

The North Dakota Department of Human Services (DHS) is seeking to support the development or expansion of Qualified Service Provider (QSP) agencies through a competitive grant process. These grants are being made available for the purpose of providing the funds necessary to either start a new QSP agency or expand the services of a current QSP agency. The expanded capacity of the QSP agency will enable individuals to transition from institutional settings and/or with the support and services needed to continue to live successfully within the community.

DHS is seeking proposals from community entities or individuals who are interested in enrolling as a QSP agency or expanding their current QSP agency to actively provide Medicaid State Plan Personal Care and two or more of the following services:

- Community Transition Services
- Extended Personal Care/Nurse Educator Services
- Residential Habilitation/Community Support Services (in private residence or Agency Foster Care)
- Respite Care
- Supervision
- Transitional Living

DHS is also making this opportunity available to nursing facilities licensed by the North Dakota Department of Health who are interested in enrolling as a QSP agency or expanding their current QSP agency to actively provide Medicaid State Plan Personal Care and at least two of the following services:

- Community Transition Services
- Extended Personal Care/Nurse Educator Services
- Residential Habilitation/Community Support Services (in private residence or Agency Foster Care)
- Respite Care
- Supervision
- Transitional Living

QSP agencies that are willing to provide these services and demonstrate the knowledge and ability to serve individuals with behavioral health, significant medical and/or supervision needs, including overnight needs, and/or the need for intermittent on-call services have the ability to be awarded up to 20 additional points in the application process.

QSP agencies will be required to provide services to individuals receiving Medicaid or one of the state-funded home and community-based services administered by DHS.

DHS will award grants to assist ten or more entities with their enrollment to either become a successful operation as a QSP agency or for the expansion of their current QSP agency in North Dakota in amounts not to exceed \$30,000 per applicant. Funds will be available until the full amount of \$300,000 has been allocated. No single grant award will be more than \$30,000 per applicant.

The grants will not be awarded to any agency that only plans to provide services to individuals that pay privately for their services.

Qualified Service Provider Agency Information

QSP agencies will act as the provider for Medicaid Waiver Services, the Medicaid State Plan-Personal Care Program, Service Payments for the Elderly and Disabled (SPED) Program, and the Expanded Service Payments for the Elderly and Disabled (Ex-SPED) Program. These services divert people from institutional placement and/or from utilizing Medicaid (please see a list of services that can be provided by a QSP agency below).

Website information

Home and Community-Based Services (HCBS) Waiver and State Funded HCBS

<https://www.nd.gov/dhs/services/adultsaging/homecare.html>

Medicaid State Plan-Personal Care Program

<http://www.nd.gov/dhs/policymanuals/53505/Content/PD/SC%20535-05%20ML3444%20MSP%20Personal%20Care.pdf>

Qualified Service Provider Information

<https://www.nd.gov/dhs/services/adultsaging/providers.html>

To be eligible for the grant, an applicant must plan to provide at least two of the priority HCBS Medicaid Waiver services to older adults or persons with a physical disability and provide Medicaid State Plan-Personal Care services described above. The applicant must provide a written project plan, agency development timelines, a description of how the grant funds will be utilized, the target dates for operation as a QSP agency, a QSP agency marketing plan, where the applicant plans to provide services, the anticipated number of employees, the individual(s) that will be responsible for implementation, and must actively provide services to individuals receiving state or federally-funded HCBS.

If more than ten qualified applications are received, preference will be given to grant applicants that demonstrate the knowledge and ability to provide these services to individuals with behavioral health, significant medical and/or supervision needs, including overnight needs, and/or the need for intermittent on-call services.

Interested parties can apply for these grants by submitting a Qualified Service Provider Agency Development Grant Application, which is attached as Attachment A, a project budget utilizing the Qualified Service Provider Agency Development Grant document, which is attached as Attachment B, and other project requirements as detailed in this solicitation. The Qualified Service Provider Agency Development Grant Application should outline the development plan and the Qualified Service Provider Agency Development Grant document should outline how applicant will utilize the funds to create and operate as a QSP agency.

Examples of the ways these funds can be utilized include:

- Training and professional development
- Compensation costs not paid by Medicaid or state-funded HCBS
- Staff recruitment or retention costs
- Community outreach activities
- Promotional materials related to the new QSP agency services
- IT equipment costs for new QSP agency office
- Background checks
- Other agency development costs

Grant Applicants should:

Submit a QSP Agency Development Grant Application that includes a project plan, which provides the following information:

- Identifies the Medicaid Waiver services and Medicaid State Plan-Personal Care Program services the agency will provide.
- Identifies the county or counties the agency will offer service.
- Timeline when the entity will enroll as a QSP agency or add additional services to their QSP profile. Applicants are required to complete the enrollment or service expansion process within four months of an approved grant application.
- A marketing plan for the agency.
- Describes how the funds will be utilized.
- Identifies a timeline when staff will be hired.
- Identifies the date when the entity plans to provide QSP services to a qualified individual.

Submit Qualified Service Provider Agency Development Grant budget form.

Who may apply:

Any community entity, current individual or agency QSPs, agencies providing other community services, and nursing facilities licensed by the North Dakota Department of Health who are interested in enrolling and providing services as a QSP agency in North Dakota.

Grants may be awarded to former grantees if they submit a successful proposal.

Funding:

- Maximum funding per application is not to exceed \$30,000.
- Grants are one-time only and will not be renewed.
- Funding will be dependent upon availability of dollars.
- Partial awards are possible depending on funding availability.

Grant funding is for reimbursable expenses only, meaning that no payments shall be made in advance.

How grants will be chosen:

Upon receipt of an application, the Money Follows the Person Grant Program Administrator will review the application to determine whether the application is responsive to all requirements as described in this solicitation.

Responsive applications will be evaluated by a committee of DHS' Medical Services and Aging Services personnel using evaluation criteria identified in the Evaluation Tool. The Evaluation Tool, which is attached as Attachment C, will be the scoring tool used to score applications. The total number of points to score an application is 100 possible points and up to 20 additional points (120 points possible) will be awarded for applications that meet the priority requirements. The evaluation score for each section of the Evaluation Tool will be added together to determine the total evaluation score.

The purpose of the committee is to select and recommend for funding those proposals that best meet DHS' goal to increase the number of QSP agencies that provide higher level QSP services in North Dakota. An evaluation meeting will be held within three weeks after the proposal due date, and, if necessary, later as applications are received by the Department.

What are the expectations if I receive a grant?

- Meet with the Money Follows the Person Grant Program Administrator, the Medical Services Qualified Services Provider Enrollment Administrator, and an Aging Services staff member to review the QSP application process, the grant project work plan, and reporting requirements before the grant begins.
- Enroll as a QSP agency - Applicants are required to complete the process within four months of an approved grant application.
- Identify timeline when a certain number of staff/providers will be hired.
- Identify dates when new providers/employees will be trained.
- Identify dates when the agency will become a QSP or add additional services to their QSP profile.
- Provide state or federally-funded QSP services to individuals that select their agency.

- Submit a quarterly report on work plan progress.
- Request reimbursement for costs.
- If a grantee fails to fulfill the expectation to become a QSP agency and provide QSP services, all grant funds paid to the agency must be returned.

Schedule:

DHS will award QSP Agency Development Grants until all the funds have been awarded.

The application and supporting documentation should be submitted by email to Jake Reuter, Money Follows the Person Grant Program Administrator, **by 4 p.m. CT on November 8, 2021.**

Please email applications to:

Email: jwreuter@nd.gov

Services that can be provided by a QSP agency:

<https://www.nd.gov/dhs/services/adultsaging/homecare.html>

- **Personal Care** – This service helps with bathing, dressing, transferring, toileting, and supervision. To provide assistance to an eligible client with as many activities of daily living and instrumental activities of daily living as needed and as permitted in order to maintain independence and self-reliance to the greatest degree possible. Care, if appropriate, should be provided as long as the client needs it, up to 24-hour care if necessary. The client or legally responsible person must direct the care provider and should be involved in training and monitoring the personal care QSP as much as possible and when appropriate.
- **Extended Personal Care Services** - The purpose of Extended Personal Care Services (EPCS) is to complete tasks that are medical in nature and specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator who has provided training to the EPCS Provider and is enrolled with the Department to provide Nurse Education. Or, if a necessary medical task is too complex to be taught to an unlicensed provider the nurse may provide the service directly to the client. Services provided by a licensed nurse include, but are not limited to, nurse assessments, care planning, training, medication set up, and periodic review of client care needs or the provision of direct care that is too complicated to delegate to an extended personal care provider.

- **Nurse Educator who has provided training to the EPCS** – The Nurse Educator who has provided training to the EPCS shall be enrolled with DHS to provide nurse education. If a necessary medical task is too complex to be taught to an unlicensed provider, the nurse may provide the service directly to the client. Services provided by a licensed nurse include, but are not limited to, nurse assessments, care planning, training, medication set up, and periodic review of client care needs or the provision of direct care that is too complicated to delegate to an extended personal care provider. Nurse education will be provided in accordance with the nursing plan of care (NPOC), developed by the client and the nurse educator, to meet the identified needs of the client. The Case Manager shall be responsible to complete an Individual Plan of Care, SFN 1467, and Authorization to Provide Services, SFN 1699, or Person-Centered Plan of Care SFN 404 taking into consideration the needs identified in the NPOC.
- **In home or Institutional Respite Care** - Provides temporary relief to the full-time caregiver. Respite care is care for an eligible individual for a specified period of time for the purpose of providing temporary relief to the individual's primary (live-in) caregiver from the stresses and demands associated with constant care or emergencies. This care is provided when there is a need for a specially trained caregiver. Respite care may be provided in the client's home or outside the client's home in either a respite care provider's home or an enrolled QSP of Institutional Respite Care.
- **Homemaker Service** - Provides house cleaning, laundry, and/or meal preparation services. This service provides complete intermittent or occasional environmental tasks that an elderly or disabled individual is not able to complete him or herself in order to maintain that individual's home.
- **Non-Medical Transportation** - Transports or escorts clients for essential needs such as grocery shopping, social security office visit, etc.
- **Supported Employment Services** - Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training related to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
- **Companionship Services** - Reduces social isolation in older adults and individuals with physical disabilities. Companionship services are non-medical care, supervision, and socialization provided to an individual who lives alone or with an individual who is not capable or obligated to provide the service.

- **Transitional Living Services** - Services that train people to live with greater independence in their own homes. This includes training, supervision, or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.
- **Community Transition Services** - Community transition services are to assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses. Community Transition Services Include:
 - a) Transition Coordination
 - b) One-Time Transition Costs
- **Residential Habilitation**
 - a) Up to 24-hour services for eligible older adults and individuals with physical disabilities.
 - b) Must meet a nursing facility level of care, live alone, and can benefit from care coordination, skills restoration or maintenance, and community integration.
 - c) Could include adaptive skill development, assistance with activities of daily living, community inclusion, social, leisure skill development, medication administration, personal care/homemaker, protective oversight and supervision.
 - d) Target population- Individuals with a Traumatic Brain Injury (TBI), early-stage dementia, etc.
- **Community Support Services**
 - a) Up to 24-hour services for eligible older adults and individuals with physical disabilities.
 - b) Must meet a nursing facility level of care, live alone, and can benefit from care coordination, and community integration.
 - c) May include assistance with activities of daily living, community inclusion, social, leisure skill development, medication administration, personal care/homemaker, protective oversight, and supervision.
 - d) Target population - Individuals with a physical disability, complex health needs, etc.

- **Agency Adult Foster Home** - the setting where four or fewer Medicaid waiver recipients live together and are receiving Residential Habilitation or Community Support services. The facility must be rented or owned by an enrolled Agency Qualified Service Provider (QSP) and licensed by the department. The home must be staffed by caregivers employed by the Agency QSP who are professionally trained to provide services to older adults or adults with a physical disability.
- **Nurse Assessment** - Nursing Assessment includes identifying health care related needs of eligible individuals ensuring successful transition into the community by completing a nurse assessment and related narrative Identify needs of eligible individuals and ensuring successful transition from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses including skilled nursing facility, adult residential, adult foster care, basic care, and assisted living.
- **Supervision** - Provided to assist eligible recipients who live alone or with an individual who is not identified as a relative within the definition of family home care under subsection 2 of N.D.C.C. 50-06.2-02. Service Description.

An individual could be considered to have a need for supervision if their impairment includes delusions, hallucinations, severe depression, emotionally labile (severe mood swings), and/or other behaviors like screaming, hitting, kicking, biting, wandering, hyperactivity, aggression, inappropriateness, elopement (running away), or frequent falls that may require human intervention to safeguard the individual from harm. (The list of behaviors/needs is not an all-inclusive list).

- **Chore Services** - Provide complete tasks which an elderly or disabled individual is not able to complete in order to maintain his/her home or walkway. The chore service tasks authorized must be directly related to the health and safety of the client. Chore services may provide the completion of one time, intermittent, or occasional home tasks which enable people to remain in their homes.
- **Home delivered meals** - Provide well-balanced meals to individuals who live alone and are unable to prepare an adequate meal for them self, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.
- **Non-Emergency Medical Transportation (NEMT)** - Medicaid NEMT provides Medicaid beneficiaries with a ride to and from medical services who have no means of transportation.