Cross Disability Advisory Council Meeting

CDAC North Dakota Cross Disability Advisory Council

August 27, 2026

AGENDA

I. Welcome Activities
II. Level of Care Refresh – North Dakota’s Work
III. Level of Care Refresh – Examples of Assessment Tools
IV. Level of Care Refresh – CDAC’s Guidance
V. Level of Care – Next Steps Discussion

Welcome Activities

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Approach to August CDAC

- **Answer – CDAC Questions**: We will answer your survey questions from June throughout our time together.

- **Learn – Content Overview**: We want CDAC members to **understand**:
  - ND's approach to Level of Care (LOC) modernization and the process of selecting a new assessment tool
  - How CDAC's feedback was incorporated into ND's decision to select the interRAI to be piloted as the new assessment tool
  - What the testing period of a new LOC tool will look like

- **Discuss – Feedback:** We want CDAC's **input** on:
  - What information families need to know about testing the new assessment tool

Timeline Considerations: *ND's 27-29 budget process begins in the late summer / early fall 2026. The Governor's Office budget recommendations will be released around December 2026. The 27-29 legislative session will happen between January and May 2027. We are focusing on topics that impact the waiver's cost so that we have this information to share with the legislature.*

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Acronyms We'll Use Today

We will be using these terms in our meeting today:

HCBS – Home and Community-Based Services

LOC – Level of Care

CDW – Cross-Disability Waiver

IID/DD – Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

ASD – Autism Spectrum Disorder

MF – Medically Fragile Waiver

ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities

NF – Nursing Facility

EI – Early Intervention

ID – Intellectual Disability

DD – Developmental Disability

Level of Care Refresh – North Dakota's Work

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Answering Your Q's: What is Happening with the IID/DD Waiver? (1 of 3)

ND is working to update the assessment process for the IID/DD Waiver.

- **CDAC asked: What does it mean that we are modernizing the existing Individuals with Intellectual Disabilities / Developmental Disabilities (IID/DD) Waiver? Does this affect eligibility?**
- Remember that states must assess people's functional needs to see if they qualify for a waiver.
- Right now, the IID/DD Waiver uses an assessment that ND built for itself, called the PAR. No other state uses it.
- ND is working to modernize the assessment process. This means using a newer tool. This will help the state collect better information about people's needs.
- **The goal is that eligibility looks very similar with the new tool. The State is working carefully to study and test the new tool. We will give an update on this process today.**

Answering Your Q's: What is Happening with the IID/DD Waiver? (2 of 3)

The IID/DD Waiver is designed to serve people with intellectual needs.

- We heard during the assessment that it is hard for some people with developmental disabilities (DD) to access services.
- CDAC shared this guiding principle: "There are kids with no intellectual disability (ID), but a DD condition that impacts multiple areas of life function. This group is an outlier who is not served today."
- **We looked at how to best serve people with DD but no ID and determined that the right place to serve them is the CDW.**
- Why not the IID/DD waiver?
  - This waiver is designed for people with ID, or needs that are similar to an intellectual disability (called a "related condition").
  - The level of care for the IID/DD waiver is ICF. CMS guidance supports that there should be an intellectual need for someone to be served on a waiver with an ICF LOC.
  - The CDW will have more LOCs that will be a better match.

This means that the CDW can serve kids who have DD but no ID, if they meet other eligibility requirements.

It's about finding the right door, not about closing one.

Answering Your Q's: What is Happening with the IID/DD Waiver? (3 of 3)

The CDW can help serve more kids with DD but no ID.

- The Cross-Disability Waiver (CDW) is a new opportunity to help expand access to people not served today.
- The CDW is a good fit to serve more people who need help with daily activities and physical needs, but who have little or no intellectual support needs.
- The goal of IID/DD waiver modernization is that the population of people qualifying is very similar.
- **Eligibility changes to the IID/DD waiver are about the assessment process. This means the tool and process.**
- **The major population changes are happening through the CDW**. **This includes expanding access.**

Review: What Changes is North Dakota Working on for LOC?

ND is updating the assessment process for the IID/DD waiver to collect better information about people's needs.

- **The goal is to update how ND assesses people's eligibility for the IID/DD waiver.**
- This involves fine tuning the eligibility assessment process to use more modern information and tools.
    - The tools ND uses today are valid, but it is difficult to work with data and make enhancements for families.
- The purpose of this work is to more consistently and accurately assess physical, social, and intellectual needs.

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How Does ND Determine Who is Eligible for the IID/DD Waiver?

Identify Population

- Decide the target population. This includes what ages and conditions will be served by the waiver.
- In ND, this is **anyone with an ID or a related condition with needs similar to an ID.**
- Note that people must meet other criteria including income and residency.

Set Definitions

- Define what it means to be in the target population.
- This includes the definition for what it means to have certain conditions like DD for the IID/DD Waiver's eligibility requirements.

Establish Criteria

- Set criteria for who qualifies for the waiver.
- This starts with the definition of conditions like DD, then the state adds the functional needs someone should also have to benefit from waiver supports (e.g., kinds of adaptive deficits assessed in the Gollay Grid).
- **CDAC helped by providing input on the functional needs that should be included.**

Pick an Assessment Tool

- Select the tool the state will use to assess if someone qualifies.
- The tool will help the state measure needs and test the criteria
- **CDAC helped ND by providing guiding principles on the LOC assessment process.**

Level of Care Refresh – Examples of Assessment Tools

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Looking Back: The Goals We Set with CDAC in August 2025

Remember, this slide was presented to CDAC in our August 2025 meeting. CDAC 2.0 has been involved in the Level of Care modernization work since the beginning of its work.

Here is a reminder of the goals that were presented to CDAC in the August 2025 meeting:

- **Information / Learning**: We want CDAC members to **understand**:
  - The basics of the Medicaid waiver application process
  - The role of assessment tools in the application process
  - The types of assessment tools states can use

- **Feedback:** We want CDAC's **input** on level of care and assessments:
  - Share your thoughts about ND's current waiver application processes
  - What do you think about national versus homegrown tools?
  - What do you think about single disability versus cross-disability tools?

- **Decision Preparation**: We want CDAC members to consider their **subcommittee preferences**. We will:
  - Share more about the work each group will do
  - Talk about the goals for the groups
  - Send out a survey to ask preferences after this meeting

Here is a reminder of what CDAC's role was for the August 2025 meeting:

1. Ask questions about what we are sharing. Speak up if something doesn't make sense!
2. **Share your ideas about assessment tool options**.
3. Think about which sub-committee you want to be on. There will be a survey to fill out after with your preferences.

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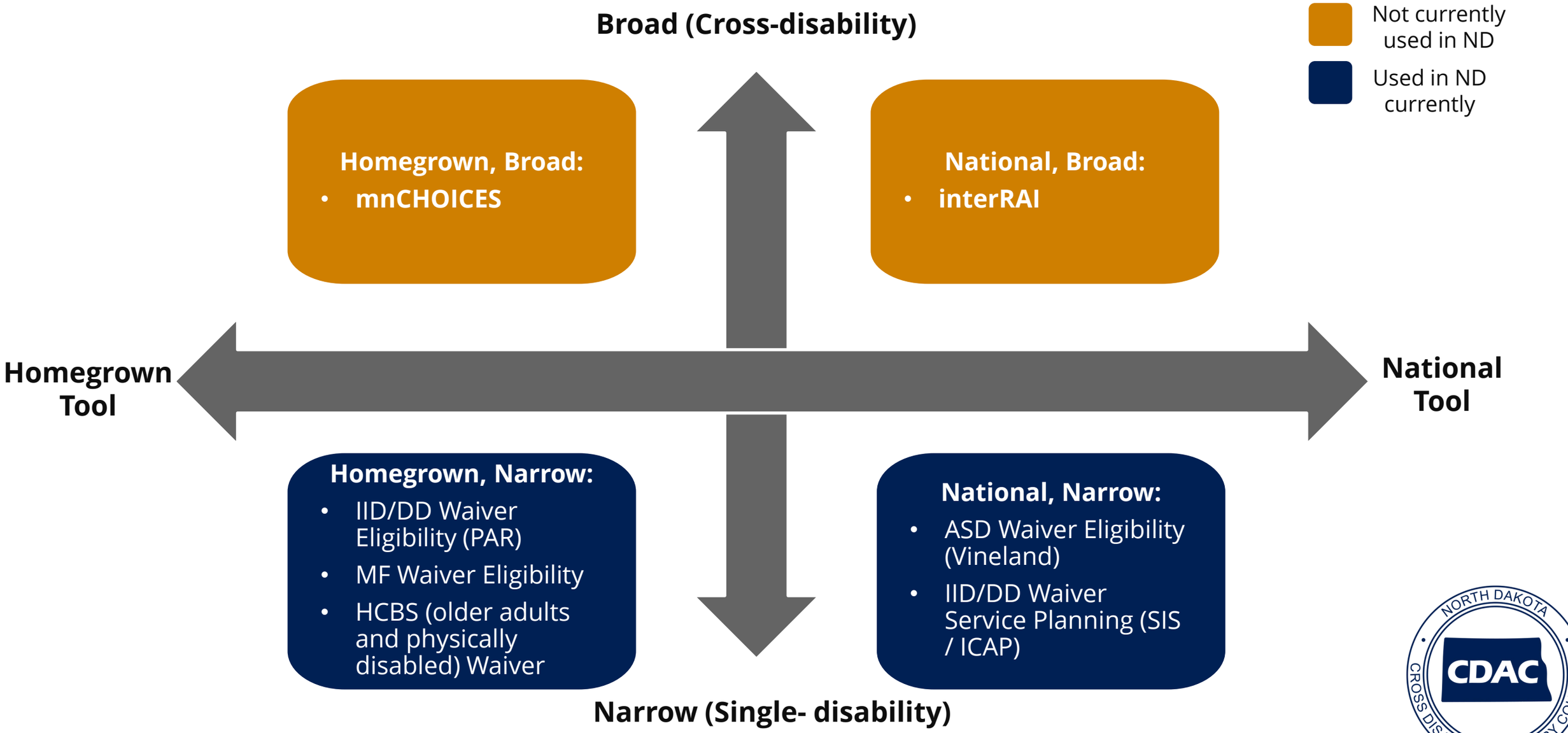
Reminder: What Are Some Other Types of Tools?



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Reminder: What are Some Benefits of National Tools?

- Created by independent experts.
- Based on substantial research and testing from many states.
- Typically has software already developed.
- National training support and materials are available for states to use. Can use outside resources to help test and use the tool.
- Organizations maintain the tools. This means they keep the questions updated as needed over time.
- These tools are designed to help states compare data across programs.
- Multiple states use them. This means states can share information and help each other.

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Reminder: What are Some Challenges of National Tools?

- The tools are standard and not based on the specific state. States can only customize some questions.*
- Transitioning from any state-based tool can be challenging. It takes time and training to make changes to the assessment tool process.
- States need to partner with their IT vendors to build the tool into their existing systems.
- States need to rely on companies to maintain and update the tool.
- States must update systems when companies change the tool / questions. This takes time and money.

**The Medicaid and CHIP Payment and Access Commission (MACPAC) did a study that looked at the state experiences with assessment tools. They interviewed three states that used the interRAI (a national tool). All three states reported they had, "been able to customize it enough to meet their needs."*
Source: *MACPAC, Functional Assessments for Long-Term Services and Supports (June, 2016)*

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Reminder of Example National, Cross-Disability Tool: The interRAI (1 of 2)

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The interRAI is a national tool that looks at people's unique needs.

- The interRAI is a set of tools that help measure someone's needs, strengths, and preferences.
- Many researchers helped develop these tools. The tools have high inter-rater reliability. The questions are also standard across the different tools.
- InterRAI tools look at the whole person. This includes health needs, quality of life, services, and preferences.
- The tools are updated and supported by a team of over 100 fellows across the world. This tool is used in 35 countries.

Source: https://interrai.org/

Reminder of Example National, Cross-Disability Tool: The interRAI (2 of 2)

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The interRAI can be used with many different populations.

- InterRAI has many tools for many populations and needs. This includes both adults and kids.
- States can use data from the assessment in other areas. For example, to help support care planning.
- InterRAI data can help identify risks, like caregiver burnout. It can also help states see trends for planning.
- The assessment can be added to existing software.

Level of Care Refresh – CDAC's Guidance

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ND's Decision Point

HHS has reviewed tools and selected interRAI for further testing.

- HHS looked at the feedback that CDAC provided.
- ND also met with several other states to learn about their experiences with different tools.
- After reviewing all the information, HHS decided to move forward with testing the interRAI.
- We will go through how ND's choice of the InterRAI responds to key feedback from CDAC.
- Then we will look at next steps and ask for your help planning for the testing process.

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CDAC's Guiding Principles on Level of Care Assessments

Topic	CDAC Feedback / Recommendation	A&M Notes
Age	Use pediatric versions of assessment tools for kids. Young kids are harder to assess because the age norms considered are different.	Many national tools have child and adult versions of the same tool. ND will look to use the pediatric versions where available and appropriate.
Administration	How the assessment is given matters. Some kids may struggle to answer questions due to behavioral needs. Consider ways to include parent input and / or observation of skills.	Some tests such as the ICAP have observation components. Research also shows that parent reporting is highly accurate.
Administration	Staffing will impact success of implementation. Invest heavily in training.	Training is a critical piece. Using a national tool does allow states to access additional training materials and staffing resources outside the state
Tool Options	CDAC recommends using a national tool to ensure stronger validity and reliability, and easier and more consistent / standard administration.	Validity and reliability can be built into homegrown tools. However, this process takes a significant amount of time. Many national tools are certified as valid and reliable "off the shelf".
Other	Consider ways to integrate existing tests such as IEP (Part B) with the waiver testing process to reduce burden on families.	We will explore whether this is an option for ND. It may depend on the assessment tool as well.
Other	Wait time between assessment and access to services is especially difficult for families. Look for ways to reduce this where possible.	Turnaround time on scoring assessment will impact this. Parental reporting may help expedite scoring / turnaround. Workforce limitations can sometimes mean longer waits.
Other	There are kids with no ID, but a DD condition that impacts multiple areas of life function. This group is an outlier who is not served today.	Kids with no ID but DD could potentially be served on the new waiver, if they meet the functional requirements. Adults with physical disabilities are intended to be served on the HCBS waiver.

Green shaded rows directly impacted North Dakota's selection of the interRAI for a modernized LOC pilot. We will explain how that feedback impacted the decision next.

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How CDAC's Guiding Principles Informed ND's LOC Tool Selection

CDAC Feedback / Recommendation	InterRAI Characteristic
Use pediatric versions of assessment tools for kids. Young kids are harder to assess because the age norms considered are different.	InterRAI has both child and adult versions of the intellectual and developmental disabilities assessment tools.
How the assessment is given matters. Some kids may struggle to answer questions due to behavioral needs. Consider ways to include parent input and / or observation of skills.	The InterRAI is mostly an interview format with the individual. The individual's family and support team can attend and help answer questions too.
Staffing will impact success of implementation. Invest heavily in training.	The interRAI is a national tool. This allows ND to access existing interRAI training for assessors.
CDAC recommends using a national tool to ensure stronger validity and reliability, and easier and more consistent / standard administration.	InterRAI tools are valid and reliable. InterRAI has special technical assistance to help states make sure they are using best practices.
Consider ways to integrate existing tests such as IEP (Part B) with the waiver testing process to reduce burden on families.	We will work with InterRAI's TA team to see if there are any opportunities to do this. The place where this might make the most sense is for kids 3-5. Keep in mind that data releases can be challenging between organizations.

Level of Care – Next Steps Discussion

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What Happens Next?

North Dakota will now test the new tool.

- It is very important to make sure the new tool works as expected and there are no surprises.
- This means ND will spend time testing the tool and collecting information.
- ND will do a test period of about four months.
- During the test period people will complete both the old (current) assessment and the possible new one.
- ND will look at all the data and make sure the outcomes match.

The Early Intervention population – kids aged 0-2 – will not be included in the pilot.

How CDAC Can Help: Planning for the Test Period

We want your feedback on how to make this process easier for families

- Asking families to complete both assessments will take more time for them.
- We know this can already be a confusing process.
- We want to make sure that the test process is as family-friendly as it can possibly be. **That's where we need your help!**

Discussion: How Can We Make the Test Period Easier for Families?

What would help families feel comfortable?

We Will Be Discussing These Questions:

- What challenges might the test period pose for families?
- Other than time, what could be difficult or confusing about taking two assessments?
- What information would the **general public** want to know?
- What information would **families** want to know?
- What information do **you as CDAC** need?

Website: Menti.com
Code: 4109 8613

Next Steps: What Happens After Today

North Dakota will prepare for the LOC pilot next.

Your feedback continues to be valuable.

- North Dakota will share more information about the LOC pilot in the next few months, including when it starts and how it's going.

- Our next meetings will continue to focus on other topics that will help us prepare for the launch of the CDW.

Appendix – Assessment Tool Options

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What Types of Tools Are There? National versus Homegrown

States can use a national tool or make their own tool.

- States must use an assessment tool to see if someone qualifies for the waiver. This is a federal rule.
- States do have flexibility in what type of tool they use. One choice is how the tool is developed.
- Some states use national tools. These are made by groups for many states to use.
- Some states make their own tools. These are called homegrown tools. Some states also use the homegrown tools that other states made.
- There are benefits and challenges to each type of tool. We will talk more about this together.

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What Types of Tools Are There? Broad versus Narrow

Some tools only look at a small set of conditions. Others can be used for many types of disabilities.

- There are some tools that are designed just for one type of disability.
- Other tools can be used to assess more than one type of disability. These tools are called cross-disability.
- There are benefits and challenges for each.

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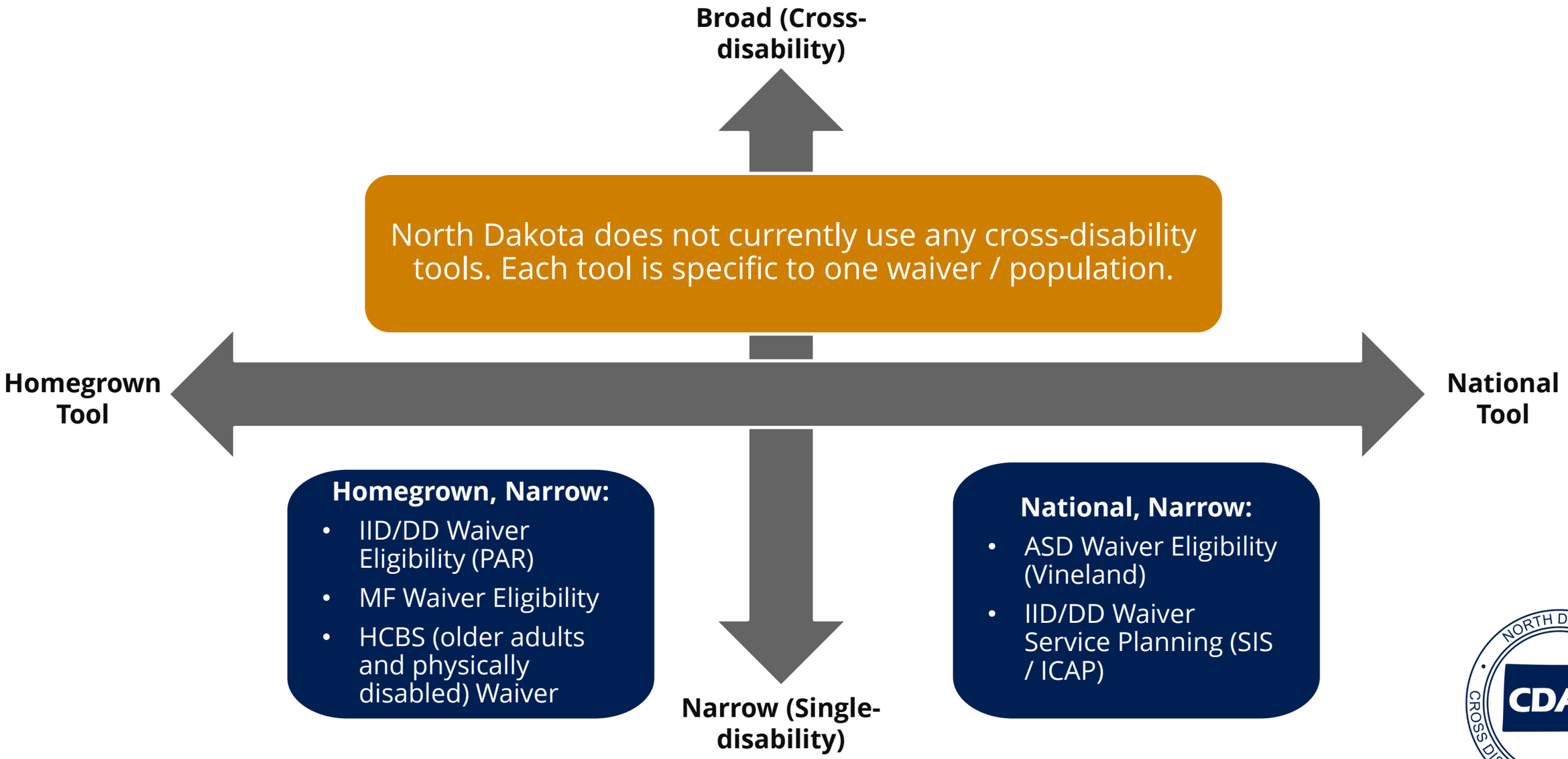
What Types of Tools Does North Dakota Use?



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What are the Basics of National Tools?

National assessment tools are created by independent organizations.

- There are some nationally recognized assessment tools created by organizations.
- These national tools are independent from any one state.
- The tools are often held to very high research standards.
- States usually have some flexibility to customize national tools. But most of the tool must stay the same.

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What are the Basics of Homegrown Tools?

Homegrown tools are developed by a state for use in that state.

- Some states choose to build their own assessment tool.
- These homegrown tools are unique to that state.
- It is the state's responsibility alone to update, train, and modify the homegrown tool as needed.
- One example of a homegrown tool is MnCHOICES, which was developed by Minnesota.

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Discussion: National Versus Homegrown Tools

What do you think about national versus homegrown?

- What do you like about the idea of a national tool?
- What concerns you about a national tool?
- What do you like about the idea of a homegrown tool?
- What concerns do you have about a homegrown tool?
- Do you have any other thoughts to share?

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What are the Basics of Narrow (Single-Disability) Tools?

Narrow tools just look at one type of condition.

- Some tools are created for one overarching type of condition(s).

- For example, ND uses the PAR for the IID/DD waiver eligibility. This tool is specific for ID/DD. It is not used for anything else.

- Some other single-disability tools include:
  - The Vineland (used for ASD eligibility)
  - The SIS (used for ID/DD)
  - The ICAP (used for ID/DD)

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What are the Basics of Broad (Cross-Disability) Tools?

Broad tools have options for multiple conditions.

- Some tools can be used for multiple conditions / waivers.
- Usually, a cross-disability tool is made up of a set of disability-specific assessments.
- Because they are part of the same bigger tool, states can more easily share data between programs. This can help states look at eligibility for more than one program at a time.
- Some cross-disability tools include:
  - The interRAI
  - mnCHOICES

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Discussion: Broad versus Narrow

What do you think about broad versus narrow?

- What do you think might be some benefits of using a single-disability tool?
- What concerns you about a narrow tool?
- What do you think might be some benefits of using a broad cross-disability tool?
- What concerns do you have about a cross-disability tool?
- Do you have any other thoughts to share?

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Another Consideration: Age

Tools are designed for use with different ages

- There are often adult and child versions of the same assessment tools.

- For example, ND uses a tool called the PAR to look at eligibility for the IID/DD waiver. This has two versions.
  - The child PAR is used for kids 0 through 2.
  - People 3+ use the adult PAR.

- Do you have any thoughts about age and assessment tools?
  - What might be different for very young kids?
  - What might be the same for kids versus adults?
  - Is there anything about age and assessment that ND should keep in mind?

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Example National, Narrow Tool: The SIS

The SIS looks at the frequency and levels of support needed.

- The SIS was developed by the American Association of Intellectual and Developmental Disabilities (AAIDD).
- The tool is only for people with intellectual and developmental disabilities.
- It is focused on acuity levels.
- The SIS needs its own software and training.
- The SIS is used by many states.

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Example Homegrown, Cross-Disability Tool: MnCHOICES

Minnesota created its own assessment called MnCHOICES.

- Minnesota worked with a vendor to build an assessment.
- MnCHOICES is used to assess all people who need long term services and supports.
- MnCHOICES is used for both eligibility and service planning.
- Minnesota recently updated the assessment. This took four years to do, from 2020-2024.

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Example Homegrown, Narrow Tool: ND's PAR

North Dakota created its own single-disability tool called the PAR.

- North Dakota created the Progress Assessment Review (PAR).
- This tool helps decide if people are eligible for the IID/DD waiver. This includes if they meet level of care for the waiver. It also includes if they have a need for waiver services.
- There is a child version of the PAR for kids 0-2.
- People 3+ are assessed using the adult PAR.
- The PAR looks at levels of functioning and support needs.

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Example National, Narrow Tool: The ICAP

The ICAP is another national tool for the IDD population.

- The ICAP is only used for people with IDD.
- The tool can be used with both children and adults.
- The ICAP looks at skills like motor, personal living, social and communication. It also looks at behavior.
- The ICAP has a score of 0-100 that shows level of service needed.
- Usually, the ICAP is used in combination with other tools.

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What are Some Benefits of Homegrown Tools?

- Created by the state. This allows full customization.
- Can be easier to build into systems.
- Some states build their own tools if they think there are no clear advantages to any specific national tools.
- Flexibility in when and how you update the tool. Note that this still requires the state to do the work to update.

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What are Some Challenges of Homegrown Tools?

- Need to spend time and money to build the tool. This must happen before you can even begin to test, train for, and implement the tool.
- States need to do all their own training and support.
- States must maintain the tool over time. If there are not resources to do this, the tool will not be as good.
- Data is not standard with other states. States can't share information with each other as easily.
- It is hard to get the same level of validation and testing for just one state, compared to national tools.

Appendix – HCBS Waivers & LOC

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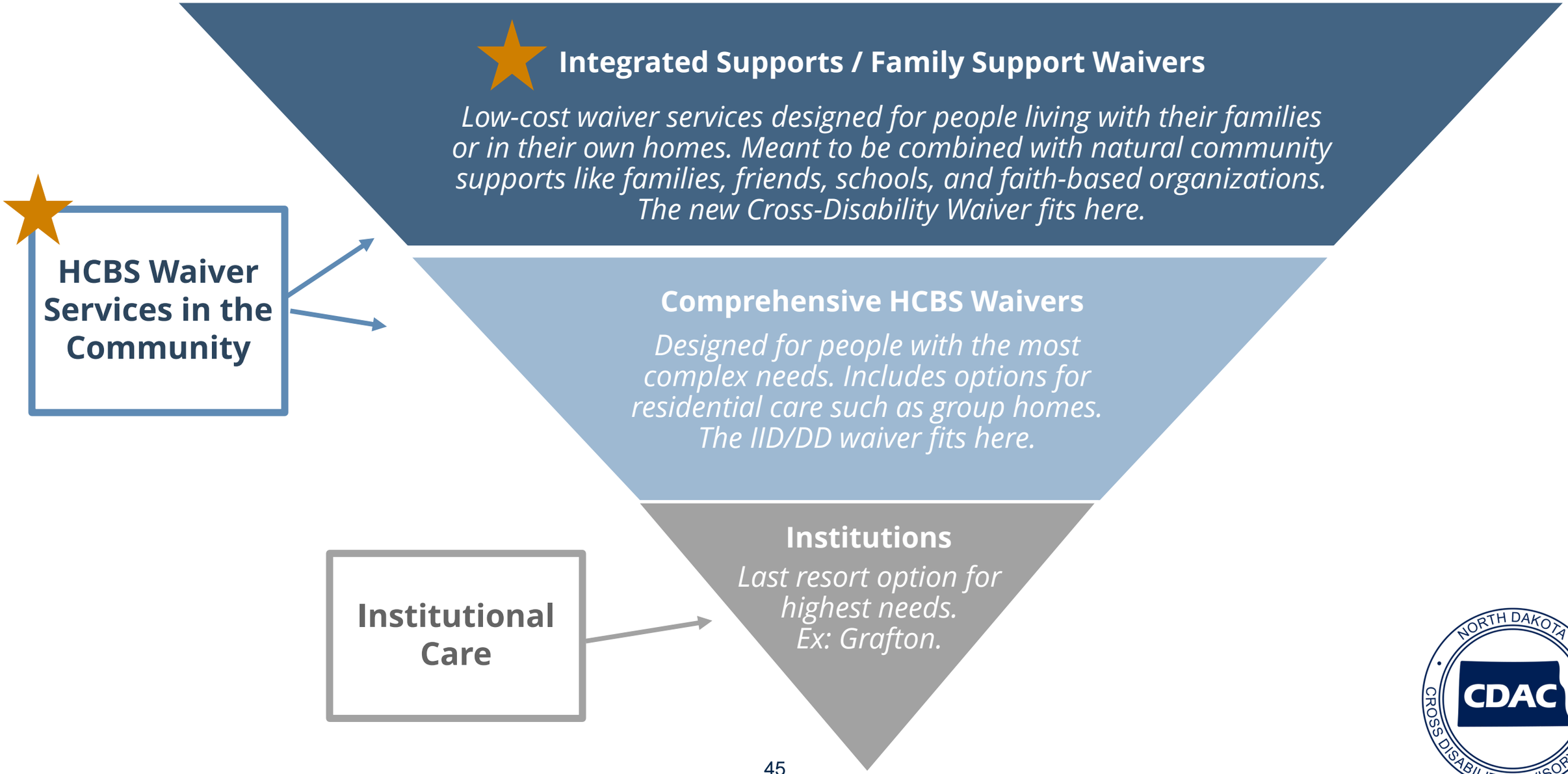
How Do States Provide Long-Term Services Through Medicaid?



Key Concept Review: The Role of HCBS Waivers

Home and Community Based Services (HCBS) waivers help people stay in their communities.

- Institutions used to be the only way that people with disabilities could receive Medicaid long-term services.
- In the past, people lived in these institutions and received all of the services and supports they needed there.
- Now, states also provide long-term Medicaid services and supports through HCBS Waivers.
- People can access HCBS waiver supports while living in their homes and communities.
- **HCBS waivers make it possible for people to live in the community *instead of* institutions.**

Review: HCBS Waivers and Institutional Level of Care (1 of 2)

HCBS waivers are an alternative to institutional care.

- The Federal government created HCBS waivers* as an alternative to institutionalization.
- Waivers are meant to replace institutional care. This means states must link HCBS waivers to a type(s) of institution.
- Examples of institutional care settings that waivers can be based on include:
  - Hospitals
  - Nursing Facilities
  - Intermediate Care Facilities

**HCBS waivers were first established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981*

Review: HCBS Waivers and Institutional Level of Care (2 of 2)

An HCBS waiver's Level of Care (LOC) is based on the institutional care setting(s).

- **The type of institutional care the waiver is based on is called the waiver Level of Care, or LOC.**
- To qualify for a waiver, someone must have similar needs to the institutional setting the waiver is based on.
- This is sometimes called "meeting level of care."

A Note on The Difference Between Institutions and Waivers

HCBS waivers are linked to institutions, but there are important differences between them.

- HCBS waivers are based on institutional care.
- However, HCBS waivers are **not the same** as institutions.
- Institutions provide intensive 24/7 care in the institutional setting. In North Dakota, Grafton is an example of this setting.
- HCBS waivers offer flexible community support.
- HCBS waivers have some similar types of services and some unique types
  - Similar service: Personal Care
  - Unique service: Environmental modifications to a home or car

Appendix – Multiple LOC in a Single Waiver

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Answering Your Questions: What Does Multiple LOCs Look Like?

States can have more than one LOC in an HCBS waiver.

- CDAC asked: **"What does it look like with 2 different LOCs in one waiver? The two combined waivers for the new cross disability waiver would be different. You once stated there are waivers with 2 LOC in them, could you show an example of how it reads?"**

- States can in fact combine different LOCs in one waiver
  - Sometimes this is done to combine target populations (ex: cross-disability waiver).
  - Some populations can have more than one LOC too. For example, older adults or medically fragile children could be both hospital and nursing facility.

- We have pulled examples of states with multiple LOCs in the following slides.

- We will start by looking at federal guidance on this topic and then dive into a couple of state examples.

Federal Guidance on Using Multiple Levels of Care in a Waiver

CMS guidance explains how states can select multiple LOCs in a waiver.

Excerpts from the CMS Waiver Technical Guide:

On Serving Multiple Populations

"When completing this item, it is important to keep in mind that, per 42 CFR §441.301(a)(6), a waiver may, at the state's option, serve one or more of the following three groups of Medicaid beneficiaries or subgroups thereof:

- Aged and/or disabled;
- Persons with intellectual disability and/or developmental disabilities; or,
- Persons with serious mental illnesses.

These three groups are discussed in more detail in the instructions for Appendix B-1."

On Selecting Multiple LOCs

"Waiver services may only be furnished to individuals who are determined to require the level of care furnished in a hospital, nursing facility or ICF/IID … The waiver must specify the level(s) of care that individuals require in order to enter the waiver. More than one level of care may be selected, depending on the target group(s) served in the waiver. For example, if the waiver is designed to support medically fragile children in the community, it may be appropriate to select both the hospital and nursing facility levels of care."

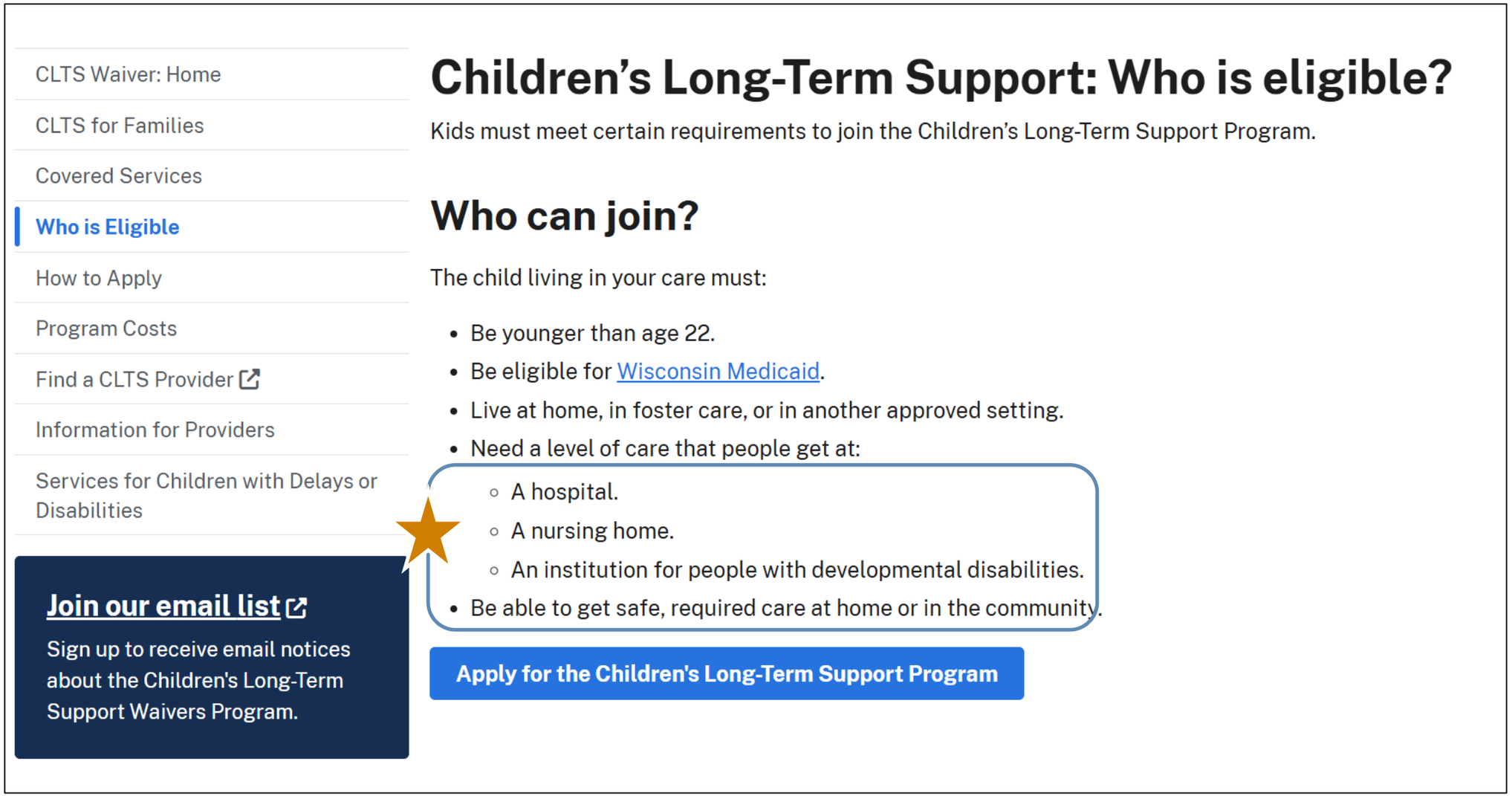
Overview of Wisconsin's Approach to Using Multiple LOCs (1 of 2)

Wisconsin uses multiple LOCs in its children's HCBS waiver. This is also a cross-disability waiver.

- The WI Children's Long-Term Support (CLTS) Waiver serves children with disabilities
- This waiver serves kids with many types of disabilities
- The waiver includes multiple LOCs
- This is a cross-disability children's waiver
- It is similar in a lot of ways to how ND's waiver will look

Overview of Wisconsin's Approach to Using Multiple LOCs (2 of 2)

In Wisconsin's Words: Excerpt from the State Website



- CLTS Waiver: Home
- CLTS for Families
- Covered Services
- **Who is Eligible**
- How to Apply
- Program Costs
- Find a CLTS Provider
- Information for Providers
- Services for Children with Delays or Disabilities

Join our email list

Sign up to receive email notices about the Children's Long-Term Support Waivers Program.

Children's Long-Term Support: Who is eligible?

Kids must meet certain requirements to join the Children's Long-Term Support Program.

Who can join?

The child living in your care must:

- Be younger than age 22.
- Be eligible for Wisconsin Medicaid.
- Live at home, in foster care, or in another approved setting.
- Need a level of care that people get at:
  - A hospital.
  - A nursing home.
  - An institution for people with developmental disabilities.
- Be able to get safe, required care at home or in the community.

Apply for the Children's Long-Term Support Program

Wisconsin Children's Waiver: Level of Care

Level of Care: Excerpt from HCBS Waiver, Request Information

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

Hospital

☒ **Hospital**

Select applicable level of care

◉ **Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

Children from birth through age 21 years.

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160**

Nursing Facility

☒ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

Children from birth through age 21 years.

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140**

ICF

☒ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

Children from birth through age 21.

Wisconsin Children's Waiver: Target Population (1 of 2)

Target Population: Excerpt from HCBS Waiver, Appendix B-1

Target Group	Included	Target Sub Group	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☒ Aged or Disabled, or Both - General					
	☐	Aged			☐
	☒	Disabled (Physical)	0	21	
	☒	Disabled (Other)	0	21	
☐ Aged or Disabled, or Both - Specific Recognized Subgroups					
	☐	Brain Injury			☐
	☐	HIV/AIDS			☐
	☐	Medically Fragile			☐
	☐	Technology Dependent			☐
☒ Intellectual Disability or Developmental Disability, or Both					
	☒	Autism	0	21	☐
	☒	Developmental Disability	0	21	☐
	☒	Intellectual Disability	0	21	☐
☒ Mental Illness					
	☐	Mental Illness			☐
	☒	Serious Emotional Disturbance	0	21	

Disabled (Physical, Other)

Autism, DD, ID

SED

NORTH DAKOTA CDAC CROSS DISABILITY ADVISORY COUNCIL

Wisconsin Children's Waiver: Target Population (2 of 2)

Target Population: Excerpt from HCBS Waiver, Appendix B-1

b. Additional Criteria. The state further specifies its target group(s) as follows:

Waiver participants must meet the functional and support needs criteria, as set forth in the Functional Screen, meet Medicaid financial and non-financial requirements, and reside in allowable living situations within the community.

Allowable living situations within the community for participants include children who are living with their parents in the family's private residence, whether owned or rented.

Allowable living situations also include participants who are living in the home of a relative or guardian, including foster care providers. For waiver participants who are 18 years or older, an allowable living situation also includes an adult family home (AFH).

Wisconsin Children's Waiver: Evaluating LOC

Evaluation of Level of Care: Excerpt from HCBS Waiver, Appendix B-6

"The level of care determination for the Waiver is based on Federal Medicaid institutional admission criteria for relevant institutional settings. A child with **an ICF/IID - Developmental Disability (DD) Level of Care** has a permanent cognitive disability, substantial functional limitations and a need for active treatment. The level of care criteria is based upon the child having needs similar to people in an intermediate care facility for children with intellectual disabilities (ICF/IID). The intensity and frequency of required interventions to meet the child's functional limitations must be so substantial that without the intervention, the child is at risk for institutionalization within an ICF/IID.

A child with a **Psychiatric Hospital/Severe Emotional Disturbance (SED) Level of Care** has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist. In addition, this child demonstrates persistent behaviors that create a danger to self or others, requiring ongoing therapeutic support in order to be able to live at home and in the community. The intensity and frequency of the required ongoing therapeutic support must be so substantial that without the support the child is at risk of inpatient psychiatric hospitalization.

A child with **a Hospital or Nursing Home/Physical Disability (PD) Level of Care** has a long-term medical or physical condition, which significantly diminishes the child's functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. This child requires an extraordinary degree of daily assistance from others to meet everyday routines and special medical needs. The special medical needs warrant skilled nursing interventions that require specialized training and monitoring that is significantly beyond that which is routinely provided to children. The intensity and frequency of required skilled nursing interventions must be so substantial that without direct, daily intervention, the child is at risk for institutionalization within a nursing home."

Colorado's Complementary and Integrative Health Waiver

Level of Care: Excerpt from HCBS Waiver, Request Information

Hospital

Nursing Facility

ICF

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☑ **Hospital**

Select applicable level of care

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◉ **Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

The State does not limit this waiver to subcategories of the hospital level of care.

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160**

☑ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

The State does not limit this waiver to subcategories of the nursing facility level of care.

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140**

☐ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

Appendix – Federal Rules on Level of Care

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Federal Rules About Waiver Eligibility

Level of Care is one of several CMS requirements for waivers.

CMS allows states to provide HCBS to individuals who:

1) **Meet institutional level of care (LOC)**
2) Are members of waiver target population
3) Meet Medicaid financial criteria
4) Demonstrate need for at least one waiver service
5) Choose to enter the waiver

DRAFT

Level of Care: Federal Guidance

Remember that individuals must meet institutional level of care.

- States must select level(s) of care* in the waiver (section 1F).
- CMS rules say that people must show they require the level of care in a specified institution.
- Level of care goes together with target population to define who qualifies for a waiver.

**Cost neutrality is based on the waiver level of care selected. For example, a waiver with hospital LOC will be "compared" to the costs of hospital services.*

DRAFT

Target Population: Federal Guidance

States also select which target population(s) are served by a waiver.

- States select target population (s) in the waiver (section B-1a).
- Populations can include:
  - Aged / Disabled / Both.
  - Individuals with Intellectual Disabilities or a developmental disability, or both.
  - Persons with mental illness.
- Being in the waiver target population does not automatically qualify someone for a waiver.
- Individuals in the target population must also meet institutional level of care (LOC). This is assessed by the State.
- **Together, level of care and target population define who a waiver serves.**

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How LOC and Target Population Apply to Individuals with ID/DD

CMS includes guidance on how individual with ID/DD can be served.

- Individuals in the target group “intellectual disabilities or a developmental disability” must meet ICF LOC.
- ICFs are defined as serving persons with “intellectual disability or a related condition” (as defined in 42 C.F.R. § 435.1009).
- **To meet ICF LOC, individuals must either have an intellectual disability or a related condition.**
- Individuals in target populations must also meet LOC.

DRAFT

CMS Guidance on Developmental Disabilities

CMS Guidance specifically talks about the question of ID/DD.

“Some persons who might qualify as having a “developmental disability” under the Federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 **may not meet ICF/IID level of care**.

While “Developmental Disability” and “Related Conditions” overlap, they are not equivalent. The **definition of related conditions is…functional, rather than tied to a fixed list of conditions.**”

(defined in as 42 C.F.R. § 435.1009)

DRAFT

Key Concept Review: Needs Assessments (1 of 2)

States are required by the federal government to use needs assessments.

- States use assessments to understand people's needs.
- A person's assessed needs must show that they would be eligible for that institution.
- This is sometimes called "meeting level of care."
- States are required to assess functional needs. This is part of the waiver eligibility process.
- The assessment is first done when someone applies for a waiver. This is done to see if someone meets institutional level of care.

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Key Concept Review: Needs Assessments (2 of 2)

Assessments also help states gather data to improve services.

- Assessments can help support care planning.
- This process gives states information about what services might help a person.
- People on a waiver also complete an annual reassessment.
  - This makes sure the waiver is still the right fit for them.
  - This data can also help states monitor and respond to an individual's changing needs over time.
- Assessments also help states build better programs.
- Information collected from assessments can help states understand and improve quality.

Appendix – CDAC's Role in Drafting the CDW Application

CDAC North Dakota Cross Disability Advisory Council

How CDAC Feedback Helps ND Create the Waiver

CDAC Shares Ideas About Topics that are Part of the Waiver

Ex: Providers

End Result: A series of guiding principles to help ND create the new waiver

ND Drafts Sections of the Waiver

Ex: The parts of App. C about providers

End Result: A Complete Draft Waiver Application

ND Collects Public Feedback on the Entire Draft Waiver

End Result: A Waiver that ND is Ready to Submit to CMS

Step 1: CDAC Shares Ideas About Waiver Topics

Example Waiver Topic: Providers

- CDAC talks about how the new waiver should work. We focus on one topic at a time. CDAC shares what is important to them for each topic.

- A&M also asks specific questions. This helps us get feedback on what CMS asks in the waiver application.
    - Example question: “What requirements should there be to become a waiver provider?”.

- CDAC creates guiding principles for each topic. The group votes on these principles. The final principles are CDAC’s formal recommendations to HHS.

Result: A series of guiding principles to help ND create the new waiver

Step 2: North Dakota Drafts Sections of the Waiver

Example Section: North Dakota Drafts the Waiver Section on Providers

- CDAC creates formal guiding principles about waiver topics.
- HHS and A&M draft the waiver sections that CDAC has talked about. They use CDAC's guiding principles as core input.
- A&M may come back to CDAC to ask follow-up questions while writing.
- A&M creates and shares a summary of part of the waiver with CDAC once it is drafted.
- A&M will coordinate any changes with HHS so HHS can make decisions about what is included in the waiver application.
- When all sections are done, we have a full draft application.

Result: A complete draft waiver application

Step 3: North Dakota Holds Public Comment

Example: Online Meeting to Ask for Feedback

- HHS will publish the entire draft waiver application online once it is complete.
- ND will hold official public comment on the full draft.
- Public comment includes many ways for people to share their feedback, for example:
  - Townhalls / meetings.
  - Written letters.
  - Emailed comments.
- The State will summarize and respond to all public feedback in the waiver document. This is the final piece of the draft.

Result: A complete waiver application that ND is ready to submit to CMS for review