



In order to report on the most meaningful performance indicators associated with the North Dakota US Department of Justice Settlement Agreement (US DOJ SA), the State will report, on a quarterly basis, the Key Performance Indicators (KPIs) included in this presentation. The KPIs have been revised and reduced in number from previous years to focus on the most relevant indicators of performance.

The report contains data points and notes that highlight the State's progress as well as challenges and will be posted on the ND Department of Health and Human Service's (HHS) website. Data collection methods have been developed to track the critical issues facing Target Population Members (TPMs) who want to receive care in the most integrated setting appropriate to their needs.

KPIs in the report include:

- Individuals Referred to HCBS Case Management
- Average HCBS Case Manager Weighted Caseloads
- TPMs Served in Skilled Nursing Facility
- TPM Transitions
- TPMs Using State or Federally Funded HCBS
- New TPMs Diverted
- SFY24 Annual Cost Comparison HCBS SNF Care
- Average Length of Time to Approve QSP Applications
- New Individual QSPs Enrolled
- New Agency QSPs Enrolled
- QSP Retention

- QSPs Providing 24/7 Care
- QSPs by County

HOME AND COMMUNITY BASED SERVICES (HCBS) CASE MANAGEMENT

1,807

INDIVIDUALS REFERRED TO
HCBS CASE MANAGEMENT IN **QUARTERS 1 - 4 OF 2024**

ANNUAL COMPARISON DATA

2023 – **1,592**

2022 – **1,854**

2021 – **1,893**

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There were 1,807 referrals to HCBS in 2024. Fifty-three (53) percent or 954 of the referrals sent to the HCBS Case Managers during this timeframe became an open case. An average of 74 cases are opened per month and the demand for in-home and community-based services remains high. Additional HCBS Case Managers may be needed in the future to enhance staff capacity.

CASE MANAGEMENT CASE LOADS

117

AVERAGE MONTHLY
WEIGHTED CASELOAD
PER HCBS CASE MANAGER IN
QUARTER 1-4 OF 2024

ANNUAL COMPARISON DATA

2023 – 119
2022 – 117
2021 – 110

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There are 73 HCBS Case Managers who currently carry an average weighted caseload of 117 cases.

The State recently hired (3) new staff to provide HCBS Case Management and one additional Basic Care Case Manager to help keep up with the demand for services. The State will continue to monitor the weighted caseloads of HCBS Case Managers and continues to discuss strategies to help staff manage their busy workload.

TARGET POPULATION MEMBERS (TPMS) IN A SKILLED NURSING FACILITY (SNF)

2,147

TPMs SERVED IN A SNF in
OCTOBER of 2024

ANNUAL COMPARISON DATA

2023 – **2,412**

2022 – **2,438**

2021 – **2,376**

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There were 2,147 Medicaid eligible individuals who received services in a skilled nursing facility in October of 2024. An 11% decrease since 2023. This number includes all Medicaid eligible individuals who were approved for a short or long-term stay. Individuals who receive care in a skilled nursing facility for less than 90 days are not technically considered a Target Population Member under the Settlement Agreement, but they are all at risk of a long-term placement which is 90 or more days.

TPMS WHO TRANSITIONED TO AN INTEGRATED SETTING

139

TPMs TRANSITIONED IN
QUARTERS 1 – 4 OF 2024

ANNUAL COMPARISON DATA

2023 – 118

2022 – 121

2021 – 91

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In the fourth quarter of 2024, 25 TPMs have moved back to the community for a total of 139 TPMs in all four quarters. This represents a 17.8% increase over 2023. The US DOJ SA requires that TPMs be transitioned within 120 days of requesting transition support services. In the fourth quarter, seventeen (17) or sixty-eight 68% of the 25 TPMs were transitioned within that time frame. In all of 2024, 139 out of 218 (64%) TPMs transitioned within the required timeframe. Some transitions take more time because there are significant barriers that must be overcome before a TPM is ready to move to the community. The State staffs transitions that have been pending for 90 or more days with transition team members i.e., Transition Coordinator, HCBS Case Manager and the Housing Facilitator, to ensure that all steps are taken to allow for a safe and efficient move back to the community.

The State is committed to helping eligible TPMs transition back to the community, however long it takes, if that is their preference and not until a transition plan is in place to ensure safe transition. Access to accessible and affordable housing is the biggest barrier to community living. The State is developing and implementing additional strategies to further address these issues.

TPMS UTILIZING STATE OR FEDERALLY FUNDED HCBS

961

TOTAL OF
UNDUPLICATED TPMS
SERVED IN **QUARTER 4 OF 2024**

ANNUAL COMPARISON DATA

2023 – **666**

2022 – **494**

2021 – **273**

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There are 961 unduplicated TPMS who are currently receiving HCBS. Although this appears to be a large increase from 2023, the data collection methodology was refined to more accurately reflect the number of TPMS being served.

All 961 individuals meet the functional requirements to receive care in the nursing home and are Medicaid eligible and choose to receive care in the most integrated setting that meets their needs. The State strives to divert as many TPMS as possible, so they can avoid institutional placement, even for a short period of time.

TPMS UTILIZING STATE OR FEDERALLY FUNDED HCBS

390

NEW UNDUPLICATED HCBS TPMS WERE DIVERTED AND SERVED IN **QUARTERS 1 - 4 OF 2024**

- 108 DIVERTED FROM A SNF ON SPED
- 304 DIVERTED FROM A SNF ON MW
- 89 DIVERTED FROM A SNF ON MSP B OR C

ANNUAL COMPARISON DATA

2023 – 321 (52 ON SPED, 250 ON MW, 89 ON MSP B OR C)

2022 – 308 (92 ON SPED, 221 ON MW, 52 SNF ON MSP B OR C)

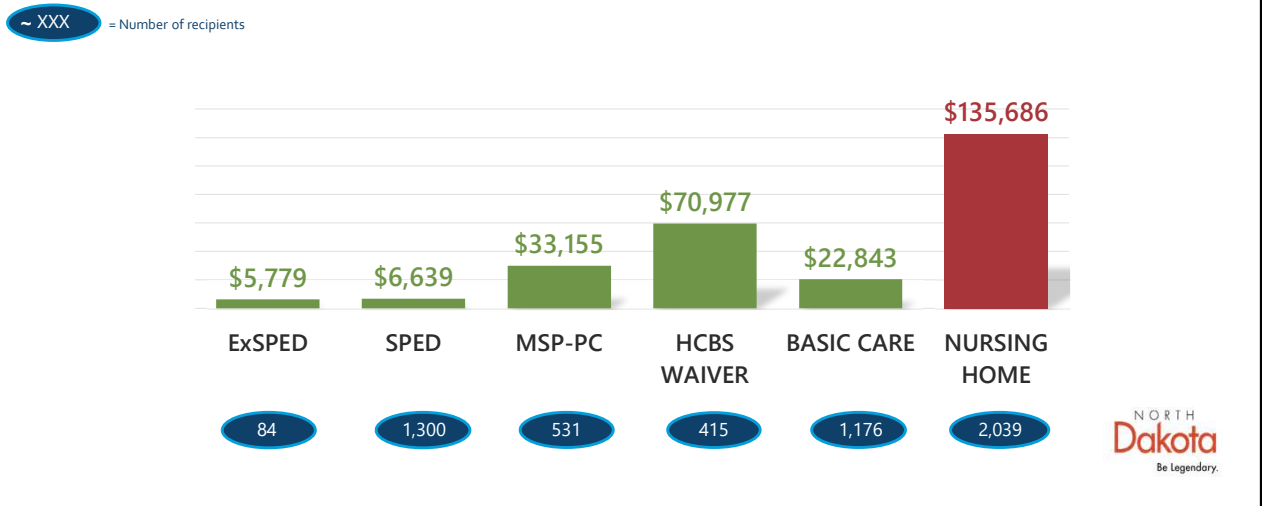
2021 – 273 (104 ON SPED, 144 ON MW, 65 ON MSP B OR C)

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In 2024, 390 new TPMS were diverted from a skilled nursing facility and are receiving necessary care in the home. A 21% increase over 2023. The number diverted by funding source reflects that TPMS may receive services under more than one program. The HCBS 1915(c) Medicaid waiver continues to be the most utilized program for newly diverted TPMS. The State is closely monitoring the number of people utilizing the waiver to accurately project the number of people we may need to serve in the future on the waiver to meet the growing demand for this service.

SFY24 AVERAGE ANNUAL INDIVIDUAL COST COMPARISON BY HCBS FUNDING SOURCE AND AVERAGE ANNUAL COST OF SNF CARE



There are many benefits to providing HCBS. HCBS is the preferred option of most people who require some type of long-term services and support (LTSS) to live safely and take care of their daily needs. It is also generally less expensive and requires fewer federal and state resources to provide.

The high cost of skilled nursing facility care is part of the reason that approximately 50% of the residents of skilled nursing facilities are Medicaid beneficiaries. If an individual needs services long-term, it does not take long for the average citizen to spend down their resources and need financial support to pay for their care in a skilled nursing facility. As the number of people eligible for services grows with the aging baby boom population HCBS waiver costs have also increased.

* The number of people served on this chart may differ from slide four (4). The number is based on the date of the data pull from claims. Providers have 6 months to bill from the last date of service so the total numbers can change overtime.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

9 days

AVERAGE LENGTH OF TIME TO
APPROVE QSP APPLICATIONS IN
QUARTER 1- 4 OF 2024

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The State moved the QSP enrollment process in-house and state staff are now responsible to enroll and revalidate QSPs. In January 2024, the State began using an online QSP portal to enroll QSPs. State staff use the online portal to receive and process applications. These changes have decreased the amount of time it takes to process complete applications to nine (9) days.

The system replaced a paper-based process. It asks a series of questions, and then intuitively guides the user to the services they are eligible to provide. The system includes short video tutorials and tool tips to help answer questions quickly which will increase the likelihood of completing the application process in the first attempt. All required enrollment training such as the QSP Fraud Waste and Abuse training and the QSP orientation is contained within the system.

The system is also being used for reenrollment and to add or change a provider's personal information, service array, or service territory.

HCBS INDIVIDUAL QUALIFIED SERVICE PROVIDERS (QSP)

334

NEW INDIVIDUAL QSPs
ENROLLED IN **QUARTER 1 - 4**
OF **2024**

1,253

TOTAL ENROLLED INDIVIDUAL QSPs
IN **QUARTER 4 OF 2024**

ANNUAL
COMPARISON DATA

2023 – **280**

2022 – **441**

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Access to an adequate supply of available qualified service providers (QSPs) is critical to serving people in the home. At a minimum it takes at least one person to provide care for every unduplicated individual served under HCBS. TPMs who require 24-hour support to reside in the community may require at least five (5) people to ensure their care needs are met every day of the year.

In 2024, the State implemented various recruitment and retention strategies to encourage individuals and agencies to enroll to be a QSP. The number of new individual QSPs enrolled increased by 19.3% over 2023. Strategies included, improving the systems that are used by providers to meet enrollment, documentation, and claims submission requirements.

HCBS AGENCY QUALIFIED SERVICE PROVIDERS (QSP)

45

NEW AGENCY QSPs
ENROLLED IN **QUARTER**
1 - 4 OF 2024

210

TOTAL ENROLLED AGENCY QSPs IN
QUARTER 4 OF 2024

ANNUAL COMPARISON

DATA

2023 – **34**

2022 – **11**

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There are currently 210 QSP agencies enrolled to provide various types of care across the State. This is the largest number of QSP agencies that have ever been enrolled since the inception of HCBS for older adults and adults with physical disability. The State awarded incentive grants to entities willing to start or expand a QSP agency that has helped increase the number of available providers.

Agencies choose their service territory and the type of services they want to provide. Agencies will be able to better market their services to the citizens of North Dakota by using the new QSP registry that was recently launched. The new registry is called Connect to Care ND and is available on the HHS website as a tool to assist people in finding an HCBS provider. The State will be holding provider Agency training soon to help QSPs understand the benefits of the new system.

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

195 **1,132**
AGENCY INDIVIDUAL

NUMBER OF QSPs RETAINED IN
QUARTER 4 OF 2024



12

The number of new individual and agency QSPs enrolled each month can vary. Many of the individual QSPs are caring for someone they had a close personal relationship with prior to them needing care. If that person is no longer receiving services, the individual QSPs often close their QSP status. Despite having many enrolled providers some TPMs struggle to find a QSP that provides the type of care they need in their chosen community. Future recruitment efforts will be targeted at certain communities where qualified providers are hard to find.

There has been an upward trend in QSP retention of new providers. With the State on track to retain a high number of QSP agencies in 2024, like 2023, these retention numbers indicate sustained provider engagement and more efficient reimbursement for services rendered. This suggests that the State’s investments in system improvements have had a positive impact on the HCBS system.

New QSPs Retained by Year	2020	2021	2022	2023	2024	Total
Agency QSPs	11	14	10	34	32	101
Individual QSPs	52	112	201	280	298	943

HCBS QUALIFIED SERVICE PROVIDERS (QSP)

21

QSP AGENCIES PROVIDING
24/7 CARE IN **QUARTER 4 OF**
2024

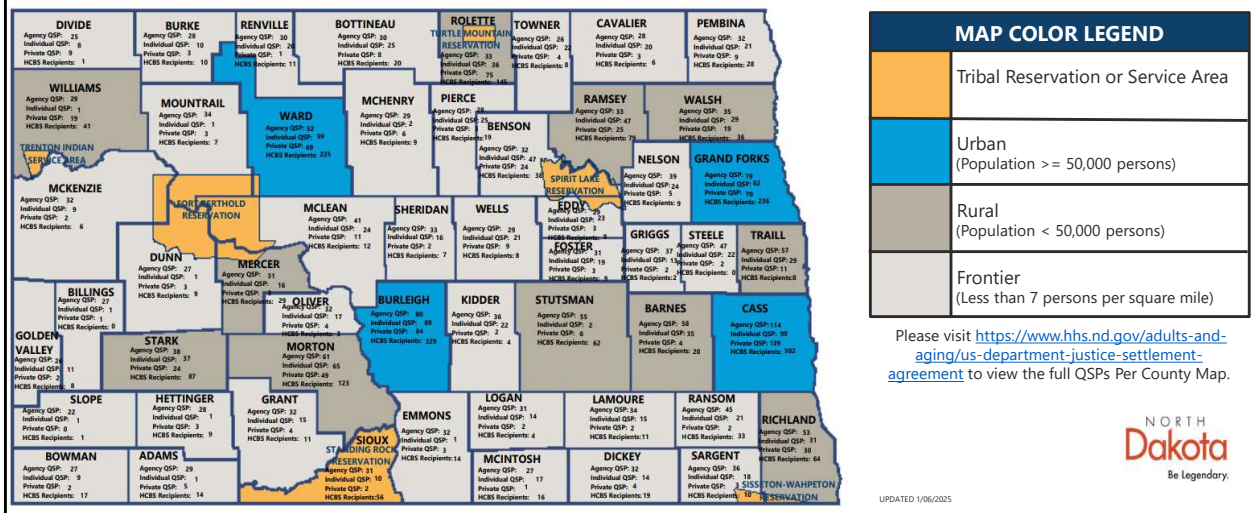
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Eighty-eight (88) Medicaid eligible individuals are receiving 24/7 supports under residential habilitation or community support services. These services are provided by 21 QSP agencies who employ qualified staff who provide the direct care. Residential habilitation and community support recipients meet a nursing facility level of care and have chosen to live in the community and receive in-home care.

The ability to provide 24/7 support is a critical part of the service delivery system and often involves individuals with very complex care needs.

HCBS QUALIFIED SERVICE PROVIDER (QSP) TOTALS BY SERVICING COUNTY



MAP COLOR LEGEND

- Tribal Reservation or Service Area
- Urban (Population >= 50,000 persons)
- Rural (Population < 50,000 persons)
- Frontier (Less than 7 persons per square mile)

Please visit <https://www.hhs.nd.gov/adults-and-aging/us-department-justice-settlement-agreement> to view the full QSPs Per County Map.



UPDATED 1/06/2025

This map displays how many QSPs are actively enrolled to serve the applicable county. There are some parts of ND where it is difficult to find enough QSPs to meet the demand for services. In some areas of western ND, the Government run Human Services Zone acts as one of the only agency QSPs in the area that have employees to provide care. The State has seen an increase in QSP enrollment and retention since the new enrollment portal and other workforce initiatives have been completed.

Please visit the Key Performance Indicators (KPI) Report section of the DHHS U.S. Department of Justice Settlement Agreement’s webpage, found at [QSP County Map.pdf](#) , to view the full QSPs Per County Map. The map is updated every DOJ quarter.