Agency seeks public comment on changes to Medicaid waiver serving people with intellectual and developmental disabilities

BISMARCK, N.D. – The North Dakota Department of Human Services' Developmental Disabilities Division is accepting public comments on proposed changes to the state's Medicaid waiver that funds in-home and community-based services for qualifying individuals with intellectual and developmental disabilities.

The division wants to amend the Medicaid 1915(c) Traditional Individuals with Intellectual Disabilities and Developmental Disabilities Home and Community-Based Services (HCBS) Waiver.

The draft amendment removes the service referred to as “extended services,” and replaces it with prevocational, small group employment and individual employment services. Other changes include a new rate methodology for some services, which was outlined by legislation, and revisions to the service plan section due to the addition of new services.

People can view the draft waiver amendment application at [www.nd.gov/dhs/services/disabilities/docs/7-12-17-draft-nd-1915c-hcbs-waiver-amendment-id-dd-services.pdf](http://www.nd.gov/dhs/services/disabilities/docs/7-12-17-draft-nd-1915c-hcbs-waiver-amendment-id-dd-services.pdf), and can also obtain a copy by contacting the division. A summary of changes is listed on page one.

The department is anticipating an April 1, 2018, state date for this waiver amendment, but the start date is contingent upon federal approval.

The department will accept comments until August 10, 2017, at 5 p.m. Central Time.

Send comments to the Department of Human Services' Developmental Disabilities Division, Attn: Marella Krein, at 1237 W. Divide Ave., Suite 1A, Bismarck, N.D., 58501, mkrein@nd.gov, 701-328-8977, or ND Relay TTY 800-366-6888.

Waivers are agreements between the federal Center for Medicare and Medicaid Services (CMS) and a state's Medicaid agency and serve specific groups of people. Waivers specify the number of participants to be served, eligibility criteria, available services, including any limits on services; and procedures for the evaluation and reevaluation of level of care.

They give eligible people options if their needs can be met in their homes, and if providing services in a home and community setting is cost neutral compared to institutional services.

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