Cross Disability Advisory Council Meeting

CDAC North Dakota Cross Disability Advisory Council

October 15, 2026

AGENDA

I. Welcome Activities
II. CDAC 2.0 Report
III. Deep Dive into the CDW Application, Appendices B-J

Welcome Activities

CDAC North Dakota Cross Disability Advisory Council

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Approach to October CDAC

- **Review – Report Review**: We want CDAC members to **review** and **approve**:
  - ❑ The CDAC 2.0 Report

- **Learn – Content Overview**: We want CDAC members to **review**:
  - ❑ What kinds of information are contained in certain sections of an HCBS Waiver Application

- **Discuss – Feedback:** We want CDAC's **input** on:
  - ❑ Certain parts of the HCBS Waiver Application that will help ND write the CDW Application.

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:

- **CDAC** – Cross-Disability Advisory Council
- **HCBS** – Home and Community-Based Services
- **LOC –** Level of Care
- **CDW** – Children's 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
- **HHS** – North Dakota Health and Human Services
- **CMS** – Centers for Medicare and Medicaid Services
- **FMS** – Financial Management Services

Deep Dive into the CDW Application – Appendix B

CDAC North Dakota Cross Disability Advisory Council

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Explaining the HCBS Waiver Application | Appendix B

Appendix B is called "Participant Access and Eligibility." It explains who can get services from a waiver.

Here are some things that are included in Appendix B:

- **Who Can Be Served**
- **Financial Eligibility**
- **Level of Care**
- **Choice and Access**

DRAFT

Appendix B | Explaining This Section (1 of 4)

Here is the kind of information CMS asks for in this section of Appendix B.

Who Can Be Served?

Connecting This Section to CDAC's Work
CDAC has discussed who the CDW should serve, including ages and target populations.

Target group and ages

The state picks the groups the waiver serves, such as people with autism, people with a developmental disability, or people who are medically fragile.

The state sets a minimum age and any maximum age for each group that can be served.

If there is a maximum age, the state explains how it helps people plan for what comes next when they reach that age.

Individual cost limit

The state says whether it limits someone's spend on services they can get in the waiver, and what that specific limit is.

The state explains how a person stays safe if their needs grow, meaning, if there are exceptions to spend limits based on need or if someone gets help to find another waiver that might better serve their needs.

Number of people served

The state says how many different people can be served each year.

The state can set aside spots for certain purposes, such as crisis situations, or phase the waiver in over time. This is called "reserved capacity."

The state explains how it picks who gets a spot on the waiver.

DRAFT

Appendix B | Explaining This Section (2 of 4)

Here is the kind of information CMS asks for in this section of Appendix B.

Financial Eligibility

Connecting This Section to CDAC's Work
These Medicaid income and eligibility rules are administrative and outside of CDAC's scope.

Medicaid eligibility groups

A person must qualify for Medicaid to get waiver services. The state selects which Medicaid eligibility groups of a standard list can be served.

The state also says if it uses a special income rule for people who need waiver services.

Medicaid eligibility groups

This is only filled out if the state uses that special income rule.

It explains how much of a person's own income they can keep for personal needs and how much may go toward the cost of their care.

It also says if special rules protect a spouse who lives in the community.

DRAFT

Appendix B | Explaining This Section (3 of 4)

Here is the kind of information CMS asks for in this section of Appendix B.

Level of Care

Connecting This Section to CDAC's Work
CDAC has discussed LOC a lot, including the tool / process, and the many things required to be eligible for a waiver.

Who needs services

The state says what kind(s) of level of care a person must meet to be served by a waiver.

The state says how many waiver services they need to use to qualify for a waiver,

The state also says what kinds of services count for this requirement and how often those services need to be used.

- This could be monthly or quarterly, or another cadence.

Level of Care tool used

The state says who does Level of Care evaluations. This could be done by state staff, or it could be done by a contracted group.

The state lists the qualifications of the people who do the Level of Care evaluations.

The state names the Level of Care tool used for evaluations.

The process, timing and records for level of care assessments

The state describes how the Level of Care evaluations work and whether that differs from how reevaluations are done.

- Level of Care reevaluations must happen at least once a year.

The state describes how it makes sure these reevaluations happen on time, and where records are kept and for how long.

DRAFT

Appendix B | Explaining This Section (4 of 4)

Here is the kind of information CMS asks for in this section of Appendix B.

Choice and Access

Connecting This Section to CDAC's Work
CDAC has discussed how families learn about waiver options. Choice and language access are federal rules.

Freedom of choice

The state talks about how they tell people about their different options.

- If a person might need services from the waiver, they have to be told about the choice between waiver services in their home and community, and institutional care.

The state names the forms used to document that choice and where copies are kept for at least three years.

Access for people with limited English

The state describes how people with limited English can get meaningful access to the waiver.

Deep Dive into the CDW Application – Appendix C

CDAC North Dakota Cross Disability Advisory Council

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Explaining the HCBS Waiver Application | Appendix C

Appendix C is called "Participant Services." It explains what services are included in the waiver and who can provide those services.

Here are some things that are included in Appendix C:

- **Services Included**
- **Case Management and Telehealth**
- **Rules for Providers**
- **Limits and Settings**

DRAFT

Appendix C | Explaining This Section (1 of 4)

Here is the kind of information CMS asks for in this section of Appendix C.

Services Included

Connecting This Section to CDAC's Work
CDAC has discussed which services to include in the CDW, how they are delivered, and who can provide them.

List of services

The state lists every service the waiver covers.

For each one, the state describes:

- What it is (the definition)
- How it's limited
- Who can provide it
- What qualifications providers must meet

Limits and delivery

The state can set limits on how much, how often, or how long a service can be used.

The state says if the service can be self-directed (also listed in Appendix E), is provider managed, or if it can delivered via telehealth.

The state says if a relative, legal guardian, or legally responsible person can provide it.

Provider qualifications

For each service, the state says who can provide it, such as an agency or an individual.

The state lists the licenses, certificates, or other standards providers must meet to be able to provide the service

The state says who checks these qualifications and how often they do.

DRAFT

Appendix C | Explaining This Section (2 of 4)

Here is the kind of information CMS asks for in this section of Appendix C.

Case Management and Telehealth

Connecting This Section to CDAC's Work

CDAC has talked about case management and virtual requirements.
CDAC will talk more about case management soon.

How case management is provided

The state says if case management is a waiver service or is provided another way, such as Targeted Case Management or an administrative activity.

The state names who does case management.

The state describes the training Case Managers must have on person-centered planning and the HCBS settings rules.

Services delivered remotely

If any service can be delivered virtually, the state must explain how remote delivery will:

- protect privacy
- support community connection
- work for people who need hands-on help or help with the technology
- keep people healthy and safe

The state must also say whether any in-person visits are required.

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Appendix C | Explaining This Section (3 of 4)

Here is the kind of information CMS asks for in this section of Appendix C.

Rules for Providers

Connecting This Section to CDAC's Work
CDAC has discussed who can provide services, including legally responsible individuals, frequently.

Background checks and abuse registry

The state says if and which providers need criminal background checks and.

The state says if providers are screened against a state abuse registry and what happens if someone is added to it.

Paying family members

The state says whether it pays relatives, guardians, or legally responsible people, such as parents of minors, to provide certain services.

If yes, the state explains when it is allowed and what the safeguards are.

For legally responsible people, the state must show how they assess for extraordinary care to pay them as providers.

Open enrollment and hospitals

The state describes its processes for how any willing and qualified provider can sign up to deliver waiver services.

The state says if waiver services can be provided in an acute care hospital, and under what conditions.

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Appendix C | Explaining This Section (4 of 4)

Here is the kind of information CMS asks for in this section of Appendix C.

Limits and Settings

Connecting This Section to CDAC's Work

CDAC has been asked if services should have limits. CDAC's discussions about the budget connect to this section.

Additional limits on services

The state says if it sets limits beyond the ones listed for each service.

Limits could look like:

- A dollar limit on a specific group of services
- An overall budget for each person
- A specific budget based on a person's level of support.

For any limit, the state explains why it set this limit, how it can change, whether there are any exceptions to the limit, and how people are told about the limit.

Home and community-based settings

The state describes where services are received and how it makes sure those places follow the federal HCB settings rules.

Settings must be part of the community, chosen by the person, and respect privacy, dignity, and choice.

Provider-owned settings have more rules, such as a lease, lockable doors, choice of roommates, visitors at any time, and food at any time.

Deep Dive into the CDW Application – Appendix D

CDAC North Dakota Cross Disability Advisory Council

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Explaining the HCBS Waiver Application | Appendix D

Appendix D is called "Participant-Centered Planning and Service Delivery." It explains how Person-Centered Plans work.

Here are some things that are included in Appendix D:

Who Writes the Person-Centered Plan?

How Is the Person-Centered Plan Made?

Updating and Monitoring the Person-Centered Plan

DRAFT

Appendix D | Explaining This Section (1 of 3)

Here is the kind of information CMS asks for in this section of Appendix D.

Who Writes the Person-Centered Plan?

Connecting This Section to CDAC's Work
CDAC has discussed what "good" case management looks like for "good" person-centered planning.

Who is responsible for the Person-Centered Plan

The state lists who can develop Person-Centered Plans, such as case managers, social workers, or nurses.

The state lists the qualifications of people who can write the Plan, including training on person-centered planning and the HCBS settings rules.

Keeping planning fair

The state talks about how it follows an important rule, which is that people who provide a person's services generally cannot also write their Person-Centered Plan.

A state has to show if they can't follow this rule. This usually happens when a provider is the only willing and qualified option in an area to also write a Person-Centered Plan.

If that's the case, then the state must have protections, such as full information about choices and state oversight.

Supporting the participant

The state describes the supports and information that help the person, family, or legal representative take an active role in making the plan.

The state says how the person decides who is included in planning.

DRAFT

Appendix D | Explaining This Section (2 of 3)

Here is the kind of information CMS asks for in this section of Appendix D.

How Is the Person-Centered Plan Made?

Connecting This Section to CDAC's Work
CDAC has discussed what "good" case management looks like for "good" person-centered planning.

The planning process

The state describes the steps to making the Person-Centered Plan:

- Who takes part
- When it happens
- What assessments are used to learn about the participant's needs, goals, preferences, and health.

It also explains how services are coordinated, who does what service, and how consent to the Person-Centered Plan is documented.

Settings and risks

The Person-Centered Plan must show the setting options the person chose.

If a provider-owned setting limits a person's rights, the Person-Centered Plan must show a specific need, other methods tried first, and informed consent.

The state describes how risks in services and backup plans are handled – such as when technology breaks.

Choosing providers

The state describes how people get information about qualified providers about available services.

The state describes how participants are helped to choose from available providers.

DRAFT

Appendix D | Explaining This Section (3 of 3)

Here is the kind of information CMS asks for in this section of Appendix D.

Updating and Monitoring the Person-Centered Plan

Connecting This Section to CDAC's Work
CDAC has discussed what "good" case management looks like for "good" person-centered planning.

State approval

The state describes how the Medicaid agency approves each Person-Centered Plan.

Updating and keeping plans

Person-Centered Plans must be reviewed:

- At least once a year (the state says if they review more frequently, like every three or six months)
- When needs change a lot
- When the person asks.

The state must say how copies of Person-Centered Plans are kept, for how long, and where.

Monitoring the plan

The state says who checks to make sure that:

- The Person-Centered Plan is followed
- The person is healthy and safe
- The settings rules are met, how, and how often.

People who monitor the Person-Centered Plan generally cannot also provide direct services to the participant, unless the state has protections in place.

Deep Dive into the CDW Application – Appendix E

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix E

Appendix E is called "Participant Direction of Services." It explains how people can self-direct their waiver services.

Here are some things that are included in Appendix E:

- **Who Can Self-Direct?**
- **Supports for Self-Direction**
- **Employer and Budget Authority**
- **Changes and Goals**

DRAFT

Appendix E | Explaining This Section (1 of 4)

Here is the kind of information CMS asks for in this section of Appendix E.

Who Can Self-Direct?

Connecting This Section to CDAC's Work
CDAC has been asked which services could be self-directed and what support people need to self-direct.

What self-direction is

Self-direction means the participant has decision-making power over the workers who provide services, a budget for those services, or both.

The state gives an overview of which options it allows for, how participants can use them, and who supports them in self-directing.

Who can do it

The state says which living arrangements can allow for people to self-direct, such as a private or family home.

The state says if everyone on the waiver can choose to self-direct, or if only people who meet certain criteria can choose to self-direct.

The state also says whether a representative can direct services for a participant, with safeguards.

Information and services

The state describes what participants are told about the benefits, responsibilities, and risks of self-directing. The state also says who tells participants these things and when.

The state lists which services can be self-directed and in what way.

DRAFT

Appendix E | Explaining This Section (2 of 4)

Here is the kind of information CMS asks for in this section of Appendix E.

Supports for Self-Direction

Connecting This Section to CDAC's Work

CDAC has been asked what support people need to self-direct. Deciding who is the FMS is administrative in nature and outside of CDAC's scope.

Financial Management Services, or FMS

If a state allows for self-direction, it talks about how a Financial Management Services (FMS) vendor can help with the money side of self-direction, such as timesheets, payroll, taxes, and tracking a participant's budget.

The state says who provides Financial Management Services, how they are paid, and how the state checks their work.

Information and assistance

The state describes what other help is available to participants who self-direct, beyond Financial Management Services.

This help – called "Information and Assistance" can come through case management, a waiver service, or an administrative activity.

The state describes what help is provided.

Independent advocacy

The state says if independent advocacy is available to people who self-direct.

If yes, the state describes what the advocacy is and how people can get it.

DRAFT

Appendix E | Explaining This Section (3 of 4)

Here is the kind of information CMS asks for in this section of Appendix E.

Employer and Budget Authority

Connecting This Section to CDAC's Work

Decisions on what services have employer or budget authority are administrative in nature and outside of CDAC's scope.

Employer authority

The state has to say which services the participant has "employer authority" over.

- This means that the participant or their representative can be the employer of the workers who provide services.

The state says what kinds of employment follows they follow for services that give the participant employer authority

- If they use a "common law employer" model, that means the participant gets the help of a payroll agent handling paperwork
- If the state uses a "co-employer" model, that means an agency also acts as the employer of the participant's staff.

Participants with employer authority can recruit, schedule, train, supervise, evaluate, and dismiss staff, and set wages within state limits.

Budget authority

The state has to say which services the participant has "budget authority" over.

- This means that the participant or their representative has decision-making power over a budget for services.

The state explains how the budget amount is set.

The state explains how people are told their amount and how to ask for a change.

The state says how it makes sure that participant's do not go over their budget and helps them track their budget.

DRAFT

Appendix E | Explaining This Section (4 of 4)

Here is the kind of information CMS asks for in this section of Appendix E.

Changes and Goals

Connecting This Section to CDAC's Work
CDAC has been asked about what support people need when self-directing.

Choosing to stop

A participant can decide to stop self-directing and get services another way.

If someone decides to stop self-directing, the state has to say how services continue and how the participant will stay healthy and safe during the change.

Required to stop

The state lists the situations when it can end a participant's self-direction and require provider-managed services.

If the state has to stop someone from self-directing, the state has to say how services continue and how the participant will be protected during the change.

Goals for self-direction

The state sets goals for how many participants will self-direct in each year of the waiver.

Each year the state has to say how many people are expected to self-direct.

Deep Dive into the CDW Application – Appendix F

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix F

Appendix F is called "Participant Rights." It explains how people can appeal decisions and make complaints.

Here are some things that are included in Appendix F:

- **Fair Hearings and Appeals**
- **Grievance and Complaint System**

DRAFT

Appendix F | Explaining This Section (1 of 2)

Here is the kind of information CMS asks for in this section of Appendix F.

Fair Hearings and Appeals

Connecting This Section to CDAC's Work
CDAC will talk more about fair hearings and appeals soon, when we talk about quality in waivers.

Medicaid Fair Hearing

The state must talk about how it maintains participant's right to ask for a Fair Hearing, including the processes it follows and how it tells participants about their rights.

People have the right to ask for a Fair Hearing if they:

- are not given the choice of waiver services instead of institutional care
- are denied a service or provider they chose
- have services denied, suspended, reduced, or ended

Additional dispute resolution

The state must say if participants have another way to appeal decisions that affect services, in addition to the Fair Hearing.

If yes, the state describes which agency runs this process, how it works, how long it takes, and what kinds of disputes it handles.

People keep their right to a Fair Hearing if they use this process.

DRAFT

Appendix F | Explaining This Section (2 of 2)

Here is the kind of information CMS asks for in this section of Appendix F.

Grievance and Complaint System

Connecting This Section to CDAC's Work

CDAC will talk more about fair hearings and appeals soon, when we talk about quality in waivers.

Running the system

The state must talk about the system it runs where participants can register grievances or complaints about waiver services.

- This is a way to raise concerns, which is different from how a participant might appealing a decision.

The state names the agency responsible for running it.

Describing the system

The state describes the types of grievances or complaints people can make.

The state describes the steps and timelines for handling them.

The state describes how complaints get resolved.

Deep Dive into the CDW Application – Appendix G

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix G

Appendix G is called "Participant Safeguards." It explains how the state protects people's health and safety.

Here are some things that are included in Appendix G:

- **Critical Events and Incidents**
- **Restraints and Restrictive Interventions and Seclusion**
- **Medication Management**

DRAFT

Appendix G | Explaining This Section (1 of 3)

Here is the kind of information CMS asks for in this section of Appendix G.

Critical Events and Incidents

Connecting This Section to CDAC's Work
CDAC will talk more about incident management soon, when we talk about quality in waivers.

Reporting process

The state must say if it has a system to collect information about critical events or incidents, including alleged abuse, neglect, and exploitation.

The state must list which events must be reported, who must report them, how they report them, and how quickly they must be reported.

- Different kinds of reports might need to be reported on different timelines based on prioritization of need.

Training and education

The state must describe how participants learn about protection from abuse, neglect, and exploitation.

This includes how to tell the right people if something bad happens.

Review, response, and oversight

The state must say who receives reports, how the reports are reviewed, and how quickly the state responds to reports.

The state must also say how it decides what reports to investigate and what that process is.

The state names the agency that oversees how incidents are reported and handled.

DRAFT

Appendix G | Explaining This Section (2 of 3)

Here is the kind of information CMS asks for in this section of Appendix G.

Restraints and Restrictive Interventions and Seclusion

Connecting This Section to CDAC's Work
CDAC will talk more about incident management soon, when we talk about quality in waivers.

Restraints, restrictive interventions, and seclusion

The state says if restraints, restrictive interventions, and / or seclusion is allowed or prohibited in waiver service delivery.

- Restraints can be physical, mechanical, or drugs used as restraints.
- Restrictive interventions limit a person's movement, access to people, places, or activities, or their rights, or use methods meant to change behavior through discomfort.
- Seclusion means involuntarily confining a person alone in a place they cannot leave.

If states allow restraints to be used, the state must list the safeguards it uses.

If the state doesn't allow restraints to be used, the state says how it finds unauthorized use.

The state must name who oversees these policies.

DRAFT

Appendix G | Explaining This Section (3 of 3)

Here is the kind of information CMS asks for in this section of Appendix G.

Medication Management

Connecting This Section to CDAC's Work
CDAC will talk more about incident management soon, when we talk about quality in waivers.

When it applies

The state must say if it has policies on Medicaid management for this waiver.

- This section is only needed when people live somewhere where a provider is responsible for their health and welfare around the clock.
- It does not apply if everyone lives in their own home or a family member's home.
- This would not be needed for the CDW.

Monitoring medications

The state must say who keeps an eye on each person's medications, how, and how often.

The state must describe how it finds harmful practices, such as medications that should not be taken together, and who follows up if harmful practices are found

Giving medications

The state must say if providers give medications or oversee people who take their own.

The state summarizes its policies, including for non-medical staff.

Providers must record medication errors. The state says which must also be reported.

Deep Dive into the CDW Application – Appendix H

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix H

Appendix H is called "Quality Improvement Strategy." It describes the state's Quality Improvement Strategy and explains how it makes the waiver better.

Here are some things that are included in Appendix H:

- **Quality Improvement Strategy**
- **Systems Improvement and Participant Experience Surveys**

DRAFT

Appendix H | Explaining This Section (1 of 2)

Here is the kind of information CMS asks for in this section of Appendix H.

Quality Improvement Strategy

Connecting This Section to CDAC's Work
CDAC will talk about quality in waivers soon.

What CMS expects

States must show CMS that they protect participants' health and welfare and that they use funds properly.

- It does this by making a Quality Improvement Strategy and talking about it throughout the waiver application.
- CMS only renews a waiver if it finds these requirements, called assurances, have been met.

The state must measure and improve its performance on these six different assurances.

Where it shows up

The Quality Improvement strategy is built into Appendices A, B, C, D, G, and I.

Each appendix covers one assurance:

- Administrative authority
- Level of care
- Qualified providers
- Person-Centered Plans
- Health and welfare
- Financial accountability.

In each appendix, the state explains how it finds and fixes problems.

What Appendix H adds

States use appendix H to explain how the state uses the data it collects to improve the whole waiver system.

States also describe who is responsible for the Quality Improvement Strategy and how the state will keep checking if its strategy works.

DRAFT

Appendix H | Explaining This Section (2 of 2)

Here is the kind of information CMS asks for in this section of Appendix H.

Systems Improvement and Participant Experience Surveys

Connecting This Section to CDAC's Work
CDAC will talk about quality in waivers soon.

Improving the system

The state must describe how it looks for trends in what it finds, how a state decides what to fix first, and how a state makes changes to the program.

The state must also list who is responsible for reviewing the data it collects and how often problems are monitored and analyzed.

Checking that changes work

The state describes how it checks to see whether the changes it made worked.

The state also describes how it will review its Quality Improvement Strategy from time to time.

Participant experience surveys

The state must say if it has surveyed people about their experience of care or quality of life in the last 12 months.

If yes, the state names the survey, such as HCBS CAHPS or National Core Indicators (NCI), or describes another tool.

- For example, North Dakota uses the NCI Survey for the IID/DD Waiver.

Deep Dive into the CDW Application – Appendix I

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix I

Appendix I is called "Financial Accountability." It explains how waiver funds are used and tracked.

Here are some things that are included in Appendix I:

- **Integrity, Rates, and Billing**
- **Payments and Funding**
- **Room and Board, Caregivers, and Co-Pays**

DRAFT

Appendix I | Explaining This Section (1 of 3)

Here is the kind of information CMS asks for in this section of Appendix I.

Integrity, Rates, and Billing

Connecting This Section to CDAC's Work

Rates / billing is administrative in nature and outside of CDAC's scope, but CDAC has talked about how waivers are budgeted.

Financial integrity

The state must describe how it makes sure payments for waiver services are correct.

This could include audits of provider agencies. States must describe whether they have their own audit program, how often they run audits, and what agency does the audits.

Rates

The state must describe how it sets payment rates for each service and who is responsible for setting them.

The state says if the public can comment on rates.

Billing and claims

The state describes how bills move from providers to the state's payment system.

Before claiming federal money, the state must check that the person was eligible, the service was in their Person-Centered Plan, and it was provided.

The state must confirm that billing records are kept at least 3 years.

DRAFT

Appendix I | Explaining This Section (2 of 3)

Here is the kind of information CMS asks for in this section of Appendix I.

Payments and Funding

Connecting This Section to CDAC's Work

Where funding comes from is administrative in nature and outside of CDAC's scope, but CDAC has talked about how waivers are budgeted.

How providers are paid

The state must say if waiver payments go through its Medicaid payment system, called the MMIS.

The state must say if it pays providers directly, through a fiscal agent, or through a managed care entity.

Other payment rules

The state must say if it makes supplemental or enhanced payments, and if state or local government providers are paid.

The state must describe any other payment arrangements it has.

Non-federal funds

The state must describe where its state share comes from, such as state tax revenue or local government funds.

- Medicaid is paid for with federal and state money.

The state must say if any of its state share comes from health care-related taxes, provider donations, or federal funds.

DRAFT

Appendix I | Explaining This Section (3 of 3)

Here is the kind of information CMS asks for in this section of Appendix I.

Room and Board, Caregivers, and Co-Pays

Connecting This Section to CDAC's Work
Payment limits are administrative in nature and outside of CDAC's scope, but CDAC has talked about how waivers are budgeted.

Room and board

The state must say if any services are provided in a residential setting other than the person's own home.

- Medicaid does not pay for room and board in residential settings.

If yes, the state explains how it leaves out room and board costs.

Live-in caregivers

The state must say if it pays the added rent and food costs of an unrelated live-in personal caregiver.

If yes, the state explains how it figures out and pays those costs.

This is not allowed if the person lives in the caregiver's home or a provider-owned or leased home.

Co-payments and cost sharing

The state must if participants must pay a co-payment or similar charge for waiver services.

The state also must say if it charges a premium, enrollment fee, or similar cost sharing.

Deep Dive into the CDW Application – Appendix J

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Explaining the HCBS Waiver Application | Appendix J

Appendix J is called "Cost-Neutrality Demonstration." It shows how the state proves that the waiver costs no more than institutions cost.

Here are some things that are included in Appendix J:

The Cost Formula

Estimating Service Costs

DRAFT

Appendix J | Explaining This Section (1 of 2)

Here is the kind of information CMS asks for in this section of Appendix J.

The Cost Formula

Connecting This Section to CDAC's Work
Cost neutrality are administrative in nature and outside of CDAC's scope, but CDAC has talked about budgets.

The basic idea

To be approved, the waiver's average cost per person cannot be more than the average cost of the institutional care it replaces.

- This is called cost-neutrality.

The state must show this for each year of the waiver (one waiver application can last for up to five years).

The four factors

- **Factor D:** waiver services, per person per year
- **Factor D':** other Medicaid services for waiver participants, per person per year
- **Factor G:** institutional care, per person per year
- **Factor G':** other Medicaid services for people in institutions, per person per year

Comparing the totals

The state adds D and D'. Then it adds G and G'.

The state shows the difference between the two totals for each year, and the waiver costs must be less than institutional costs.

DRAFT

Appendix J | Explaining This Section (2 of 2)

Here is the kind of information CMS asks for in this section of Appendix J.

Estimating the Costs

Connecting This Section to CDAC's Work
Cost neutrality are administrative in nature and outside of CDAC's scope, but CDAC has talked about budgets.

Participants and stays

The state must say how many people it expects to serve each year, from Appendix B-3.

If there is more than one Level of Care used, it shows how many people are in each.

The state must say how long it expects people to be on the waiver, and how it estimated that number.

Explaining the math

The state writes a short explanation of how it estimated each factor that went into calculating cost-neutrality.

This tells CMS what information and methods the state used.

Costs for each service

For each waiver year, the state builds a table that lists every waiver service.

For each service it enters:

- The unit (15-minutes, 1 day, etc.)
- The estimated number of users
- The estimated average units per user
- The average cost per unit.

Next Steps for CDAC

North Dakota Cross Disability Advisory Council

DRAFT

Next Steps for CDAC

Thank you for your valuable insights today!

- Your discussion today about certain parts of Appendices B-J of the new waiver's application will help ND to write those sections.
  - **If ND has additional questions about these sections, they will follow-up with CDAC.**
  - Remember, there are other things – like federal regulations and the state's budget – that will influence what is in the application.



During public comment, CDAC will see the full draft waiver application – the document that CDAC's input helped shape. Public comment could happen in the spring or summer of 2027, but that timing could change based on many factors

- Next, CDAC will talk about the **performance measures** CMS asks to see in the HCBS Waiver Application.
  - This will be part of other conversations about **quality in North Dakota's existing children's waivers**.

Appendix

CDAC North Dakota Cross Disability Advisory Council

CDAC’s Role in Drafting the CDW Application

North Dakota Cross Disability Advisory Council

Re-Introducing the HCBS Waiver Application to CDAC

Today we are going to re-visit a fundamental topic for CDAC's work.

- We have heard questions from CDAC about not knowing what a waiver is, or what a waiver application is.
- We have also heard questions from CDAC wondering how their contributions will inform the CDW.
- Today we will spend time explaining what the waiver application is.
- This will help show how CDAC's feedback is informing the development of the new waiver.



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The Role of the HCBS Waiver Application

North Dakota (ND) has begun writing an application to the Centers for Medicare & Medicaid Services (CMS) to make the new Children's Cross-Disability Waiver (CDW).

- The new CDW that ND is making is a Home and Community-Based Services (HCBS) Waiver program.
  - These kinds of programs help people live and get help in their homes and communities.
- When we say we are "making a new HCBS waiver," it means that a new state program is being created.
- Before that program can be launched, the state has to write an application to CMS and ask for federal approval.
  - States fill out an application in an online portal. Then a PDF of their entire response to the application is made.
- All states use the same template for their application. Once filled out, the applications are long – usually hundreds of pages.



CDAC's guidance helps ND fill out the waiver application.

The approved waiver application is the "blueprint" for making the CDW.

How CDAC Feedback Helps ND Create the Waiver

Here is a reminder of how CDAC will help ND make the new CDW.

CDAC Shares Ideas About Topics that are Part of the Waiver

Ex: Level of Care



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

ND Drafts Sections of the Waiver

Ex: The parts of Appendix B about Level of Care



End Result: A Complete Draft Waiver Application

ND Collects and Responds to Public Feedback on the Entire Draft Waiver



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

How CDAC Feedback Helps ND Create the Waiver | Step 1



CDAC Shares Ideas About Topics that are Part of the Waiver

Ex: Level of Care

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

This is what CDAC 1.0 did and what CDAC 2.0 has been doing!

CDAC will continue to provide guiding principles on new topics related to the waiver as they are introduced.

Step 1: CDAC Shares Ideas About Waiver Topics

Example Waiver Topic: Level of Care

- 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.
  - CDAC 2.0 will also review the relevant recommendations from CDAC 1.0. CDAC 2.0 works from this foundation, instead of starting over.

- A&M also asks specific questions. This helps us get feedback on what CMS asks in the waiver application.
  - Example question: “What do you think about national versus homegrown assessment tools?”

- 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: “CDAC recommends using a national tool to ensure stronger validity and reliability, and easier and more consistent / standard administration.”**



How CDAC Feedback Helps ND Create the Waiver | Step 2

This is where we are today!

ND Drafts Sections of the Waiver

Ex: The parts of Appendix B about Level of Care



End Result: A Complete Draft Waiver Application

Step 2: North Dakota Drafts Sections of the Waiver

Example Section: North Dakota Drafts the Waiver Section on Level of Care (Appendix B)

- 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.

How CDAC Feedback Helps ND Create the Waiver | Step 3

This could happen sometime around the spring or summer of 2027.

ND Collects and Responds to Public Feedback on the Entire Draft Waiver

+

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

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

Overview of an HCBS Waiver Application

CDAC North Dakota Cross Disability Advisory Council

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Who Is the HCBS Waiver Application For?

All HCBS waiver applications are written for CMS as the audience.

- CMS designed the waiver application template. It allows them to ask all the questions they would need to know about a program, to give a state approval to make the waiver.

- When reading an HCBS waiver application, it is important to remember it was written for a federal regulatory body as the audience.
  - It is written to explain how the state will operate the waiver on a day-to-day basis.

  - The way it is written doesn't exactly reflect how people with disabilities and their families experience the waiver on a day-to-day basis.



This means that some things CDAC wants will not appear in the application.

That doesn't make them less important – they might be found in ND's policies and procedures instead.

How CDAC Will Learn About the CDW Application

Each month, CDAC will get more information about one or two of the sections of the new waiver's application.

- The waiver is broken up into multiple sections, called "Appendices" (Appendix A, Appendix B, Appendix C, etc.).
- The waiver application's appendices are where most of the information about the HCBS waiver is stored.
- Each month, CDAC will learn more about one or two of the waiver appendices. We will talk about what kind of information is in each appendix.
- ND will ask CDAC any questions it has that are relevant for that appendix. **CDAC's insight will help ND to write that part of the waiver application**.
- **Next, let's walk through the structure of the HCBS waiver application and its appendices at a high level. Then, we will introduce some of the appendices to you.**



This overview will focus on the kind of information CMS asks for in each appendix. ND won't show CDAC drafts of appendices. CDAC will see the entire draft CDW application during the formal public comment process.

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What's in a Waiver? The Pieces of a Waiver Application

Status* of CDAC's Discussions:

✓ Complete ○ Delayed

→ On Track / Not Started

Basic Info
(Introduction & Appendix A)

How do we tell North Dakota about the waiver?

→ **Target Pop.**
(Appendix B)

Who does the waiver support? Min and max ages?

→ **Eligibility Process**
(Appendix B)

How do you apply? What is the LOC tool and process used?

→ **Goods & Services & Limits**
(Appendix C)

What services should be included? What are the provider qualifications? Should there be limitations?

→ **Case Mgmt**
(Appendix C and D)

What are the qualifications? What does good person-centered planning look like? What helps you choose a provider?

→ **Self Direction**
(Appendix E)

What services? What support is needed? What safeguards should be in place?

/ **Individual Rights**
(Appendix F and G)

How does the appeal process work? What should an informal complaint process look like?

/ **Quality**
(Appendix H)

What happens when things go wrong? How does the state enable health and safety?

Cost
(Appendix I and J)

How many people will use each service? What is the overall cost? How will individual budgets be determined?

**CDAC 2.0's timeline for discussions is between July 2025 – June 2027. CDAC should aim to complete discussing these items before HHS plans to submit its draft waiver application, around July 2027 (which could change based on many different factors).*

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Breaking Down the Waiver Document: High-Level Overview

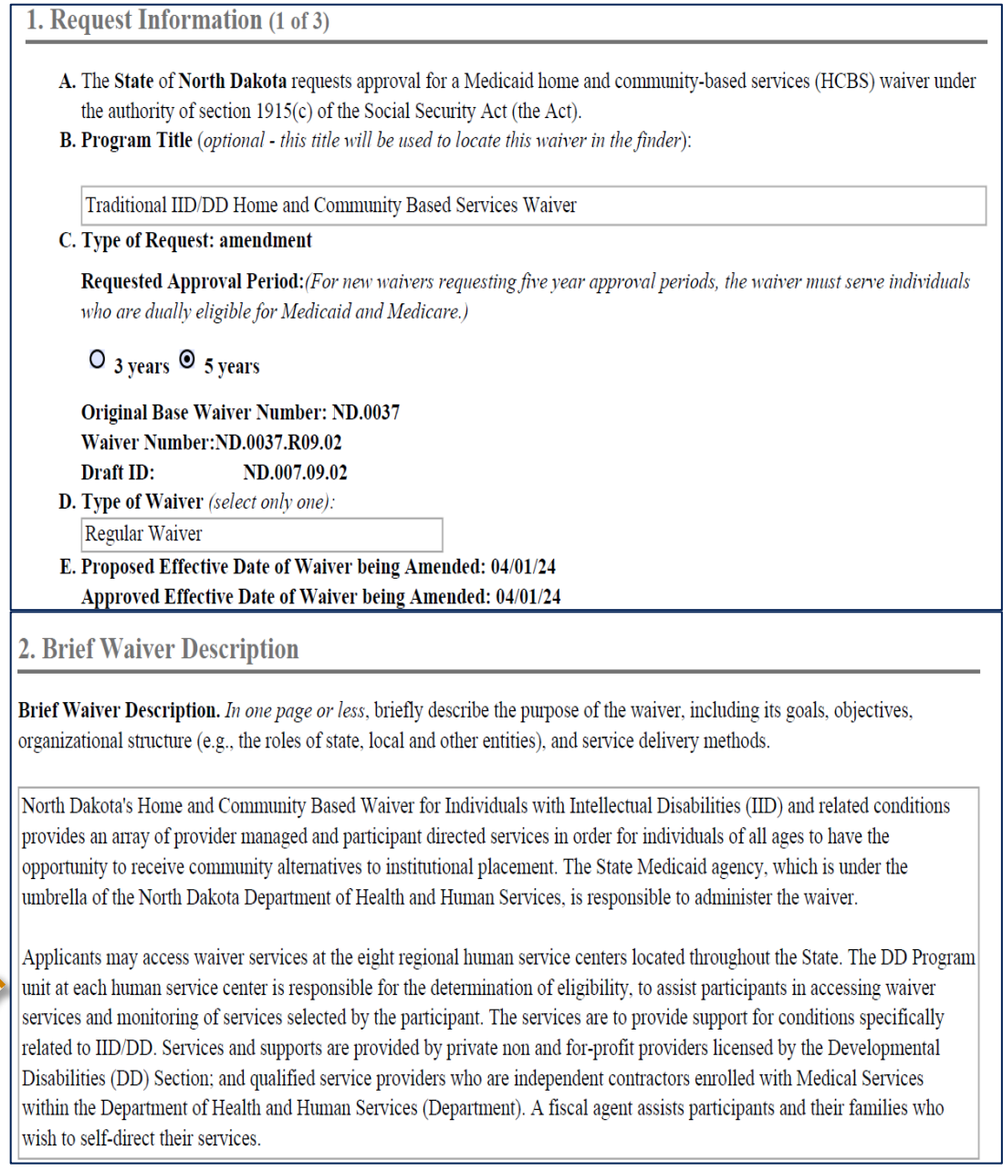
Waiver documents are long and complicated – but good policy is found in the details.

The waiver's appendices hold the most important information – who it helps, what services it has, and how much it costs.

Before the appendices, there is some important introduction information:

1. **Waiver Request Information:** Title, dates, type of request, applicable Levels of Care (LOC) applied. In amendment requests, states must list what changed and why.
2. **Brief Waiver Description:** One page, plain-language summary.
3. **Request for Policies Waived**: Certain social security policies waived.
4. **Assurances**: Agreements the state makes to uphold components including health and welfare and expenditures.
5. **Public Input**: How the state collected / responded to public input.
6. **Contact Personnel & Authorizing Signature**.

These are examples of what two pages of CMS' template for the waiver application look like. You do not need to read this – we will walk through a demonstration together next.



1. Request Information (1 of 3)

A. The **State** of **North Dakota** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of section 1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):

Traditional IID/DD Home and Community Based Services Waiver

C. **Type of Request: amendment**

Requested Approval Period: *(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ 3 years ◉ 5 years

Original Base Waiver Number: ND.0037
Waiver Number:ND.0037.R09.02
Draft ID: ND.007.09.02

D. **Type of Waiver** *(select only one)*:

Regular Waiver

E. **Proposed Effective Date of Waiver being Amended: 04/01/24**
Approved Effective Date of Waiver being Amended: 04/01/24

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

North Dakota's Home and Community Based Waiver for Individuals with Intellectual Disabilities (IID) and related conditions provides an array of provider managed and participant directed services in order for individuals of all ages to have the opportunity to receive community alternatives to institutional placement. The State Medicaid agency, which is under the umbrella of the North Dakota Department of Health and Human Services, is responsible to administer the waiver.

Applicants may access waiver services at the eight regional human service centers located throughout the State. The DD Program unit at each human service center is responsible for the determination of eligibility, to assist participants in accessing waiver services and monitoring of services selected by the participant. The services are to provide support for conditions specifically related to IID/DD. Services and supports are provided by private non and for-profit providers licensed by the Developmental Disabilities (DD) Section; and qualified service providers who are independent contractors enrolled with Medical Services within the Department of Health and Human Services (Department). A fiscal agent assists participants and their families who wish to self-direct their services.

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Understanding the Waiver Appendices: A Bird's Eye View

Appendices are where all the program details live!

Apnd.	Title	Key Information Included
A	Waiver Administration and Operation	Waiver operating agency, oversight, use of contracted entities
B	Participant Access and Eligibility	Target groups served, number of participants expected to be served each year, Medicaid eligibility requirements, LOC procedures
C	Participant Services	Services provided through the waiver, including limits, and provider qualifications for service delivery
D	Participant-Centered Service Planning and Delivery	Details regarding the service planning process, including development of participant-centered plan of care
E	Participant Direction of Services	Identification of self-directed service options, supports available to participants to assist with self-direction
F	Participant Rights	Fair hearing rights and other information on grievances and complaints
G	Participant Safeguards	Protections for health and welfare of participants
H	Quality Improvement Strategy	Waiver systems improvement
I	Financial Accountability	Methods for waiver service payments
J	Cost-Neutrality Demonstration	Projections for utilization and overall spending, based on rates

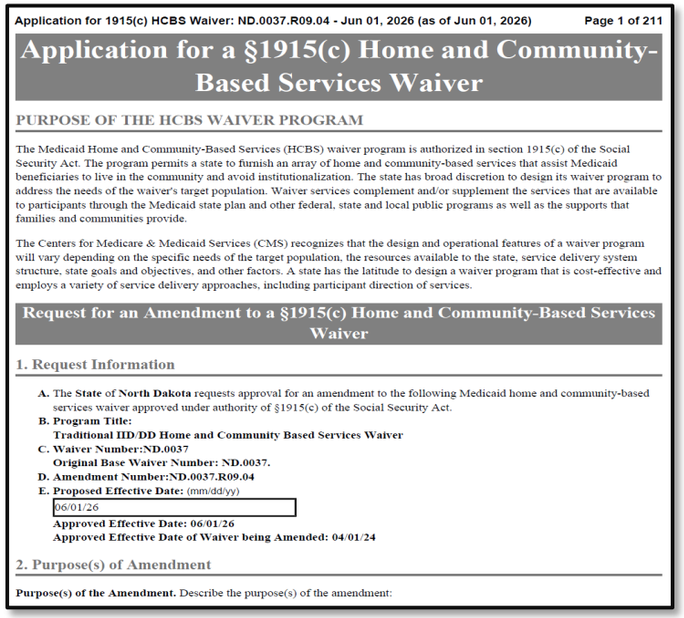
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What an HCBS Waiver Application Looks Like

Before we start to talk about some specific appendices, let's show what ND's current children's waivers look like!

Click on each of the links below to access a PDF of these waiver applications:

1. Individuals with Intellectual / Developmental Disabilities (IID/DD) Waiver



Application for 1915(c) HCBS Waiver: ND.0037.R09.04 - Jun 01, 2026 (as of Jun 01, 2026) Page 1 of 211

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The state has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid state plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

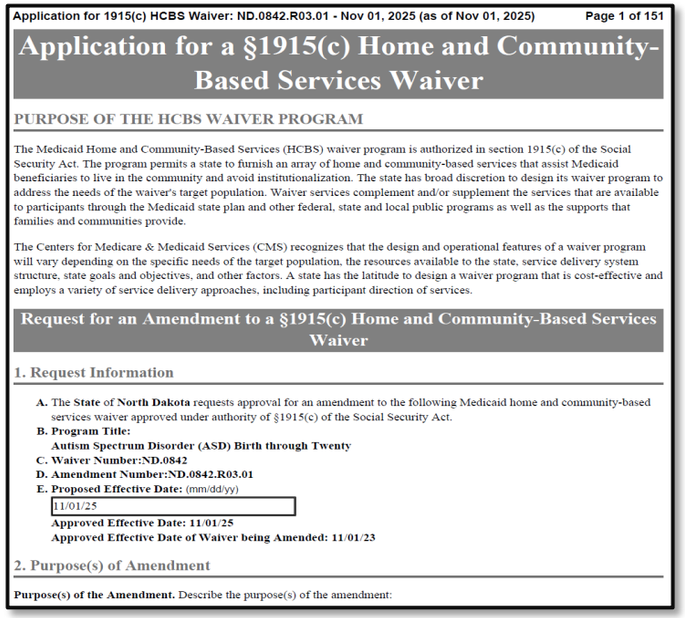
1. Request Information

A. The **State** of **North Dakota** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
B. Program Title:
Traditional IID/DD Home and Community Based Services Waiver
C. Waiver Number:ND.0037
Original Base Waiver Number: ND.0037.
D. Amendment Number:ND.0037.R09.04
E. Proposed Effective Date: (mm/dd/yy)
06/01/26
Approved Effective Date: 06/01/26
Approved Effective Date of Waiver being Amended: 04/01/24

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

2. Autism Spectrum Disorder (ASD) Waiver



Application for 1915(c) HCBS Waiver: ND.0842.R03.01 - Nov 01, 2025 (as of Nov 01, 2025) Page 1 of 151

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The state has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid state plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

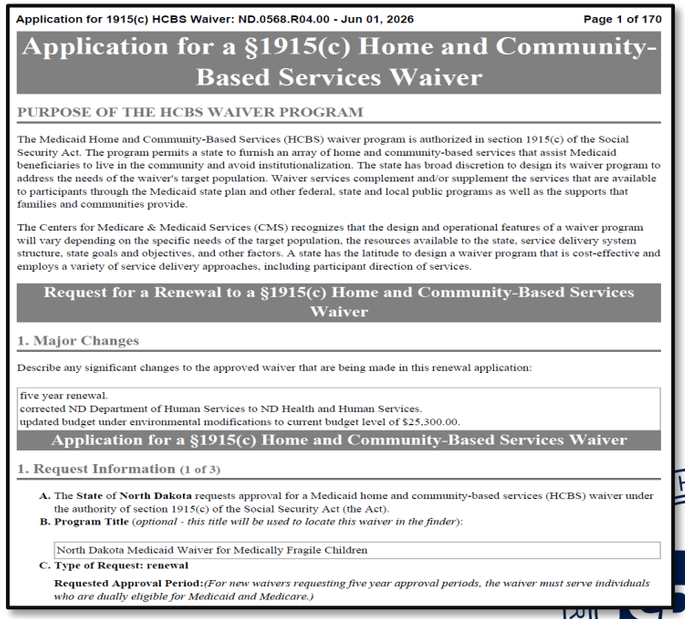
1. Request Information

A. The **State** of **North Dakota** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
B. Program Title:
Autism Spectrum Disorder (ASD) Birth through Twenty
C. Waiver Number:ND.0842
D. Amendment Number:ND.0842.R03.01
E. Proposed Effective Date: (mm/dd/yy)
11/01/25
Approved Effective Date: 11/01/25
Approved Effective Date of Waiver being Amended: 11/01/23

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

3. Medically Fragile (MF) Waiver



Application for 1915(c) HCBS Waiver: ND.0568.R04.00 - Jun 01, 2026 Page 1 of 170

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The state has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid state plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

five year renewal.
corrected ND Department of Human Services to ND Health and Human Services.
updated budget under environmental modifications to current budget level of $25,300.00.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **North Dakota** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of section 1915(c) of the Social Security Act (the Act).
B. Program Title (*optional - this title will be used to locate this waiver in the finder*):

North Dakota Medicaid Waiver for Medically Fragile Children

C. Type of Request: renewal

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

If you are reading a printed copy of these slides, these PDFs are also available on the HHS website: https://www.hhs.nd.gov/healthcare/medicaid/medicaid-waivers

Connecting CDAC's Discussions to the CDW Application

CDAC North Dakota Cross Disability Advisory Council

How CDAC Helps: Understanding How CDAC's Discussion Topics Map to the Waiver

Status of CDAC's Discussions:
✓ Complete ○ Delayed
→ On Track / Not Started

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App.	Title	CDAC Areas of Feedback Used to Inform Application
A	Waiver Administration and Operation	N/A – administrative in nature
→ B	**Participant Access and Eligibility**	What groups / conditions should be included? How do you apply? What is the LOC tool and process used?
→ C	**Participant Services**	What services should be included? What are the provider qualifications? Should there be limitations?
→ D	**Participant-Centered Service Planning and Delivery**	What does good person-centered planning look like? What is the role of case managers in supporting participants?
→ E	**Participant Direction of Services**	What services can be self-directed? What support is needed? What safeguards should be in place?
/ F	**Participant Rights**	How does the appeal process work? What should an informal complaint process look like?
/ G	**Participant Safeguards**	What happens when things go wrong? How does the state enable health and safety?
/ H	**Quality Improvement Strategy**	How do you know when a program is working well?
I	Financial Accountability	N/A – administrative in nature
J	Cost-Neutrality Demonstration	N/A – administrative in nature

Connecting the Pieces | CDAC and the CDW Application (1 of 3)

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CDAC has already discussed and provided feedback on multiple sections of the HCBS Waiver Application (July – December 2025).

Month	CDAC's Topics	Related Section of the HCBS Waiver Application
July 2025 (*in-person*)	• Medicaid 101 • ND's Waiver Modernization goals and CDAC 2.0's role	• Introduction
August 2025	• Assessment Tools / Level of Care	• Appendix B – Access & Eligibility
September 2025	• CDW SubCommittee: Target Populations • IID/DD SubCommittee: ID/DD Definitions	• Appendix B – Access & Eligibility
October 2025 (*in-person*)	• Level of Care • CDW Service Array	• Appendix B – Access & Eligibility • Appendix C – Services & Limits
November 2025	• CDW SubCommittee: Target Populations, Service Modalities • IID/DD SubCommittee: Target Populations	• Appendix B – Access & Eligibility • Appendix C – Services & Limits
December 2025	• CDW SubCommittee: Service Modalities • IID/DD SubCommittee: Target Populations	• Appendix B – Access & Eligibility • Appendix C – Services & Limits

Connecting the Pieces | CDAC and the CDW Application (2 of 3)

DRAFT

CDAC has already discussed and provided feedback on multiple sections of the HCBS Waiver Application (January – April 2026).

Month	CDAC's Topics	Related Section of the HCBS Waiver Application
January 2026 (*in-person*)	• Status of Waiver Development • ID/DD Definitions • Target Populations • Service Modalities (Paid Family Caregiving)	• *Entire waiver* • Appendix B – Access & Eligibility • Appendix C – Services & Limits
February 2026	• Paid Family Caregiver	• Appendix B – Access & Eligibility • Appendix C – Services & Limits
March 2026	• Paid Family Caregiver • CDW Service Array and Modalities	• Appendix C – Services & Limits
April 2026 (*in-person*)	• Status of Waiver Development • Provider Structure • Level of Care • Case Management • Self-Direction • CDW Service Array and Modalities	• *Entire waiver* • Appendix C – Services & Limits • Appendix D – Person-Centered Planning • Appendix E – Participant Direction

Connecting the Pieces | CDAC and the CDW Application (3 of 3)

DRAFT

CDAC has already discussed and provided feedback on multiple sections of the HCBS Waiver Application (May – August 2026).

Month	CDAC's Topics	Related Section of the HCBS Waiver Application
May 2026	• Provider Structure • Case Management • CDW Service Array and Modalities • ND's Budget Landscape • Budgeting for CDW	• Appendix B – Access & Eligibility • Appendix C – Services • Appendix D – Person-Centered Planning • Appendix E – Participant Direction • *Entire waiver*
June 2026	• Provider Structure • Case Management • Budgeting for the CDW	• Appendix B – Access & Eligibility • Appendix C – Services & Limits • Appendix D – Person-Centered Planning • *Entire waiver*
July 2026 (*in-person*)	• Level of Care • Front Door Journey • Budgeting for the CDW	• Appendix B – Access & Eligibility • Appendix C – Services & Limits • *Entire waiver*
August 2026	• Level of Care	• Appendix B – Eligibility