



# Cross Disability Advisory Session

ALVAREZ & MARSAL  
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December 13, 2023





## AGENDA

- I. Review: A&M Report and Recommendations
- II. Envisioning the Future State: Visioning
- III. Envisioning the Future State: Applying for Services
- IV. Envisioning the Future State: Support Needs

# Introductions: A&M's Team



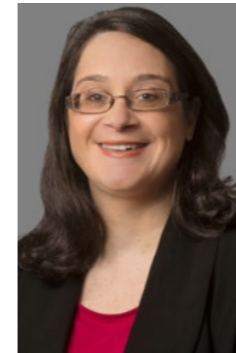
**Wanda Seiler**  
Project Executive

- 30+ years of experience working in health and human services
- Experienced government leader, past director of South Dakota's Division of Developmental Disabilities
- Leads A&M's Public Health and Human Services practice
- Prosci® Change Management Certified



**Jillian Salmon**  
Project Manager

- Partnered with multiple states to assess and redesign LTSS programs to improve administrative and operational efficiency, as well as access to services for vulnerable populations
- Led internal and external stakeholder engagement for the ND assessment of I/DD services
- Charting the LifeCourse Ambassador
- Prosci® Change Management Certified



**Erin Leveton**  
Project Leader

- 25+ years of experience working in health and human services
- Experienced government leader, past Deputy Director for DC's Department on Disability Services (I/DD and Vocational Rehabilitation)
- Specializes in HCBS transformation
- Charting the LifeCourse certified coach
- Prosci® Change Management Certified

# Review: A&M Report & Recommendations

# Project Overview and A&M's Approach

## LMA Study Areas of Interest



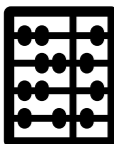
Explore existing pathways to services in North Dakota



Identify gaps in access to services



Analyze peer state service offerings and approaches used to modify services



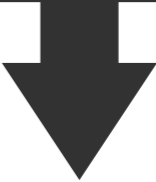
Estimate effects of proposed program implementation and/or expansion



Examine the consequences of potentially eliminating the Autism Spectrum Disorder Task Force

### A&M's Approach

- 1) A gap analysis exploring North Dakota's various pathways to existing services and outlining current gaps in access; and
- 2) Research and analysis of peer states to compare service offerings, a national scan of home and community-based services and waivers, and identification of promising approaches used to modify or expand programs to address service access gaps.



### Deliverables

- ★ A final report that summarizes our findings; identifies existing gaps in service access; and provides recommendations to, and projections for, addressing these gaps.
- ★ Testimony to the North Dakota Legislature's Human Services Committee on our findings and recommendations.

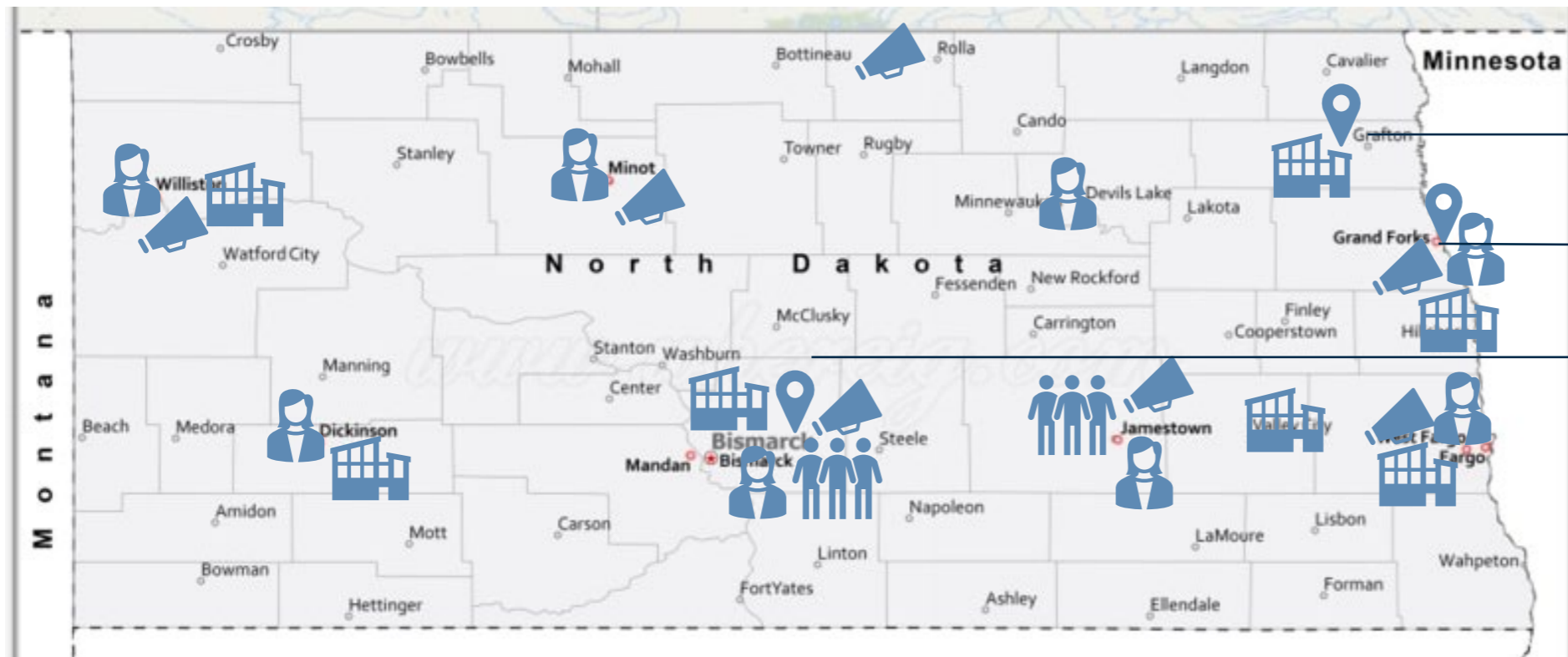
# Gap Analysis

A&M conducted a gap analysis exploring North Dakota's various pathways to existing services and outlining current gaps in access; researched and analyzed peer states to compare service offerings; conducted a national scan of home and community-based services and waivers; and identified promising approaches used to modify or expand programs to address service access gaps.

	State Staff	<ul style="list-style-type: none"> <li>• Interviews with 35+ employees</li> <li>• Developmental Disabilities Program Administrators Focus Group</li> <li>• 2 Developmental Disabilities Program Managers Focus Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-weekly Working Sessions</li> <li>• Intake Observation</li> <li>• LSTC Site Visit</li> </ul>
	Stakeholders	<ul style="list-style-type: none"> <li>• Interviews with more than 40 advocates, including self-advocates and family members</li> <li>• 2 Autism Spectrum Disorder Taskforce Listening Sessions</li> <li>• 2 Autism Spectrum Disorder Advocacy Coalition Listening Sessions</li> </ul>	<ul style="list-style-type: none"> <li>• ND Association of Community Providers interview, survey, and listening session</li> <li>• Listening session for unaffiliated providers</li> <li>• Listening session with special education teachers and administrators</li> <li>• Attended Olmstead meeting</li> </ul>
	Document Review	<ul style="list-style-type: none"> <li>• Reviewed approximately 70 documents provided by DHS, including statute, regulations, waivers, policies, and process flows</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed relevant state and advocacy websites</li> </ul>
	Service & Waiver Review	<ul style="list-style-type: none"> <li>• Reviewed an array of ND services, including Aging, Autism Spectrum Disorder Voucher, Behavioral Health, Early Childhood, Early Intervention, Early &amp; Periodic Screening, Detection, &amp; Treatment, Home &amp; Community-Based Services Waivers, Medicaid State Plan, Specialized Health Services, and Vocational Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Conducted national scan of individual and family support waivers</li> <li>• Reviewed and interviewed select peer and promising practice states</li> </ul>
	Process Maps	<ul style="list-style-type: none"> <li>• Developed process maps of DDA intake and eligibility for 0 – 3; 3 years to adult</li> </ul>	

# Stakeholder Engagement

As part of the Gap Analysis, A&M conducted targeted stakeholder outreach to a variety of groups based across the State of North Dakota



**A&M On-Site Visits**

**Grafton:** Visit to Life Skills and Transition Center

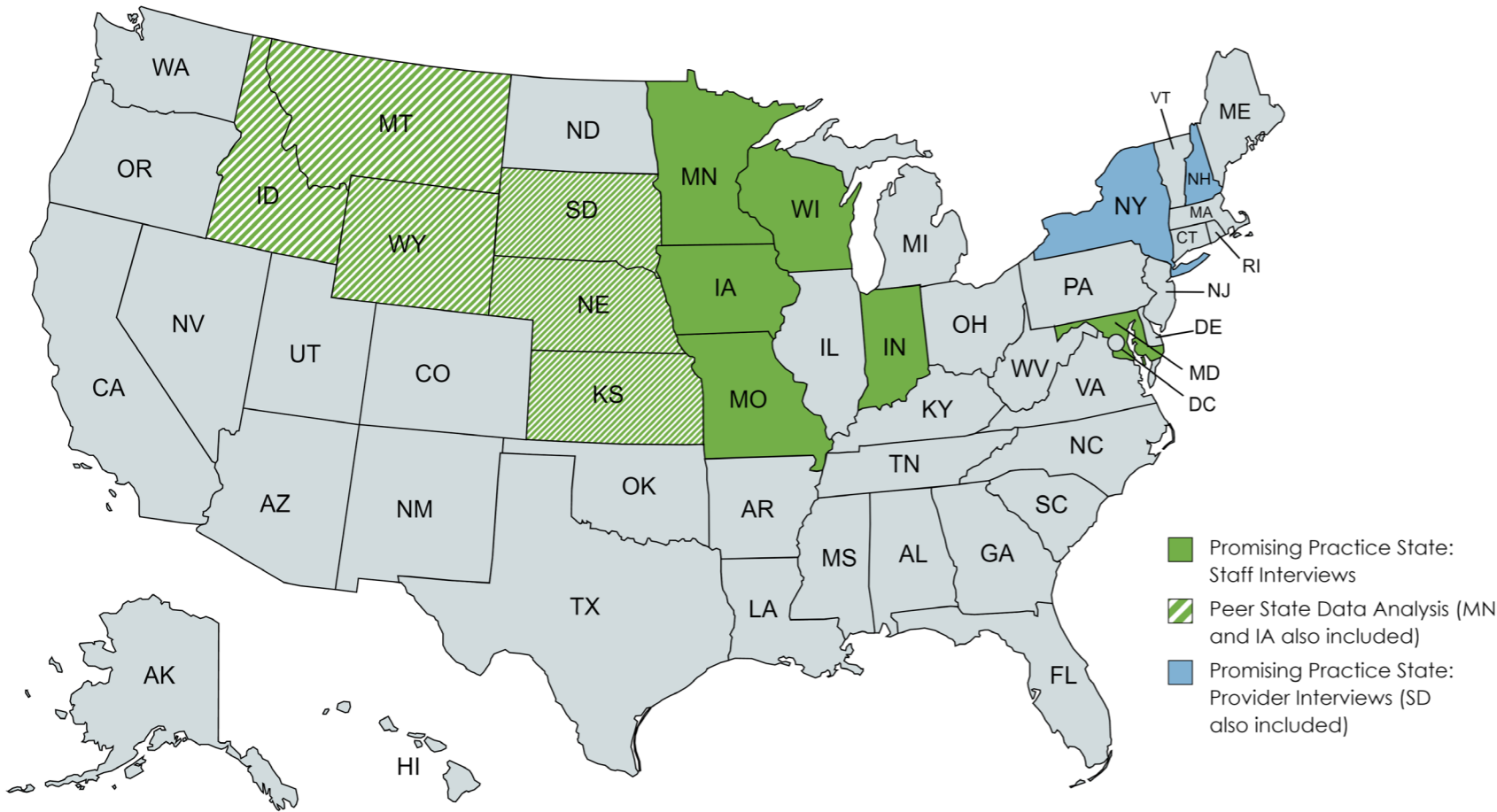
**Grand Forks:** Observation of intake and eligibility process

**Bismarck:** Discussions with self-advocates, presentation to State Legislature; working sessions with DHS

- Interview with Self-advocate
- Interview with Advocate/Family
- A&M On-site Visit
- Interview/Listening Session With Case Worker
- Interview with Provider

# National Scan

A&M conducted a national scan to identify promising practice states. A&M also worked with DHS and LMA to identify peer states for benchmarking.



**Promising Practice State Staff Interviews:**  
Indiana, Iowa, Maryland, Minnesota, Missouri, New York, Wisconsin

**Peer States Data Analysis:**  
Iowa, Idaho, Kansas, Minnesota, Montana, Nebraska, South Dakota

**Promising Practice State Provider Interviews:** New Hampshire, New York, South Dakota

# Understanding the Role of HCBS Waivers



## Medicaid funds long-term services and supports (LTSS)

- Medicaid is the primary funder of LTSS in the United States
- Medicaid provides LTSS through both:
  - institutional care (i.e., intermediate care or nursing facilities), or
  - home and community-based services (HCBS).



## HCBS waivers provide LTSS in community-based settings

- States develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting



## HCBS Waivers offer medical and non-medical services

- HCBS Waivers provide both medical and non-medical services
- Examples services include:
  - Service coordination
  - In home supports
  - Respite
  - Habilitation services
  - Employment supports, and more.



## HCBS programs must meet federal program guidelines

- HCBS Waiver programs must:
  - Demonstrate that providing waiver services won't cost more than providing these services in an institution
  - Ensure the protection of people's health and welfare
  - Provide adequate and reasonable provider standards to meet the needs of the target population
  - Ensure that services follow an individualized and person-centered plan of care

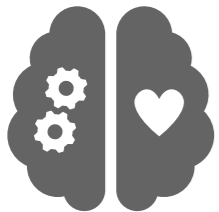
# North Dakota's Strengths: What's Working Well Today?

North Dakota's strong DD Waiver services, skilled DHS staff, and passionate advocate groups are all assets to the State



## The DD Waiver Programming

- The DD Waiver provides comprehensive supports to individuals throughout their lifespan
  - Services are provided cost-effectively to the youngest children with great success
- Self-advocates spoke positively about their experiences in the DD Waiver and described flexible and supportive day programming where they had freedom of choice to volunteer, work, or pursue activities like learning to cook



## State Staff

- State staff, from executive leaders to division managers to case workers, clearly have a demonstrated commitment to caring for individuals with disabilities. When faced with resource constraints, such as limited case workers, staff work hard to maximize available resources and continue to provide quality services.
- Many senior leadership staff have been with the department for over a decade and bring valuable knowledge and expertise
- Staff are also committed to engaging with the community and skillfully facilitate these interactions through the Autism Task Force



## Community Advocates

- There is a strong network of advocates who are passionate about providing the best services for individuals with disabilities
- Groups and individuals were extremely generous with their time, often meeting with us more than once to share feedback

# The Opportunity: A Need to Streamline Access to Services

North Dakota's waivers have different eligibility requirements and varying funding support, resulting in disparate access to services. There are also drop off points created both by the end of the ASD waiver at age 15, and by changing levels of care on the DD Waiver at age 3.

Waiver	Age	Diagnostic Criteria	Waiting List	Individual Cost Limit	Max Participants/Year	Average Waiver Spend /Year*
ID/DD	0-no max	ID, or DD and related condition	No	No limit	6,830	\$37,624
Autism Spectrum Disorder	0-15	ASD	Yes	No limit	150	\$20,160
Children's Hospice	0-21	Medically Fragile in need of palliative care	No	Highest monthly nursing facility rate allowed by DHS	30	\$32,165
Medically Fragile	3-17	Medically Fragile	Yes	\$18,996	25	\$6,228

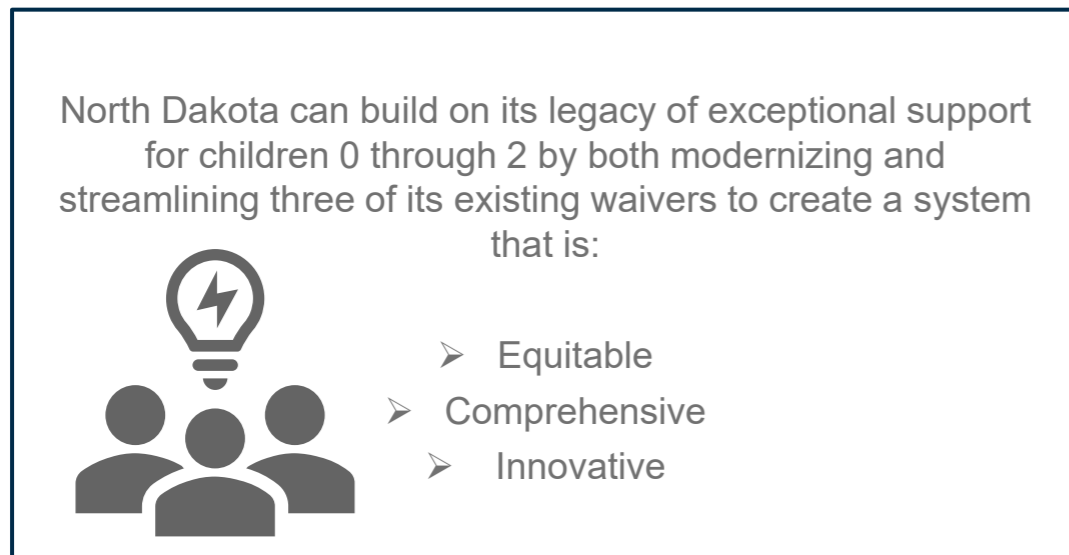
Differences in age coverage, diagnostic criteria, and slot availability drive inequity between children and adults with different categories of disability

\*As projected in Appendix J of Waiver Application

# Growing the Foundation: A Vision for the Future of North Dakota's HCBS Waivers

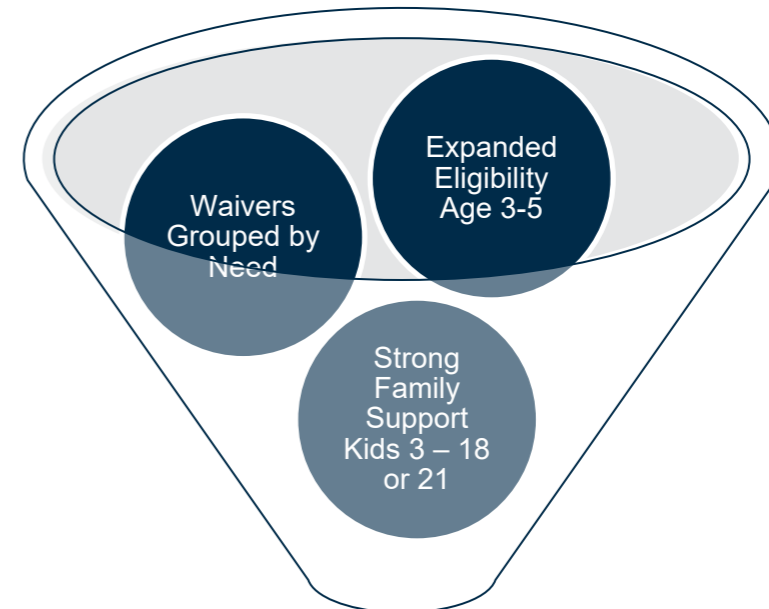
North Dakota can expand its strong base of supports for children ages 0 through 2 and its robust DD Waiver programming to create a strong foundation for all people with disabilities through Home & Community Based Waiver services

## The Vision



**The Support:** North Dakota's experienced staff and engaged advocates will form the basis for this system transformation

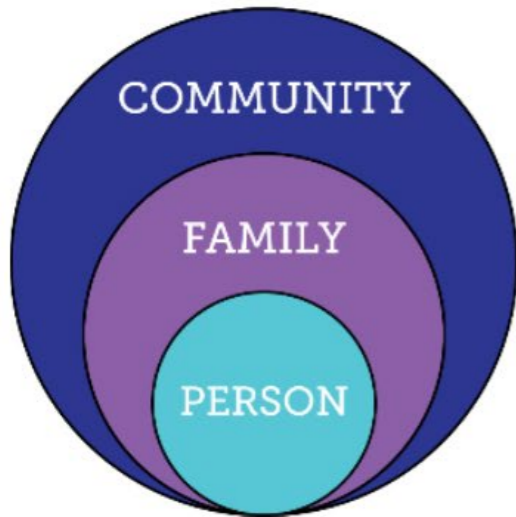
## The Path



**A More Robust HCBS Waiver System, including a children's waiver that supports people regardless of disability**

# Using Integrated Supports to Transform Systems

Eligibility-based services are an important part of supporting people, but they must be used tactically. Too many eligibility-based supports can unintentionally separate a person from their family and community; and they come at high financial and social costs. The goal is for people with disabilities and their families to have access to an array of integrated supports to achieve their envisioned good life.

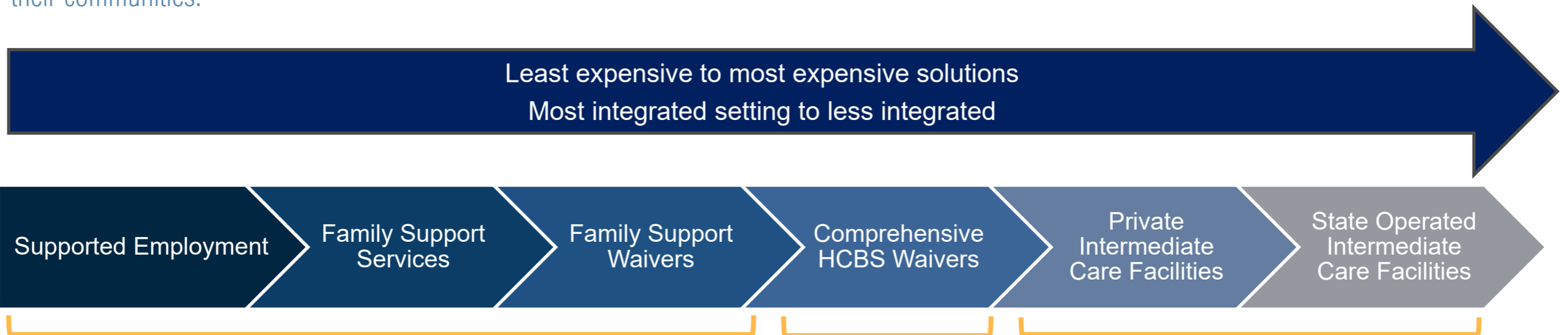


A&M's recommendations will focus on how North Dakota can develop an integrated system of supports for people with disabilities and their families that leverages their strengths, natural supports, communities, and technology.

NDCC § 25-01.2- 02 provides that *“all individuals with developmental disabilities have a right to appropriate treatment, services, and habilitation for those disabilities. Treatment, services, and habilitation for individuals with a developmental disability must be provided in the least restrictive appropriate setting.”* Using integrated supports will help the state achieve this promise in a way that is cost effective and supports people in their own families and communities.

# The Path to Systems Transformation

Efficiency can be achieved by reducing reliance on Intermediate Care Facilities, the most expensive types of supports. Doing that in a way that is person-centered and not disruptive to people and families takes time. Begin by offering services designed to support families and engage people in their communities.







With growing autism prevalence, demand for services is increasing. Meet the need by investing in lower cost, more inclusive services and supports that are person-centered, support families, and engage people in their communities.

Use comprehensive waivers only for people with the highest needs.

Once community capacity is established, consider rightsizing population of people using ICFs over time.

# Changing the Service Delivery System to Respond to Increasing Demand

Meeting the need will require shifting services to support more people to live at home with their families and be engaged with their communities.

Service	Total Cost Per Person	People Served with \$5M
Family Home	\$25,072	200 
Host Home	\$44,122	113 
Non-family HCBS	\$70,133	71 
ICF/IID	\$128,275	30 

- ND currently spends more than its peer states and the national average on supporting people in ICF/IIDs
- To serve people with autism and other developmental disabilities that are currently experiencing gaps, North Dakota will need to invest.
- Investing in family and community supports will help reduce new costs so that more people can be served.
- Using Medicaid HCBS will also provide federal match (currently 58%).

*Credit: "Re-evaluating current services – How many could we serve?," NASDDDS, citing Lakin, K.C. MSIS and NCI data, 2014.*

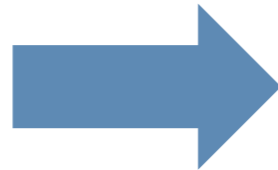
*For details on ND ICF/IID and HCBS Spending, please see the Appendix, Peer State Benchmarking*

# Modernizing the HCBS Waiver System: The Proposed Future State

North Dakota can achieve its vision to fill the gap for people with developmental disabilities and autism by modernizing its existing waiver system

## Current State

ID/DD Waiver



ASD Waiver



Medically Fragile  
Waiver

## Future State

### Updated, Comprehensive ID/DD Waiver

- Modernizes Level of Care (LOC) to match AAIDD, DSM-5, and ICD-11 definitions
- Services designed for high-needs and complex people with Intellectual Disabilities, Developmental Disabilities and / or Autism
- Serves children and adults with Intellectual Disabilities, Developmental Disabilities and / or Autism

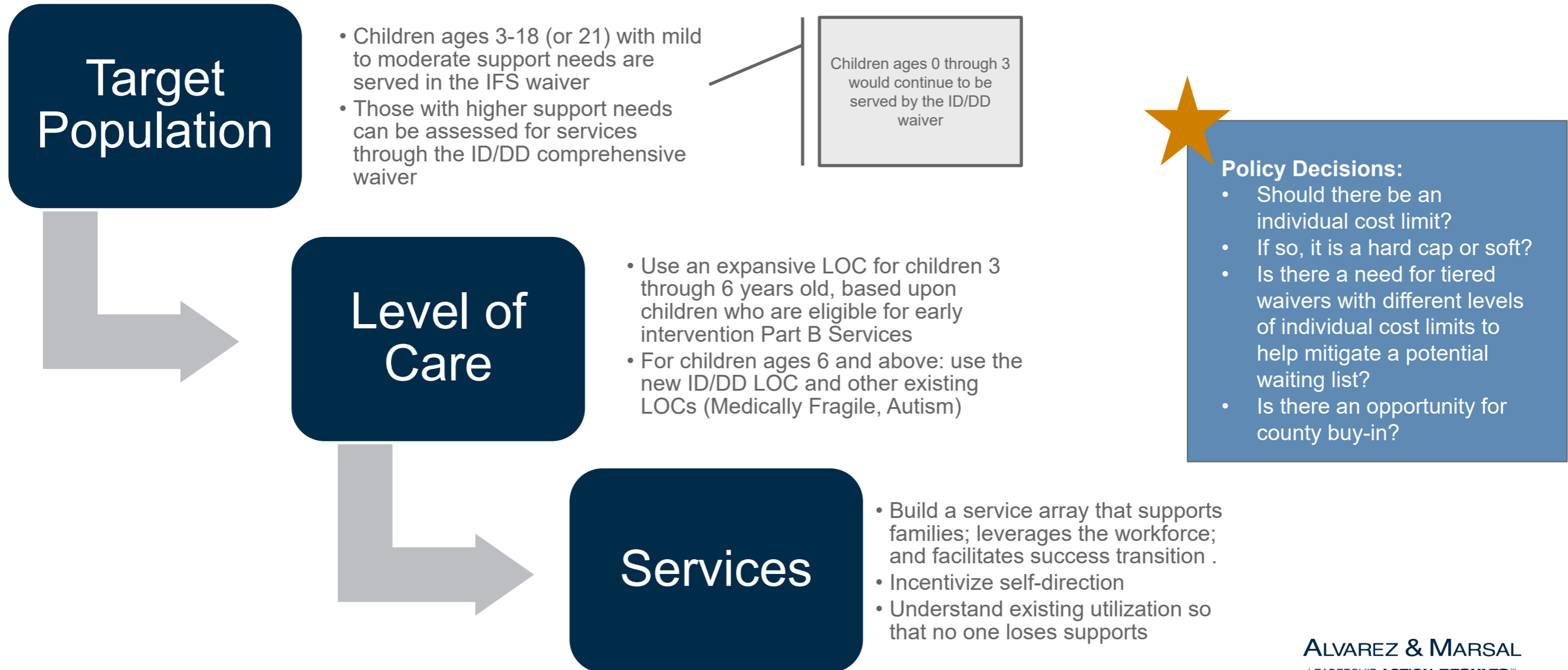
### Children's Cross Disability IFS Waiver

- New LOC for children ages 3-5 that matches IDEA Part B
- Incentivize self-direction
- Uses family navigators to support person-centered planning
- Service array will include cost-effective community interventions that support children with disabilities and their families
- *For discussion, should this go to age 18 or age 21?*

*Note: A&M recommends leaving the Children's Hospice waiver separate. This is a limited and targeted population with special needs that is currently being served in that waiver.*

# Creating a Cross-Disability Children's Individual & Family Supports Waiver

A cross-disability children's Waiver would allow the State to provide services for children with support needs, regardless of disability category



# The Future of HCBS Waivers in North Dakota

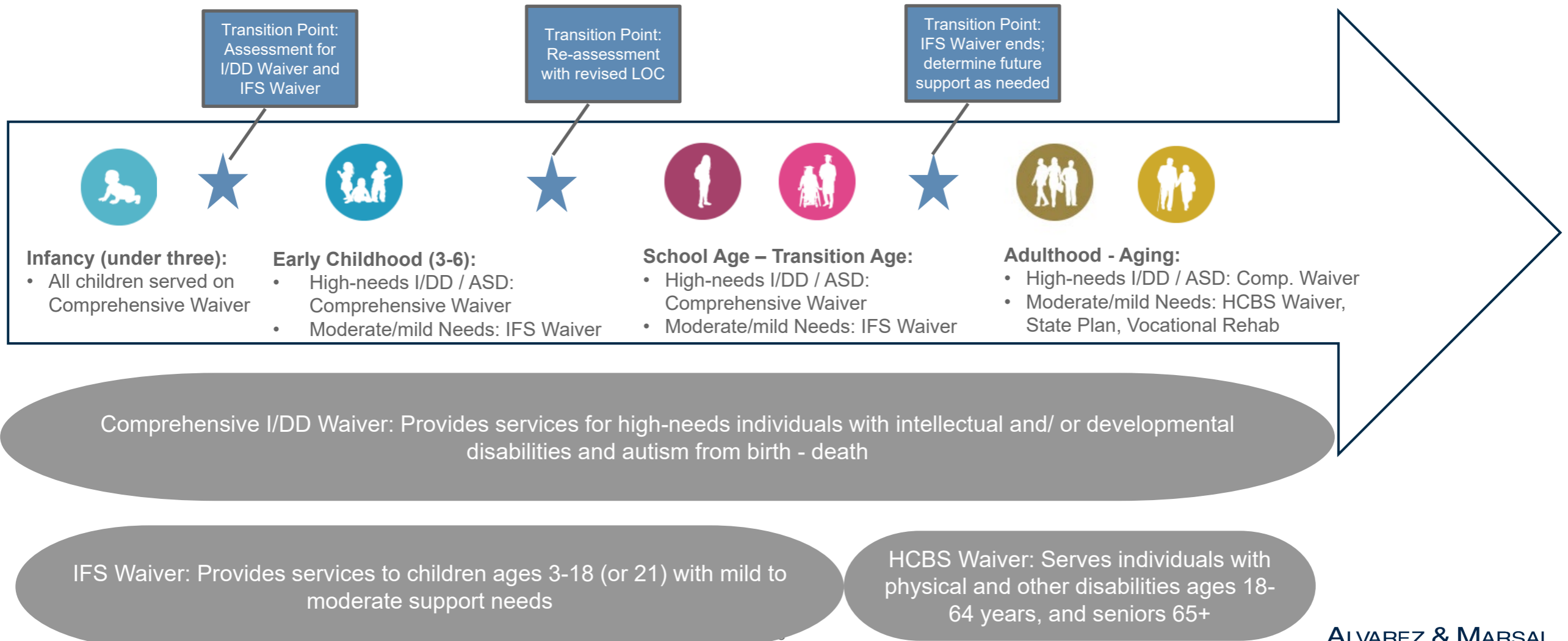
North Dakota’s HCBS waiver array will provide services based on level of need across the lifespan.

Waiver	Target Population	Summary	Waitlist	Age	Level of Care
Comprehensive Waiver – Intellectual & Developmental Disability. &/ Or Autism	High-needs and complex children and adults with intellectual and/ or developmental disabilities and autism	Use stakeholder engagement and the completed national scan of Individual and Family waivers to identify promising practices that may better support the target population and their families (for example: residential services that are an alternative to group homes, remote supports)	No	0-no max	Modernized Level of Care (LOC) to match AAIDD, DSM-5, and ICD-11 definitions
Cross Disability IFS Waiver	Children ages 3-18 (or 21) with mild to moderate support needs	Service array will include cost-effective community interventions that support children with disabilities and their families.	<i>For discussion</i>	3-18 / 21	<ul style="list-style-type: none"> <li>• New LOC for children ages 3-5 that matches IDEA Part B</li> <li>• ICF and NF for 6+</li> </ul>
HCBS Waiver	Seniors 65 to no max age, and individuals with physical and other disabilities ages 18-64 years	No changes to existing waiver that provides adult day care, adult residential care, case management, homemaker, residential habilitation, respite care, supported employment, adult foster care, chore, community support service, community transition services, companionship service, emergency response, environmental modification, extended personal care, family personal care, home delivered meals, non-medical transportation, specialized equipment & supplies, supervision, and transitional living services	No	Seniors 65 – no max PD: 18 – 64	No change – Nursing Facility LOC

\* Currently ND Century Code 75-03-23-04 holds that if a person is found eligible for the DD waiver, they are not able to receive services through a different waiver. This section would need to be amended to allow the person to select the waiver that best fit their assessed needs.

# The Future of ND Waivers: Providing Integrated Support Across the Lifespan

The current state of multiple diagnostic-based waivers leads to disparate services and creates gaps in service, including at age 15 when the ASD Waiver ends. The proposed future state would streamline waivers based on needs and align age eligibility to ensure continuous, integrated support.



# Roadmap

Implementing these recommendations will bring sustainable and systemic change, but it is a significant lift. It will take time (spanning across biennia), FTEs, and funding.

## Phase 1

- 1. Level of Care Reform**
  - National review of best practice tools
  - Stakeholder engagement
  - Piloting along with current system to determine population impact
  - Determine new tool and LOC
- 2. Implementation Planning**
  - Development of a detailed roadmap and project plan that sequences tasks, builds out timelines, IT systems impacts, and assigns responsible parties
  - Stand up Project Management Office with a governance structure, for regular reporting, guidance, and risk escalation and mitigation
- 3. Stakeholder Engagement**
  - Develop Cross-Disability Advisory Council to inform LOC Reform and Implementation Planning
  - Structured statewide stakeholder engagement through information sharing and innovation sessions to create opportunities for double loop learning.

## Phase 2

- 1. Waiver Redesign**
  - National review of best and promising practices to support individuals and families
  - Stakeholder engagement
  - Determine service array, tiered approach, cost limitations
  - Cost reporting as a foundation for rates
  - Draft, vet and submit waiver applications; negotiate with CMS
- 2. Implementation Planning**
  - Leverage PMO and governance structure from Phase 1 to continue to build out the detailed roadmap and project plan.
  - Continue regular reporting and risk mitigation
- 3. Stakeholder Engagement**
  - Work closely with Cross-Disability Advisory Council to advise on redesign efforts.
  - Continue structured statewide stakeholder engagement through information sharing and innovation sessions

## Phase 3

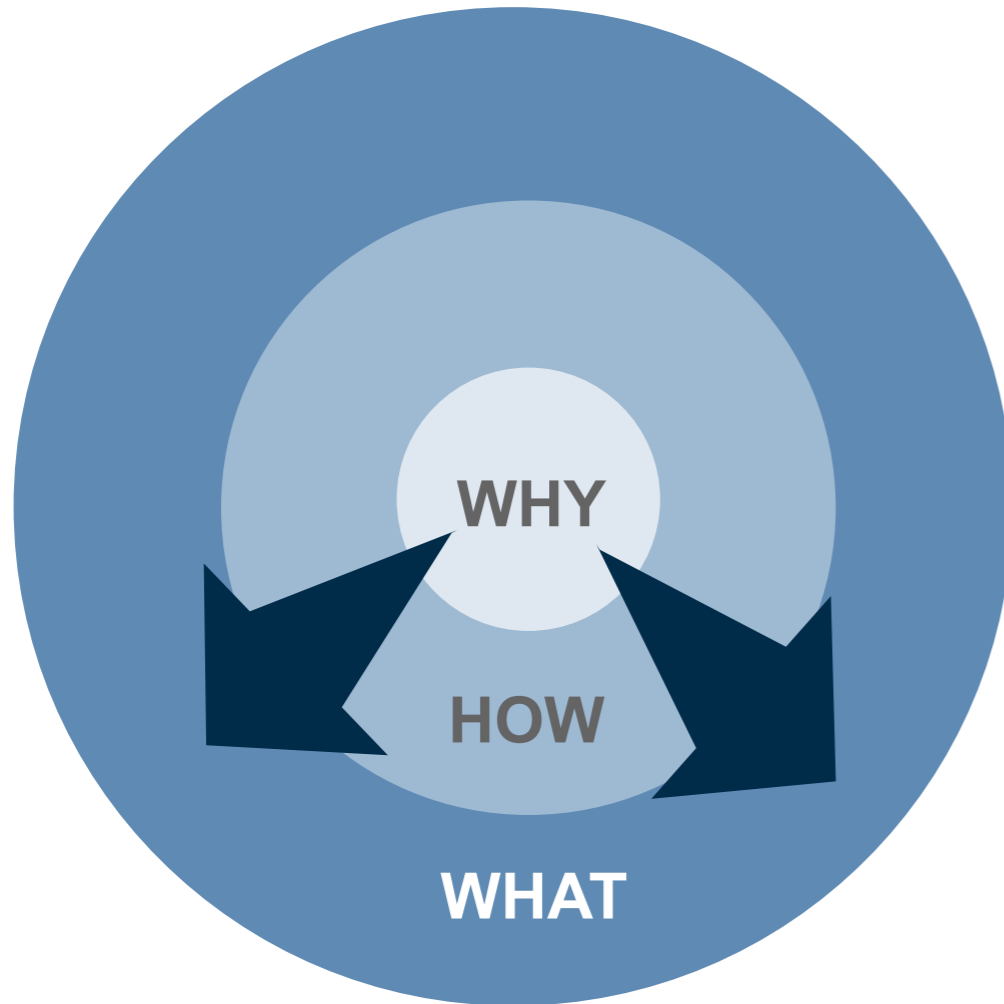
- 1. Future State: No Wrong Door**
  - Move beyond waiver redesign to HHS redesign
    - One-Stop Coordinated System
    - Single standard process with common protocols and information exchange
    - Objective and neutral
    - Person-Centered
    - Use of Private & Public Programs
    - Seamless & Person Friendly
- 2. Implementation Planning**
- 3. Stakeholder Engagement**

*Phases 2 & 3 will be influenced by the learning from the work in the prior phase. The phases may happen consecutively, or, with sufficient resources, could be overlapping.*

# Envisioning the Future State: The Why

# CDAC Golden Circles: WHY

The Golden Circles are about changing the way we think so that we are starting with our purpose.



**WHY?**  
The Purpose

**HOW?**  
The Process



**WHAT?**  
The Results: Recommendations for a  
Cross Disability Children's Waiver

# CDAC Golden Circles: Opening Round on WHY (1 of 3)

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Share YOUR purpose, What is your cause? What do you believe?.

- Starting with the Why: Why we are doing this work -- “The compelling higher purpose that inspires us and acts as the source of all we do.”
- The CDAC will have to make many recommendations to the Department of Health & Human Services about the cross-disability children’s waiver.
  - Understanding our collective purpose, cause, and belief will help us reach consensus
  - When what, how, and why are in alignment, you have a filter that makes it easier to make decisions.
- Example: The National Community of Practice for Supporting Families of People with Intellectual and Developmental Disabilities core belief is: “All people have the right to live, love, work, play and pursue their own life aspirations.”

## CDAC Golden Circles: Opening Round on WHY (2 of 3)

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Share YOUR purpose, What is your cause? What do you believe?.

Please share a word or two about why developing a cross disability children's waiver is important to you.

Think about:

- What this committee exists to achieve, big picture?
- How will this team create a better vision for the future?
- Why this work matters?



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# CDAC Golden Circles: Starting with the WHY (3 of 3)

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Thinking about OUR purpose, cause, belief.

The WHY (our purpose) informs HOW (our process).

Both inform WHAT we do



- What are your reactions?
- What resonates?
- Is anything missing?
- Do we have questions or want to hear more about any of the words up on the screen?

# CDAC Golden Circles: Thinking About How to Do the Work (1 of 2)

Our HOW are the actions the CDAC will take to bring the WHY to life

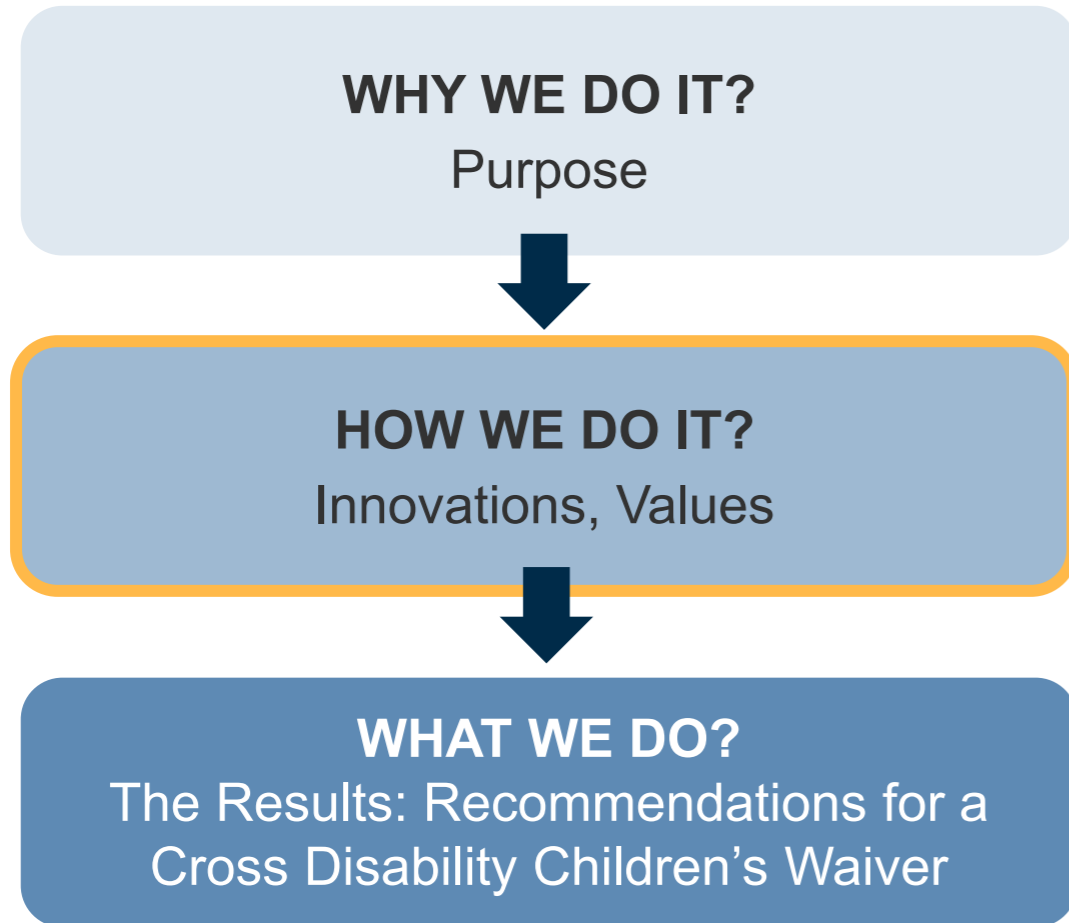


Table Work:

- Now that we have talked about our core beliefs, let's talk about how
- These are specific actions that can be taken to realize the why
- Example: the Supporting Families CoP how includes
  - Focusing on all people (not just people receiving services)
  - Encouraging high expectations
  - Thinking about the person in the context of their family
- Partner in small groups (2 – 4 people) and talk about the how. Please write down at least one idea for the how you want to do this work together

# CDAC Golden Circles: Thinking About How to Do the Work (2 of 2)

Share YOUR thoughts on how we should do this work together



## Table Work:

- Now that we have talked about our core beliefs, let's talk about how
- These are specific actions that can be taken to realize the why
- Example: the Supporting Families CoP how includes
  - Focusing on all people (not just people receiving services)
  - Encouraging high expectations
  - Thinking about the person in the context of their family
- Partner in small groups (2 – 4 people) and talk about the how.

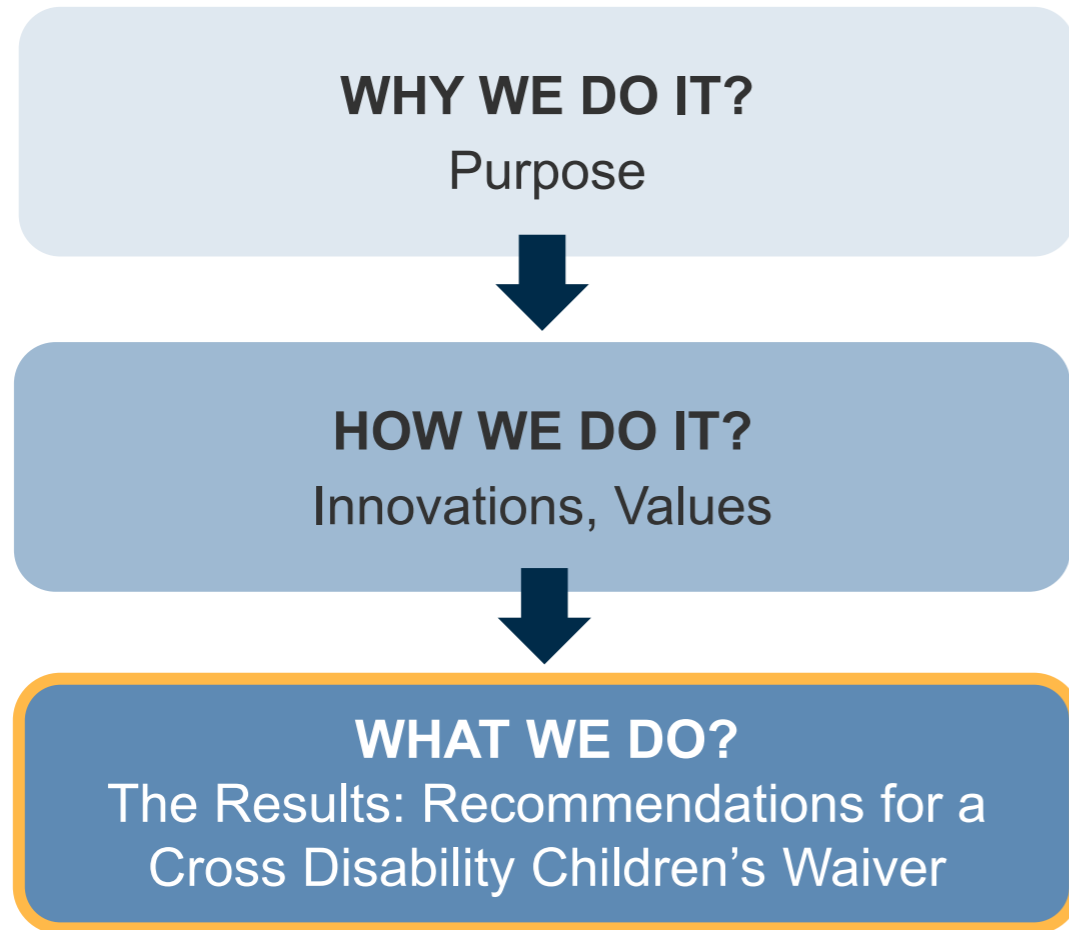
Please write down at least one idea for the how you think the CDAC should do this work together.



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# CDAC Golden Circles: Thinking about What We Will Do

Getting starting



## What We Do

This is the core work we will be doing together to help the Department of Health and Human Services develop the new Cross Disability Children's waiver.

This initially includes:

1. How people can apply to the new waiver, once created.
2. What supports people need.
3. What supports from case management are helpful.
4. What quality looks like.

Let's jump in and start talk about #1 – accessing services

# Accessing Services

# Access: What Does The Topic of Access Include?

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What do we mean when we talk about “accessing services”?

- Access is about the journey people go through to apply for and receive Medicaid waiver services. This includes everything from the time you learn about services, to the time you begin services.
- Example journey: Someone who would like to apply for DD waiver services must contact their local Human Service Center and schedule a home intake visit to begin the application process. There are several other steps people must go through before they can start waiver services, including Medicaid eligibility. We will look in more detail at the existing waiver access journeys in this section.



The Department of Health & Human Services will have to create a path for people to access the new cross-disability waiver. **CDAC members will play an important role by:**

- Sharing your experiences accessing existing waivers, including what this process felt like for you and your family and how it worked (if applicable); and
- Highlighting what is important to think about and include in the path to accessing the new waiver

# Accessing Services: Opening Round

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Share YOUR experience learning about services

1. If you or a family member receive (or previously received) Medicaid services, **please share how you first learned about waiver services.**

Examples of how people learn about services might include:

- School
- Doctor's office
- Friends
- State websites.



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# Understanding the Current Paths to Access

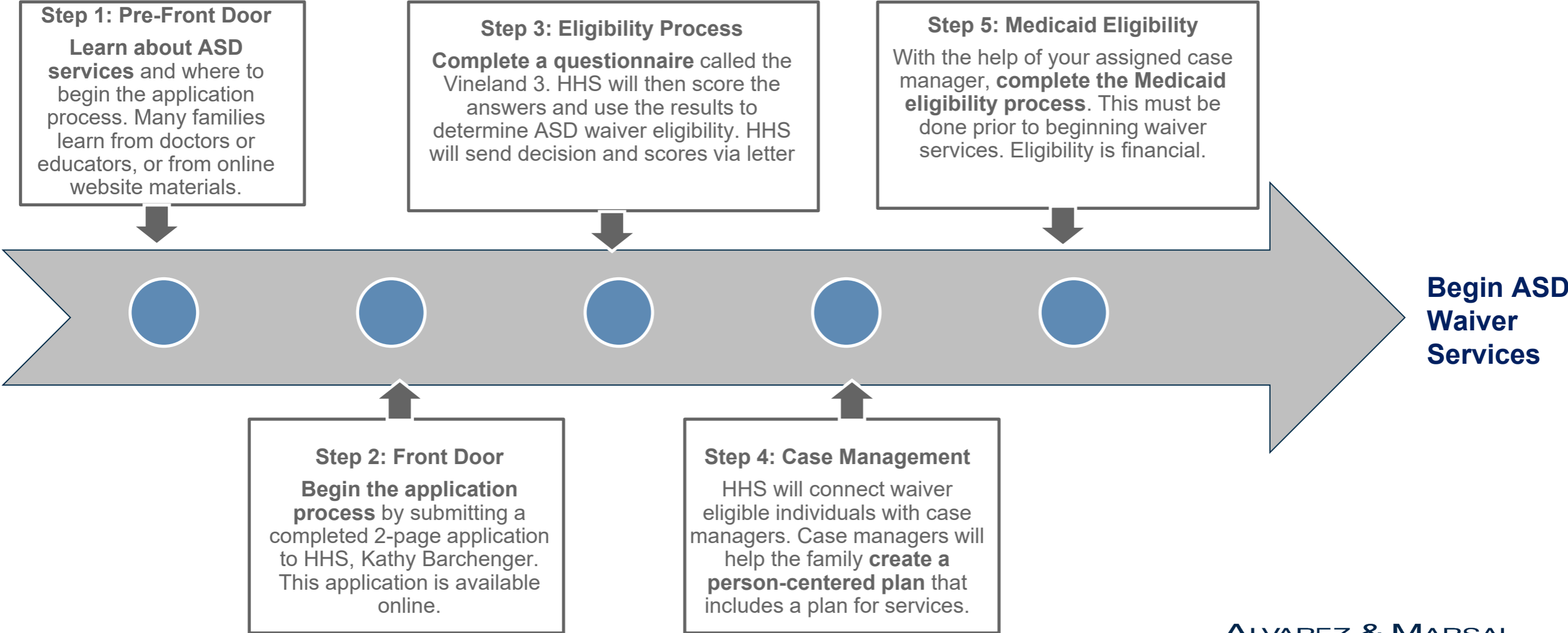
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What does accessing services look like today?

- The cross-disability waiver will include people who currently are served on three waivers:
  - ID/DD waiver
  - Autism waiver
  - Medically fragile waiver
- Each of these three waivers has a different path to accessing services.
- Let's take a look at what the path to accessing services looks like in each waiver

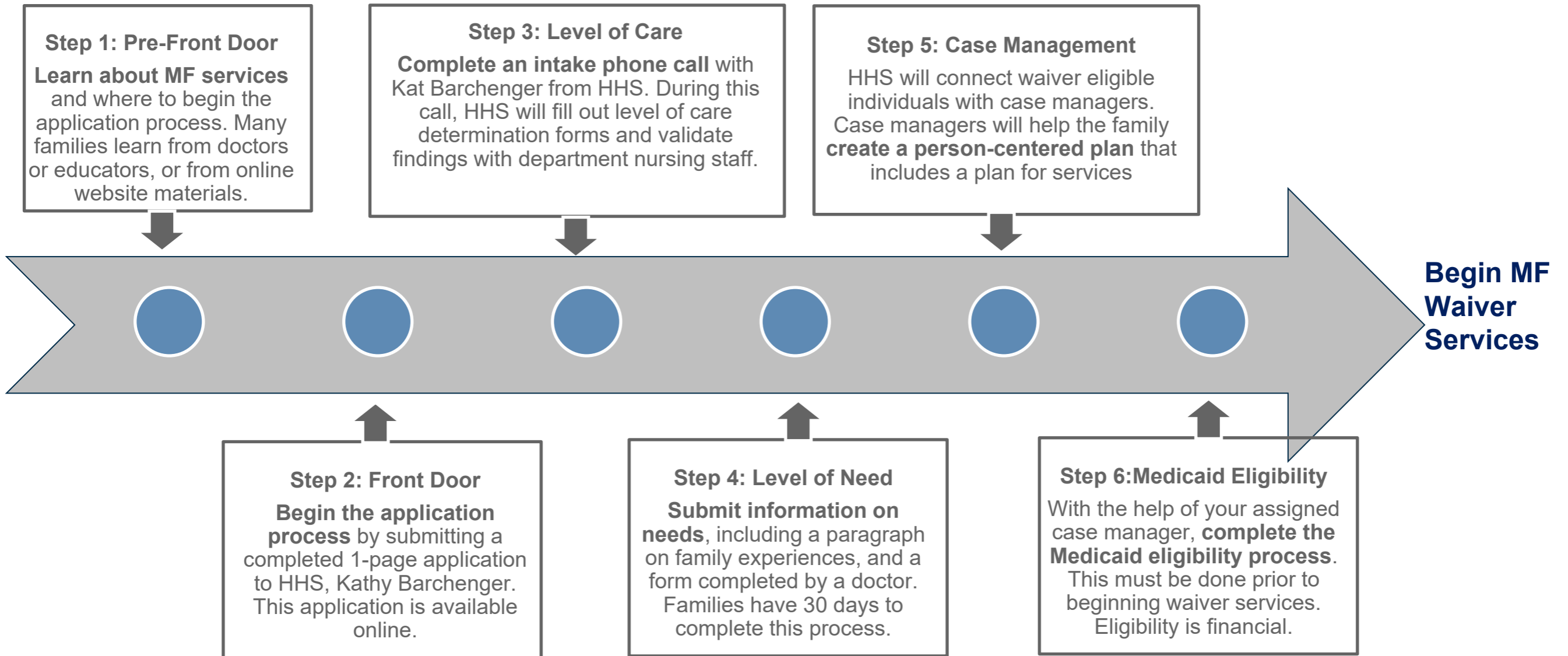
# Autism (ASD) Waiver Access: The Customer Journey to Services

How do people learn about, apply for, and begin ASD waiver services?



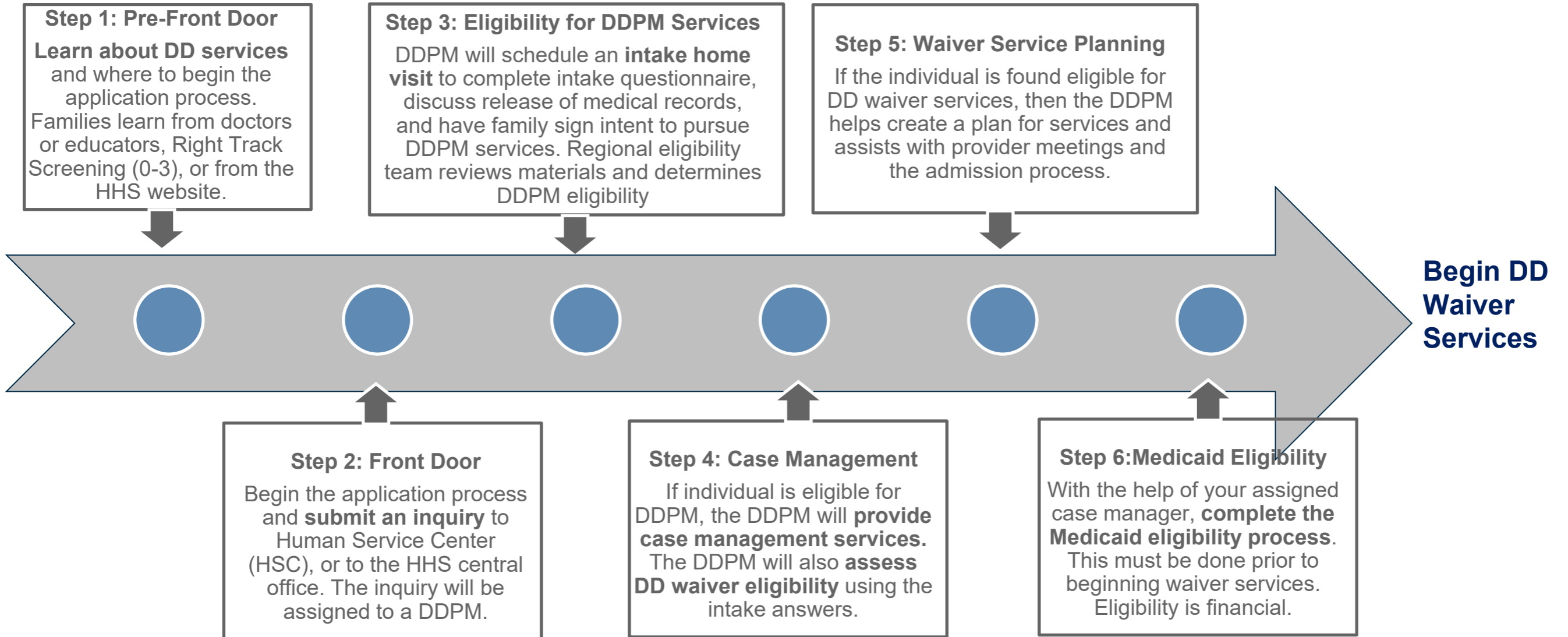
# Medically Fragile (MF) Waiver Access: The Customer Journey to Services

How do people learn about, apply for, and begin MF waiver services?

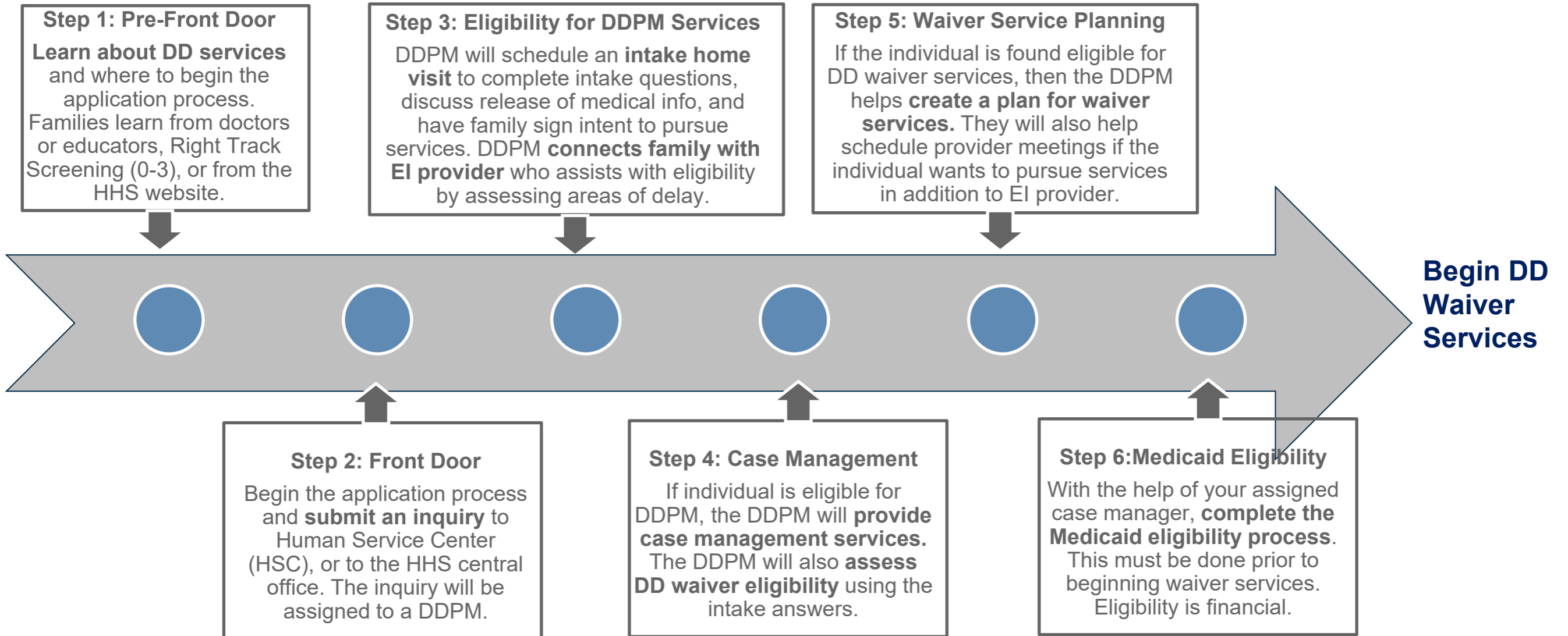


# DD Waiver Access (3+): The Customer Journey to Services

How do people 3+ learn about, apply for, and begin I/DD waiver services?



# DD Waiver Access (0-3): The Customer Journey to Services



# Comparing the Customer Journey to Services

Process Step	ASD Waiver	MF Waiver	DD Waiver
<b>Pre-application:</b> Where do most families learn about services?	<ul style="list-style-type: none"> <li>Doctors, schools, HHS website</li> </ul>	<ul style="list-style-type: none"> <li>Doctors, schools, HHS website</li> </ul>	<ul style="list-style-type: none"> <li>Doctors, schools, HHS website</li> <li>Right Track Screening (if 0-3)</li> </ul>
<b>Start Application Process:</b> Who is the point of contact to begin the application process?	<ul style="list-style-type: none"> <li>HHS (Kat Barchenger)</li> </ul>	<ul style="list-style-type: none"> <li>HHS (Kat Barchenger)</li> </ul>	<ul style="list-style-type: none"> <li>Human Service Center DDPM (locations across 8 regions)</li> </ul>
<b>Submit Written Application:</b> What materials does a family need to submit at the beginning of the application process?	<ul style="list-style-type: none"> <li>2-page written application</li> </ul>	<ul style="list-style-type: none"> <li>1-page written application</li> </ul>	<ul style="list-style-type: none"> <li>No written application</li> <li>Family will sign intent to pursue services during initial home visit (see description of visit below)</li> </ul>
<b>Complete Intake Call:</b> Is there an intake call or home visit that a family must complete during the application process?	<ul style="list-style-type: none"> <li>No formal intake call</li> </ul>	<ul style="list-style-type: none"> <li>Formal intake call where HHS (Kat) collects information to complete LOC</li> </ul>	<ul style="list-style-type: none"> <li>Intake visit where DDPM visits home and collects information for DDPM and DD waiver eligibility</li> </ul>
<b>Additional Forms:</b> Are there any other forms the family is responsible for completing?	<ul style="list-style-type: none"> <li>Vineland: the family must submit a completed Vineland 3 form (HHS will score this form as part of eligibility)</li> </ul>	<ul style="list-style-type: none"> <li>Paragraph on family viewpoint</li> <li>Level of need form filled out by family doctor within 30 days</li> </ul>	<ul style="list-style-type: none"> <li>No additional requirements</li> <li>DDPM is responsible for completing and scoring eligibility forms based on intake conversation</li> </ul>
<b>Case Management:</b> How does the family create a plan and begin to receive waiver services?	<ul style="list-style-type: none"> <li>Kat connects the family with a private agency case managers who helps create a person-centered plan and complete Medicaid financial eligibility</li> </ul>	<ul style="list-style-type: none"> <li>Kat connects the family with a DDPM who helps create person-centered plan and complete the Medicaid financial eligibility process</li> </ul>	<ul style="list-style-type: none"> <li>Family continues working with the DDPM who conducted intake visit. DDPM helps them create person-centered plan and Medicaid eligibility</li> </ul>

# Reflecting on How Access Works Today

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Share YOUR thoughts about the current ways people access waiver services



- For those who have applied for an accessed waiver services before, what was this journey like for you and / or your family members?
- What do you think is working well in the current access process?
- Is there anywhere you think the journey to services can be improved for families?

# Brainstorming What is Important for the Future of Access?

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Share YOUR hope for what access will look like in the new waiver



## Table Talk Time!

- Let's take 10 minutes for some small group discussions. Turn to the people at your table.
- What is important to think about for the future of access? For the new waiver, consider:
  - How people will learn about this waiver and its services
  - Where people should go to learn more / start their application
  - The information people might want about how the application process will work
  - The support people need during the application process
  - What other help would be useful for families during the process?
- We will come back together as a big group in 10 minutes and share out thoughts

# Service Options

# Services: What Does This Topic Include?

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What do we mean when we talk about “service options”?

- Service options describes the types of programs, items, and supports that people can use on a waiver.
- Examples of waiver services include respite care, in home supports, and employment supports.



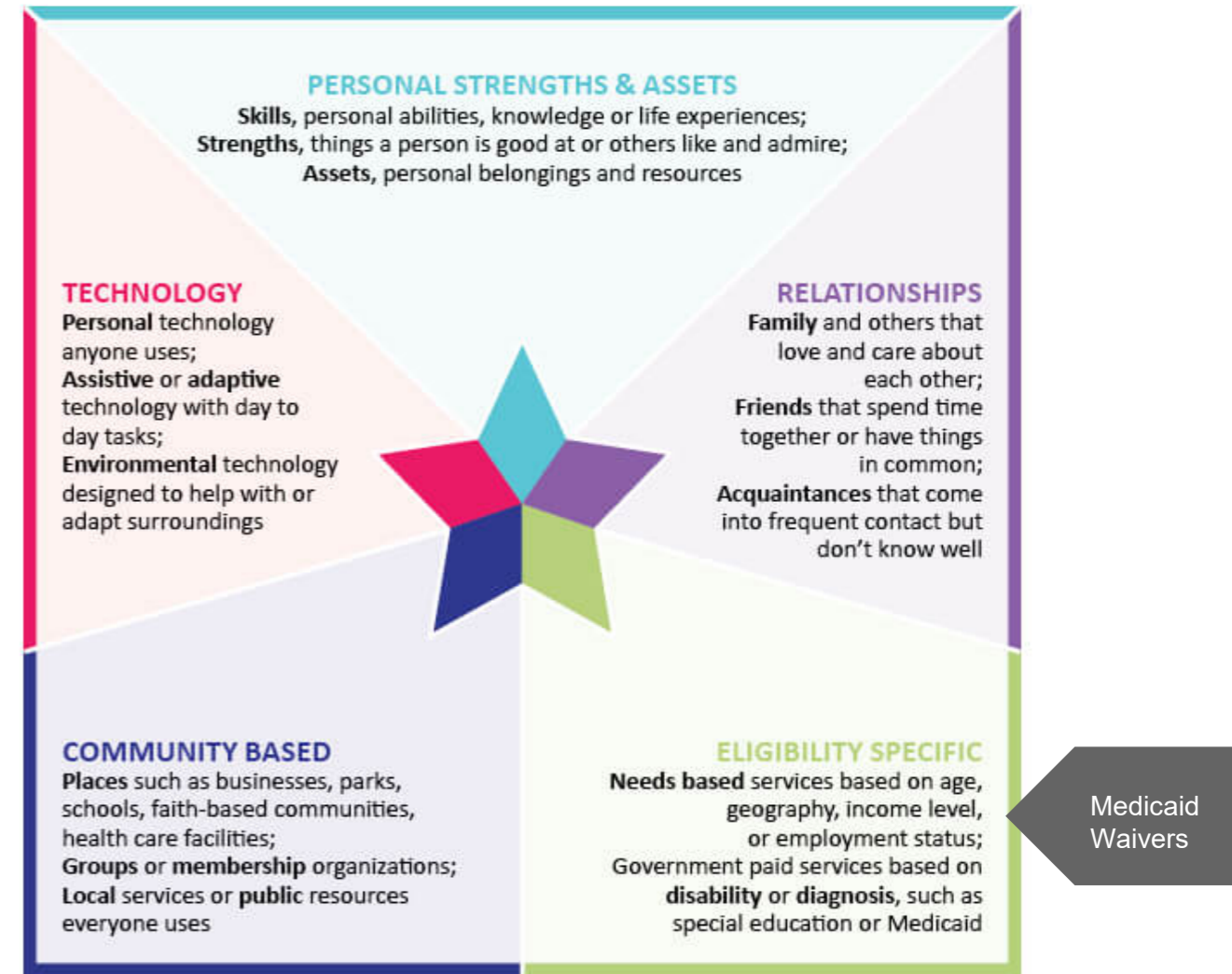
The Department of Health & Human Services will have to outline what services will be included on the new cross-disability waiver. **CDAC will play an important role by:**

- Sharing your experiences using other waiver services, including what is most helpful to you
- Highlighting if there are other types of services that would be helpful

# Understanding Integrated Supports

## The New Waiver Will be Focused on Integrated Supports

- Supports work best when they are integrated across an array of options, including both eligibility-based supports and natural supports available in the community
- Focusing only on eligibility-based supports can unintentionally separate a person from their family and natural support system which then can lead to segregation, loneliness, and lack of choice.
- Supports should leverage and be comprised of a mix of:
  - The person and family's strengths and assets
  - Relationship-based supports
  - Community supports and resources
  - Technology
  - Eligibility based options that are publicly or privately funded



# The Move to Community Integration: From Institutionalization to Family Support

## The Historical Context Behind Integrated Supports

### Institutional Care

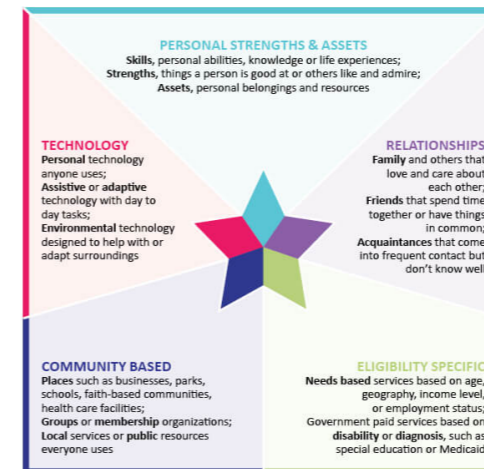
Historically, families were encouraged to place children with disabilities into institutions, often far from their homes, that would provide the **supports their child needed across life domains:**

- Education
- Housing
- Medical Care
- Therapies
- Nutrition
- Recreation
- Case Management
- Financial Management
- Guardianship



### Integrated Community Support

People with intellectual and developmental disabilities now live at home with their families. Families must **coordinate integrated supports** to meet their loved ones needs across the life domains. This includes both eligibility-based supports and other natural supports.



Medicaid Waivers

# Service Options: Opening Round

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Share YOUR experience using supports

Let's think about integrated supports.

We have talked to many parents around the country who are caring for their adult children and need a break.

**What are some ways that they may be able to get a break using any of the following kinds of integrated supports?**

- Personal strengths and assets
- Relationships
- Eligibility specific
- Community based
- Technology



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# Reflecting on How Services Work Today

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Share YOUR thoughts about the current services offered on the I/DD, ASD, and MF waivers



- For those who have accessed waiver services before, or know someone who did, what services do you know about?
- What services have been the most helpful?
- Are there services that haven't worked out the way you thought?

# Understanding Life Domains

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. As we think about what services should be in the cross-disability children's waiver, we will want to think about all of the life domains.



## Daily Life & Employment

What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.



## Community Living

Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.



## Healthy Living

Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.



## Safety & Security

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.



## Social & Spirituality

Building friendships and relationships, leisure activities, personal networks, and faith community.



## Advocacy & Engagement

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

# Exploring Life Domains

This resource is designed to help you learn about existing possibilities or create new ones as you navigate and plan your good life.

**EXPLORING LIFE POSSIBILITIES | DEVELOPMENTAL DISABILITY SPECIFIC**

There are many possibilities for people to create the life that reflects their own interests, strengths and preferences. This tool gives examples of different options and supports for a person with a disability. The top row is organized by Life Domains, the middle row highlights Current and New Possibilities happening around the country and the bottom row lists Traditional Possibilities that have existed for many years or might not be offered anymore. This resource is designed to help you learn about existing possibilities or create new ones as you navigate and plan your good life.

	Daily Life & Employment	Community Living	Healthy Living	Safety & Security	Social & Spirituality	Advocacy & Engagement	Supports to Families	Integrated Supports
<b>Innovative Life Options</b>	New ideas; things that someone has tried, and you replicate or adapt for your own needs; things that haven't been thought of yet or tried.							
	<ul style="list-style-type: none"> <li>Micro-enterprises</li> <li>Careers</li> <li>Competitive employment</li> <li>College or tech school</li> <li>Supported employment</li> <li>Job coaches</li> <li>Volunteering</li> <li>Inclusive college programs</li> <li>Online classes or training</li> </ul>	<ul style="list-style-type: none"> <li>Co-ops</li> <li>Adapted living space</li> <li>Environmental technology</li> <li>Shared living/ host family</li> <li>Companion living</li> <li>Public transportation</li> <li>Home ownership</li> <li>Independent Living Center</li> </ul>	<ul style="list-style-type: none"> <li>Gym membership</li> <li>Community Health Centers</li> <li>Health fairs</li> <li>Family practice providers</li> <li>In-home or community based therapies</li> <li>Family member or school staff implements therapy</li> <li>Tele-Medicine</li> <li>Personal fitness devices or apps</li> </ul>	<ul style="list-style-type: none"> <li>Supported decision making</li> <li>Limited/ joint bank account, automatic bill pay, personal contract, agency agreement</li> <li>Personal contract/agency agreement</li> <li>Personal safety devices</li> <li>Remote monitoring</li> <li>Special Needs Trust</li> <li>Abuse/neglect hotlines</li> </ul>	<ul style="list-style-type: none"> <li>Friendships</li> <li>Dating/ relationships</li> <li>Parks and Recreation</li> <li>Inclusive faith community</li> <li>Service/social club/groups</li> <li>Special Olympics</li> <li>Line passes</li> <li>Social groups</li> <li>Video chat or calls</li> </ul>	<ul style="list-style-type: none"> <li>Voting</li> <li>Neighborhood group or organization</li> <li>Self-Determination</li> <li>Visiting your legislator</li> <li>Self-Advocacy groups</li> <li>Advocacy training</li> <li>Legislative advocacy events</li> </ul>	<ul style="list-style-type: none"> <li>Social Media</li> <li>Technology</li> <li>Blogs</li> <li>Family &amp; friends</li> <li>Parent-to-parent/Peer Support</li> <li>Face-to-face support groups</li> <li>Online Support Groups</li> <li>Sib-shops</li> <li>Sibling networks</li> </ul>	<ul style="list-style-type: none"> <li>Exchange networks</li> <li>Time banks</li> <li>Human service co-ops</li> <li>General education</li> <li>Self-Directed Supports</li> <li>\$\$ follows the person</li> <li>Technology/ Doorbell or home security camera</li> <li>Able Accounts</li> </ul>
<b>Traditional Life Options</b>	<ul style="list-style-type: none"> <li>Sheltered workshops</li> <li>Day habilitation</li> <li>Work Crews or Enclaves</li> </ul>	<ul style="list-style-type: none"> <li>Institutions</li> <li>Intermediate Care Facility (ICF)</li> <li>Group Homes</li> <li>Independent Supported Living (ISL)</li> </ul>	<ul style="list-style-type: none"> <li>Center-based therapies (PT, OT, Speech, etc)</li> <li>Specialized or institutional medical care</li> </ul>	<ul style="list-style-type: none"> <li>Full or limited-guardianship</li> <li>24 hour paid staff and supervision</li> </ul>	<ul style="list-style-type: none"> <li>Separate or special church service</li> <li>Special group outings &amp; activities</li> </ul>	<ul style="list-style-type: none"> <li>Paid advocate or having someone else advocate on your behalf</li> </ul>	<ul style="list-style-type: none"> <li>Institution or center based support group</li> <li>Intensive all-day parent training</li> <li>Disability specific groups</li> </ul>	<ul style="list-style-type: none"> <li>Systems supports only</li> <li>Provider and agency staff</li> </ul>

We know this is too small to read.

- For those of you in person, we will share copies.
- For those of you joining remotely, you can download a copy at: [CtLC-Exploring Life Possibilities 2020.pdf](#) and zoom in.



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# Brainstorming What is Important for the Future of Services?

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Share YOUR hope for what services will look like in the new waiver



## Table Talk Time!

- Let's take 10 minutes for some small group discussions. Turn to the people at your table.
- We will assign you a life domain.
- As a group, talk about:
  - What do you think about the traditional options?
  - How are the innovative options different?
  - Which options might work for you, your family member, or someone you care about who has a disability?
  - What other ideas do you have?
- We will come back together as a big group in 10 minutes and share out thoughts

## DISCUSSING & DOCUMENTING THE VISION

### Person/Family

5 Families of children with disabilities have the information, access, and supports they need to navigate public and community resources. Children and families receive person-centered supports they need to live good lives in the community.

### System Level

Family supports are flexible, easy to navigate, high quality, equitable across disabilities, and sustainable. Design and delivery are informed by the families of children with disabilities.

### RECOMMENDATIONS TO SUPPORT THE VISION

Target Populations	Goods & Services
Family Caregivers	Peer Support
Case Management	Navigation
Quality Outcomes	Self-Direction

### Vision for DD Services in ND

#### Person/ Family

People and families are supported:

#### System

A person and family centered, sustainable infrastructure that:

### What We Don't Want

#### Person/ Family

#### System

### Implementation Barriers to Avoid



# Appendix

# Life Stages

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Every life stage is connected, and what happens in each, affects all the stages to come. The life experiences in each stage build upon one another and prepare a person for the future life stages.



## Prenatal/Infancy

From conception through the earliest years of life or babyhood.



## Early Childhood

The time in a child's life before they begin school full time.



## School Age

The years from kindergarten through middle school.



## Transition to Adulthood

Moving from childhood to young adulthood and from school to adult life.



## Adulthood

Period of time after we transition from school years through the time we begin entering our golden years.



## Aging

The golden years are when we begin to slow down and experience many age-related changes.

# Overview of Core Waiver Access Elements: What Makes a System User Friendly?

Access is about the journey people go through to apply for and receive IDD services. In a person-centered system, access should include both 1) easy to find information about services / the application process, and 2) a family friendly process to apply for services.

## 1. Easy to find information about services and the application process, including:

- Trusted partners and people in the community who understand services and can share information about the process to apply for services
- An agency website (DHS) with information about services and the intake process, including where to begin the application process and how long it will take

## 2. A family friendly application process, including:

- An easy to contact place to start the intake process
- An initial intake conversation that provides information including estimated timelines, an overview of necessary documents, and guidance about choices down the road
- A person-centered conversation that helps people identify supports they can use while waiting
- One central contact throughout the application process
- A way for families to check their application status



People need three buckets of support:

- 1) **Discovery and navigation**
- 2) Connecting and networking
- 3) goods and services.

Information about how to apply for services is part of bucket #1, discovery and navigation. This bucket includes the ability to navigate and access services.

Source: [LifeCourse Framework – LifeCourse Nexus \(lifecoursetools.com\)](#)

# Understanding Level of Care

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- In order to receive waiver services, eligible individuals must demonstrate the need for a Level of Care (LOC) that would meet the state's eligibility requirements for services in an institutional setting.
  - Waivers target a population of people in need of LTSS (for example: people with intellectual and developmental disabilities; people with autism; people with physical disabilities; seniors) and use functional eligibility criteria (LOC)
  - Eligibility for Medicaid HCBS waivers is directly linked to institutional level of care, because waivers are an alternative to institutionalization in facilities like Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Facilities
  - Level of Care is determined initially at admission and then recertified annually.
- The overall goal of Level of Care determinations is to ensure that the right people are getting the right amount of care, in the right environment.
  - People most in need have access to Long Term Services & Supports (LTSS)
  - Limited state resources are used to provide LTSS for that population of people
  - Those people have the opportunity to receive LTSS in the least restrictive environment that meets their needs

