

**ND Olmstead Commission Advisory Council
Meeting Minutes of
April 8, 2026**

Members Present

Sheryl Beard, Katherine Rafferty, Nickie Livedalen, Tami Ternes

Olmstead Commission Members Present

Julianne Horntvedt

Other Attendees

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

Welcome and Attendance

The meeting was called to order at 2:02 p.m. and Ms. Bouche went through attendance.

Minutes Approval

Ms. Bouche asked the group if any changes needed to be made to the January meeting minutes. No changes were made.

Olmstead Plan Review Goal #4 Improve and Expand Housing Options

Ms. Bouche shared that the next Olmstead Commission topic will be housing. They will be receiving a Rural Health Transformation Program (RHTP) presentation in hopes that housing for individuals with mental health diagnoses may fit somewhere in the RHTP. The same presentation was meant to be given at this meeting, but it had to be cancelled. Ms. Bouche invited the Advisory Council members to the next Olmstead Commission meeting on May 13th to receive that presentation and give their feedback at that point.

The RHTP will run for the next five years, and Ms. Bouche encouraged everyone to look at the RHTP website to familiarize themselves with it and sign up for the RHTP updates. Once the Advisory Council understands a little more about the program, the Olmstead Commission would like to know how they think the program could positively impact individuals with disabilities in the state, not just in the area of housing.

February Follow-up: Medicaid Waiver Comments

Ms. Bouche reviewed the recommendations made by the Olmstead Commission at the February meeting. Ms. Bouche sent recommendations to Health and Human

Services on the Medicaid Traditional Individuals with Intellectual Disabilities Developmental Disabilities (IID/DD) Home and Community Based Services (HCBS) Waiver regarding the three-bid minimum for environmental modifications. The Advisory Council spoke about this at the last meeting, and it was brought to the attention of the Commission. Since the waiver was open for comment, the Commission decided to provide a recommendation for that.

HHS replied by stating that they agree consistency across waivers is helpful and they try to align requirements whenever possible. They also shared the difference between the three waivers regarding environmental modifications and stated that since each waiver serves a different population and operates within different provider networks and service delivery structures, that can lead to some differences in specific requirements.

February Follow-up: Customized Employment

Ms. Bouche reported that the Olmstead Commission incorporated all of the Advisory Council's recommendations into a formal set of recommendations that was sent to Vocational Rehabilitation (VR) regarding Customized Employment (CE). These included advising VR to reassess and update its reimbursement structure for CE, and to consider a regional model in which a single provider, staffed by a dedicated specialist, would apply to VR to deliver customized employment services in one of four or five regions across the state, ensuring fidelity. In addition to the Advisory Council's recommendations, the Commission added a fifth: to support and expand programs that introduce students with disabilities and their families to Competitive Integrated Employment at an early stage, with the goal of increasing awareness and promoting long-term success.

The recommendations also called for the Olmstead Coordinator to explore the development of a career pathway for high school and college students to enter the Direct Service Workforce as a strategy to address staffing shortages and turnover, and to lead broad marketing efforts highlighting the successes of CE.

Ms. Bouche met with the Director and Assistant Director of VR, who shared that VR is expanding its CE efforts. This includes increasing staff education and working to develop additional providers. VR is also reviewing its rate structure to encourage more providers to offer CE services. Additionally, VR is exploring a partnership with Minot State University to potentially manage the discovery phase of CE for individuals statewide, as this is a component many providers find challenging. This approach could help ensure fidelity in service delivery. The Director noted that he is very open to suggestions from both the Advisory Council and the Commission. Ms. Bouche further shared that VR recently hired a staff

member dedicated to introducing students with disabilities to competitive employment. She will lead efforts to provide meaningful services, helping students discover new opportunities, explore a wide range of career paths, and gain exposure to diverse occupations.

Ms. Rafferty noted challenges during the transition from high school to adulthood, including a tendency to limit expectations for students with disabilities to certain types of work, such as cleaning roles. She also observed a lack of support for young adults transitioning into independent living, particularly in developing skills to navigate workplace relationships. She expressed interest in expanded supports targeting individuals ages 21 to 30. Ms. Rafferty also referenced a VR summer program that focuses on skill development, including resume building and other employment-related skills.

Ms. Beard shared her experience in a two-year program that provided hands-on independent living training. Participants lived in an apartment setting where they learned skills such as cooking, shopping, and communicating with roommates. The program also supported participants in securing their own housing, either independently or with a roommate, and continued to provide support after they moved out.

Both Ms. Rafferty and Ms. Beard emphasized the need for continued services and supports beyond high school to promote successful transitions into adulthood.

February Follow-up: Workers with Disabilities Medicaid

Ms. Bouche reported that the Commission accepted all of the Advisory Council's recommendations regarding Workers with Disabilities (WWD) Medicaid, with one minor caveat. They requested that she conduct additional research on how the \$100 enrollment fee is used, as they were not comfortable recommending its elimination without a clear understanding of its purpose. The Commission determined that any changes would require legislative action, so the matter is not considered urgent.

The Commission sent the Advisory Council's recommendations, minus removing the \$100 enrollment fee, to Health and Human Services (HHS). These included automating the enrollment process sooner, if feasible, and clarifying terminology on the HHS website to reduce confusion caused by the interchangeable use of "gross income," "countable income," and "gross countable income." Additional recommendations focused on providing more comprehensive training for eligibility workers to ensure consistent evaluation for WWD Medicaid, proactively contacting individuals currently paying a client share to inform them about WWD Medicaid, and creating an online portal for payments and documentation.

The Commission also made recommendations to improve both the appointment and call-in systems. They suggested that HHS enhance its appointment process by transitioning from mail-based notifications to a phone-based system. In addition, they encouraged HHS to explore alternative call-in options, such as allowing individuals to schedule a specific one-hour callback window on a selected day, similar to the system used by the Social Security Administration.

Customized Employment Continued

Ms. Bouche reported that she has also been working the Commission's recommendation to bring more awareness to CE. She's contacted providers and Minot State University to get success stories to share.

Ms. Bouche has also been advancing efforts to strengthen the direct service workforce, as recommended by the Commission. She has been collaborating with Leslie Hockert and the TrainND program at North Dakota State College of Science to explore ways to introduce high school students to direct service careers. Their work includes creating opportunities for students to begin certification training while still in high school, allowing some of them to enter the workforce immediately after graduation.

Ms. Bouche wonders if there isn't a way to advance the DSP pipeline through the Rural Health Transformation Program. Ms. Bouche said she would add all of the Advisory Council members to the next Commission meeting so they can receive the presentation on the Rural Health Transformation Program and give their thoughts.

Meeting Adjourned

Ms. Bouche adjourned the meeting at 2:35 p.m.