

DRAFT --- CROSS-DISABILITIES ADVISORY COUNCIL
CDW Subcommittee

Virtual Meeting
Tuesday September 23, 2025
12:00 p.m. – 1:27 p.m.

Cross-Disability Advisory Council Members Present: Julianne Horntvedt, Kayla Johnson, Vicki Peterson, Lorena Poppe, Danielle Robbins, Kendra Vander Wal, Janakate Walker

Cross-Disability State Agency Representatives Present: Jackie Adusimilli, Kathy Barchenger, Kayla Fender

Guests Present: Erin Leveton, Kathy Miiller, Erin Moore, Jillian Salmon

WELCOME & ADMINISTRATIVE MATTERS

- The meeting was called to order at 12:00.

GENERAL BUSINESS

- Role Call

CDW SUBCOMMITTEE REVIEW

- Members confirmed that they understood the structure of CDAC's subcommittees and what they were going to cover as the Cross-Disability Waiver (CDW) Subcommittee.

REFRESHER ON CDAC 1.0'S RECOMMENDATIONS TO SERVE NEW POPULATIONS IN THE CDW

- Members were reminded that HCBS waivers typically serve one condition. A CDW intends to serve youth according to functional impairment, not diagnosis.
- Members discussed the populations that would be served on the CDW.
 - Members asked questions about the level of need that will be served on the CDW, and how level of care would be determined based on different diagnoses.
 - For example, the CDW will serve people who have mild or moderate intellectual / developmental disabilities (ID/DD), who may have lower needs.
 - Medically Fragile children that are going to be served on the CDW, however, may have higher needs.
 - It was confirmed that the Medically Fragile and Autism populations will still have to meet the same level of care that they do on their existing waivers. Different populations will have to meet different levels of care.
 - Members suggested clarifying language about the level of need being served on the waiver moving forward. This will help reflect that some populations on the waiver, like Medically Fragile children, may have higher needs and some others may have moderate needs.

SUPPORTING YOUTH WITH SEVERE EMOTIONAL DISTURBANCES

- Members were introduced to the definition of the Serious Emotional Disturbance diagnosis (SED).
- Members noticed that the SED diagnosis applies to youth under 18. Another diagnosis, Serious Mental Illness (SMI), is used once someone turns 18.
 - Although diagnostically the terms change at 18, the functional needs may not change significantly.

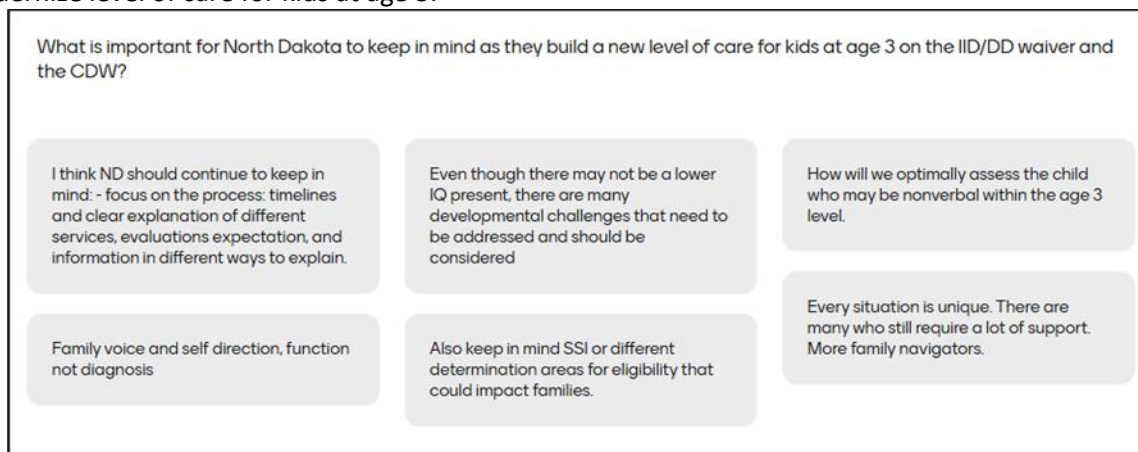
- CDAC suggested that HHS keep this change in diagnosis in mind as they define the level of care for this population, since the CDW will serve youth ages 3-20.
- Members were introduced to existing programs that support youth with SED,
 - HHS has a 1915i State Plan Amendment that provides home and community-based services to youth with SED.
 - Members asked whether someone could qualify for any of HHS' 1915c HCBS waivers if they qualify for the 1915i State Plan Amendment, or vice versa.
 - Qualifying for a 1915c does not mean you automatically qualify for a 1915i, and vice versa. Each program has different eligibility requirements that have to be met.
 - HHS also has many programs and services across its youth behavioral health continuum of care. Some can be covered by Medicaid.
- Members discussed what experience they had supporting youth with SED, especially when SED is co-occurring with another disability.
 - Many have interacted with youth in their professions.
 - It was noted that a significant gap for this population is strong wrap around services that can bring their behavioral health and ID/DD supports together.
 - One idea is that the CDW can include some services that are also on the 1915i, such as respite and supported education, which could allow for more seamless access of services.
 - One of the challenges they identified in serving this population is that many families may not know about waiver supports. Another is that they may not be able to access providers, especially in rural areas.

SUPPORTING YOUTH AGED 3-5

- Members were reminded about the observations gathered in the assessment and during CDAC 1.0 about the impact that having a different level of care at age 3 than ages 0-2 on the IID/DD waiver has on that population's access to waiver services.
- The subcommittee conducted an Integrated Supports Star exercise together.
 - This is a Charting the Life Course framework that helps organize thoughts.
 - This exercise helped the subcommittee think about what supports are currently available for kids aged 3-5.
 - Before the meeting, members completed a survey that asked about each of the different integrated supports: community-based, technology, personal strengths, relationships, and eligibility-based supports. In the meeting, they confirmed they agreed with the ideas provided.



- Community Based Supports:
 - North Dakota Early Intervention Services; Early Childhood Special Education; Preschool, other school district services; Head Start; Right Track Program; CREA Early Intervention (formerly BECEP); Minot Infant Development Program (ND Center for Persons with Disabilities).
 - Technology Supports:
 - Tele-therapy, tele-speech, tele-occupational therapy platforms; Augmentative & Alternative Communication (AAC) tools (like the Picture Exchange Communication System); Assistive Listening Devices / FM systems; Visual supports (communication boards, picture schedules); Adaptive communication tablets or iPads with relevant educational / speech apps, other online learning programs; Portable adaptive equipment (specialized seating, mobility tools); Environmental modifications.
 - Personal Strengths & Assets:
 - Effective communication of needs, wants, feelings; Ability to process what is being communicated to them; Social interaction / play with peers; Self-help, daily living skills, motor skills appropriate to developmental level; Adaptability to transitions and routines; Exposure to early learning experiences; Opportunities to develop social skills.
 - Relationship Supports:
 - Parents / close family members / primary caregivers; Teachers (preschool / early childhood / special education / Head Start), paraprofessionals, childcare providers; Therapists: speech-language pathologists, physical therapists, occupational therapists, behavioral specialists; Healthcare providers: pediatricians, specialists, early screening; Peer children and peers in inclusive classrooms; Neighbors, community members; Providers / case managers; Advocacy / support organizations.
 - Eligibility Specific Supports:
 - Access to Medicaid and traditional state plan services, including early intervention; Medicaid waiver services, such as: In-home support, Respite, Assistive technology / equipment, Therapy services, Family training / support, Care coordination / case management; HCBS behavioral health services through the 1915i Medicaid State Plan amendment (including supported education and family peer support).
- The subcommittee then completed a survey in the meeting to provide HHS with guiding principles to keep in mind as they modernize level of care for kids at age 3.



ADJOURNMENT

The meeting was adjourned at 1:27 p.m.