



# Cross Disability Advisory Council Meeting



May 28, 2026





## **AGENDA**

- I. Welcome Activities**
- II. CDAC's Role in the Waiver Drafting Process**
- III. Recap of Provider Structure on CDW**
- IV. Recap of Case Management on CDW**
- V. CDW Service Array and Modalities Guiding Principles**
- VI. North Dakota's Budget 101**
- VII. Budgeting for the Cross-Disability Waiver**
- VIII. Closing Activities**

# Welcome Activities



# Approach to May CDAC

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- ❖ **Learn - Content Overview:** We want CDAC members to **understand:**
  - ❑ CDAC's role in the waiver drafting process.
  - ❑ How North Dakota (ND) develops its state budget and budgets for waivers.
  - ❑ What the current circumstances are as ND makes its state and waivers' budgets.
  
- ❖ **Discuss - Feedback:** We want CDAC's **input** on:
  - ❑ What we heard from their feedback in April on case management and providers in the Cross-Disability Waiver (CDW).
  - ❑ How the current budget landscape might impact what the CDW looks like in the beginning.
  
- ❖ **Create - Formal Guidance:** We want CDAC to **vote on official guiding principles** for:
  - ❑ Services that should be included on the CDW.
  - ❑ Options for how people can receive services. This is also called modalities. This topic includes things like using technology or self-directing services.

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

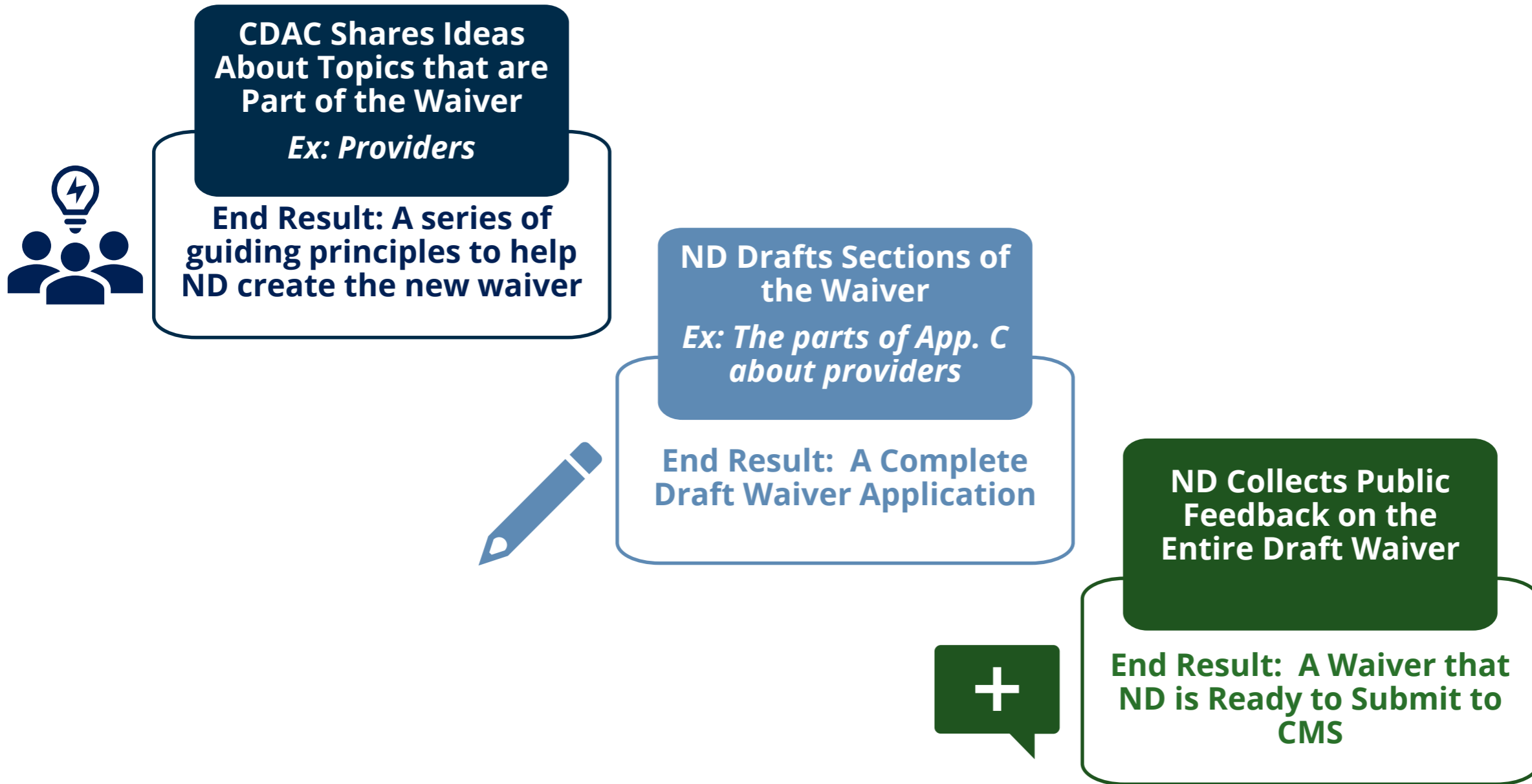


# CDAC's Role in the Waiver Drafting Process



# How CDAC Feedback Helps ND Create the Waiver

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# 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**



# Recapping our Discussions on Providers



# What Do We Mean When We Say “Providers”?

***Providers are the people who deliver waiver services.***

- Providers are how people get their services
- “Provider” can refer to an agency who employs the people who help directly support waiver participants.
- “Provider” can also mean the actual person who is helping support waiver participants. For example, the person who provides respite care.



# Why are We Talking About Providers?

*Providers are a key part of how the waiver comes to life.*

- Providers have a big impact on the day-to-day experience people have on the waiver
- Many states are facing provider shortages. This is also sometimes called the workforce shortage, or the direct support professional shortage.
- **A State's relationship with providers is a partnership.**
  - **Oversight:** States need to make sure providers are qualified and doing a good job delivering services.
  - **Support:** States also try to work with providers to solve problems and stay open when possible.



# What Are Provider Qualifications?

***States have rules for who can be a provider.***

- States set the criteria for who can provide each service.
- Qualifications can include education, training, and experience.
- Provider qualifications can be different for different services. Qualifications can also be different for different waivers.
- CMS requires states to describe provider qualifications in the waiver application.
- North Dakota will need to decide what the provider qualifications are for the new waiver.



# What we Heard from CDAC on the Topic of Providers (1 of 3)

## *Theme #1: Participant Choice in Providers*

- **Feedback:** People should be able to share preferences about who provides their waiver services
  - Some people might be more comfortable with a provider who is the same gender
  - Other people might not want someone who is a lot younger than them
- **Response / Notes:** People can share provider preferences as part of the person-centered planning process.
  - Provider agencies help with the planning process.
  - This is working well today
- **Principle:** The new waiver should continue supporting people to have choice in their providers.



# What we Heard from CDAC on the Topic of Providers (2 of 3)

## *Theme #2: Provider Availability*

- **Feedback:** Some parts of the state don't have enough providers. ND should look at ways to help increase access.
- **Response / Notes:** There are some creative options that could help. Some options to consider include:
  - Considering where it may be appropriate to allow people between the ages of 16 and 19 to provide certain services.
  - Exploring incentive payments for providers.
- **Principle:** Provider qualifications are important for quality and safety, but it should not be too hard for people to qualify as providers. Requirements should be person-centered.



# What we Heard from CDAC on the Topic of Providers (3 of 3)

## *Theme #3: Choice of Provider Structure*

- **Feedback:** Some people like to self direct their own services. This can give people more flexibility.
- **Feedback:** Other people prefer using provider agencies. These agencies help handle things like training and paperwork.
- **Response / Notes:** Choosing to offer a blended structure – meaning, both self-direction and traditional provider management – does come with increased costs for the waiver.
- **Principle:** People should have flexibility to chose what structure works the best for them.



*We also talked some about people needing support for self-direction. We have included those ideas in the guiding principles for the self-direction topic. These topics are closely related!*



# Recap of Case Management



# What is Case Management?

***Case Managers help support waiver participants and their families.***

- Case managers help families identify resources, plan waiver services, and navigate life changes.
- Case management is sometimes also called “support coordination.”
- **North Dakota policy on the purpose of case management:** “Case Management is a service that assists individuals in learning about, applying for, accessing and maintaining home and community-based services in the most integrated setting appropriate to their needs.” *Source: HCBS Case Management 525-05-30-05*



# What Are the Main Roles of Case Managers?

*Case Managers perform three core functions: needs assessment, service planning, and monitoring.*

- **Needs Assessment**
  - Identify functional, medical, and social needs
  - Determine if individuals are eligible for waivers
  - Perform reassessments to make sure services are still appropriate for the person's needs
- **Person-Centered Planning & Access**
  - Create a care plan with goals and preferences
  - Coordinate with service providers
  - Support choice and control
- **Monitoring:** Ensure services are being delivered, conduct visits, and check for health and safety.



# What we Heard from CDAC About Case Management (1 of 3)

## *Theme #1: Support During Eligibility*

- **Feedback:** People want simpler ways to understand eligibility rules. Creating a flow chart could help.
- **Feedback:** Families want to know what the path looks like. This includes:
  - How long certain steps will take.
  - What to expect at each step.
  - What is next
- **Principle:** It is important to make things accessible. This involves:
  - Clear directions
  - Simple language



*Note: Some of these ideas go beyond the scope of Case Managers. This is still important feedback about the eligibility experience for families that we will include as we look at this process.*



# What we Heard from CDAC About Case Management (2 of 3)

## *Theme #2: Person-Centered Planning*

- **Feedback:** It would be helpful to have pre-meeting materials families can use to prepare for meetings with Case Managers.
- **Feedback:** The person-centered planning process should continue to help people express provider preferences.
- **Feedback:** It can be hard for families to remember details between quarterly meetings. Consider a booklet or folder where families can write and reference details.
- **Principle:** The person receiving services should be at the center of the person-centered planning process. Case Managers can help support a participant so that they are truly at the center of the plan.
- **Principle:** People's plans should reflect their assessed needs, goals, and preferences. Case managers can help support a participant so that they are truly at the center of the plan.



# What we Heard from CDAC About Case Management (3 of 3)

## *Theme #3: Monitoring & Safety*

- **Feedback:** People need help coordinating services across programs and settings. For example, school supports and waiver services. This could help reduce duplication.
- **Feedback:** Regular check-ins help families feel supported.
- **Feedback:** Families want help understanding rules – what is required versus what is suggested as a best practice.
- ***At the simple level – it is about following rules***
- **Principle #1:** Person-centered planning should help coordinate services and consider integrated supports, not just waived services in the CDW. Questions to ask might look like:
  - Are services working? Are needs changing? Does this level / type of support feel right?
- **Principle #2:** One role of case managers is to help make sure people are getting the right type and amount of services. This means both enough and not more than is needed. Case management check-ins and monitoring can help make sure people are getting the right amount of services as they need, as documented in their person-centered plan.



# What Happens Next?

***CDAC's feedback on case management and providers will be used to start drafting the waiver.***

- CDAC will continue creating formal guiding principles about important waiver topics, like case management and providers.
- HHS / A&M will start drafting the waiver sections that talk about case management and providers. We will use the CDAC guiding principles as core input.
- We may come back to CDAC to ask some follow-up questions while we are working to draft responses.
- A&M will create and share a summary of the section with CDAC once it is drafted.
- A&M will coordinate with HHS so they can make decisions about what is included in the waiver application.
- We will then talk about the main ideas from the section during a CDAC meeting. We want to hear your input!



# CDW Service Array and Modalities: Guiding Principles



# CDAC's Guiding Principles on CDW Service Array and Modalities – Service Array

DRAFT

CDAC Feedback / Recommendation	A&M Notes
<p>All people, especially people with disabilities and their families, deserve to be treated with dignity and respect. The CDW should provide person-centered supports that help people with disabilities and their families lead self-determined lives.</p>	<p>The CDW as a family supports waiver is intended to support families with the additional responsibilities of having children with disabilities and to help families prepare their children with disabilities for independence.</p>
<p>The CDW should offer the services from the ASD, MF, and IID/DD Waivers that the CDW target population is using today. This will reduce the risk of service disruption for existing waiver participants.</p>	<p>A&amp;M is working with the state to review service utilization data and identify all services being used by the CDW target population.</p>
<p>The new waiver is an opportunity to look at the existing waiver services that would carry over to the CDW and tailor them to best fit the children on the CDW. This includes streamlining service definitions and understanding the impact across the CDW's target populations.</p>	<p>Some services that are on multiple waivers have different definitions depending on the waiver. This helps make the service fit better for different populations. CDW service definitions will be written with the waiver's specific target populations in mind. We will also look at any changes to service delivery options and rules that may make sense for the CDW.</p>



# CDAC's Guiding Principles on CDW Service Array and Modalities – Virtual Supports

DRAFT

CDAC Feedback / Recommendation	A&M Notes
<p>There is a difference between virtual supports as a waiver service modality (e.g., case management visits that are held virtually instead of in-person) and technological devices / supports that are services themselves (e.g., assistive technology).</p>	<p>It is important to offer virtual supports as an option for service delivery when appropriate. Not every waiver participant may benefit from assistive technology or similar services.</p>
<p>It is important to make sure that there are mitigation plans and backup options when technology breaks or isn't working properly. This is important both for technological devices and when services are being delivered virtually.</p>	<p>It is important to plan for issues with assistive technology and / or virtual supports. This type of planning should continue to be included as part of the formal person-centered planning process. There may be opportunities to provide additional information about planning for back-up options.</p>
<p>The CDW should offer virtual supports when desired by the waiver participant but should balance virtual supports with requirements for in-person, "eyes-on" support.</p>	<p>Requiring certain in-person service delivery and / or case management support could help reduce the risk of isolating the waiver participant.</p>



# CDAC's Guiding Principles on CDW Service Array and Modalities – Self-Direction

DRAFT

CDAC Feedback / Recommendation	A&M Notes
<p>It is important for self-direction to be an option on the CDW, like it is an option for some services on ND's existing children's waivers today. The services on the CDW should maintain the same provider format as they currently do on ND's existing children's waivers today. Over time, lessons learned from the CDW could further enhance the provider format.</p>	<p>Self-direction is an important option for many families to have but may not be the right fit for every service or for every family. Services on ND's children's waivers today can either be 1) provider-managed only, 2) self-directed only, or 3) provider-managed or self-directed. Maintaining each service's same provider format from existing waivers on to the CDW promotes consistency and reduces the risk of service disruption for waiver participants when the CDW is launched.</p>
<p>Additional educational materials on the roles and responsibilities for self-directing could be helpful for families when deciding to self-direct. It can be more work to self-direct because there are additional things families need to do.</p>	<p>North Dakota is currently working on resources for enhancing educational materials about self-direction. Incorporating family and self-advocate perspectives on instructional materials can help make them more user friendly.</p>
<p>Families have expressed that they would like extra help when self-directing sometimes. Considering a Support Broker (someone dedicated to answering questions about self-direction and acting as an employer), a Family Navigator, or other related positions could be helpful for families.</p>	<p>A Support Broker can be helpful but does add costs to a waiver. This could also create more bandwidth for Case Managers who are receiving questions about self-directing that would be better directed towards a Support Broker or the Financial Management Services vendor. Other integrated supports, like family networks and advocacy organizations, also play an important role in sharing more nuanced information about self-direction.</p>

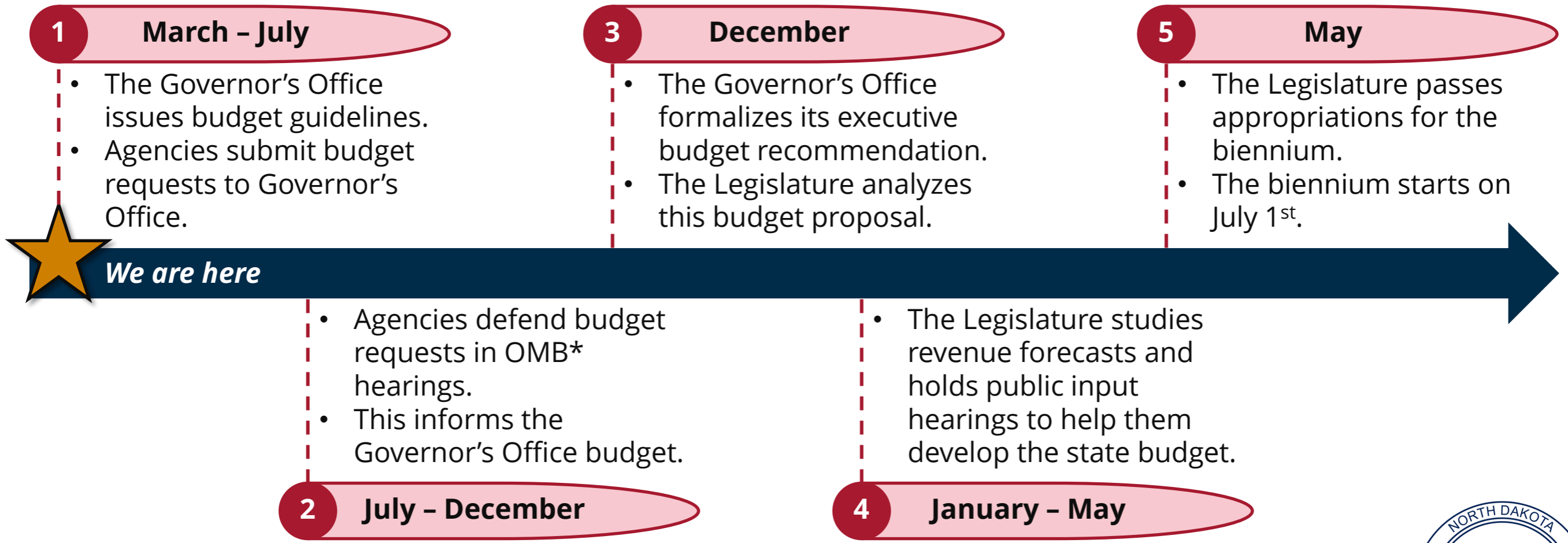


# North Dakota's Budget 101



# North Dakota's Budget Process

*ND is on a biennium budget process, meaning the state gets a new budget every two years. Here is a high-level timeline of how ND prepares its budget. ND is currently in the budget process for the 2027-2029 biennium.*



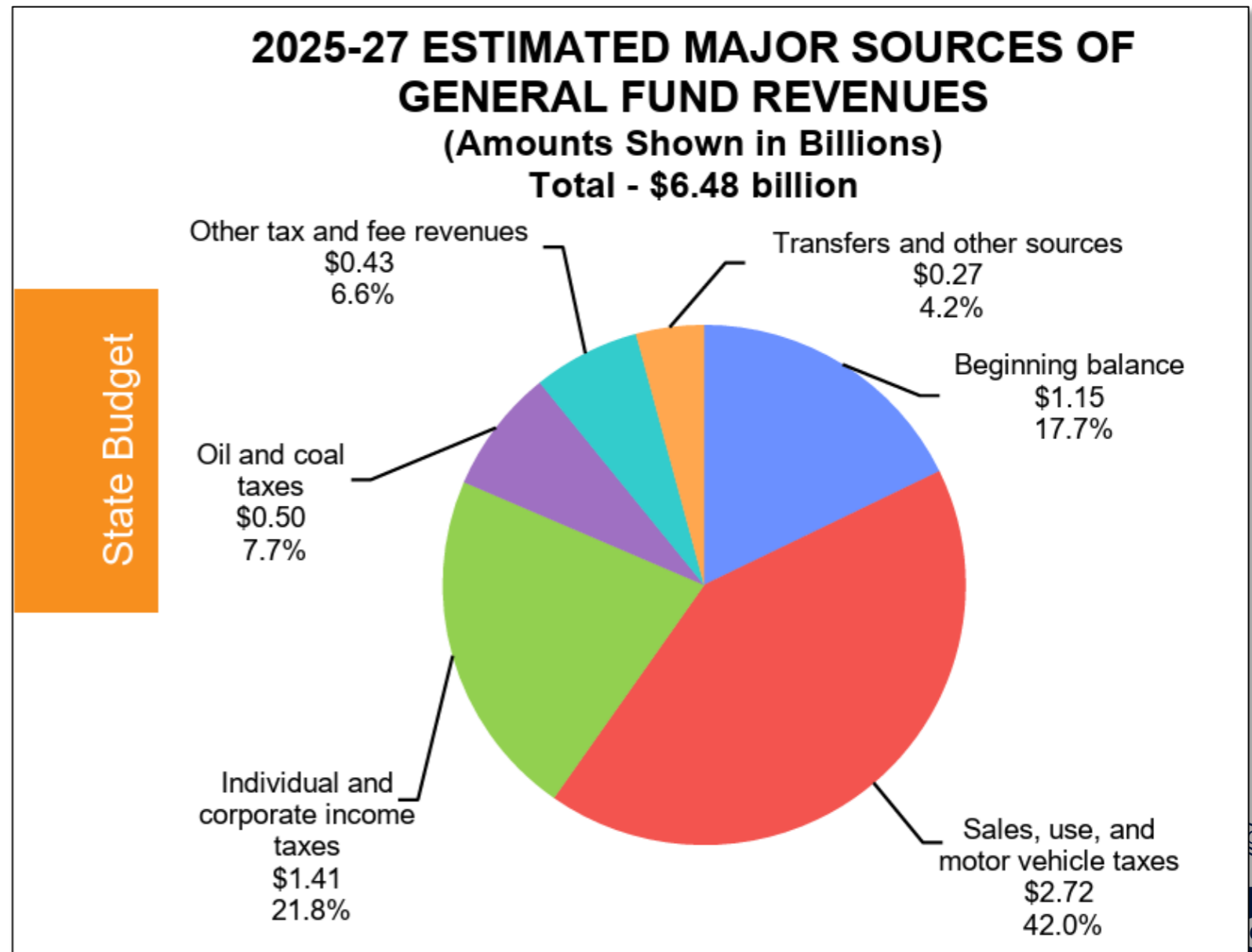
\*OMB = The Office of Management and Budget

Source: 1) [The ND Budget Process](#)

# What Makes Up North Dakota's Budget?

*ND's budget is organized of General Funds, Federal Funds, and State Special Funds.*

- ND estimates how much money – “revenue” – it will get every two years.
  - Money comes from **taxes**, regulatory and user **fees**, and **transfers** from other places.
- ND has some control over how much money it gets:
  - **For example:** The ND Legislature can pass laws that raise or lower certain taxes.
- ND sometimes doesn't have control over how much money it gets:
  - **For example:** Oil prices frequently change.



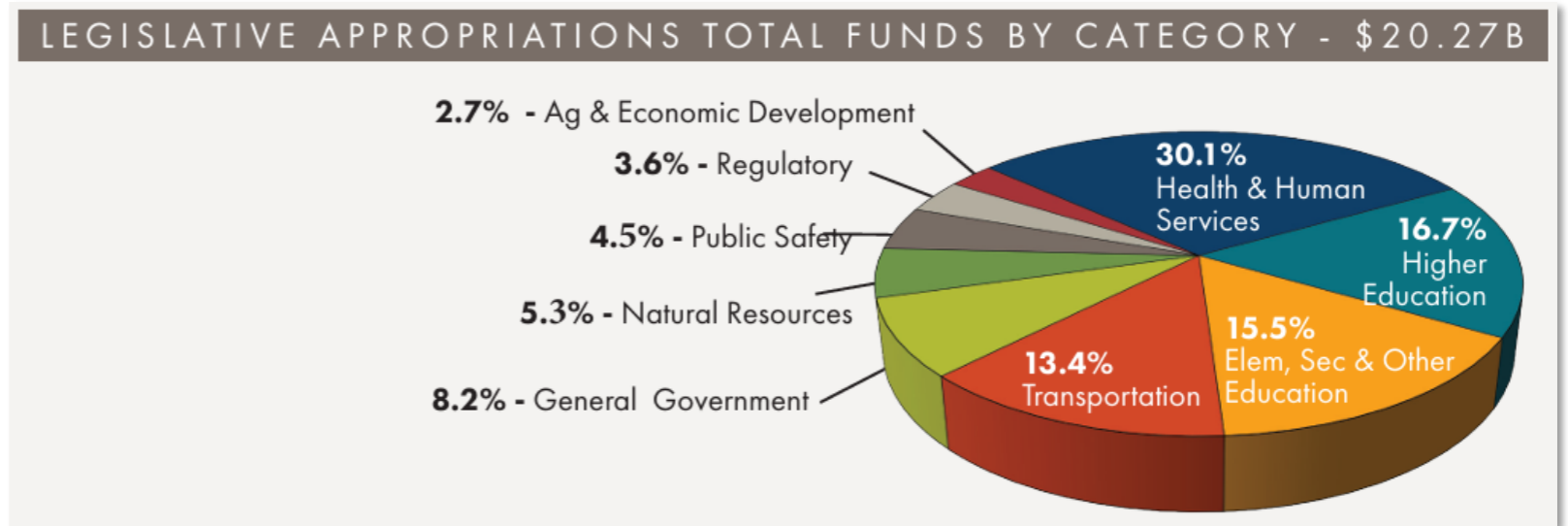
Sources:

- 1) [2025 ND Finance Facts](#);
- 2) [ND Budget Basics Part 2](#);

# What Does North Dakota Spend its Budget on?

*The Legislature “appropriates” funds for the biennium, meaning, they decide what things ND will spend its budget on.*

- For the 2025-2027 biennium:
  - ND’s total budget is \$20.27B.
  - 30.1%, or \$5.82B, is for to HHS.
  - Less than half of HHS’ budget - \$2.23B – comes from State General Funds.
- HHS’ budget primarily goes to these buckets:
  - Business Operations
  - Medical Services (Medicaid)
  - Human Services
  - Behavioral Health
  - Public Health



## Key Takeaway

The Legislature’s final appropriations are informed by the Governor’s Office’s budget proposal, public input, and economic forecasts. **The final budget might not match what the Governor recommended.**

Sources:

- 1) [2025-2027 Budget Highlights](#);
- 2) [2025-2027 Appropriations Book](#);

# What Might Impact North Dakota's 2027-2029 Budget?

ND is early in the 2027-2029 budget development process. Currently, there are some state and federal level factors that could impact the Legislature's 2027-2029 biennium budget.

GOVERNMENT & POLITICS

## Governor proposes cuts to North Dakota budget to prevent 'slow burning storm'

Armstrong calls for hiring, construction freeze and some 10% agency cuts

BY: MARY STEURER AND MICHAEL ACHTERLING - APRIL 8, 2026 2:10 PM

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The Governor has publicly issued broad budget guidance, which may impact HHS. It's not yet clear what this guidance specifically means for the agency's budget. HHS is waiting for more direction from the Governor's Office.

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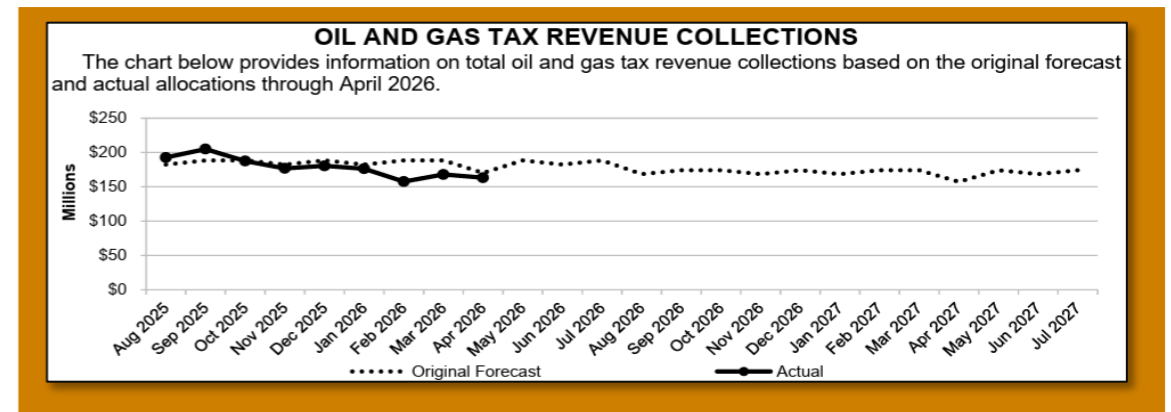
Home > Medicaid > Beyond Minnesota: Four Medicaid Services Vulnerable to Fraud and the Case for Stronger CMS Enforcement

FEBRUARY 17, 2026

### Beyond Minnesota: Four Medicaid Services Vulnerable to Fraud and the Case for Stronger CMS Enforcement

CHRIS MEDRANO AND BRIAN BLASE

More federal scrutiny on Medicaid program integrity, including spend on HCBS, may impact state Medicaid funding. States are also still figuring out H.R.1's impact H.R.1 on Medicaid budgets.



Sources of State General Funds – like oil and gas taxes – might fluctuate frequently based on external economic factors.



Sources: 1) [Governor Announces 10% Cuts for Some Agencies](#); 2) [Oil and Gas Tax Revenue Monthly Update – April](#); 3) [Paragon Health Institute](#).

# Discussion – ND Budget Process

*State budgets are complicated. We want to hear your thoughts.*

**Website:** [www.menti.com](http://www.menti.com)

**Code:** 1907 0157



menti.com  
1907 0157



# Budgeting for the CDW



# Budgeting for the CDW (1 of 3)

***ND needs ways to help manage and predict costs for the new waiver, especially in today's budget landscape.***

- When states start new programs, it is hard to know exactly how much they will cost. This is because people's spending varies.
- Having a waiver with more services, like the CDW, gives people more choice. It also makes spending more difficult to predict and control.
- ND needs to make sure there is enough money to serve the people on the waiver without running out of money.
  - To help manage costs, ND will likely need to use something called a cap. This means the state places a limit on spending.
- Caps can be for each person across all services, or for each service. Limiting amount of service usage also controls costs. There are pros and cons to each option.



**The goal is to create a waiver that both expands access while being fiscally sustainable for the state.**



## Budgeting for the CDW (2 of 3)

***A waiver's budget has to balance how many people are served and how they can be served.***

- Many Family Supports Waivers, like the CDW, have an overall cap on how much the waiver can spend.
- Having a cap on the waiver means that there has to be a balance in the waiver's budget:
  - If people on the CDW spend more on services, then less people total can be on the CDW. Sometimes this means that people could be overserved on a waiver.
  - However, more people on the CDW might mean there's not enough funds for certain services. Sometimes this means that people could be underserved on a waiver.



**★ When budgeting for the CDW, it is important to plan for recognizing people's needs without unintentionally overserving people.**



# Budgeting for the CDW (3 of 3)

***There are many factors – both known and unknown – that can impact the total cost for a new waiver and how a budget is built.***

- How a state budgets for a waiver's is influenced by:
  - **Federal requirements** that waivers cost less than institutionalization.
  - The **state's budget circumstances** (i.e., a time of growth or of belt-tightening).
- Federal regulations require that states project many things when budgeting for a waiver, including:
  - How many people will use a service.
  - How many hours will be used.
  - What that service's rates are.
  - Who can provide that service.



★ We know what people currently on the Autism, Medically Fragile, and IID/DD Waivers spend today. We also know what ND has budgeted for each of these waivers.

★ We don't know, however, how these waiver participants will spend money on the CDW. We also don't know how much money ND will have budgeted for this waiver.



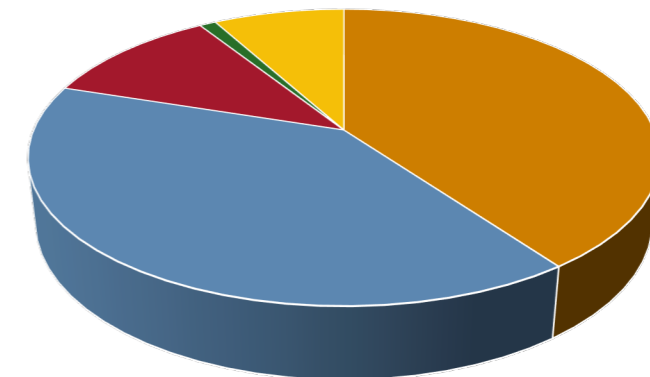
# Understanding Medicaid Waiver Spending

*Mapping major spending elements associated with waivers is important to understanding the true cost of adding / modifying waiver slots and services.*

## Medicaid Waiver Spending 101

- When someone is eligible for a Medicaid HCBS waiver, such as the Medically Fragile Waiver, they are eligible for both **waiver-specific services** (e.g., dietary supplements) **and general Medicaid State Plan services** (ex: therapies).
- To understand the impact of including someone on the waiver, states must calculate both the cost of providing waiver services to an individual and the cost of providing Medicaid State Plan services to an individual.
- States must also budget for **additional costs outside of Medicaid services**, including include case management, data servers, and fiscal management services.
- We do not expect anyone to be an expert in waiver spending! We are including this information as additional context for those who may find it helpful when thinking about prioritizing limited funds.

Total Spending, per Waiver Participant (illustrative proportionality only)



- Waiver Services
- Medicaid State Plan Services
- Case Management
- Data Platform
- Fiscal Management



# What Will the CDW Cost? (1 of 3)

***There are two primary buckets of costs for an HCBS waiver: 1) costs from target populations and 2) costs from operational structures.***

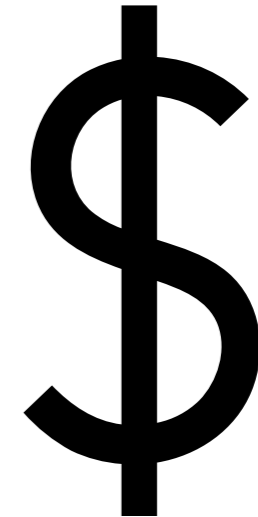
Cost of Target Populations



Cost of Operational Structures



Total HCBS Waiver Cost



# What Will the CDW Cost? (2 of 3)

***The total cost from a waiver's target populations comes from what they spend on waived services and on Medicaid State Plan services.***

**Target Populations Being Considered for the CDW:**



**Children from birth through 2 with low-high needs (EI)**

This group's costs are estimated to **not change** when on the CDW.

**Medically Fragile Children**

This group's costs are estimated to **increase slightly** when on the CDW.

**Children with Autism Spectrum Disorder**

This group's costs are estimated to **increase slightly** when on the CDW.

*These target populations are currently being served on ND's existing waivers.*

**Children aged 3 through 5, lower needs**

These new target populations aren't currently being served on ND waivers. Including any of these will increase the CDW's costs:

**Children with behavioral health needs (SED) and disabilities**

**Children with physical disabilities (PD) only**

**Children ages 3+ with DD, moderate needs\***

- **Waiver services:** more people spending on services.
- **Medicaid State Plan:** more people spending on services.
- **Case Management:** more state Case Managers needed to cover more people.
- **Data Platform:** more IT costs to manage more people's waiver information.
- **Fiscal Management Service (FMS):** more FMS costs to help more people that may self-direct services.



\*Note that kids aged 3+ with ID/DD and high support needs are currently served on the IID/DD Waiver.

# What Will the CDW Cost? (3 of 3)

*The total cost from a waiver's operational structures comes from state staff's salaries and contracts with vendors that help waiver participants, as well as from building and maintaining data systems.*

**Operational Structures Being Considered for the CDW:**



<p>State Case Manager (1:60 ratio to start, maybe 1:40 in the future)</p> <p>More waiver participants will require more Case Managers.</p>	<p>Therap for case note maintenance</p> <p>More waiver participants will increase Therap costs.</p>	<p>Implementing a new needs assessment tool</p> <p>Costs from buying the tool, training staff on use, building into IT systems, etc.</p>	<p>Fiscal Management Services vendor for self-directing participants</p> <p>More waiver participants will increase FMS costs.</p>	<p>Support Broker for self-directing participants</p> <p>This would be a net new cost.</p>	<p>New service for parents to be paid providers</p> <p>Costs from the increased spend on waived services for LRIs who provide some services.</p>	<p>Contracting out needs assessments</p> <p>This would be a net new cost.</p>
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*Existing operations or new operations required for CDW.*



Launching the CDW requires additional state Case Managers and a modernized needs assessment tool. **This means that the CDW will require additional investment from ND, regardless of which target populations are served.**



# Why Invest in the CDW?

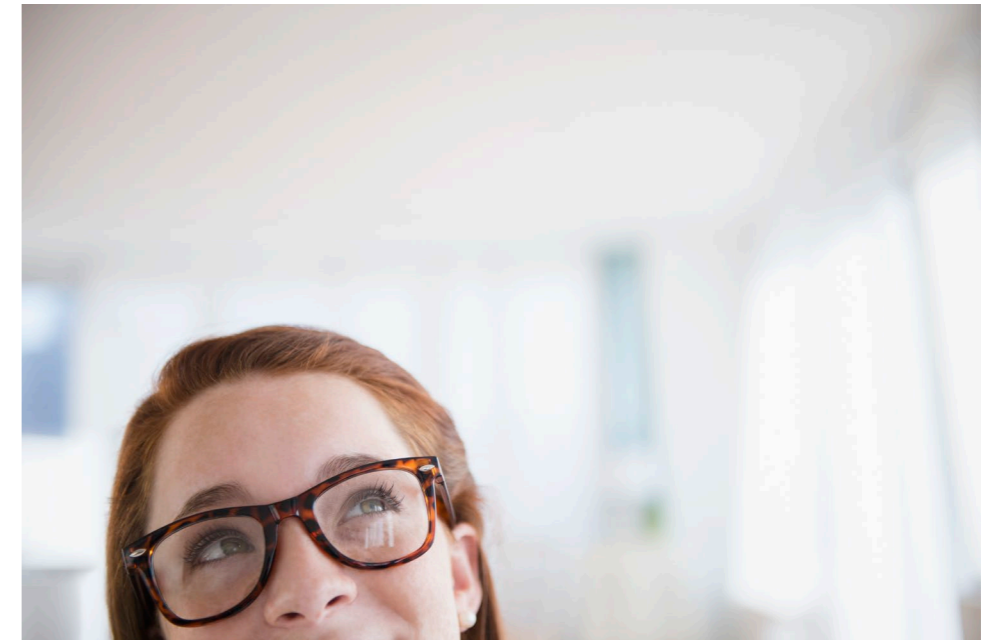
***Given ND's uncertain budget landscape, we may not get everything we want in the CDW right away. There are still important reasons to invest in and launch the CDW.***

CDAC is helping to **design all the different pieces of the CDW**, including target populations, services, and operations.

Given the uncertain budget, **we may have to prioritize what pieces are most important to start with**, and what can be added later.

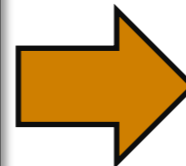
CDAC has an important role to play:

- CDAC and ND will **work together on prioritizing** what starts first.
- CDAC will help **inform the roadmap** for adding pieces over time.
- CDAC will help **define the strategy** for growing the CDW into our original vision over time.



## Future State Vision and Goals:

1. Address gaps currently faced by kids with disabilities in ND.
2. Help ND reduce the growth in waiver costs over time and make those costs more predictable.



**Any version of the CDW** – even if it has to grow over time – **helps change the trajectory towards more predictable spend on enhanced services** for kids with disabilities in ND.



# Appendix – Case Management

# Case Management Recommendations from CDAC 1.0

#	CDAC Recommendations	A&M Response
CM.1	<ul style="list-style-type: none"> <li>Examine the current tasks of case managers. Identify areas where a new family navigator position, with lived experience, can supplement the existing case manager role and help fill gaps.</li> <li>Hire and train family navigators, using lived experience to substitute for formal education.</li> <li>Consider whether the family navigators can assist with support for self-direction and with complex care coordination.</li> <li>CDAC members noted that the introduction of a new team member role, the family navigator, will require training for individuals and families, case managers, and providers.</li> </ul>	Agree
CM.2	Explore caseloads to identify if more staffing needed to support the new waiver.	Agree
CM.3	Consider hiring more <b>state-based case managers</b> to support the new waiver population, based on CDAC and public feedback regarding the value of having case managers housed in the state offices.	Agree
CM.4	CDAC members suggested that the Charting the LifeCourse tools be used as an input for the person-centered plan for the CDAC, given their focus on planning for people in the context of their families. A&M agrees, and notes that there are many different types of person-centered planning tools that may be good inputs into the plan.	Agree
CM.5	Train all case management staff in the new policies and procedures regarding the cross-disability waiver.	Agree

# Public Comment: Key Themes Related to Case Management

*Public attendees at the listening sessions provided recommendations on the new cross-disability waiver and broader system opportunities to serve children more effectively.*

## Themes related to case management from public comment included the following:

### Case Management:

- Participants shared positive stories of how **case managers have helped** them.
- Attendees shared feedback about **additional support that would be helpful from case managers**, including:
  - Information on services and resources in their area;
  - Anticipatory guidance to navigate the eligibility changes at age 3.
- Participants asked questions about who would provide **case management on the new waiver**. One participant provided feedback that they felt state case managers were better positioned to provide consistent and responsive support coordination.
- People expressed that case managers should be able to **substitute lived experience for a 4-year degree**.



# National Approaches to Case Management

## IID/DD Waiver Provider Models

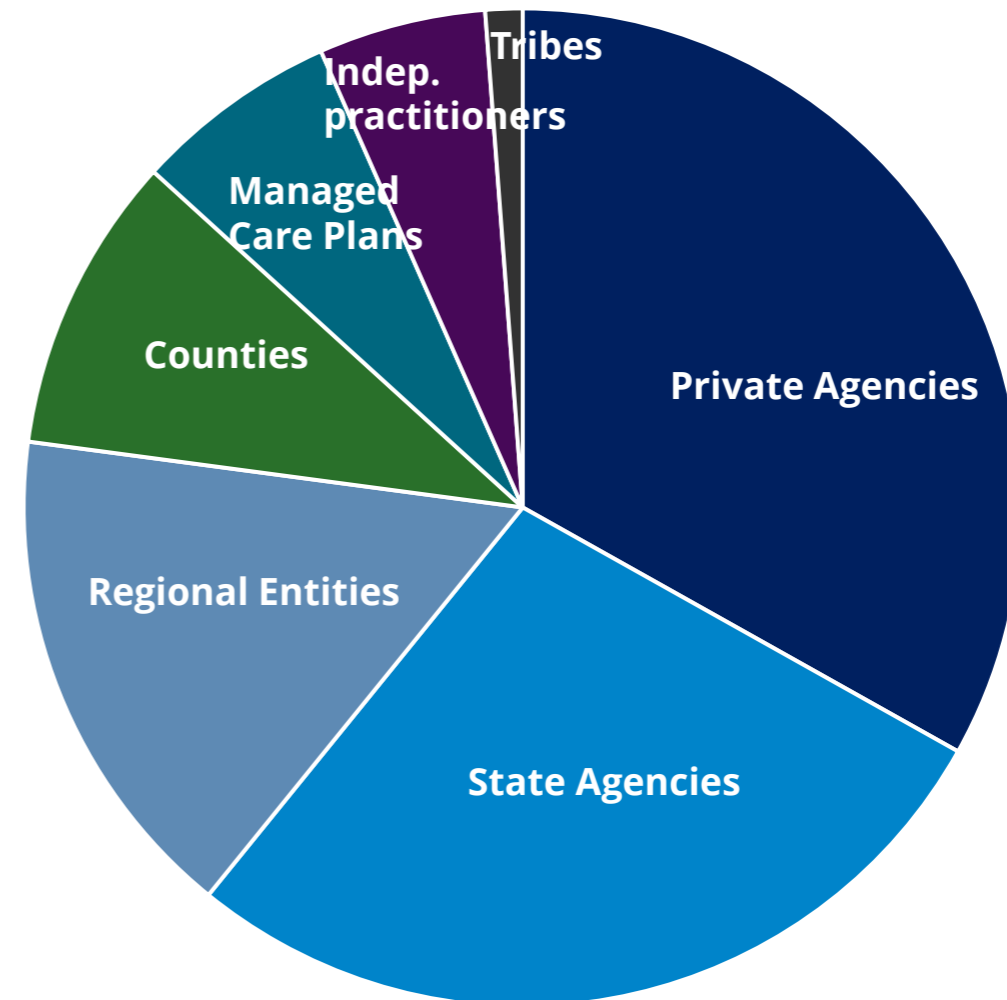
Research from NASDDDS and MACPAC outlines seven different provider models for DD case management services:

- Private Agencies
- State Agencies
- Regional Entities
- Counties
- Managed Care
- Independent Practitioners
- Tribes

According to NASDDDS' research, the two most common delivery models for case management by far are 1) private agencies and 2) state agencies. Over 15% of states also utilize at least a partial form of regional and/or county-based case management providers.

## Case Management Provider Types Utilized by State DD Systems

*\*Note that some states use multiple types of providers*



# Considerations for Two Most Common Case Management Structures

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## Private Agency Case Management

### Benefits

- Allows more flexibility in reimbursement structure for case managers (determined by private agency).
- Opportunity to utilize national learnings from provider agencies who operate in multiple states.
- Potential benefits resulting from competition amongst private providers.

### Challenges

- Reduces state's ability to oversee case managers directly, limiting the ability to define job duties, reimbursement rates, and training requirements.
- Would require changing from existing model of state agency case management; this involves significant work to rewrite and establish new policies and procedures.
- Families with existing case managers will potentially need to switch to different case managers if the system changes from the current structure.
- Less ability to "own" all data and analytics.

## State Agency Case Management

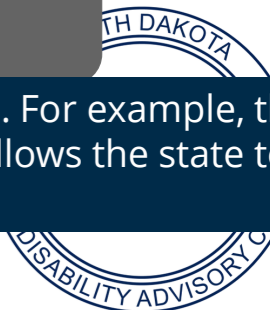
### Benefits

- Existing strong reputation and popularity of the model in North Dakota.
- Minimizes the risk of potential conflict of interest with service providers.
- Supports centralized data keeping.
- Supports standardization and equity.
- Supports implementation of future changes.
- Allows the state to balance workload among case-managers.

### Challenges

- The state job class structure may make implementing credentialing structures or rewarding high performers more complex.
- State staff may face pressure to learn how to provide case management to other populations, not just developmental disabilities.
- The state responsibility to encourage innovation.

**Capacity:** Case management is a critical component of capacity, as limited case manager staffing can result in a de facto waiting list for services. For example, the ASD waiver has had difficulty increasing capacity among private case managers, which can delay services. Using state agency case managers allows the state to distribute loads in a more agile manner in response to demand shift cases, and ramp up staffing as needed.



# Appendix – Comparing North Dakota and Other States' Family Support Waivers Costs

# Comparing State Spending on Family Support Waivers

*Projected Spend for Supports Waivers, as reported in Appendix J of State Waivers. Note this only looks at costs on waiver service spending and does not include broader Medicaid costs,.*

State	Population	Ages	Average Waiver Spend/Person
Illinois	Autism, DD, ID	3-21	\$16.6k
Louisiana	Autism, DD, ID	0-20	\$18.1K
Michigan	AD, DD, ID	0-17	\$21.3
Missouri	DD, ID	0-17	\$24.4k
<b>New York</b>	<b>Cross-Disability</b>	<b>0-20</b>	<b>\$3.7k</b>
North Dakota	Autism	0-17	\$22.2k
North Dakota	Medically Fragile	3-17	\$6.9k
South Dakota	DD, ID	<i>Lifespan</i>	\$4.2K
Utah	ASD, DD, ID, Brain Injury	<i>Lifespan</i>	\$24.5K
<b>Wisconsin</b>	<b>Cross-Disability</b>	<b>0-21</b>	<b>\$10.8k</b>
Wyoming	DD, ID, Brain injury	21+	\$11.3k

*There are no Family Support Waivers for Iowa, Idaho, or Montana, so we have pulled additional examples from states beyond the immediate peer state landscape for comparison*

# Proportion of Youth Served on Waivers Across Peer States' Supports Waivers

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*In the November meeting, the IID/DD Waiver Subcommittee asked for additional data on the proportion of youth served on waivers across peer states. Note that this data is directional due to limitations in census data breakdown by age. Also note that some states have several waivers; the percentage served only refers to the specific waiver listed, not the total.*

State	Waiver	Age	Youth Served	Youth in State	Waivered as % of Total
IL	IL Support Waiver for Children and Young Adults with Developmental Disabilities	3-21	1440	2,701,627 (under 18)	0.0533%
LA	LA Children's Choice (CC) Waiver	0-20	3500	1,063,436 (under 18)	0.3291%
MI	MI Children's Waiver Program	0-17	669	2,110,471 (under 18)	0.0317%
MO	MO Division of Developmental Disabilities (DD) Community Support Waiver	0+	5572	6,196,156 (all)	0.0899%
<b>NY</b>	<b>NY Children's Waiver</b>	<b>0-20</b>	<b>17379</b>	3,950,749 (under 18)	0.4399%
ND	ND Autism Spectrum Disorder (ASD) Birth through Seventeen Waiver	0-17	345	179,600 (under 18)	0.1921%
ND	ND Medicaid Waiver for Medically Fragile Children	3-17	50	179,600 (under 18)	0.0278%
SD	SD Family Support 360 Waiver	0+	1422	919,318 (all)	0.1547%
UT	UT Limited Supports Waiver	0+	120	3,417,734 (all)	0.0035%
<b>WI</b>	<b>WI Children's Long-Term Support Waiver Program</b>	<b>0-21</b>	<b>18492</b>	1,244,078 (under 18)	1.4864%
WY	WY Supports Waiver	21+	1057	454,092 (18+)	0.2328%

