Cross Disability Advisory Council Meeting

North Dakota Cross Disability Advisory Council

July 23, 2026

AGENDA

I. Welcome Activities
II. Level of Care Refresh
III. Front Door Journey Mapping
IV. CDW Budgeting Exercises
V. Closing Activities
VI. Public Comment

Welcome Activities

CDAC North Dakota Cross Disability Advisory Council

DRAFT

Approach to July CDAC

- **Answer – CDAC Questions**: We will answer your survey questions throughout our time together

- **Learn – Content Overview**: We want CDAC members to **understand**:
  - ND's approach to LOC modernization and the process of selecting a new assessment tool
  - What some options are for the "front door" to the CDW.
  - The impact of the policy decisions and budget on the CDW

- **Discuss – Feedback:** We want CDAC's **input** on:
  - What information families need to know about testing the new assessment tool
  - How the "front door" experience can best be set up for CDW as a new program.
  - What combination of policy tradeoffs could best help address some of the gaps seen today while staying within a restricted budget.

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

Update on CDAC's Questions

We made a survey for CDAC to ask questions at the midpoint of CDAC 2.0. We have answers for some of those questions.

- We made a survey for CDAC to ask any lingering questions you might still have. HHS and A&M might not have the answers yet to every question. But we wanted to hear from you and answer as many questions as we could.

- Asking these questions now is important. It will help make sure CDAC understands the information you've learned in the last year. This will help you to take on important roles in the second year of service.

Most of these questions will be answered throughout our time together today!

Answering Your Q's: What Happens if a Child is Ineligible?

ND shares information and resources to help families who do not qualify for waiver services

- **What happens when a child is determined to be ineligible for waiver services? What is the current process for reapplying if a child's needs change over time? Are there timelines, reassessment procedures, or appeal processes that families should be aware of?**

- **Denials**: When a child is found ineligible for *DD program management*, the program manager typically calls the family and explains the decision. ND also sends a denial letter (and phone call) that includes information about other resources that might help the family.

- **Reapplications:** HHS welcomes families to reapply if they have new information. Families of the youngest children may also apply in another 3 months if there are no changes.

- **Appeals:** Some families may choose to do an informal conference (DD only), where they meet with HHS and review the decision. For all waiver types, families can file a formal appeal within 30 days of the date of their letter. This begins a legal process for reviewing the decision in court.

Key Concept Review – HCBS Waivers & LOC

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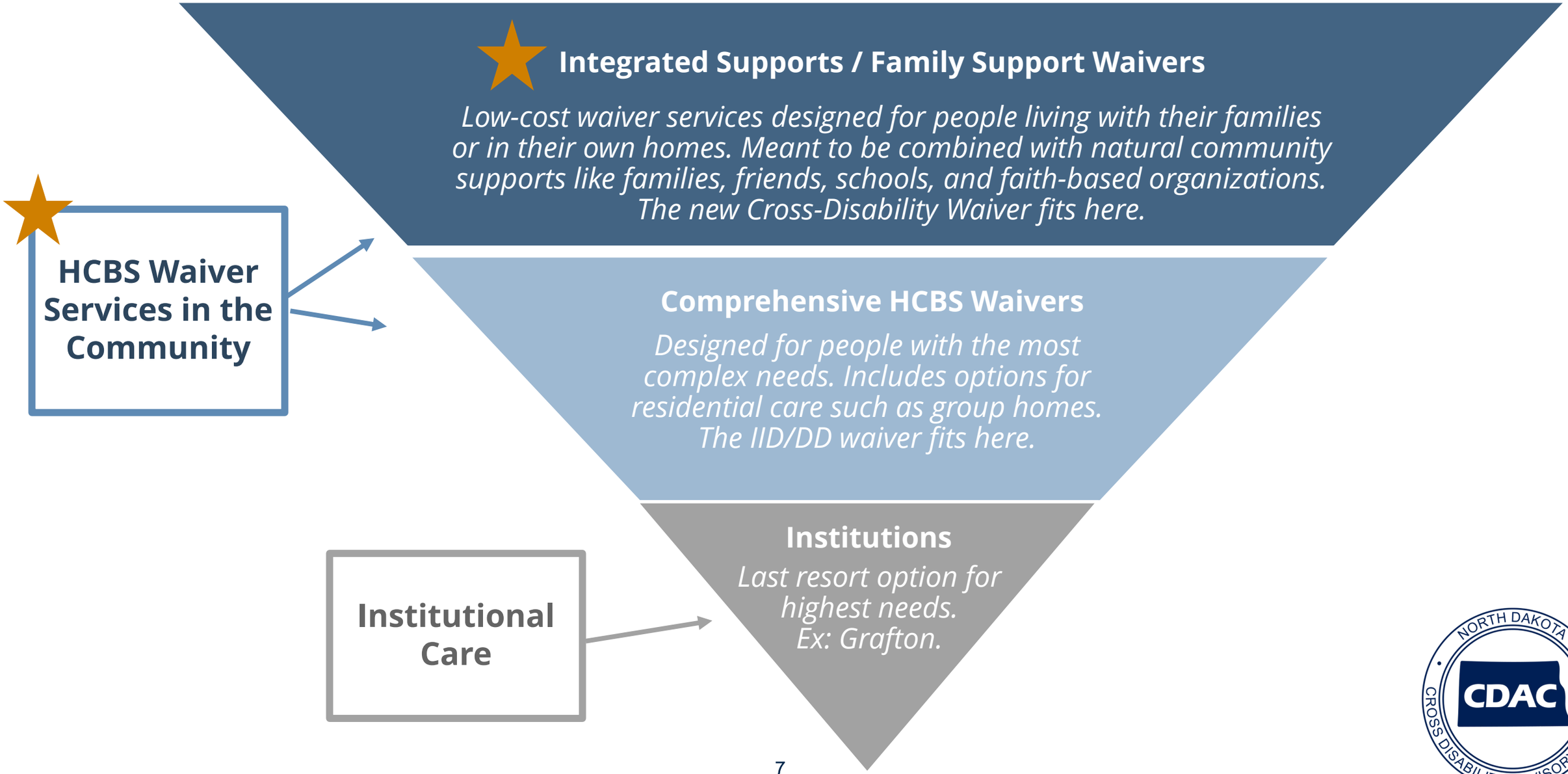
How Do States Provide Long-Term Services Through Medicaid?



Key Concept Review: The Role of HCBS 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 HCBS Waivers.
- People can access HCBS waiver supports while living in their homes and communities.
- **HCBS waivers make it possible for people to live in the community *instead of* institutions.**

Review: HCBS Waivers and Institutional Level of Care (1 of 2)

HCBS waivers are an alternative to institutional care.

- The Federal government created HCBS waivers* as an alternative to institutionalization.
- Waivers are meant to replace institutional care. This means states must link HCBS 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

**HCBS waivers were first established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981*

Review: HCBS Waivers and Institutional Level of Care (2 of 2)

An HCBS waiver's Level of Care (LOC) 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, or LOC.**
- 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."

Examples of HCBS Waivers and Level of Care

Let's talk through some examples of what this looks like in practice!

Example #1: A state creates a new waiver to help older adults to stay in their homes longer. The state designs this waiver to serve people who might otherwise receive care in a nursing facility.

Example #2: A state creates a new waiver to help keep children with intellectual disabilities in their family homes. The state designs this waiver to serve people who might otherwise receive care in an ICF.

Questions:

- What type of institution is this waiver based on?
- What is the waiver's level of care?
- How would the state determine if a person meets this level of care?

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Code: 2387 2860

A Note on The Difference Between Institutions and Waivers

HCBS waivers are linked to institutions, but there are important differences between them.

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

CDAC Question – Multiple LOCs in a Waiver

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Answering Your Questions: What Does Multiple LOCs Look Like?

States can have more than one LOC in an HCBS waiver.

- CDAC asked: **"What does it look like with 2 different LOCs in one waiver? The two combined waivers for the new cross disability waiver would be different. You once stated there are waivers with 2 LOC in them, could you show an example of how it reads?"**

- States can in fact combine different LOCs in one waiver
  - Sometimes this is done to combine target populations (ex: cross-disability waiver)
  - Some populations can have more than one LOC too. For example, older adults or medically fragile children could be both hospital and nursing facility.

- We have pulled examples of states with multiple LOCs in the following slides.

- We will start by looking at federal guidance on this topic and then dive into a couple of state examples.

Federal Guidance on Using Multiple Levels of Care in a Waiver

CMS guidance explains how states can select multiple LOCs in a waiver.

Excerpts from the CMS Waiver Technical Guide:

On Serving Multiple Populations

"When completing this item, it is important to keep in mind that, per 42 CFR §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 LOCs

"Waiver services may only be furnished to individuals who are determined to require the level of care furnished in a hospital, nursing facility or ICF/IID … 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."

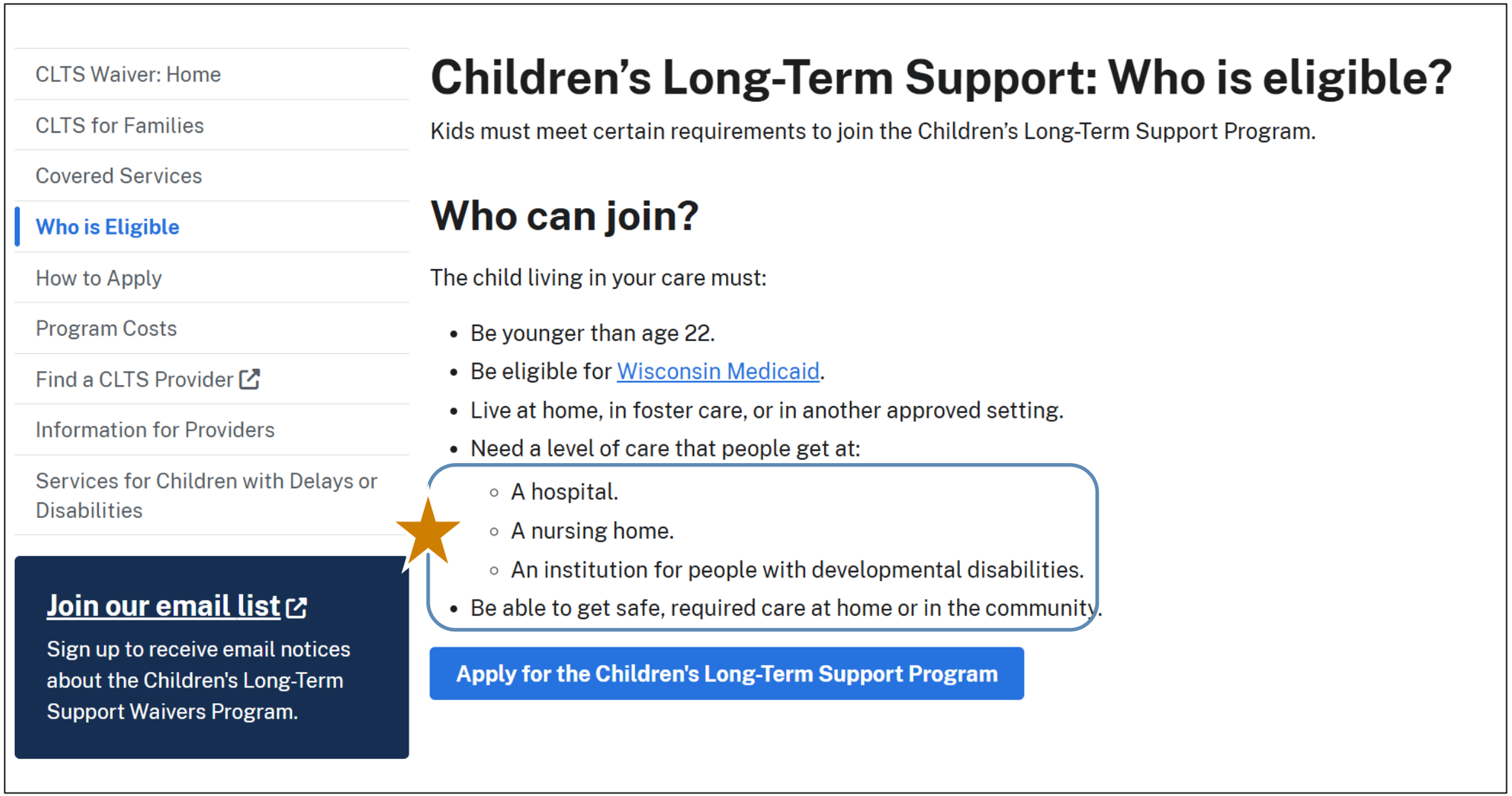
Overview of Wisconsin's Approach to Using Multiple LOCs (1 of 2)

Wisconsin uses multiple LOCs in its children's HCBS waiver. This is also a cross-disability waiver.

- The WI Children's Long-Term Support (CLTS) Waiver serves children with disabilities
- This waiver serves kids with many types of disabilities
- The waiver includes multiple LOCs
- This is a cross-disability children's waiver
- It is similar in a lot of ways to how ND's waiver will look

Overview of Wisconsin's Approach to Using Multiple LOCs (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: Level of Care

Level of Care: Excerpt from HCBS Waiver, Request Information

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

☒ **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.

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

Target Population: Excerpt from HCBS 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, DD, ID

SED

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

Target Population: Excerpt from HCBS 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: Evaluating LOC

Evaluation of Level of Care: Excerpt from HCBS 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 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."

Colorado's Complementary and Integrative Health Waiver

Level of Care: Excerpt from HCBS Waiver, Request Information

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:

Federal Rules on Waiver Eligibility & Assessments

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Federal Rules About Waiver Eligibility

Level of Care is one of several CMS requirements for waivers.

CMS allows states to provide HCBS to individuals who:

1) **Meet institutional level of care (LOC)**
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

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Check for Understanding: Waiver Eligibility Requirements

Which qualifications does someone *always* need to meet to receive a Medicaid waiver?

a. Meet the waiver's institutional level of care (LOC)

b. Be a member of the waiver's target population

c. Have a Developmental Disability

d. Meet Medicaid enrollment criteria (financial, residency)

e. Receive Supplemental Security Income (SSI)

f. Have income below the Federal Poverty Level (FPL)

g. Demonstrate need for at least one waiver service

h. Live in a group home

i. Chose to enter the waiver

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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).
- CMS 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 LOC will be "compared" to the costs of hospital services.*

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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 (LOC). This is assessed by the State.

- **Together, level of care and target population define who a waiver serves.**

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How LOC and Target Population Apply to Individuals with ID/DD

CMS includes guidance on how individual with ID/DD can be served.

- Individuals in the target group “intellectual disabilities or a developmental disability” must meet ICF LOC.
- ICFs are defined as serving persons with “intellectual disability or a related condition” (as defined in 42CFR S435.1009).
- **To meet ICF LOC, individuals must either have an intellectual disability or a related condition.**
- Individuals in target populations must also meet LOC.

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CMS Guidance on Developmental Disabilities

CMS Guidance specifically talks about the question of ID/DD.

“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 ICF/IID 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)

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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.

Front Door Journey Mapping

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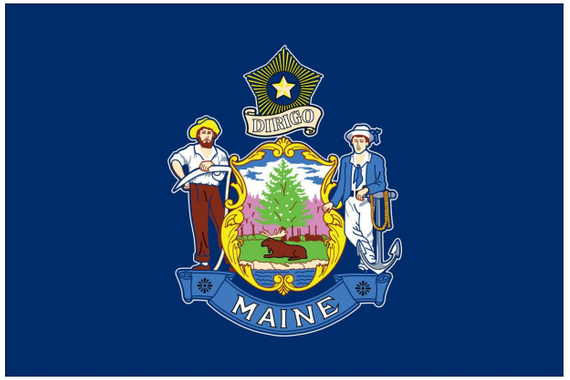

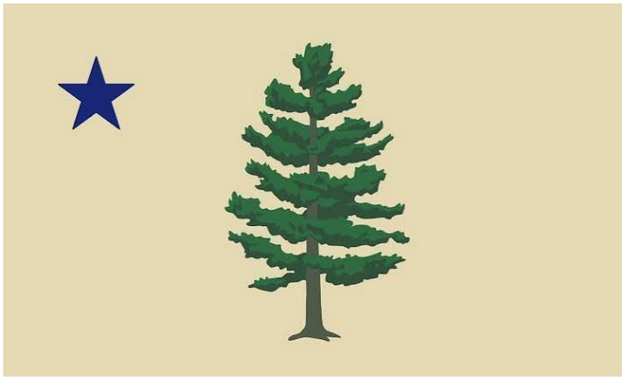

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Review: What is the Front Door?

The "front door" is how states connect people to services.

- The front door is where people can learn about what services are available.
- There are staff who help people start to think about what they need and want. This is the start of person-centered planning.
- The front door also helps people learn how to apply for services. This is the beginning of the eligibility process.

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Overview of the “Front Door Journey” to Support

The Front Door System can be viewed into two categories

Pre-Front Door

Front Door

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Pre-Front Door

The "Front Door Journey" captures each step of seeking support, from a family's curiosity to an individual assessment.

Pre-front door

- The steps leading up before formally contacting HHS
- **Helps families and the public understand available services and know how to start**
- Includes:
  - Medical diagnosis
  - Family recommendation
  - Googling online
  - Reading pamphlets and websites

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Front Door

The "Front Door Journey" captures each step of seeking support, from a family's curiosity to an individual assessment.

Front door

- Beginning formal engagement with state resources
- **Helps families complete the application process and receive a clear eligibility outcome**
- Includes:
  - Completing waiver applications
  - Calling a central hotline
  - Official medical assessments
  - Eligibility determinations
  - Official paperwork and guidance from enrollment specialists

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Review: What Does the Front Door Look Like?

States structure their front door systems differently.

- States use the front door to help people access supports and services from multiple agencies.
  - This could mean that one resource center can help everyone who calls.
  - It could also mean the resource center connects people with the right place to help them.
- The goal is that when someone calls for help, they can get connected to information on many different programs
- We will talk about ND's front door system next.

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North Dakota's "Pre-Front Door" to Supports

Here's what North Dakota's "Pre-Front Door" to supports looks like today:

- North Dakota's adult / aging programs, including waivers, have a central informational website and phone line.
  - The Aging Disability Resource Link (ADRL), hosted at **ndcarechoice.hhs.nd.gov** — one informational entry point regardless of need

- North Dakota's children's programs have information in a few distinct locations.
  - Families will likely start researching by visiting the **ND Medicaid Waivers Page**.
  - Subsequently, families will likely go to 2–3 separate webpages to determine what best applies to them.
    - **MF and ASD: www.hhs.nd.gov/cfs/children-waivers**
    - **IID/DD: www.hhs.nd.gov/dd**

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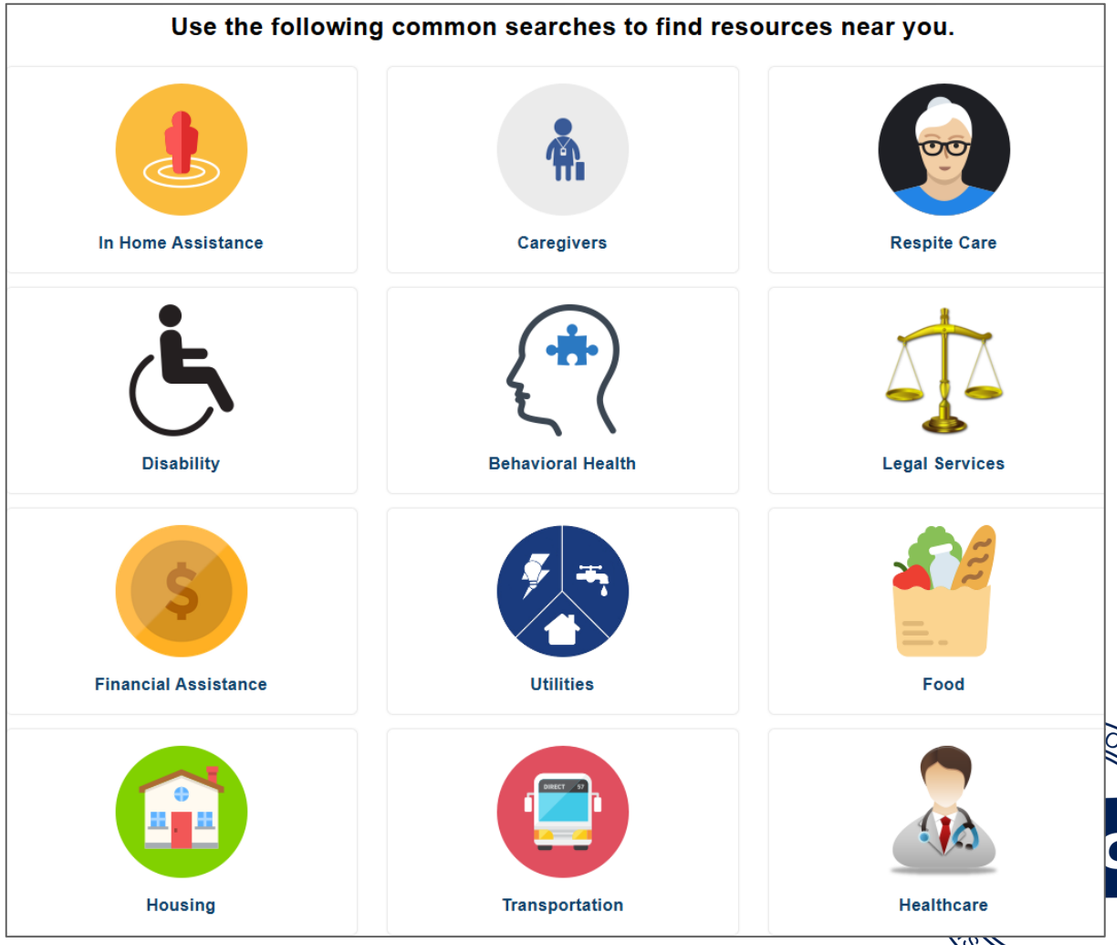
How Does North Dakota Connect People to Services?

There are several ways people can get information about state services and supports

- North Dakota runs something called the ND Aging and Disability Resource Link (ND ADRL).
- The ADRL gives people lots of information about where they can get help.
- North Dakota also has Developmental Disabilities Regional Offices.
- Local advocacy organizations, such as Family Voices, also help connect families to information and resources.
- Community members and word of mouth is an important information source too!



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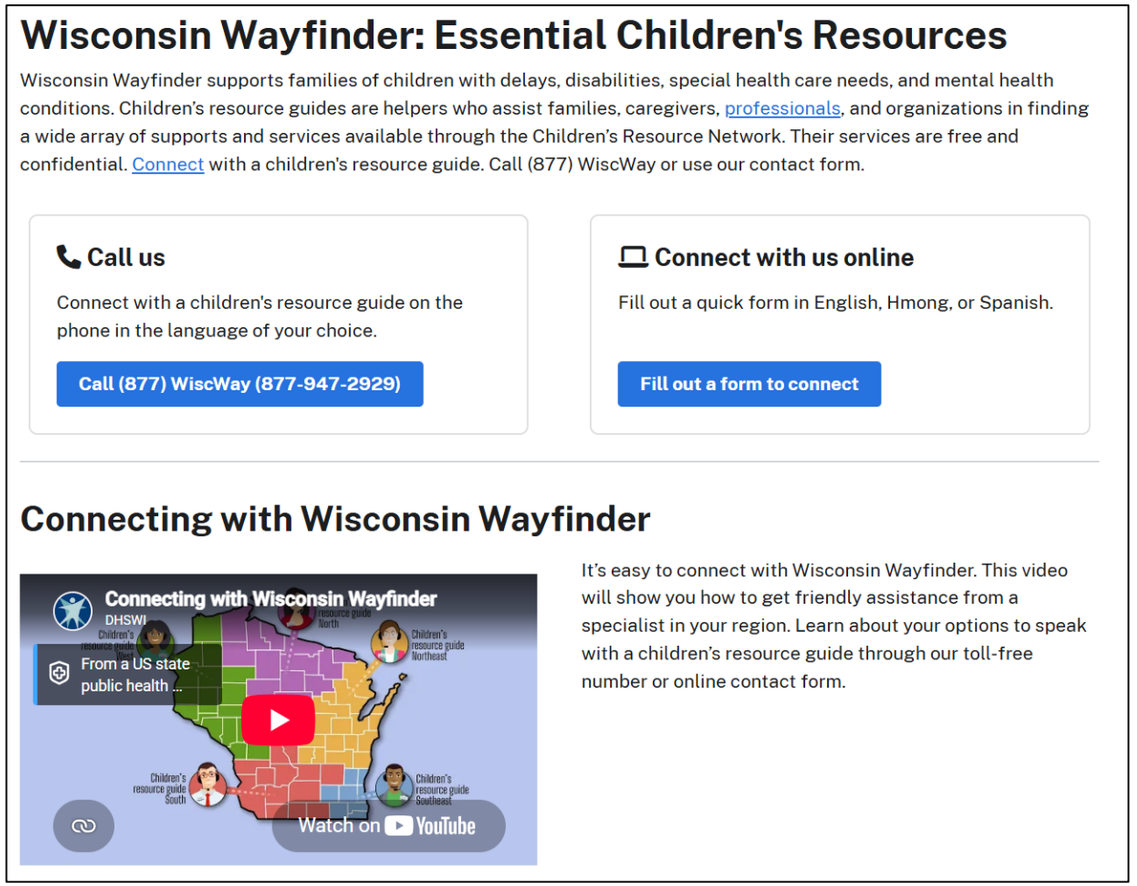
Wisconsin's "Pre-Front Door"

Wisconsin is another state with an already established cross-disability waiver and centralized resource hub.

Wisconsin Wayfinder
Children's Resource Network

- A statewide, family-facing website and consistent brand for children with delays, disabilities, special health care needs, or mental health conditions
- A family can start in one place regardless of diagnosis or which program eventually fits
- Purely informational/navigational — formal application still happens later through the county
- **Why it matters:** families get oriented and routed before anyone asks them to fill out paperwork



Wisconsin Wayfinder: Essential Children's Resources

Wisconsin Wayfinder supports families of children with delays, disabilities, special health care needs, and mental health conditions. Children's resource guides are helpers who assist families, caregivers, professionals, and organizations in finding a wide array of supports and services available through the Children's Resource Network. Their services are free and confidential. Connect with a children's resource guide. Call (877) WiscWay or use our contact form.

Call us

Connect with a children's resource guide on the phone in the language of your choice.

Call (877) WiscWay (877-947-2929)

Connect with us online

Fill out a quick form in English, Hmong, or Spanish.

Fill out a form to connect

Connecting with Wisconsin Wayfinder

It's easy to connect with Wisconsin Wayfinder. This video will show you how to get friendly assistance from a specialist in your region. Learn about your options to speak with a children's resource guide through our toll-free number or online contact form.

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CDAC's Pre-Front Door Recommendations

CDAC previously voted to recommend CDW have clear language online and in the application process

#	CDAC Recommendations
A.1	Include clear language information about the new waiver on the HHS website. Partner with community resources to spread awareness.
A.2	Provide families with a clear understanding of the application process, including who is likely to qualify for services, before they decide to apply.
A.3	Use a family-friendly application process that is easy to understand, and trauma informed. Provide families with a simple way to ask questions and check their status.
A.4	Create an expedited version of the application process for families with children who are already receiving services under a different waiver.
A.5	Share plain language information about appeals options during the application process.

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Discussion – North Dakota's Pre-Front Door Experience

We are interested in your personal experience and the experiences you think other families have had.

Discussion Questions:

1. How can we best help prospective families understand what a waiver is and what it can do for them?
    1. What would be important for families to know?
    2. How could families tell if this would be a good fit for them?

2. Which partners are important in the pre-front door network?

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Review: Requirements for Waiver Eligibility

To qualify for and be eligible for a waiver, an applicant must check all these boxes.

CMS requires that HCBS Waiver participants:

1) Meet institutional level of care

2) Be members of waiver target population*

3) Be eligible and enroll into Medicaid (including financial and residential requirements)

4) Demonstrate a need for at least one waiver service (functional level of need)

5) Choose to enter the waiver

**Target population includes conditions / diagnoses, such as having an ASD diagnosis.*

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North Dakota's "Front Door" to Certain Waivers

North Dakota's ASD and MF Waivers have similar processes, while the IID/DD Waiver has more steps.

Autism (ASD)

ASD Diagnosis Made → (optional) Contact State Waiver Administrator → ASD Waiver Application Submitted → Level of Care Evaluation (Vineland 3) → Added to Waitlist (repeat Vineland after waitlist) → Medicaid Eligibility Determined → Waivered Services Begin

Medically Fragile (MF)

MF Diagnosis Made → (optional) Contact State Waiver Administrator → MF Waiver Application Submitted → Level of Care Determination Conducted by DHHS → Level of Need Assessment Completed by Primary Care Physician → Medicaid Eligibility Determined → Waivered Services Begin

Developmental Disability (DD)

Contact Regional DD Unit → Intake Meeting Completed → Application & Releases Submitted (Records and Evaluations Gathered) → Eligibility Determination → Level of Care Screening (DDPM) → Selected & Service Plan Developed → Medicaid Eligibility Determined → Waivered Services Begin

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Other States' "Front Doors" to Certain Waivers

Here is the "front door" to accessing certain waivers in some other states:

Wisconsin

Contact Wisconsin Wayfinder or local agency office → Submit referral application → Complete disability and functional eligibility review and home screen (LOC) → Determine Medicaid and program eligibility → Develop service plan and waivered services begin

South Dakota

Contact Dakota at Home → Submit referral application → Functional assessment (LOC) → Determine Medicaid and financial eligibility review → Develop service plan and waivered services begin

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CDAC's Front Door Recommendations

CDAC previously voted to recommend CDW be clear, fair, and work smoothly across target populations

#	CDAC Recommendations
A.1	Include clear language information about the new waiver on the HHS website. Partner with community resources to spread awareness.
A.2	Provide families with a clear understanding of the application process, including who is likely to qualify for services, before they decide to apply.
A.3	Use a family-friendly application process that is easy to understand, and trauma informed. Provide families with a simple way to ask questions and check their status.
A.4	Create an expedited version of the application process for families with children who are already receiving services under a different waiver.
A.5	Share plain language information about appeals options during the application process.

DRAFT

Discussion – North Dakota's Front Door Experience

We are interested in your personal experience and the experiences you think other families have had.

Discussion Questions:

1. What is one thing that the front door for the CDW waiver system could improve upon?

2. Where in the front door experience might families be most surprised (comparing their expectations with reality)?

3. What can we tell families at the start of the process to help them understand it? Ex: Timelines, process steps, required forms

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Code: 2387 2860

CDW Budgeting Exercises

North Dakota Cross Disability Advisory Council

Foundational Budget Recommendations From CDAC 1

CDAC 1.0 determined that the main goal of this waiver is to <u>increase access</u> to more people. This is our foundation.

- During CDAC 1, we talked about all the ways the new waiver could help improve services for families.
- We asked the first CDAC to think about what kinds of improvements would be the most important.
- CDAC 1 discussed and voted on what their top priority would be if they had to pick.
- Their top priority was **increasing access.** This means helping more people get services
  - Ex: making it easier for kids 3-5 to qualify for a waiver.
  - Ex: adding populations to waivers, such as kids with DD but no ID.
- **We will use CDAC 1.0's recommendation to increase access as our foundational philosophy today and moving forward.**

Answering Your Questions: Will the CDW Still Happen?

ND has created a plan to still launch the CDW even with minimal funding. This would serve as a foundation for the future.

- **CDAC asked: With the uncertainty of Medicaid coming from the federal level and the Governor's proposed 10% cut to Department of Health and Human Services budget, is there a chance that all of the work of CDAC 1.0 and CDAC 2.0 will go by the wayside?**

- Given budget challenges, we know that ND may not appropriate the amount of money we originally hoped.

- We are working on an option that would let ND launch a CDW that combines ASD and MF and moves Early Intervention over.

- This would allow ND to build a vehicle for serving kids across the spectrum of disabilities. This waiver could be expanded to include new populations in the future.

- CDAC's work would make it much easier to build and expand the waiver in the future as funding becomes available.

Answering Your Questions: Can ND Still Add People to the CDW?

Whether ND can still add new populations depends on the final budget.

- **CDAC asked: Is it still realistic to add new populations to the CDW with the budget situation?**
- Part of the original goal for the CDW was to expand access to groups not currently eligible for waivers.
- Whether this goal is immediately achievable depends on the final investment from the legislature.
- If funding isn't enough to expand access immediately, the CDW will still create an important framework to serve kids based on need. This means groups can be added in the future instead of having to create a whole new waiver again.
- We will walk through some examples of budget investment and what that means for different waiver choices together.

What is the Impact of Individual Waiver Budgets?

Whether New Populations Can Be Added Depends Mostly on Budget, but also on factors like how much per person the spend is

- **Budget is the biggest factor that will impact how many people can be served on the new waiver.**

- There are some other factors too, though.

- The one that we have the most control over is how much money each person on the waiver spends.
  - More money per person = fewer total people served.
  - We still want to make sure people have enough to meet their basic needs though.

- It is a balance between everyone getting “enough,” and making the money we get stretch.

Answering Your Questions: How Will Budget Impact CDW?

Whether ND can still add new populations depends on the final budget.

- **CDAC asked: What is the projected budget for NDHHS and how will that impact the Cross Disability Waiver?**

- **Projected Budget**: We won't know the Governor's proposed HHS budget until December. We do know the Governor has asked HHS to cut 10% from its current budget. The final HHS budget will be decided by the legislature during the 2027 session, from January – May 2027.

- **Impact to CDW**: The amount of money appropriated to HHS will influence how CDW looks at launch. We have been working to create some projections depending on different amounts of funding appropriations. We will look at this together.

Examples of Budget Scenarios:

How might options for the CDW change depending on ND's budget investment?

- A&M has built a budget visualization tool to estimate what options would be available based on investment.
- We will pull this tool up and walk through some examples together now.
- This will let us look at what is possible with varying investment levels, as well as levers like individual caps.

Questions for Reflection

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Reactions to potential budget levels:

- How do you feel about the low investment situation?
- How do you feel about the medium investment situation?
- How do you feel about the high investment situation?

Additional Feedback:

- What are you most worried about if the budget is limited?
- What are your thoughts about how we can best preserve access if budget is limited?
- What is most important for the State to keep in mind as it sets the budget and makes related policy decisions for the new waiver based on this budget?

Answering Your Questions: What is the CDW Timeline?

Launching the CDW depends on CMS approval.

- **CDAC asked: What is the timeline for after this biennium?**
- The goal is to submit the CDW waiver application to CMS for review at the start of the 27-29 biennium, if funds are allocated for the waiver.
- CMS will review the application and ask ND questions. We won't know how long this will take. Sometimes CMS approves in six months, other times they'll approve faster or slower than that.
- If CMS approves the waiver, ND 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 cross-disability children's waiver application to CMS June 30, 2027

Phase 2: Waiver Approval and Implementation Planning

July 2027 – December 2027

Objective: Secure CMS approval 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

Appendix – Waiver References

North Dakota Cross Disability Advisory Council

Multiple LOC – WI

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.

Appendix – Assessment Tool Options

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.

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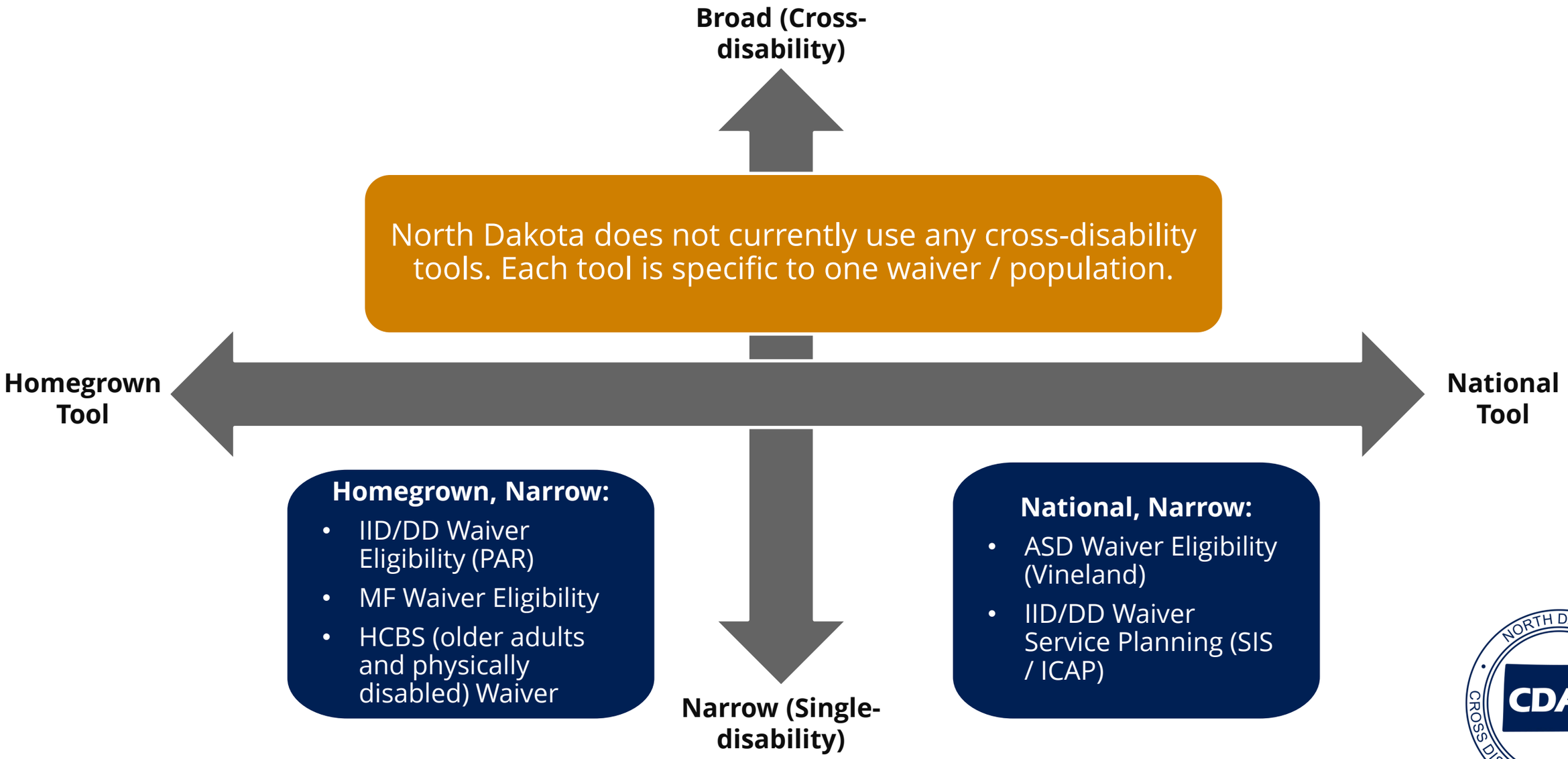
What Types of Tools Does North Dakota Use?



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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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Discussion: National Versus Homegrown Tools

What do you think about national versus homegrown?

- What do you like about the idea of a national tool?
- What concerns you about a national tool?
- What do you like about the idea of a homegrown tool?
- What concerns do you have about a homegrown tool?
- Do you have any other thoughts to share?

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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, ND uses the PAR for the IID/DD waiver eligibility. This tool is specific for ID/DD. It is not used for anything else.

- Some other single-disability tools include:
  - The Vineland (used for ASD eligibility)
  - The SIS (used for ID/DD)
  - The ICAP (used for ID/DD)

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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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Discussion: Broad versus Narrow

What do you think about broad versus narrow?

- What do you think might be some benefits of using a single-disability tool?
- What concerns you about a narrow tool?
- What do you think might be some benefits of using a broad cross-disability tool?
- What concerns do you have about a cross-disability tool?
- Do you have any other thoughts to share?

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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, ND uses a tool called the PAR to look at eligibility for the IID/DD waiver. This has two versions.
  - The child PAR is used for kids 0 through 2.
  - People 3+ use the adult PAR.

- Do you have any thoughts about age and assessment tools?
  - What might be different for very young kids?
  - What might be the same for kids versus adults?
  - Is there anything about age and assessment that ND should keep in mind?

What Are Some Other Types of Tools?

Not currently used in ND

Used in ND currently

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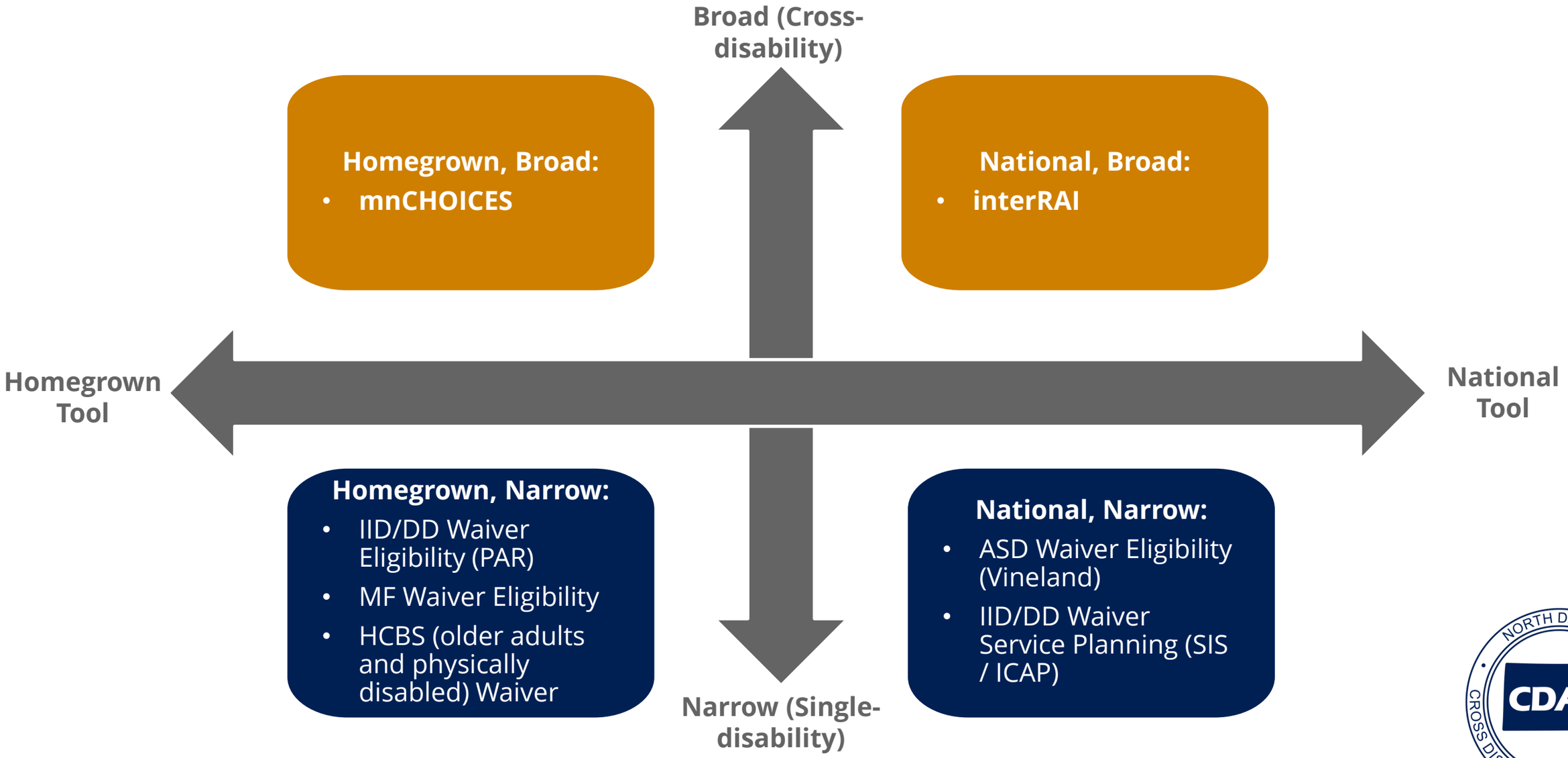

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Example National, Narrow Tool: The SIS

The 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.

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

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.

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

The interRAI can be used with many different populations.

- InterRAI has many tools for lots of populations and needs. This includes both adults and kids.
- 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 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.

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Example Homegrown, Narrow Tool: ND's PAR

North Dakota created its own single-disability tool called the PAR.

- North Dakota created the Progress Assessment Review (PAR).
- This tool helps decide if people are eligible for the IID/DD 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 kids 0-2.
- People 3+ are assessed using the adult PAR.
- The PAR looks at levels of functioning and support needs.

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Example National, Narrow Tool: The ICAP

The ICAP is another national tool for the IDD population.

- The ICAP is only used for people with IDD.
- 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 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

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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.

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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 – CDAC's Role in Drafting the CDW Application

CDAC North Dakota Cross Disability Advisory Council

CDAC’s Role in the Waiver Drafting Process

CDAC North Dakota Cross Disability Advisory Council

How CDAC Feedback Helps ND Create the Waiver

CDAC Shares Ideas About Topics that are Part of the Waiver

Ex: Providers

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

ND Drafts Sections of the Waiver

Ex: The parts of App. C about providers

End Result: A Complete Draft Waiver Application

ND Collects Public Feedback on the Entire Draft Waiver

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

Step 1: CDAC Shares Ideas About Waiver Topics

Example Waiver Topic: Providers

- CDAC talks about how the new waiver should work. We focus on one topic at a time. CDAC shares what is important to them for each topic.

- A&M also asks specific questions. This helps us get feedback on what CMS asks in the waiver application.
    - Example question: “What requirements should there be to become a waiver provider?”.

- CDAC creates guiding principles for each topic. The group votes on these principles. The final principles are CDAC’s formal recommendations to HHS.

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

Step 2: North Dakota Drafts Sections of the Waiver

Example Section: North Dakota Drafts the Waiver Section on Providers

- CDAC creates formal guiding principles about waiver topics.
- HHS and A&M draft the waiver sections that CDAC has talked about. They use CDAC's guiding principles as core input.
- A&M may come back to CDAC to ask follow-up questions while writing.
- A&M creates and shares a summary of part of the waiver with CDAC once it is drafted.
- A&M will coordinate any changes with HHS so HHS can make decisions about what is included in the waiver application.
- When all sections are done, we have a full draft application.

Result: A complete draft waiver application

Step 3: North Dakota Holds Public Comment

Example: Online Meeting to Ask for Feedback

- HHS will publish the entire draft waiver application online once it is complete.
- ND will hold official public comment on the full draft.
- Public comment includes many ways for people to share their feedback, for example:
  - Townhalls / meetings.
  - Written letters.
  - Emailed comments.
- The State will summarize and respond to all public feedback in the waiver document. This is the final piece of the draft.

Result: A complete waiver application that ND is ready to submit to CMS for review

Appendix – ND Budget 101

North Dakota
Cross Disability
Advisory Council

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North Dakota's Budget Process

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

1 March – July

- The Governor's Office issues budget guidelines.
- Agencies submit budget requests to Governor's Office.

2 July – December

- Agencies defend budget requests in OMB* hearings.
- This informs the Governor's Office budget.

3 December

- The Governor's Office formalizes its executive budget recommendation.
- The Legislature analyzes this budget proposal.

4 January – May

- The Legislature studies revenue forecasts and holds public input hearings to help them develop the state budget.

5 May

- The Legislature passes appropriations for the biennium.
- The biennium starts on July 1st.

We are here

*OMB = The Office of Management and Budget

Source: 1) The ND Budget Process

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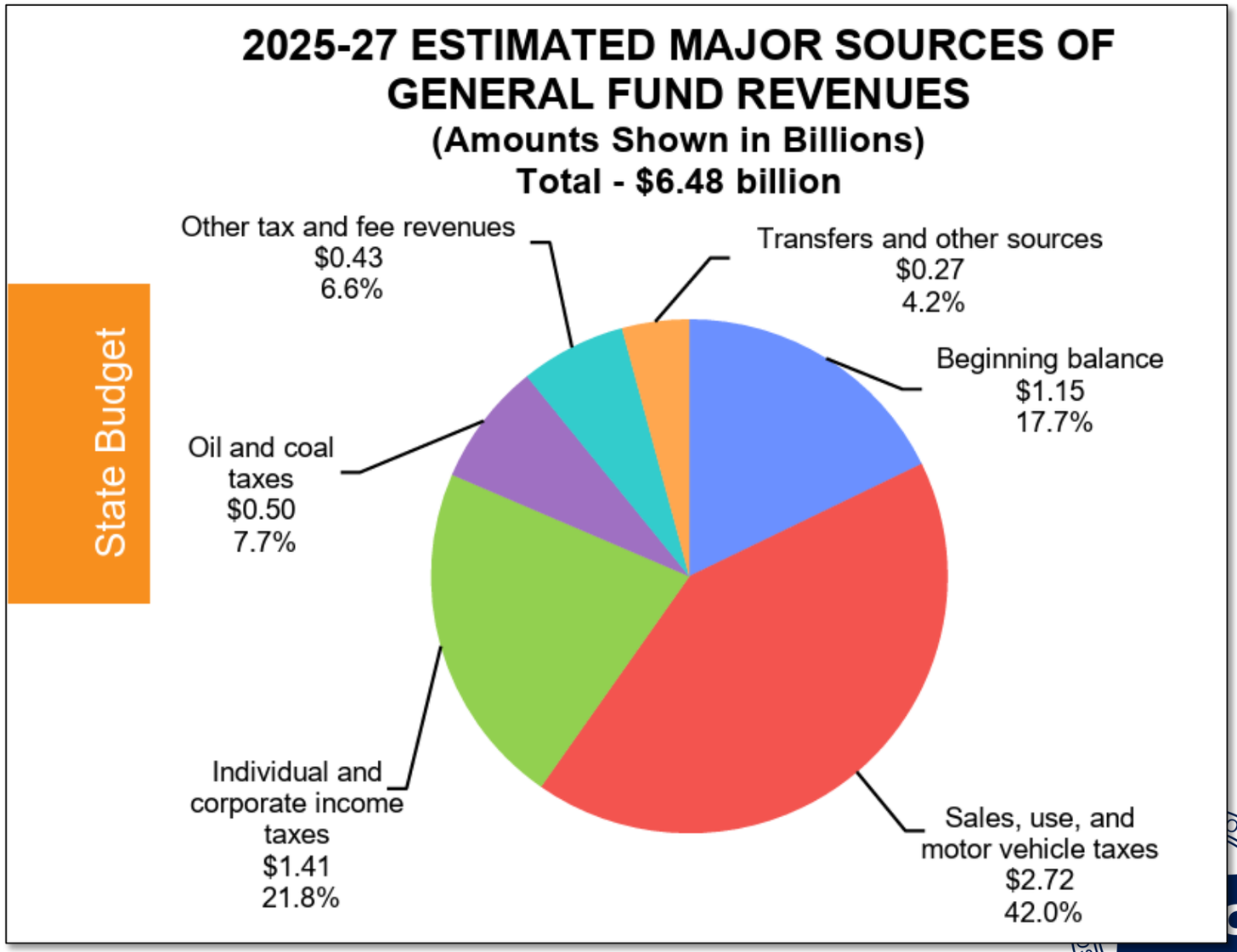
What Makes Up North Dakota's Budget?

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

- ND estimates how much money – "revenue" – it will get every two years.
  - Money comes from **taxes**, regulatory and user **fees**, and **transfers** from other places.

- ND has some control over how much money it gets:
  - **For example**: The ND Legislature can pass laws that raise or lower certain taxes.

- ND sometimes doesn't have control over how much money it gets:
  - **For example**: Oil prices frequently change.



Sources:
1) 2025 ND Finance Facts;
2) ND Budget Basics Part 2;

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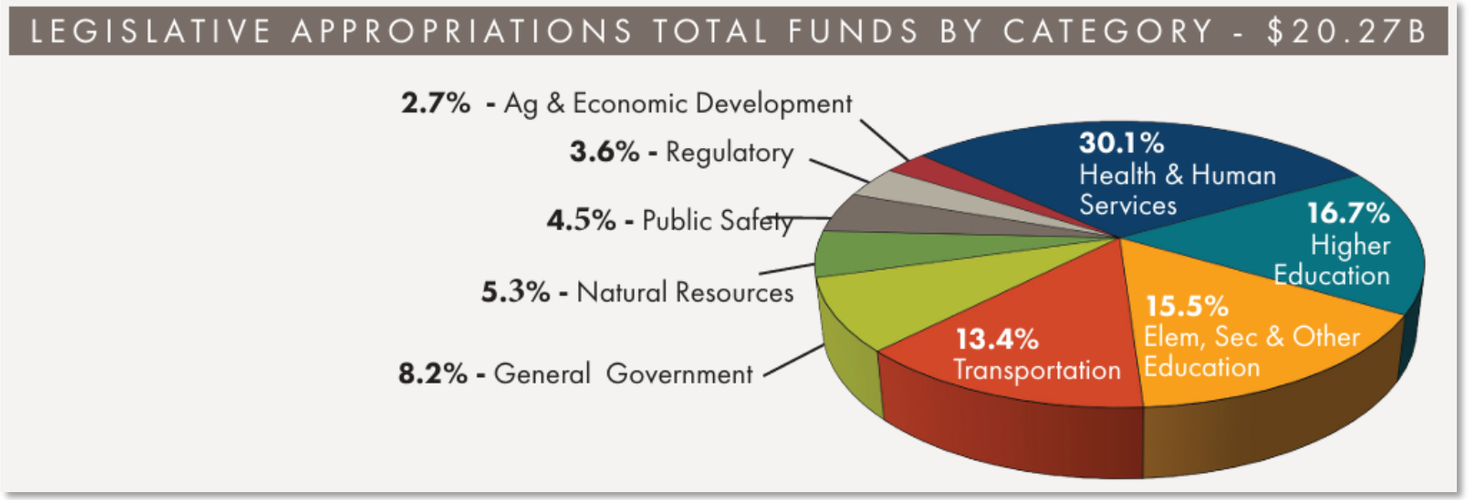
What Does North Dakota Spend its Budget on?

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

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



Key Takeaway

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

Sources:
1) 2025-2027 Budget Highlights;
2) 2025-2027 Appropriations Book;

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

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

GOVERNMENT & POLITICS

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

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

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

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

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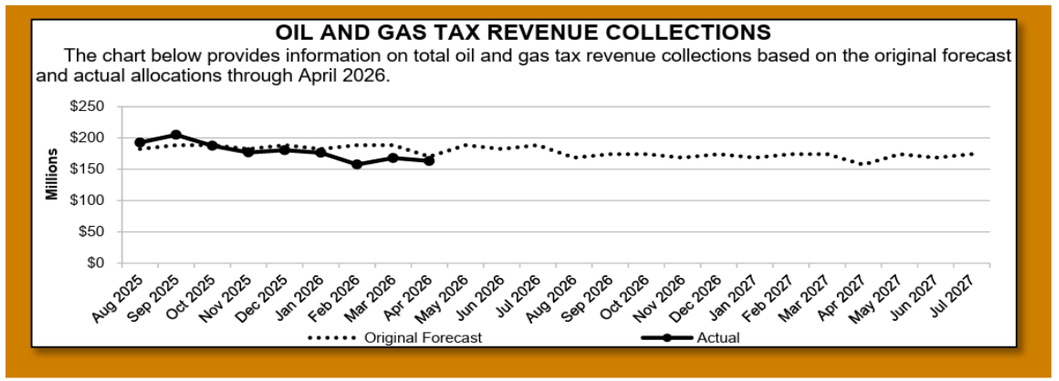
FEBRUARY 17, 2026

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

CHRIS MEDRANO AND BRIAN BLASE

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



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

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

NORTH DAKOTA CDAC CROSS DISABILITY ADVISORY COUNCIL

Appendix – Budgeting for HCBS Waivers

CDAC North Dakota Cross Disability Advisory Council

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Why Invest in the CDW?

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

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

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

CDAC has an important 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 CDW into our original vision over time.

Future State Vision and Goals:

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

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

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HCBS Waiver Budgets

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

- When states start new programs, it is hard to know exactly how much they will cost. This is because people's spending varies.
- Having a waiver with more services gives people more choice. It also makes spending more difficult to predict and control.
- ND needs to make sure there is enough money to serve the people on the waiver without running out of money.

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

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Planning for the CDW'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 currently on the Autism (ASD), Medically Fragile (MF), and Individuals with Intellectual Disabilities / Developmental Disabilities (IID/DD) Waivers spend today. We also know what ND has budgeted for each of these waivers.

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

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Tools for Budgeting for HCBS Waivers

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 CDW will be, use these methods to help control costs and still provide strong supports.

- We are going to talk about each of these methods in more detail next.

- Then, in July, we'll do an exercise that helps use see how these levers can be pulled to meet our goals for the CDW and impact its total cost.

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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 total can be served on the CDW. It could also risk people being overserved on the CDW.

- **However, a low cap on service spend could mean there's not enough funds for certain services on the CDW. This could also risk people could be underserved on the CDW.**

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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.
  - ASD – 345 active people (currently has a waitlist).
  - MF – 50 active people.
  - IID/DD – 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.

- **In a cross-disability waiver, 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 have to follow on who is served.*
- **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.**

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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.**

Appendix – Budgeting for the CDW

North Dakota Cross Disability Advisory Council

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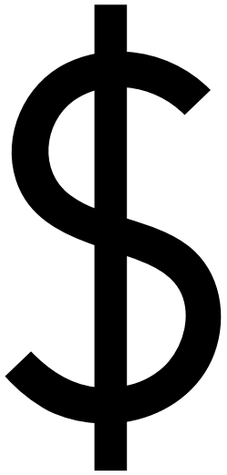
What Will the CDW Cost? (1 of 3)

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

Cost of Target Populations

Cost of Operational Structures

Total HCBS Waiver Cost



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What Will the CDW Cost? (2 of 3)

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 CDW:

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

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

Medically Fragile Children

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

Children with Autism Spectrum Disorder

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

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

Children aged 3 through 5, lower needs

Children with behavioral health needs (SED) and disabilities

Children with physical disabilities (PD) only

Children ages 3+ with DD, moderate needs*

These new target populations aren't currently being served on ND waivers. Including any of these will increase the CDW'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 IT costs to manage more people's waiver information.
- **Fiscal Management Service (FMS)**: more FMS costs to help more people that may self-direct services.

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

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What Will the CDW Cost? (3 of 3)

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

Operational Structures Being Considered for the CDW:

State Case Manager (1:60 ratio to start, maybe 1:40 in the future)	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	Contracting out needs assessments
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 IT systems, etc.	More waiver participants will increase FMS costs.	This would be a net new cost.	Costs from the increased spend on waivered services for LRIs who provide some services.	This would be a net new cost.

Existing operations or new operations required for CDW.

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

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Changing The Trajectory of Support for Kids in North Dakota

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

Infant (under 3):

- **Today:** Children with developmental delays receive Early Intervention (EI) through the comprehensive IID/DD Waiver.
- **Future:** Children receive the same EI services through the CDW instead. This **starts kids on a path where they access EI support through a lower cost waiver**.

School Age (6-17)

- **Today:** Kids are served across four different waivers, separated by type of disability / condition.
- **Future:** Kids who qualify are served on either the comprehensive IID/DD Waiver or the CDW, according to need. **Keep kids on the CDW wherever possible. Serving most kids on this lower-cost path will help ND predict and manage spending.**

Adulthood (22+)

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

Early Childhood (3-5):

- **Today: Most kids served from birth to three no longer qualify for a waiver at 3. Families experience this as a "cliff"** and struggle transitioning. Kids 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 kids who are still behind peers at 3. Serve these kids on the capped CDW through age 5, as a bridge to school-based supports. **Continue early investment work of EI and build skills for school readiness.**

Transition to Adulthood (18-21)

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

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

NORTH DAKOTA CDAC CROSS DISABILITY ADVISORY COUNCIL

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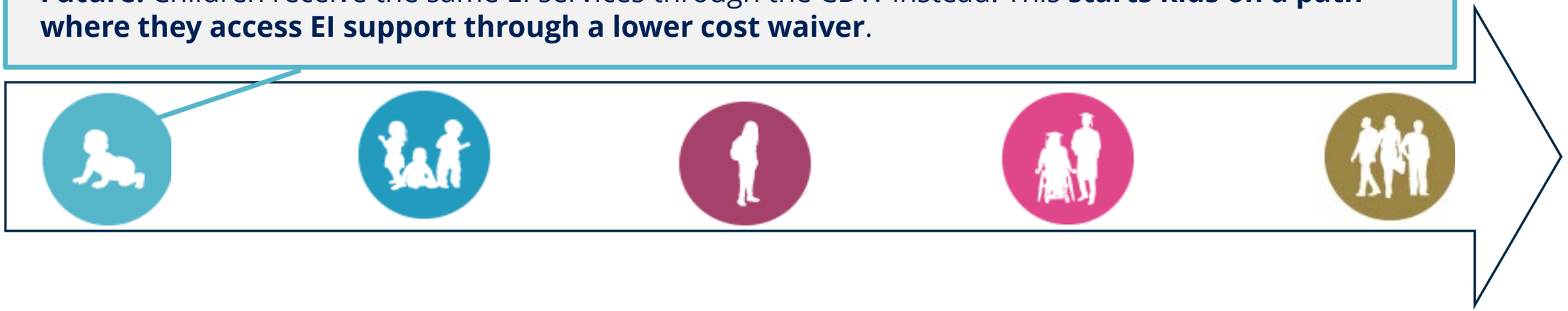
Changing The Trajectory of Support for Kids in ND (1 of 5)

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

Infant (under 3):

- **Today:** Children with developmental delays receive Early Intervention (EI) through the comprehensive IID/DD Waiver.
- **Future:** Children receive the same EI services through the CDW instead. This **starts kids on a path where they access EI support through a lower cost waiver**.



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Changing The Trajectory of Support for Kids in ND (2 of 5)

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

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Early Childhood (3-5):

- **Today: Most kids served from birth to three no longer qualify for a waiver at 3. Families experience this as a "cliff"** and struggle transitioning. Kids 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 kids who are still behind peers at 3. Serve these kids on the capped CDW through age 5, as a bridge to school-based supports. **Continue early investment work of EI and build skills for school readiness.**

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Changing The Trajectory of Support for Kids in ND (3 of 5)

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

School Age (6-17)

- **Today:** Kids are served across four different waivers, separated by type of disability / condition.
- **Future:** Kids who qualify are served on either the comprehensive IID/DD Waiver or the CDW, according to need. **Keep kids on the CDW wherever possible. Serving most kids on this lower-cost path will help ND predict and manage spending.**

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Changing The Trajectory of Support for Kids in ND (4 of 5)

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

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Transition to Adulthood (18-21)

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

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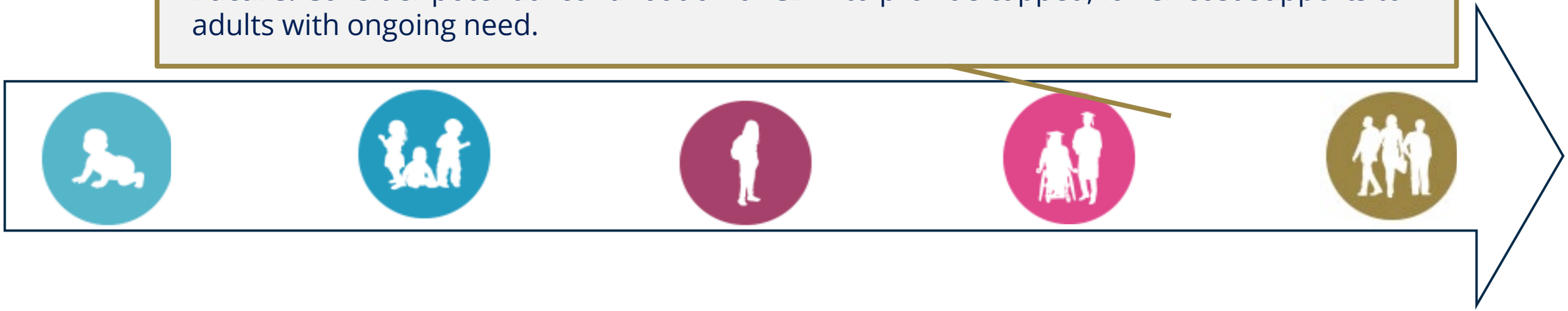
Changing The Trajectory of Support for Kids in ND (5 of 5)

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

Adulthood (22+)

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



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