

## **Background:**

*Through the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) Technical Assistance (TA) project, NASDDDS worked with the North Dakota Department of Human Services to review the state's service delivery system for long-term services and supports. The TA team gathered background information on eligibility standards, methodologies and procedures, service arrays across programs, and person-centered planning approaches. This effort, combined with two statewide virtual (via interactive webinar) stakeholder meetings and a survey distributed by the state to a wide array of stakeholders, provided the foundation for the observations and recommendations.*

## **NASDDDS Recommendations and Opportunities for Simplification:**

### **ELIGIBILITY**

- North Dakota could establish a clearer category perhaps stating as many states do, the individual for purposes of eligibility must have an intellectual disability (ID), and/or a developmental disability (DD).
- In terms of assessing related conditions, the question may not be the severity of an intellectual disability, but the person's functional status and the age of onset of the limitations. North Dakota may consider that individuals with borderline ID could meet related conditions if they have functional limitations and require treatment or supports similar to those provided to individuals with ID.
- Most states do not ascertain related conditions eligibility using exhaustive diagnoses lists. States do specify a few diagnoses as meeting related conditions. These are meant to be illustrative and common examples and not a list for exclusionary purposes or to presuppose the outcomes of functional limitation assessment.
- If North Dakota seeks to serve ONLY individuals with ID/DD, there are some states that indicate individuals with related conditions but no intellectual disability and the capacity to oversee and manage their own services are not included in their eligibility for HCBS waivers serving individuals with ID/DD. This exclusion may include for

example, individuals with cerebral palsy or Epilepsy and no cognitive impairments who can manage their own planning. These individuals would be served on programs intended for individuals with physical disabilities as their needs may more closely align with the supports and services afforded individuals with physical disabilities.

- Unless the individual clearly meets the ID criterion (and needs services), the process for assessment and determination of a related condition should be invoked for an individual with cognitive impairment other than ID.

### **For children's eligibility:**

- Specify the assessments to assure they are valid and reliable tools that are properly normed on the population you intend to serve.
- In many states, the criteria for the Part C 0-3 program make sense as an eligibility platform for children 3. Part C under 'reframes' the lifelong criterion and states, "... (i) Has a high probability of resulting in developmental delay;..."<sup>20</sup>. North Dakota has an excellent 0-3 guide that might be useful.<sup>21</sup> For older children, measuring functioning against developmental stages at perhaps more frequent intervals than annually may satisfy concerns.

<sup>20</sup> § 42 CFR 303.21 *Infant or toddler with a disability.*

<sup>21</sup> *Birth to 3 Early Learning Guidelines, ND DHS:*  
[www.nd.gov/dhs/info/pubs/docs/cfs/2009-08-earlylearning-birth-3.pdf](http://www.nd.gov/dhs/info/pubs/docs/cfs/2009-08-earlylearning-birth-3.pdf)

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## NASDDDS Recommendations for Consideration and Opportunities for Simplification

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### ELIGIBILITY *(continued)*

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- The initial eligibility assessment (Gollay Grid and PAR) collect much of the same information in different formats. We strongly suggest that the state, for adults, adopt one comprehensive assessment that can be used to ascertain “system” eligibility and level of care (LOC).
  - The state could analyze eligibility determination data to ascertain if a significant number of “system” eligible individuals do not meet LOC. If so, this would suggest that screening for LOC remain separate from system eligibility screening. Conversely, if there is a high correspondence between LOC and system eligibility, the state may opt for one eligibility assessment tool/process.
  - The state may wish to amend the LOC and active treatment guidance to reflect the CMS letter. Additionally, recall that the HCBS waiver LOC for ICF/IID is based on a 1981 standard. At that time, individuals were provided institutional services (as these were typically what was available), who now because of the HCBS waiver would not be institutionalized.
  - Review tools and process to ensure equal application across all target groups served or potentially served in the waiver. Review historical documents and processes to ascertain whether certain elements could be reintroduced to ameliorate this concern.
- Engage in a systemic communication effort to ensure easy-to-understand information for internal and external stakeholders. Ensure full understanding of available services (promoting those that are likely to increase community integration, autonomy and choice).
  - Build strong pathways, partnerships and information to ensure smooth transition (at age 3, transition from school, etc.).
  - Continue ongoing efforts with State Medicaid officials to ensure seamless access and information sharing between waiver and state plan benefit. Provide technical assistance to Medicaid staff to enhance flexibility and service usability for individuals with disabilities and their families.
  - Engage in efforts to ensure adequate supports for individuals with significant medical supports including:
    - Consider adding services or exploring services/authorities to ensure strong coordination between health and community supports.
    - Ensure that any disincentives (financial, risk assumption) are mitigated to maximize provider and community capacity to serve individuals with complex needs.
    - Consider assessment/surveillance strategies to gain a strong understanding of health status among individuals served.
  - Implement recommendations related to Medically Fragile waiver to ensure adequate capacity for individuals with significant medical support needs. If cost limits are of concern, consider additional LOC strategies.
  - After determinations related to eligibility (level of care, etc.), explore the development of a cross-disability 1915(i) HCBS program that could provide key HCBS (such as extended employment supports) to individuals with mental health support needs and individuals with disabilities who do not meet LOC.

### SERVICE ARRAY AND AVAILABILITY

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- Review full array of waiver processes and practices to streamline service access and system operations wherever possible (remove redundancies in eligibility and service authorizations and any other area of operational practice). Consider lean, standard operating protocol for county partners to increase consistency and information across the state.

### **SERVICE ARRAY AND AVAILABILITY**

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- Engage in significant efforts to expand use of both state-funded and Medicaid-funded HCBS as alternatives to nursing facilities.
- Establish and maintain HCBS advisory council comprised of individuals receiving services, families, advocates, providers and other key stakeholders to provide ongoing input on service design and delivery innovations.
- Institute regular and predictable methods of assessing sufficiency of capacity across waiver programs.
- Establish state-level partnerships with public housing entity/entities to expand availability of affordable, accessible housing options.
- Leverage all learning and ensure sustainability of success of Money Follows the Person Demonstration, integrating practices into ongoing operational efforts.

### **PERSON-CENTERED PLANNING**

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- North Dakota would benefit from a review of the required planning assessment tools in order to identify opportunities to streamline the process and lessen the number of tools required to be updated on an annual basis.
- North Dakota DD Division should examine their current Overall Service Plan (OSP) template to look for opportunities to streamline information around health and welfare based on the person's individual needs and preferences so that individualized information regarding service and supports needed for each person to accomplish personal goals can be included in the plan to ensure true person-centered planning.
- North Dakota should consider investing in some type of person-centered planning training for all the people responsible for the development of the OSP.
- North Dakota would benefit from a review of the HCBS Assessment in order to identify opportunities to streamline the process, focus the discovery process on information needed to develop a person-centered plan that identifies each person's goals and outcomes, and the supports and services needed to attain those goals.

### **FOR MORE INFORMATION**

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The full NASDDD report to North Dakota is available online at [www.nd.gov/dhs/services/disabilities/docs/2017-final-report-for-nd-dd-eligibility-service-array-practices.pdf](http://www.nd.gov/dhs/services/disabilities/docs/2017-final-report-for-nd-dd-eligibility-service-array-practices.pdf).

