2021 Listening Sessions and Stakeholder Meetings Summary

Information shared:

- Purpose of the DOJ Settlement Agreement and Implementation Plan
- The definition of a Target Population Member (TPM).
- DHS anticipation of Stakeholder engagement.
- Available Home and Community-Based Services.
- DHS is talking of doing some analysis of the services authorized across the state to better understand what and where services are provided.
- ND DHS looking to support QSP through a QSP resource Center.

Community Concerns/Comments

- Educate the medical community so they know there are more options than just the nursing home and encourage them to collaborate with QSPs.
- Involve Sanford and CHI including Occupational Therapy and Physical Therapy.
- State needs to understand how to navigate tribal systems. Council would be a good way getting information out to the districts and the Elders.
- QSP agencies don't have enough staff
- Need to have a different set of rules for Indian Country
    - homes might not meet the state requirements.
    - Indian County is very unique and diverse.
    - Presumption that what is in Bismarck would be the same in Cannonball or Standing Rock Sioux Tribe and they are not.
- All documents need to be in multiple languages.
- Excited about the informed choice
- Shared living should be discussed more.
- Nursing facilities view this as a negative instead we need to view it as a partnership. Especially the ones that don't belong in nursing facilities.
- I hope the settlement agreement increases your authority to fine tune services and does not lock you into overly specific solutions. It is hard to avoid creating additional barriers to operations, but I know that you want to streamline things.
- The increase in numbers affects case managers and the CIL's providing the Transition services for MFP and ADRL - not having staff capacity.

QSP:

- Some don't know how to become a QSP.
- Do a survey of QSP's and agencies to see what they need.
- QSPs need technical support or someone to go to when they need help
- Individual Qualified Service Providers (QSP's) are overwhelmed.
    - Lack of staff to provide services for high level need individuals.
    - Many were getting burned out because they were stepping in and covering for other QSPs
- More training is needed
    - Would like a billing meeting for QSP's
    - Make QPS billing easier. There needs to be training for all the services available.
    - Difficult clients go through a lot of providers and providers need training to deal with this.

    - Gear training to be more online. Weekly presentations for potential Qualified Service Providers (QSP's).
- There needs to be more care in the home including respite care because eight hours are not enough.
- Legislators do not want to fund non-profits. There will be a lot of services lost and the ability to connect all the services you need is overwhelming.
- Provider rates should be consistent (rural vs. urban)
    - Need an increase in Adult Foster Care rates
    - When a provider stays in a hotel room so that they could do two days in a row, they lose the rural differential which then takes away the ability to afford the hotel room.
    - QSP barriers are the limited number of units
- Recommend paying the QSP enrollment contractor for the number of people that get approved but then also having a quality measure so that they're not approving them, too quickly.
- Give some thought about how you could fast track Uber and Lyft drivers to provide non-medical transportation.
- QSPs would be interested in hazard pay because of COVID.

QSP Recruitment:

- Trying to get OT, PT students to become QSP's.
- OTA's can make more money than a QSP. Target colleges that offer OTA degrees. Any college with any health degrees.
    - Dickinson High School is looking at incorporating the QSP program into their health careers class.
- Look at schools that offer CNA certification.
- Partner with high schools to add QSP as a school course.
    - Recruit younger people and expose them to the disable and older adult population. Extracurricular activity as part of school.
- More advertising to recruit QSP's.
- Have incentive grants.
- Concerns about lack of benefits for QSP staff.

Transitions:

- There needs to be timely referrals not enough time to plan for the transition.
- All needs are not met including spiritual needs lack of social engagement.
    - Work a lot with this in hospice program social worker assigned to each person to get all those needs taken care of – facilitate the connection.
- A person's house is not clean and in violation of their lease, so they are getting evicted. Individuals need skills training on how to maintain a home.
- Accessible units are hard to come by.
- Some housing say they are handicap accessible which they may be inside but to get inside is not accessible.
    - Housing Finance Department can help with home modifications. Currently, don't use all their funds in a year – a 25 percent match is required.
    - Need to educate case managers on housing and home modifications. Getting a contractor to the rural areas is very difficult to look at projects.

    - NDAD provides access to durable medical equipment for up to 90 days at no charge for ND residents and neighboring communities.
    - There are a lot of split-level homes and bathroom challenges. We do not build with seniors in mind lots of people have to leave their homes because they don't have the adaptive equipment to safely stay at home.
    - ND should adopt the visit-ability requirement like MN which requires state funded housing single and duplex to have basic accessibility.
    - Shortage of accessible housing is a huge barrier in rural area
- Rent affordability to obtain rental assistance are one in four. Not enough housing available for individuals that rely on social security and SSI.
    - Money Follows a Person (MFP) can help with rental property and fair housing.
- Need to have training on the responsibilities of landlords.
- HCBS needs to work with the individual and the decision maker on what the consumer really needs. Look at what the person wants rather than just the rules.
    - Education to families and guardians about person center planning (PCP) because people have the right to choose and fail.
- Individuals with behavior problems and not getting help.
- Expand on specialized equipment. Limited equipment available.
    - Waiver can offer more like Hoyer lifts; portable ramps, and the max is $23,000 per year. It is determined on what the person needs, and each piece is billed for.
- Rural transportation is difficult.
- The relationships have grown between nursing facility staff and the MFP housing staff as well, and as part of that team component that's been developed.

Consumers:

- Need more knowledge about services they can connect with someone with especially rural areas.
- Doesn't like centralize intake when they could call HCBS directly and would be a 10-minute conversation/call.
    - The ADRL does intake then it is given to the social worker, this is to free up the time for the case manager so they can do their job and see more people. Look at the process when MFP calls in for a referral.
- Training on the waivers and home modifications so that people could tap into those services.
- Public awareness is important when it comes to assisting technology and care providers. Many have no idea what is available to help their love ones stay at home.
    - Radio, TV, media, and social media telling people their choices and rights.
- QSP should participate with the care plan if the consumer wants them involved.
- Information needs to be shared via hard copy for those individuals who do not have internet, technology, or the ability to work with technology or navigate the web.
- When living with someone or having a roommate don't assume that roommate is going to do all the work like making all the meals.
- There needs to be more benefits planning – having someone reach out rather than the person trying to find everything on their own.
- Managing behaviors is difficult but have too many assets to qualify for HCBS. Alzheimer's Association can health with home and facility consultations.

- It's great having one spot that we can tell individuals. All the interactions I've had with ADRL been very good, particularly if I've called multiple times on the same client. Even if I'm talking to a different person, they're able to track it.
- Shout out for recognizing that sometimes you may have to make a reasonable accommodation under the ADA. You may have to make a small accommodation to your own policies and that's a healthy step to take.
- Removal of the live alone requirement is wonderful.
- Not everybody understands the difference between the Medicaid state plan and the waiver.
- The time for someone to start receiving services at times can be a long waiting period due to lack of QSP's in the rural areas. I currently have a new client who has been waiting for services for over a month due to not being able to find a provider in their area.

Questions:

- Can older adults benefit from HCBS services if they are on VA benefits.
    - Answer: Yes, they can be used in conjunction. VA has their own offices, and the State needs to collaborate along with directors and managers in all areas and especially with the VSO's.
- Community based houses – does ND have it like renting a room?
    - Answer: Adult foster Care.
- Are mobile homes considered for home modifications?
    - Answer: Yes, under HCBS if it's not more than 20 percent of the property value.
- Are all Qualified Service Providers (QSP's) subject to EVV? Lost a lot of QSP's in Ft Totten because of EVV due to lack of access to technology and their needs to be patient advocates
    - Answer: Ft Totten college is seeing if the QSP's can use the college computers.
- When does the State have to help with housing? Is it in session? How do people apply?
    - Answer: Money Follows a Person (MFP) is going to hire staff for housing. There is an amended bill in session to add $300,000.00 for rental assistance the first year for roughly 20 people.
- Will there be education on HCBS services to Hospital Social Workers?
    - Answer: Yes, Informed Choice works with the hospital social workers and the social workers are the nursing facilities.
- Any allowance for rural and tribal for rate of transportation (rural differential) so they can get paid at a higher rate?
    - Answer: Another amendment in the legislation to increase the rate for non-medical transportation and escort. Need to have more homebased NP's and MD's willing to see individuals that can't make it to their offices.
- Can nursing facility staff go and do in home care? Can nursing facility CNA's go into homes something like home health.
    - Answer: Nursing facility staff who are CNAs could go into a home and provide care if they are enrolled as an individual QSP or the Nursing facility enrolls as a QSP.
- Could ND Long Term Care Association to get skilled nursing facilities on board to help with services?
    - Answer: The Long Term Care Association has reached put to DHS on behalf of nursing homes who may be interested in enrolling to provide HCBS.
- Do contractors still need to sign up as a QSP to provide services through the waiver and specialized equipment.

    - Answer: Enroll as a non-provider.
- Can providers from other programs utilize the technical assistance with QSP provider enrollment?
    - Answer: It is a viable option for the future. We certainly want to have an opportunity to assist all providers, however we will start with QSPs in this contract.
- In areas in instances when providers aren't able to accept services are you able to gather any formal or informal data on why?
    - Answer - The Resource Center is going to do a survey of QSPs to talk about capacity. It has been identified that some QSPs don't want to do kind of the lower-level services, they're more interested in providing the higher-level longer hours.
- Do you think clinicians, some of the most/more advanced clinicians, that are the actual decision maker would value hearing success stories from people who are living the life?
    - Answer – Yes, could be a powerful way to get the information across.
- Was there consideration and discussion around rates for Tribes?
    - Answer: There are rates set for Tribes that take into consideration the lack of infrastructure. We were told by CMS that it has to be in the waiver for us to bill at an increased encounter rate.
- Rate changes do not always go to agency staff-who benefits when rates go up?
    - Answer: Nancy noted that DHS is planning to contract with a consultant to assess HCBS service rates with the increased FMAP funds from ARP
- If you call the ADRL for services how ow long does it take before a CM sees someone?
    - Answer: CMs are assigned within three days, and they have five days to go out to see the person so can be up to 10 days before a visit occurs.

Questions posed to group:

- What can the state do to engage the healthcare community to get involved and become more aware of the benefits of community living for older adults and adults with physical disability?
    - One idea and it's not very specific would be to offer free continuing education
    - A couple things you could do would be to include information on the services that you have available for folks in admission packets. Most hospitals are very willing to include information on public services.
    - what we're doing with the State Hospital Association and how we're engaging them as a as a way. Maybe we could focus on that again or more comprehensive.
- What issues do you think are priority for the for the next year to come So what areas?
    - Something difficult is happening in the guardianship community. They must be under a lot of stress or something because I've been hearing from a lot of providers not on the DD side, but on the other guardianship areas that it's been really hard to get what they need from Guardians and I'm guessing that's not because they want it to be that way.