Cross Disability Advisory Council 2.0 Report

CDAC North Dakota Cross Disability Advisory Council

October 15, 2026

TABLE OF CONTENTS

Section	Section Name	Page Number (Hyperlinked)
I	Executive Summary	3
II	North Dakota's Vision and Approach to Modernizing Children's Waivers	12
III	Program Recommendations	-
III.A	#1: Create a New, Streamlined Children's Cross-Disability Waiver	20
III.B	#2: Expand Waiver Access for Un(der)served Groups of Children	28
III.C	#3: Modernize Waiver Eligibility	37
IV	Budget Considerations	48
V	Conclusion	55
VI	Appendix	57

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Explaining This Report

1 **What is this document?**
This document is a report. It has ideas in it about how to help children with disabilities in North Dakota.

2 **Who wrote this document?**
A group called the Cross-Disability Advisory Council, or “CDAC” made it with a company called A&M. CDAC is made up of some North Dakotans who receive services or help people who receive services.

3 **What is in this document?**
First, you will read a summary of CDAC’s ideas. Next, you will read more about how people with disabilities are helped in North Dakota. Then, you will read more about CDAC’s ideas. The end has extra facts to help explain CDAC’s ideas.

4 **What happens next?**
This report will be posted online to CDAC’s website. Anyone can read this report.

Important Word to Know – “Waiver”
A “waiver” is a program that helps people with disabilities get services in their home and community.

Executive Summary

CDAC North Dakota Cross Disability Advisory Council

Improving Support for Children with Disabilities and Their Families

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North Dakota's community members have raised concerns about gaps in services. The Legislature funded a study in 2021, and Health and Human Services has been working with the community to design solutions.

Overview

Issue: There are gaps in how children with disabilities can access supports and services from North Dakota Health and Human Services today.

Opportunity: Build on North Dakota Health and Human Services' existing strengths, making strategic investments that help more children with disabilities thrive in their communities. Maximize impact of investment by using Medicaid programs that allow federal match.

Cost: Transforming North Dakota's approach to supporting children and families will take investment. While some changes can begin at the next biennium, others could happen over time.

Timeline

2021-2022: Legislature Funds Study and Hires Alvarez & Marsal (A&M) to Analyze Gaps in Children's Services

2023-2024: Health and Human Services Hires A&M and Creates the Cross-Disability Advisory Council (CDAC) 1.0 to Advise on Proposed Solutions

2025-2027: Health and Human Services Creates CDAC 2.0 to Co-Design New Children's Waiver and Advise on Modernized Eligibility Tool

2028+: Planned Launch of New Waiver and Related System Improvements

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Addressing Gaps in Children's Services: A Community Plan

During the 2021 legislative assessment, stakeholders shared longstanding challenges with North Dakota's children's waiver system. ***Health and Human Services has since partnered with the community to create a plan for better supporting children with disabilities.***

CORE GAPS

#1. Siloed Children's Waiver System

- Services are separated by conditions not need.
- Some waivers have waitlists, others do not.
- Funding varies across children's waivers.

#2. Limited Waiver Access

- There are unserved groups that need support:
  - Children with physical disabilities and children aged 3-5.
  - Additional gaps faced by children with behavioral health needs.
- Some caregivers who provide extraordinary care for their children already on waivers are seeking additional supports.

#3. Legacy Eligibility Tool

- North Dakota's assessment tool predates modern federal and state industry standards.
- There is limited flexibility to adjust eligibility.
- The tool does not support strong data collection.

PROPOSED SOLUTIONS

Create a New, Streamlined Children's Cross-Disability Waiver

Expand Waiver Access for Un(der)served Groups of Children

Modernize Waiver Eligibility Tool

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Considerations for Implementing Proposed Solutions

Implementation is informed by the level of investment, resources, and time needed for each recommendation. The final North Dakota biennium budget informs the extent to which waiver access to unserved groups can be expanded.

PROPOSED SOLUTIONS

Create New, Streamlined Children's Cross-Disability Waiver

Goal: Serve children based on need rather than diagnosis and make the system easier to understand

Cost Projection*	$	$$	$$$	$$$$
Timeframe	0-6 months	7-12 months	1-2 years	2+ years
Complexity	Low	Medium	High	Very High

**Costs are driven by additional state Case Managers needed and contract resources needed to submit the waiver application to the Centers for Medicare and Medicaid Services and support the program's launch.*

Expand Waiver Access for Un(der)served Groups of Children

Goal: Fill gaps in eligibility for children with physical disabilities and pre-school aged children (aged 3-5) with developmental delays, consider adding a paid family caregiving waiver service modality.

Cost Projection*	$	$$	$$$	$$$$
Timeframe	0-6 months	7-12 months	1-2 years	2+ years
Complexity	Low	Medium	High	Very High

**Costs are driven by the spend on waivered services, Medicaid state plan, and other waivered expenses from the additional children served on the waiver. Costs are variable based on group(s) added.*

Modernize Waiver Eligibility Tool

Goal: Collect better information about support needs, improve planning capabilities, and help prevent over or underserving people.

Cost Projection	$	$$	$$$	$$$$
Timeframe	0-6 months	7-12 months	1-2 years	2+ years
Complexity	Low	Medium	High	Very High

**Costs are driven by contract resources needed to submit and negotiate the waiver application to the Centers for Medicare and Medicaid Services and support the program's launch.*

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Overview of the Cross Disability Advisory Council 2.0 Report

Purpose of This Report	Author of This Report	Organization of This Report	Next Steps
This report summarizes implementation recommendations for addressing gaps in children's services.	*This report is a collaboration between CDAC and A&M.*	*The report is organized by the three core gaps and associated solutions laid out in the executive summary.*	*This report will be used to communicate CDAC's perspective during the upcoming legislative session.*

- This report is a follow-up to the Cross Disability Children's Waiver Update presented to the North Dakota Legislature in September 2024. The initial report can be found online here: Cross-Disability Children's Waiver Update.
- This 2026 report builds on ideas presented in the 2024 report and provides further guidance regarding the implementation of its recommendations.
- This report also serves as a progress update on the ongoing work of the second CDAC, which is serving from 2025-2027.
  - The first iteration served in 2023-2025.

- CDAC is a legislatively-created group of community members who provide guidance to Health and Human Services on the children's waiver modernization work.
- CDAC members represent a geographically varied mix of people with lived experience and relevant subject matter expertise.
- A&M serves as a subject matter expert on this initiative and works in cooperation with both CDAC and Health and Human Services.
- This report was drafted by A&M using formal guidance published by CDAC 2.0, then edited and approved by CDAC 2.0

- The beginning of the report provides context on North Dakota's overarching vision and approach to the wider waiver system transformation.
- The recommendations section highlights formal guidance passed by CDAC in three solution areas: 1) creating a new, streamlined children's waiver; 2) expanding waiver access for unserved children; 3) and modernizing the waiver eligibility tool.
- The appendix includes additional information on the key concepts referenced throughout this report, as well as more information about the technical options and financial considerations associated with CDAC's recommendations.

- There will continue to be many conversations between people receiving services, family members, advocates, and other professionals about these recommendations for modernizing children's waiver services in North Dakota.
- As North Dakota navigates a challenging budget landscape, this report is meant to be publicly shared across multiple settings.
- Families and advocates will continue to work together to share information about this work and the perspectives they have about the value of the proposed solutions.

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Summary of CDAC 2.0's Recommendations (1 of 4)

Solution Area	CDAC Feedback / Guiding Principles	A&M Notes
Solution #1: Create a New, Streamlined Children's Cross-Disability Waiver	Everyone deserves to be treated with dignity and respect. The Cross-Disability Waiver should offer supports built around each person, so families can make their own choices about their lives.	This new waiver is meant to help families raising children with disabilities and to help children with disabilities build skills for independence.
	The Cross-Disability Waiver should include the services families currently use through the Autism, Medically Fragile, and Intellectual/Developmental Disabilities waivers, so no one loses access to services they rely on.	A&M is working with the state to look at which services families are currently using, so the new waiver can include all of them.
	This is a chance to review the services that will move into the new waiver and make sure they truly fit the needs of children on the Cross-Disability Waiver.	Because a service can be defined a little differently on each waiver, North Dakota will write the Cross-Disability Waiver's definitions specifically for the children it serves and consider updates to how services are delivered.
	There is a difference between meeting with a case manager over video instead of in person, and using a device or piece of technology, like assistive technology, as the actual service.	Offering virtual visits when it makes sense is important, but assistive technology and similar options will not be the right fit for every family.
	Families need a backup plan for when technology stops working, whether it is a device or a virtual visit.	Planning for technology problems should be part of each family's person-centered plan, and more guidance on backup options could be shared.
	Virtual support should be available when families want it, but it should be balanced with some in-person, hands-on check-ins.	Requiring a certain amount of in-person contact can help make sure participants are not isolated.
	Families want self-direction to remain an option on the new waiver, just like it is today, and want services to keep the same provider setup they are used to.	Self-direction works well for many families but not all. Keeping each service's current provider options in place helps avoid disruption when the new waiver launches.
	Clearer educational materials about what is involved in self-directing would help families decide if it is right for them, since it does take extra effort.	North Dakota is already improving these materials, and input from families and self-advocates will help make them easier to use.
	Families sometimes want extra help while self-directing, and a Support Broker or Family Navigator could fill that gap.	A Support Broker could help, but it adds costs. Family networks and advocacy groups can also provide helpful guidance in the meantime.
	Families should keep having a say in who provides their services, and the new waiver should protect that choice.	This is already part of the planning process today, and we have heard it is working well.

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Summary of CDAC 2.0's Recommendations (2 of 4)

Solution Area	CDAC Feedback / Guiding Principles	A&M Notes
Solution #1: Create a New, Streamlined Children's Cross-Disability Waiver	Provider requirements should keep people safe, but they should not be so strict that it is hard to find qualified providers.	There are some areas of the state have a shortage of providers, so North Dakota is working to balance quality standards with flexibility, while still meeting new federal requirements.
	Families should be able to pick whichever provider setup works best for them, whether that is self-direction or working with an agency.	North Dakota already offers this choice for many services, and we plan to keep that flexibility going forward.
	The waiver application process can feel confusing, and families would like clearer information about what happens at each step.	We will work with CDAC to make this process clearer, possibly through new educational materials or added support from case managers.
	Case Managers should treat each family's planning conversation as unique and help connect families to all the supports they need, not just waiver services.	Every family's needs look different, and good person-centered planning looks at the full picture of a family's life, not just one program.
	Case Managers should regularly check in to make sure families are getting the right amount of services, not too little and not too much.	Case Managers can ask questions like whether services are being used, whether they are working, and whether needs have changed, to help figure out if the level of support is right.
	The person on a waiver should be at the heart of their planning process, with the Case Manager making sure the plan reflects wants/needs.	While many people take part in planning, including family and providers, the plan itself is always centered on that person and their life.
Solution #2: Expand Waiver Access for Un(der)served Groups of Children	Children who have only a physical disability, without an intellectual disability, currently have no waiver options in North Dakota once they turn 3, and they need support too.	The Cross-Disability Waiver is being designed to serve children whether or not they need support related to intellectual functioning, which would help close this gap.
	Paid Family Caregiving is an important program that recognizes the extra work, and financial impact, of caring for a child with disabilities.	This program grew out of workforce shortages during and after the pandemic. Some states require families to show they could not find or keep other providers before using it.
	Paid Family Caregiving helps children keep the same trusted caregiver, and many parents are highly skilled at providing complex, hands-on care.	It is also important to have clear standards so parents in this program can safely meet their children's complex needs.
	Families who took part in North Dakota's Paid Family Caregiving pilot say it has helped them provide steady, consistent care for their children.	Hearing directly from families has been valuable in making the case for this program.
	Assessments should be age-appropriate, since the right questions look different for younger children than for older children.	North Dakota is currently working to improve its assessment tools with this in mind.

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Summary of CDAC 2.0's Recommendations (3 of 4)

Solution Area	CDAC Feedback / Guiding Principles	A&M Notes
Solution #2: Expand Waiver Access for Un(der)served Groups of Children	Most families use Paid Family Caregiving honestly, but Medicaid's rules can be confusing, and the federal government wants to see states guard against the rare cases of misuse.	Clear safeguards and better educational materials can help families understand the rules and reduce the chance of accidental misuse, while keeping the program sustainable.
	If not carefully managed, Paid Family Caregiving can create financial risks for the waiver and isolation risks for participants; other states have had to cut back their programs because of rising costs.	As a formal waiver service, Paid Family Caregiving would have more built-in limits than the pilot did, and combining several safeguards is considered a best practice for keeping it sustainable.
	CDAC believes North Dakota should keep investing in ways to make Paid Family Caregiving successful and sustainable long-term.	Whether a parent or spouse can become a paid provider depends on what is in the best interest of the person receiving services and their available budget for services.
	North Dakota's Paid Family Caregiving pilot is set to end on June 30, 2027, which could disrupt families currently relying on it. CDAC is asking the Legislature to keep funding it and to fund it as an option in the new waiver and other children's waivers too.	Continuing the pilot depends on state funding decisions made by the Governor's Office and Legislature over the next year. Because other states have seen real risks with rising costs, we recommend starting small by offering Paid Family Caregiving, with strong safeguards, only in the new Cross-Disability Waiver for now, and expanding later if it goes well.
Solution #3: Modernize Waiver Eligibility Tool	The state's definition of developmental disability can be hard to understand, making it hard to know if someone qualifies for the Individuals with Intellectual Disabilities/Developmental Disabilities Waiver.	Creating simple, parent-friendly guides could help families better understand these definitions and eligibility rules.
	It can be confusing to understand the difference between the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver and the new Cross-Disability Waiver, and which one fits a family's needs.	In general, comprehensive waivers serve people with lifelong, high support needs, including residential care, while family support waivers help families stay together in the community. States usually try to serve people through family support waivers first, when that is a good fit.
	Adding social skills as a qualifying factor could open the waiver to more people, but it may be hard to find the right way to assess this, and staff may need more training to support these needs.	This change could help more people qualify, but someone would still need at least one intellectual, or conceptual, deficit; social needs alone would not be enough on their own.
	It is harder to assess intellectual disability in very young children, which could make it more difficult for them to qualify for the waiver.	North Dakota is looking for an assessment tool that works well across all ages, including young children, and the Cross-Disability Waiver may be a good option for kids whose needs are not fully clear yet.

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Summary of CDAC 2.0's Recommendations (4 of 4)

Solution Area	CDAC Feedback / Guiding Principles	A&M Notes
Solution #3: Modernize Waiver Eligibility Tool	Assessment tools should use pediatric versions when possible, since the standards for measuring young children are different from those for older kids.	North Dakota plans to use pediatric versions of national tools whenever they are available and appropriate.
	How an assessment is given matters. Some children may have trouble answering questions directly, so it is important to include parent input and observation.	Some assessment tools already include observation, and research shows parent input tends to be very accurate.
	Success depends heavily on staffing, so investing in strong training is essential.	Using a nationally recognized tool gives access to more training materials and outside resources to help support staff.
	CDAC recommends using a nationally recognized assessment tool because it tends to be more reliable and consistent to administer.	A state-built tool could also be reliable, but it would take a long time to develop, while many national tools are already proven and ready to use.
	Assessments should take cultural differences into account, especially for younger children, since expectations can vary across families and traditions.	We agree and will look for ways to keep the tool reliable while making it more culturally inclusive.
	Using existing information, like a child's Individualized Education Plan, alongside waiver testing could reduce the burden on families of repeating assessments.	We will look into whether this is possible, though it may depend on which assessment tool is used.
	The wait between getting assessed and actually receiving services is especially hard on families, and we should look for ways to shorten it.	Faster scoring, potentially helped by parent reporting, could reduce wait times, though staffing shortages can sometimes slow things down.
	There is a group of children who have a developmental disability, but not an intellectual disability, whose needs affect many areas of life, and they are not served by any current program.	These children could potentially be served by the new Cross-Disability Waiver if they meet the functional requirements. Adults with physical disabilities, meanwhile, are served through a different, existing waiver.

North Dakota’s Vision and Approach to Modernizing Children’s Waivers

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Finding Common Language: How Medicaid Waivers Work

Medicaid waivers are an important policy vehicle that North Dakota can use to improve children's access to services while utilizing federal matching funds.



Medicaid waivers help people live in their communities instead of institutions

- In the past, people with disabilities lived in institutions and received their services there.
- Today, Medicaid helps states fund long-term services and supports for people living in the community.
- States can use Medicaid Home and Community-Based Services waivers to provide these supports.



Medicaid Home and Community-Based Services waivers offer many services, including both medical and non-medical supports

- Examples of these kinds of services include:
  - Service coordination
  - In home supports
  - Respite
  - Habilitation services
  - Employment supports



Almost every state operates a Home and Community-Based Services waiver, and most have multiple waivers to serve different groups

- Home and Community-Based Services waivers are an optional policy choice for states and are not required.
- States are incentivized to use waivers because they can draw down federal Medicaid matching funds to provide more services.
- States offer different waivers to meet the needs of different populations of people.

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A Vision for the Future of North Dakota's Children's Services

North Dakota has a bold plan to enhance its strong foundation of support for children with disabilities and their families. The Cross-Disability Waiver will serve people through age 20. To align with other federal and industry standards, using the word "children" does include children and people at the young adult transition ages of 18 through 20.

Vision: A network of services that helps children with disabilities live in the most integrated settings possible and gives children and families the tools they need to live and thrive in their communities.

Approach: North Dakota will achieve this vision through strategic investment in Medicaid Home and Community-Based Services waivers. This work will be guided by intensive community engagement. CDAC will be a key collaborator throughout planning and implementation planning.

Solution #1: Combine the existing siloed children's waivers into new streamlined children's cross-disability waiver and expand offerings

Solution #2: Address access gaps by adding waiver slots for unserved or underserved groups, including children with physical disabilities

Solution #3: Modernize the way that children with disabilities are assessed for waiver eligibility, improve access to data

Long-term Goal: *This work is an opportunity for North Dakota to transform its existing system of support for children with disabilities. By investing funding in Home and Community-Based Services waivers, North Dakota can provide more children and families with the support they need to thrive in their communities. The long-term goal is that people can live in the most integrated settings possible, reducing reliance on expensive institutional settings over time.*

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CDAC's Role

CDAC was created by Senate Bill 2276 to advise Health and Human Services on how to achieve North Dakota's vision for the future of children's waiver services.

CDAC provides feedback on:

1) Implementation, planning, and design of the new children's Cross-Disability Waiver.

2) Level of care reform for North Dakota's comprehensive Home and Community-Based Services waiver, the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.

3) A waiver service option to allow paid family caregiving.

CDAC's Service to Date

- **2,000+** Hours of Discussion
- **30** Council Members
- **44** Unanimous Guiding Principles Passed



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CDAC's Responsibilities

The 2025-2027 CDAC members include people with disabilities, the parents of children with disabilities, service providers, and clinicians. Some people from Health and Human Services also participate, but don't vote.

Voting Members of CDAC:

- Listen and share lived experiences, such as:
  - What is working well
  - Problems and gaps
  - Solutions
- Advise on key areas of implementation for the new waiver and eligibility process, such as:
  - Access
  - Services
  - Quality
- Vote on formalizing recommendations

State Agency Representatives:

- Listen to voting member's feedback
- Share perspectives on:
  - Current policies, practices, and service options
  - Upcoming federal changes to regulations
  - Community resources
- Act as technical advisors on North Dakota's programs

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How CDAC 2.0 Makes Recommendations: Guiding Principles

CDAC 2.0 works together to provide North Dakota Health and Human Services with official recommendations. These are called guiding principles.

1. Discussion

- A&M provides information about a waiver topic.
- CDAC discusses the topic and shares their ideas.

2. Drafting

- A&M creates draft recommendations based on CDAC's ideas and discussion.
- These draft CDAC recommendations are called "guiding principles."

3. Voting

- CDAC discusses and edits each draft recommendation.
- CDAC then votes on each guiding principle.

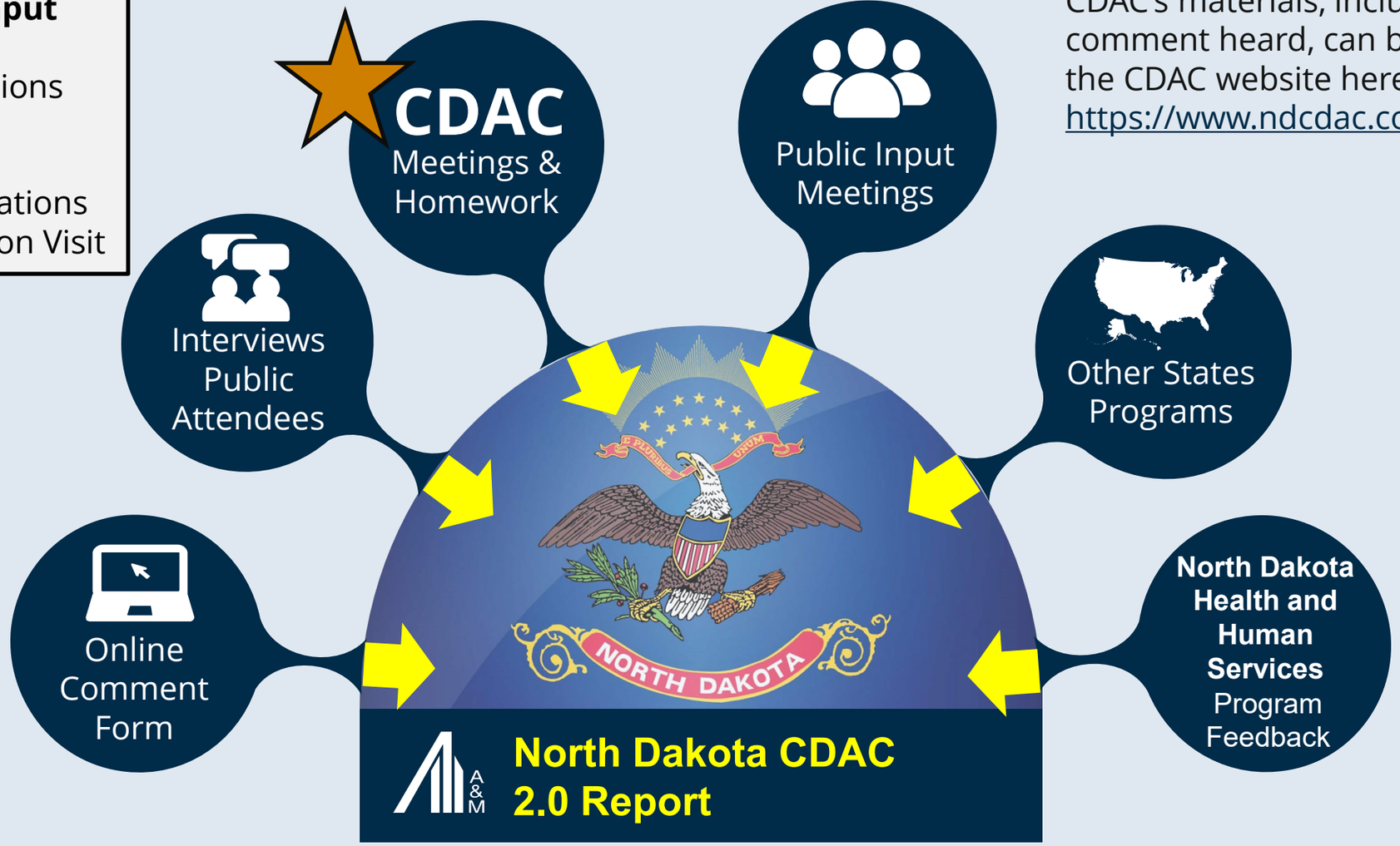
Result: CDAC issues formal guiding principles to advise North Dakota Health and Human Services. Once adopted, the principles are shared with North Dakota Health and Human Services and posted online here: https://www.ndcdac.com/copy-of-cdac1-23-25

This report focuses on summarizing CDAC's guiding principles to date.

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Addressing Gaps in Children's Services: Community Driven

Community Input
- **40+** Interviews
- **8** Listening Sessions
- Town Halls
- Surveys
- Process Observations
- On-site Institution Visit



CDAC's materials, including public comment heard, can be found on the CDAC website here: https://www.ndcdac.com/

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What CDAC Has Heard From Public Comment

After its in-person meetings, there is time for CDAC to hear public comment from other invested community members. This public comment is documented in that meeting's minutes, which are posted on CDAC's website here: https://www.ndcdac.com/cdac2.

Summary of Public Comment Feedback
Provider access – It's hard to find providers, especially in rural areas. Rules about which providers can do certain assessments, which agencies, can coordinate care, and which agencies can provider services also make this challenging.
Wait lists and diagnosis – Families often face long waits just to get an assessment or diagnosis, and getting a diagnosis can be a real barrier to services on its own. Diagnoses aren't always consistent either, since they can change over time depending on outside factors.
Schools' role – Schools play a big part in how a child does, but they don't always have enough resources to support kids with disabilities. Kids also need chances to socialize with peers, and that usually takes more school support than is currently available.
Types of services – Helpful services for kids with disabilities can include wraparound case management, family peer support, in-home support, respite care, and crisis respite or safe beds.
Inconsistent access by diagnosis – Which services and supports a child can get often depends on their specific diagnosis or disability, so kids with different conditions end up with very different options.
Serious behavioral health needs – Kids with behavioral health needs often struggle to access quality services. One option is to add kids with a serious behavioral health condition alone as a target population for the Cross-Disability Waiver, not just if they also have another disability.
Program eligibility gaps – state programs each have their own eligibility rules, which makes it hard to know what a child qualifies for. Even after qualifying, the available services don't always match what that child actually needs.
Family burnout – Families get worn down trying to get assessments and diagnoses, figure out what programs they qualify for, coordinate with providers, schools, and Case Managers, and then get their kids to all the services they need.

Proposed Solution #1: Create a New, Streamlined Children's Cross-Disability Waiver

North Dakota Cross Disability Advisory Council

Solution #1: Create a New, Streamlined Children's Cross-Disability Waiver

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The new children's Cross-Disability Waiver is the proposed solution to address the gap of a siloed children's waiver system.

Today's Gap

- Services are separated by conditions, not need.
- Some waivers have waitlists, others do not.
- Funding varies across children's waivers.

Proposed Solution

- Serve children based on need, rather than diagnosis.
- Make the system easier to understand.
- Create a vehicle that North Dakota can use to expand access to children who are un(der)served today.
- Continue evaluating an administrative decision to move the Infant Development program to the Cross-Disability Waiver, without changing any of the services or supports available in the program.

CDAC 2.0's Recs

- CDAC 2.0 provided recommendations about key aspects of the new waiver design. This included:
  - Options for waiver services.
  - What case management should look like.
  - Service provider choices.
- CDAC 2.0 recommended continued strong investment in and support of the Infant Development program, which serves kids from birth until their third birthday with waivered supports.

Summary of CDAC 2.0's Recommendations | Create a New, Streamlined Children's Cross-Disability Waiver

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One of the key recommendations from the Legislative Assessment was to create a new, children's cross-disability waiver. CDAC 1.0 continued to explore this recommendation. ***Using the Assessment and CDAC 1.0 as its foundation, CDAC 2.0 has continued to advise North Dakota Health and Human Services on the new waiver:***

CDAC 2.0's Vision for the Cross-Disability Waiver

What Services Are Available

- The Cross-Disability Waiver should help people make their own choices about their lives.
- No one should lose access to services that they currently get on North Dakota's other children's waivers.
- The Cross-Disability Waiver's services should truly fit the needs of the children on that waiver.

How Services Are Delivered

- Virtual supports should be available but balanced with some in-person visits for the person's safety.
- Self-direction should continue to be an option for families that want it.
- Clearer educational materials about self-direction, and a new role like a Support Broker, could be helpful to families who self-direct.

Provider Structure

- Provider requirements on the Cross-Disability Waiver should keep people safe but should also be flexible to help families find qualified providers, especially with challenges accessing providers in rural areas.
- Families should be able to pick the provider set-up that is best for them on the Cross-Disability Waiver, whether that is self-direction or a traditional agency.

Case Management

- Case Managers should regularly check-in with families on the Cross-Disability Waiver to make sure they're getting the right amount of services.
- Case Manager should treat every family's person-centered planning conversation uniquely and should help connect them to supports that aren't on the Cross-Disability Waiver.

CDAC 2.0's Recommendations on Creating the Cross-Disability Waiver | Service Array

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CDAC Feedback / Guiding Principle	A&M Notes
All people, especially people with disabilities and their families, deserve to be treated with dignity and respect. The Cross-Disability Waiver should provide person-centered supports that help people with disabilities and their families lead self-determined lives.	The Cross-Disability Waiver 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.
The Cross-Disability Waiver should offer the services from the Autism Spectrum Disorder Waiver, Medically Fragile Waiver, and the Individuals with Intellectual Disabilities / Developmental Disabilities Waivers that the Cross-Disability Waiver target population is using today. This will reduce the risk of service disruption for existing waiver participants.	A&M is working with the state to review service utilization data and identify all services being used by the Cross-Disability Waiver target population.
The new waiver is an opportunity to look at the existing waiver services that would carry over to the Cross-Disability Waiver and tailor them to best fit the children on the Cross-Disability Waiver. This includes streamlining service definitions and understanding the impact across the Cross-Disability Waiver's target populations.	Some services that are on multiple waivers have different definitions depending on the waiver. This helps make the service fit better for different populations. The Cross-Disability Waiver's 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 Cross-Disability Waiver.

CDAC 2.0's Recommendations on Creating the Cross-Disability Waiver | Virtual Supports (Services)

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CDAC Feedback / Guiding Principles	A&M Notes
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).	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.
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.	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.
The Cross-Disability Waiver should offer virtual supports when desired by the waiver participant but should balance virtual supports with requirements for in-person, "eyes-on" support.	Requiring certain in-person service delivery and / or case management support could help reduce the risk of isolating the waiver participant.

CDAC 2.0's Recommendations on Creating the Cross-Disability Waiver | Self-Direction

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CDAC Feedback / Guiding Principles	A&M Notes
It is important for self-direction to be an option on the Cross-Disability Waiver, like it is an option for some services on North Dakota's existing children's waivers today. The services on the Cross-Disability Waiver should maintain the same provider format as they currently do on North Dakota's existing children's waivers today. Over time, lessons learned from the Cross-Disability Waiver could further enhance the provider format.	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 North Dakota'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 Cross-Disability Waiver promotes consistency and reduces the risk of service disruption for waiver participants when the Cross-Disability Waiver is launched.
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.	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.
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.	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.

CDAC 2.0's Recommendations on Creating the Cross-Disability Waiver | Provider Structure

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CDAC Feedback / Guiding Principles	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 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.

CDAC 2.0's Recommendations on Creating the Cross-Disability Waiver | Case Management

DRAFT

CDAC Feedback / Guiding Principles	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.

Proposed Solution #2: Expand Waiver Access for Un(der)served Groups of Children

CDAC North Dakota Cross Disability Advisory Council

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Solution #2: Expand Access for Un(der)served Children

The new children's Cross-Disability Waiver is an opportunity to expand access to children who are un(der)served in today's system.

Today's Gap

- There are groups that need support that are unserved by North Dakota's children's waivers:
  - Children with physical disabilities only, with no intellectual disability.
  - Children aged 3-5 who have not started full-time school yet but no longer qualify for waivers.
- There are also additional gaps faced by kids with serious behavioral health conditions.
- There are also groups who are served on waivers today who may be underserved, including caregivers who may desire more support and may sometimes face challenges in accessing providers for their children.

Plan to Address

- Expand waiver access for unserved groups of children by adding capacity to the new waiver.
  - Add waiver slots for children with physical disabilities who don't qualify today.
  - Increase support for pre-school aged children (aged 3-5) with developmental delays by making it easier for children with lingering delays at age 3 to continue receiving waiver supports.
- Underway: enhancing enrollment and providers for the 1915i for children with behavioral health conditions.
- Expand waiver access for underserved groups of children by integrating paid family caregiving as a waiver service modality option in the Cross-Disability Waiver.

CDAC 2.0's Recs

- CDAC 1.0 provided recommendations on how the Cross-Disability Waiver should help expand access to unserved groups, specifically children with physical disabilities and children aged 3-5.
- CDAC 2.0 affirmed CDAC 1.0's recommendation about kids with physical disabilities. CDAC 2.0 also heard in public comment about additional gaps, like kids with behavioral health needs.
- CDAC 2.0 also recommended paid family caregiving as a new waiver service modality in the Cross-Disability Waiver to address gaps in caregiver support and access to service providers faced by underserved populations already on North Dakota's children's waivers.

Content Primer for CDAC 2.0's Recommendations | Current State of North Dakota's Behavioral Health Supports

DRAFT

Children with behavioral health needs can receive home and community-based services through the 1915i State Plan Amendment. They also have access to a wide range of services in the Behavioral Health Continuum of Care.

1915i State Plan Amendment

- Eligibility requirements
  - Currently enrolled in North Dakota Medicaid or Medicaid Expansion
  - Income under 150% of the Federal Poverty Level
  - Qualifying assessment through the World Health Organization Disability Assessment Schedule (WHODAS) or the Daily Living Activities (DLA)-20
  - Qualifying behavioral health diagnosis (see the list here: https://www.nd.gov/eforms/Doc/sfn00741.pdf)
- The 1915i serves **children and adults**. These are the 1915i's services that are available for children, the bolded services are most commonly used by children (all members get a Care Coordinator):
  - **Family peer support**
  - **Supported education**
  - Non-medical transportation
  - Supported employment
  - Respite
  - Benefits planning
  - Training and support for unpaid caregivers
  - Community transition services

Behavioral health Continuum

- Eligibility requirements:
  - Qualifying behavioral health (see the list here: https://www.nd.gov/eforms/Doc/sfn00741.pdf)
  - Assessment at State-Operated Behavioral Health Clinics (previously known as the "Human Service Centers")
- Levels of the Continuum
  - Prevention / Early Intervention
  - Outpatient Therapeutic Services
  - Intensive Home and Community-Based Services / Intensive Outpatient Program
  - Partial Hospitalization Programs / Day Treatment
  - Psychiatric Residential Treatment Facility / Qualified Residential Treatment Facility
  - Inpatient / Acute Hospitalization
- Services available: crisis, therapy, case management, skills training, medication management, etc.

Content Primer for CDAC 2.0's Recommendations | Key Elements of Paid Family Caregiving

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- Paid family caregiving is **an optional service delivery method**; states may choose whether or not to authorize this service modality.
- If a state decides to pursue paid family caregiving, they can include this option in personal care services either in:
  - Medicaid State Plan Services; and / or
  - In some or all the state's Home and Community-Based Services waivers (most common method).
- State waivers usually **only allow reimbursement for the extraordinary care** level of personal care provided.

Which family members can be paid for caregiving? It depends on who the state chooses to include:

Relatives (no legally responsible)

States may choose to allow relatives, **excluding legally responsible individuals**, to be paid for providing Medicaid services

Legally Responsible Individuals (LRIs)

Example: Parents of minors

If LRIs are authorized to provide paid family caregiving, there are **more stringent federal rules** to protect health and safety of waiver participants

KEY TERM: Legally Responsible Individual (LRI)
This term typically refers to parents or spouses. In North Dakota, a legally responsible individual means an individual who has a duty under law to care for the participant, including a biological or adoptive parent of a child, or a nonentity custodian, guardian, or a spouse of an adult.

Summary of CDAC 2.0's Recommendations | Expand Waiver Access for Un(der)served Groups of Children

DRAFT

There are some population groups that aren't served on North Dakota's waivers today. There are other populations that are served on North Dakota's waivers today, but that still face certain access issues.

CDAC 1.0's Vision for Expanding Access to Populations Not Served Today

- CDAC 1.0 was asked to discuss what gaps were the most important to address through the Cross-Disability Waiver.
- CDAC 1.0's top priority was **increasing access** for groups not already served by North Dakota's children's waivers:
  - Make it easier for **children aged 3-5** to qualify for waivered services.
  - Add unserved populations in need, such as **children with physical disabilities-only.**
- **This is CDAC 2.0's foundation.**

CDAC 2.0's Vision for Expanding Support for Populations Being Served Today Facing Access Issues

- CDAC 2.0 agreed with CDAC 1.0's foundation.
- CDAC 2.0 also heard about other additional gaps, like kids with behavioral health needs.
- CDAC 2.0 also felt that the Cross-Disability Waiver could help address certain access issues faced by some families already served on North Dakota's children's waivers.

Target Populations

- Children with physical disabilities need additional supports.

Paid Family Caregiving

- There are some families who are eligible for the waiver but are struggling to access providers due to availability or the ability to meet their child's extraordinary needs.
- Adding a paid family caregiving service modality to North Dakota's waivers could help address due to provider gaps and caregiver support needs.
- Safeguards are needed to protect this option against its risks for cost growth and waste.

CDAC 2.0's Recommendations on Expanding Access | Target Populations

DRAFT

CDAC Feedback / Guiding Principles	A&M Notes
**The next guiding principle is from CDAC 2.0 but echoes the recommendation from CDAC 1.0 on using the Cross-Disability Waiver to expand access to unserved groups.*	
Children who only have a physical-disability – meaning, no intellectual disability – need additional services and supports. There are currently no North Dakota waivers that serve children with only physical disabilities after the age of three.	**The Individuals with Intellectual Disabilities / Developmental Disabilities Waiver is designed to serve both adults and children with an intellectual disability. The Cross-Disability Waiver will be designed to serve children with disabilities who may or may not need supports related to intellectual functioning. This is an area we have heard is a gap. A&M agrees that the new Cross-Disability Waiver is a potential opportunity to serve these children.**
**The next two guiding principles are CDAC's evidence for Solution #3 but are also relevant for Solution #2 and are thus included here as a reference.*	
Adding social adaptive deficits could help make the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver more accessible to different people who previously haven't been able to qualify for the Waiver. It might be hard to find the right assessment to capture social needs, and it may take time to train direct support professionals who are good at supporting Activities of Daily Living to be able to address people's social needs (such as not being gullible).	This could help make the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver more accessible to people who weren't eligible before. The Waiver is not designed to serve someone who only has social functional needs, so someone must still have at least one intellectual deficit (conceptual adaptive deficit).
It can be hard to assess for an intellectual disability at a young age. Requiring an intellectual component for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver may make it more difficult to younger children to qualify for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver who could benefit from it.	As part of modernizing level of care, North Dakota will seek a tool that is validated across the lifespan. This includes looking at the best options for younger children. The Cross-Disability Waiver may also be a good option for young children when full intellectual functioning is not yet known.

CDAC 2.0's Recommendations on Expanding Access | Paid Family Caregiving (1 of 3)

DRAFT

CDAC Feedback / Guiding Principles	A&M Notes
Paid Family Caregiving is an important program for families. It recognizes the additional responsibilities faced by parents who provide extraordinary care for their children with disabilities. This recognizes the economic impact of having a child with a disability and values the care being provided by these families.	We recognize that Paid Family Caregiving grew out of workforce shortages during the pandemic, and workforce turnover challenges since the pandemic. Today, some states require evidence that families could not find or sustain providers.
Paid Family Caregiving helps families have more consistency with the caregivers who support their children. Many parents of high-need children are skilled at providing complex care that is life-sustaining for the child.	It is also important for states to have standards that ensure parents participating in this program can meet their children's complex needs successfully.
Families who have participated in North Dakota's Paid Family Caregiving pilot program have frequently shared about the benefits they've experienced from Paid Family Caregiving. They have shared that this allows them to provide consistent care for their children.	The testimony from the state's families has been valuable in advocating Paid Family Caregiving programs.
It is important to use an assessment approach that is age appropriate for the waiver participant. Questions may look different for younger children compared to older children.	Part of North Dakota's waiver modernization work is enhancing assessment tools, including considering age appropriateness.

CDAC 2.0's Recommendations on Expanding Access | Paid Family Caregiver (2 of 3)

DRAFT

CDAC Feedback / Guiding Principles	A&M Notes
Most families are not seeking Paid Family Caregiving to commit fraud, waste, and abuse. The Centers for Medicare & Medicaid Studies care about the steps states are taking to prevent fraud, waste, and abuse because of the rare instances when it does happen. Families have shared that Medicaid rules are confusing and that it can be difficult to understand how to follow Paid Family Caregiving rules.	Because the Centers for Medicare & Medicaid Studies cares about how states are preventing fraud, waste, and abuse, it is important to focus on the safeguards and limits for the program that will keep it sustainable for families. Safeguards and enhanced educational materials for families can help clarify program rules to reduce the risk of unintentional waste.
Paid Family Caregiving can also present risks to the sustainability of home and community-based waivers and to the well-being of waiver participants, if not well-managed. Other states have seen an uncontrollable growth in costs due to Paid Family Caregiving that resulted in cancelling or significantly reducing the program. Some other states require non-family members to be involved in service delivery to reduce the risk of isolation.	Paid Family Caregiving as a waiver service modality is different than as a pilot. When a modality, Paid Family Caregiving is subject to more limitations that keep the Paid Family Caregiving and the entire waiver sustainable. Layering multiple protections is a best practice, multiple safeguards can better help mitigate Paid Family Caregiving's risks.
Understanding federal and state requirements to create safeguards around Paid Family Caregiving's risks, CDAC believes that North Dakota should continue to invest in sustainable opportunities to make Paid Family Caregiving a successful program.	Whether a Legally Responsible Individual (i.e., a parent of a waiver participant who is a minor, or a spouse of an adult waiver participant) should become a paid provider for certain services depends on whether that is in the best interest of the waiver participant and the waiver participant's budget for authorized services.

CDAC 2.0's Recommendations on Expanding Access | Paid Family Caregiver (3 of 3)

DRAFT

CDAC Feedback / Guiding Principles	A&M Notes
North Dakota's Paid Family Caregiving pilot is set to expire on June 30th, 2027. This could be disruptive for families who are currently involved in the pilot. In the upcoming legislative session, CDAC recommends that the North Dakota Legislature: • Fund the Paid Family Caregiving state pilot for another biennium. • Allocate funds for a Paid Family Caregiving waiver service modality in the Cross-Disability Waiver. • Allocate funds for a Paid Family Caregiving waiver service modality in the other existing children's waivers (the Autism Spectrum Disorder Waiver, the Medically Fragile Waiver, and the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver).	Extending North Dakota's Paid Family Caregiving pilot depends on the availability of state dollars. A state pilot allows for flexibility in the Paid Family Caregiving program but doesn't secure a federal match. The Governor's Office will release its proposed budget for the 2027-2029 biennium this year (2026). North Dakota Health and Human Services must align its budget – including Paid Family Caregiving options – to the priorities set by the Governor's Office. The North Dakota Legislature will then decide how to appropriate funds for the 2027-2029 biennium next year (2027). Given the well-documented examples Paid Family Caregiving risks in other states (uncontrollable costs and participant isolation), we recommend starting small with Paid Family Caregiving as a waiver service modality with overlapping safeguards only in the capped Cross-Disability Waiver. Starting small in this way allows North Dakota to study the impacts of Paid Family Caregiving and use lessons learned to potentially expand it in the Cross-Disability Waiver and possibly other waivers in more favorable budget years. Federal regulations prevent "waivers within a waiver." Adding Paid Family Caregiving to the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver would mean it had to be an option to all families, which would not be in line with starting small to reduce risks and protect the program.

Proposed Solution #3: Modernize Waiver Eligibility Tool

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Solution #3: Modernize Waiver Eligibility Tool

Modernizing the eligibility tool will address issues with North Dakota's Individuals with Intellectual Disabilities / Developmental Disabilities Waiver and help align the new Cross-Disability Waiver's eligibility processes.

Today's Gap

- North Dakota's current assessment tool predates modern federal and state industry standards.
- There is limited flexibility in the tool to adjust eligibility rules.
- The tool does not support strong data collection.

Plan to Address

- Update to a national best-practice system for eligibility assessment. A modern tool will:
  - Collect better information about support needs.
  - Improve planning capabilities.
  - Help prevent over or underserving people.

CDAC's Recs

- CDAC issued guiding principles on the core aspects of waiver eligibility assessments, including specifics regarding types of assessment tools.

Summary of CDAC 2.0's Recommendations | Modernize Waiver Eligibility Tool

DRAFT

One of the key recommendations from the Legislative Assessment was to update how North Dakota assesses people's eligibility for the comprehensive waiver. CDAC 1.0 continued to explore this recommendation. ***Using the Assessment and CDAC 1.0 as its foundation, CDAC 2.0 has continued to advise Health and Human Services on modernizing the waiver eligibility tool:***

CDAC 2.0's Vision for Modernizing Eligibility on the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver and the Cross-Disability Waiver

Developmental Disabilities Definitions / Functional Areas

- It can be hard to understand the difference between two waivers – the comprehensive, Individuals with Intellectual Disabilities / Developmental Disabilities Waiver, and the new Cross-Disability Waiver, and which one would best fit a family's needs.
- It is hard to assess younger children for potential intellectual disabilities, which could make it more difficult for them to qualify for the comprehensive waiver.

Eligibility Assessments

- Assessment tools should use pediatric versions and should take cultural differences into account when possible.
- Consistency in giving assessments is important, but there should be flexibility in allowing parent input if some children have trouble answering questions directly.
- Using a national tool for assessments would help with reliability and consistency.

Content Primer for CDAC 2.0's Recommendations | Modernizing How North Dakota Assesses Eligibility

DRAFT

States are required to use a consistent eligibility assessment process for Medicaid waivers.

What We Heard from Stakeholders
Why the Eligibility Process Should Be Updated

- Families find the current process **confusing.** There are multiple tools used to assess the same person's needs.
- The eligibility process is **outdated.** The state's eligibility tools were created many years ago, with some tools built in the 1980s.
- The current eligibility tool **relies on institutional knowledge** from North Dakota and cannot easily be updated.

North Dakota's Proposed Solution: Modernize the Eligibility Process

- Make the process **more streamlined** for families by switching to a single eligibility tool.
- Update the assessment tool to a newer tool. Choose a modern tool that was developed using **the most recent evidence-based data** about the needs of people with disabilities.
- Leverage **expertise from national organizations** and researchers. Choose a tool that can be supported to adapt over time.

National Context: Other States have Taken Similar Steps in Recent Years to Improve Assessment Processes
Many states, including some peer states, have recently updated their eligibility process. States chose to modernize their tool for a multitude of reasons in addition to the feedback we shared above. This includes **access to a wider data set** from across the country, **risk mitigation** for state eligibility decisions, and a general better understanding of people's needs that helps states **find the most integrated and cost-effective option to meet people's needs**.

Content Primer for CDAC 2.0's Recommendations | Federal Rules About Waiver Eligibility

DRAFT

To be eligible for a waiver, someone must complete an initial assessment. It is a federal requirement that eligibility must be reassessed every year.

To receive Home and Community-Based Services through a Medicaid waiver, the Centers for Medicare and Medicaid Services requires that individuals meet each of these eligibility components:

1) Meet institutional Level of Care, through a formal assessment.
    - For example, the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver uses a Level of Care assessment tool called the "PAR," or the Progress Assessment Review.
    - As part of North Dakota's work to "modernize eligibility processes," the state is seeking to change the Level of Care tool used.
    - North Dakota will be piloting a new Level of Care assessment tool and studying the results of that pilot.
2) Are members of waiver target population.
3) Meet Medicaid financial criteria.
4) Demonstrate need for at least one waiver service.
5) Choose to enter the waiver.



Federal rules require that all waiver participants must be reassessed for eligibility every year. Case Managers work with families to try and make this as smooth of a process as possible.

Content Primer for CDAC 2.0's Recommendations | How is North Dakota Modernizing Eligibility?

DRAFT

North Dakota is updating the assessment process for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver to collect better information about people's needs.

- The goal is to update how North Dakota assesses people's eligibility for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.
- This involves fine tuning the eligibility assessment process to use more modern information and tools.
    - The tools North Dakota uses today are valid and reliable, but it is difficult to work with data and make enhancements for families.
- It is important to have a strong assessment process that leads to consistent implementation.
- The purpose of this work is to more consistently and accurately assess physical, social, and intellectual needs.



Content Primer for CDAC 2.0's Guiding Principles | How Does North Dakota Determine Who Is Eligible for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver?

DRAFT

Identify Population

- Decide the target population. This includes what ages and conditions will be served by the waiver.
- In North Dakota, this is **anyone with an intellectual disability or a related condition with needs similar to an intellectual disability.**
- Note that people must meet other criteria including income and residency.

Set Definitions

- Define what it means to be in the target population.
- This includes the definition for what it means to have certain conditions like developmental disabilities for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver's eligibility requirements.

Establish Criteria

- Set criteria for who qualifies for the waiver.
- This starts with the definition of conditions like developmental disabilities, then the state adds the functional needs someone should also have to benefit from waiver supports (e.g., kinds of adaptive deficits assessed in the Gollay Grid).
- **CDAC helped by providing input on the functional needs that should be included.**

Pick an Assessment Tool

- Select the tool the state will use to assess if someone qualifies.
- The tool will help the state measure needs and test the criteria
- **CDAC helped North Dakota by providing guiding principles on the Level of Care, or eligibility, assessment process.**

CDAC 2.0's Recommendations on Modernizing Eligibility | Developmental Disability Definitions/Functional Areas (1 of 2)

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CDAC Feedback / Guiding Principles	A&M Notes
The language North Dakota uses to define a developmental disability can be hard to follow. This could make it hard to understand whether someone may or may not be eligible for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.	Creating plain language, parent-friendly guides could help to better explain the state's definition of developmental disability and eligibility rules for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.
It can be hard to understand the difference between comprehensive waivers, like the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver, and family supports waivers (what the new Cross-Disability Waiver would be). It is confusing who is eligible for what waiver when there is more than one waiver that looks like it might fit.	Comprehensive support waivers are designed for people with lifelong high-support needs and include residential services. Family support waivers focus on providing integrated supports to families living in the community. In general, states try to start by serving people on family support waivers whenever possible.

CDAC 2.0's Recommendations on Modernizing Eligibility | Developmental Disability Definitions/Functional Areas (2 of 2)

DRAFT

CDAC Feedback / Guiding Principles	A&M Notes
Adding social adaptive deficits could help make the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver more accessible to different people who previously haven't been able to qualify for the Waiver. It might be hard to find the right assessment to capture social needs, and it may take time to train direct support professionals who are good at supporting Activities of Daily Living to be able to address people's social needs (such as not being gullible).	This could help make the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver more accessible to people who weren't eligible before. The Waiver is not designed to serve someone who only has social functional needs, so someone must still have at least one intellectual deficit (conceptual adaptive deficit).
It can be hard to assess for an intellectual disability at a young age. Requiring an intellectual component for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver may make it more difficult to younger children to qualify for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver who could benefit from it.	As part of modernizing level of care, North Dakota will seek a tool that is validated across the lifespan. This includes looking at the best options for younger children. The Cross-Disability Waiver may also be a good option for young children when full intellectual functioning is not yet known.

CDAC 2.0's Recommendations on Modernizing Eligibility | Level of Care Assessments (1 of 2)

DRAFT

Topic	CDAC Feedback / Guiding Principles	A&M Notes
Age	Use pediatric versions of assessment tools for children. Young children are harder to assess because the age norms considered are different.	Many national tools have child and adult versions of the same tool. North Dakota will look to use the pediatric versions where available and appropriate.
Administration	How the assessment is given matters. Some children may struggle to answer questions due to behavioral needs. Consider ways to include parent input and / or observation of skills.	Some tests such as the Inventory for Client and Agency Planning (ICAP) have observation components. Research also shows that parent reporting is highly accurate.
Administration	Staffing will impact success of implementation. Invest heavily in training.	Training is a critical piece. Using a national tool does allow states to access additional training materials and staffing resources outside the state
Tool Options	CDAC recommends using a national tool to ensure stronger validity and reliability, and easier and more consistent / standard administration.	Validity and reliability can be built into homegrown tools. However, this process takes a significant amount of time. Many national tools are certified as valid and reliable "off the shelf".

CDAC 2.0's Recommendations on Modernizing Eligibility | Level of Care Assessments (2 of 2)

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Topic	CDAC Feedback / Guiding Principles	A&M Notes
Other	Consider impact of different cultural norms and traditions, especially for younger children where expectations may differ.	Agree. Consider options that could maintain validity while also emphasizing cultural inclusivity.
Other	Consider ways to integrate existing tests such as an Individualized Education Plan (from Part B of the federal Individuals with Disabilities Education Act) with the waiver testing process to reduce burden on families.	A&M recognizes the challenges of multiple assessments but recommends using a standalone assessment for waivers because of the diverse needs of different programs.
Other	Wait time between assessment and access to services is especially difficult for families. Look for ways to reduce this where possible.	Turnaround time on scoring assessment will impact this. Parental reporting may help expedite scoring / turnaround. Workforce limitations can sometimes mean longer waits.
Other	There are children with no intellectual disability, but a developmental disability condition that impacts multiple areas of life function. This group is an outlier who is not served today.	Children with no intellectual disability but with a developmental disability could potentially be served on the new waiver, if they meet the functional requirements. Adults with physical disabilities are intended to be served on the Aging and Physically Disabled Waiver.

Budget Considerations for CDAC's Recommendations

CDAC North Dakota Cross Disability Advisory Council

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What Will the Cross-Disability Waiver Cost?

There are two primary buckets of costs for a Home and Community-Based Services waiver: 1) costs from target populations and 2) costs from operational structures.

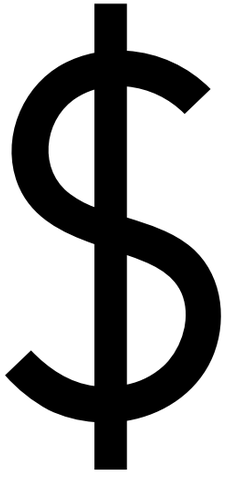
Cost of Target Populations



Cost of Operational Structures



Total Home and Community-Based Services Waiver Cost



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Planning for the Cross-Disability Waiver's Budget

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).



We know what people have historically spent on the Autism Spectrum Disorder, Medically Fragile, and Individuals with Intellectual Disabilities / Developmental Disabilities Waivers spend today. We also know what North Dakota has budgeted for each of these waivers.

We don't know, however, how these waiver participants will spend money on the Cross-Disability Waiver, since it is a new and unique program. We also don't know how much North Dakota will have budgeted for this waiver.

Tools for Budgeting for Home and Community-Based Services Waivers

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There are different levers that can be pulled to build a strong waiver, even without additional funds.

- There are three main ways to influence a waiver's costs:
  1. Capping the spend on services.
  2. Capping the number of people served.
  3. Managing provider rates.

- A "cap" means a limit.

- Many Family Supports Waivers, like what the Cross-Disability Waiver will be, use these methods to help control costs and still provide strong supports.



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Options to Influence a Waiver's Costs (1 of 3)

Method to Influence Costs #1: Capping the spend on services.

- A cap on service spend can look like one or both of these options. There are pros and cons to each option.
  - A total cap on how much a waiver participant spends on all services together.
  - Individual caps on how much a waiver participant spends on a specific service.

- When states build a waiver, they look at historical trends in how much people have spent on waiver services. If they need to cap spend on services, they try to find a balance between a cap that will allow families to meet most of their needs and stays within the waiver's total budget.



- **When there's a limited budget, a high cap on service spend could mean that fewer people can be served on the Cross-Disability Waiver. It could also risk people being overserved.**
- **However, a low cap on service spend could mean there's not enough funds for certain services on the Cross-Disability Waiver. This could also risk people being underserved.**

DRAFT

Options to Influence a Waiver's Costs (2 of 3)

Method to Influence Costs #2: Capping the number of people served.

- Many waivers have caps on how many people can be served.
  - Autism Spectrum Disorder – 345 active people (currently has a waitlist).
  - Medically Fragile – 50 active people.
  - Individuals with Intellectual Disabilities / Developmental Disabilities – no current cap.
- When states build a waiver, they estimate demand for the waiver. If they need to cap how many people can be served, they try to find a balance between how many people could benefit from the waiver and how much budget they have.



- **Sometimes certain populations can have "reserved capacity." This means that spots are held for people with certain conditions who qualify for the waiver.** *Condition alone doesn't automatically qualify someone for a waiver. There are federal regulations states must follow on who to serve.*
- **Not every target population has reserved capacity. Sometimes a cap on how many people can be served and different reserved capacities could result in a waitlist.**

DRAFT

Options to Influence a Waiver's Costs (3 of 3)

Method to Influence Costs #3: Managing provider rates.

- Another lever that determines how much a waiver costs is how much states pay providers for conducting waivered services.
- Typically, state legislatures have to approve any change in rates paid to providers of waivered services. This includes cost of living adjustments and other kinds of changes.
- When building a waiver, states have to find a balance between incentivizing providers with certain rates while also staying within their budget. States also have to think about how many services will be provided by traditional provider agencies or by staff hired by self-directing waiver participants.



- **As we've talked about before, rates for traditional provider agencies have to cover certain administrative costs as well, such as the business' overhead.**
- **Rates for staff hired by self-directing waiver participants might be lower than rates for traditional provider agencies, since there are fewer administrative costs to cover.**

CDAC 2.0 Report Conclusion

North Dakota Cross Disability Advisory Council

DRAFT

Report Conclusion

You have reached the end of CDAC's report. The next slides are the appendix. They contain relevant slides from CDAC's meetings that support this report.



The Cross-Disabilities Advisory Council (CDAC) of 2025-2027, thanks everyone who read our recommendations to North Dakota Health and Human Services for strengthening children's waivers!

Many of you may have supported our work by attending our public meetings and sharing your thoughts with us. We appreciate your generous time and partnership.

Appendix

Additional information on the key concepts, technical options and financial considerations associated with CDAC's recommendations.

CDAC North Dakota Cross Disability Advisory Council

Appendix: Key Concepts About Home and Community-Based Services Waivers

North Dakota Cross Disability Advisory Council

DRAFT

Key Concept: Home and Community-Based Services Waivers

Home and Community Based Services (HCBS) waivers help people stay in their communities.

- Institutions used to be the only way that people with disabilities could receive Medicaid long-term services.
- In the past, people lived in these institutions and received all of the services and supports they needed there.
- Now, states also provide long-term Medicaid services and supports through Home and Community-Based Services Waivers.
- People can access Home and Community-Based Services waiver supports while living in their homes and communities.
- **Home and Community-Based Services waivers make it possible for people to live in the community *instead of* institutions.**



Home and Community-Based Services Waivers and Institutional Level of Care (1 of 2)

DRAFT

Home and Community-Based Services waivers are an alternative to institutional care.

- The Federal government created Home and Community-Based Services waivers* as an alternative to institutionalization.

- Waivers are meant to replace institutional care. This means states must link Home and Community-Based Services waivers to a type(s) of institution.

- Examples of institutional care settings that waivers can be based on include:
  - Hospitals
  - Nursing Facilities
  - Intermediate Care Facilities



**Home and Community-Based Services waivers were first established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981.*

Home and Community-Based Services Waivers and Institutional Level of Care (2 of 2)

DRAFT

A Home and Community-Based Services waiver's Level of Care is based on the institutional care setting(s).

- **The type of institutional care the waiver is based on is called the waiver Level of Care.**
- To qualify for a waiver, someone must have similar needs to the institutional setting the waiver is based on.
- This is sometimes called "meeting Level of Care."



DRAFT

A Note on the Difference Between Institutions and Waivers

Home and Community-Based Services waivers are linked to institutions, but there are important differences between them.

- Home and Community-Based Services waivers are based on institutional care.
- However, Home and Community-Based Services waivers are **not the same** as institutions.
- Institutions provide intensive 24/7 care in the institutional setting (ex: Grafton).
- Home and Community-Based Services waivers offer flexible community support.
- Home and Community-Based Services waivers have some similar types of services and some unique types.
  - Similar service: Personal Care.
  - Unique service: Environmental modifications to a home or car.



DRAFT

Federal Rules About Waiver Eligibility

Level of Care is one of several requirements the Centers for Medicare and Medicaid Services has for waivers.

The Centers for Medicare and Medicaid Services allows states to provide Home and Community-Based Services to individuals who:

1) Meet institutional Level of Care.
2) Are members of waiver target population.
3) Meet Medicaid financial criteria.
4) Demonstrate need for at least one waiver service.
5) Chose to enter the waiver.



DRAFT

Level of Care: Federal Guidance

Remember that individuals must meet institutional Level of Care.

- States must select Level(s) of Care* in the waiver (section 1F).
- The Centers for Medicare and Medicaid Services rules say that people must show they require the Level of Care in a specified institution.
- Level of Care goes together with target population to define who qualifies for a waiver.



**Cost neutrality is based on the waiver Level of Care selected. For example, a waiver with hospital Level of Care will be "compared" to the costs of hospital services.*

DRAFT

Federal Guidance on Using Multiple Levels of Care in a Waiver

Guidance from the Centers for Medicare and Medicaid Services explains how states can select multiple Levels of Care in a waiver.

Excerpts from the Centers for Medicare and Medicaid Services Waiver Technical Guide:

On Serving Multiple Populations

"When completing this item, it is important to keep in mind that, per 42 Code of Federal Regulations §441.301(a)(6), a waiver may, at the state's option, serve one or more of the following three groups of Medicaid beneficiaries or subgroups thereof:

- Aged and / or disabled;
- Persons with intellectual disability and / or developmental disabilities; or,
- Persons with serious mental illnesses.

These three groups are discussed in more detail in the instructions for Appendix B-1."

On Selecting Multiple Levels of Care

"Waiver services may only be furnished to individuals who are determined to require the level of care furnished in a Hospital, Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities… The waiver must specify the Level(s) of Care that individuals require in order to enter the waiver. More than one Level of Care may be selected, depending on the target group(s) served in the waiver. For example, if the waiver is designed to support medically fragile children in the community, it may be appropriate to select both the hospital and nursing facility Levels of Care."

DRAFT

Target Population: Federal Guidance

States also select which target population(s) are served by a waiver.

- States select target population (s) in the waiver (section B-1a).
- Populations can include:
  - Aged / disabled / both.
  - Individuals with intellectual disabilities or a developmental disability, or both.
  - Persons with mental illness.
- Being in the waiver target population does not automatically qualify someone for a waiver.
- Individuals in the target population must also meet institutional Level of Care. This is assessed by the State.
- **Together, Level of Care and target population define who a waiver serves.**



How Level of Care and Target Population Apply to Individuals with Intellectual Disabilities / Developmental Disabilities

DRAFT

The Centers for Medicare and Medicaid Services includes guidance on how individual with Intellectual Disabilities / Developmental Disabilities can be served.

- Individuals in the target group "intellectual disabilities or a developmental disability" must meet Intermediate Care Facility Level of Care.
- Intermediate Care Facilities are defined as serving persons with "intellectual disability or a related condition" (as defined in 42CFR S435.1009).
- **To meet Intermediate Care Facility Level of Care, individuals must either have an intellectual disability or a related condition.**
- Individuals in target populations must also meet Level of Care.



DRAFT

Federal Guidance on Developmental Disabilities

Guidance from the Centers for Medicare and Medicaid Services specifically talks about the question of intellectual disabilities versus developmental disabilities.

"Some persons who might qualify as having a "developmental disability" under the Federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 **may not meet Intermediate Care Facilities for Individuals with Intellectual Disabilities level of care**. While "Developmental Disability" and "Related Conditions" overlap, they are not equivalent. The **definition of related conditions is…functional, rather than tied to a fixed list of conditions.**

(defined in 42CFR S435.1009)

DRAFT

Key Concept Review: Needs Assessments (1 of 2)

States are required by the federal government to use needs assessments.

- States use assessments to understand people's needs.
- A person's assessed needs must show that they would be eligible for that institution.
- This is sometimes called "meeting Level of Care."
- States are required to assess functional needs. This is part of the waiver eligibility process.
- The assessment is first done when someone applies for a waiver. This is done to see if someone meets institutional Level of Care.



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Key Concept Review: Needs Assessments (2 of 2)

Assessments also help states gather data to improve services.

- Assessments can help support care planning.
- This process gives states information about what services might help a person.
- People on a waiver also complete an annual reassessment.
  - This makes sure the waiver is still the right fit for them.
  - This data can also help states monitor and respond to an individual's changing needs over time.
- Assessments also help states build better programs.
- Information collected from assessments can help states understand and improve quality.

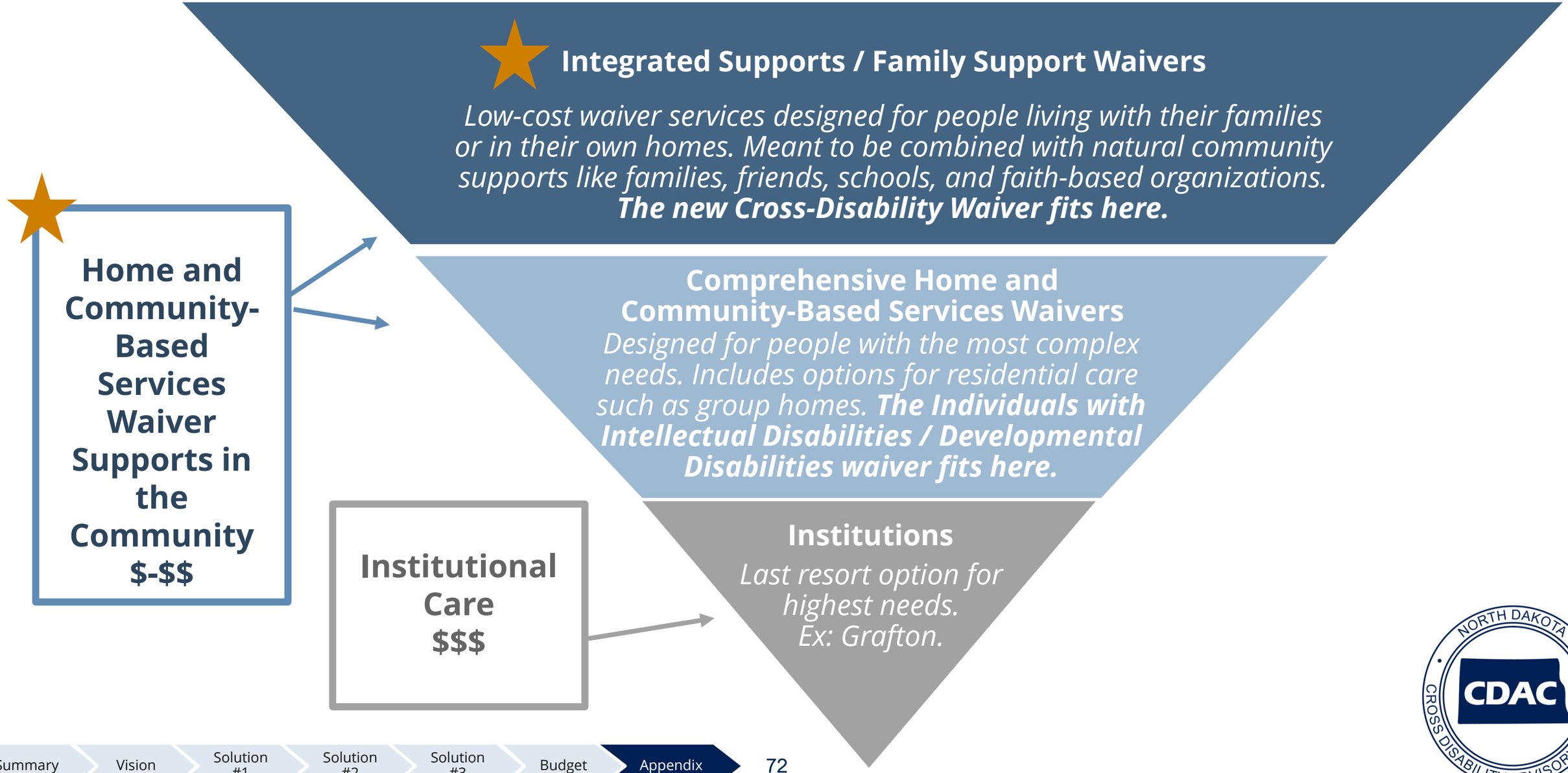


Appendix: North Dakota's Long-Term Vision For Home and Community-Based Services Waivers

CDAC North Dakota Cross Disability Advisory Council

The Role of Home and Community-Based Services Waivers in Long-Term Care

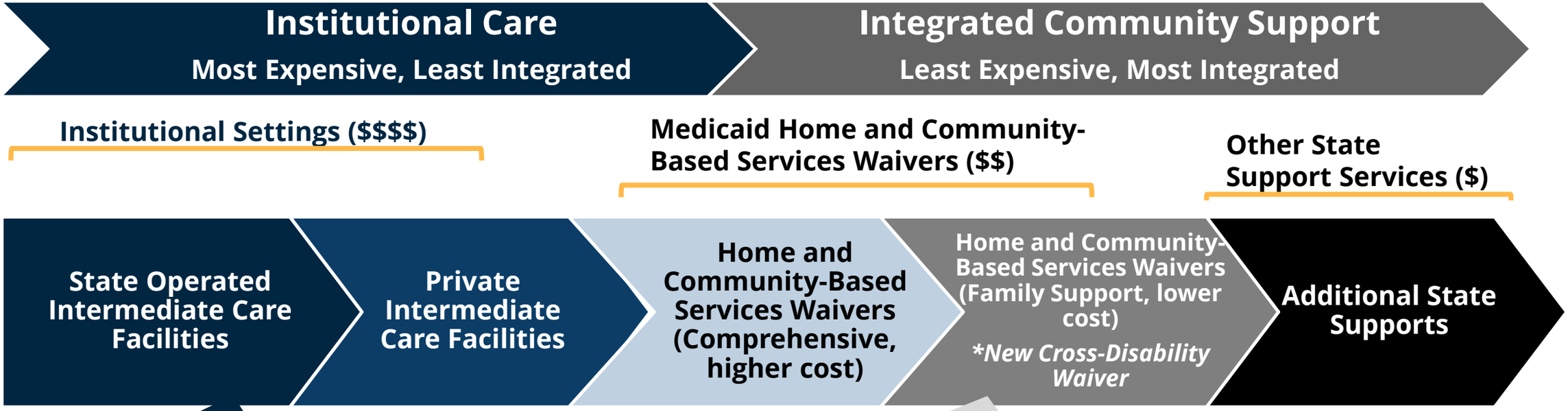
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Shifting the Trajectory: Serving More People in Integrated Settings

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Today, integration is a spectrum ranging from more expensive institutional settings to less expensive integrated supports. States can invest in robust community supports to help shift more people to integrated settings over time.



North Dakota can help reduce the use of more expensive institutional settings by investing in community alternatives like Medicaid Home and Community-Based Services waivers. Providing robust options for integrated supports in the community can help shift system patterns and reduce the use of institutions over time.

The new children's Cross-Disability Waiver will be a Family Support waiver, which is a less expensive type of Home and Community-Based Services waiver. Investing in the new waiver will allow more people to be served through lower-cost options. Building a robust alternative can also help ensure that comprehensive waivers are only used for people with the highest needs.

Changing The Trajectory of Support for Children in North Dakota

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

Infant (under 3):

- **Today:** Children with developmental delays receive Early Intervention through the comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.
- **Future:** Children receive the same Early Intervention services through the family supports Cross-Disability Waiver instead. This **starts children on a path where they access Early Intervention support through a lower cost waiver**.

School Age (6-17)

- **Today:** Children are served across four different waivers, separated by type of disability / condition.
- **Future:** Children who qualify are served on either the comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities Waiver or the Cross-Disability Waiver, according to need. **Keep children on the Cross-Disability Waiver wherever possible. Serving most children on this lower-cost path will help North Dakota predict and manage spending.**

Adulthood (22+)

- **Today:** Adults with intellectual needs can receive services on comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities Waiver. Other options exist for adults with physical needs and people with behavioral health needs.
- **Future:** Consider potential continuation of family supports Cross-Disability Waiver to provide capped, lower-cost supports to adults with ongoing need.



Early Childhood (3-5):

- **Today: Most children served from birth to three no longer qualify for a waiver at 3. Families experience this as a "cliff"** and struggle transitioning. children with the highest needs may continue to receive waiver services through one of four different Medicaid waivers, if they qualify.
- **Future:** Expand waiver eligibility to include children who are still behind peers at 3. Serve these children on the capped, family supports Cross-Disability Waiver through age 5, as a bridge to school-based supports. **Continue early investment work of Early Intervention and build skills for school readiness.**

Transition to Adulthood (18-21)

- **Current:** Children who qualify continue to receive supports through waivers siloed by condition.
- **Future:** The Cross-Disability Waiver focuses on services supporting full community integration, including this crucial transition period. The goal is to help children succeed and to set as many children up to be fully independent as possible.

*Image Credit: https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-stages/

Changing The Trajectory of Support for Children in North Dakota (1 of 5)

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

Infant (under 3):

- **Today:** Children with developmental delays receive Early Intervention through the comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.
- **Future:** Children receive the same Early Intervention services through the family supports Cross-Disability Waiver instead. This **starts children on a path where they access Early Intervention support through a lower cost waiver**.

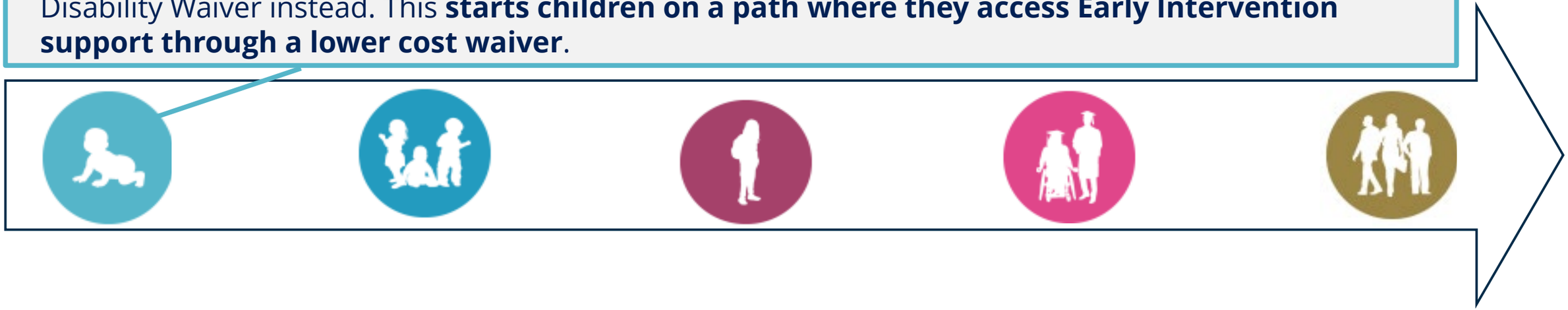


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Changing The Trajectory of Support for Children in North Dakota (2 of 5)

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

**Image Credit: https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-stages/*



Early Childhood (3-5):

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- **Future:** Expand waiver eligibility to include children who are still behind peers at 3. Serve these children on the capped, family supports Cross-Disability Waiver through age 5, as a bridge to school-based supports. **Continue early investment work of Early Intervention and build skills for school readiness.**

Changing The Trajectory of Support for Children in North Dakota (3 of 5)

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

School Age (6-17)

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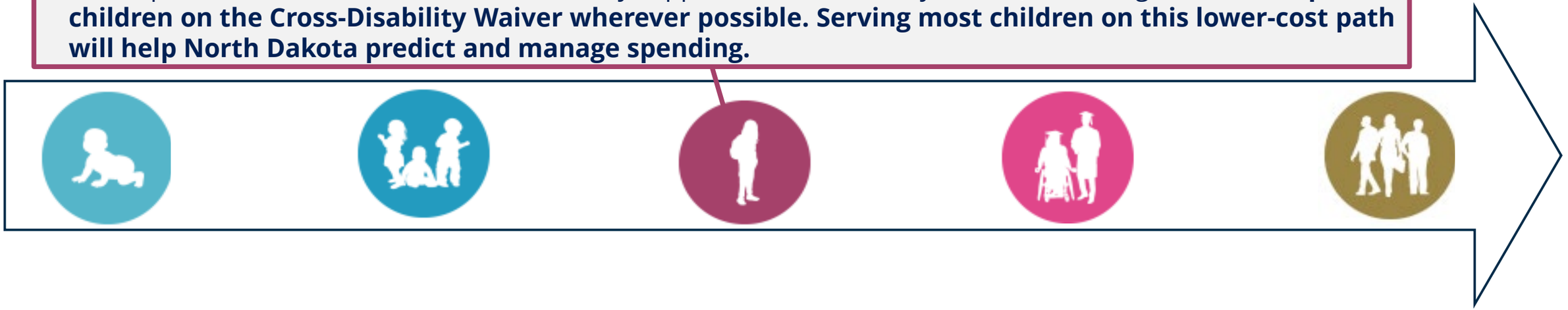


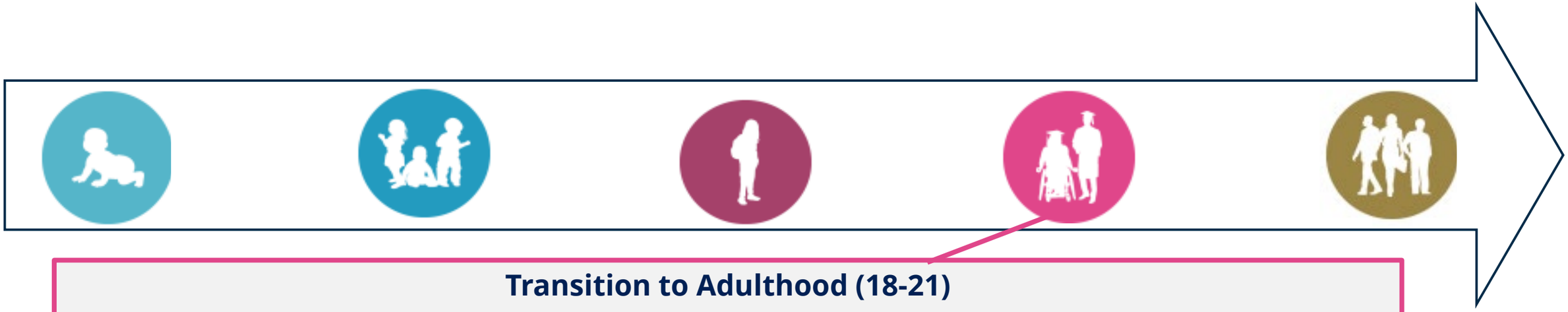
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Changing The Trajectory of Support for Children in North Dakota (4 of 5)

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

**Image Credit: https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-stages/*



Transition to Adulthood (18-21)

- **Current:** Children who qualify continue to receive supports through waivers siloed by condition.
- **Future:** The Cross-Disability Waiver focuses on services supporting full community integration, including this crucial transition period. The goal is to help children succeed and to set as many children up to be fully independent as possible.

Changing The Trajectory of Support for Children in North Dakota (5 of 5)

DRAFT

The goal of waiver modernization is to set more children on a path towards lower cost waivers and services over time.

Adulthood (22+)

- **Today:** Adults with intellectual disabilities can receive services on the comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities Waiver. Other options exist for adults with physical needs and people with behavioral health needs.
- **Future:** Consider potential continuation of Cross-Disability Waiver to provide capped, lower-cost supports to adults with ongoing need.

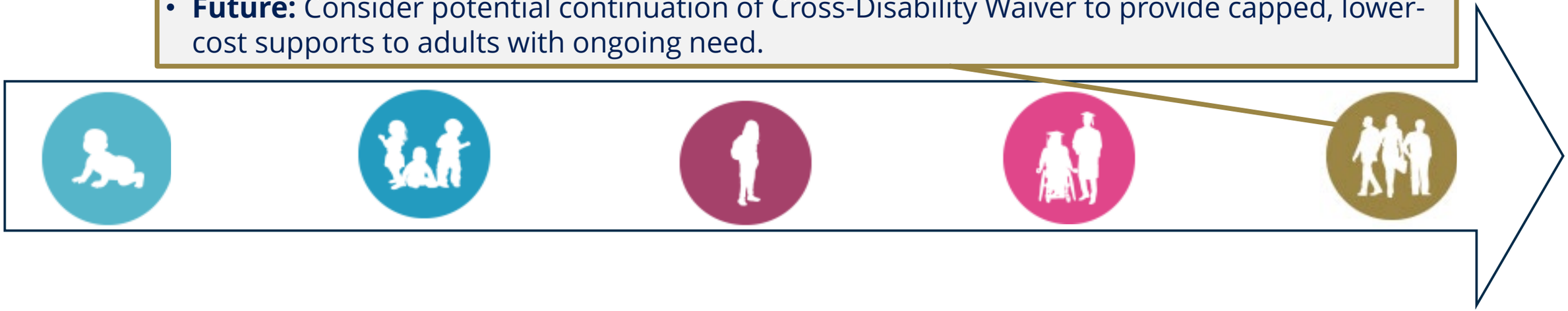


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Appendix: CDAC's Approach

North Dakota Cross Disability Advisory Council

How CDAC Feedback Helps North Dakota Create the Waiver

DRAFT

CDAC Shares Ideas About Topics that are Part of the Waiver

Ex: Level of Care



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

ND Drafts Sections of the Waiver

Ex: The parts of Appendix B about Level of Care



End Result: A Complete Draft Home and Community-Based Services Waiver Application

North Dakota Collects and Responds to Public Feedback on the Entire Draft Waiver

End Result: A Waiver That North Dakota is Ready to Submit to the Centers for Medicare and Medicaid Services

DRAFT

Step 1: CDAC Shares Ideas About Waiver Topics

Example Waiver Topic: Level of Care

- CDAC talks about how the new waiver should work. We focus on one topic at a time. CDAC shares what is important to them for each topic.
  - CDAC 2.0 will also review the relevant recommendations from CDAC 1.0. CDAC 2.0 works from this foundation, instead of starting over.

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

- CDAC creates guiding principles for each topic. The group votes on these principles. The final principles are CDAC’s formal recommendations to North Dakota Health and Human Services.

Result: A series of guiding principles to help North Dakota create the new waiver: “CDAC recommends using a national tool to ensure stronger validity and reliability, and easier and more consistent / standard administration.”



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Step 2: North Dakota Drafts Sections of the Waiver

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

- CDAC creates formal guiding principles about waiver topics.
- North Dakota Health and Human Services 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 North Dakota Health and Human Services so North Dakota Health and Human Services 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 Home and Community-Based Services waiver application.

DRAFT

Step 3: North Dakota Holds Public Comment

Example: Online Meeting to Ask for Feedback

- North Dakota Health and Human Services will publish the entire draft waiver application online once it is complete.
- North Dakota 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 North Dakota is ready to submit to the Centers for Medicare and Medicaid Services for review

DRAFT

What is the Cross-Disability Waiver's Timeline?

Launching the Cross-Disability Waiver depends on approval from the Centers for Medicare and Medicaid Services.

- The goal is to submit the Cross-Disability Waiver waiver application to Centers for Medicare and Medicaid Services for review at the start of the 27-29 biennium, if funds are allocated for the waiver.
- The Centers for Medicare and Medicaid Services will review the application and ask North Dakota questions. We won't know how long this will take. Sometimes they approve in six months, other times they'll approve faster or slower than that.
- If the Centers for Medicare and Medicaid Services approves the waiver, North Dakota may try to launch the waiver in the middle of the 27-29 biennium (sometime in 2028).



Phase 1: Laying the Foundation for Sustainable Change

July 2025 – June 2027

Goal: Submit the Cross-Disability Waiver application to the Centers for Medicare and Medicaid Services June 30, 2027

Phase 2: Waiver Approval and Implementation Planning

July 2027 – December 2027

Objective: Secure approval from the Centers for Medicare and Medicaid Services for new waiver

Phase 3: Launch, Post-Launch Stabilization & Improvement

July 2028 and Beyond

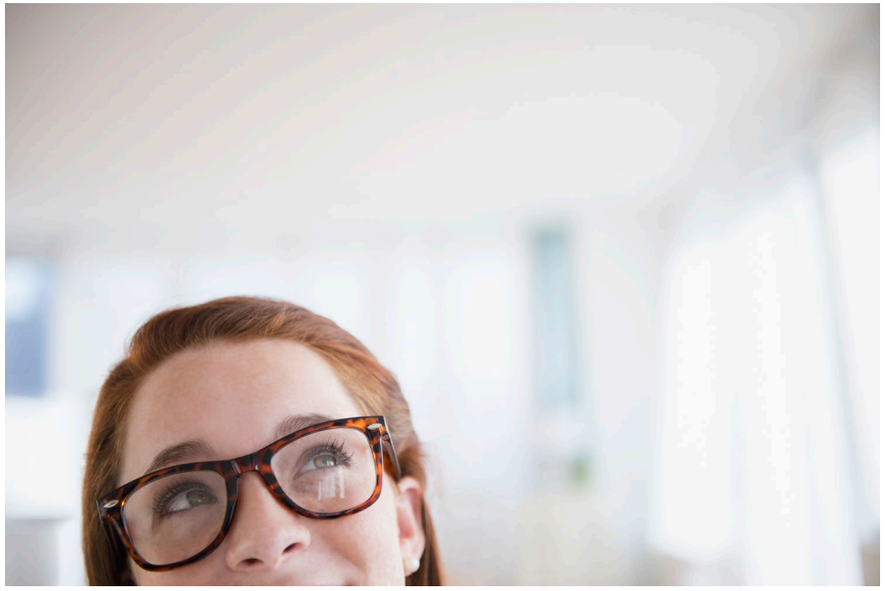
Objective: Launch new children's Cross-Disability Waiver, estimated July 2028

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Why Invest in the Cross-Disability Waiver?

Given North Dakota's uncertain budget landscape, we may not get everything we want in the Cross-Disability Waiver right away. There are still important reasons to invest in and launch the Cross-Disability Waiver.

CDAC is helping to **design all the different pieces of the Cross-Disability Waiver**, 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 recommendations to bring to the table:

- CDAC will **share their priorities** for what starts first.
- CDAC will help **inform the roadmap** for adding pieces over time.
- CDAC will help **inform the strategy** for growing the Cross-Disability Waiver into our original vision over time.

Future State Vision and Goals:

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

Any version of the Cross-Disability Waiver – even if it starts small to grow over time – **helps change the trajectory towards more predictable spend on enhanced services** for children with disabilities in North Dakota.

Who is the Home and Community-Based Services Waiver Application for?

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All Home and Community-Based Services waiver applications are written for the Centers for Medicare and Medicaid Services as the audience.

- The Centers for Medicare and Medicaid Services designed the waiver application template. It allows them to ask all the questions they would need to know about a program, to give a state approval to make the waiver.

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

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



This means that some things CDAC wants will not appear in the application. That doesn't make them less important – they might be found in North Dakota's policies and procedures instead.

How CDAC Will Learn About the Cross-Disability Waiver Application?

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

- The waiver is broken up into multiple sections, called "Appendix."
- The waiver application's appendices are where most of the information about a Home and Community-Based Services waiver is.
- CDAC will learn more about one or two of the waiver appendices. We will talk about what kind of information is in each appendix.
- North Dakota will ask CDAC any questions it has that are relevant for that appendix. **CDAC's insight will help North Dakota to write that part of the waiver application**.
- **Next, let's walk through the structure of the Home and Community-Based Services waiver application and its appendices at a high level.**



This overview will focus on the kind of information the Centers for Medicare and Medicaid Services asks for in each appendix. North Dakota won't show CDAC drafts of appendices. CDAC will see the entire draft Cross-Disability Waiver application during the formal public comment process.

DRAFT

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

Status* of CDAC's Discussions:

✓ Complete ○ Delayed

→ On Track / Not Started

Basic Info
(Introduction & Appendix A)

How do we tell North Dakota about the waiver?

→ **Target Pop.**
(Appendix B)

Who does the waiver support? Minimum and maximum ages?

→ **Eligibility Process**
(Appendix B)

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

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

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

→ **Case Mgmt**
(Appendix C and D)

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

→ **Self Direction**
(Appendix E)

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

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

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

/ **Quality**
(Appendix H)

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

Cost
(Appendix I and J)

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

DRAFT

Understanding the Waiver Appendices: A Bird's Eye View

Appendices are where all the program details live!

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

Appendix: Level of Care Assessment Tools

North Dakota Cross Disability Advisory Council

DRAFT

What Types of Tools Are There? National Versus Homegrown

States can use a national tool or make their own tool.

- States must use an assessment tool to see if someone qualifies for the waiver. This is a federal rule.
- States do have flexibility in what type of tool they use. One choice is how the tool is developed.
- Some states use national tools. These are made by groups for many states to use.
- Some states make their own tools. These are called homegrown tools. Some states also use the homegrown tools that other states made.
- There are benefits and challenges to each type of tool. We will talk more about this together.



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What Types of Tools Are There? Broad Versus Narrow

Some tools only look at a small set of conditions. Others can be used for many types of disabilities.

- There are some tools that are designed just for one type of disability.
- Other tools can be used to assess more than one type of disability. These tools are called cross-disability.
- There are benefits and challenges for each.



What Types of Tools Does North Dakota Use?

Not currently used in North Dakota

Used in North Dakota currently

DRAFT

Broad (Cross-disability)

North Dakota does not currently use any cross-disability tools. Each tool is specific to one waiver / population.

Homegrown Tool

National Tool

Narrow (Single-disability)

Homegrown, Narrow:

- Individuals with Intellectual Disabilities / Developmental Disabilities Waiver eligibility tool – the Program Assessment Review (PAR)
- Medically Fragile Waiver eligibility test
- Aging & Physically Disabled Waiver eligibility tool

National, Narrow:

- Autism Spectrum Disorder Waiver eligibility tool – the Vineland
- Individuals with Intellectual Disabilities / Developmental Disabilities Waiver service planning tool – the Supports Intensity Scale (SIS) and the Inventory for Client and Agency Planning (ICAP)

DRAFT

What are the Basics of National Tools?

National assessment tools are created by independent organizations.

- There are some nationally recognized assessment tools created by organizations.
- These national tools are independent from any one state.
- The tools are often held to very high research standards.
- States usually have some flexibility to customize national tools. But most of the tool must stay the same.



DRAFT

What are the Basics of Homegrown Tools?

Homegrown tools are developed by a state for use in that state.

- Some states choose to build their own assessment tool.
- These homegrown tools are unique to that state.
- It is the state's responsibility alone to update, train, and modify the homegrown tool as needed.
- One example of a homegrown tool is MnCHOICES, which was developed by Minnesota.



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What are the Basics of Narrow (Single-Disability) Tools?

Narrow tools just look at one type of condition.

- Some tools are created for one overarching type of condition(s).

- For example, North Dakota uses the Program Assessment Review (PAR) for the Individuals with Intellectual Disabilities / Developmental Disabilities waiver eligibility. This tool is specific for people with intellectual disabilities and / or developmental disabilities. It is not used for anything else.

- Some other single-disability tools include:
  - The Vineland (used for Autism Spectrum Disorder Waiver eligibility).
  - The Supports Intensity Scale (SIS) (used for intellectual disabilities and / or developmental disabilities).
  - The Inventory for Client and Agency Planning (ICAP) (used for intellectual disabilities and / or developmental disabilities).



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What are the Basics of Broad (Cross-Disability) Tools?

Broad tools have options for multiple conditions.

- Some tools can be used for multiple conditions / waivers.
- Usually, a cross-disability tool is made up of a set of disability-specific assessments.
- Because they are part of the same bigger tool, states can more easily share data between programs. This can help states look at eligibility for more than one program at a time.
- Some cross-disability tools include:
  - The interRAI
  - mnCHOICES



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Another Consideration: Age

Tools are designed for use with different ages

- There are often adult and child versions of the same assessment tools.

- For example, North Dakota uses a tool called the Program Assessment Review (PAR) to look at eligibility for the Individuals with Intellectual Disabilities / Developmental Disabilities waiver. This has two versions.
  - The child PAR is used for children 0 through 2.
  - People 3+ use the adult PAR.

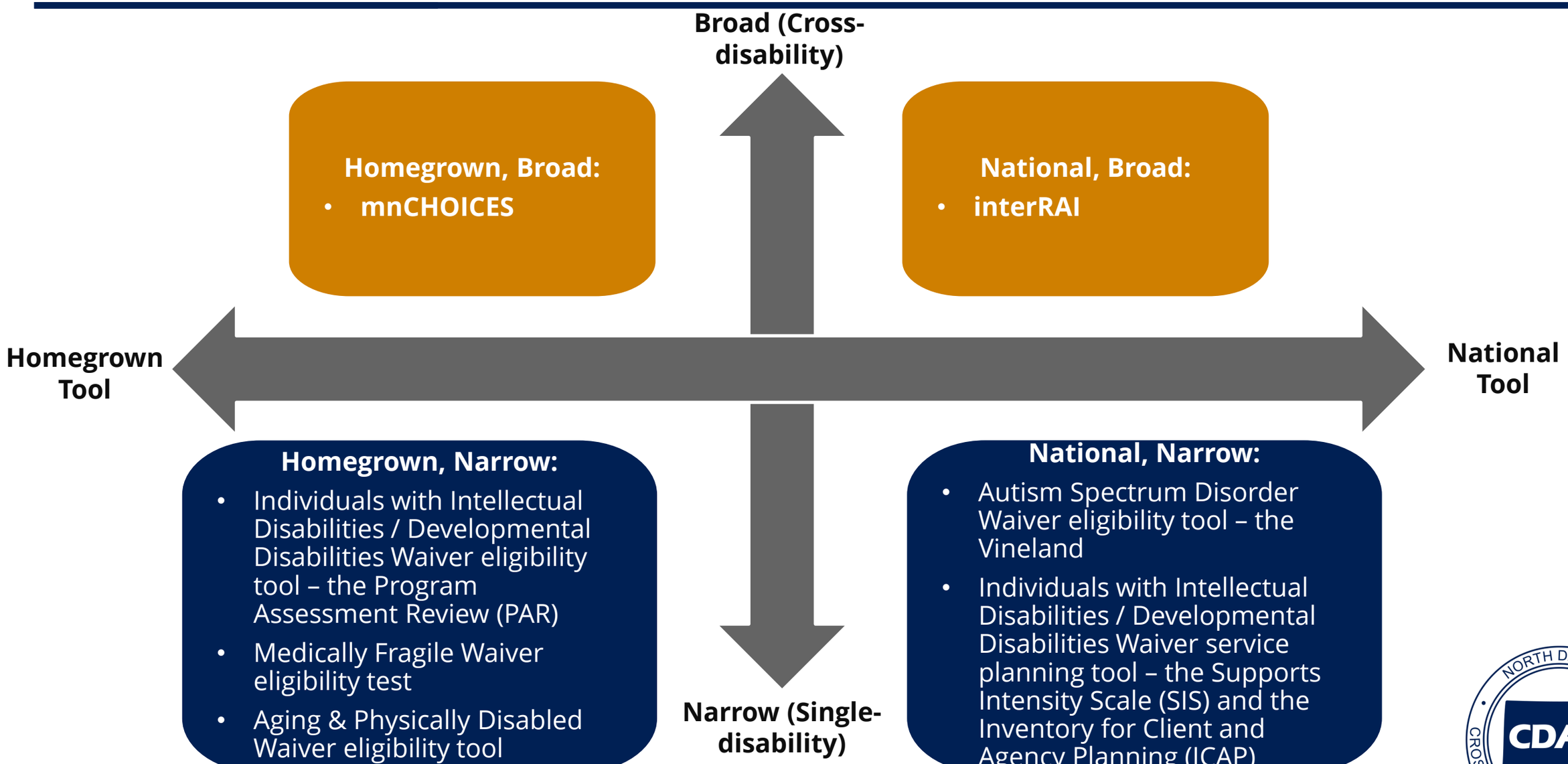


What Are Some Other Types of Tools?

Not currently used in North Dakota

Used in North Dakota currently

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Example of a National, Narrow Tool: The SIS

The Supports Intensity Scale (SIS) looks at the frequency and levels of support needed.

- The SIS was developed by the American Association of Intellectual and Developmental Disabilities (AIDD).
- The tool is only for people with intellectual and developmental disabilities.
- It is focused on acuity levels.
- The SIS needs its own software and training.
- The SIS is used by many states.



Example of a National, Cross-Disability Tool: The interRAI (1 of 2)

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The interRAI is a national tool that looks at people's unique needs.

- The interRAI is a set of tools that help measure someone's needs, strengths, and preferences.
- Lots of researchers helped develop these tools. The tools have high inter-rater reliability. They questions are also standard across the different tools.
- InterRAI tools look at the whole person. This includes health needs, quality of life, services, and preferences.
- The tools are updated and supported by a team of over 100 fellows across the world. This tool is used in 35 countries.



Example of a National, Cross-Disability Tool: The interRAI (2 of 2)

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The interRAI can be used with many different populations.

- InterRAI has many tools for lots of populations and needs. This includes both adults and children.
- States can use data from the assessment in other areas. For example, to help support care planning.
- InterRAI data can help identify risks, like caregiver burnout. It can also help states see trends for planning.
- The assessment can be added to existing software.



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Example of a Homegrown, Cross-Disability Tool: MnCHOICES

Minnesota created its own assessment called MnCHOICES.

- Minnesota worked with a vendor to build an assessment.
- MnCHOICES is used to assess all people who need long term services and supports.
- MnCHOICES is used for both eligibility and service planning.
- Minnesota recently updated the assessment. This took four years to do, from 2020-2024.



Example of a Homegrown, Narrow Tool: North Dakota's Program Assessment Review

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North Dakota created its own single-disability tool called the Program Assessment Review (PAR).

- North Dakota created the Progress Assessment Review (PAR).
- This tool helps decide if people are eligible for the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver. This includes if they meet level of care for the waiver. It also includes if they have a need for waiver services.
- There is a child version of the PAR for children 0-2.
- People 3+ are assessed using the adult PAR.
- The PAR looks at levels of functioning and support needs.



Example of a National, Narrow Tool: The Inventory for Client and Agency Planning

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The Inventory for Client and Agency Planning (ICAP) is another national tool for people with intellectual disabilities and / or developmental disabilities.

- The ICAP is only used for people with intellectual disabilities and / or developmental disabilities.
- The tool can be used with both children and adults.
- The ICAP looks at skills like motor, personal living, social and communication. It also looks at behavior.
- The ICAP has a score of 0-100 that shows level of service needed.
- Usually, the ICAP is used in combination with other tools.



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What Are Some Benefits of National Tools?

- Created by independent experts.
- Based on lots of research and testing from many states.
- Typically has software already developed.
- National training support and materials are available for states to use. Can use outside resources to help test and use the tool.
- Organizations maintain the tools. This means they keep the questions updated as needed over time.
- These tools are designed to help states compare data across programs.
- Multiple states uses them. This means states can share information and help each other.



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What Are Some Challenges of National Tools?

- The tools are standard and not based on the specific state. States can only customize some questions.*
- Transitioning from any state-based tool can be challenging. It takes time and training to make changes to the assessment tool process.
- States need to partner with their IT vendors to build the tool into their existing systems.
- States need to rely on companies to maintain and update the tool.
- States must update systems when companies change the tool / questions. This takes time and money.



**The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) did a study that looked at the state experiences with assessment tools. They interviewed three states that used the interRAI (a national tool). All three states reported they had, "been able to customize it enough to meet their needs".*
Source: Functional-Assessments-for-Long-Term-Services-and-Supports.pdf

DRAFT

What Are Some Benefits of Homegrown Tools?

- Created by the state. This allows full customization.
- Can be easier to build into systems.
- Some states build their own tools if they think there are no clear advantages to any specific national tools.
- Flexibility in when and how you update the tool. Note that this still requires the state to do the work to update.



DRAFT

What Are Some Challenges of Homegrown Tools?

- Need to spend time and money to build the tool. This must happen before you can even begin to test, train for, and implement the tool.
- States need to do all their own training and support.
- States must maintain the tool over time. If there are not resources to do this, the tool will not be as good.
- Data is not standard with other states. States can't share information with each other as easily.
- It is hard to get the same level of validation and testing for just one state, compared to national tools.



Appendix: Other State Waiver Examples of Level of Care

North Dakota Cross Disability Advisory Council

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Wisconsin's Approach to Using Multiple Levels of Care (1 of 2)

Wisconsin uses multiple Levels of Care in its children's Home and Community-Based Services waiver. This is also an example of a cross-disability waiver.

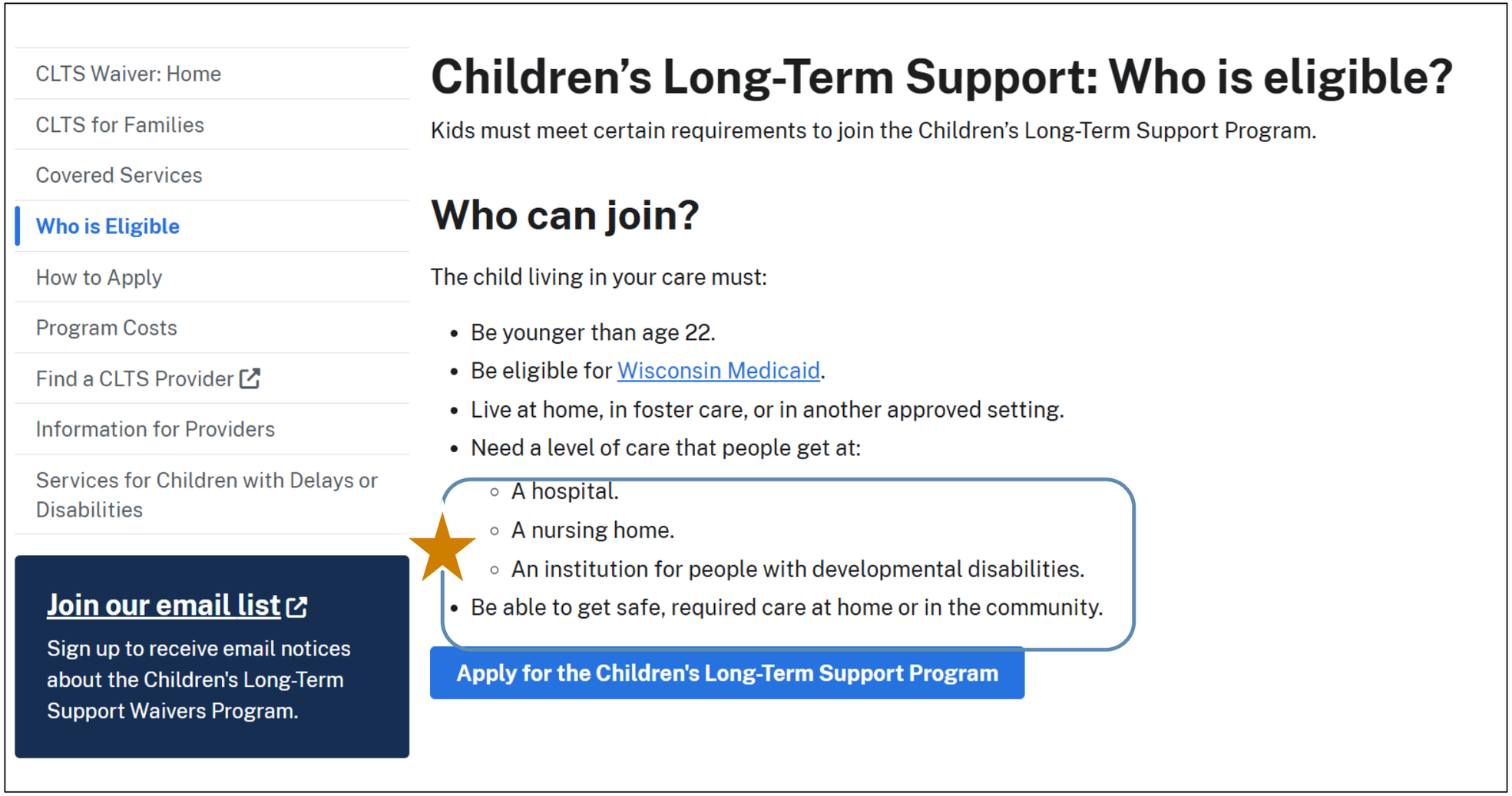
- The Wisconsin Children's Long-Term Support (CLTS) Waiver serves children with disabilities.
- This waiver serves children with many types of disabilities.
- The waiver includes multiple Levels of Care.
- This is a cross-disability children's waiver.
- It is similar in a lot of ways to how North Dakota's waiver will look, with some key differences.



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Wisconsin's Approach to Using Multiple Levels of Care (2 of 2)

In Wisconsin's Words: Excerpt from the State Website



CLTS Waiver: Home
CLTS for Families
Covered Services
Who is Eligible
How to Apply
Program Costs
Find a CLTS Provider
Information for Providers
Services for Children with Delays or Disabilities

Join our email list
Sign up to receive email notices about the Children's Long-Term Support Waivers Program.

Children's Long-Term Support: Who is eligible?

Kids must meet certain requirements to join the Children's Long-Term Support Program.

Who can join?

The child living in your care must:

- Be younger than age 22.
- Be eligible for Wisconsin Medicaid.
- Live at home, in foster care, or in another approved setting.
- Need a level of care that people get at:
  - A hospital.
  - A nursing home.
  - An institution for people with developmental disabilities.
- Be able to get safe, required care at home or in the community.

Apply for the Children's Long-Term Support Program

Wisconsin Children's Waiver | Target Population (1 of 2)

Target Population: Excerpt from This Home and Community-Based Services Waiver, Appendix B-1

Target Group	Included	Target Sub Group	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☒ Aged or Disabled, or Both - General					
	☐	Aged			☐
	☒	Disabled (Physical)	0	21	
	☒	Disabled (Other)	0	21	
☐ Aged or Disabled, or Both - Specific Recognized Subgroups					
	☐	Brain Injury			☐
	☐	HIV/AIDS			☐
	☐	Medically Fragile			☐
	☐	Technology Dependent			☐
☒ Intellectual Disability or Developmental Disability, or Both					
	☒	Autism	0	21	☐
	☒	Developmental Disability	0	21	☐
	☒	Intellectual Disability	0	21	☐
☒ Mental Illness					
	☐	Mental Illness			☐
	☒	Serious Emotional Disturbance	0	21	

Disabled (Physical, Other)

Autism, Developmental Disability, Intellectual Disability

Serious Emotional Disturbance

Wisconsin Children's Waiver | Target Population (2 of 2)

DRAFT

Target Population: Excerpt from This Home and Community-Based Services Waiver, Appendix B-1

b. Additional Criteria. The state further specifies its target group(s) as follows:

Waiver participants must meet the functional and support needs criteria, as set forth in the Functional Screen, meet Medicaid financial and non-financial requirements, and reside in allowable living situations within the community.

Allowable living situations within the community for participants include children who are living with their parents in the family's private residence, whether owned or rented.

Allowable living situations also include participants who are living in the home of a relative or guardian, including foster care providers. For waiver participants who are 18 years or older, an allowable living situation also includes an adult family home (AFH).

Wisconsin Children's Waiver | Multiple Level of Care (1 of 3)

DRAFT

Level of Care: Excerpt from This Home and Community-Based Services Waiver

Hospital

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☒ **Hospital**

Select applicable level of care

◉ **Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

Children from birth through age 21 years.

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160**

Nursing Facility

☒ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

Children from birth through age 21 years.

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140**

ICF*

☒ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

Children from birth through age 21.

*Intermediate Care Facility for Individuals with Intellectual Disabilities

Wisconsin Children's Waiver | Multiple Level of Care (2 of 3)

DRAFT

The level of care determination for the Waiver is based on Federal Medicaid institutional admission criteria for relevant institutional settings. A child with an ICF/IID - Developmental Disability (DD) Level of Care has a permanent cognitive disability, substantial functional limitations and a need for active treatment. The level of care criteria is based upon the child having needs similar to people in an intermediate care facility for children with intellectual disabilities (ICF/IID). The intensity and frequency of required interventions to meet the child's functional limitations must be so substantial that without the intervention, the child is at risk for institutionalization within an ICF/IID.

A child with a Psychiatric Hospital/Severe Emotional Disturbance (SED) Level of Care has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist. In addition, this child demonstrates persistent behaviors that create a danger to self or others, requiring ongoing therapeutic support in order to be able to live at home and in the community. The intensity and frequency of the required ongoing therapeutic support must be so substantial that without the support the child is at risk of inpatient psychiatric hospitalization.

A child with a Hospital or Nursing Home/Physical Disability (PD) Level of Care has a long-term medical or physical condition, which significantly diminishes the child's functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. This child requires an extraordinary degree of daily assistance from others to meet everyday routines and special medical needs. The special medical needs warrant skilled nursing interventions that require specialized training and monitoring that is significantly beyond that which is routinely provided to children. The intensity and frequency of required skilled nursing interventions must be so substantial that without direct, daily intervention, the child is at risk for institutionalization within a nursing home.

A detailed and thorough description of Wisconsin's level of care requirements is available on the DHS website: https://www.dhs.wisconsin.gov/publications/p03027.pdf

No current participants will lose services, have their services decreased, or be negatively impacted as a result of these changes.

Wisconsin Children's Waiver | Multiple Level of Care (3 of 3)

DRAFT

Evaluation of Level of Care: Excerpt from This Home and Community-Based Services Waiver, Appendix B-6

"The level of care determination for the Waiver is based on Federal Medicaid institutional admission criteria for relevant institutional settings. A child with **an Intermediate Care Facility for Individuals with Intellectual Disabilities Level of Care** has a permanent cognitive disability, substantial functional limitations and a need for active treatment. The level of care criteria is based upon the child having needs similar to people in an Intermediate Care Facility for Individuals with Intellectual Disabilities. The intensity and frequency of required interventions to meet the child's functional limitations must be so substantial that without the intervention, the child is at risk for institutionalization within an Intermediate Care Facility for Individuals with Intellectual Disabilities.

A child with **a Psychiatric Hospital/Severe Emotional Disturbance Level of Care** has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist. In addition, this child demonstrates persistent behaviors that create a danger to self or others, requiring ongoing therapeutic support in order to be able to live at home and in the community. The intensity and frequency of the required ongoing therapeutic support must be so substantial that without the support the child is at risk of inpatient psychiatric hospitalization.

A child with **a Hospital or Nursing Home/Physical Disability Level of Care** has a long-term medical or physical condition, which significantly diminishes the child's functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. This child requires an extraordinary degree of daily assistance from others to meet everyday routines and special medical needs. The special medical needs warrant skilled nursing interventions that require specialized training and monitoring that is significantly beyond that which is routinely provided to children. The intensity and frequency of required skilled nursing interventions must be so substantial that without direct, daily intervention, the child is at risk for institutionalization within a nursing home."

Colorado's Complementary and Integrative Health Waiver | Multiple Level of Care

DRAFT

Level of Care: Excerpt from This Home and Community-Based Services Waiver

Hospital

Nursing Facility

ICF*

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☑ **Hospital**

Select applicable level of care

06/25/2026

Application for 1915(c) HCBS Waiver: CO.0961.R03.04 - Jul 01, 2026 (as of Jul 01, 2026) Page 4 of 286

◉ **Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

The State does not limit this waiver to subcategories of the hospital level of care.

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160**

☑ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

The State does not limit this waiver to subcategories of the nursing facility level of care.

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140**

☐ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

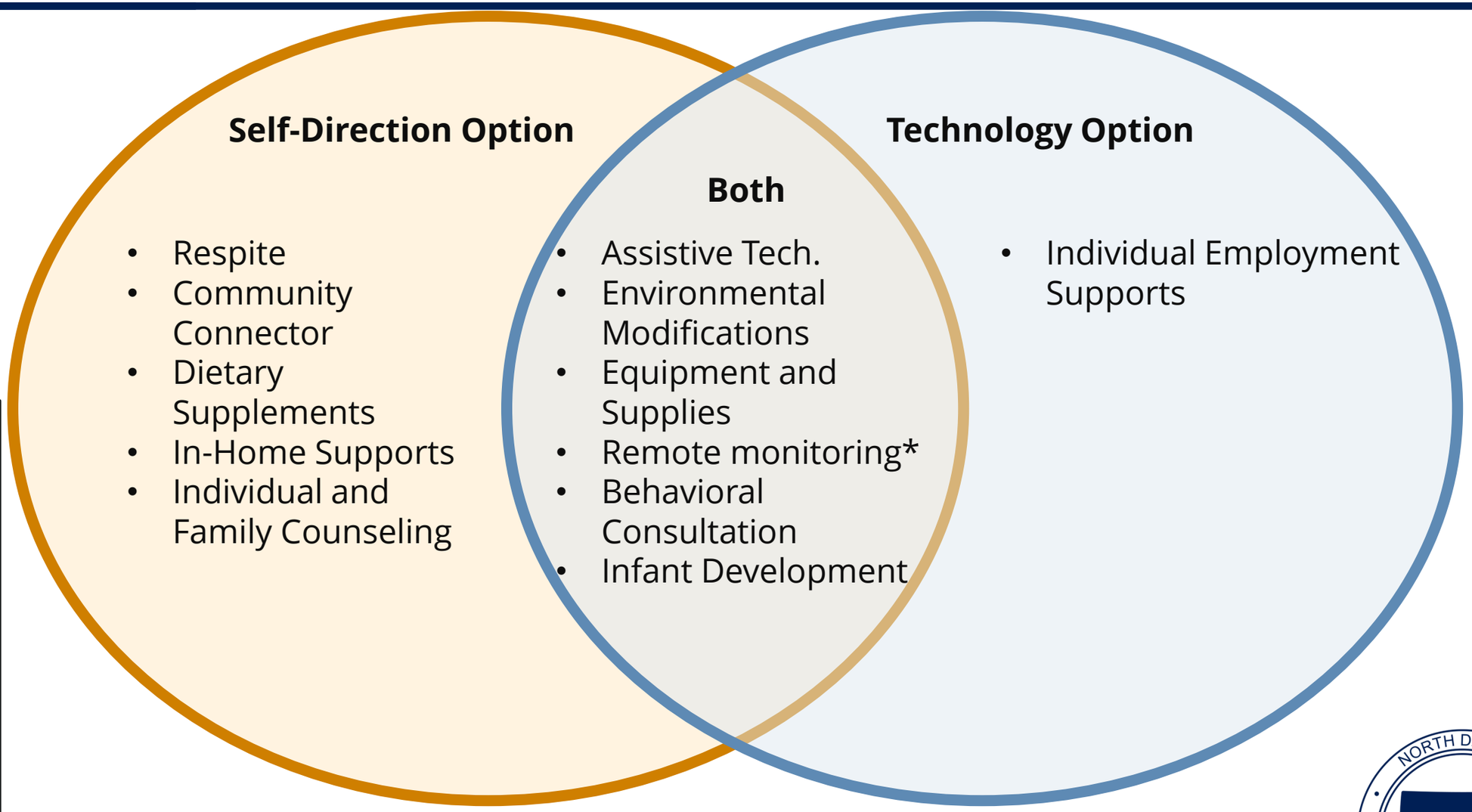
*Intermediate Care Facility for Individuals with Intellectual Disabilities

Appendix: Proposed Cross-Disability Waiver Service Arra

North Dakota
Cross Disability
Advisory Council

DRAFT

Summary of Current Waiver Service Modality Options



Paid Family Caregiver Option

As a waiver service modality, North Dakota doesn't currently pay legally responsible individuals for service provision. North Dakota does allow relatives who aren't the participant's legal guardians and aren't living in the participant's home to be paid for providing certain services, only if they meet specific requirements.

**Remote monitoring can only be self-directed on Individuals with Intellectual Disabilities / Developmental Disabilities waiver, not on the Autism Spectrum Disorder Waiver.*

DRAFT

Service Category Overview – Caregiver Support

Caregiver Supports are services that attempt to help family caregivers navigate the stress and challenges associated with caring for a child with disabilities.

- Respite is the most commonly covered benefit for family caregivers.
  - Respite provides short-term relief for caregivers. This allows them to travel and rest.
  - Respite can be provided for a few hours during a day to several weeks at a time.
  - Respite can be daily, weekly, or institutional. Daily respite is the most common care offered on waivers, weekly respite is the least common care offered.
- Other kinds of caregiver supports in waivers can include caregiver training, counseling, or support groups.

Caregiver Support Services (1 of 1)

Service is currently in these waivers:

Autism Spectrum Disorder Waiver

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	Respite

Simple Definition

Provides temporary relief to primary caregivers through short-term care for participating children. Can be provided in the child's home or the caregiver's home. Respite is flexible and is tailored to the family's needs. It ensures a child's unique medical and functional needs are met while maintaining their health and welfare. It helps prevent caregiver burnout, supports family stability, and delays institutionalization.

Existing Modalities

- **Self-Direction**: Can be self-directed (both waivers).
- **Tele-services**: N/A.
- **Paying Family Members**: Can be provided by relative, cannot be provided by a legal guardian or a legally responsible individual (both waivers).

Existing Limits

Limited to 600 hours per State Fiscal Year (Individuals with Intellectual Disabilities / Developmental Disabilities Waiver). Limited to 40 hours / month (Autism Spectrum Disorder Waiver).

Cannot be used as day/childcare. Cannot be used when Part B services could be used.

Service Category Overview – Equipment, Technology, Modifications, and Supplies

DRAFT

These services are material goods to help a person improve or maintain function.

- Most states cover equipment, technology, and modifications in any Home and Community-Based Services waiver program.
- More states cover these kinds of services in waivers for individuals with intellectual disabilities / developmental disabilities, but many also cover them in waivers for people ages 65+ or with physical disabilities.
  - **Equipment**: Devices, controls, or appliances that enable a person to perform Activities of Daily Living or to interact with their environment.
  - **Technology**: can include assistive technology and Information Technology infrastructure to support independence and improve functional capabilities.
  - **Modifications**: Structural or physical adaptations made to a person's home or environment to create an accessible / safe living environment.
  - **Supplies**: Consumable items necessary for a person's health and daily living to support proper functioning and needs not met by other services.

Equipment, Technology, Modifications, and Supplies Services (1 of 5)

Service is currently in these waivers:

Autism Spectrum Disorder Waiver

DRAFT

Service Title	Assistive Technology

Simple Definition

Provides items and services to improve a child's abilities, such as communication tools or mobility aids. It includes evaluation, customization, training, and maintenance of the technology. Recommendations from professionals ensure the technology meets the child's needs.

Existing Modalities

- **Self-Direction**: Can be self-directed.
- **Tele-services**: By nature, can include technology-based services.
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual.

Existing Limits

Limited to $5,000 per participant for the duration of the waiver, unless an exception is granted to prevent imminent institutionalization.

**The Individuals with Intellectual Disabilities / Developmental Disabilities Waiver provides Assistive Technology,*

Equipment, Technology, Modifications, and Supplies Services (2 of 5)

Service is currently in these waivers:

Medically Fragile Waiver

DRAFT

Service Title	Dietary Supplements

Simple Definition

Provides nutritional products for children who rely on supplements for their intake or have disease-specific needs. These supplements are prescribed based on medical evaluations and can include those administered through feeding tubes. Products like herbs or botanicals without scientific basis are excluded.

Existing Modalities

- **Self-Direction**: Can be self-directed.
- **Tele-services**: N/A.
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual.

Existing Limits

Does not cover products where little or no scientific basis has been established.

The Medically Fragile Waiver caps total waiver service spend in a year to $25,300.

**The Individuals with Intellectual Disabilities / Developmental Disabilities Waiver provides nutritional [illegible] service.*

Equipment, Technology, Modifications, and Supplies Services (3 of 5)

Service is currently in these waivers:

Medically Fragile Waiver

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	Environmental Modifications

Simple Definition

Provides funds to modify a family home or vehicle to improve accessibility and independence for children with disabilities. Modifications include ramps, lifts, bathroom adaptations, and vehicle adjustments to ensure safety and functionality. Professional recommendations are required to ensure the modifications meet the child's needs.

Existing Modalities

- **Self-Direction**: Can be self-directed (both waivers).
- **Tele-services**: By nature, can include technology-based services (both waivers).
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual (both waivers).

Existing Limits

Limited to $40,000 per participant in the five-year waiver period (Individuals with Intellectual Disabilities / Developmental Disabilities Waiver). Cannot duplicate modifications that could be covered under Early and Periodic Screening, Diagnostic, and Treatment benefit from Medicaid or the Medicaid State Plan.

The Medicaid Fragile Waiver caps total waiver service spend in a year to $25,300.

Equipment, Technology, Modifications, and Supplies Services (4 of 5)

Service is currently in these waivers:

Medically Fragile Waiver

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	Equipment and Supplies

Simple Definition

Covers specialized equipment, supplies, or safety devices to help children with disabilities perform daily activities and communicate effectively. This includes items like generators, clothing modifications, nutritional supplements, and assistive technology not covered by other programs. Maintenance and training for equipment use are also included.

Existing Modalities

- **Self-Direction**: Can be self-directed (both waivers).
- **Tele-services**: By nature, can include technology-based services (both waivers).
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual (both waivers).

Existing Limits

Does not cover generic items that are not specialized for a disability. Cannot duplicate equipment and supplies that are part of the Early and Periodic Screening, Diagnostic, and Treatment benefit from Medicaid.

The Medicaid Fragile Waiver caps total waiver service spend in a year to $25,300.

Equipment, Technology, Modifications, and Supplies Services (5 of 5)

Service is currently in these waivers:

Autism Spectrum Disorder Waiver

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	Remote Monitoring

Simple Definition

Provides Global Positioning System (GPS) tracking devices to monitor participants for health and safety risks, and to ensure safety for children prone to wandering. The service is tailored to individual needs and documented in the service plan, allowed for quicker responses in emergencies. The service promotes independence and safety while maintaining privacy and dignity.

Existing Modalities

- **Self-Direction:** Cannot be self-directed (Autism Spectrum Disorder Waiver). Can be self-directed (Individuals with Intellectual Disabilities / Developmental Disabilities Waiver).
- **Tele-services:** By nature, a technology-based service (both waivers).
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual (both waivers).

Existing Limits

Does not allow for experimental treatments or generic items (e.g., air tags) that are not specialized for a disability. Remote monitoring devices are limited to $5,000 per participant per waiver year, with a maximum of $25,000 per waiver period (year 1 through year 5 of the current approved waiver), unless an exception is approved to prevent imminent institutionalization.

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Service Category Overview – Community Integration

Community integration is demonstrated when people with disabilities are fully participating and equally valued members of their communities.

- Community integration supports help achieve the goal of full and equal participation in a community, instead of living separately in an institution.

- The goals of community integration are to reduce institutionalization, promote inclusion, enhance autonomy, and foster connections with others.

Community Integration Services (1 of 1)

Service is currently in these waivers:

Autism Spectrum Disorder Waiver

DRAFT

Service Title	Community Connector

Simple Definition

Helps children access community activities and build relationships in inclusive settings. Services include socialization, adaptive skills, and support for participation in community events. Activities are tailored to the child's goals and needs.

Existing Modalities

- **Self-Direction**: Can be self-directed.
- **Tele-services**: N/A.
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual.

Existing Limits

Does not cover anything that is entertainment in nature, nor activities that are solely instructor led and considered private instruction, such as private music lessons.

DRAFT

Service Category Overview – Home-Based Services

Home-based services provide additional support to help keep someone in their home.

- Services that support a person in his or her home or apartment, when the provider does not have round-the-clock responsibility for the person's health and welfare.
- These services can be provided in other community settings, but are primarily furnished in a person’s home or apartment.
- This service can include the supports offered in community integration, home health aide, personal care, companion, and homemaker if these supports are provided along with assistance in acquiring, retraining, and improving self-help, socialization, and/or adaptive skills.

Home-Based Services (1 of 2)

Service is currently in these waivers:

Medically Fragile Waiver

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	In-Home Supports

Simple Definition

Provides trained caregivers to assist children with disabilities in their homes, supporting daily living activities, mobility, and safety. It helps prevent institutionalization and can be provided while the primary caregiver is present or away. The service is tailored to meet the child's unique needs and integrates support into family routines.

Existing Modalities

- **Self-Direction**: Can be self-directed (both waivers).
- **Tele-services**: N/A (both waivers).
- **Paying Family**: Can be provided by a relative, cannot be provided by a legal guardian nor legally responsible individual (both waivers).

Existing Limits

Limited to 300 hours / month (Individuals with Intellectual Disabilities / Developmental Disabilities Waiver). Cannot be used when Part B services can be used instead.

The Medically Fragile Waiver caps total waiver service spend in a year to $25,300.

Service is currently in these waivers:

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Home-Based Services (2 of 2)

Service Title	Infant Development

Simple Definition

A home-based, family focused service that provides information, support and training to assist the primary caregiver(s) in maximizing the child's development utilizing a parent-coaching model. Infant Development professionals work with primary caregivers during home visits and consults to identify and adapt natural learning opportunities that occur during daily family and community routines.

Existing Modalities

- **Self-Direction**: Cannot be self-directed.
- **Tele-services**: N/A.
- **Paying Family**: Cannot be provided by a relative, legal guardian, nor a legally responsible individual.

Existing Limits

Cannot be provided at the same time as other direct care waiver services.

Service Category Overview – Other Mental and Behavioral Health Services

DRAFT

These waiver services reflect the fact that individuals with disabilities are likely to also face mental and behavioral health challenges and would benefit from supports that help address those.

- This service category tends to vary the most across states and across different waivers, according to waiver target populations and functional needs.
- These services largely consist of different kinds of therapies or counseling.
  - Can be targeted towards the waiver participant, towards the participant and the family, or just to the family.
- Services can sometimes include different behavioral supports and crisis interventions as well.
- Other mental and behavioral health services can be accessed in a state through a behavioral health system continuum of care.

Other Mental and Behavioral Health Services (1 of 2)

Service is currently in these waivers:

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Service Title	Behavioral Consultation

Simple Definition

Helps families develop intervention plans to address behavioral challenges. Services include training and technical assistance for caregivers. Plans are tailored to the child's needs and monitored for effectiveness.

Existing Modalities

- **Self-Direction**: Can be self-directed.
- **Tele-services**: May be provided remotely through virtual supports for non-hands-on tasks.
- **Paying Family** : Cannot be provided by a relative, legal guardian, nor a legally responsible individual.

Existing Limits

Limited to $5,200 per participant per State Fiscal Year. Cannot be used by participants who receive Residential or Independent Habilitation. Virtual supports cannot be used for surveillance or staff convenience. Cannot be provided in a clinical setting or a school. Cannot be billed at the same time as other services.

Other Mental and Behavioral Health Services (2 of 2)

Service is currently in these waivers: Medically Fragile Waiver

DRAFT

Service Title	Individual and Family Counseling

Simple Definition

Offers counseling to address stress related to a child's extraordinary medical needs, supporting their integration into home and community life. Sessions may include family-focused or individual counseling tailored to the child's situation. This service complements but does not duplicate counseling available under the State Plan.

Existing Modalities

- **Self-Direction**: Can be self-directed.
- **Tele-services**: N/A.
- **Paying Family** : Cannot be provided by a relative, legal guardian, nor a legally responsible individual

Existing Limits

Cannot duplicate what is available under the Medicaid State Plan.

The Medically Fragile Waiver caps total waiver service spend in a year to $25,300.

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Service Category Overview – Employment Support

Employment support services facilitate integrated, competitive employment for people with disabilities by providing tailored support to help them find, secure, and maintain jobs in their community.

- Supports can include career planning, job coaching, training, transportation, and other accommodations.
- These aim to support long-term success in the workplace and in community participation.
- The Individuals with Disabilities Education Act Part B and Vocational Rehabilitation programs also provide these services. Home and Community-Based Services waivers have to be careful to not duplicate services for its participants that are likely receiving them elsewhere.
- Key aspects of the support include creating integrated settings, conducting person-centered planning, providing individualized support, and providing ongoing support to ensure sustained employment.
- Because the Cross-Disability Waiver is a children's waiver, some employment services on the Individuals with Intellectual Disabilities / Developmental Disabilities waiver may not be the best fit for this waiver, especially if they are routinely provided through other programs like Part B or Vocational Rehabilitation.

Service is currently in these waivers:

Individuals with Intellectual Disabilities / Developmental Disabilities Waiver

DRAFT

Employment Support Services (1 of 1)

Service Title	Individual Employment Support

Simple Definition

Provides one-on-one support to help participants maintain paid employment or self-employment in integrated settings. Services include job-related interventions and transportation assistance when necessary. Participants are paid at or above minimum wage, and supports are tailored to individual needs.

Existing Modalities

- **Self-Direction**: Cannot be self-directed.
- **Tele-services**: May be provided remotely through virtual supports as needed.
- **Paying Family**: Can be provided by a relative, cannot be provided by a legal guardian nor a legally responsible individual.

Existing Limits

Total hours in Day Habilitation, Individual Employment Support, Prevocational Services, and Small Group Employment may not exceed 40 hours per week. This service does not include facility-based support.

Appendix: Cost Components for Children's Waiver Modernization

North Dakota Cross Disability Advisory Council

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What Will the Cross-Disability Waiver Cost? (1 of 2)

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

Target Populations Being Considered for the Cross-Disability Waiver:



Children from birth through 2 with low-high needs

This group's costs are estimated to **not change** when on the Cross-Disability Waiver.

Medically Fragile Children

This group's costs are estimated to **increase slightly** when on the Cross-Disability Waiver.

Children with Autism Spectrum Disorder

This group's costs are estimated to **increase slightly** when on the Cross-Disability Waiver.

These target populations are currently being served on North Dakota's existing waivers.

Children aged 3 through 5, lower needs

Children with physical disabilities-only

These new target populations aren't currently being served on North Dakota's waivers. Including any of these will increase the Cross-Disability Waiver's costs:

- **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 Information Technology costs to manage more people's waiver information.
- **Fiscal Management Service**: more Fiscal Management Services costs to help more people that may self-direct services.

**Note that children aged 3+ with intellectual disabilities and high support needs are currently served on the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver.*

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What Will the Cross-Disability Waiver Cost? (2 of 2)

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 Cross-Disability Waiver:



State Case Management	Therap for case note maintenance	Implementing a new needs assessment tool	Fiscal Management Services vendor for self-directing participants	Support Broker for self-directing participants	New service for parents to be paid providers
More waiver participants will require more Case Managers.	More waiver participants will increase Therap costs.	Costs from buying the tool, training staff on use, building into Information Technology systems, etc.	More waiver participants will increase Fiscal Management Services costs.	This would be a net new cost.	Costs from the increased spend on waivered services for parents who provide some services.

Existing or new operations required for Cross-Disability Waiver.



Launching the Cross-Disability Waiver requires additional state Case Managers and a modernized needs assessment tool. **This means that the Cross-Disability Waiver will require additional investment from North Dakota, regardless of which target populations are served.**

Appendix: Unserved Populations Proposed to Add to the Cross-Disability Waiver

North Dakota Cross Disability Advisory Council

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Where Are People With Physical Disabilities Served?

There are different waiver options for people with physical disabilities, depending on their age and needs.

Current State

Children

LIMITED: Medically Fragile Waiver, Ages 3-17

Does not cover most children with physical disabilities; only those who are deemed medically fragile

Adults

Aged and Disabled Home and Community-Based Services Waiver Ages 18+

Future State

Cross-Disability Children's Waiver

Medically Fragile Children

+

POTENTIAL: Children with Physical Disabilities

Aged and Disabled Home and Community-Based Services Waiver Ages 18+

DRAFT

Current Service Landscape for Young Children With Disabilities

The Individuals with Disabilities Education Act and Medicaid provide two of the core support systems for young children with disabilities in states across the country, including North Dakota.

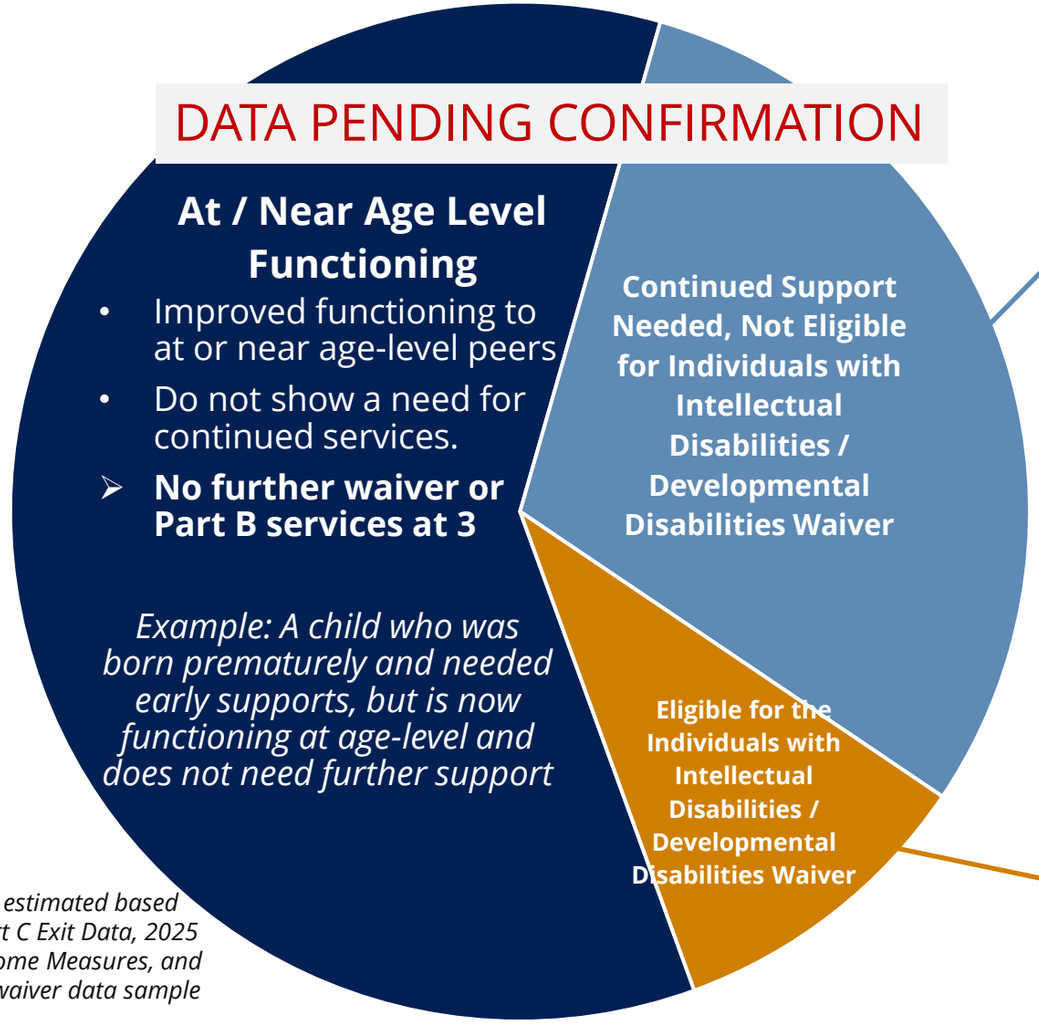


Individuals with Disabilities Education Act Programs	• Part C of the Individuals with Disabilities Education Act serves children with disabilities from birth until age 3 • Also known as Early Intervention Services	Eligibility for Individuals with Disabilities Education Act programming changes when children turn 3	• Part B of the Individuals with Disabilities Education Act serves children with disabilities aged 3 until age 21 • Focused largely on school-based supports and serviced
North Dakota Medicaid Home and Community-Based Services Waiver Access	• **Eligibility:** Individuals with Intellectual Disabilities / Developmental Disabilities waiver utilizes eligibility requirements similar to Part C • Leads to strong waiver services for children from birth until age 3	Eligibility for Individuals with Intellectual Disabilities / Developmental Disabilities waiver changes when children turn 3	• **Eligibility:** The Individuals with Intellectual Disabilities / Developmental Disabilities waiver utilizes new eligibility requirements (same requirements used for all ages 3+) • No longer mirrors Individuals with Disabilities Education Act Program Requirements • Children may not continue to qualify due to the new eligibility requirements around their 3rd birthday • *New 3-5 eligibility planned for future*

Where Children Go When They Finish Early Intervention at Age 3

DRAFT

When children graduate Early Intervention at age 3, they may or may not continue to need some level of formal supports. Below is a directional-in-nature estimate of the proportion of children who transition into different programs.



Proportions estimated based on 2021 Part C Exit Data, 2025 Part C Outcome Measures, and 2018-2021 waiver data sample

- Show need for continued formal supports.
- Do not meet the level of need for the Individuals with Intellectual Disabilities / Developmental Disabilities waiver.
- **Some qualify for the Autism Spectrum Disorder and Medically Fragile Waivers, depending on condition and need. Most primarily access formal supports through school (Part B).**

Future: This is the group of children who may be served on the Cross-Disability Waiver (existing Autism Spectrum Disorder and Medically Fragile Waiver children, new groups such as children with physical disabilities, etc.)

- Show significant need for continued formal supports related to intellectual functioning
- Meet the level of need for the comprehensive Individuals with Intellectual Disabilities / Developmental Disabilities waiver

➢ **Access services on Individuals with Intellectual Disabilities / Developmental Disabilities waiver, very likely also receive Part B services in school**

CDAC 1.0 Recommendation for Streamlining Supports for Children Aged 0-5

DRAFT

Based on the data shared about the transition that currently happens at age 3 for most participants on the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver, CDAC 1.0 formulated the recommendation that became part of Goal #1 for CDAC 2.0.

CDAC recommended that both waivers enhance their eligibility processes for youth.

- The Individuals with Intellectual Disabilities / Developmental Disabilities Waivers eligibility process should be modernized to clarify its intent to serve youth with functional needs related to intellectual disabilities.
- The Cross-Disability Waiver's modernized eligibility process should reflect the needs of youth with other developmental disabilities.

These recommendations for children aged 3-5 could inform opportunities to streamline the supports for children aged 0-5. Even with a modernized level of care, starting children aged 0-2 on the Individuals with Intellectual Disabilities / Developmental Disabilities Waiver may mean many children experience a transition between waiver programs at age 3.

CDAC 1.0

Recommendation:
Include a new, modernized eligibility process for children aged 3 through age 5 to qualify for the cross-disability children's waiver to provide continued Medicaid waiver support for very young children with disabilities. Consider aligning this new eligibility with Part B of the Individuals with Disabilities Education Act.

CDAC 2.0

Goal #1: Create a new children's waiver

Create a new Home and Community-Based Services waiver for children aged 3 until age 21. This waiver will serve children different disabilities.

Future State: New Children's Cross Disability Waiver

- Designed to serve all qualifying children with mild to moderate support needs, aged 3 until age 21
- Two ways for children to qualify:
  - Modernized level of care for children aged 3-5 and
  - Modernized level of care for children aged 6+

You have now reached the end of the Appendix, and the end of the CDAC 2.0 Report.

CDAC thanks you for the time taken to review its recommendations to Health and Human Services on modernizing children's waivers.

CDAC North Dakota Cross Disability Advisory Council