

**A. General Information - SUBMITTED****Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota**Organization Information**

<b>1. Full Name of Grantee Organization</b>
North Dakota Department of Human Services, Medical Services Division
<b>2. Program's Public Name</b>
ND Money Follows the Person
<b>3. Program's Website</b>
<a href="http://www.nd.gov/dhs/info/pubs/mfp.html">http://www.nd.gov/dhs/info/pubs/mfp.html</a>

**Project Director**

<b>4. Project Director Name</b>
Jacob Reuter
<b>5. Project Director Title</b>
Money Follows the Person Grant Program Administrator
<b>6. Project Director Phone</b>
(701) 328-4090
<b>7. Project Director Fax</b>
(701) 328-1544
<b>8. Project Director Email</b>
<a href="mailto:jwreuter@nd.gov">jwreuter@nd.gov</a>
<b>9. Project Director Status</b>
<input checked="" type="checkbox"/> Full Time
<input type="checkbox"/> Acting

Vacant New Since Last Report

10. Project Director Status Date: Change date if status is different from last report.

### Grantee Signatory

11. Grantee Signatory Name

Maggie Anderson

12. Grantee Signatory Title

Director of Medcial Services

13. Grantee Signatory Phone

(701) 328-1603

14. Grantee Signatory Fax

(701) 328-1544

15. Grantee Signatory Email

manderson@nd.gov

16. Has the Grantee Signatory changed since last report?

 Yes No

### Other State Contact

16. Other State Contact Name

Kristin Houle

17. Other State Contact Title

Fiscal Officer

18. Other State Contact Phone

(701) 328-4016

<b>19. Other State Contact Fax</b>
0 -
<b>20. Other State Contact Email</b>
khoule@nd.gov

### Independent State Evaluator

<b>21. Independent State Evaluator Name</b>
None
<b>22. Independent State Evaluator Title and Organization</b>
None
<b>23. Independent State Evaluator Phone</b>
(701) 000-0000
<b>24. Independent State Evaluator Fax</b>
0 -
<b>25. Independent State Evaluator Email</b>
None

### Report Preparer

<b>26. Report Preparer Name</b>
Jacob Reuter
<b>27. Report Preparer Title</b>
MFP Grant Program Administrator
<b>28. Report Preparer Phone</b>
(701) 328-4090
<b>29. Report Preparer Fax</b>

(701) 328-1544

**30. Report Preparer Email**

jwreuter@nd.gov

**CMS Project Officer****32. CMS Project Officer Name**

John Sorensen

**B. Transitions - SUBMITTED****Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

- All figures are for the current reporting period.

Please specify your MFP program's "Other" target population(s) here. Once "Other" population has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "Other" target population is selected as an option. [The report will update after this page is saved.]

Children

Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s).

Children with any form of disability living in an ICF/MR or Nursing Facility

**1. Number of people assessed for MFP enrollment. [Click on Help link for explanation]****Populations Affected**

Elderly	MR/DD	MI	PD	Children	TOTAL
---------	-------	----	----	----------	-------

5	9	0	7	0	21
---	---	---	---	---	----

Total Transition Target (for entire 4-years)

42 30 0 34 4

Number Assessed as a Percent of Total Transition Target

11.90% 30.00% 20.59% 0.00%

Please indicate what constitutes an assessment for MFP versus any other transition program.

Consumer has signed the MFP consent to participate in services document

2. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	Children	TOTAL
	1	4	0	2	0	7
Annual Transition Target	20	10	0	17	1	
% of Annual Transition Target Achieved	5.00%	40.00%		11.76%	0.00%	

3. Cumulative Transitions

	Populations Effected				
	Elderly	MR/DD	MI	PD	Children
Cumulative Number of Transitions	5	7	0	7	0
% of Total Transition Target	11.90%	23.33%	0	20.59%	0

4. Total number of current MFP participants. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	Children	TOTAL
	4	5	0	7	0	16

5. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

	Populations Affected					
	Elderly	MR/DD	MI	PD	Children	TOTAL
For less than 30 days	0	0	0	0	0	0
For more than 30 days	1	0	0	0	0	1
Length of stay as yet unknown	0	0	0	0	0	0
Total re-institutionalized for any length of time (total of above)	1	0	0	0	0	0
Number of MFP participants re-institutionalized as a percent of all current MFP participants	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%

- . Please indicate any factors that contributed to re-institutionalization.

The individual decided to use illegal drugs and refused services to meet care needs

Number of MFP participants re-institutionalized for longer than 30 days, who were re-enrolled in the MFP program during the reporting period. [Click on Help link for explanation]

#### Populations Affected

Elderly	MR/DD	MI	PD	Children	TOTAL
0	0	0	0	0	0

6. Number of MFP participants who died this reporting period. [Click on Help link for explanation]

#### Populations Affected

Elderly	MR/DD	MI	PD	Children	TOTAL
0	0	0	0	0	0

7. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report). [Click on Help link for explanation]

#### Populations Affected

Elderly	MR/DD	MI	PD	Children	TOTAL
1	3	0	1	0	5

Please indicate any factors that contributed to participants not completing the 365-day transition period.

Individuals that terminated services before completing their 365 days of eligibility did not want to pay the recipient liability costs or participate in services

8. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.

Yes

#### Populations Affected

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Please describe your difficulties for each target population.**

Elderly/PD ND has experienced difficulty in finding accessible housing and the direct services workers needed to provide the community supports needed to make transition possible  
 Children No children have been referred or transitioned during this reporting period DD/MR ND has difficulty in finding accessible housing and the direct services workers as well as the

needed service models necessary to transition additional consumers from the Developmental Center.

No

9. Does your state have other nursing home transition programs that currently operate alongside the MFP program?

Yes

No

10. Does your state have an ICF-MR transition program that currently operates alongside the MFP program?

Yes

No

11. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?

Yes

**Please explain the proposed changes to your transition benchmarks.**

. In an effort to capture the lost transitions early in the process a request has been submitted to reduce the number of transitions per year in the current transition benchmarks and plan transitions for the an additional year for a total of five full years of transitions ND has requested that the the transition benchmarks be adjusted to the following over the next three years: Elderly 2010 2011 2012 6 6 6 PD 2010 2011 2012 6 6 6 DD/MR 2010 2011 2012 8 8 8 Children 2010 2011 2012 0 1 1 23

No

### C. Qualified HCBS Expenditures - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

. Do you require modifying the Actual Level of Spending for last period?

Yes

No

**Qualified expenditures are total Medicaid HCBS expenditures (federal and state funds) for all Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs to the extent that HCBS spending can be separated from the total capitated rate.**

**Qualified HCBS Expenditure**

**Qualified HCBS Expenditures: Actual level of spending for each Calendar Year (CY) or State Fiscal Year (SFY) (column 4) is the sum of: 1) HCBS expenditures for all 1915c waivers and state plan HCBS services -- from CMS 64 data and 2) MFP expenditures -- from MFP Financial Reporting Forms A and B. Grantees should enter total annual spending ONCE each year:**

- For grantees reporting on a Calendar Year basis (Jan 1 to Dec 31), enter the annual (12 month) spending amount in the end of year report (due March 1)
- For grantees reporting on a State Fiscal Year basis, enter the annual (12 month) spending amount in the mid-year report (due Sept 1)
- Please specify the period (CY or SFY) and the dates of your SFY in the text box below the chart.

**When making updates or corrections to actual spending amounts reported for the previous year, please check the 'yes' box at the top of this page to flag such changes.**

Year	Target Level of Spending	% Annual Growth Projected	Actual Level of Spending for the Calendar Year	% Annual Change (from Previous Year)	% of Target Reached
2006	\$0.00	0.00	\$0.00	0.00%	
2007	\$98,503,203.00	0.00	\$83,848,240.00	0.00%	
2008	\$104,077,457.00	8.00	\$97,410,595.00	16.17%	93.59%
2009	\$112,431,050.00	8.00	\$107,099,526.00	9.95%	95.26%
2010	\$119,444,831.00	6.20	\$0.00	-100.00%	0.00%
2011	\$126,985,273.00	6.30	\$0.00	0.00%	0.00%

**Please explain your Year End rate of progress:**

The end rate of progress is a combination in expenditures due to the increase in number of people served and the legislative inflation increase of 6% to providers.

Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?

Yes

**Please explain the proposed changes to your Qualified HCBS Expenditures benchmark.**

ND has submitted a request to transition 12 individuals per year from Nursing Facilities for 2010, 2011, and 2012 instead of 24 in 2010 and 14 in 2011. The OP amendment also calls for 1 child to be transitioned in 2011 and 2012. Transitions for the DD/MR population group have been changed to 8 persons for each of the three years remaining. These changes correspond with a request for a budget reduction.

No

## D. Additional Benchmarks - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

### Benchmark #1

Develop Behavior Crisis Intervention and Coordination teams and services in ND to provide training, onsite support, and crisis intervention placement services to persons with a developmental disability. This initiative will be implemented in 2008, and will provide real time information about service delivery costs and benefits

of this service model which will be used to promote long term funding approval from the ND legislature for the Crisis intervention teams and services during the 2009 legislative session.

### Measure #1

#### Number of Developmental Center Crisis Intervention Site Admissions

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	18.00	0.00	7.00	0.00%	38.89%
2009	20.00	3.00	13.00	15.00%	65.00%
2010	25.00	0.00	0.00	0.00%	0.00%
2011	25.00	0.00	0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

The ND Developmental Center remains the only formal crisis response facility in the State outside of local hospital psychiatric units to meet the needs of consumers with a Developmental Disability. The Center is providing more off site support to community providers for consumers that are presenting with more challenging behaviors. This has decreased the need for additional short term admissions for crisis intervention. Contingent Admits ( C.A.P.) 1. 7/30/09 thru 8/3/09= 5 days at DC 2. 9/2/09 thru 9/4/09 = 3 days at DC 3. 12/4/09 thru 12/9/09 = 5 days at DC 4. 12/14/09 thru 12/28/09= 14 days at DC 4 separate stays with a total of 27 days at DC Short Term / Recoup Stays 1. 7/6/09 thru 7/16/09 = 11 days at DC 2. 10/21/09 thru 10/26/09 = 5 ½ days at DC 3. 10/30/09 thru 11/2/09 = 3 ½ days at DC 4. 11/6/09 thru 11/9/09 = 3 ½ days at DC 5. 11/25/09 thru 11/30/09 = 5 days at DC 5 separate stays with a total of 28 ½ days at DC

### Measure #2

#### Number of Developmental Center Crisis Intervention Care Consultations

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	25.00	0.00	45.00	0.00%	180.00%
2009	25.00	22.00	92.00	88.00%	368.00%
2010	30.00	0.00	0.00	0.00%	0.00%
2011	30.00	0.00	0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

The ND Developmental Center remains the only formal crisis response facility in the State outside of local hospital psychiatric units to meet the needs of consumers with a developmental disability. The Center is formally tasked with coordinating the expansion of its capacity to support community living through placement of Behavior Modification Specialists (BMS) around the State. One BMS was hired in the 7/09 through 12/09 time period. The other three have been advertised during that time. The other three positions are currently being concluded for interviews, selection hoped for by 2/17/10. Locations - Bismarck/Dickinson/Hettinger area - Minot/Stanley/Williston area - Jamestown/Valley City/Devils Lake (including Fargo) area Two people with IDD assisted with discharge from NDSH to their home communities (Jamestown/VC/DL area BMS involved) Off Campus Coverage through the ND Developmental CARES Team: 1. 7/23/09 thru 8/6/09 ( in home checks every 2 hrs) = 15 days 2. 9/1/09 ( overnight sleep deprived EEG assistance needed) = 1 night 3. 9/18/09 thru 10/4/09 ( AM and PM shifts) = 17 days 4. 10/9/09 thru 10/11/09 ( 6pm-9pm) = 3 evenings 5. 10/14/09 thru 10/20/09 ( 6pm-9pm- every other

evening) = 4 evenings 6. 10/26/09 thru 11/9/09 ( 6pm -9pm –Mon. thru Thurs.) = 9 evenings 7. 11/17/09 thru 11/19/09 ( 6pm-9pm ) 3 evenings 8. 11/23/09 thru 11/24/09 ( 6pm-9pm ) 2 evenings 9. 11/24/thru 12/6/09 ( 8am-2pm 1st week then 3:30pm-8pm 2nd week) = 13 days 10. 12/22/09 thru 12/24/09 (6am-10pm Overnight stay) 2 days 11. 12/29/09 thru 12/30/09 (6am-10pm Overnight stay) 2 days 11 Off Campus Coverage assignments with a total of 71 days worked off campus. 59 consults ( 51 by phone or Poly conference, 8 on site) were provided to Developmental Disabilities Providers

### Measure #3

#### Number of Bismarck Crisis Intervention Site Admissions

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	5.00	0.00	0.00	0.00%	0.00%
2009	10.00	0.00	0.00	0.00%	0.00%
2010	15.00	0.00	0.00	0.00%	0.00%
2011	15.00	0.00	0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

The Bismarck site was not opened as planned. Services will be offered only through the ND Developmental Center

### Measure #4

#### Number of Bismarck Crisis Intervention Site Care Consultations

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	10.00	0.00	0.00	0.00%	0.00%
2009	15.00	0.00	0.00	0.00%	0.00%
2010	20.00	0.00	0.00	0.00%	0.00%
2011	20.00	0.00	0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

The Bismarck site was not opened as planned. Services will be offered only through the ND Developmental Center

### Benchmark #2

Develop and implement plans to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and identify activities and services lacking in communities. The MFP Stakeholder committee will finalize an Action Plan in August 2009 outlining goals and objectives to enhance services in underserved areas of the state.

### Measure #1

Increase in the number of persons served by HCBS in the 10 most underserved counties in the state each year.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
------	-----------------	-------------------	----------------------	----------------------	-------------------------

2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	0.00	0.00	0.00	0.00%	0.00%
2009	5.00	16.00	23.00	320.00%	460.00%
2010	10.00	0.00	0.00	0.00%	0.00%
2011	15.00	0.00	0.00	0.00%	0.00%

**Please explain your Year End rate of progress:**

A strategic planning process was completed in 9 of the 10 counties by November of 2009. The 9 nine counties that participated in the planning process have developed local steering committees to work on the five areas they found most important to the goal of assisting aging adults and persons with a disability remain in their local community. The County Case Managers and Social Services Directors in the 9 counties have taken a strong leadership role in coordinating the education and planning efforts

**Measure #2**

Annual percent increase in individuals statewide receiving home and community based services each year, as a result of the Education Action Plan outlining annual goals and objectives for public and consumer education about community LTC resources, to be finalized in April 2009 and implemented in July 2009.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	0.00	0.00	0.00	0.00%	0.00%
2009	2.00	0.00	0.00	0.00%	0.00%
2010	3.00	0.00	0.00	0.00%	0.00%
2011	4.00	0.00	0.00	0.00%	0.00%

**Please explain your Year End rate of progress:**

A Public Education Committee has been developed a public education plan to provide ongoing information about Home and Community Based Services. Training has been provided to eight regional human service center Aging Services Coordinators and County Case Managers related to the use of the HCBS training tool to be used with consumers and professionals. Educational information has been provided to the Association of Home Health Nurses and during multiple set wide conventions. County Case Management staff has been providing local informational sessions to potential consumers including at senior centers and public housing sites. In 2007 ND served an average of 224 individuals per month in the Aging and Disabilities waiver or a total of 2,690. In 2008 an average number of persons served per month fell to 218 individuals per month or a total of 2,621 individuals served. In 2009 the average increased to 239 individuals per month or a total of 2,867 individuals served. In 2007 ND served an average of 575 individuals in our Medicaid State Plan Personal Care Program or a total of 6,904 for the year. In 2008 ND served an average of 566 person per month and a total of 6,796 for the year. In 2009 ND served an average of 588 persons per month in our Medicaid State Plan or a total of 7,063 for the year. ND has two separate State funded HCBS programs at this time. These programs have financial and functional eligibility requirements that qualify individuals for participation in services. Changes to the financial qualification process were made in July of 2009. These changes were implemented over the last six months of 2009 as case reviews occurred. Over this time the average number of persons receiving these services decreased while the number of individuals receiving a waiver or State Plan Personal Care Services increased. In 2007 the number of individuals that were served in our two State funded programs was 16,561 (Monthly average of 1,380) in the Specialized Program for the Elderly and Disabled and 1,335 (Monthly average of 111) in the Expanded Specialized Program for the Elderly and Disabled. In 2008 the number of individuals that were served in our two State funded programs was 17,028 (Monthly average of 1,419) in the Specialized Program for the Elderly and Disabled and 1,309

(Monthly average of 109) in the Expanded Specialized Program for the Elderly and Disabled. In 2009 the number of individuals that were served in our two State funded programs was 15,871 (Monthly average of 1,322) in the Specialized Program for the Elderly and Disabled and 1,335 (Monthly average of 106) in the Expanded Specialized Program for the Elderly and Disabled. It is unclear at this time why the number of cases has decreased at this time but a combination of a new process and an increase in the use of waiver and personal care services appear to be the primary reasons for this reduction. The Developmental Disabilities waivers were changed during the renewal process that was finalized in April of 2009. The two self-directed waivers were combined and services were expanded in the traditional DD waiver. In 2007 the number of individuals that were served in the DD waiver programs was 31,059 (Monthly average of 2,588). In 2008 the number served in the DD waiver program was 31,634 (Monthly average of 2,636). In 2009 the number of individuals served in the DD waiver programs was 30,036 (Monthly average of 2,503). In all HCBS programs the average number of persons served each month in 2007 was 5,104. In 2008 the average was 4,978. In 2009 the average was 4,787. This is an overall decrease of 317 per month in the average number of persons served by all programs. ND was awarded an ADRC grant in late 2009. Implementation of this grant was delayed until 2010 due to the length of time that the internal legislative review and approval process required to accept the grant dollars. Plans are being made to coordinate a set wide social marketing effort once funds are available

### Benchmark #3

North Dakota will implement a crisis response process to support individuals: (1) who have transitioned from a nursing facility to the community by 6/30/2008, and (2) are currently in the community who might otherwise require institutional services but for the availability of this service by 1/1/10.

#### Measure #1

##### Number of Individuals Served by Crisis Response Process During MFP Demonstration

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0.00	0.00	0.00	0.00%	0.00%
2007	0.00	0.00	0.00	0.00%	0.00%
2008	5.00	0.00	0.00	0.00%	0.00%
2009	6.00	1.00	2.00	16.67%	33.33%
2010	8.00	0.00	0.00	0.00%	0.00%
2011	8.00	0.00	0.00	0.00%	0.00%

#### Please explain your Year End rate of progress:

Two total MFP participants were assisted by the crisis intervention planning process. The new team planning process was instrumental in evaluating the options available to the local team to meet the needs of the consumers. In both cases the MFP consumer was able to remain in their community placement with additional supports. The limited number of persons is a reflection of the fact that 10 consumers transitioned instead of the anticipated goal of 24. The plan at this time is to formally open the planning process to all persons receiving Home and Community Based Services.

Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?

Yes

No

## E. 1. Recruitment & Enrollment - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. Did anything change during the reporting period that made recruitment easier? Choose from the list below and check all target populations that apply. Check "None" if nothing has changed.

- Type or quality of data available for identification
- How data are used for identification
- Obtaining provider/agency referrals or cooperation
- Obtaining self referrals
- Obtaining family referrals
- Assessing needs
- Other, specify below
- None

2. What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

- Type or quality of data available for identification
- Obtaining provider/agency referrals or cooperation

### Populations Affected

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Please describe by target population

Most nursing facilities are cooperating well with the MFP Grant process when and consumer is identified through the MDS data referral process. In most cases the NF Social Services Departments support the Transition Coordinators contact and visit with the eligible consumers in their facility. Some facilities and social services departments remain concerned about the process and the capacity of community supports to meet the needs of their residents. This concern leads to challenges arranging visits with NF consumers.

### What are you doing to address the challenges?

Education has been provided by mail to all NF Social Services Departments with each MDS referral letter from the MFP Project Manger. The Project Manager provided additional education at the Fall Conference held for all NF Social Services Staff. Plans have been made for the Project Officer to accompany the Transition Coordinators when they visit the NFs that are having the most difficulty with the MFP eligibility notification process. The NF Transitions Workgroup was scheduled for 2/2/2010 to address the referral process and need for additional education for NF Social Services staff and NF Administrators.

**Current Issue Status: In Progress**

- Obtaining self referrals
- Obtaining family referrals
- Assessing needs
- Lack of interest among people targeted or the families

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe by target population**

The fear of returning to live in the community remains an issue for both potential MFP participants and their family members of individuals living in nursing facilities. This is an understandable fear and concern that will need to be addressed throughout the MFP Grant Process.

**What are you doing to address the challenges?**

The fear that family and potential MFP participants report about returning to the community generally centers on available supports, fear of injury/fall/illness, or concerns about having to provide supports. The Transition Coordinators are continuing to provide education and options to assist in resolving these issues as they are encountered.

**Current Issue Status: In Progress**

- Unwilling to consent to program requirements
- Other, specify below
- None

3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

- Determination of initial eligibility
- Redetermination of eligibility after a suspension due to reinstitutionalization
- Other, specify below
- None

4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.

- Determining initial eligibility
- Reestablishing eligibility after a suspension due to reinstitutionalization
- Other, specify below

**Populations Affected**

Elderly	MR/DD	MI	PD	Children

**Other, please specify below**

The ND MFP Grant has faced some challenge with individuals meeting NF Level of Care Screening criteria when ready to transition. MFP participants are meeting NF LOC at the time they sign the consent to participate in services but may not always meet LOC at time of transition to the community. Services have provided through an alternative State funded program when this situation has occurred. The persons are successfully transitioned but are not considered a successful MFP transition.

**What are you doing to address the challenges?**

A new Level of Care Screening training process is being developed for use by the Case Managers that are completing the pre-transition LOC screenings to assure that all persons that can qualify under the HCBS waiver or our State Plan Personal Care programs will be served by those programs. A delay has occurred in the completion of this training program so alternative options are being explored until the vendor has the program completed. The situation is being addressed on a case by case basis by the MFP Project Director.

**Current Issue Status: In Progress**

None

5. Total number of MFP candidates assessed in this period, or a prior reporting period, who have not yet, or could not, transition through MFP.

**Total** 9

- 5b. Total assessed (from Question #1, Transitions)

21

- 5c. Percent of total assessed who could not transition through the MFP program

42.86 %

Please indicate any factors that contributed to candidates not being transitioned through the MFP program.

One individual's needs could not be met by the Community DD provider due to a change in behavioral supports needed

6. Reasons these individuals are not yet, or could not be, enrolled in the MFP program:

**Individual is in the transition planning process** 6

**Individual's physical health needs exceeded capacity of program to meet them** 1

**Individual's mental health needs exceeded capacity of program to** 1

<b>meet them</b>	
<b>Guardian refused participation</b>	0
<b>Could not locate appropriate housing arrangement</b>	0
<b>Could not secure affordable housing</b>	0
<b>Individuals did not choose MFP qualified residence</b>	0
<b>Individual changed his/her mind</b>	0
<b>Individual would not cooperate in care plan development</b>	0
<b>Service needs greater than what could be provided in the community</b>	0
<b>Other, Please Specify</b>	1

If necessary, please explain further why individuals could not be transitioned or enrolled in the MFP program.

One individual could not move as the result of not being able to find direct service workers in the location of the state she wanted to move

7. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

<b>less than 2 months</b>	1
<b>2 to 6 months</b>	6
<b>6 to 12 months</b>	0
<b>12 to 18 months</b>	0
<b>18 to 24 months</b>	0
<b>24 months or more</b>	0

Please indicate the average length of time required from assessment to actual transition.

The average time required this reporting period was 2 1/2 months

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

<b>less than 2 months</b>	14.29%
<b>2 to 6 months</b>	85.71%
<b>6 to 12 months</b>	N/A%

<b>12 to 18 months</b>	N/A%
<b>18 to 24 months</b>	N/A%
<b>24 months or more</b>	N/A%

## E. 2. Informed Consent & Guardianship - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

### 1. What changed during the reporting period that made obtaining informed consent easier?

- Revised inform consent documents and/or forms
- Provided more or enhanced training for transition coordinators
- Improved how guardian consent is obtained
- Other, specify below
- Nothing

### 2. What changed during the reporting period that improved or enhanced the role of guardians?

- The nature by which guardians are involved in transition planning
- Communication or frequency of communication with guardians
- The nature by which guardians are involved in ongoing care planning
- The nature by which guardians are trained and mentored
- Other, specify below
- Nothing

### 3. What significant challenges did your program experience in obtaining informed consent?

- Ensuring informed consent
- Involving guardians in transition planning
- Communication or frequency of communication with guardians
- Involving guardians in ongoing care planning
- Training and mentoring of guardians
- Other, specify below
- None

## E. 3. Outreach, Marketing & Education - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?

Development of print materials

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe by target population**

New posters were developed to present information on the HCBS available to support persons in their own home. The posters were provided to all County Case Managers across the State. The posters were put up in locations such as senior centers, senior housing projects, clinics, and grocery stores. Fact sheets on services were developed and made available to all Case Managers for use in providing information about services. These were also used during conference and public appearance this past fall.

Implementation of localized/targeted media campaign

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

County Case management staffs from various parts of the State have been successful in having articles published in local newspapers that outline the services available to support individuals in their homes.

Implementation of statewide media campaign

Involvement of stakeholder state agencies in outreach and marketing

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

County Case Management Staff were asked to provide ongoing community education and information to encourage participation in support services. Case Managers have provided informational sessions at local senior centers, community groups, to senior housing residents, at local clinics, and with some discharge planners at local hospitals. Developmental Disabilities Program Managers were provided with ongoing communication about MFP Grant Services and the need to provide the information to all consumers/family members of persons transitioning to the community from a qualified institutional setting. Information was provided to the DD Program Managers and Early Intervention Agencies about services available to their consumers.

Involvement of discharge staff at facilities

Involvement of ombudsman

Training of frontline workers on program requirements

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Information has been provided to the ND Home Care Association about the services available to meet the needs of their patients after their services are completed or to compliment the services they provide

Other, specify below

None

**2.** What significant challenges did your program experience in conducting outreach, marketing, and education activities during the reporting period?

Development of print materials

Implementation of a localized / targeted media campaign

Implementation of a statewide media campaign

Involvement of stakeholder state agencies in outreach and marketing

Involvement of discharge staff at facilities

Involvement of ombudsman

Training of frontline workers on program requirements

Other, specify below

None

#### E. 4. Stakeholder Involvement - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

**1.** How are consumers and families involved in MFP during this period and how did their efforts contribute to MFP goals and benchmarks, or inform MFP and LTC policies?

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
<b>Consumers</b>	<b>X</b>		<b>X</b>		<b>X</b>	
<b>Families</b>						
<b>Advocacy Organizations</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	
<b>HCBS Providers</b>	<b>X</b>				<b>X</b>	
<b>Institutional Providers</b>	<b>X</b>		<b>X</b>		<b>X</b>	
<b>Labor/Worker Association</b>					<b>X</b>	

(s)					
Public Housing Agency(ies)			X		X
Other State Agencies (except Housing)	X	X	X	X	X
Non-profit Housing Assn.			X		

**Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies**

Consumers actively participated in the Stakeholder Committee meeting held this past year including the meetings held this past reporting period (7-12) of 2009. Consumer/family members were able to provide insight into the effectiveness of the effort, input on proposed changes, and direction on impact on outcomes. It was additionally agreed to schedule meetings in four areas of the State outside the Capitol to provide opportunities to consumers and family members that may have a difficult time attending meetings due to the distance/challenge of traveling. These meetings have been scheduled for early 2010. Benchmark Two on the number of transitions anticipated for the remaining years of the grant were reviewed with all stakeholders. Input was received in writing and in person.

**Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies.**

The Stakeholder Committee continues to have representatives of both HCBS and DD Services providers and advocates participating in committee meetings this period. These representatives have provided input on the policy changes, grant successes and challenges, Operational Protocol issues, and system change challenges. Benchmark Two on the number of transitions anticipated for the remaining years of the grant were reviewed with all stakeholders. Input was received in writing and in person.

2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

Specific Amount

**Please Indicate the Amount of Attendance**

Two consumers have attended each of the MFP Stakeholder meeting held during the reporting period.

Advisory group did not meet during the reporting period

Program does not have an advisory group

3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?

Identifying willing consumers

**What are you doing to address the challenges?**

It was agreed that meetings will be scheduled around the State in various locations to encourage participation of consumers. The meetings will be held in the first quarter of 2010 and following as the consumers are interested in attending.

Identifying willing families

**What are you doing to address the challenges?**

It was agreed that meetings will be scheduled around the State in various locations to encourage participation of consumers/family members. The meetings will be held in the first quarter of 2010 and following as the consumers/family members are interested in attending.

Involving them in a meaningful way

Keeping them involved for extended periods of time

Communicating with consumers

Communicating with families

Other, specify below

None

**4.** Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?

State agency that sets housing policies

State housing finance agency

**Please describe**

The ND Housing Finance Agency has been and continues to be an active participant in the development of housing in ND. Over the last six months the NDHFA participated in the development of the Housing Alliance of ND. The agency participated in planning and supporting a State wide housing stakeholder conference to identify the need for interagency cooperation and activities towards the development on housing, funding, and housing policy.

Public housing agency(ies)

**Please describe**

The Public Housing Agencies have joined together with MFP to jointly apply for the new housing vouchers that will be offered. The four largest agencies are taking the lead on this project and working with the MFP Project Manager on developing a process that will be effective in supporting the application.

Non-profit agencies involved in housing issues

Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)

None

5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?

Yes

**Please describe**

The State remains without a State supported housing program of any kind at this time.

No

## E. 5. Benefits & Services - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

- What progress was made during the reporting period regarding Medicaid programmatic and policy issues
1. that increased the availability of home and community-based services DURING the one-year transition period?

Increased capacity of HCBS waiver programs to serve MFP participants

Added a self-direction option

Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Please describe by target population**

Children: The State Legislature approved the development of an Autism and Children's Hospice waiver in the last session. Work has been proceeding on the writing and development of both waivers during the second after of 2009. Developmental Disabilities: The newly reviewed wavier that was approved 4/1/09 is being implemented with the new services now being offered to persons and their families eligible for services. A new risk assessment and mitigation planning process was developed and implemented during the second quarter of 2009 Elderly and PD: The approved change to the HCBS waiver of 3 to 7 meals per day was developed and went into effect on 1/1/2010. The approved change of adding two additional hours of personal care per day was finalized and was implemented 1/1/2010.

Developed or expanded managed LTC programs to serve MFP participants

Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants

Legislative or executive authority for more funds or slots or both

Improved state funding for pre-transition services (such as targeted case management)

Other, specify below

None

2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period?

- Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved
- Legislative or executive authority for more funds or slots are delayed or disapproved
- State funding for pre-transition services (such as targeted case management) have been delayed or disapproved
- Other, specify below
- None

3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?

- Increased capacity of HCBS waiver programs to serve more Medicaid enrollees
- Added a self-direction option
- Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Please describe by target population**

Children: The State Legislature approved the development of an Autism and Children's Hospice waiver in the last session. Work has been proceeding on the writing and development of both waivers during the second after of 2009. Developmental Disabilities: The newly reviewed wavier that was approved 4/1/09 is being implemented with the new services now being offered to persons and their families eligible for services. A new risk assessment and mitigation planning process was developed and implemented during the second quarter of 2009 Elderly and PD: The approved change to the HCBS waiver of 3 to 7 meals per day was developed and went into effect on 1/1/2010. The approved change of adding two additional hours of personal care per day was finalized and was implemented 1/1/2010.

- Developed or expanded managed LTC programs to serve more Medicaid enrollees
- Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees

- Legislative or executive authority for more funds or slots or both
- Improved state funding for pre-transition services, such as targeted case management
- Other, specify below
- None

4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?

- Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved
- Efforts to add a self-direction option are delayed or disapproved
- State Plan Amendment to add or modify benefits needed to serve people in HCBS settings is delayed or disapproved
- Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved
- Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved
- Legislative or executive authority for more funds or slots are delayed or disapproved
- State funding for pre-transition services have been delayed or disapproved
- Other, specify below
- None

## E. 6. Participant Access to Services - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services?

- Increased the number of transition coordinators
- Increased the number of home and community-based service providers contracting with Medicaid
- Increased access requirements for managed care LTC providers
- Increased payment rates to HCBS providers

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All Providers received a \$1 per hour increase plus a 5% increase in rates effective 7/1/2009.

- Increased the supply of direct service workers

- Improve or increased transportation options
- Added or expanded managed LTC programs or options
- Other, specify below
- None

What are MFP participants' most significant challenges to accessing home and community-based services?

2. These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.

- Insufficient supply of HCBS providers
- Insufficient supply of direct service workers

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe by target population**

All population groups are dealing with the challenge of attracting and retaining direct service workers. This challenge is faced in both urban and rural settings. Unemployment is very low in ND at this time and many individuals are already working more than one job. In the west and northwest regions of the State where oil development is going on it is nearly impossible for agencies or individuals to compete with the wages being paid by oil development related businesses at this time.

**What are you doing to address the challenges?**

The MFP Grant has requested and is receiving technical assistance to address the need to develop direct services workers to meet the needs of all population groups. The TA provider has provided training on various strategies that have been effective in other parts of the county to develop workforce. A minimum data set information gathering process has been developed by the developmental disabilities provider organization in cooperation with the ND Department of Commerce in conjunction with their pipeline mapping efforts. Efforts to identify additional strategies to utilize for workforce development are being finalized with the TA agency at this time.

**Current Issue Status: In Progress**

- Preauthorization requirements
- Limits on amount, scope, or duration of HCBS allowed under medicaid state plan or waiver program
- Lack of appropriate transportation options or unreliable transportation options
- Insufficient availability of home and community-based services (provider capacity does not meet demand)
- Other, specify below
- None

**E. 7. Self-Direction - SUBMITTED****Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

Skip this section if your state did not have any self-direction programs in effect during the reporting period.

. Did your state have any self-direction programs in effect during this reporting period?

 Yes No

1. How many MFP participants were in a self-direction program during the reporting period?

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
---------	-------	----	----	----------

0	0	0	0	0
---	---	---	---	---

2. Of those MFP participants in a self-direction program how many:

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
---------	-------	----	----	----------

Hired or supervised their own personal assistants	0	0	0	0	0
---	---	---	---	---	---

Managed their allowance or budget	0	0	0	0	0
-----------------------------------	---	---	---	---	---

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
---------	-------	----	----	----------

Reported being abused by an assistant, job coach, or day program staff	0	0	0	0	0
--	---	---	---	---	---

Experienced an accident (such as a fall, burn, medication error)	0	0	0	0	0
--	---	---	---	---	---

Other, Please Specify	0	0	0	0	0
-----------------------	---	---	---	---	---

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

**Populations Affected**

	Elderly	MR/DD	MI	PD	Children
	0	0	0	0	0

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

	Populations Affected				
	Elderly	MR/DD	MI	PD	Children
Opted-out	0	0	0	0	0
Inappropriate spending	0	0	0	0	0
Unable to self-direct	0	0	0	0	0
Abused their worker	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

Are there any other comments you would like to make related to self-direction for MFP participants, or the numbers reported, during this reporting period?

The MFP transitions that have occurred did not utilize self-directed services during this reporting period

## E. 8. Quality Management & Improvement - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

- What notable improvements did your program make to your HCBS quality management systems that
1. affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

Improved intra/inter departmental coordination

Implemented/Enhanced data collection instruments

Implemented/Enhanced information technology applications

Implemented/Enhanced consumer complaint processes

Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)

Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver

participant.

#### Populations Affected

Elderly	MR/DD	MI	PD	Children
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The DD Division worked cooperatively with the ND Protection and Advocacy Agency and Community Providers to implement an online incident reporting and tracking system. In addition a new policy and process was developed for addressing serious incidents of abuse/neglect) investigation

Enhanced a risk management process

#### Populations Affected

Elderly	MR/DD	MI	PD	Children
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.The DD Division and the Community Provider Organization worked together to develop a new risk assessment and mitigation policy and planning document to better address risk and methods to address risk for persons receiving services in the community

Other, specify below

None

- How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)
- 2.

#### Populations Affected

	Elderly	MR/DD	MI	PD	Children
Transportation: to get to medical appointments	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0
Critical health services	0	0	0	0	0
Direct service/support workers not showing up	0	0	0	0	0
Other, Please Specify	0	0	0	0	0

#### Populations Affected

Total	Elderly	MR/DD	MI	PD	Children
	0	0	0	0	0

3. For what percentage of the calls received were you able to provide the assistance that was needed when it was needed?

Populations Affected				
Elderly	MR/DD	MI	PD	Children
0	0	0	0	0

4. Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?

Yes

No

5. What significant challenges did your program experience with Discovery processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others.

Identifying whether participants are receiving adequate supports/services

Identifying whether services/supports are delivered as intended

Identifying in a timely manner when participants' health and welfare is not achieved

Other, specify below

Populations Affected				
Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe the challenges**

In order to achieve a statistically relevant sample number of cases two thirds of waiver participants needs to sampled during the discovery process. Identification of the methods to achieve this expectation has been very challenging due to the limited number of staff available within the Department.

**What are you doing to address the challenges?**

In an effort to identify if waiver recipients are getting adequate services and supports, services as intended, and that their health/welfare needs are being addressed in a timely manner case management staff have been provided with additional education and direction on methods to gather this information during annual and quarter contacts. The assessment instrument utilized as been modified to better capture the needed information from consumers. Best practice information is being provided to all case managers on a quarterly basis.

**Current Issue Status: In Progress**

None

6. What significant challenges did your program experience with Remediation processes? Significant

challenges include difficulty acting promptly to address an identified risk/danger at the individual level.

Addressing an identified risk/danger in a timely manner

Providing additional services when needed

Other, specify below

None

7. What significant challenges did your program experience with Improvement processes? Significant challenges include difficulty gathering or analyzing information from Discovery activities to identify trends that affect an entire population of individuals/participants, or difficulty designing system improvements to prevent or reduce the occurrences of quality issues.

Gathering information to identify trends

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe the challenges**

In order to achieve a statistically relevant sample number of cases two thirds of waiver participants needs to sampled during the discovery process. Identification of the methods to achieve this expectation has been very challenging due to the limited number of staff available within the Department.

**What are you doing to address the challenges?**

In an effort to identify if waiver recipients are getting adequate services and supports, services as intended, and that their health/welfare needs are being addressed in a timely manner case management staff have been provided with additional education and direction on methods to gather this information during annual and quarter contacts. The assessment instrument utilized as been modified to better capture the needed information from consumers. Best practice information is being provided to all case managers on a quarterly basis.

**Current Issue Status: In Progress**

Designing system improvements

Implementing system improvements

Other, specify below

None

Are there any other comments you would like to make related to quality management for MFP participants, or the numbers reported, during this reporting period?

## E. 9. Housing for Participants - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?

Developed inventory of affordable and accessible housing

Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe the achievements**

ND held a Statewide Housing Summit on July 24, 2009 with for all persons concerned about housing in ND. The three primary groups working on housing related issues in ND joined with a large cross section of the separated housing agencies, housing advocates, human service agencies, and consumers to formalize the Housing Alliance of North Dakota. The Money Follows the Person Housing Workgroup joined the Alliance and is actively involved with the steering committee.

Developed statewide housing registry

Implemented new home ownership initiatives

Improved funding or resources for developing assistive technology related to housing

Improved information systems about affordable and accessible housing

Increased number of rental vouchers

Increased supply of affordable and accessible housing

Increased supply of residences that provide or arrange for long term services and/or supports

Increased supply of small group homes

Increased/Improved funding for home modifications

Other, specify below

None

2. What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community.

Lack of information about affordable and accessible housing

Insufficient supply of affordable and accessible housing

Lack of affordable and accessible housing that is safe

Insufficient supply of rental vouchers

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please describe the challenges**

The urban areas of the State of ND have waiting lists for a Housing Choice Vouchers ranging from 300 to 1,100. In the western portions of ND the pressure of the booming oil industry has priced housing beyond the allowable maximum rent allowable under the HCV program.

**What are you doing to address the challenges?**

The ND Public Housing Authorities have joined with MFP to make application for the new vouchers that will be offered in 2010. Efforts continue to have the PHA make MFP participants a priority category for each agency.

**Current Issue Status: In Progress**

- Lack of new home ownership programs
- Lack of small group homes
- Lack of residences that provide or arrange for long term services and/or supports
- Insufficient funding for home modifications
- Unsuccessful efforts in developing local or state coalitions of housing and human services organizations to identify needs and/or create housing related initiatives
- Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing
- Other, specify below
- None

3. How many MFP participants are living in each type of qualified residence? [The sum total of the numbers provided here must equal the number supplied in Question #4, Transitions]

	Populations Affected				
	Elderly	MR/DD	MI	PD	Children
Home (owned or leased by individual or family)	1	0	0	2	0
Apartment (individual lease, lockable access, etc.)	3	5	0	5	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	0	0	0	0

4. How many MFP participants changed their community residence during the reporting period?

	Populations Affected				
	Elderly	MR/DD	MI	PD	Children

Number of participants who changed their community residence

0 0 0 0 0

5. Have any MFP participants received a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.

202 funds

CDBG funds

Funds for assistive technology as it relates to housing

Funds for home modifications

HOME dollars

Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)

**Populations Affected**

Elderly	MR/DD	MI	PD	Children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Housing trust funds

Low income housing tax credits

Section 811

USDA rural housing funds

Veterans Affairs housing funds

Other, Please Specify

None

Are there any other comments you would like to make related to housing for MFP participants, or the numbers reported, during this reporting period?

Unsuccessful efforts were made to develop options to utilize MFP Grant or rebalancing dollar to fund the Executive Directorship of the Housing Alliance. Medicaid Infrastructure Grant dollars were also unsuccessfully requested to fund the position. The Housing Alliance is working on incorporation as a non-profit entity with the intention of seeking other grant dollars to fund the formal leadership of the Alliance. The ND housing agencies have been active participants in the planning and leadership of the Alliance and are supportive of future legislative steps to secure funding for housing development such as a State Housing Fund.

## F. Organization & Administration - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?

Yes

No

2. What interagency issues were addressed during this reporting period?

Common screening/assessment tools or criteria

Common system to track MFP enrollment across agencies

Timely collection and reporting of MFP service or financial data

Common service definitions

Common provider qualification requirements

Financial management issues

Quality assurance

Other, specify below

None

3. Did your program have any notable achievements in interagency communication and coordination during the reporting period?

Yes

No

4. What significant challenges did your program experience in interagency communication and coordination during the reporting period?

Interagency relations

Privacy requirements that prevent the sharing of data

Technology issues that prevent the sharing of data

Transitions in key Medicaid staff

Transitions in key staff in other agency

Other, specify below

None

## G. Challenges & Developments - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. What types of overall challenges have affected almost all aspects of the program?

- Downturn in the state economy
- Worsening state budget
- Transition of key position(s) in Medicaid agency
- Transition of key position(s) in other state agencies
- Executive shift in policy
- Other, specify below
- None

2. What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?

- Institutional closure/downsizing initiative
- New/revised CON policies for LTC institutions
- New or expanded nursing home diversion program
- Expanded single point-of-entry/ADRC system

**Please describe**

North Dakota was approved for a grant to develop an Aging and Disabilities Resource Center. The system will be developed over the years 2010-2012 in one of the eight regions of the State but will not provide State wide services. A delay has occurred in the implementation of the grant due to the need to get approval by a legislative committee to accept and spend the grant dollars. This process will be initiated in 2010 with recruitment/contracting efforts

- New or expanded HCBS waiver capacity

**Please describe**

The HCBS waiver changes have been approved in increase in-home meals from 3 to 7 days and an increase in a maximum State Plan Personal Care Hours from 8 to 10 hours

- New Medicaid State Plan options (DRA or other)
- New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC
- Other, specify below

**Please describe**

The State of ND was able to implement legislatively approved income and budgeting change requirements for State funded HCBS in July 2009. . This has lead to an increase in the number of persons eligible for no fee or reduced fee services to support them in their home. This service provides assistance to individuals that do not meet NF LOC screening criteria or may not be Medicaid eligible but are in need of support services to remain in their own home.

None

## H. Independent Evaluation - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?

Yes

No

2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?

Yes

No

## I. State-Specific Technical Assistance - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

## J. Overall Lessons & MFP-related LTC System Change - SUBMITTED

**Grant Report:** 2009 Second Period (July - December) - ND09SA02, North Dakota

Are there any other comments you would like to make regarding this report or your program during this reporting period?

Two agencies have provided information on alternative services that could be provided to MFP participants as a back-up support. This has included alternative electronic monitoring systems and phone follow-up contact services to more closely monitor medical and support needs. Operational protocol review changes have been discussed for several months and still continue to be reviewed. An amendment request was submitted to address the changes to the Developmental Disabilities waiver and to add PACE as an MFP service. Additional requests will be submitted as decisions on approach are finalized. ND continues to enjoy a strong economy at this time in most areas of the State. This has created a significant challenge to MFP participants in finding housing and persons to provide them with care in their home. The areas of the State affected by this are the west and northwest. Increased housing costs and wages have made it difficult at times to transition in those areas of the State. ND continues to face an aging population with growing in-home support needs with the primary barriers being the need for an adequate number of care givers, limited accessible housing, and

a less than adequate understanding of and willingness to consider the support options that are available outside the institutional setting.

### List of Technical Assistance Events for this Reporting Period

<p><b>Date:</b> 7/20/2009 12:00:00 AM  <b>Type:</b> Housing  <b>Delivery Method:</b> Group Teleconference</p> <p><b>Describe the focus of the TA you received:</b> The focus of the Housing TA call with Pat Tucker, Advocates for Human Potential and the ND Housing Alliance was to finalize plans for the ND Housing Forum.</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> The call was very useful in finalizing the role of all presenters for the Housing Forum</p>
<p><b>Date:</b> 7/23/2009 12:00:00 AM  <b>Type:</b> Housing  <b>Delivery Method:</b> Individual in Person</p> <p><b>Describe the focus of the TA you received:</b> The focus of the Housing TA was for all ND Housing Forum planning committee members to meet and finalize details for the Housing conference set for the next day. Rhonda Sims of Ascellon and Pat Tucker of the Advocates for Human Potential participated in the meeting. Pat and Rhonda were scheduled to speak and manage guided discussion during for the planned conference</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> This final planning session was very helpful in working out the final details for the housing conference set for the next day.</p>
<p><b>Date:</b> 7/24/2009 12:00:00 AM  <b>Type:</b> Housing  <b>Delivery Method:</b> Individual in Person</p> <p><b>Describe the focus of the TA you received:</b> Rhonda Sims of Ascellon presented an overview of the MFP Grant and related need to develop housing options to meet the needs of persons being transitioned and person wishing to avoid admission to a nursing facility. Pat Tucker of the Advocates for Human Potential provided an overview of housing programs, MFP Grant requirements, and facilitated the three hour long guided discussion about housing needs in ND.</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> The Presentations and assistance with the guided discussion were outstanding. The ultimate result of the conference was the formalization of the Housing Alliance of ND. The Housing Alliance has since worked to incorporate and expand its education and advocacy role in housing development in ND</p>
<p><b>Date:</b> 8/4/2009 12:00:00 AM  <b>Type:</b> Housing</p>

<p><b>Delivery Method:</b> Group Teleconference</p> <p><b>Describe the focus of the TA you received:</b> Follow-up call on the housing conference and funding options that maybe considered using MFP Grant dollars</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> The group developed a plan to request the ND DHS cabinet to allow MFP dollars to be used to fund an Executive Director Position for the newly developed Housing Alliance</p>
<p><b>Date:</b> 9/14/2009 12:00:00 AM</p> <p><b>Type:</b> Others</p> <p><b>Delivery Method:</b> Individual by Phone</p> <p><b>Describe the focus of the TA you received:</b> Lori Sedlezky, MSW, Project Coordinator Institute on Community Integration (UCEDD) University of MN provided an overview of the TA options and assistance that could be provided by their agency in the development of ND's Workforce</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> A formal plan and schedule was developed to meet with the larger planning committee</p>
<p><b>Date:</b> 10/6/2009 12:00:00 AM</p> <p><b>Type:</b> Others</p> <p><b>Delivery Method:</b> Group Teleconference</p> <p><b>Describe the focus of the TA you received:</b> John Sauer and Lori Sedlezky, MSW, Project Coordinator, Institute on Community Integration (UCEDD) University of MN met by phone to review the assistance that their agency could provide to the ND Workforce Development Subcommittee</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> The call resulted in the development of a tentative TA plan to assist ND with its workforce developed needs</p>
<p><b>Date:</b> 10/12/2009 12:00:00 AM</p> <p><b>Type:</b> Others</p> <p><b>Delivery Method:</b> Group Teleconference</p> <p><b>Describe the focus of the TA you received:</b> The focus of the TA call was to address the issue of Talent Pipeline Mapping with the Developmental Disabilities Provider association and the ND Department of Commerce.</p> <p><b>Usefulness:</b> Very Useful</p> <p><b>If useful, describe what changed as a result. - If not useful, explain why.</b> The call was helpful in more clearing defining outcome expectations of the talent pipeline mapping process, the role of data collection, and the ability to expand the process to the other population groups of the State</p>
<p><b>Date:</b> 11/10/2009 12:00:00 AM</p> <p><b>Type:</b> Others</p> <p><b>Delivery Method:</b> Group Teleconference</p> <p><b>Describe the focus of the TA you received:</b> The purpose of the TA session was a webinar training session on workforce development strategies by Lori Sedlezky and John Sauer of the</p>

Institute on Community Integration (UCEDD) University of MN

**Usefulness:** Very Useful

**If useful, describe what changed as a result. - If not useful, explain why.** The participants across the State received information on new ways to address the issue of workforce development in a rural area

**Date:** 11/24/2009 12:00:00 AM

**Type:** Others

**Delivery Method:** Group Teleconference

**Describe the focus of the TA you received:** The purpose of the TA session was a webinar training session on workforce development strategies by Lori Sedlezky and John Sauer of the Institute on Community Integration (UCEDD) University of MN

**Usefulness:** Very Useful

**If useful, describe what changed as a result. - If not useful, explain why.** The participants across the State received new ways to address the issue of workforce development in a rural area

**Date:** 12/2/2009 12:00:00 AM

**Type:** Other Programmatic

**Delivery Method:** Group Teleconference

**Describe the focus of the TA you received:** The focus of this TA was on the development of services specifically to meet the needs of persons with a mental Health diagnosis

**Usefulness:** Very Useful

**If useful, describe what changed as a result. - If not useful, explain why.** A formal TA plan was developed for the year 2010 and information was provided by email related to mental health services