CROSS-DISABILITIES ADVISORY COUNCIL

Virtual Meeting

Thursday, JUN 25, 2026

1:01 p.m. – 4:02 p.m.

Cross-Disability Advisory Council Members Present: Darcy Andahl, Kirsten Dvorak, Kyle Erickson, Andrea Hansen, Julianne Horntvedt, Kayla Johnson, Paul Kolstoe, Heather Lundeen, Kevin Miiller, Iman Moore, Katynka Morrissette, Vicki Peterson, Lorena Poppe, Danielle Robbins, Kendra Vander Wal
Cross-Disability State Agency Representatives Present: Jackie Adusimilli, Kathy Barchenger, Kayla Fender, Karla Kalanek, Mary McCarvel-O'Connor
Guests Present: Ben Hawkins, Erin Leveton, Kathy Miiller, Erin Moore, Jillian Salmon

WELCOME and ADMINISTRATIVE MATTERS

- The meeting was called to order at 1:01 pm.

GENERAL BUSINESS

- Role Call

- APPROVAL OF CDAC May Minutes
  - Kevin Miiller opened the floor for discussion on the "ND-CDAC Minutes 28MAY26 DRAFT"
  - Motion: It was moved by Darcy Andahl and seconded by Vicki Peterson to approve the 28MAY26 Minutes
  - Vote (Yes): Darcy Andahl, Kirsten Dvorak, Kyle Erickson, Andrea Hansen, Julianne Horntvedt, Kayla Johnson, Heather Lundeen, Katynka Morrissette, Vicki Peterson, Lorena Poppe, Danielle Robbins, Kendra Vander Wal
  - Vote (No): none
  - Motion carried

- APPROVAL OF CDAC's Guiding Principles – Providers
  - Kevin Miiller opened the floor for discussion on the "CDAC's Guiding Principles on Providers"
  - Motion: It was moved by Paul Kolstoe and seconded by Andrea Hansen to approve the Guiding Principles
  - Vote (Yes): Darcy Andahl, Kirsten Dvorak, Kyle Erickson, Andrea Hansen, Julianne Horntvedt, Kayla Johnson, Paul Kolstoe, Heather Lundeen, Katynka Morrissette, Vicki Peterson, Lorena Poppe, Danielle Robbins, Kendra Vander Wal
  - Vote (No): none
  - Motion carried

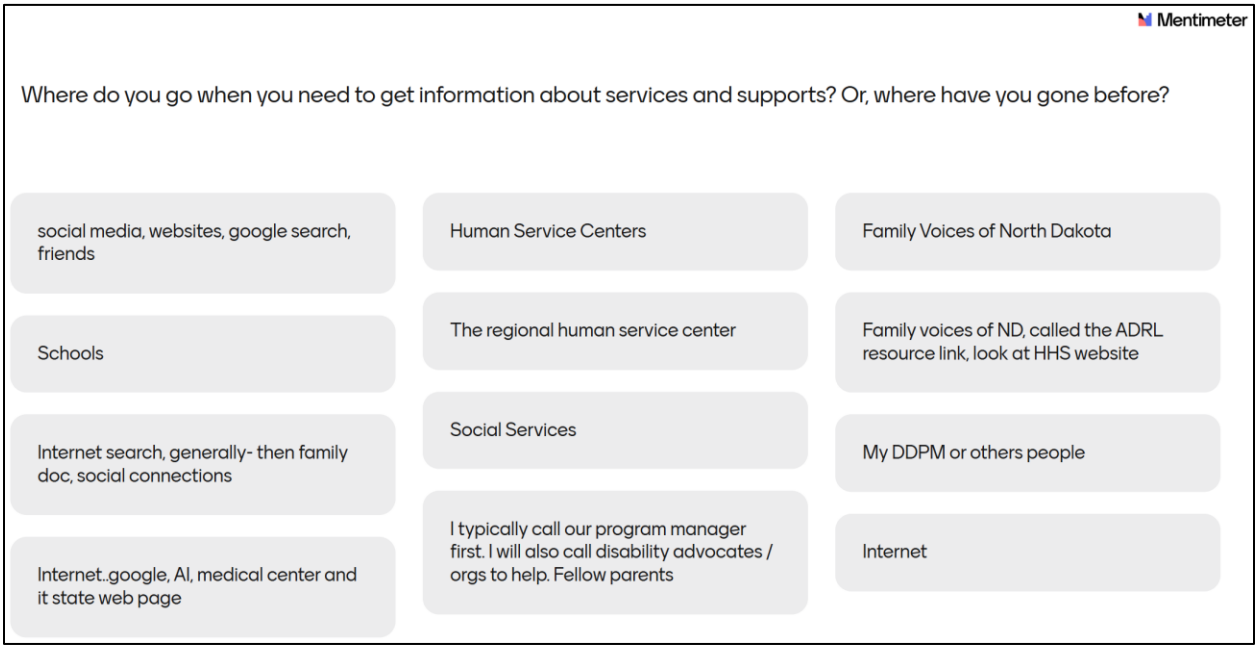
- APPROVAL OF CDAC's Guiding Principles – Case Management
  - Kevin Miiller opened the floor for discussion on the "CDAC's Guiding Principles on Case Management"
  - Motion: It was moved by Darcy Andahl and seconded by Kendra Vander Wal to approve the Guiding Principles
  - Vote (Yes): Darcy Andahl, Kirsten Dvorak, Andrea Hansen, Julianne Horntvedt, Kayla Johnson, Paul Kolstoe, Heather Lundeen, Katynka Morrissette, Vicki Peterson, Lorena Poppe, Danielle Robbins, Kendra Vander Wal
  - Vote (No): none
  - Motion carried

WELCOME ACTIVITIES

- Members were given a link to a survey where they could ask any outstanding questions they have at the halfway point of CDAC 2.0.

INTRODUCTION TO FRONT DOOR

- Members received an introduction to a new topic that they'll work on, the "front door" to accessing waiver supports.
  - This is how states connect people to services. Each state does this differently.
  - CDAC members will talk more about how to include the Cross-Disability Waiver (CDW) in North Dakota's (ND) front door in their upcoming meetings.
- Members answered a Menti survey question about where they go when they need information about services.
  - Members shared that sometimes it can be confusing to know where to go to for help.
  - Members also shared that sometimes families don't even know certain resources exist.



PROVIDER STRUCTURE AND CASE MANAGEMENT GUIDING PRINCIPLES

- Members reviewed the updated guiding principles that reflected their feedback from April and May.
- Members shared some additional feedback on final changes to make, then voted to formalize these guiding principles and share them with HHS.

DRAFT

CDAC's Guiding Principles on Providers

CDAC Feedback / Recommendation	A&M Notes
It is important for participants to be able to share their preferences about who provides them waiver services. The new waiver should continue supporting people to have choice in their providers.	People can share provider preferences as part of the person-centered planning process today. Provider agencies help with this planning process, and we have heard this is working well.
Provider qualifications are important for quality and safety. However, it should not be too hard for people to qualify as providers. Provider requirements should also be person-centered.	We know that some parts of the state are experiencing provider shortages. It is important to think about how to balance quality requirements with flexibility. This means both considering family preferences and also meeting federal requirements. For examples, the federal government recently required states to develop a two-year provider revalidation strategy.
People should have flexibility to chose what provider structure works the best for them. Some people like the flexibility of self direction. Others prefer using provider agencies who can help with things like staff training and paperwork.	North Dakota has many services where people can choose which provider model works best for them. Continuing to offer this flexibility where possible will help people chose what works best for them.

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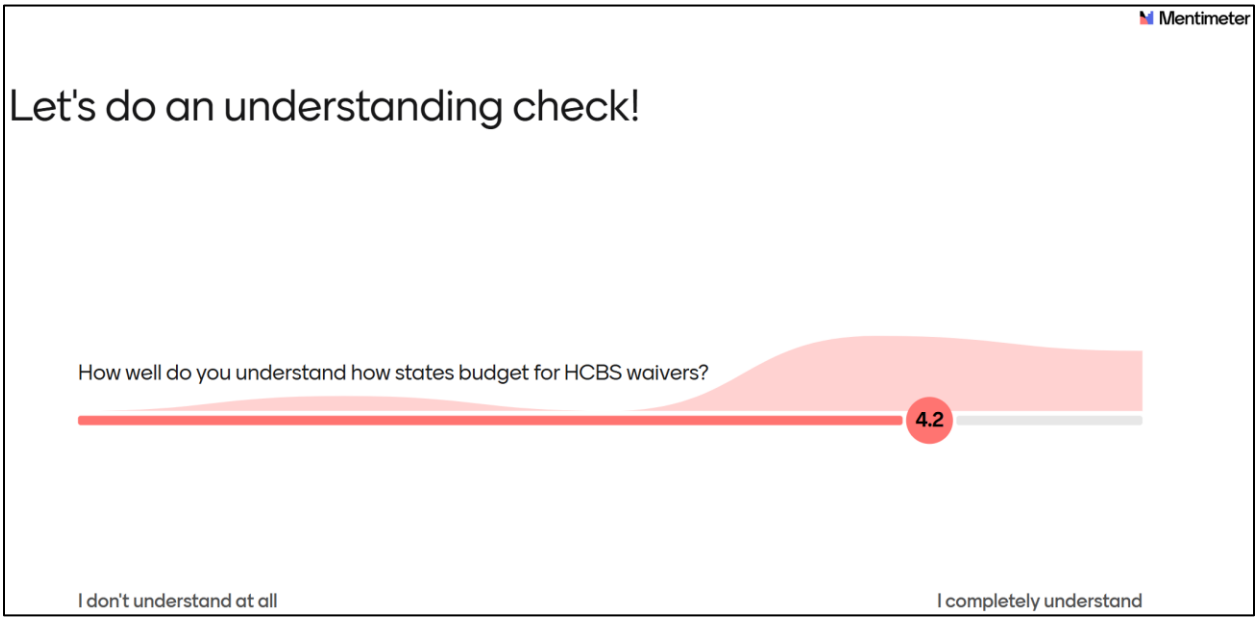
DRAFT

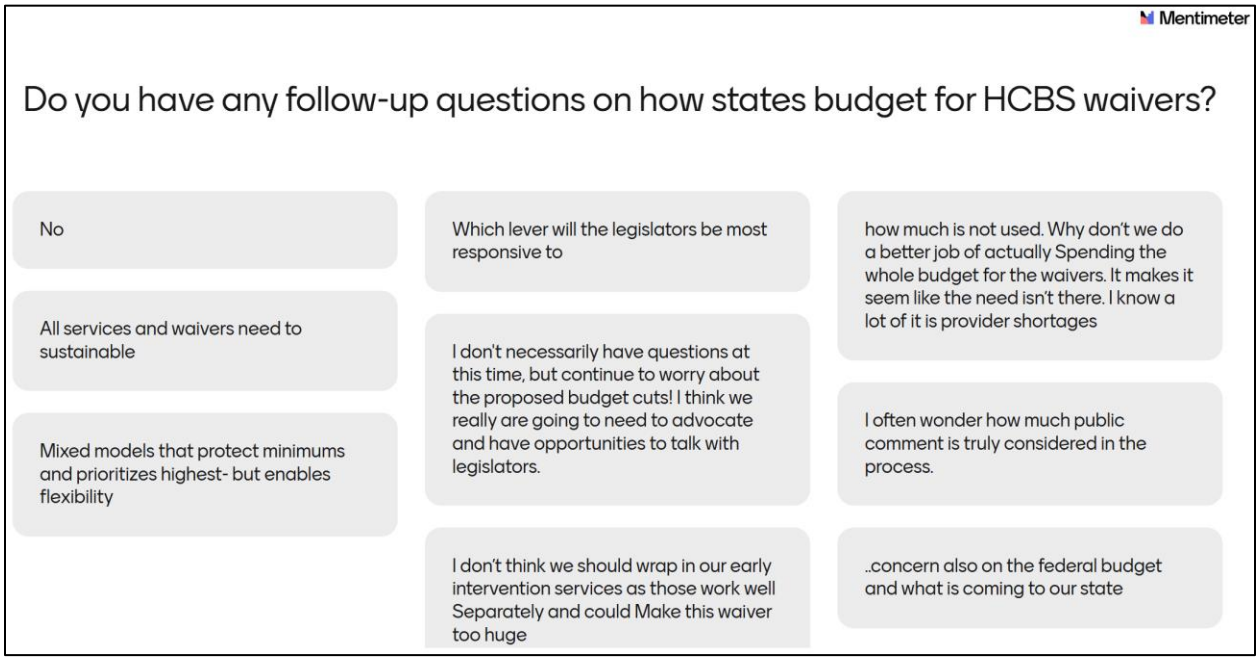
CDAC's Guiding Principles on Providers

CDAC Feedback / Recommendation	A&M Notes
The waiver application process can be confusing. Families want to know what to expect during this time. It would be helpful for families to have more information about each step of the process.	The eligibility process often includes case managers, but is much bigger than just the case manager. We will work with CDAC to identify if there are ways to make this process easier for families. This could include educational materials or support from case managers.
Case managers should approach planning like a unique conversation for each family. Families need help coordinating all supports in their lives, not just a specific set of waiver services.	Every family's strengths, needs, and resources look different. Good person-centered planning helps families think about the whole picture, including integrated supports.
Case managers should use check ins and monitoring activities to help make sure people are getting the right type and amount of services. This means that services are both enough and not too much.	Case managers can help assess if services are at the right level by asking questions like: • Are families using the authorized services? • Are the services working? • Are participant / family needs changing? • Does this level / type of support feel right?
The person receiving services should be at the center of the person-centered planning process. Case managers can help guide the process so that the plan reflects *the individual's* needs, goals, and preferences.	Many people may be involved in the person-centered planning process, including the individual, their family, the provider, and the case manager. The actual plan is about the individual in the context of their families and their needs and wants.

BUDGETING FOR HCBS WAIVER

- Members reviewed some high-level information about how ND and other states budget for HCBS waivers.
  - Members talked about the unique circumstances ND is facing by trying to create a new waiver for some populations that are currently served on other ND waivers and some populations that aren't being served today.
- Members talked about three general ways that states pull to help control the costs of their HCBS waivers.
  - Capping spend on waiver services – either as an overall cap on all service spend, or individual caps within specific services.
  - Capping the number of people that can be served on a waiver.
  - Adjusting provider rates.
- States don't always use each of these methods to control costs, but they can be considered based on the state's needs and the needs of the waiver participants.
- Members completed three brief Menti survey questions to capture their understanding of this topic:





Mentimeter

What do you think about a cap on the CDW to help control costs so that more people could be served? A cap means a limit on how much you can spend.

I think it good & bad

I think it's okay as long as it's well thought out.

If it helps serve more people while still meeting individuals' essential needs

As long as the CAP has an appropriate cap, not too small but not too high

Startup - good idea to launch and allows real data to emerge

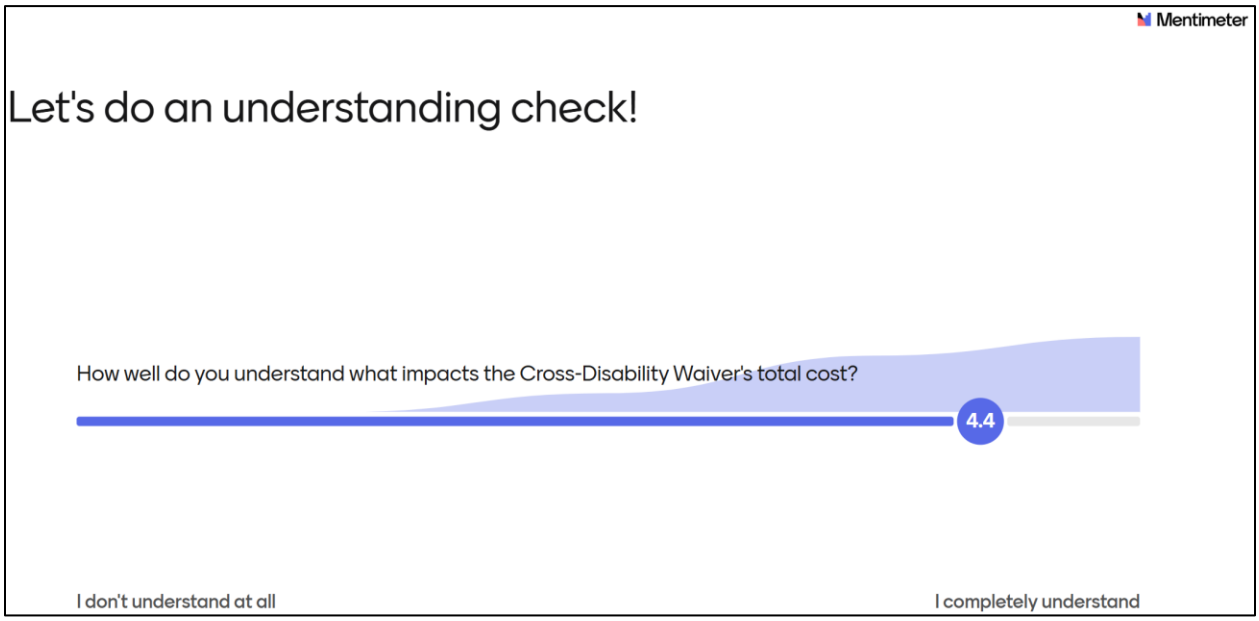
Cap based upon patient centered care

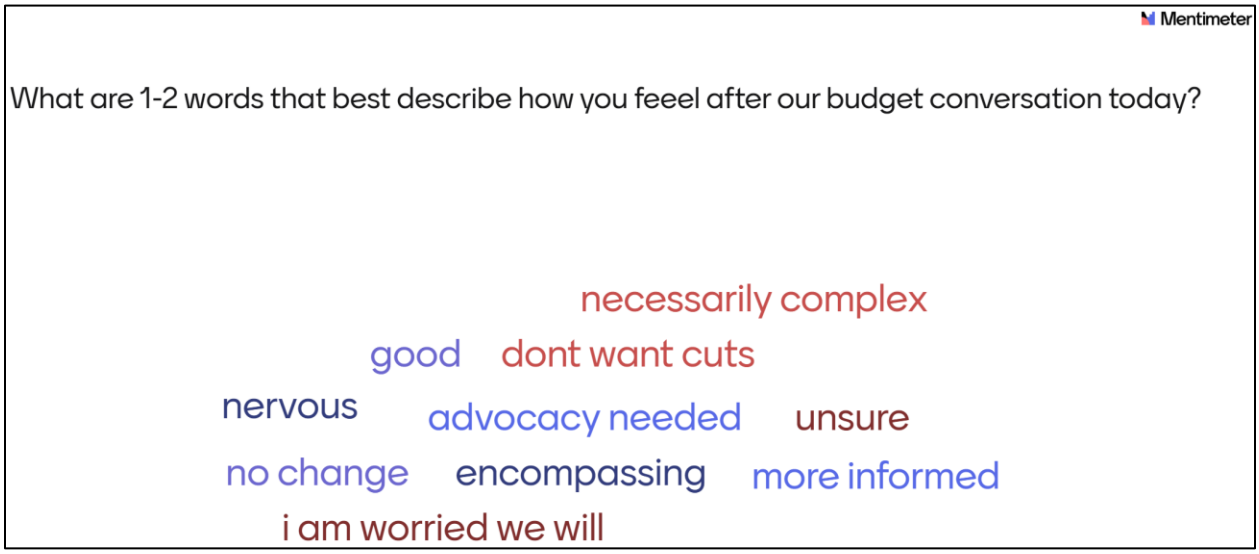
Cap from assessed individuals needs

More time needed to share thoughts on this.

BUDGETING FOR THE CDW

- Members reviewed some more detailed information about how ND might approach the budgeting process for the CDW.
- Members talked about the two main buckets that make up a waiver's total costs:
  - Target populations' spend on services.
  - Operational costs on the waiver.
- There are many factors in each bucket that impact the total cost overall, such as policy decisions on what populations are served, how many slots there are, how many case managers there are, etc.
- Members also talked about certain changes that have to be made to launch the CDW – such as hiring additional case managers and modernizing the needs assessment process – which means additional investment is needed to create any version of the CDW.
- Members completed three brief Menti survey questions to capture their understanding of this topic and their feelings overall about the last few months' budget discussions:





ADJOURNMENT

- The meeting was adjourned at 4:02 p.m.