ND Olmstead Commission Advisory Council
Meeting Minutes of
October 7, 2026

Members Present

Sheryl Beard, Katherine Rafferty, Nickie Livedalen, Tami Ternes, Trevor Vannett, Brenda Schmid

Other Attendees

Stephanie Bouche, Olmstead Coordinator; Erica Cermak and Nikki Wegner, Long Term Care Association

Welcome and Attendance

The meeting was called to order at 1:06 p.m. and Stephanie went through attendance.

Minutes Approval

Stephanie asked the group if any changes needed to be made to the July meeting minutes. No changes were made.

August Follow-up

Stephanie went over the August Follow-up presentation, including the Workers with Disabilities (WWD) Medicaid program, the Direct Support Professional (DSP) Pipeline, Behavioral Health and Housing, and the Shift at the US DOJ on Olmstead.

Workers with Disabilities (WWD) Medicaid

The Advisory Council revisited its previous recommendation to eliminate the $100 enrollment fee for the Workers with Disabilities Medicaid Program.

Additional discussion focused on recent federal changes removing the upper age limit of 64 for individuals qualifying for the Workers with Disabilities Medicaid Buy-In program. Under the updated federal requirements, individuals age 65 and older may continue participating in the program, and states with existing programs must implement the updated age requirements by January 1, 2028.

Discussion

Advisory Council members supported recommending that North Dakota implement the change sooner rather than waiting until 2028, particularly if HHS is already making changes to the program. Members emphasized the importance of educating individuals, families, providers, and other stakeholders about program eligibility and changes.

Recommendations

The Advisory Council recommended eliminating the $100 enrollment fee and removing the upper age limit to extend program eligibility to individuals age 65 and older as soon as possible.

Direct Support Professionals (DSP) Pipeline

Stephanie provided an update on ongoing discussions with Minot State University (MSU) and The Arc of Cass County regarding the development of a Direct Support Professional (DSP) workforce pipeline, with the goal of launching a pilot project consisting of one class in fall 2027. If successful, the program could expand to additional classes. Stephanie has also connected with an existing DSP training program through ABLE to learn more about its approach. Members discussed the value of bringing existing programs and partners together to build on current efforts, leverage available resources, and avoid duplicating services.

Discussion

The Advisory Council discussed successful workforce development efforts already occurring in Dickinson, where high school students can complete career and technical education programs leading directly to employment as Certified Nursing Assistants (CNAs) and DSPs through internships with local providers.

Behavioral Health and Housing

The Advisory Council reviewed previously discussed behavioral health and housing priorities, including Permanent Supportive Housing (PSH) and Projects for Assistance in Transition from Homelessness (PATH) funding. Members reviewed data illustrating the gap between the number of individuals potentially eligible for PSH and those currently receiving or working toward receiving services, noting that eligibility and prioritization are determined through North Dakota's Continuum of Care coordinated entry system. Discussion also focused on the Governor's directive for agencies to prepare budgets reflecting a 10% reduction. Members expressed concern about potential funding reductions to PSH and PATH programs and the possible impact on individuals with disabilities. Members emphasized the importance of advocating for continued funding to ensure individuals have access to necessary housing and support services.

Recommendations

The Advisory Council recommended maintaining existing funding levels for Permanent Supportive Housing (PSH) and PATH programs if they are at risk of budget reductions, while continuing to support funding increases when needed. Members also discussed the importance of monitoring the upcoming state budget

and coordinating advocacy efforts with the Olmstead Commission once budget proposals become available.

Shift at the US DOJ on Olmstead

Stephanie provided an update on recent changes in the U.S. Department of Justice's (DOJ) interpretation and enforcement of the Olmstead decision. The DOJ has indicated a shift in its interpretation of the integration requirements under the Americans with Disabilities Act (ADA) and Section 504, raising concerns about whether the federal government will continue enforcing the requirement that individuals with disabilities receive services in the most integrated setting appropriate as it has in the past. Members discussed the potential implications of these changes for the rights and protections of individuals with disabilities, noting that the Olmstead decision remains in effect despite changes in federal enforcement priorities. Stephanie also shared that governors from 18 states have signed a letter urging the DOJ to uphold the principles of Olmstead. Separately, governors and attorneys general from several states have signed a commitment affirming their intention to uphold these principles regardless of changes in federal enforcement actions.

Discussion

Members discussed the relative costs and availability of home and community-based services (HCBS) compared to institutional settings, noting that HCBS can be more cost-effective while allowing individuals to remain in their homes and communities. The discussion emphasized that individuals with complex medical or support needs may still be appropriately served in community settings. Members also raised concerns about potential reductions in paid supports based on the availability of family members or other natural supports, emphasizing that families should not be expected to provide unpaid care simply because they are available.

Recommendations

The Advisory Council recommended that the Olmstead Commission ask the Governor and Attorney General sign onto the state commitment to uphold the principles of Olmstead and protect the rights of individuals with disabilities to receive services in the most integrated setting appropriate. Members expressed support for maintaining state-level protections for individuals with disabilities and emphasized the importance of continued advocacy to uphold these rights.

Long-Term Structured Residences for Adults with Serious Mental Illness

Stephanie provided an update on the Human Services Interim Committee's discussion of proposed long-term structured residences (LTSRs) for adults with serious mental illness (SMI). HHS identified a gap between existing home- and

community-based services and acute inpatient hospitalization, prompting the state to examine residential models used in other states and consider establishing a long-term structured residential level of care. Stephanie shared that she had developed a position paper outlining the Olmstead perspective, emphasizing the importance of addressing gaps in the behavioral health continuum through expanded home- and community-based supports rather than creating additional institutional settings.

Discussion

Members discussed gaps in community-based crisis services, including limited access to crisis stabilization and short-term supports, particularly in rural communities, and the loss of previously available resources. Concerns were also raised about limitations in the mobile crisis system, which may exclude individuals who require assistance with activities of daily living (ADLs), leaving those with both behavioral health and physical support needs without appropriate crisis services and sometimes resulting in unnecessary emergency department visits. Members emphasized the need for better coordination between behavioral health services and personal care supports. Workforce shortages were identified as another significant barrier to expanding residential and community-based services, highlighting the need for additional training and support for direct care staff and providers serving individuals with complex behavioral health needs. Nikki shared that the Long Term Care Association received approval through the Rural Health Transformation Program to provide behavioral health training for nursing facilities, basic care facilities, and home care providers. Members also discussed additional training opportunities for Qualified Service Providers (QSPs). Finally, concerns were raised that families may feel forced to relinquish guardianship or seek state guardianship when adequate community-based services are unavailable. Members emphasized the importance of expanding community supports to provide individuals and families with meaningful alternatives.

Members supported strengthening community-based crisis services and addressing gaps that prevent individuals with complex needs from accessing appropriate behavioral health supports. The discussion also highlighted the importance of ensuring mobile crisis services can accommodate individuals who require assistance with ADLs.

Developmental Disabilities (DD) Provider National Accreditation

Stephanie provided an update on discussions before the Human Services Interim Committee regarding whether North Dakota should maintain, make optional, or eliminate national accreditation requirements for developmental disabilities (DD) providers. Members discussed the value of national accreditation in providing

independent oversight and quality assurance, while also recognizing the significant financial and administrative burden it places on providers. Concerns were raised that eliminating the requirement could shift additional oversight responsibilities to HHS, requiring increased state staffing and resources. Members discussed the possibility of state funding to help offset accreditation costs, noting that one provider reportedly faced approximately $26,000 in renewal fees based on its overall client population rather than only those receiving accredited services. Additional concerns included excessive paperwork and administrative reviews that may not necessarily reflect the quality of services provided. Members emphasized that reducing administrative burdens should not come at the expense of quality, accountability, or oversight and discussed exploring alternative accreditation or quality assurance models that are more affordable and appropriate for different types of providers.

Discussion

Members emphasized the importance of maintaining strong oversight of DD providers while exploring ways to make accreditation more affordable, meaningful, and effective. State financial assistance and improvements to the accreditation process were discussed as potential alternatives to eliminating the requirement.

Presenting Recommendations to the Olmstead Commission

Trevor agreed to present the recommendations to the Olmstead Commission at the next meeting.

Olmstead Advisory Council Membership for 2027

Stephanie discussed the application process for the next Advisory Council term, noting that the application remains substantially the same as the previous year. Current members expressed interest in being considered for reappointment, and Stephanie will assist those wishing to continue serving with resubmitting their applications. Interested individuals can access the application through the Olmstead Commission website or contact Stephanie directly for assistance. A timeline for the application and appointment process has not yet been established.

Olmstead Commission Update

Stephanie provided an update on the previous Olmstead Commission meeting, which did not have a quorum due to vacant commission positions. Applications have since been submitted to fill vacancies, and it is anticipated that the commission will be able to resume its work with a quorum.

Meeting Adjourned

Stephanie adjourned the meeting at 2:15 p.m.