North Dakota Olmstead Commission
Meeting Minutes of
November 4, 2026

Voting Members Present

Chris Joseph, Donene Feist, Reuben Panchol, Judge Bobbie Weiler, Julianne Horntvedt, Representative Alisa Mitskog, Carey Goetz, Royce Schultze, and Veronica Zietz

Voting Members Absent

Senator Kathy Hogan and Katie Jo Armbrust

Non-Voting Members Present

Connor Swanson – DHHS, Maggie Williams – DPI, Janna Pastir – DOC, Chad Frisinger – DOT, Brad Hawk – ND Indian Affairs, and Brandon Dettlaff – HFA

Other Attendees

Becky Rosenkranz and Stephanie Bouche – P&A Project, Dr. Rebecca Hines – Commissioner of the Administration for Community Living (ACL), Tami Ternes and Nicole Livedalen – Olmstead Advisory Council, Kendra Vander Wal, Tina Bay,

Welcome and Introductions

The meeting was called to order at 1:00 p.m. and attendance was taken.

Approval of Agenda

The agenda for today's meeting was reviewed: Approval of Agenda; Approval of May and August 2026 Minutes; August Follow-Up – Workers with Disabilities Medicaid; Behavioral Health and Housing; DOJ Shifts Its Position on Olmstead; Olmstead Advisory Council Recommendations; Discussion; Human Services Interim Committee – Long-Term Structured Residences; DD Accreditation; Vote on 2027 Meeting Dates; and Public Comment. MOTION: A motion was made by Veronica, and seconded by Bobbi, that the agenda be approved as presented. The motion passed.

Approval of May and August 2026 Minutes

MOTION: A motion was made by Carey, and seconded by Julie, that the meeting minutes from May 13, 2026 and August 31, 2026 be approved as written. The motion passed.

Stephanie introduced Dr. Rebecca Hines, Commissioner of the Administration for Community Living (ACL). Dr. Hines stated that she is in Bismarck to visit with different community members and grantees. She added that Olmstead is on the top of her list for the disability community. Dr. Hines noted that she likes to hear what's happening and is here on a listening tour. Her goal is to be able to discern idiosyncratic things across the country that some states experience.

August Follow-Up

Stephanie noted that her presentation today is the same presentation that was given at the last meeting when we didn't have a quorum, with a few changes.

Workers with Disabilities (WWD) Medicaid:

It was recommended by the Olmstead Advisory Council that the $100 enrollment fee be removed. Stephanie did a little research into why the enrollment fee was there and didn't find anything. It is just something noted in the actual language of the bill. There was no testimony as to why it is in the bill.

Stephanie shared a conversation she had with a provider who expressed support for removing the program's upper age limit of 65. The provider described an individual who had benefited from the program but lost eligibility upon turning 65, resulting in a significant decline in his quality of life. Stephanie did some digging into the age limit. States implementing the program for the first time are required to remove the age restriction of 65. All states are going to have to implement this by 2028. It is a recommendation from the Advisory Council to remove the upper age restriction earlier than 2028.

Stephanie stated that there were some recommendations made on WWD Medicaid in March to Commissioner Traynor. This was brought to Connor's attention. Connor Swanson introduced himself as the new Commissioner of Health and Human Services. He stated that he has been working with his team on the Olmstead Commission's questions. Connor added that HHS is working on its systems and getting these questions into the queue of their integrated eligibility system that is being used to manage these things. He wants to address accessibility of HHS's website. ADA accessibility is extremely important, and his team is working through a full plan on accessibility to ADA compliance.

Veronica asked if the age limit is found in Administrate Code or in HHS policy, or in the waiver. Stephanie noted that the enrollment fee is in Century Code and that would require a bill to be introduced.

Bobbi noted that the Legislative Session will start soon and we would need to get a bill drafted soon. The question was raised about voting individually on the $100 enrollment fee and the age restriction.

MOTION: A motion was made by Veronica, and seconded by Bobbi, that the Olmstead Commission work with HHS or our legislative partners to look at introducing a bill for the upcoming legislative session to remove the $100 enrollment fee from the Workers with Disabilities Medicaid program. A roll call vote was taken and the motion passed.

MOTION: A motion was made by Bobbi, and seconded by Carey, that the Olmstead Commission work with HHS or our legislative partners to look at introducing a bill for the upcoming legislation session to remove the age restriction. A roll call vote was taken and the motion passed.

Behavioral Health and Housing

Stephanie noted that these are the same slides that we had from before. The only change is that since there are talks of budget cuts, she added a recommendation on providing testimony in support or maintaining the current levels if cuts are considered. The Advisory Council agrees with this.

MOTION: A motion was made by Carey, and seconded by Doneen, that the first two bullets (Provide testimony or letters supporting increased PSH and PATH funding and opposing proposed PSH funding cuts. Support the Interagency Council on Homelessness's recommendations to fund or expand the Housing Incentive Fund, ND Homeless Grant, and Recovery Housing Assistance Program, and align with the Certified Community Behavioral Health Clinics framework to ensure continuity of care during community transitions) be supported as presented. Chris stated that he will need to recuse himself on this vote being general counsel for the Governor. He needs to support the governor's budget recommendations. The motion passed.

DOJ Shifts Its Position on Olmstead

Stephanie stated that there have been a number of states that have signed on to this Olmstead commitment to community integration for people with disabilities. Governors from 18 states also sent a letter to the US Dept. of Justice urging the agency to uphold the principles of Olmstead. The Advisory Council would like the Commission to recommend that North Dakota's Governor or Attorney General sign on to this statement. It states that here in ND, we are still going to uphold the principles of Olmstead.

Julie stated that she likes the idea, but wonders if we could also add if signing on to something isn't doable, asking if they can make a public statement or commitment to people with disabilities to support them in HCBS or integrated settings. MOTION: A motion was made by Carey, and seconded by Julie, that we make the recommendation. Chris recused him from this vote. A roll call vote was taken and the motion passed.

Olmstead Advisory Council Recommendations and Discussion

Stephanie noted that the Advisory Council's recommendations had been presented and discussed by the Commission throughout her report.

Human Services Interim Committee

Stephanie reported that Long-Term Structured Residences and national DD Accreditation were presented to the Human Services Interim Committee. She developed position papers on both topics to provide recommendations grounded in Olmstead principles.

Long-Term Structured Residences

Stephanie noted that these Long-Term Structured Residences would be for adults with serious mental illness. She stated that she wrote a position paper that has the Olmstead ruling in mind. Basically, saying that we think that people should be served in the least restrictive setting appropriate to their needs. The letter urges Behavioral Health to try to find a home- and community-based option, rather than an institutional setting.

Veronica stated that she watched the hearing as well. It came out of a study that initially might have been pushed through as a bill. The way the study was presented, it had a lot of information and focused on case studies in five different states. The states were all doing very different things to address this. It

is all about implementation. Some of the states have it set up where it would be quite restrictive to individuals, while others were more person-centered. This is something to watch coming from the upcoming session.

DD Accreditation

Right now, states require DD providers to have national accreditation. The question is whether ND should remain one of those states. The big thing is that it is very expensive and they are talking about whether some of this stuff could be done in-house. In her position paper, Stephanie wrote that ND really needs to evaluate whether providers are supporting the outcomes through person-centered practices, individual rights protections, and continuous quality improvement. The states are trying to make sure that they are checking all the boxes and doing all the things that they need to be doing. But are they really checking to make sure that the quality is there. So that's where the national accreditation comes in. The state said that they would include some of those things into the accreditation that we do within the state instead. Stephanie noted that having that independent oversite is important, especially for HCBS.

Julie stated that ND has national core indicators in the state and there are options to add more questions, but you have to pay for them, and they can go into that survey. Maybe that is something for us explore since that's a national subset that the state is doing and we are buying into that. Maybe we could add more questions and add a layer into that system. It's something we could look into. She does agree, however, that if we have something that we're using to assess satisfaction, we could build onto that.

Veronica noted that P&A gets reports of abuse, neglect and exploitation and has assisted DHHS with doing monitoring in the past. We do see that the national accreditation does provide quality. She is concerned that if they no longer provide the accreditation, we might see a slide in the services that are provided to vulnerable people. P&A investigates between 800 to 1,000 of these cases in a year. She is really concerned about the quality of services, and the safety of individuals should national accreditation go away. If it gets taken in-house to have some sort of state-run accreditation, she would be concerned whether DHHS has the capacity, the resources and the staff, along with the expertise to do those things. She's not sure what the answer is, but this might be an effort to shift costs from a private entity to the state.

Carey added that she feels it is important to have independent oversight of these accreditations and gets concerned that there may again be the drop in quality of care. It is very important to have the quality checks as well.

Discussion

Bobbi asked if they need to vote on sending the letters or have they already been sent. Stephanie noted that these are just position statements from an Olmstead perspective and this is something that she could look at providing testimony on. Bobbi wanted to clarify that the OC doesn't have to do anything with this until we see if there is a bill that's going to do something.

It was noted that the Olmstead Commission doesn't have another meeting scheduled until January or February, so maybe we want to state that if a bill comes out, we can preapprove these letters. Using them as an education and awareness tool for people to learn from so they don't need to be sent to somebody or tied to testimony would also be an option. Let people see the Olmstead perspective and make up their own minds about it. Bobbi stated that her concern is if we don't send it, then nobody will be looking for it.

MOTION: A motion was made by Bobbi, and seconded by Carey, that both letters be sent to the Interim Committee. A suggestion was made that the letters include the DD Division as well. AMENDED MOTION: An amended motion was made by Bobbi and seconded by Carey that the letters be sent to the Interim Committee and Tina Bay at the DD Division and Behavioral Health. Rep. Mitskog asked for clarification on where the letters would go. Stephanie stated that was a DHHS Interim Committee that saw both of these studies. Rep. Mitskog noted that the work of this Interim Committee has been completed and we will have the final reports from them next week. So, she doesn't know if it will work to send the letters to them, but you could just send them as an FYI.

The motion will read to send letters to the current members of the Interim Committee and also send them to the upcoming Senate and House standing committees during the legislative session. Carey stated that she would leave it up to Stephanie's discretion to watch the bills as they come out and to allow her to submit testimony as she sees fit. The motion passed.

Rep. Mitskog stated that she will have a conversation with Senator Lee, and representatives from the Appropriations Section and report back to Stephanie.

Vote on 2027 Meeting Dates

Stephanie stated that she will be sending an e-mail out with potential dates for meetings in 2027. She asked that everyone picks all of the times that work for them. She would appreciate hearing back from everyone by next week. Chris asked if the meetings will be held at the capitol. It all depends on room availability. Reuben suggested skipping February and having a meeting in May to avoid the Legislative Session. Bobbie suggested having a one-hour virtual meeting over the lunch hour.

Public Comment

There was no public comment provided.

Adjourn

The meeting was adjourned at 1:36 p.m. The Commission's next meeting will be determined at a later date.