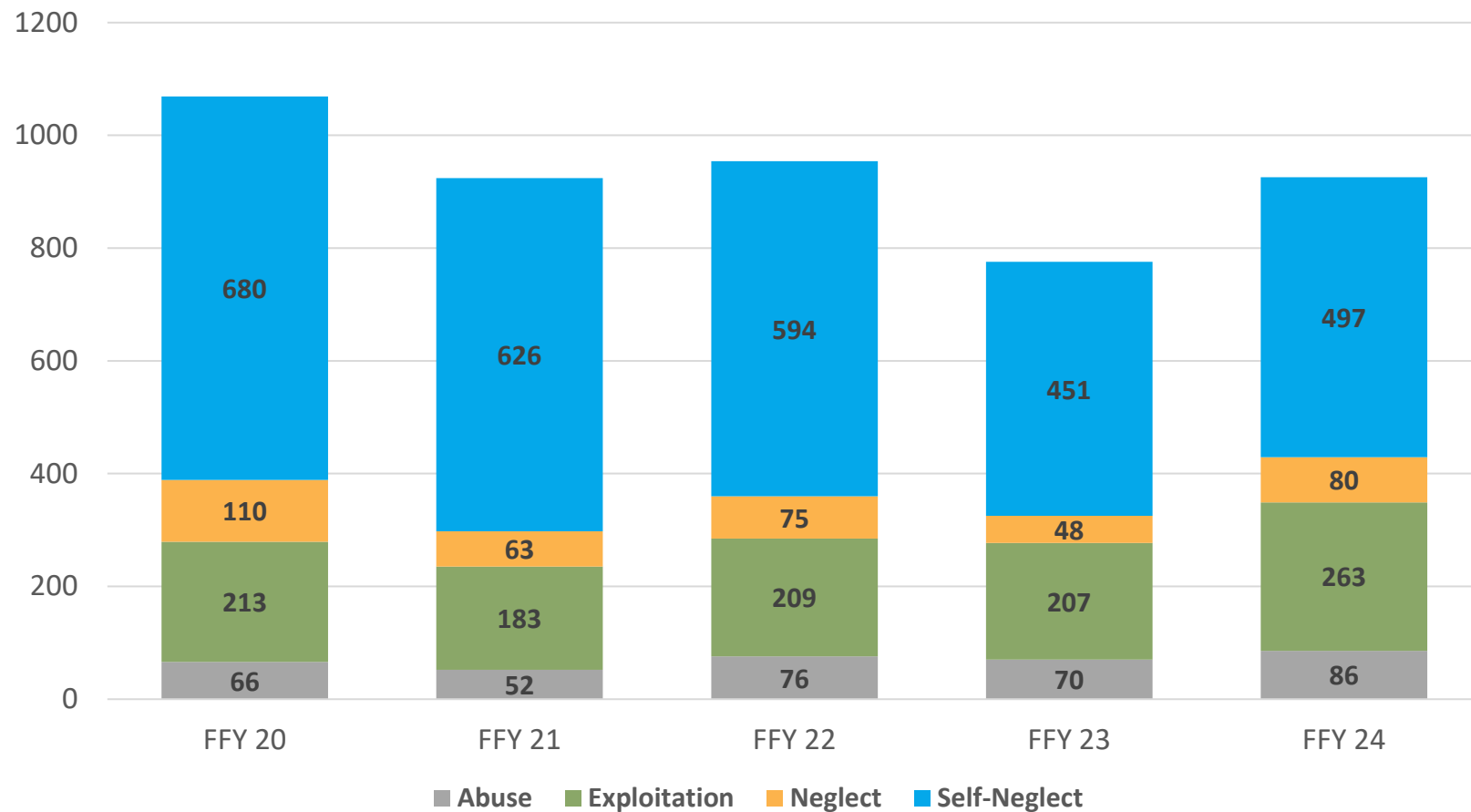
Self Neglect

Exploitation

3 state staff conduct intake
APS program received

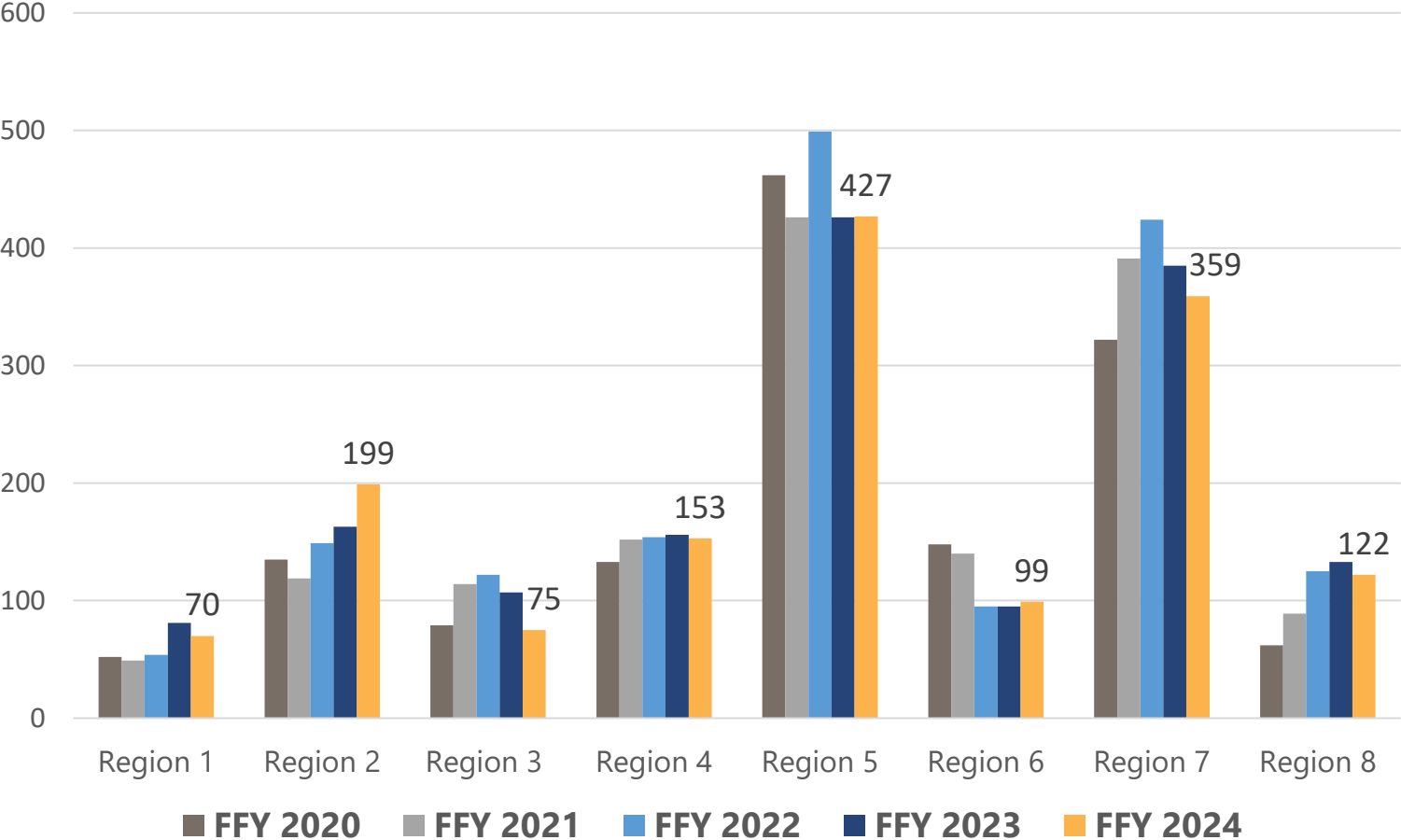
5,978 reports in SFY2024

Substantiated Allegations FFY 2020-2024



Protect Vulnerable Adults

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

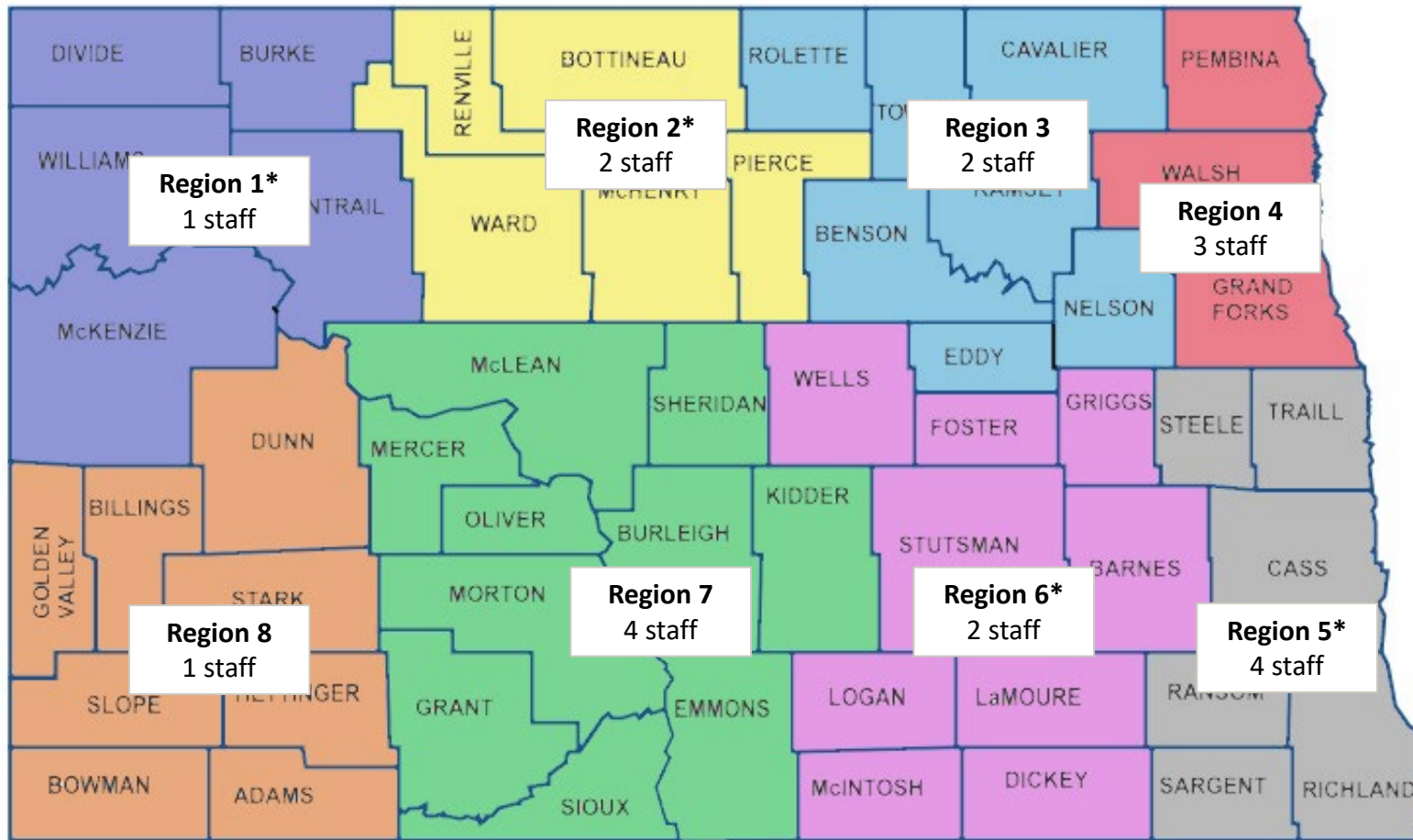
- 99 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 5: Cass HSZ

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

Protect Vulnerable Adults

APS Regional Coverage



* Territory served by contracted staff

- ✓ 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.

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



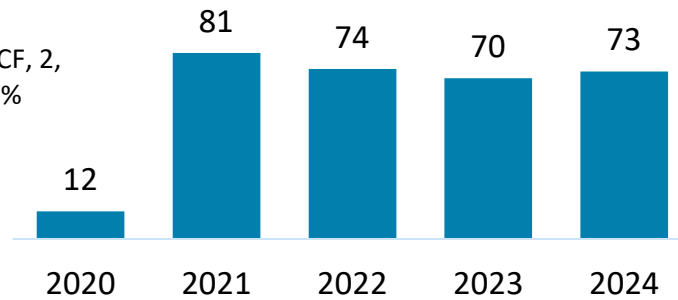
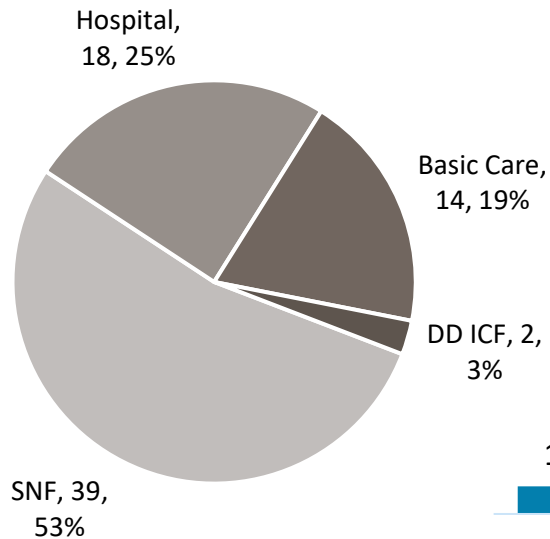
What gap does the pilot fill?

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 (T/D) project efforts

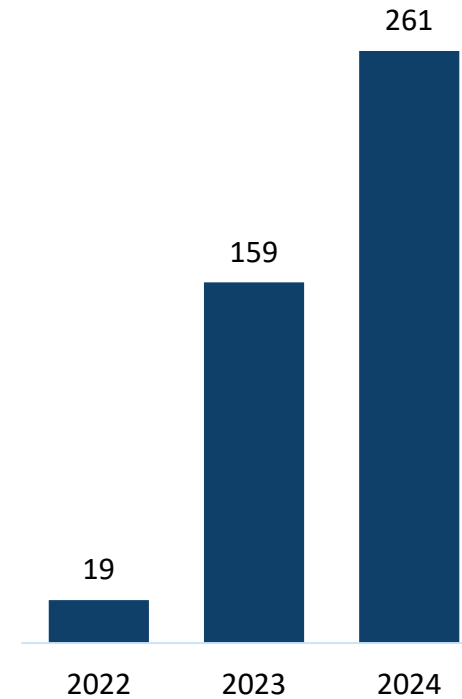
Transitions 2020-24

In SFY2024 people transitioned from:



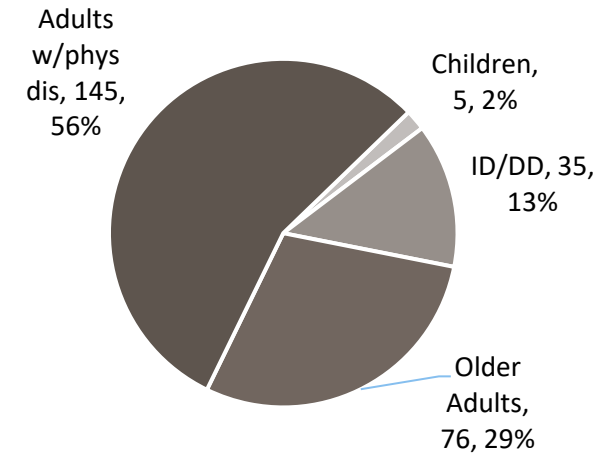
\$3,002
Average spent/transition (SFY24)

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 or Medicaid

What else makes the T/D Project unique?

Can provide help with:

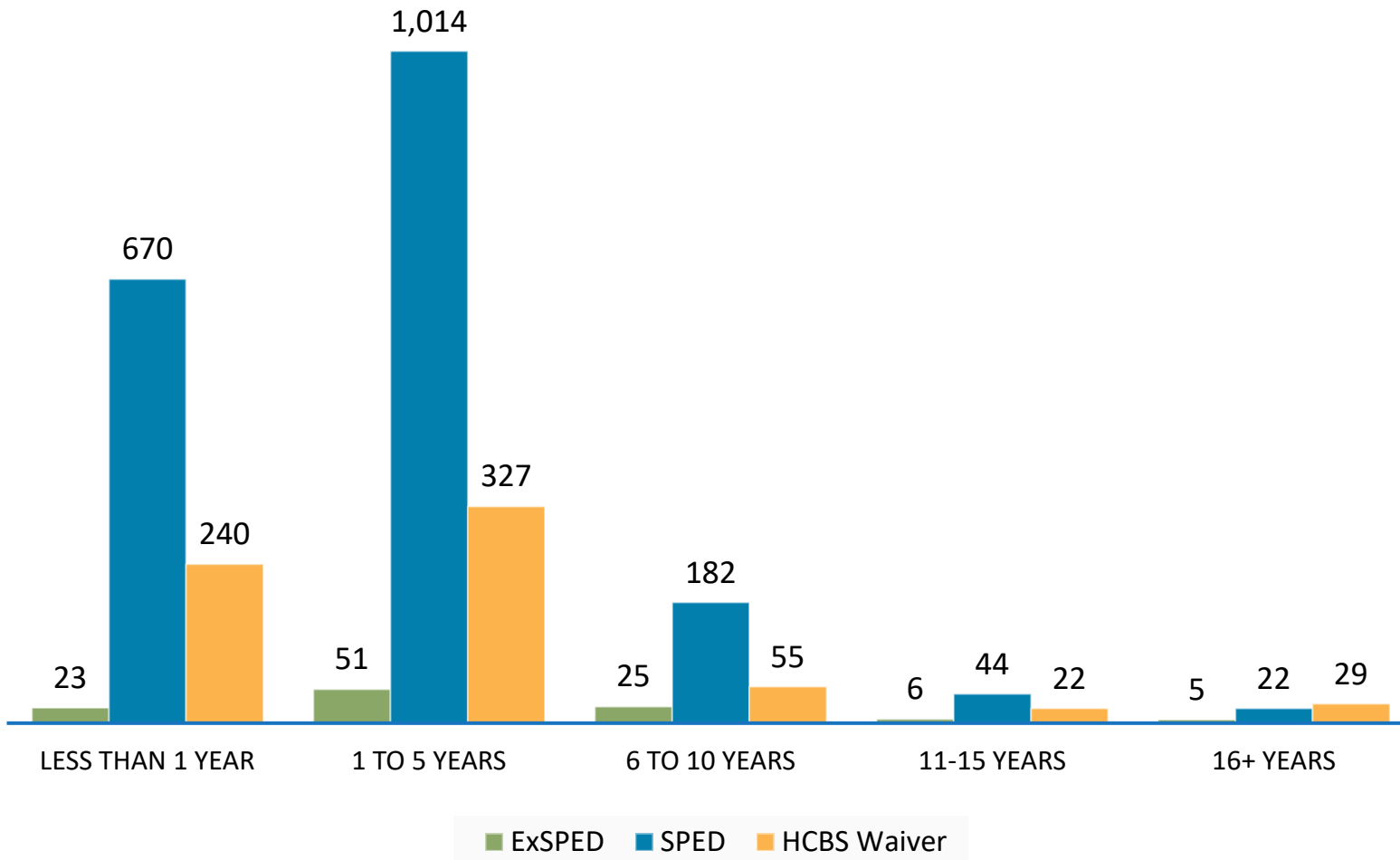
- Housing costs (deposits including first month's rent, app fees)
- Getting-started household furnishings and supplies
- Support services while Medicaid coverage is pending



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



of people served by length of time receiving service by program

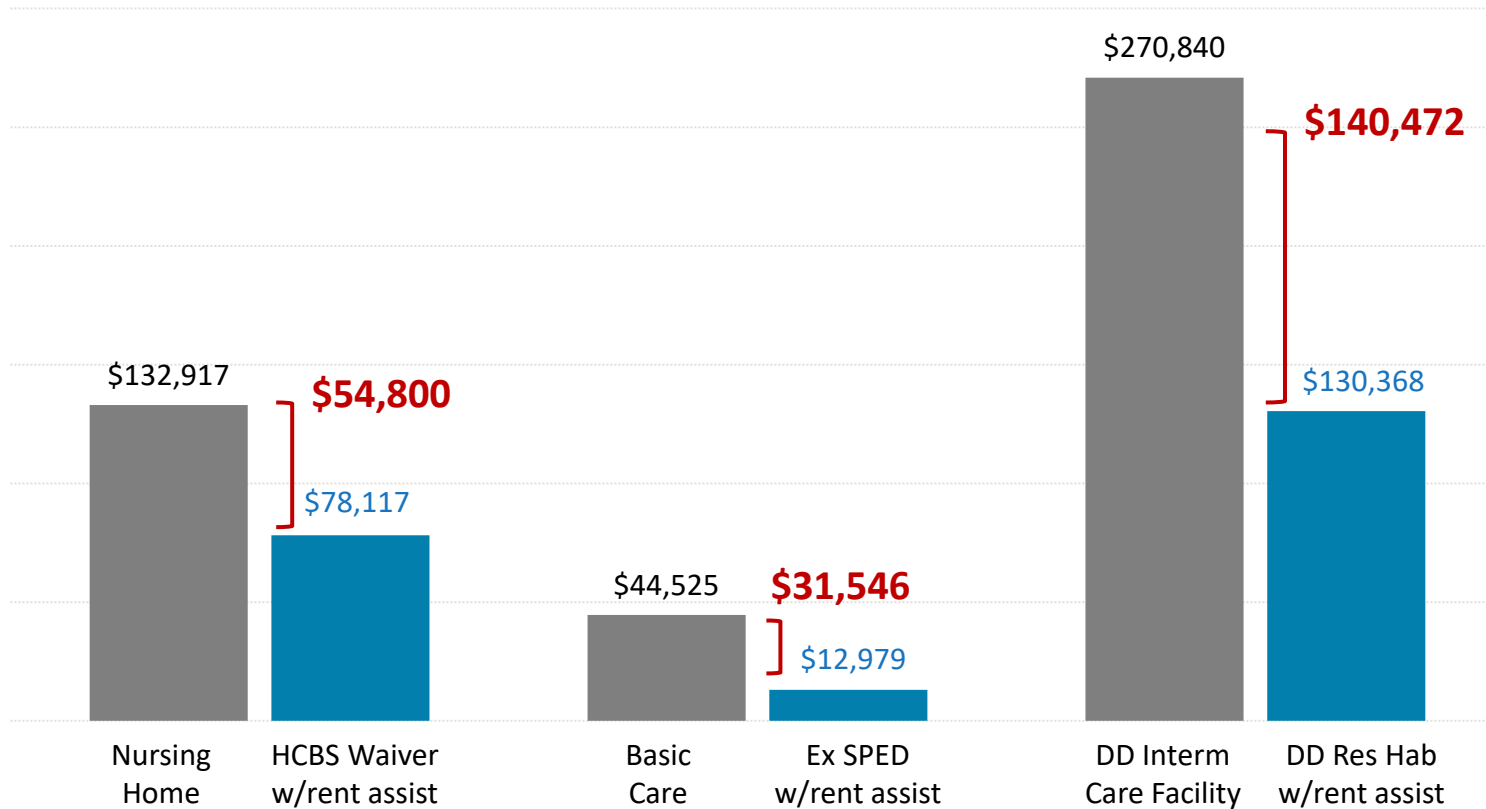


If people get the right supports in the beginning of the care continuum, people will stay out of later stage care longer.

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)

Adult & Aging Services:

Team Structure and Function

Adult & Aging Services Section

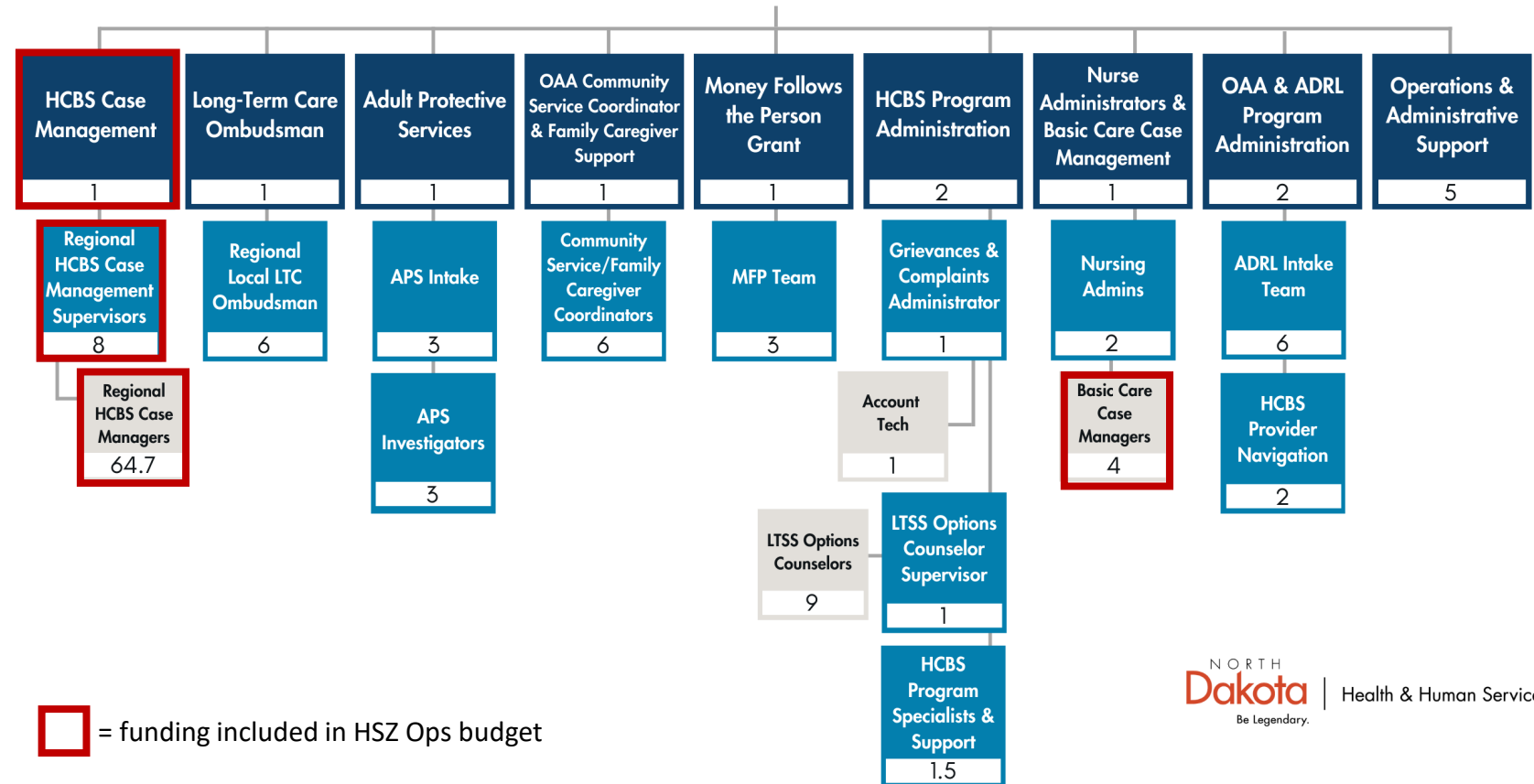
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
144.65**	142.9	1.75*	4*

*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%

Adult & Aging Services Director Nancy Maier



Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ADULT AGING SERVICES ADMINISTRATION	\$ 8,292,757	\$ 2,329,739	\$ 7,609,334	\$ 10,145,778	\$ 9,142,906	\$ (1,064,159)	\$ 8,078,747	\$ 2,289,009	\$ 5,789,738	\$ -
AGING & DISABILITY RESOURCE LINK (ADRL)	1,593,726	224,205	957,543	1,332,173	1,575,593	\$ (75,000)	1,500,593	1,116,105	384,488	-
LONG TERM CARE OMBUDSMAN	1,522,595	8,688	1,187,552	1,583,402	1,833,508	\$ (123,000)	1,710,508	1,289,460	421,048	-
VULNERABLE ADULTS PROTECTIVE SERVICES	3,174,149	-	2,088,484	2,993,248	4,040,904	\$ (142,788)	3,898,116	2,300,714	1,597,402	-
GUARDIANSHIP	423,000	-	426,221	568,295	423,000	\$ -	423,000	423,000	-	-
SENIOR MEALS	23,966,895	-	16,641,930	23,186,701	25,234,142	\$ (1,028,660)	24,205,482	15,575,681	8,629,801	-
NUTRITION SERVICES INCENTIVE PROGRAM	1,717,891	-	818,186	1,224,153	1,597,820	\$ -	1,597,820	-	1,597,820	-
FAMILY CAREGIVER SUPPORT PROGRAM	2,103,524	-	2,365,536	3,054,047	2,294,580	\$ (62,000)	2,232,580	939,836	1,292,744	-
SUPPORTIVE SERVICES (OAA)	2,750,000	798,204	3,285,569	4,380,759	5,470,712	\$ (128,000)	5,342,712	2,189,394	3,153,318	-
PREVENTIVE HEALTH (OAA)	245,996	-	325,872	325,893	260,000	\$ -	260,000	-	260,000	-
DEMENTIA CARE SERVICES	1,605,000	-	933,408	1,244,587	1,605,000	\$ -	1,605,000	1,605,000	-	-
TELECOMM EQUIPMENT DISTRIBUTION	300,000	-	186,848	249,131	300,000	\$ -	300,000	-	-	300,000
HCBS CAPACITY (10% REINV)	-	21,900,000	5,794,965	16,396,317	5,289,397	\$ (170,000)	5,119,397	2,563,934	2,555,463	-
MONEY FOLLOWS THE PERSON (MFP)	13,687,583	3,243,632	7,621,232	11,776,020	15,899,846	\$ -	15,899,846	-	15,899,846	-
TOTAL	\$ 61,383,116	\$ 28,504,468	\$ 50,242,679	\$ 78,460,506	\$ 74,967,409	\$ (2,793,607)	\$ 72,173,802	\$30,292,133	\$41,581,669	\$ 300,000

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service - DOJ	Housing assistance to support targeted population member transitions (DOJ)	\$ 300,000.00	\$ -	\$ 300,000.00	\$ -
Services - DOJ	Services to support transition and diversion from institutional settings (DOJ)	2,733,934	2,555,463- (Federal)	2,733,934	2,555,463- (Federal)
Services - Vulnerable Adult	Adult Protective Services coverage (contracts)	718,522	-	718,522	-
FTE Block Grant Reduction	FTE Block Grant Reduction	-	-	-1,367,159	-
Operating Reduction	Operating Reduction	-	-	-1,426,448	-

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	\$ 12,667,232	\$ 2,504,058	\$ 15,171,290	\$ (1,367,159)	\$ 13,804,131
Operating	44,885,389	10,731,617	55,617,006	(1,426,448)	54,190,558
IT Services	25,800	486,912	512,712	-	512,712
Grants	3,804,695	(138,294)	3,666,401	-	3,666,401
Total	\$ 61,383,116	\$ 13,584,293	\$ 74,967,409	\$ (2,793,607)	\$ 72,173,802
General Fund	\$ 26,606,768	\$ 6,084,124	\$ 32,690,892	\$ (2,398,759)	\$ 30,292,133
Federal Funds	32,970,714	9,005,803	41,976,517	(394,848)	41,581,669
Other Funds	1,805,634	(1,505,634)	300,000	-	300,000
Total Funds	\$ 61,383,116	\$ 13,584,293	\$ 74,967,409	\$ (2,793,607)	\$ 72,173,802

Aging Budget as a % of HHS Budget (EBR)

- 1.2%

Budget by Funding Source

- 43.6% General
- 56.0% Federal
- 0.4% Other

Budget by Pass Through

- 81% Paid to Private Providers
- 7% Direct Service
- 11% Admin
- 0.7% IT

*Note: Technology for eligibility determination is supported by SPACES (EA budget) and for claims processing by MMIS (MS budget).



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

		Federal	General
Engrossed SB 2138	Volunteer-driven community-supported services		\$200,000 (an \$80,000 increase from the current \$120,000)
Engrossed SB 2029	Establishment of Office of Guardianship Council <ul style="list-style-type: none"> • Bill would move \$423,000 of state general funds to the Supreme Court budget to administer the Guardianship establishment program for older adults and adults with physical disability. 		(\$423,000)

Adult & Aging Services Take Aways



- Meet the increased demand for services
- Meet the continued implementation and reporting requirements of the US DOJ SA.
- Shortage of nurses and providers with behavioral health experience to meet complex needs of HCBS recipients.
- 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
- Increased federal regulation and compliance requirements for HCBS system.

Contact Information

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[ADRL 855-462-5465](tel:855-462-5465)



[ND DOJ Settlement Agreement](#)



[Videos](#) – stories from ND residents



HHS Adult & Aging Services [website](#)

