MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2070

2007 SENATE HUMAN SERVICES

SB 2070

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-08-07

Recorder Job Number: 731

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee, Chairman opened the hearing on SB 2070 relating to application by the department of human services for federal funds for the implementation of an aging and disability resource center.

Kermit Lidstrom, representing the AARP, spoke in favor of SB 2070. This is an important step in terms of getting a center that would allow people to have a single area for services of needs when they have troubles in their family.

Senator J. Lee said she was a supporter of the concept of single point of information, but just trying to figure out how to make it work. If there is going to be one place having all the information about all the services available to anybody anywhere in ND, who is that person going to be? How do we keep it current? Maybe a regional point of entry needs to be the answer.

Mr. Lidstrom replied they like the model in the state of Washington. It is not a place, really a computer for a person who is trained to use it. It can be a regional person and has within their capacity the opportunity to determine the financial needs and the financial availabilities and all the other services available and provide the kind of guidance that goes with that kind of program. Some form of that model could be a possibility. Why they like this program is it will

take a chance to look at some of those models and see if they can find a program that might be regionalized. ND is unique and needs to find its own style. When a family has a crisis, it would be easier if only one number had to be called to find the services needed.

Senator J. Lee recognizes the need and supports the concept. How is the computer person going to find the people needed in all situations?

Mr. Lidstrom said it isn't going to be easy and it is going to have some flaws.

Senator Warner asked if it is anticipated that AARP may respond to a request for proposal and ask to be the vendor of this.

Mr. Lidstrom answered no they wouldn't want to be the vendor.

Linda Wright, Director of the Aging Services Division, Dept. of Human Services. See attached testimony in support of SB 2070.

Senator J. Lee asked if the MMIS system would be the system that would support this.

Ms. Wright replied that in other states they certainly have a connection with the MMIS system, either as a part of it or it is connected to it.

Senator Dever asked if the application has been submitted.

Ms. Wright said that because the funding is tied up in Congress they have not made the opportunity available yet for the ADRC funding for new states.

There was discussion on the need for a fiscal note on this bill.

Amy Armstrong, NDCPD, presented testimony in favor of SB 2070 (attached). She also left one copy each of three survey reports for the record.

Senator Warner asked if they anticipate the 24/7 availability would be a real person and real location or if it will it be a virtual reality mostly computer based system.

Ms. Armstrong said that other states each have their own way of implementing an Aging and Disability Resource Center. She feels that ND would as well use what can be learned from all

of the other 43 states that have implemented it. In connection with the 24/7 availability, some states provide more of a virtual approach where others provide an office with people in it. That doesn't mean the office is open 24/7 but they have a process in place that if somebody calls a number someone is there to answer the number and can help. Some states provide a backup where, in a crisis situation after hours, they can call and get that crisis care in place for a short period of time. Then they can go back and have a counselor type of person help them develop their care plan and make sure they are in the best setting for services appropriate for them.

Senator J. Lee asked for a sample of the questions used in their survey.

Ms. Armstrong used the consumer questionnaire that was sent out. It was sent out to two providers who disseminated it to consumers for them because of confidentiality reasons. There short answer questions and just checking off the answer as well.

James Moench, Executive Director of the NDDAC, appeared in support of SB 2070. See attached testimony.

Bruce Murry, Protection and Advocacy Project, testified in opposition of SB 2070 because of its current framework. See attached testimony.

Kathy Hogan spoke in a neutral position. This has potential to be a good first step. Her concern was that if you have a great single point of entry or information and have no services to provide you are building a garage with no vehicles in it. Without looking at the availability and accessibility of home and community based alternative services you can have a very beautiful garage. Over the last 2-4 years there's been an erosion of home and community based services in ND. The county director's association has a position statement that she said she would provide for the committee. Her concern was that you can have a wonderful single point of entry, 24 access, but, if you have no services then you only have a garage.

Senator J. Lee responded that the challenge is in the more rural areas of ND.

Ms. Hogan said that in Cass County they have a role model program called Community of Care. The problem is with the reimbursement. Funding for home and community based services needs to go in conjunction with an Aged and Disabled Resource Center.

The hearing on SB 2070 was closed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-17-07

Recorder Job Number: 1269

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee opened SB 2070 for discussion on the amendment proposed by Bruce Murry. His amendment added the word "unbiased" on page 1, line 10, and added the words "without conflict of interest" at the end of the sentence on line 14.

Senator Warner felt those amendments were relevant and pertinent.

Senator Warner moved to accept the amendment by Mr. Murry. Seconded by Senator Dever.

Roll call vote 6-0-0. Passed.

Senator Warner moved a Do Pass as amended and be rereferred to Appropriations.

Seconded by Senator Dever.

Roll call vote 6-0-0. Passed. Floor carrier is Senator Dever.

FISCAL NOTE

Requested by Legislative Council
03/28/2007

Amendment to: Reengrossed SB 2070

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$533,333	$0	$266,667
Expenditures	$0	$0	$26,667	$533,333	$13,333	$266,667
Appropriations	$0	$0	$0	$0	$13,333	$266,667

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill appropriates $40,000 from the general fund and $800,000 of federal funds to the Department for the implementation of an aging and disability resource center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact is based on the Department receiving the maximum federal award of $800,000. This would require a 5% match of $40,000. Two-thirds of the award and required match would be in the 2007-2009 biennium and one-third of the award and required match would be in the 2009-2011 biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The revenue projection is based on the Department receiving $533,333 of the grant award during the 2007-09 biennium and the remaining $266,667 of the grant during the 2009-11 biennium.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditure projection is based on the Department spending $533,333 of the grant award plus matching funds of $26,667 during the 2007-09 biennium and the remaining $266,667 of the grant and $13,333 of matching funds during the 2009-11 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The bill contains an appropriation to the Department for the total amount of the grant and matching funds. These amounts were not included in the Executive Budget Recommendation.

Name:	Brenda M. Weisz	**Agency:**	DHS

Phone Number:	328-2397	Date Prepared:	03/28/2007

FISCAL NOTE

Requested by Legislative Council
03/15/2007

Amendment to: Reengrossed SB 2070

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$533,333	$0	$266,667
Expenditures	$0	$0	$26,667	$533,333	$13,333	$266,667
Appropriations	$0	$0	$0	$0	$13,333	$266,667

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill appropriates $40,000 from the general fund and $800,000 of federal funds to the Department for the implementation of an aging and disability resource center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact is based on the Department receiving the maximum federal award of $800,000. This would require a 5% match of $40,000. Two-thirds of the award and required match would be in the 2007-2009 biennium and one-third of the award and required match would be in the 2009-2011 biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The revenue projection is based on the Department receiving $533,333 of the grant award during the 2007-09 biennium and the remaining $266,667 of the grant during the 2009-11 biennium.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditure projection is based on the Department spending $533,333 of the grant award plus matching funds of $26,667 during the 2007-09 biennium and the remaining $266,667 of the grant and $13,333 of matching funds during the 2009-11 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The bill contains an appropriation to the Department for the total amount of the grant and matching funds. These amounts were not included in the Executive Budget Recommendation.

Name:	Brenda M. Weisz	**Agency:**	DHS

Phone Number:	328-2397	Date Prepared:	03/15/2007

FISCAL NOTE

Requested by Legislative Council
02/15/2007

Amendment to: Engrossed SB 2070

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$533,333	$0	$266,667
Expenditures	$0	$0	$26,667	$533,333	$13,333	$266,667
Appropriations	$0	$0	$0	$0	$13,333	$266,667

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill appropriates $40,000 from the general fund and $800,000 of federal funds to the Department for the implementation of an aging and disability resource center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact is based on the Department receiving the maximum federal award of $800,000. This would require a 5% match of $40,000. Two-thirds of the award and required match would be in the 2007-2009 biennium and one-third of the award and required match would be in the 2009-2011 biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The revenue projection is based on the Department receiving $533,333 of the grant award during the 2007-09 biennium and the remaining $266,667 of the grant during the 2009-11 biennium.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditure projection is based on the Department spending $533,333 of the grant award plus matching funds of $26,667 during the 2007-09 biennium and the remaining $266,667 of the grant and $13,333 of matching funds during the 2009-11 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The bill contains an appropriation to the Department for the total amount of the grant and matching funds. These amounts were not included in the Executive Budget Recommendation.

Name:	Brenda M. Weisz	**Agency:**	DHS

Phone Number:	328-2397	Date Prepared:	02/15/2007

FISCAL NOTE

Requested by Legislative Council
01/08/2007

Bill/Resolution No.: SB 2070

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$533,333	$0	$266,667
Expenditures	$0	$0	$26,667	$533,333	$13,333	$266,667
Appropriations	$0	$0	$0	$0	$13,333	$266,667

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
$0	$0	$0	$0	$0	$0	$0	$0	$0

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill appropriates $40,000 from the general fund and $800,000 of federal funds to the Department for the implementation of an aging and disability resource center.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact is based on the Department receiving the maximum federal award of $800,000. This would require a 5% match of $40,000. Two-thirds of the award and required match would be in the 2007-2009 biennium and one-third of the award and required match would be in the 2009-2011 biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The revenue projection is based on the Department receiving $533,333 of the grant award during the 2007-09 biennium and the remaining $266,667 of the grant during the 2009-11 biennium.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditure projection is based on the Department spending $533,333 of the grant award plus matching funds of $26,667 during the 2007-09 biennium and the remaining $266,667 of the grant and $13,333 of matching funds during the 2009-11 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The bill contains an appropriation to the Department for the total amount of the grant and matching funds. These amounts were not included in the Executive Budget Recommendation.

Name:	Brenda M. Wesiz	**Agency:**	DHS

Phone Number:	328-2397	Date Prepared:	01/10/2007

Date: 1-17-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2070

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken accept amendment by Bruce Murry

Motion Made By Sen. Warner Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 1-17-07
Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 78141.0101 Title .0200

Action Taken Do Pass as amended + rerefer to Approp.

Motion Made By S.W. Seconded By S.D.

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2070: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2070 was placed on the Sixth order on the calendar.

Page 1, line 10, after "provide" insert "unbiased"

Page 1, line 14, after "service" insert ", which must be provided without a conflict of interest"

Renumber accordingly

2007 SENATE APPROPRIATIONS

SB 2070

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2070

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 01/29/07

Recorder Job Number: 2152

Committee Clerk Signature 

Minutes:

Chairman Holmberg opened the hearing on SB 2070.

Linda Wright, Director, Aging Services Division, DHS, presented written testimony (1) and testified in support of SB 2070. She discussed the purpose of the Aging and Disability Resource Center Programs, the federal funding that has been available and the number of people that will fit in this category. She indicated it is not the intent to duplicate or create new services but to create partnerships.

Senator Krauter asked why they waited so long to apply for funding. The response was the program was in the midst of another grant that had priority.

Amy Armstrong, District 2 and 3, Project Director, ND Real Choice Rebalancing Grants, presented written testimony (2) in support of SB 2070 discussed a summary of studies and reports related to ND aging population and people with disabilities. In addition she discussed the charts.

Bruce Murry, Lawyer, Protection and Advocacy Project , indicated he had testified against this bill in the Human Services Policy Committee because features from appendix G were not adequately reflected in the bill itself and that has now been amended and now I testify in support of SB 2070.

James Moench, Executive Director, ND Disabilities Advocacy Consortium (NDDAC), presented written testimony (3) and testified in support of SB 2070.

Senator Bowman asked that once the program is implemented, how is it funded and after federal funds are expended is it a continuing and increasing appropriation.

Linda Wright, Director, Aging Services, DHS, responded indicating that this was a sustainable fund within the account. Other states have a variety of funding sources, some form private pay others from grants.

Chairman Holmberg closed the hearing on SB 2070.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2012 and 2070

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02/07/07

Recorder Job Number: 3067

Committee Clerk Signature

Minutes:

Senator Fischer opened the subcommittee hearing on SB 2012

Senator Mathern discussed a suggested amendment highlighting the potential changes, a general fund expenditure to do a study of county economic assistant eligibility systems and combine the systems to fit with the state system, provide an inflationary increase to all listed except hospital systems, medical services program, medicare issue for hospitals, the long-term care area, drop the ADL charge in the Governor's budget, going to a fee for service basis, lower the eligibility providers, the respite care services, family subsidy in home support, children and family services, personal care for nursing homes, the guardianship OAR, aging services, grants to providers related to legal custody and legal services, establish goals for developmental center, the center for independent living

Additional amendments were discussed and will be brought forth in amendment form as well as additional amendments to implement budgets discussed.

The green sheet figures were discussed in some of the areas discussed.

Discussion took place on the suggested amendments, getting a list of all providers in the state.

The amendment for SB 2070 was discussed as it relates to the Aging and Disability Center.

2-7-07

Linda Wright, Director, DHS Aging Services testified about amendments recommended by Protection and Advocacy indicating in the meantime there were meetings held indicating the amendments are the compromise everyone has agreed to.

Questions were asked and responded to.

A motion and second were made to accept the amendments and present them to the committee at large. An oral vote was taken.

A motion was made for a DO PASS on the bill and amendments to be presented to the committee. A second was made. An oral vote was taken and the motion carried.

Senator Fischer closed the subcommittee hearing on SB 2012.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2070

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02/08/07

Recorder Job Number: 3176

Committee Clerk Signature

Minutes:

Chairman Holmberg called the hearing to order on SB 2070.

Senator Fischer moved an amendment be added to 2070. Senator Krauter seconded. Senator Fischer described the amendment. There was no further discussion. An oral vote was taken and the motion carried.

The Legislative Council will send the bill to the committee.

Senator Fischer moved a do pass on the bill with the amendment, Senator Krauter seconded. A roll call vote was taken resulting in a do pass with 14 yes, 0 no and 0 absent. Senator Mathern will carry the bill.

Chairman Holmberg closed the hearing on SB 2070.

78141.0202
Title.0300

Prepared by the Legislative Council staff for
Senator Fischer
February 7, 2007

2-14-07

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2070

Page 1, line 14, replace ", which must be provided" with ". The duties of the aging and disability resource center must include all duties required to receive federal funds, including providing information about the full range of long-term care service and support options available in the state to assure that consumers may make informed decisions about their care. The resource center must be free from a conflict of interest which would inappropriately influence or bias the actions of a contractor, staff member, board member, or volunteer of the resource center to limit the information given to a consumer to steer the consumer to services that may also be provided by the resource center"

Page 1, line 15, remove "without a conflict of interest"

Page 1, line 21, replace "biennium beginning July 1, 2007," with "period beginning with the effective date of this Act"

Renumber accordingly

Date:
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken _____

Motion Made By _____ Seconded By _____

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 14 No -

Absent _____

Floor Assignment Mathern

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2070, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2070 was placed on the Sixth order on the calendar.

Page 1, line 14, replace ", which must be provided" with ". The duties of the aging and disability resource center must include all duties required to receive federal funds, including providing information about the full range of long-term care service and support options available in the state to assure that consumers may make informed decisions about their care. The resource center must be free from a conflict of interest which would inappropriately influence or bias the actions of a contractor, staff member, board member, or volunteer of the resource center to limit the information given to a consumer to steer the consumer to services that may also be provided by the resource center"

Page 1, line 15, remove "without a conflict of interest"

Page 1, line 21, replace "biennium beginning July 1, 2007," with "period beginning with the effective date of this Act"

Renumber accordingly

2007 HOUSE HUMAN SERVICES

SB 2070

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 26, 2007

Recorder Job Number: 3846

Committee Clerk Signature Judy Kelsch

Minutes:

Chairman Price: We will open the hearing on SB 2070.

Linda Wright, Director of the Aging Services Division, Department of Human Services: See testimony attached, along with a fact sheet and a summary of ADRC grant.

Representative Price: I see one thing under access is, conduct comprehensive assessment. Do you see any duplication than because they already have some assessments being done depending where the person is in the stage of needing.

Ms Wright: the anticipation is you are building partnerships with those organizations and entities that are already providing assessment or other services, and bring them together so that they will agree on an investment that would be applicable to any of the services.

Representative Conrad: Is there an assumption here that we have enough people to do the work already out there? Do we just have to coordinate better. Is that what you are saying, and I am not sure I agree with that assumption.

Ms Wright: I don't know that it assumes that. What we would be looking at because this si a demonstration project or pilot project. With this proposal being able to establish pilot places, one in urban area and one in the rural area and one on the reservation to see what does and what doe not work. How can we reach the most people in the most effective manner?

Chairman Price: I guess in taking a look at this, some of the things like eligibility and making the eligibility determination. Are we talking family Social Services? I can see options for some other things, but I don't see the counties sitting here.

Ms Wright: the counties are represented on our real choice system hearing committee. Some may or may not be interested. Some agencies have come forward.

Bruce Murray, lawyer for the ND Protection and Advocacy Project: See attached testimony. You can expect a system like this to merge into an existing process and help change the way they are doing business or replace the current processes. I think the legislature should expect those of us who work in different systems to get more comfortable with each others paper work, and get over some of those barriers and make that possible.

Chairman Price: If some of these people are not in sink, if we are going to do something totally new I think the goal should be that some of the dependents or what ever can do most of it this without ever entering the State of ND.

Amy Armstrong, project director for the ND Real Choice Rebalancing Grant of the ND Center for Persons with Disabilities at Minot University: See attached testimony, with summary document of the reports, and a report of long term care.

Chairman Price: Is it your understanding as it was in testimony earlier that this is going to be required of all states, and of those states that have done this earlier, for those went in per cap(not sure I heard her correctly) in 2003. It is just a 3 year draft and there is no on going funding after that. .

Ms Armstrong: Yes that is correct on both from my understanding. The states that are previously implemented the aging resource centers. You do that through grant fund, how to implement the aging resource centers with the understanding they would build in the

component on continuing that. There are good models states like Michigan, Minnesota, New Jersey Washington, and several more, which gives us the advantage of learning from them.

James M. Moench, Executive Director of the ND Disabilities Advocacy Consortium: See attached testimony:

Chairman Price: What you are saying is everyone must pass through to access long term care? Some of the concerns that were raised a few sessions ago everyone had to go to a case manager to access anything to meals on wheels to assisted living, what ever, and there might be some restrictions on the private pay person.

Mr. Moench: The must term might be a little strong, so I think the sessions we had the system would be available to anyone who wanted to access this.

Carole Watrel, volunteer with AARP: We just wanted to be on record we support the senate amendment.

Chairman Price: Anyone else in favor of SB 2070? Anyone opposing the bill? If not we will close the hearing on SB 2070.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 12, 2007

Recorder Job Number: 4935

Committee Clerk Signature Shirley Bolmstad

Minutes:

Chairman Price opened the discussion on SB 2070.

Representative Pietsch discussed the subcommittee. She said the committee was wondering if the grant was mandatory. She referred to the Older American's Act, CRS Report for Congress, and it does say that it is a directive and they need to do it. She referred to the amendments on page 1, line 10 and added after options including both institutional and home and community-based care and on page 2, line 4 they inserted the statement which was really part of page 21 of the Older American Act amendment. She verified with Representative Kaldor that is where it came from.

Representative Kaldor said the wording on the first amendment came from that source. He said the other amendment is if the department does not receive the funds.

Representative Pietsch said that was why they felt they needed to elaborate a little more on that one and they haven't applied for the grant, but are in the process. It will be May before they really get the word that it is going to be there. They are hoping it will be there as there are no dollars in the federal program right now. We thought we would give the department the forty thousand dollars as it is a nice small amount to try to get the eight hundred thousand. If

they don't get the grant or the money isn't available then they will return that forth thousand dollars to the treasury. She made a motion to move the amendment.

Representative Hatlestad seconded the motion.

Chairman Price asked for any input from the other sub committee members.

Representative Kaldor said they concurred and that they had a good meeting with the department.

Chairman Price said in one of the things you handed out it mentioned assistance in determining the eligibility for public assistance such as Medicaid and coordination of other programs.

Representative Kaldor said that all the elements are in their working documents that they need to address and he had concerns about those elements. The Department assured them that those are all going to be addressed.

Representative Pietsch said they had the criteria spelled out to secure the grant. They will be documenting everything that is available to all individuals that are sixty plus.

Chairman Price asked if they would be able to go in there and do a worksheet to see if they are eligible.

Representative Pietsch said hopefully they will be able to go to each section or links and this will have what is available and where you go and what criteria is involved in qualifying for any of the help. That is the long range goal and the intermediate goal is trying to get it all together.

Chairman Price asked for any other questions on the amendments. A voice vote was taken and the motion carried. She said in the bill on line 8 it talks about the single point of information at the community level. Are we starting anything by putting that in there?

Representative Hatlestad said he thought they could take that out and then it relieves the probability that it might happen.

Representative Porter asked what would happen if before the word single they would put the word virtual so that it does stress the fact they need to deal with this.

Representative Pietsch said she thought the intent was to have a website so that would be the single point that everyone goes to.

Representative Kaldor said they need some flexibility here. They are testing this and it isn't necessarily something that is carved in stone as to how it is going to be applied. It could be web based but there may be other means. The discussion in the sub committee was that they need to study this to decide what will be the best application in North Dakota.

Chairman Price asked if there was any discussion if this would remove the duties of some of the current staff or state employee resources.

Representative Pietsch said they really didn't know that they talked about this reducing the staff and she didn't think so. She was hoping all the staff would have the same information and would be able to assist them to getting to the proper point. I don't remember any discussions about the reduction of staff.

Representative Weisz said it looks to him like it was not intending to create a physical site in all communities but wanted them to use what they already have. A website could be used by all and would be one spot to locate all that is available. I have concerns that it may have to be a physical place and that would require regional centers.

Kaldor said it was not the intention of the sub committee to create a physical site and in some communities the access point might be one thing and may be different in another. I guess it depends on their local resources and also on the communications network.

Representative Pietsch said she thought of lot of it would be involved in getting this going. In the Lewin Report they talk about the sponsoring federal agencies give a lot of flexibility to develop the models to meet their needs. The support teams encourage them to design and

implement programs by using existing resources that employ in house partnerships rather than creating new services. They are planning to use what they presently have and then expanding on that.

Chairman Price said so with this then the doctor, the nursing home or whoever can then access this I would hope.

Representative Pietsch said that is what they understood. They may have to go to a particular section or area and they may have some other requirements but it will specify the requirements.

Representative Porter said in the language of this bill on line 13 it says "that upon receipt of federal funds, the department of human services may establish the aging and disability resource center or it may request bids and award a contract for the provision of the service. To me that is more than something virtual. That is the actual establishment of something new above and beyond what is not already out there.

Chairman Price said she thought they had told the subcommittee that anything technology wise, they would have to contract that out.

Representative Pietsch said they will have to go outside to get the expertise.

Representative Kaldor made a motion for a do pass as amended with referral to appropriations on SB 2070.

Representative Pietsch seconded the motion.

Chairman Price asked for discussion.

Representative Kaldor said he wanted to comment on the merits of this concept. He said they have heard testimony on how complicated it is to find the right resources for your loved ones. He said he went through this with his own mother and he knows how difficult it is to find the right care when they need it. He wishes there had been a vehicle like this available. It

would have been beneficial to be able to talk to someone who had all the resources available and was able to explain the care. I think in the long term it is going to have the affect of minimizing the increasing demand as our population ages. I think this is a good thing to do and a positive step for North Dakota.

Representative Pietsch said she thought it was also going to include the cash pay people so they can access it too. Some people will be able to pay their own and not require Medicare or Medicaid and that is a different category from having to have full assistance.

Chairman Price said her concern was in past sessions we had bills that was going to restrict the private pay option as far as being able to have options and go through assessments and some of those case management items all the way down to meals on wheels. It would greatly disturb me if that is the route we are going with this.

Representative Pietsch said from what she gathered it was a free choice on this. She asked the sub committee members if they got anything different from the conversations.

Chairman Price asked for any further discussion. Hearing none, the clerk called the roll on a **do pass as amended on SB 2070 with referral to appropriations**. Let the record show 9 yes, 3 no with all present.

Representative Kaldor will carry this bill to the floor.

Date: 3/12
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2070 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken More Amendments

Motion Made By Rep. Pietsch Seconded By Rep. Hatlestad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) "Click here to type 12 Yes Vote" No "Click here to type 0 No Vote"

Absent 0

Floor Assignment Rep.

If the vote is on an amendment, briefly indicate intent:

Date: 3/12
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2070 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move do pass as Amended R.R/Appr.

Motion Made By Rep. Kaldor Seconded By Rep. Pietsch

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman		✓	Kari L Conrad	✓	
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter					
Gerry Uglem	✓	✓			
Robin Weisz		✓			

Total (Yes) 9 No 3

Absent 0

Floor Assignment Rep. Kaldor

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2070, as reengrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (9 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2070 was placed on the Sixth order on the calendar.

Page 1, line 10, after "options" insert ", including both institutional and home and community-based care,"

Page 2, line 4, after the period insert "The department may use the funds appropriated from the general fund only if the department receives federal funds for an aging and disability resource center as described in section 1 of this Act."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

SB 2070

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2070**

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: **3-19-07**

Recorder Job Number: **5304**

Committee Clerk Signature Donna Kramer

Minutes:

Rep Pollert opened the hearing for SB 2070.

This is a bill to enact provide for application for the Department of Human Services for Federal Funds, for the implementation of an aging and disability research center; to provide an appropriation; and to declare an emergency.

Rep Kaldor: I am from District 20. This is called the single point of entry type of program for the aging and disability research center. This legislation calls for the Dept of Human Services to seek Federal Funds for planning and implementation of the aging and disability research center for the state. These research centers are single point programs of entry to provide information for any persons eligible for services. This gives them information on the full range of services that are available for them, for long term care services.

In the Legislation you will notice by the amendment in 0301, what we did we inserted language that is part of the Federal statements that are made about this legislations in order for the taxes the federal money there are some things that they state about provide information about options. We included the language on line 10 after the word options, we included both institutional and home community based care.

We did not change the appropriation; however we did add a second amendment, page 2, line 4. The department may use the funds appropriated from the general funds only if the department receives the federal funds for the aging and disability research center as described in section 1 of the act. The use appropriations are contingent on upon those Federal dollars being made available. In section 2 of the bill the Federal Funds it is the sum of $800,000 for this program.

Rep Bellew: It sounds like the Federal Funds may not be available?

Rep Kaldor: I think that the expectation is that the funds are available. This is really our committee that had the intention was to protect ourselves.

Rep Bellew: The $40,000 will match the $800,000, which is like a 20 to 1 match?

Rep Kaldor: Yes that is my understanding. We received these figures from the department.

Rep Ekstrom: I understand that other states have these centers. Can you give us a sense?

Rep Kaldor: I can't tell you exactly which states, other than what we had in testimony or what we had presented to us. Very early in the session ARRP put on a presentation and it seems the state of Washington has done this and they showed considerable adjustments or savings over the term of the utilization of the single point of entry. I am surmising that the hope of the Federal Government part is that we avoid putting people into institutional care who may not necessarily need it at that point in time.

Rep Ekstrom: Was there any discussion in the committee meeting about adding language in terms of the continued care? In other words, directing the department to continue to expand this kind of program, in other words what is our Legislative intent?

Rep Kaldor: Yes. We discussed this in the subcommittee because there are a set of basic criteria that are listed out. We were assured by the department that this is being used as part of the working documents for full filling the objectives of this program.

Rep Wieland: I don't recall seeing a budget for this program. Have you reviewed a budget? How many FTE's are involved? This sunsets in June 30 2009, will those folk being hired will they be told that if the Federal Funding is not there will they be told that the program may not continue?

Rep Kaldor: What we are working on here is planning the implementation. We will have to revisit this next session. It may or may not add FTEs because it is a function, Example: one the means to provide information could be provided Web based, the other part is that hospital, county social services, other care providers who may make referrals to nursing homes or long term care could function as a single point of entry. This is a planning process and doesn't have, as I understand it, a budget for defining exactly how many additional people will be required or where they will be hosted or it is not like we are going to build a research center in a community and expect that to serve the entire state. It is really to develop a plan to get this information to the people.

Chairman Pollert: So basically that is what the $40,000 is for?

Rep Kaldor: It would be $840,000 as I would see it. The greatest part of this work is actually to develop a plan and implement a procedure. They will need to meet Federal requirements and will have to structure it in a way meet the needs of the people in North Dakota.

Chairman Pollert: Is it unusual for us to appropriate in the past legislation for the two bienniums?

Rep Kaldor: This does not really commit to this or begin the process until halfway through the biennium.

Linda Wright: The Director of Aging Services. This is a 3 year planning grant and the reason the funding is appropriated over 2 different biennium's is because we would have to apply for the total funding of $800,000 that is what is available to other states. But we have broke it

down into what would be received in the budget in the 07-09 biennium and what would be received in the 09-11 biennium. There was a FN attached which then shows that General Fund for the next biennium, there is a 5% match. This is highly unusual. Usually the match is much higher than that. So the 5% match would equate to $26,667 for the next biennium.

Chairman Pollert: In order to get the grant you would have it has to be for the whole $800,000. Is that what you are saying and that you are not going to get this all done in the next biennium?

Linda: Yes it is for 3 years, so you would have to apply for the full amount. In answer to the other states that have this program, there are 43 states that are currently implementing aging and disability research centers. It is now a requirement of the administration on aging to make sure that there are aging and disability resource centers in each state.

What this peice of legislation really allows us to full fill the Federal requirements under the administration on aging.

Chairman Pollert: Are you saying this is a Federal mandate?

Linda: 2006 amendments to the Old Americans Act, which were approved by congress in October, do say that the Assistant Secretary of Aging is required to make available aging and disability resource centers in all states. That is almost a direct quote for the OAA.

Rep Nelson: You were going to put out RFPs, and there was going to be one in the urban area and then the other was going to be in Rugby?

Linda: Yes this is a demonstration grant for the 3 years. What our steering committee had talked about was putting this out on bids. What we talked about was to put a pilot project in a urban area and one in a rural area and one possibly in a Indian Reservation.

Rep Ekstrom: Are other states taking the Web base approach?

Linda: This would only be part of it. What has been developed in other states is a variety of ways to get information to people, because there are still a lot of people that do not have

computers, you will also have to provide a face to face contact, as well as telephone. We will try and implement as many ways as possible to make access available to people.

Rep Kreidt: You really can't start up the program or personnel until the Federal dollars are received, is that right?

Linda: Because Congress in the 2007 budget, Federal fiscal year, has issued a continuing resolution, rather than voting on the health and human service budget, at this point it is unsure if the money will be available in this current Federal Fiscal year. However, we just had a co-worker attend a national meeting in Washington DC and he went right up to the assistant to the asked Secretary of Aging if there are going to be funding in North Dakota. She said, That her planned is to make the money available to the 7 state that don't have ADRC available, which would include us, hopefully by the end of the fiscal year, that is in September.

Rep Bellew: Are there other agencies that provide these services already?

Linda: Unfortunately we have a lot of different agencies providing a lot of different services. What happens is, when someone needs some kind of assistance, as at home or information on how to gain assistance, they have to go to many different places, fill out many different forms and talk to many different people in order arrange for the services. The purposes of the ARDC are to get those entities together in partnerships so that the individual who needs some services or information only has to go one place. Part of this is also an assessment piece. To do an assessment of what the individual may need. This has to be made available to anyone over the age of 60 and that includes private pay individuals and than it would include those with disabilities.

Rep Wieland: Did the Federal Government suggest $840,000? How did the sum come up?

Linda: It is a sum up to $800,000 that states may apply for. If states apply less than that or less money is appropriated by Congress, each state would not receive the $800,000. So it

again is what the Congress appropriates and how the Administration of Aging came up with the sum of up to $800,000, I am guessing it was based on the appropriation that Congress provided for the particular source of money.

Rep Kreidt: Do you see or anticipate at some time a savings to some of these other entities because we won't have people doing this. They will have one place to go to and that is the direction and we won't have all these other people doing this. Will it at some point be a cost saving that we would realize?

Linda: There was an interim report done on this of the 43 states that have done this. They took a look at 10 states; they did in fact realize some cost efficiencies and savings. They were able people were in the most restrictive environment that they needed to be at the time. For example they did slow the growth of Medicaid. They did in fact realize that there were some savings in the continuance.

Chairman Pollert: Is it appropriate to appropriate dollars for the next biennium:

Alon: Do we have to show that we have $40,000 appropriated to get the $800,000?

Linda: I believe that we have to show that we have got some type of commitment for the match to receive the money. Normally you have to spend the money at the same rate that you spend the matching money.

Alon: We have 3 options; We could appropriate the $26,000 and the $567,000 in this next budget and the next session the remaining amount. If that is a problem you could appropriate $40,000 and then allow them to carry it over to the next biennium or have it turned back and re-appropriate it the following biennium.

Chairman Pollert: Do you have to have all the $800,000. We are only supposed to appropriate for this biennium not for two?

Linda: We maybe should have better stated this has allowed us to apply for the 3 year grant or Federal money rather than stating that the $800,000, because than you have the authority to go ahead apply for the full grant that is available.

Linda Wurtz: From AARP. I was asked what my dreams for reforming our system for long-term care and how I thought this was going to happen. I am telling you this is it.

Rep Wieland: Is it necessary for the $800,000 to implement this?

Linda Wurtz: It is a 3 year grant. I am thinking that it is what Congress is will to appropriate but the experience of those other 3 states and what it cost them to plan, organize and rebuild, so that is why I am think this is what was estimated what would cost us to reform our system. What ever is not use could be going back to General Fund.

Chairman Pollert: I do think we need to get together for some language change.

Closed Hearing .

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

House Appropriations Committee
Human Resources Division

☐ Check here for Conference Committee

Hearing Date: March 22, 2007 - Time: pm

Recorder Job Number: 5480

Committee Clerk Signature

Minutes:

Rep. Chet Pollert, Chairman reopened the hearing on **SB 2070**, A Bill for an Act to provide for an application by the department of human services for federal funds for the implementation of an aging and disability resource center; to provide an appropriation; and to declare an emergency. **Present: Vice Chairman Larry Bellew, Representatives James Kerzman, Ralph Metcalf, Mary Ekstrom, Jon Nelson, Gary Kreidt, and Alon Wieland.** New proposed amendments were presented. All are in reference to an Aging and Disability Resource Center.

Chairman Pollert mentioned the difference between the proposed amendments **78141.0302** introduced by Chairman Pollert and **78141.0303** introduced by Representative Ekstrom is: "Any General Funds amount not used for the period with the effective date of this act and ending June 30, 2009 may not be spent." "The reason why the language was put in was because this funding goes into the next biennium", **Chairman Pollert** stated.

Allen Knuston of the Legislative Council confirmed.

Also, it was mentioned the difference in **Section 3. Status Reports to Legislative Council** paragraph on **Representative Ekstrom's** proposed amendment .0303. (Attachments)

Representative Ekstrom explained Section 3 which requires the DHS to report periodically to the legislative council and stated there has been a problem for a long time. This is similar to the proposed amendment on another sheet of proposed amendments. It reads "The department of human services shall prepare at strategic plan providing a continuum of care for long-term care services on the state over the next ten years. (See Attachment).

This amendment puts a little emphasis on where we are going she stated. Fits in with the equalization study.

Discussion on the language and intent of the amendments ... necessity of the long term care study. **Linda Wright of Department of Human Services** stated there have been a lot of long term care studies. But, this is a whole different project than the former studies. This is a requirement in the Older Americans Act requiring the Assistant Secretary to establish Aging and Disability Resource Centers in every state. It is a Federal requirement. This study is all encompassing for employment, taxes, the infrastructure, and the aging of our state population. Looking at the impact of everything in the state.

Discussion on which amendments to use.

Representative Ekstrom withdrew her proposed amendment - .0303.

Representative Wieland made a motion to adopt the .0302 amendment.

Representative Kreidt seconded the motion.

Voice Vote on the acceptance of .0302. All in favor. Passed.

Representative Ekstrom made a motion that the 4th paragraph on the sheet of her amendments be accepted.

Representative Metcalf seconded the motion.

Discussion.

Roll Call Vote: 5 yes 3 no. Passed.

Allen Knutson of Legislative Council to draw up the amendment.

Representative Metcalf made a motion for a **"Do Pass As Amended."**

Representative Ekstrom seconded the motion on SB 2070.

Roll Call Vote: 8 yes 0 no. Passed.

Carrier: Representative Ekstrom

Adjournment.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2070

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 3-23-07

Recorder Job Number: 5546

Committee Clerk Signature

Minutes:

Chairman Svedjan opened the hearing on SB 2070 which is a policy bill from HR.

Rep Ekstrom passed out an set of amendments - 0304 (attachment A) She described the amendments.

Rep Ekstrom moved the amendment (0304)

Rep Weiland seconded the amendment

What the amendment does is to allow us to provide funding for the aging and disability resource center. Page 2, line 4, is because it is a grants program and they are expected to receive the money over a three year period and since we can't encumber future legislatures we need that special language. Section 3 deals with a long term continuum of care strategic plan. The over 85 is the fastest growing group of people.

Rep Pollert: I do not agree with Section 3. This is such a hugh comprehensive study, which I agree needs to be done, and I did vote for the bill at the end, but I don't think it's going to get done in a year and 3 months.

Chairman Svedjan: Is there a reason why the report was set for that date?

Rep Ekstrom: I have no problem with moving the date to a longer time.

Rep Metcalf: There is one consideration that we have to take out that was brought to us by the dept is that we have to apply for these funds. In order to accomplish the application, they would like to have their strategic plan done by that particular time.

Rep Carlson: This bill was introduced at the request of the Dept of Human Services. They prepare a billion dollar budget for us and then they bring us bills outside of the budget with general fund dollars in them. This probably should have been in their budget.

Chairman Svedjan: Was this discussed in their committee?

Rep Ekstrom: The request for the general fund dollars is purely to match the $800,000. The general fund dollars are not to be used to create the study.

Chairman Svedjan: I think the question is still germane. They must have known about this, but it's not in the budget.

Rep Pollert: This didn't come until SB 2070. There was no discussion. This amendment was asked to be put on the bill. This is a hugh undertaking. The $40,000 is strictly to get the matching funds. Part of the $800,000 is going towards the next biennium.

Rep Carlson: That still doesn't answer the question as to why this could not have been done by the department with all the programs, etc. I can't understand why with all the money in their budget, they couldn't find it to do it without a separate bill.

Rep Ekstrom: That question did not come up from our sub committee.

Rep Kreidt: I don't feel that this amendment is necessary. This is already happening with 2070 moving towards the single source of entry. I don't feel it's necessary at all.

Rep Bellew: The dept has to budget a year in advance and this didn't come forward until after their budget was already prepared. My understanding is that this is probably a federal mandate.

Chairman Svedjan: I think the point remains that $40,000 out of a billion is decimal dust.

Rep Kreidt: SB 2070 is necessary. The bill should go forward, but the amendment is not necessary.

Rep Ekstrom: I think we should call the vote for this.

Voice Vote was taken and the vote was uncertain

Roll Call Vote was taken

(yes) 8 (no) 14 (absent) 0

Rep Pollert: We still need the part of 0304 from where it starts "in lieu of" and goes through where it says page 2, line 4. The only part the people vote no on was section 3. The other part has to be in the bill.

Rep Pollert moved to amend including what's on the amendment in front of you page1, line 3, page 1, line 10, and page 2, line 4.

Seconded by Rep Kreidt

Voice Vote Carried

Rep Carlson amended the $40,000 out of the bill

Seconded by Rep Wald

Rep Ekstrom: The aging disability resource center program was launched in 2003. 43 states have these and ND is one of the few remaining states that has not applied for this funding. The older Americas act now requires we have the ADRC's in all states. This is a federal mandate and one heck of a match. For $40,000 you are getting $800,000.

Rep Kreidt: The $40,000 cannot be used until the $800,000 in federal money is available.

The motion is to strip the $40,000 out of the bill and find the money in the budget

Voice Vote failed

Rep Ekstrom moved the reengrossed version of SB 2070 as amended (a do pass as amended)

Seconded by Rep Pollert

(yes) 18 (no) 4 (absent) 2

Carrier: Rep Ekstrom

Prepared by the Legislative Council staff for
Representative Pollert
March 19, 2007

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2070

In lieu of the amendments adopted by the House as printed on page 1002 of the House Journal, Reengrossed Senate Bill No. 2070 is amended as follows:

Page 1, line 10, after "options" insert ", including both institutional and home and community-based care,"

Page 2, line 4, after the period insert "The department may use the funds appropriated from the general fund only if the department receives federal funds for an aging and disability resource center as described in section 1 of this Act. Any general fund amounts not used for the period beginning with the effective date of this Act and ending June 30, 2009, may not be spent."

Renumber accordingly

78141.0303
Title.

Withdrawn

Prepared by the Legislative Council staff for
Representative Ekstrom
March 19, 2007

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2070

In lieu of the amendments adopted by the House as printed on page 1002 of the House Journal, Reengrossed Senate Bill No. 2070 is amended as follows:

Page 1, line 10, after "options" insert ", including both institutional and home and community-based care,"

Page 2, line 4, after the period insert "The department may use the funds appropriated from the general fund only if the department receives federal funds for an aging and disability resource center as described in section 1 of this Act.

SECTION 3. STATUS REPORTS TO LEGISLATIVE COUNCIL. The department of human services shall report periodically to the legislative council on the department's progress in establishing and operating the aging and disability resource center during the 2007-08 interim."

Renumber accordingly

Prepared by the North Dakota Legislative Council
staff for Representative Ekstrom
March 20, 2007

PROPOSED SECTIONS TO ADD TO ENGROSSED SENATE BILL NO. 2012

SECTION ____. AMENDMENT. Section 50-06-24 of the North Dakota Century Code is amended and reenacted as follows:

50-06-24. Guardianship services. The department of human services may create and coordinate a unified system for the provision of guardianship services to vulnerable adults who are ineligible for developmental disabilities case management services. The system must include a base unit funding level at the same level as developmental disability corporate guardianship rates, provider standards, staff competency requirements, ~~the use of an emergency funding procedure to cover the costs of establishing needed guardianships,~~ and guidelines and training for guardians. ~~The department shall require that the contracting entity develop and maintain a system of volunteer guardians to serve the state.~~ The department shall adopt rules for guardianship services to vulnerable adults which are consistent with chapters 30.1-26, 30.1-28, and 30.1-29.

SECTION ____. AGING AND DISABILITY RESOURCE CENTER - STATUS REPORTS. The department of human services shall report periodically to the legislative council on the department's progress in establishing and operating the aging and disability resource center during the 2007-08 interim.

SECTION ____. DEPARTMENT OF HUMAN SERVICES STUDY - INFANT DEVELOPMENT PROGRAM - REPORT TO LEGISLATIVE COUNCIL. The department of human services shall conduct, during the 2007-08 interim, a study of the infant development program. The study must include a review of the state's lead agency agreement, service coordination, staffing, and funding structure, including the adequacy of the funding and the equitable distribution of the funds to providers. The department shall involve in the study, representatives from other appropriate state agencies, infant development providers, and families receiving these services. The department shall report to the legislative council by September 1, 2008, on its findings and recommendations.

SECTION ____. DEPARTMENT OF HUMAN SERVICES - LONG-TERM CARE CONTINUUM OF CARE STRATEGIC PLAN - LEGISLATIVE COUNCIL REPORT. The department of human services shall prepare a strategic plan providing a continuum of care for long-term care services on the state over the next ten years. The strategic plan must be based on current research and demographic trends and include specific timelines and objections relating to the establishment of a single point of entry to manage access to the long-term care continuum, development of home and community-based and institutional services infrastructure, expansion of transitional services, provisions of funding flexibility to allow payment for the appropriate level of services needed by the consumer, family caregiver services, and quality control mechanisms. The department shall present its strategic plan to the legislative council by July 1, 2008.

Date: 03-22-07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House **HUMAN RESOURCES DIVISION** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Long-term Care Continuum 4th paragraph on Sheet

Action Taken Pass

Motion Made By _____ Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet		X	Rep. Nelson	X	
Vice Chairman Bellew		X	Rep. Kerzman	X	
Rep. Wieland	X		Rep. Metcalf	X	
Rep. Kreidt		X	Rep. Ekstrom	X	

Total (Yes) 5 No 3

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 03-22-07
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House **HUMAN RESOURCES DIVISION** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as amended

Motion Made By Rep. Metcalf Seconded By Rep. Ekstrom

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollet	X		Rep. Nelson	X	
Vice Chairman Bellew	X		Rep. Kerzman	X	
Rep. Wieland	X		Rep. Metcalf	X	
Rep. Kreidt	X		Rep. Ekstrom	X	

Total (Yes) 8 No 0

Absent

Floor Assignment Rep. Ekstrom

If the vote is on an amendment, briefly indicate intent:

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
March 22, 2007

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2070

In lieu of the amendments adopted by the House as printed on page 1002 of the House Journal, Reengrossed Senate Bill No. 2070 is amended as follows:

Page 1, line 3, after "appropriation" insert "; to provide for a long-term care strategic plan; to provide for a legislative council report"

Page 1, line 10, after "options" insert ", including both institutional and home and community-based care,"

Page 2, line 4, after the period insert "The department may use the funds appropriated from the general fund only if the department receives federal funds for an aging and disability resource center as described in section 1 of this Act. Any general fund amounts not used for the period beginning with the effective date of this Act and ending June 30, 2009, may not be spent.

SECTION 3. DEPARTMENT OF HUMAN SERVICES - LONG-TERM CARE CONTINUUM OF CARE STRATEGIC PLAN - LEGISLATIVE COUNCIL REPORT. The department of human services shall prepare a strategic plan providing a continuum of care for long-term care services in the state over the next ten years. The strategic plan must be based on current research and demographic trends and include specific timelines and objectives relating to the establishment of a single point of entry to manage access to the long-term care continuum, development of home and community-based and institutional services infrastructure, expansion of transitional services, provision of funding flexibility to allow payment for the appropriate level of services needed by the consumer, family caregiver services, and quality control mechanisms. The department shall present its strategic plan to the legislative council by July 1, 2008."

Renumber accordingly

Date: 3/23/07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 78141.0304

Action Taken Adopt amendment 0304

Motion Made By Ekstrom Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan		✓			
Vice Chairman Kempenich		✓			
Representative Wald		✓	Representative Aarsvold	✓	
Representative Monson		✓	Representative Gulleson	✓	
Representative Hawken		—			
Representative Klein		✓			
Representative Martinson		✓			
Representative Carlson		✓	Representative Glassheim	✓	
Representative Carlisle		✓	Representative Kroeber	✓	
Representative Skarphol		✓	Representative Williams	✓	
Representative Thoreson		✓			
Representative Pollert		✓	Representative Ekstrom	✓	
Representative Bellew		✓	Representative Kerzman	—	
Representative Kreidt		✓	Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland		✓			

Total (Yes) 8 No 14

Absent 2

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Voice Vote - uncertain.

Date: 3/23/07
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Amend as below/attached

Motion Made By Pollert Seconded By Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Amend as 0304 w/out Section 3

Voice Vote carries

Date: 3/23/07
Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken as Carlson

Motion Made By Carlson Seconded By Wald

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

amend #40K out of Section 2

Voice Vote - fails

Date: 3/23/07
Roll Call Vote #: 4

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2070

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as Amended

Motion Made By Ekstrom Seconded By Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan		✓			
Vice Chairman Kempenich	✓				
Representative Wald		✓	Representative Aarsvold	✓	
Representative Monson	✓		Representative Gulleson	✓	
Representative Hawken	—				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson		✓	Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson		✓			
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew	✓		Representative Kerzman	—	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 18 No 4

Absent 2

Floor Assignment Ekstrom

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2070, as reengrossed and amended: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (18 YEAS, 4 NAYS, 2 ABSENT AND NOT VOTING). Reengrossed SB 2070, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 1002 of the House Journal, Reengrossed Senate Bill No. 2070 is amended as follows:

Page 1, line 3, after "appropriation" insert "; to provide for a long-term care strategic plan; to provide for a legislative council report"

Page 1, line 10, after "options" insert ", including both institutional and home and community-based care,"

Page 2, line 4, after the period insert "The department may use the funds appropriated from the general fund only if the department receives federal funds for an aging and disability resource center as described in section 1 of this Act. Any general fund amounts not used for the period beginning with the effective date of this Act and ending June 30, 2009, may not be spent."

Renumber accordingly

2007 TESTIMONY

SB 2070

Same given to House Human Services

Same given to Senate Appropriations 1-29-07

Testimony
Senate Bill 2070 – Department of Human Services
Senate Human Services Committee
Senator Lee, Chairman
January 8, 2007

Chairman Lee and members of the Senate Human Services Committee, I am Linda Wright, Director of the Aging Services Division, Department of Human Services. I am testifying in support of Senate Bill 2070.

The Aging and Disability Resource Center Program (ADRC) is a joint effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services. The ADRC initiative was launched in 2003 through the funding of 12 grants to states to develop pilot programs. Additional grants were awarded in 2004 and 2005 bringing the total number of states funded to 43. North Dakota is one of the few remaining states that have not applied for ADRC funding.

The 2006 amendments to the Older Americans Act (H.R. 6197/ P.L. 109-365) now requires the Assistant Secretary for Aging, U.S. Department of Health and Human Services, to implement ADRCs in all the states.

The purpose of ADRCs, as stated in the 2006 amendments to the Older Americans Act is as follows:
"(A) to serve as visible and trusted sources of information on the full range of long-term care options, including both institutional and home and community-based care, which are available in the community;
"(B) to provide personalized and consumer friendly assistance to empower individuals to make informed decisions about their care options;
"(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care

they need through a single intake, assessment, and eligibility determination process;

"(D) to help individuals to plan ahead for their future long-term care needs; and

"(E) to assist (in coordination with the entities carrying out the health insurance information, counseling , and assistance program (receiving funding under section 4630 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4)) in the States) beneficiaries, and prospective beneficiaries, under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) in understanding and accessing prescription drug and preventative health benefits under the provisions of, and amendments made by, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003;

Federal funding has previously been made available to states for ADRCs on a competitive basis for grants not to exceed $800,000 for 3 years. A minimum match of 5% of the total grant award has been required. The Department of Human Services intends to apply for ADRC funding. The funding for new states is currently in limbo due to the fact that Congress has not acted on the appropriations budget for the U.S. Department of Health and Human Services. Carol K. Olson, Executive Director of the Department of Human Services, sent a letter to Senator Kent Conrad requesting his support for ADRC funding for North Dakota. Senator Conrad has responded stating he is supportive and "if states submit a competitive application for ADRC funds that meet the AoA guidelines, the state should receive these funds."

The ADRC funding will provide the opportunity for North Dakota to take the next step in providing ease of access to consumers for all long-term

care support options. The information we have gathered through the current Real Choice Systems Change Grant Rebalancing Initiative clearly directs us to establish a single point of entry/ADRC. The single point of entry concept developed by the Real Choice Steering Committee is parallel to the concept of an ADRC. Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing Grant will be providing additional information regarding this Grant Initiative in her testimony.

The attached fact sheets (DHHS Fact Sheet) (ADRC Grant Requirements) provide additional information about ADRCs. The ADRC must serve the population age 60 and above and at least one additional population of people with disabilities. At least one ADRC site must be established in the first year of the grant.

Based on information gathered from the states that have already implemented ADRCs, program models vary from state to state. Federal expectations for all ADRCs, however, are consistent and include: information and awareness, and assistance and access to long-term support services. In addition, federal expectations include: creating a seamless system for consumers; streamlined eligibility; meaningful involvement of consumers and other stakeholders; partnership among aging networks, disability networks and Medicaid agencies; investment in management information systems that support the goals of the ADRC; performance measurement; and sustainability.

It is not the intent of ADRCs to duplicate or create new services but instead to create partnerships that should improve the efficiency of government programs and reduce the frustration and confusion that

consumers often face when trying to learn about and access the long-term care system.

According to the North Dakota State Data Center, if current trends continue, the number of people age 65 and older in our state will grow by 58.3% over the next 20 years and will represent 23% of the state's population. Further, the number of the oldest old (85 and older) will grow by nearly two-thirds (64.7%) and will represent 3.7% of the state's population. The ADRC program is designed to meet the needs of these consumers.

I will be happy to answer any questions you may have.

U.S. Department of Health and Human Services
Administration on Aging

FACT SHEET

Aging and Disability Resource Centers

A Joint Program of the Administration on Aging and Centers for Medicare & Medicaid Services - Overview

BACKGROUND

The Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) designed to streamline access to long-term care.

The ADRC initiative supports state efforts to develop "one-stop shop" programs at the community level that will help people make informed decisions about their service and support options and serve as the entry point to the long-term support system. States are using ADRC funds to better coordinate and/or redesign their existing systems of information, assistance and access and are doing so by forming strong state and local partnerships.

Resource Center programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. Resource Center programs also serve as the entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

ADRC grantee states target Resource Center services to the elderly and at least one additional population of people with disabilities (i.e., individuals with physical disabilities, serious mental illness, and/or mental retardation/developmental disabilities). ADRCs are working towards the goal of serving all individuals with long-term care needs regardless of their age or disability.

AOA & CMS VISION FOR RESOURCE CENTERS

The goal of the ADRC Program is to empower individuals to make informed choices and to streamline access to long-term support. Long-term support refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help individuals with disabilities.

The vision is to have Resource Centers in every community serving as highly visible and trusted places where people can turn for information on the full range of long term support options.

In many communities, long-term support services are administered by multiple agencies and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Figuring out how to obtain services is difficult. A single, coordinated system of information and access for all persons seeking long term support minimizes confusion, enhances individual choice and supports informed decision-making. It also improves the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation.

ADRC GRANTEES

AoA and CMS launched the ADRC initiative in the fall of 2003 through the funding of 12 grants to states to develop pilot programs. Additional grants were awarded in 2004 and 2005 bringing the total number of states funded through the ADRC initiative to 43.

While grantees are only required to pilot their ADRC in at least one community, they are all striving to replicate the program across the entire state. The map on the reverse side of the Fact Sheet indicates states that have been awarded ADRC grants and the year they received their award.

TECHNICAL ASSISTANCE

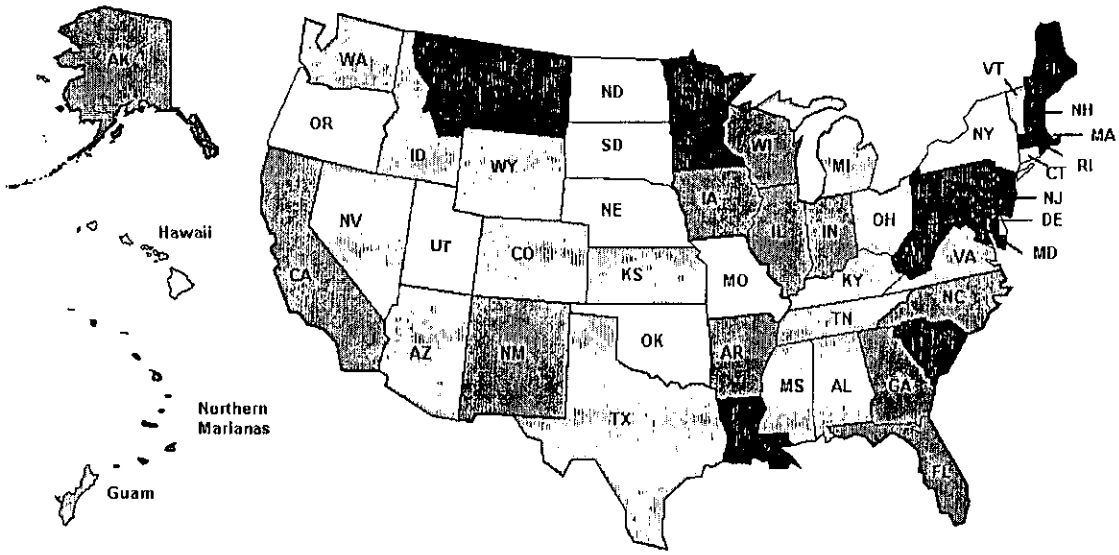
To support ADRC grant projects, AoA and CMS are each funding technical assistance providers. The AoA funded ADRC Technical Assistance Exchange (TAE) coordinates technical assistance efforts and collaborates closely with the CMS funded Community Living Exchange Collaborative. Technical assistance is provided through individual assistance to grantees, national meetings, monthly teleconferences, a weekly newsletter, the ADRC-TAE website and in other ways. Many of the technical assistance products developed for grantees are available to the public on the website.

ADDITIONAL INFORMATION

For additional information on the ADRC initiative, please visit The ADRC Technical Assistance Exchange website at www.adrc-tae.org. The website includes contact information for AoA and CMS ADRC project officers, summary information on each of the grantees, and a variety of resources related to this initiative.

You can also find additional ADRC information on the AoA website at http://www.aoa.gov/prof/aging_dis/aging_dis.asp or the CMS web site at http://www.cms.hhs.gov/newfreedom.

AGING AND DISABILITY RESOURCE CENTER AWARDEES



■ FY 2003 ADRC Awardees

Louisiana	New Hampshire
Maine	New Jersey
Maryland	Pennsylvania
Massachusetts	Rhode Island
Minnesota	South Carolina
Montana	West Virginia

▩ FY 2004 ADRC Awardees

Alaska	Indiana
Arkansas	Iowa
California	New Mexico
Florida	North Carolina
Georgia	Northern Marianas
Illinois	Wisconsin

□ FY 2005 ADRC Awardees

Alabama	Idaho	Ohio
Arizona	Kansas	Tennessee
Colorado	Kentucky	Texas
DC	Michigan	Vermont
Guam	Mississippi	Virginia
Hawaii	Nevada	Washington
		Wyoming

FOR MORE INFORMATION

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 401-4541; fax (202) 357-3560; Email: aoainfo@aoa.gov; or contact our website at: www.aoa.gov

Aging and Disability Resource Center (ADRC) Grants

A Joint Program of the Federal Administration on Aging and Centers for Medicare and Medicaid Services

Goals of the ADRC Grants:

- Empower individuals to make informed choices about their service and support options
- Streamline access to long term support services
- Support state efforts to develop "one-stop-shop" programs

ADRC Grant Requirements:

Awareness & Information

- Raise Public Awareness/Understanding of the Resource Center
- Provide Information about Long Term Support and Service Options

Assistance

- Provide Options Counseling
- Provide Benefits Counseling (various eligibility requirements)
- Provide Employment Options Counseling
- Make Referrals
- Provide Crisis Intervention (addressing emergency placement/service needs)

Access

- Conduct Eligibility Screening
- Include Private Pay Services
- Conduct Comprehensive Assessment
- Make Programmatic Eligibility Determinations *(can be provided by partnering organizations)*
- Conduct Medicaid Financial Eligibility Determination *(can be provided by partnering organizations)*
- Serve As One-Stop Access to All Public Programs *(co-location of services is an option)*
- Help Individuals Plan for Future Care Needs

Target Populations

- Must serve individuals age 60 and older and at least one other disability population – i.e. people with physical disabilities, people with severe mental illness, or people with developmental disabilities
- Must serve people of <u>all</u> income levels including the "private pay" population

Monday, January 8, 2007
Amy B. Armstrong
North Dakota Center for Persons with Disabilities (NDCPD)
at Minot State University
Real Choice Systems Change Grant - Rebalancing Initiative
(RCR Grant)

SB 2070: Aging and Disability Resource Center
Testimony
Senate Human Services Committee
Judy Lee, Chairman

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to present testimony in favor of *Senate Bill 2070*, which would provide for an application by the department of human services for federal funds for the implementation of an **Aging and Disability Resource Center (ADRC)**. An ADRC would provide North Dakota's seniors, adults with disabilities, and their family members a streamlined system for accessing continuum of care services such as home and community based services and nursing home care.

I am Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing (RCR) Grant at the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University.

North Dakota's RCR Grant was funded in 2004, by the U.S. Department of Health and Human Services - Centers for Medicare and Medicaid Services (CMS) and NDPCD has been contracted by the Department of Human Services to facilitate this project. This grant provides North Dakota (ND) federal funding to build state infrastructure to improve community continuum of care service systems. The RCR Grant was also implemented in order to assist North Dakota in complying with the U.S. Supreme Court's *Olmstead Decision* and President Bush's *New Freedom Initiative*, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities and to administer services in the least restrictive environment in order that consumers may fully participate in community life. One of the primary goals of this grant is to improve and streamline access to continuum of care services for all seniors and adults with disabilities. (See Appendix A, RCR Grant Overview).

With oversight from the ND DHS – Aging Services Division, the RCR Grant's Planning Committee members serve as leaders who assist in developing, organizing, and planning the work of the grant. This committee includes **Amy Clark**- Policy Advisor Health Human Services, Office of the Governor; **Jim Moench** – Executive Director, ND Disabilities Advocacy Consortium (NDDAC); **Linda Wright** – Director, Aging Services Division Department of Human Services; and **Linda Wurtz** – Associate State Director, AARP of North Dakota.

In addition, over 30 key state partners have formed the RCR Steering Committee which has met thirteen times since April of 2005. The Steering Committee has consistently provided important input, recommendations, and guidance. This committee includes legislators, state officials, Department of Human Service representatives, directors of county social services, consumers, advocates, and representatives of continuum of care providers such as Easter Seals of North Dakota, North Dakota Association of Home Care, and the North Dakota Long Term Care Association (see Appendix B, Planning and Steering Committee Membership list). This committee has worked to develop and build consensus on ways to make it easier for ND seniors and adults with disabilities to maintain their independence for as long as possible.

My purpose here today is to briefly summarize the work, findings, and recommendations of NDCPD and the Planning and Steering Committees. The RCR grant staff and its committees have gathered and analyzed previously completed research and reports related to North Dakota's continuum of care system. Much information has been gathered and studied in the past 20 years regarding continuum of care issues. These previous studies have been listed in Appendix C. I have also provided you with the complete summary document of these reports.

This summary begins with the *Long Term Care: Issues and Recommendations, 1987 ND Interagency Task Force on Long Term Care* report, also referred to as the *Drayton Study* and concludes with current reports written in 2006. Following the *Drayton Study* 1987, three North Dakota legislative interim committees (1996,

1998, and 2000) were assigned the task of also studying long-term care also called continuum of care services. Since the *Olmstead Decision* of 1999, many states including ND began to take a closer look at their systems of long-term care for persons with disabilities, including those who are aging. This prompted the creation of ND's Olmstead Commission Workgroup and its statewide public forums, and resulted in the report titled *White Paper: November 6, 2000,* that gave recommendations for ND's long-term care system. Since the publication of the *White Paper,* there have been several other studies which have looked at various components of the long-term care system in ND.

These past reports serve as a basis for what information we already know and contain an abundance of recommendations of which to drawn upon as North Dakota considers ways to improve its continuum of care system. Several noteworthy themes throughout these reports include *recurring* recommendations for improving access to case management, development of a streamlined single point of access to services; and assuring that consumers have informed options and better access to services, particularly home and community based services and qualified services providers (QSPs). In addition, many of these reports included recommendations for improving consumer choice and self-direction and balancing funding for continuum of care services.

The RCR Planning and Steering Committees also assisted with the development of a research project to gather the most current information from North Dakota consumers of home and community based services, nursing home residents, family members, and providers of continuum of care services. Through the guidance and recommendations of the RCR committees, the grant staff gathered a variety of data from these North Dakotans. I would like to take a few moments to review some of the findings.

First, a series of over 40 statewide, urban and rural, focus groups and in-home personal interviews were conducted to identify current perceptions, themes, and suggestions for improving choice and self-direction, quality, and access to long-term care supports. This process used research-based

focus group procedures to identify ways to balance state resources for services and to identify elements for the design and structure of a single point of entry mechanism, also called an ADRC. Using rigorous focus group data collection and analysis methods a variety of important themes were identified.

The following themes emerged across all focus groups of consumers, families, and providers. Also included are quotes taken from the focus group and personal interview transcripts which help to paint a clear picture of what participants shared about this topic.

North Dakotans currently find out about continuum of care services through:

- social workers (including hospital, nursing home, and county)
- doctors and hospital staff
- word of mouth
- on their own
- family members

"Had it not been for maybe some neighbors of mine that used some of the services, I would have never known that they existed." Family member

"There are good, qualified, trained people, who are very helpful; unfortunately most of us don't even know where they are." Family Member

These data indicate that there is currently not a uniform and streamlined access point for long-term support services.

Common problems regarding continuum of care services were also identified including:

- confusion of information
- high cost of services
- lack of information
- no choices available for continuum of care services
- lack of flexible funding to support consumer's choice of services

"I took care of my wife for 16 months and at that time I had to do everything, I did all the cooking, cleaning, all of the wash, dressed her, cleaned her up, took her to her appointments and I didn't know where to turn I didn't know where I could get some help." Family Member

"It would be helpful if there were someone there that could tell you rather than send you on again because that happens so often too. You get to one place and then you go there and then you have to go over there."

Elderly Nursing Home Resident

"My mother would be home right now if I could afford the $8/hour for someone to watch her. But yet I couldn't get the funding to keep her at home. Because [Medicaid] will pay to put her in a nursing home but they won't pay to keep her at home, when it would not cost them nearly as much." Family Member

Participants identified common <u>needs</u> regarding continuum of care services including:

- case management described as assistance with assessment, care planning, provider selection, monitoring services, and making referrals
- both functional and financial assessments
- a reliable, consistent, and knowledgeable "go to person"
- a single point of entry system for streamlined access to services, a simplified service system
- access to comprehensive, timely information about services
- home and community based service options

"I want[ed] one voice that was nice and that would give me the same answer twice to the same questions and know what they were talking about." Family Member

"They [case management] need to be knowledgeable about what's out there so that they can give you the appropriate information in a great timely manner and say, okay you have this option, this option,[and] this option." Consumer of HCBS

"Assisted Living or self assisted living, I think Medicare [Medicaid] should help pay for things to keep you in the home instead of the nursing home and expenses would be a lot less. And at home it's better I think." Younger Nursing Home Resident

"We need a place where we can find the services that the person needs, preferably a handicapped person [to help us] who knows about all these things... They [case managers and consumers] need a place that you can sit down and talk and show them [case managers] what you've got and they have a look at your house and see if there are any problems with it, fix your house and find out what's right for you." Younger Nursing Home Resident

"If you look at how health care is delivered today...it is driven by payment systems rather than for assessment with goals for patient management...and so what are we doing, we aren't taking care of patients we are doing assessments for billing...When you step back, man this thing is broken. We are all doing our own thing and nobody is communicating." Provider

"You'd be surprised what little bit of care you could get in your home would make your life [easier], so much as an hour a day makes such a difference.

I have three hours of help during the week and it just means the world to me." Family Caregiver

Consumer participants of continuum of care services expressed what is important to them:

- the opportunity to stay at home
- the opportunity to live with or near family
- the opportunity to maintain independence

(See Appendix D, Focus Group and Personal Interview Report Summary)

While the focus group discussions provided information on people's perceptions and suggestions, we gathered additional information from North Dakota consumers of continuum of care services through survey mailings. A consumer questionnaire was used to obtain information regarding what continuum of care services consumers are using, what services are needed, barriers encountered, how they are paying for services, and choice of services given. Data were also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a single point of entry system, also called an Aging and Disability Resource Center (ADRC).

We found that almost 81% of consumers indicated that if the needed continuum of care services were available, they would choose to receive those services in order to stay at home or live more independently (see Figure 1). In order to live more independently, respondents identified the need for assistance with the following services:

- Assistance with housework,
- Shopping,
- Laundry,
- Meal preparation,
- Bathing
- Mobility outside the home, and
- Transportation

Figure 1

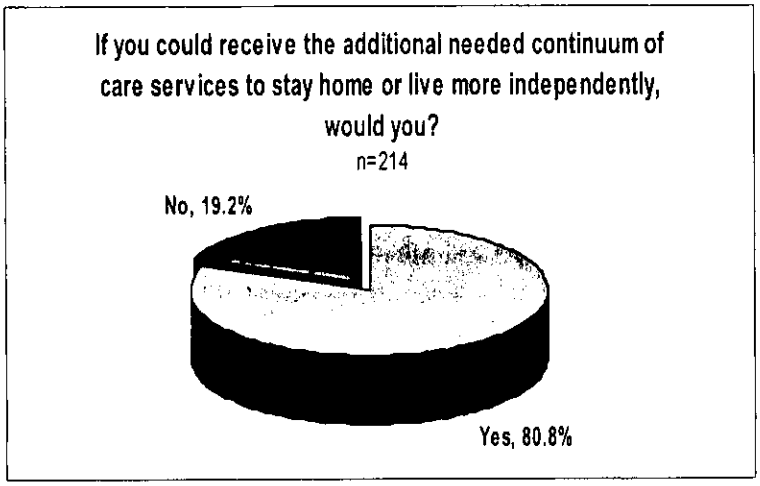
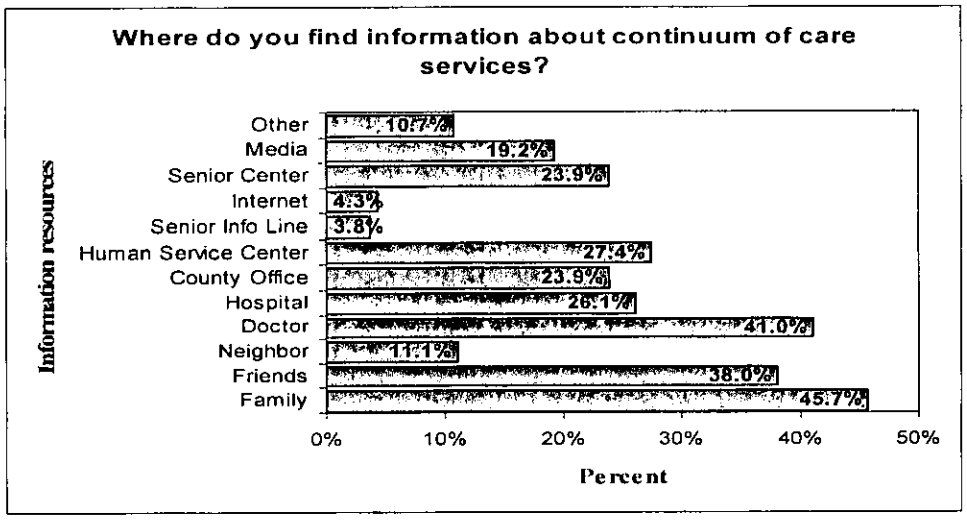


Figure 2, in your materials, shows that consumers find out about continuum of care services in a variety of ways. These data indicate that the current methods of accessing services are not consistent and this allows for confusion and a lack of accurate information about available service options.

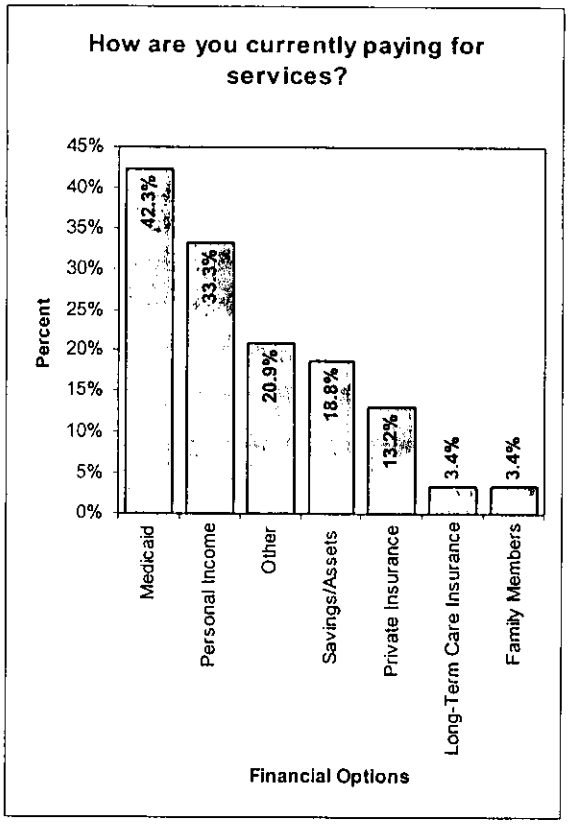
Figure 2



Eighty-four percent of consumers surveyed indicated they had received enough help in understanding their eligibility for continuum of care services. *However*, over 61% of consumers indicated that it would be helpful to have assistance with planning continuum of care services.

Figure 3

Figure 3, in your materials, shows how consumers responded to the question of how they are currently paying for services. Over 42% of participants indicated using Medicaid and 33% indicated using personal income. These data show that there is room for growth in the area of education and planning for future care needs. An important feature of ADRCs is not only streamlining access to services but also offering education and counseling about future care planning needs. (See Appendix E, Consumer Questionnaire Report Summary).



In 2004, 73% of ND nursing home admissions originated from a hospital setting.[1] Considering this fact, the RCR committees recommended the RCR Grant gather input from North Dakota hospital discharge planners (HDPs) regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. Committee members felt it was important to target HDPs as a group to help the elderly and people with disabilities access a variety of continuum of care services, including home and community based services (HCBS). The following information was gathered from this survey.

Rural HDPs indicated they stay current about available continuum of care services most often through networking and by word of mouth. Over 90% of HDPs stated time is a factor and this dictates discharge planning. The time they have to develop a discharge plan for a patient varied from Urban HDPs was 1-3

[1] Issues and Data Book for Long Term Care, 2005, p.21

days (100%) and from Rural HDPs was only 1-4 hours (35.3%) or 1-2 days (29.4%).

A variety of continuum of care services are available and recommended by HDPs to consumers. However, nursing homes were the only continuum of care services recommended 100% by HDPs and available 100% of the time in both rural and urban communities. When asked to give input about development of a single point of entry, 90.5% of HDPs indicated that a single point of entry would be helpful. The majority of HDPs also indicated the single point of entry should include:

- information about continuum of care services,
- benefit information,
- eligibility information,
- evaluation or assessments,
- financial information, and
- case management services.

(See Appendix F, Hospital Discharge Planner Report Summary).

Our recent data and many previous studies note the lack of a streamlined continuum of care service system. This has clearly caused confusion and barriers to accessing services for ND seniors and adults with disabilities. Through these data we are able to identify where improvements in the service system are needed. In addition to previous reports, these recent RCR Grant reports include recommendations for development of a streamlined system for accessing continuum of care services. Senate Bill 2070 would go quite far in assisting consumers who are aging and/or have a disability.

An ADRC in North Dakota could provide the following best practices for serving North Dakota citizens.

- Ensure "one-stop access" for clients to services; eliminating duplicative assessments and numerous agency contacts.
- Serve all adults needing long term care services, targeting older persons and persons with disabilities. This includes both private pay and public funded individuals.
- Will conduct an initial brief assessment (screening) of each individual.
- Will utilize a multi-disciplinary approach, to include medical, financial, and social expertise to develop an individual's option/service plan.

- Will be available 24/7, not to take the place of a crisis management system but to instead ensure timeliness of needed information and services and to streamline the process.
- Assure that the service is consumer directed (person-centered approach) and all decisions are made by the consumer or their legal representative.
- Ensure that consumers and their family members have access to all the information necessary to make decisions regarding continuum of care services.
- Will provide disclosure of conflict of interest.

A complete list of these ADRC components developed by the RCR Steering Committee is found in Appendix G.

Currently ADRCs are successfully implemented in 43 states. A streamlined system for accessing services is important in order to assure that North Dakotans are aware of all of their long-term care options and thus are able to make informed decisions about their care. The purpose of an ADRC is not to set up a new bureaucracy, but to help those service agencies and providers that are currently in existence to work together, streamline their work, and make accessing long-term support services a simpler and less confusing process for North Dakotans. Implementing a streamlined system can help North Dakotans learn about all of their long-term care options and then make informed decisions about their care. Being able to make informed decisions about long-term care options also means seniors and adults with disabilities are equip to make sound financial decisions about their current and future care needs.

Once again, thank you for the opportunity to share this information. If you have any questions, I would be happy to answer them at this time.

The RCR Grant research reports mentioned in this testimony are available on the ND Department of Human Services website at:

http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html

Contact information:
Amy Armstrong, Project Director
Real Choice Rebalancing Grant
NDPCD at Minot State University
Email: amy.armstrong@minotstateu.edu
Phone: 1-800-233-1737 or 701-858-3578

Appendix A

RCR Grant Overview

North Dakota Real Choice Rebalancing Grant

"Choice and Self-Directed Community Resource Delivery for the Elderly and People with Disabilities"

January 6, 2007

north dakota department of human services

NDCPD Minot State University Center of Excellence

North Dakota was awarded a *Real Choice Systems Change Grant – Rebalancing Initiative* from the Centers for Medicare and Medicaid (CMS) in September, 2004.

Real Choice Systems Change Grants were implemented in order to comply with the President's *New Freedom Initiative* and the *Olmstead Decision*, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities.

Olmstead Decision and New Freedom Initiative

The United States Supreme Court's *Olmstead v. L.C.* (1999) decision calls upon states to integrate people with disabilities and to provide community-based services. On June 18, 2001, President Bush directed government agencies to work together to "*tear down the barriers*" to community living for the elderly and people with disabilities. These agencies need to provide supports necessary to:

- learn and develop skills,
- engage in productive work,
- choose where to live, and
- fully participate in community life.

Current North Dakota Statistics

- Three in five ND AARP members are extremely concerned with maintaining independent.[1]
- ND has the highest proportion in the nation of elderly 85 years and older. The number of elderly people in the state is projected to increase by 58% over the next 20 years and will represent 23% of the population.[2]
- North Dakota's 2005 Medicaid Continuum of Care Expenditures included 95% spent on Nursing Home Institutional Services and 5% spent on Home and Community Based Services. [3]

Purpose of the Grant

The overall purpose of the North Dakota Real Choice Systems Change Grant – Rebalancing Initiative (RCR) is to take an in-depth look at the continuum of care system in the state and how North Dakota can better implement the Olmstead Decision and the New Freedom Initiative. Specifically, the RCR Grant goals are:

1. To increase access to, and utilization of, home and community-based services for the elderly and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for the elderly and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To a develop quality management mechanism for service delivery.

Alternative formats available upon request: (800) 233-1737

Planning Committee Members

[redacted] Clark
Office of the Governor
(701) 328-2207
[redacted]nd.gov

James Moench
NDDAC
(701) 223-0347
jimmoench@nddac.org

Linda Wright
DHS Aging Services
(701) 328-4607
sowril@nd.gov

Linda Wurtz
AARP
(701) 355-3642
Lwurtz@aarp.org

Key Definitions

ebalancing (CMS Definition) —reaching "a more equitable balance" between the proportion of total Medicaid used for institutional services (i.e., Nursing lities [NF] and Intermediate Care Facilities for the itally Retarded [ICFs-MR]) and those used for community-based supports under its State Plan and waiver options."
"offers individuals a reasonable array of balanced options, particularly adequate choices of community and institutional options."

Single Point of Entry—a system that provides consumers streamlined access to long term and supportive services through one agency/organization.

Research Conducted

Focus Groups/Personal Interviews

In October, November, and December 2005, RCR Project staff conducted over forty focus groups and personal interviews to gather information about rrent perceptions and suggestions for improving hoice and self-direction, quality, and access to continuum of care services for the elderly and people disabilities.

estionnaires

In addition to the focus groups and personal interview, project staff also distributed questionnaires to hospital discharge planners and consumers of continuum of care services throughout the state. The questionnaire data is being analyzed and the final reports will be available at a later date.

Current and future information and reports can be obtained by contacting the project director or are available on the DHS website at:

http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html

This project's consumer and stakeholder-dominated process will gather information and work to build consensus on three key issues:

1. A Plan or *road map*

   This plan will include information for the development of:

   - a system to provide a single point of entry for continuum of care services,
   - a mechanism to balance state resources for continuum of care services to strengthen opportunities for choice and self-direction,
   - Integrated utilization of the Medicaid Management Information System (MMIS), and
   - Service quality management protections.

2. Draft legislation: Drafting bills for consideration by the ND Legislative Assembly to direct the implementation of the Plan/Roadmap and financial resources for its implementation.

3. Public Information Services: Development of practical and sustainable public information services for all continuum of care services in North Dakota.

If you are interested in hearing more about the North Dakota Real Choice Rebalancing Initiative please contact:

Amy Armstrong, Project Director
North Dakota Center for Persons with Disabilities
at Minot State University
Email: amy.armstrong@minotstateu.edu
Phone: 1-800-233-1737

1 2004 AARP ND Member Survey: Support Services.

2 Center for Rural Health, & North Dakota State Data Center. (2002). *Needs Assessment of Long Term Care, North Dakota: 2002, Initial Report & Policy recommendations.*

3 Burwell, B., Sredl, K., & Eiken, S. (2004). *Medicaid Long-Term Care Expenditures in FY 2004.*

Appendix B

RCR Planning & Steering Committee

Membership List

Real Choice Rebalancing (RCR) Steering Committee

Updated 1/5/2007

First	Last	Agency	Phone	Email
Linda	**Wurtz** / Janis Cheney */Marlowe	AARP North Dakota	(701) 355-3642	Lwurtz@aarp.org
Kathy	Hogan / DeLana Duffy-Aziz *	Cass County Social Services	(701) 241-5761	hogan@co.cass.nd.us
Jane	Strommen	Community of Care Cass County	(701) 967-8502	jstromme@good-sam.com
Rodger	Wetzel	Community Health and Eldercare, St. Alexius Medical Center	(701) 530-7379	rwetzel@primecare.org
Mark	Kolling	Developmental Disabilities Division (DD)	(701) 328-8937	sokolm@nd.gov
Carol	Olson / Tove Mandigo *	Dept. of Human Services, Director	(701) 328-2310	socols@nd.gov
Linda	**Wright**	DHS, Aging Services Division	(701) 328-4607	sowril@nd.gov
Maggie	Anderson/Barb Fischer	DHS, Medical Services Division	(701) 328-1603	soandm@nd.gov
Karen	Tescher	DHS, Medical Services Division	(701) 328-4893	sotesk@nd.gov
JoAnne	Hoesel / Lauren Sauer	DHS, Mental Health and Substance Abuse Div.	(701) 328-8920	sohoej@nd.gov
Gordon	Hauge / Marilyn Bender *	Easter Seals Goodwill of ND	(701) 663-6828 x 601 or x 301	ghauge@esgwnd.org
Chuck	Stebbins / Mark Bourdon*	Freedom Resource CIL / Consumer	(701) 478-0459	ChuckS@freedomrc.org
to be determined		Governor's Committee on Aging		
Amy	**Clark**	Policy Advisor Health Human Services/Office of the	(701) 328-2207	aclark@nd.gov
Cheryl	Kulas	Indian Affairs Commission	(701) 328-2432	ckulas@nd.gov
Theresa	Snyder	DHS / Tribal Liaison & Program Civil Rights Officer	(701) 328-1545	sosnyt@nd.gov
Marcia	Sjulstad / Jo Burdick *	ND Association for Home Care	(701) 280-4027	marcia.sjulstad@meritcare.com
Darleen	Bartz	ND Dept. of Health, Division of Health Facility	(701) 328-2352	dbartz@nd.gov
James	**Moench**	NDDAC	(701) 223-0347	jimmoench@nddac.org
Shelly	Peterson	ND Long Term Care Assoc.	(701) 222-0660	shelly@ndltca.org
Kurt	Stoner*	ND Long Term Care Assoc. / Bethel Lutheran Home	(701) 572-6766	kstoner@bethellutheranhome.org
Tom	Alexander	ND Medicaid Infrastructure Grant/NDCPD	(701) 858-3436	Tom.Alexander@minotstateu.edu
Bruce	Murry / Teresa Larsen *	Protection and Advocacy	(701) 328-2950	bmurry@nd.gov
Amy	**Armstrong** / Kylene Kraft*	Real Choice Rebalancing Grant/NDCPD	(701) 858-3578	Amy.Armstrong@minotstateu.edu
MariDon	Sorum *	Regional Aging Services Program Admin. NCHSC	(701) 857-8627	82sorm@nd.gov
Sandy	Arends *	Regional Aging Services Program Admin.- SE Human Service Center	1-888-342-4900	85ares@nd.gov
Gary	Kreidt	Representative	(701) 843-7074	gkreidt@nd.gov
Richard	Dever	Senator	(701) 222-2604	ddever@nd.gov
Bob	Puyear	Consumer		44digits@bis.midco.net
Ellen	Owen	Burleigh County Council on Aging, Inc.	(701) 255-4648	bcsap@btinet.net
	* Alternate			
	Planning Committee Members			

RCR Steering Committee Members

Updated: 02.22.07

First	Last	Agency	Phone	Email
Linda	**Wurtz** / Janis Cheney */ Marlowe Kro*	AARP North Dakota	(701) 355-3642	Lwurtz@aarp.org
Ellen	Owen	Burleigh County Council on Aging, Inc.	(701) 255-4648	bcsap@btinet.net
Kathy	Hogan / DeLana Duffy-Aziz *	Cass County Social Services	(701) 241-5761	hogan@co.cass.nd.us
Rodger	Wetzel	Community Health and Eldercare, St. Alexius Medical Center	(701) 530-7379	rwetzel@primecare.org
Jane	Strommen	Community of Care Cass County	(701) 967-8502	jstromme@good-sam.com
Bob	Puyear	Consumer		44digits@bis.midco.net
Chuck	Stebbins	Consumer	(701) 298-3702	chuck@pepp.org
Carol	Olson / Tove Mandigo *	Dept. of Human Services, Director	(701) 328-2310	socols@nd.gov
Mark	Kolling	Developmental Disabilities Division (DD)	(701) 328-8937	sokolm@nd.gov
Theresa	Snyder	DHS / Tribal Liaison & Program Civil Rights Officer	(701) 328-1545	sosnyt@nd.gov
Linda	**Wright**	DHS, Aging Services Division	(701) 328-4607	sowril@nd.gov
Karen	Tescher	DHS, Medical Services Division	(701) 328-4893	sotesk@nd.gov
Maggie	Anderson/Barb Fischer	DHS, Medical Services Division	(701) 328-1603	soandm@nd.gov
JoAnne	Hoesel / Lauren Sauer	DHS, Mental Health and Substance Abuse Div.	(701) 328-8920	sohoej@nd.gov
Gordon	Hauge / Marilyn Bender *	Easter Seals Goodwill of ND	(701) 663-6828	ghauge@esgwnd.org
Larry	Wagner	Governor's Committee on Aging	(701)255-3683	thewags@bis.midco.net
Steve	Repnow	Independence, Inc., CIL	(701) 839-4724	steve@independencecil.org
Susan	Ogurek*	Independence, Inc., CIL	(701) 839-4724	susano@independencecil.org
Cheryl	Kulas	Indian Affairs Commission	(701) 328-2432	ckulas@nd.gov
Marcia	Sjulstad / Jo Burdick *	ND Association for Home Care	(701) 280-4027	marcia.sjulstad@meritcare.com
Darleen	Bartz	ND Dept. of Health, Division of Health Facility	(701) 328-2352	dbartz@nd.gov
Shelly	Peterson	ND Long Term Care Assoc.	(701) 222-0660	shelly@ndltca.org
Kurt	Stoner*	ND Long Term Care Assoc. / Bethel Lutheran Home	(701) 572-6766	kstoner@bethellutheranhome.org
Tom	Alexander	ND Medicaid Infrastructure Grant/NDCPD	(701) 858-3436	Tom.Alexander@minotstateu.edu
James	**Moench**	NDDAC	(701) 223-0347	jimmoench@nddac.org
Amy	**Clark**	Policy Advisor Health Human Services/Office of the Governor	(701) 328-2207	aclark@nd.gov
Bruce	Murry / Teresa Larsen *	Protection and Advocacy	(701) 328-2950	bmurry@nd.gov
Amy	**Armstrong** / Kylene Kraft*	Real Choice Rebalancing Grant/NDCPD	(701) 858-3578	Amy.Armstrong@minotstateu.edu
MariDon	Sorum *	Regional Aging Services Program Admin. NCHSC	(701) 857-8627	82sorm@nd.gov
Sandy	Arends *	Regional Aging Services Program Admin.- SE Human Service Center	1-888-342-4900	85ares@nd.gov
Gary	Kreidt	Representative	(701) 843-7074	gkreidt@nd.gov
Richard	Dever	Senator	(701) 222-2604	ddever@nd.gov
	* Alternate			
	Planning Committee Members			

Appendix C

List of Previous
Continuum of Care Studies & Reports

Timeline of North Dakota Continuum of Care Reports

1987	Long Term Care: Issues and Recommendations, 1987 ND Interagency Task Force on Long Term Care
1996	Report of the Task Force on Long term Care Planning 1996
1998	Report of the Task Force on Long term Care Planning 1998
2000	Report of the Task Force on Long term Care Planning 2000
	White Paper: Olmstead Workgroup November 6, 2000
	Report of the ND Governor's Task Force on Long term Care Planning Expanded Case Management, June 30, 2000
2002	Needs Assessment of Long Term Care, North Dakota: 2002, Initial Report & Policy Recommendations, November 2002
	Cost Containment Alternatives for ND Medicaid, November 1, 2002
2003	Informal Caregivers: 2002 Outreach Survey, 2003
	Community of Care Baseline Survey, 2003
	National Family Caregiver Support Program: ND American Indian Caregivers, June 2003
2004	2004 AARP ND Member Survey: Support Services, June 2004
	Senate Bill 2330 Workgroup Final Report, December 2004
2005	Community of Care Olmstead Grant, August 2003 - 2005 Final Report
	Final Report Real Choice Systems Change Grant Cultural Model, May 2005-2006
2006	Home and Community Based Services Planning Project Survey Results, June
	North Dakota Real Choice Systems Change Grant-Rebalancing Initiative: Focus Groups and Personal Interviews- Research Report One, June 2006
	North Dakota Real Choice Systems Change Grant-Rebalancing Initiative: Hospital Discharge Planner Questionnaire – Research Report Two, August 2006
	Resident and Family Satisfaction Survey Summary, prepared for the ND Long Term Care Association, 2006
	North Dakota Real Choice Systems Change Grant- Rebalancing Initiative: North Dakota Consumers of Continuum of Care Services Questionnaire – Research Report Three, December 2006
	Final Olmstead Plan and Recommendations **(Pending)**

Appendix D

Focus Group and Personal Interview Report Summary

North Dakota Real Choice Systems Change Grant
Rebalancing Initiative

A Summary of Focus Groups and Personal Interviews Conducted in North Dakota

JUNE 7, 2006

north dakota department of human services

For additional information contact:

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

.ie Kraft
Project Assistant
1-800-233-1737
kylene.kraft@minotstateu.edu

Linda Wright, Director
Department of Human Services
Aging Services Division
(701) 328-4607
sowril@state.nd.us

Alternative formats available upon request: (800) 233-1737

NDCPD Minot State University Center of Excellence

During October, November and December of 2005, a series of statewide focus groups and in-home personal interviews were conducted.

This research was conducted to identify current perceptions, patterns, themes, and suggestions for improving the choice and self-direction, quality and access to long term care supports, (i.e. home and community based services and nursing home care) for the elderly and persons with disabilities.

Combined, a total of forty-three focus groups and personal interviews were conducted throughout the eight human service regions in both rural and urban communities of North Dakota.

Focus group participants included:

- consumers of home and community based services (HCBS)
- elderly nursing home residents
- younger nursing home residents
- family members of consumers of continuum of care services
- providers of continuum of care services.

This research was also conducted to identify ways to develop a mechanism to balance state resources for services, and to identify elements for the design and structure of a single point of entry mechanism for all long term care supports for the elderly and people with disabilities in North Dakota. Through this process and the information gathered, the grant will build a plan that reflects the needs and concerns expressed by the public.

Common Cross-Group Themes Expressed by North Dakotans

Cross-group themes include the common patterns that have emerged across all focus groups conducted.

North Dakotans currently find out about continuum of care services through:

- social workers (including hospital, nursing home & county)
- doctors and hospital staff
- word of mouth
- on their own
- family members

"Had it not been for maybe some neighbors of mine that used some of the services, I would have never known that they existed." Family member

Common problems regarding continuum of care services

- confusion of information
- high cost of services
- lack of information
- no choices available for services
- lack of flexible funding to support consumer's choice of services

"There are good, qualified, trained people, who are very helpful; unfortunately most of us don't even know where they are." Family Member

"I took care of my wife for 16 months and at that time I had to [illegible]rything, I did all the [illegible]ng, cleaning, all of the wash, dressed her, cleaned her up, took her to her appointments and I didn't know where to turn I didn't know where I could get some help." Family Member

"It would be helpful if there were someone there that could tell you rather than send you on again because that happens so often too. You get to one place and then you go there and then you have to go over there." Elderly Nursing Home Resident

"My mother would be home right now if I could afford the $8/hour for someone to watch her. But yet I couldn't get the funding to keep her at home. Because [Medicaid] [illegible]ay to put her in a nursing [illegible] but they won't pay to keep her at home, when it would not cost them nearly as much." Family Member

Other common problems identified include:

- living in a rural community, isolated from services that are not available
- no needed services available
- not eligible for needed services
- not enough workers available to provide the needed HCBS

Common needs regarding continuum of care services

- case management described as assistance with assessment, care planning, provider selection, monitoring services, and making referrals
- both functional and financial assessment
- a reliable, consistent, and knowledgeable "go to" person
- a single point of entry system for streamlined access to services, a simplified service system
- access to comprehensive, timely information about services
- home and community based service options
- public education related to continuum of care services available and preventative education
- flexible funding to pay for the service of choice
- alternative housing options

"I want[ed] one voice that was nice and that would give me the same answer twice to the same questions and know what they were talking about." Family Member

"They[case management] need to be knowledgeable about what's out there so that they can give you the appropriate information in a great timely manner and say, okay you have this option, this option,[and] this option." Consumer of HCBS

"Assisted Living or self assisted living, I think Medicare [Medicaid] should help pay for things to keep you in the home instead of the nursing home and expenses would be a lot less. And at home it's better I think." Younger Nursing Home Resident

"We need a place where we can find the services that the person needs, preferably a handicapped person [to help us] who knows about all these things... They [case managers and consumers] need a place that you can sit down and talk and show them [case managers] what you've got and they have a look at your house and see if there are any problems with it, fix your house and find out what's right for you." Younger Nursing Home Resident

"If you look at how health care is delivered today,...it is driven by payment systems rather than for assessment with goals for patient management...and so what are we doing, we aren't taking care of patients we are doing assessments for billing...When you step back, man this thing is broken. We are all doing our own thing and nobody is communicating." Provider

Consumers of continuum of care services expressed what is important to them:

- the opportunity to stay at home
- the opportunity to live with or near family
- the opportunity to maintain independence

The Focus Group & Personal Interview Final Report is available at:
`http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html`

[illegible]ou'd be surprised what little bit of care you could get in your home would make your life [easier], so [illegible]uch as an hour a day makes such a difference. I have three hours of help during the week and it just means the world to me." Family Caregiver

Appendix E

Consumer Questionnaire Report Summary

North Dakota Real Choice Rebalancing (RCR) Grant

A Summary of Questionnaires Administered to North Dakota Consumers of Continuum of Care Services

December 28, 2006

For additional information contact:

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

Kylene Kraft
Project Assistant
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
kylene.kraft@minotstateu.edu

Linda Wright
Director
Department of Human Services
Aging Services Division
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
(701) 328-4607
sowril@state.nd.us

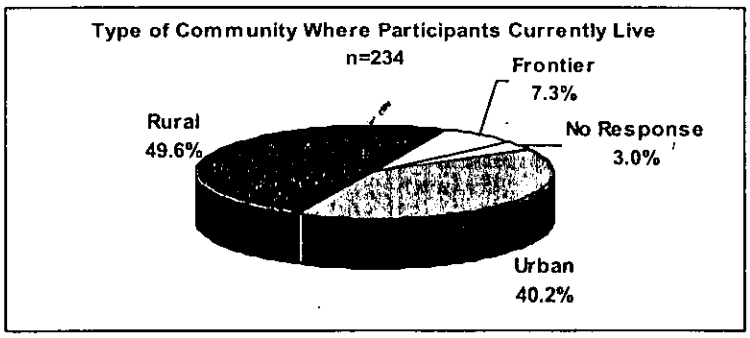
north dakota department of human services

Alternative formats available upon request: (800) 233-1737

NDCPD Minot State University Center of Excellence

These questionnaires were disseminated to gather data about choice and access to continuum of care services (i.e. home and community based services (HCBS) and nursing home care) for the elderly and people with disabilities and to gather ideas about ways to improve choice and access to these services. The intent of the questionnaire was to gain information from consumers regarding what continuum of care services they are using, what services are needed, barriers encountered, how they are paying for services and choice of services given. Data was also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a **single point of entry (SPE)** system, also called an **Aging and Disability Resource Center (ADRC)**.

Twenty-seven percent (234 out of 861) of the surveys were returned for data analysis.

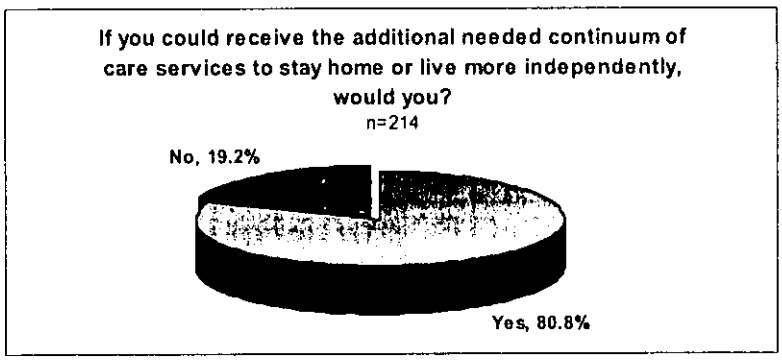


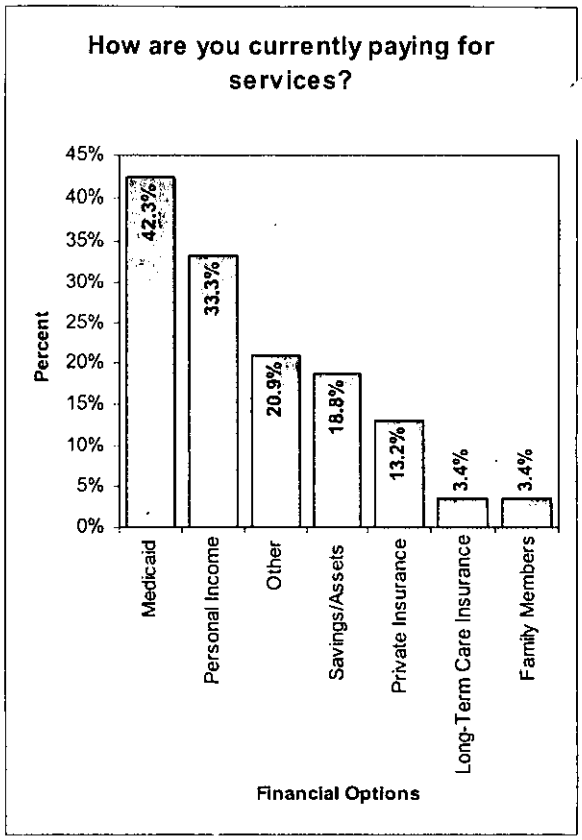
- *Frontier* (farm, ranch, out in the country) consumers who responded were most likely female, age 60-69 or 80 years and older who live in their own home.
- *Rural* (under 20,000 people) consumers who responded were primarily female, age 80 years and older and live in their own home.
- *Urban* (20,000 people and over) consumers who responded were most likely female, 80 years and older, and lived either in an apartment or in their own home.

- Nearly 94% of consumers indicated that continuum of care services were *somewhat important* to *important* to maintain their independence.
- When consumers were asked to indicated if there were enough continuum of care services available in their community, 43% stated *yes,* 19% said *no,* and 39% indicated that they *do not know.*

Almost 81% of consumers indicated that if the needed continuum of care services were available, they would choose to receive those services in order to stay at home or live more independently. In order to live more independently, respondents identified the need for assistance with the following services:

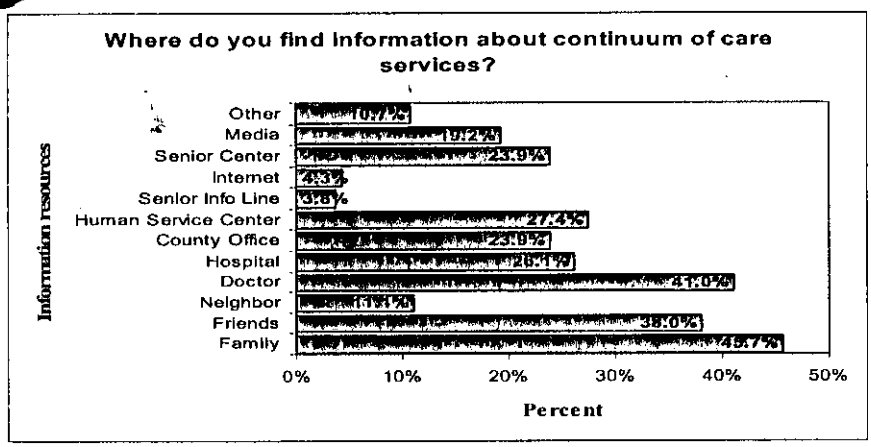
- Assistance with housework,
- Shopping,
- Laundry,
- Meal preparation,
- Bathing,
- Mobility outside the home, and
- Transportation





* Percentage includes only those who responded to each category.

SPE/ADRC



* Percentage includes only those who responded to each category.

- Consumers living in frontier areas were more likely to find out information from the Senior Info Line, the internet, through neighbors, county offices, hospitals, human service centers, and physician than their urban and rural counterparts.
- Consumers indicated they most often prefer to find out about the services that are available through printed material (50.9%) or face-to-face interaction (37.2%).
- Urban and rural consumers indicated most often that they or another family member primarily make the decisions regarding continuum of care services, while frontier consumers most often stated they or their spouse make the decisions.
- 166 out of 198 (84%) consumers indicated they had received enough help in understanding their eligibility for continuum of care services. However, over 61% of consumers indicated that it would be helpful to have assistance with planning continuum of care services.

The Survey of Consumer of Continuum of Care Services Final Report is available at:
http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html

Appendix F

Hospital Discharge Planner Report Summary

North Dakota Real Choice Rebalancing (RCR) Grant

A Summary of Questionnaires Administered to North Dakota Hospital Discharge Planners (HDP)

October 10, 2006

For additional information contact:

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

Kylene Kraft
Project Assistant
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
kylene.kraft@minotstateu.edu

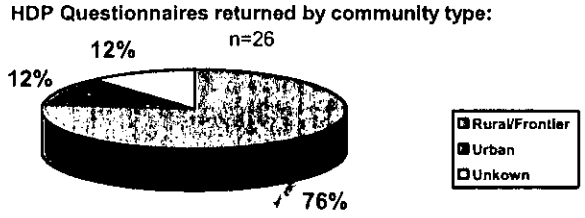
Linda Wright
Director
Department of Human Services
Aging Services Division
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
(701) 328-4607
sowril@state.nd.us

north dakota department of human services

NDCPD Minot State University Center of Excellence

In 2004, 73% of ND nursing home admissions originated from a hospital setting.[1] Considering this fact, HDPs should be targeted as a group to help the elderly and people with disabilities access a variety of continuum of care services, including home and community based services (HCBS). The RCR Grants planning and steering committee members recommended the RCR Grant gather input from HDPs regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. This summary identifies some of the major findings from the HDP report.

A total of 46 questionnaires were disseminated to HDPs in ND, 26 questionnaires were returned.



Rural HDP indicated that they provide discharge planning regularly to the elderly age 60 and older. In comparison, their urban counterparts indicated they provide discharge planning regularly to elderly age 60 and older and people with disabilities age 21 and older.

Alternative formats available upon request: (800) 233-1737

Training:

100% of urban HDPs receive training regarding continuum of care services in their communities compared to 63.3% of rural HDPs who receive training.

Urban HDPs indicated they stay current about available continuum of care services most often through:

- networking,
- meetings,
- word of mouth, and
- internet.

Rural HDPs indicated they stay current about available continuum of care services most often through:

- networking and
- word of mouth.

[1] Issues and Data Book for Long Term Care, 2005, p.21

Barriers faced by HDPs

Time:

Over 90% of HDPs stated time is a factor and dictates discharge planning

Time to develop a discharge plan for a patient varied from:

- Urban HDPs indicated 1-3 days (100%)
- Rural HDPs indicated 1-4 hours (35.3%) or 1-2 days (29.4%)

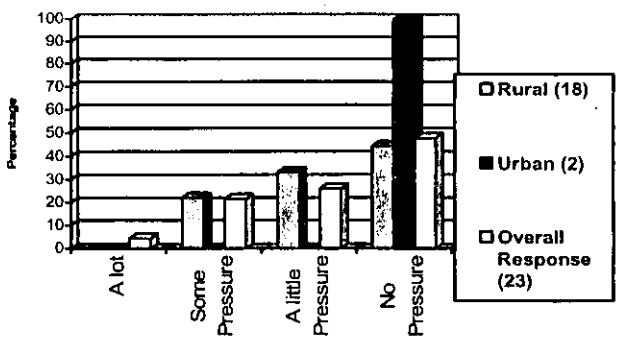
Choices:

70.6% of rural HDPs indicated there are not enough continuum of care choices compared to 33.3% of urban HDPs who indicated not enough choice.

HDPs noted there are fewer HCBS options to give patients when developing a discharge plan. HDPs identified a variety of services that need to be expanded:

- Rural HDPs indicated a need for Adult Daycare, Adult Family Foster Care, Case Management, Family Home Care, and Senior Companion Program services.
- Urban HDPs indicated a need for Adult Daycare, Case Management, and Family Homecare.

Pressure received by HDPs to fill nursing homes:



Other common barriers noted by HDPs included:

- limitations to what services patients qualify for,
- limited service availability,
- requirements and limitations of insurance coverage,
- service affordability, and
- matching patient needs with available continuum of care services.

Available and Recommended:

A variety of continuum of care services are available and recommended to consumers. However, nursing homes were the only continuum of care services recommended 100% by HDPs and available 100% of the time in both rural and urban communities.

The Hospital Discharge Planner Questionnaire Final Report is available at:
http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html

Single Point of Entry (SPE) - is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports.

- 90.5% of HDPs indicated that an SPE would be helpful.
- The majority of HDPs indicated the SPE should include:
  - information about continuum of care services,
  - benefit information,
  - eligibility information,
  - evaluation or assessments,
  - financial information, and
  - case management services.

Appendix G

Aging and Disability Resource Center (ADRC) Components

AGING AND DISABILTY RESOURCE CENTER (ADRC) COMPONENTS

This document was drafted by the North Dakota
Real Choice Rebalancing Grant Steering Committee

An Aging and Disability Resource Center (ADRC), also called a single point of entry, is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports.

The ADRC must address the following criteria:

1. Ensure "one-stop access" for clients to services; eliminating duplicative assessments and numerous agency contacts.
2. Will serve all adults needing long term care services, targeting older persons and persons with disabilities (non DD). This includes both private pay and public funded individuals.
3. Will serve entire designated service area.
4. Will enter into collaborative agreements with other service providers in the service area.
5. Will coordinate with case management service providers.
6. Will advertise and conduct public education regarding the single point of entry.
7. Will conduct an initial brief assessment (screening) of each individual.
8. As appropriate, will conduct an in-depth assessment utilizing an electronic assessment document compatible within the state system.
9. Will coordinate with the Senior Info-Line, 211, First Link, and any other information and referral services.
10. Will recruit and train volunteers to act as referral sources and sources of basic information in each community.
11. Will provide face to face service to individuals in their own homes in the community, in medical care settings and in long term care facilities.
12. Will utilize a multi-disciplinary approach, to include medical, financial, and social expertise to develop an individual's option/service plan.
13. Will utilize both the formal and informal support networks in meeting the needs of the client.
14. Will determine eligibility for various services (both functional and financial).
15. Will be available 24/7, not to take the place of a crisis management system but to instead ensure timeliness of needed information and services and to streamline the process.
16. Provide follow-up services to include quality assurance.
17. Advocate on behalf of the consumer in securing services.
18. Assure that the service is consumer directed (person-centered approach) and all decisions are made by the consumer or their legal representative.
19. Ensure that consumers and their family members have access to all the information necessary to make decisions regarding continuum of care services.
20. Will provide disclosure of conflict of interest.
21. Create a community advisory committee.

January 8, 2007
North Dakota Disabilities Advocacy Consortium
Testimony
Senate Bill 2070
Senate Human Services Committee
Chair - Senator July Lee

Good Morning, Chairman Lee and members of the Senate Human Services Committee. I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today in support of the single point of entry concept for accessing long-term care in North Dakota.

The NDDAC has long supported home-and community-based services (HCBS) and feels that balancing or rebalancing the current long-term care continuum is a must if North Dakota is to be able to provide the kind of quality of life at a reasonable cost that clients who are using the system are demanding. No longer is the single answer of the restrictive institution acceptable to most individuals and their families. In recent biennium's, the breakdown of DHS spending between long-term care institutions and HCBS has changed little – remaining at approximately 90% spent on institutions and 10% of in home/in community services. Every survey we see tells us our citizens are demanding that they receive services in the least restrictive environment possible. The Olmstead Decision made this national policy.

SB 2070 which would authorize Aging and Disability Resource Centers (ADRC) is a first step and only a first step in the attempting to achieve a more rational and balanced long-term care continuum system. Other states have used the ADRC successfully as the single point of entry through which everyone must pass in order to access the long-term care system. NDDAC would hope that we would embrace that model and quickly move from what some fear will be yet another information system to a single point of entry system that provides those who use it with the most appropriate, least restrictive alternative possible at the most reasonable cost.

The members of the North Dakota Disabilities Advocacy Consortium strongly support the single point of entry concept and urge you to pass SB 2070 as a first step in a long process.
Thank you and I would be happy to answer any questions that I can.

Bruce Murry

TESTIMONY – PROTECTION AND ADVOCACY PROJECT
SENATE BILL 2070 (2007)

SENATE HUMAN SERVICES COMMITTEE
Honorable Judy Lee, Chairman

January 8, 2007

This bill does not contain the minimum features necessary to constitute a step forward.

The State received a federal grant to create a single point of entry into three long term care systems to "rebalance" how these services are accessed. The three systems are home and community based services, home health care, and institutional nursing care.

This bill is the product of the $300,000 effort. The bill calls for a single point of information. This is basically an expansion of either the Senior Info Line or the 211 system. An information line is not a single point of entry. The numerous guiding principles agreed upon by the steering committee are not present.

The plain language of the bill does not protect consumers. There is no requirement that a contracted ADRC avoid conflicts of interest. A nursing facility or out of state group home provider could serve as the ADRC. Past experiences with nursing-facilities determining which system of long term care is appropriate for a person created an impression of conflict of interest. You are no doubt aware that the North Dakota Supreme Court does not look to the legislative history or intent of a law if the plain language of a bill answers legal questions.

Please consider amendments as follow to improve this bill.

On page 1, line 10, after the words "will provide" insert "unbiased".

On page 1, line, 14, after the words "of this service" insert "without conflict of interest".

Amy Armstrong
testimony

North Dakota
Real Choice Systems Change Grant
Rebalancing Initiative

Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities in North Dakota

Research Report Two

A Report of Questionnaires Administered to
North Dakota Hospital Discharge Planners

by:

Amy B. Armstrong
Principal Investigator
and
Kylene Kraft
Project Assistant
North Dakota Center for Persons with Disabilities
Minot State University

September 29, 2006

NDCPD
Minot State University
Center of Excellence

north dakota
department of
human services
Aging Services

Contact MSU or Human Services

A. Armstrong testimony

North Dakota
Real Choice Systems Change Grant
Rebalancing Initiative

Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities in North Dakota

A Survey of North Dakota Consumers of Continuum of Care Services:

Research Report Three

by:

Amy B. Armstrong
Principal Investigator
and
Kylene Kraft
Project Assistant
North Dakota Center for Persons with Disabilities
Minot State University

December 28, 2006

NDCPD
Minot State University
Center of Excellence

north dakota
department of
human services
Aging Services Division

Contact MSU or Human Services

TESTIMONY – PROTECTION AND ADVOCACY PROJECT
SENATE BILL 2070 (2007)

HOUSE HUMAN SERVICES COMMITTEE
Honorable Clara Sue Price, Chairman

February 26, 2007

Good morning Chairman Price and members of the House Human Services Committee. I am Bruce Murry, a lawyer for the North Dakota Protection and Advocacy Project (P&A).

The State received a federal grant to create a single point of entry into three long-term care systems to "rebalance" how these services are accessed. The three systems are home and community based services, home health care, and institutional nursing care. These systems currently use separate intake methods, separate paperwork, and separate database systems.

The Senate added language to protect consumers from bias and conflict of interest. In addition your attention is especially called to Appendix G of project director Amy Armstrong's testimony on SB 2070. The appendix contains the key points of system rebalancing and a single point of entry.

Please feel comfortable expecting this project to streamline the long term care system without creating any additional level of government. This project should build on experiences with the 211 and Senior Info Line systems, and perhaps someday merge with them. This effort should lead to a single point of entry that completes initial intake steps once, in a way that is acceptable to nursing facilities, home health care, and home and community based services. Consumers who sit through one less interview, intake, and review will salute you for simplifying the system.

I would be happy to answer any questions.

February 26, 2007
North Dakota Disabilities Advocacy Consortium
Testimony
Senate Bill 2070
House Human Services Committee
Chair – Representative Clara Sue Price

Same to Senate Approps

Good Morning, Chairman Price and members of the House Human Services Committee, I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today in support of the single point of entry concept for accessing long-term care in North Dakota.

The NDDAC has long supported home-and community-based services (HCBS) and feels that balancing or rebalancing the current long-term care continuum is a must if North Dakota is to be able to provide the kind of quality of life at a reasonable cost that clients who are using the system are demanding. No longer is the single answer of the restrictive institution acceptable to most individuals and their families. In recent biennium's, the breakdown of DHS spending between long-term care institutions and HCBS has changed little – remaining at approximately 90% spent on institutions and 10% of in home/in community services. Every survey we see tells us our citizens are demanding that they receive services in the least restrictive environment possible. The Olmstead Decision made this national policy.

SB 2070 which would authorize Aging and Disability Resource Centers (ADRC) is a first step and only a first step in the attempting to achieve a more rational and balanced long-term care continuum system. Other states have used the ADRC successfully as the single point of entry through which everyone must pass in order to access the long-term care system. NDDAC would hope that we would embrace that model and quickly move from what some fear will be yet another information system to a single point of entry system that provides those who use it with the most appropriate, least restrictive alternative possible at the most reasonable cost.

The members of the North Dakota Disabilities Advocacy Consortium strongly support the single point of entry concept and urge you to pass SB 2070 as a first step in a long process.

Thank you and I would be happy to answer any questions that I can.

NORTH DAKOTA DISABILITIES ADVOCACY CONSORTIUM

2006 Membership

1. AARP
2. Dakota Center for Independent Living
3. Family Voices of North Dakota
4. Freedom Resource Center for Independent Living
5. Independence Center for Independent Living
6. ND APSE: The Network on Employment
7. ND Association of the Blind
8. ND Association of the Deaf
9. ND Association for the Disabled
10. ND Center for Persons with Disabilities (NDCPD)
11. ND Children's Caucus
12. Fair Housing of the Dakotas
13. ND Fed. of Families for Children's Mental Health
14. ND Human Rights Coalition
15. ND IPAT Consumer Advisory Committee
16. ND Mental Health Assn.
17. ND Statewide Living Council
18. Options Resource Center for Independent Living
19. Protection & Advocacy Project
20. The Arc of Bismarck
21. The Arc of Cass County
22. The Arc of North Dakota

Updated: July 10, 2006

Aging & Disability ResourceCenter
An Initiative of the U.S. Department of Health and Human Services

TECHNICAL ASSISTANCE EXCHANGE

The Aging and Disability Resource Center (ADRC) Demonstration Grant Initiative

Interim Outcomes Report

Prepared for:

U.S. Department of Health and Human Services

Prepared by:

The Lewin Group

November 2006

Overview

This report presents findings at the state level and the pilot site level on the outcomes, accomplishments, and contributions of the ADRC program over the grant period. It emphasizes the activities of FY 2003 and FY 2004 grantees in the greatest detail. While it is too soon to report impacts of the program, this interim report details more immediate results related to key consumer and program outcomes. It also documents lessons learned and program and policy implications at the pilot, state and national level.

Grantees must serve older adults and at least one other disability target population and meet a broad set of requirements (***Exhibit 2***), including the provision of three main ADRC functions - information & awareness, assistance and access to long-term support services. In addition, federal expectations include: creating a seamless system for consumers; streamlined eligibility; meaningful involvement of consumers and other stakeholders; partnership among aging networks, disability networks and Medicaid agencies; investment in management information systems that support the goals of the ADRC; performance measurement; and sustainability.[5]

The sponsoring federal agencies gave the grantees flexibility to develop ADRC models that best meet their specific needs, as long as these models align with the federal vision. The federal project officers and the ADRC-TAE support team encourage grantees to design and implement programs by leveraging existing resources they employ, either in-house or through partnerships, rather than duplicating or creating new services. As this report highlights, the variability across grantees in terms of political and environmental climates, state and local vision of the program, and existing capacity yielded a range of program models capable of achieving the goals of ADRCs.

---

[5] ADRC 2005 Grant Cooperative Agreement available online at: http://www.adrc-tac.org/tiki-index.php?page=ADRCGrantInfoPublic and ADRC 2005 Grant Initiative Solicitation online at: http://aoa.gov/prof/aging_dis/ADRC2005solicitation percent20- percent20final percent20revised percent20- percent204-05.pdf

Exhibit 2: Summary of Grant Requirements

Required Functions of an ADRC

Awareness & Information

- Public Education
- Information on Options

Assistance

- Options Counseling
- Benefits Counseling
- Employment Options Counseling
- Referral
- Crisis Intervention

Access

- Eligibility Screening
- Private Pay Services
- Comprehensive Assessment
- Programmatic Eligibility Determination
- Medicaid Financial Eligibility Determination
- One-Stop Access to All Public Programs
- Planning for Future Needs

Target Populations

- Must serve the population aged 60 and over and at least one disability population under age 60 – i.e., physically disabled, severe mental illness, developmental disability
- Must include the private pay population

Research Questions

This report addresses the following research questions related to the initial experience of the ADRC initiative:

1. What is the range of program activity and what progress have grantees made toward:
   - Serving their target populations?
   - Promoting informed decision making about long-term support options?
   - Streamlining access to services and supports?
   - Conducting outreach to critical pathways?
   - Achieving visibility and public awareness/trust?
   - Creating IT/MIS infrastructure to support ADRC functions?
   - Achieving sustainability?

OLDER AMERICANS ACT AMENDMENTS OF 2006

(f) (1) The Assistant Secretary may designate an officer or employee who shall be responsible for the administration of mental health services authorized under this Act.

(2) It shall be the duty of the Assistant Secretary, acting through the individual designated under paragraph (1), to develop objectives, priorities, and a long-term plan for supporting State and local efforts involving education about and prevention, detection, and treatment of mental disorders, including age-related dementia, depression, and Alzheimer's disease and related neurological disorders with neurological and organic brain dysfunction.

(42 U.S.C. 3011)

FUNCTIONS OF ASSISTANT SECRETARY

Section. 202.

(a) It shall be the duty and function of the Administration to—

(1) serve as the effective and visible advocate for older individuals within the Department of Health and Human Services and with other departments, agencies, and instrumentalities of the Federal Government by maintaining active review and commenting responsibilities over all Federal policies affecting older individuals;

(2) collect and disseminate information related to problems of the aged and aging;

(3) directly assist the Secretary in all matters pertaining to problems of the aged and aging;

(4) administer the grants provided by this Act;

(5) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment and implementation of programs designed to meet the needs of older individuals for supportive services, including nutrition, hospitalization, education and training services (including pre-retirement training, and continuing education), low-cost transportation and housing, **assistive technology,** and health (including mental health) services;

(6) provide technical assistance and consultation to States and political subdivisions thereof with respect to programs for the aged and aging;

(7) prepare, publish, and disseminate educational materials dealing with the welfare of older individuals;

(8) gather statistics in the field of aging which other Federal agencies are not collecting, and take whatever action is necessary to achieve coordination of activities carried out or assisted by all departments, agencies, and instrumentalities of the Federal Government with respect to the collection, preparation, and dissemination of information relevant to older individuals;

(9) develop basic policies and set priorities with respect to the development and operation of programs and activities conducted under authority of this Act;

(10) coordinate Federal programs and activities related to such purposes;

(11) coordinate, and assist in, the planning and development by public (including Federal, State, and local agencies) and private organizations or programs for older individuals with

(6) promote, in coordination with other appropriate Federal agencies –

(A) enhanced awareness by the public of the importance of planning in advance for long-term care; and

(B) the availability of information and resources to assist in such planning;

(7) ensure access to, and the dissemination of, information about all long-term care options and service providers, including the availability of integrated long-term care;

(8) implement in all States Aging and Disability Resource Centers-

(A) to serve as visible and trusted sources of information on the full range of long-term care options, including both institutional and home and community-based care, which are available in the community;

(B) to provide personalized and consumer-friendly assistance to empower individuals to make informed decisions about their care options;

(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care they need through a single intake, assessment, and eligibility determination process;

(D) to help individuals to plan ahead for their future long-term care needs; and

(E) to assist (in coordination with the entities carrying out the health insurance information, counseling, and assistance program (receiving funding under section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4)) in the States) beneficiaries, and prospective beneficiaries, under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) in understanding and accessing prescription drug and preventative health benefits under the provisions of, and amendments made by, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003;

(9) establish, either directly or through grants or contracts, national technical assistance programs to assist State agencies, area agencies on aging, and community-based service providers funded under this Act in implementing –

(A) home and community-based long-term care systems, including evidence-based programs; and

(B) evidence-based disease prevention and health promotion services programs;

(10) develop, in collaboration with the Administrator of the Centers for Medicare & Medicaid Services, performance standards and measures for use by States to determine the extent to which their State systems of long-term care fulfill the objectives described in this subsection; and

(11) conduct such other activities as the Assistant Secretary determines to be appropriate.

(c) The Assistant Secretary, in consultation with the Chief Executive Officer of the Corporation for National and Community Service, shall-

(1) encourage and permit volunteer groups (including organizations carrying out national service programs and including organizations of youth in secondary or postsecondary school) that are active in supportive services and civic engagement to participate and be involved individually or through representative groups in

"Settles, Joreather (AOA) (CTR)" <Joreather.Settles@aoa.hhs.gov>

To: "Settles, Joreather (AOA) (CTR)" <Joreather.Settles@aoa.hhs.gov>
cc:
Subject: HHS ANNOUNCES EFFORTS TO EXPAND LONG-TERM CARE

09/28/2006 11:40 AM

HHS News

U.S. Department of Health and Human Services

www.hhs.gov/news

FOR IMMEDIATE RELEASE
Wednesday, Sept. 27, 2006

Contact: AoA Press Office
(202) 357-3507

HHS ANNOUNCES EFFORTS TO EXPAND AND STREAMLINE ACCESS TO LONG-TERM CARE IN COMMUNITIES THROUGH GRANTS TO STATES

HHS Secretary Mike Leavitt today announced nearly $6 million in additional funding to 22 states to expand their efforts to establish single entry points to long-term care for families who are trying to learn about and access services in their communities. These Aging and Disability Resource Center (ADRC) grants are part of the President's New Freedom Initiative and the Administration's commitment to bring transparency to health and long-term care so consumers can make informed decisions about their care options.

"The President has directed us to tear down the barriers that make it difficult for people who need long-term care to remain in the community," Secretary Leavitt said. "By bolstering the resource centers through these grants, states can better serve families making effective long-term care decisions for a loved one, often with little time to prepare."

To date, 43 states have received over $40 million in support under the ADRC initiative, which is jointly administered by the Administration on Aging (AoA) and the Centers for Medicare &

Medicaid Services (CMS).

States are using ADRC funds to better coordinate and redesign their existing methods for providing seniors, younger people with disabilities, and family caregivers with information and personalized assistance in accessing services such as meals-on-wheels, personal care, housekeeping, specialized transportation, assisted living and nursing home care.

"We are very pleased with the advancements states have made over the past three years to simplify access to long-term care for the elderly and adults with disabilities through the ADRC initiative," said HHS Assistant Secretary for Aging Josefina G. Carbonell. "These resource centers have become visible and trusted places for information on long-term care options, and we are pleased to be able to assist states in furthering their efforts to make the ADRC the foundation for community-based care."

ADRC accomplishments to date include: creating public Web sites that give consumers easy access to information on the specific services available in their communities; co-locating staff from different agencies in a single location; and using computerized information systems to assess the needs of clients, activate the delivery of services, and monitor quality. ADRCs are also working with hospitals and nursing homes to help consumers avoid unnecessary placement in institutional settings. All ADRC grantees plan for eventual statewide coverage, and eight states are already positioned to achieve statewide coverage within three years.

"Providing people who have chronic care needs with personalized information and assistance so they can fully understand their options is essential to the transformation of our nation's health and long-term care system," said CMS Administration Mark B. McClellan, M.D., Ph.D. "Aging and Disability Resources Centers are putting consumers in the driver's seat when it comes to making decisions about long-term care. These centers are also helping Medicare beneficiaries learn about and access their new prescription drug coverage and other preventive health benefits under Medicare."

For more information on the ADRC grant program, go to the AoA Web site at http://www.aoa.gov, the CMS Web site at www.cms.hhs.gov/newfreedom/default.asp or the Aging and Disability Resource Center Technical Assistance Exchange at www.adrc-tae.org.

The grants are listed below:

Aging and Disability Resource Center Grant Program

Aging and Disability Resource Centers: One Contact for Easy to Access Long-Term Support Services

BY DINA ELANI and GREG CASEY

Where would you go to find information about available services, get advice about the interaction of income supports (e.g., Supplemental Security Income and Disability Insurance), employment and long term supports eligibility (e.g., Medicaid), and apply for long term support services? Two, three, four different organizations or agencies? A new initiative to develop one-stop centers in many communities across the country to assist people with disabilities of all ages to learn about and obtain the long-term support services they need will soon reduce the number of organizations to one.

The US. Department of Health and Human Services (HHS) awarded over $18 million dollars to 24 states to develop one-stop centers for access to long-term support services for people with disabilities. Known nationally as Aging and Disability Resource Centers, or "Resource Centers" for short, this new program has been designed to reduce the confusion often experienced in the search for appropriate long-term community supports. The three-year Resource Center grants are part of the New Freedom Initiative aimed at overcoming barriers to community living for people with disabilities of all ages.

Aging and Disability Resource Centers are designed to decrease the confusion often associated with the search for long-term support options. By educating people about the options available and offering them a single "one-stop" process to access the services they need, Resource Centers will ensure that home and community-based support options are easy to access.

The Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), both agencies of HHS, have formed an unparalleled national partnership to work in unison with the states awarded funding. According to CMS Administrator Mark B. McClellan, "These centers will offer assistance to families often desperate to find appropriate and affordable support for a loved one. The grants will assist states in their efforts to streamline access to multiple public and private programs, and ensure that families can find the assistance they need through a single point of entry into the long-term support system," Dr. McClellan said.

The most unique aspect of Aging and Disability Resource Centers is that they offer a single intake, assessment and eligibility determination process for all long-term support services, greatly simplifying the process for individuals and families. Through Aging and Disability Resource Centers, states are changing the way services are organized and administered to reduce fragmentation and facilitate access to a coordinated array of long-term supports. These changes present a number of challenges to states, as listed in the chart below. This chart also notes how a Resource Center works to meet the challenges faced in simplifying access to long-term support systems.

Challenges in State LTC Systems	Resource Center Objectives:
• The historic reliance on institutions	• Influence LTC pathways and increase knowledge and use of HCBS
• No standardized process for linking individuals in need of LTC with providers of those services.	• Provide a single point of contact and allow individuals to make informed choices
• Need for a central point of data collection about LTC needs and preferences.	• Collection of provider and consumer data resulting in the ability to improve policy and service delivery.
• Medicaid eligibility process is barrier for individuals in immediate need of services.	• To streamline the eligibility process for individuals with LTC needs.

The Resource Centers will offer a broad range of services including:

- ❖ activities to increase public awareness of Resource Centers;
- ❖ information about and referral to services;
- ❖ counseling on benefits, service and support options, employment, and other areas;
- ❖ assistance in determining eligibility for public programs such as Medicaid;
- ❖ assistance in managing all activities involved in obtaining needed support services;
- ❖ coordination with programs such as transportation and housing; and
- ❖ assistance in planning for short- or long-term support needs.

It may be helpful to provide an example of how a Resource Center works with someone who needs assistance.

Here is a story about Mrs. Washington, a person with Multiple Sclerosis who, with the help of her husband and children, was functioning independently until she was in a car accident. Prior to the accident, she walked with some difficulty and used on the assistance of a cane.

While Mrs. Washington could not walk far or fast, she took great pride in her independence and her ability to help care for her family. As a result of the car accident, she fractured her ankle and it was no longer able to bear her

Continued on page 2

Aging and Disability Resource Centers: One Contact for Easy Access to Long Term Support Services

Continued from page 1

weight. Her daily life dramatically changed. She was no longer able to walk: she could not get to the bathroom; she could not walk up the stairs to her bedroom; dressing herself became difficult; she could not prepare food; and she could not provide the care for her children that they needed. At the time of the accident, no one could realistically predict whether the fractured ankle would heal. Mrs. Washington was sent home with a referral to a local agency for an assessment of her needs.

Once home, Mrs. Washington found that the car accident had exacerbated her Multiple Sclerosis. She was exhausted and could not transfer independently in and out of a wheelchair. Her vision unexpectedly became blurred and she could not control her bladder. A nurse from the local agency came to her home, conducted an assessment, recommended a number of services and products and left Mrs. Washington with the names of a number of agencies, several brochures, and other information. The Washingtons didn't know where to begin. Overwhelmed by the task ahead, they wondered if she should go to a nursing facility until she was better able to care for herself.

As you might imagine, the story of Mrs. Washington continues with twists and turns, until the husband is exhausted, Mrs. Washington's health status is compromised, the children feel neglected and worry about their mother, and the world seems like a difficult place to live. Many of us can not only relate to this story, but have our own stories to tell. Today, in many communities, Aging and Disability Resource Centers offer a remedy for the situation confronted by families like the Washingtons.

How would Mrs. Washington's story differ if there were a Resource Center in her community? The first essential step is to make sure people with disabilities are aware of the Aging and Disability Resource Center in their community. Resource Center staff conduct marketing and community outreach to help ensure this awareness. Perhaps the emergency room staff, Mrs. Washington's physician, the local chapter of the Multiple Sclerosis Association, a friend, a billboard or a refrigerator magnet would have informed the Washington family about the Resource Center. Once "aware" of a Resource Center, families can experience the ease and value of the "one stop, one contact, access to many resources" program.

In the following alternative scenario you'll see what might have happened if the hospital had referred the Washingtons to a Resource Center.

When Mrs. Washington returns home from the emergency room, she and her husband contact the local Aging and Disability Resource Center. Trained Resource Center staff gather what information they can through an intake and assessment process with the family's consent. This information will later be shared with the agencies and organizations the family chooses to use. A more comprehensive assessment is conducted in their home the next day, and Resource Center staff help the Washingtons to understand the services that can assist them (personal care assistance, medical equipment, transportation, for example), as well as the cost to them, if any, of services.

Resource Center staff assist the Washingtons in weighing their options and applying for the services they choose. Staff either complete all necessary paperwork or assist the family in doing so themselves. Through a single Resource Center intake, assessment, and eligibility determination process, the Washingtons are able to access the assistance they need.

An important goal of the Resource Center is to work with physicians and other community organizations to develop individually tailored, community-based care "packages" for people like Mrs. Washington. The goal is to have a person remain living appropriately in the community and not be forced into out-of-home placements. It is particularly important for Resource Centers to work with hospital discharge planners and others who are closely involved in helping people with disabilities access needed services following an illness or crisis. Since these individuals serve as a primary gateway to long-term support, it is essential that Resource Centers reach out to, and coordinate with these critical pathways to ensure that the people they work with have the greatest opportunity for remaining at home.

> *Key to the success of Resource Centers is making sure the community, particularly people with disabilities, know about and trust Resource Center services. One step Resource Centers have taken to ensure such visibility and trust has been to involve, right from the beginning, everyone with a stake in the success of the program.*

Perhaps most helpful to people is that Resource Center staff know the community and will work with you to tap into the services and supports that you need. "Resource Centers exist to provide help beyond the simple provision of information, such as a list of personal care agencies or other service providers. We want to go further and help you understand which services you are eligible for, how they can be paid for, and to assist you in accessing the services you choose. Completing necessary paperwork, such as Medicaid and other applications is a significant chore for many," said Linda Holmes, with the Resource Center in the Lower Savannah region of South Carolina. Unlike other "one-stop centers," Aging and Disability Resource Centers are required to help people access their Medicaid benefits and other service programs.

Resource Centers provide information and counseling to people of all income levels, and maintain resource listings for those using private funding, as well as for those who require publicly funded assistance.

Continued on page 3

Aging and Disability Resource Centers: One Contact for Easy Access to Long Term Support Services

Continued from page 2

Individuals planning for their future long term support needs can also turn to Resource Centers for assistance. These "one-stop shops" are just as their name implies: one stop, one contact, to serve many needs.

Resource Center staff work with the client and family to understand their preferences and unique circumstances. While many actually go to a Resource Center to seek assistance, in this day-and-age of advanced technology, much of what is needed can be accomplished over the phone or on the Internet. As one person who accessed information and assistance in Minnesota said: "Do you mean I don't have to leave my home to get help?" The answer is an unequivocal yes. In Montana, the Resource Center in Billings is located in a shopping center in an effort to make it easier for "just stopping-by." Appointments are not needed and follow-up is available via the phone.

Key to the success of Resource Centers is making sure the community, particularly residents with disabilities, know about and trust Resource Center services. One step Resource Centers have taken to ensure such visibility and trust has been to involve, right from the beginning, everyone with a stake in the success of the program. That means that people with disabilities of all ages, their advocates, service providers, state and local agencies and others are involved in the planning and implementation of Resource Centers across the country.

All States with Resource Center grants are required to open a Resource Center in at least one community during the three year grant period, though some states will be opening more and several will have Resource Center programs available statewide by the end of the grant. In addition, states are required to serve older people with disabilities and at least one other target population of people with disabilities (e.g. developmental disability, physical disability, mental illness) by the end of the grant, though some states plan to serve all people with disabilities. All grantees plan to eventually open Resource Centers statewide serving all adults with disabilities. The vision is to one day have Aging and Disability Resource Centers in every community across the country.

The first twelve state Resource Center programs - those funded in 2003 - are due to have their doors open for people with disabilities by December 2004. These centers are located in Louisiana, Maryland, Massachusetts, Maine, Minnesota, Montana, New Hampshire, New Jersey, Pennsylvania, Rhode Island, South Carolina, and West Virginia.

An additional twelve resource center programs - those funded in 2004 - will be operational by Fall 2005. These Resource Centers will be located in communities in Alaska, Arkansas, California, Florida, Georgia, Illinois, Indiana, Iowa, New Mexico, Northern Mariana Islands, and Wisconsin.

If you are interested in learning more about Resource Centers and the communities where they are being developed, we invite you to visit our web site at www.adrc-tae.org. At this site, under "About ADRCs" (http://www.adrc-tae.org/tiki-page.php?pageName=ADRC+Participants-Public), you'll find a listing of the states where Resources Centers are located. Click on a state and you'll access a brief description of that state's program including contact information.

For further information about Aging and Disability Resource Centers, you may contact Dina Elani (delani@cms.hhs.gov; 410-786-9915) or Greg Case (greg.case@aoa.hhs.gov; 202-357-3442).

north dakota
department of
human services

Fact Sheet
North Dakota Senior Info-Line

N.D. Department of Human Services' (DHS) Aging Services Division
600 East Boulevard Avenue, Dept. 325, Bismarck ND 58505-0250

Senior Info Line Usage Data

The North Dakota Department of Human Services' Senior Info-Line is a valuable resource for people seeking information and services that benefit older North Dakotans. Information requests range from things as crucial as getting heat in a house in cold weather, finding help paying for medications, or locating other needed services, to more routine needs such as finding phone numbers or addresses.

The Senior Info-Line received 1,944 calls and e-mails in Federal Fiscal Year (FFY) 2006 (October 2005 – September 2006).

Most calls were from clients, professionals, family members, and friends, and originated from people in 178 North Dakota communities and 39 states.

The average Senior Info-Line caller was female, 75-84 years old, low-income, retired, and living alone in a rural area. She found the Senior Info-Line number through another agency and most likely called about in-home services, health concerns, or help with medications.

Web Site Use Grows

The North Dakota Senior Info-Line Web site (www.ndseniorinfoline.com) continues to grow in popularity. It receives about 512 hits or "visits" per month, which generate about 15 e-mails per month. Visitors can search for information by program, county, services, or city/state. Professionals and adult children use the Web site most.

ND Senior Info-Line:
1-800-451-8693
www.ndseniorinfoline.com

Senior Info Line: Most Frequently Requested Toll-Free Phone Numbers

DHS Aging Services Division 1-800-451-8693
Consumer Protection 1-800-472-2600
Diabetes Control Program 1-800-280-5512
DHS Economic Assistance Division 1-800-755-2716
Interagency Program for Assistive Technology .....
..... 1-800-265-4728
Job Service North Dakota..... 1-800-247-0981
Legal Services of ND 1-866-621-9886
Long-Term Care Ombudsman..... 1-800-451-8693
Lutheran Social Services 1-800-450-0577
Medicare 1-800-633-4227
ND Assoc. for the Disabled 1-800-532-6323
ND Crime Victims Compensation ... 1-800-445-2322
ND Dept. of Human Services (DHS)1-800-472-2622
ND Dept. of Labor..... 1-800-582-8032
ND Donated Dental Services..... 1-866-572-9390
ND Dept. of Emergency Services... 1-800-472-2121
ND Insurance Dept 1-800-247-0560
ND Protection & Advocacy 1-800-472-2670
ND State Library 1-800-472-2104
ND Tax Commissioner 1-800-638-2901
ND Tourism Dept..... 1-800-435-5663
Poison Control 1-800-222-1222
Prescription Connection 1-888-575-6611
Senator Kent Conrad..... 1-800-223-4457
Senator Byron Dorgan..... 1-800-666-4482
Senior Companion Program 1-800-450-1510
Senior Health Insurance Counseling Program .....
..... 1-800-247-0560
Social Security Administration 1-800-772-1213

Updated 2/2007

Order Code RL31336

CRS Report for Congress

The Older Americans Act: Programs, Funding, and 2006 Reauthorization (P.L. 109-365)

Updated December 11, 2006

Carol O'Shaughnessy
Specialist in Social Legislation
Domestic Social Policy Division

Angela Napili
Information Research Specialist
Knowledge Services Group

Congressional Research Service

Prepared for Members and Committees of Congress

Elder Abuse, the National Aging Information Center, and the Pension Counseling and Information Program.

P.L. 109-365 Amendments to Title II

Elder Justice Activities. As average lifespans continue to rise,[4] increasing the likelihood of age-related disability, older people who rely on family, friends, or professionals for care could become vulnerable to abuse, neglect, and exploitation. In response to these demographic trends, recent Congresses have considered legislation that would support a coordinated federal effort to address abuse, neglect, and exploitation of the elderly.[5] A number of bills have taken a multidisciplinary approach that would involve law enforcement, public health, and social services personnel to address these issues.

In addition to these proposals, Congress included several provisions related to elder justice activities in the OAA reauthorization legislation. P.L. 109-365 defines elder justice as efforts "to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect elders with diminished capacity while maximizing their autonomy."[6] The law added various elder justice activities to be carried out by the Assistant Secretary. (The law also authorized a new grant program as part of Title VII of the act, discussed below.) These include authorizing the Assistant Secretary to designate within AoA an individual responsible for administering activities related to elder abuse prevention programs. Among this person's responsibilities are "to develop objectives, priorities, policy and a long-term plan for facilitating the development, implementation, and improvement of a coordinated, multidisciplinary elder justice system." In addition, the law requires the conduct of a national incidence and prevalence study of elder abuse, neglect and exploitation in all settings where older persons live.

Promotion of Home and Community-based Long-term Care Services. In recent years, Congress and the Administration have devoted expanded resources to the development of home and community-based long-term care services. AoA and the Centers for Medicare and Medicaid Services (CMS) have awarded funds to states to expand these services as one means to prevent older people with chronic illnesses or impairments from unnecessarily entering an institution and to respond to their desire to receive needed assistance in their own homes.[7] These

---

[4] See CRS Report RL32792, *Life Expectancy in the United States*, by Laura B. Shrestha.

[5] The Elder Justice Act of 2002 (S. 2933) was first introduced in the 107th Congress. A similar measure (S. 333) was introduced in the 108th Congress; the bill was approved by the Senate Finance Committee but never taken up on the Senate floor. On November 15, 2005, S. 2010, the Elder Justice Act, was introduced; the bill was ordered reported by the Senate Finance Committee on August 3, 2006. Other proposals have been introduced in the House, H.R. 4993, in the 109th Congress, and H.R. 2490, in the 108th Congress.

[6] P.L. 109-365, Section 101.

[7] These initiatives have included, for example, grants for Real Choice Systems Change, Money Follows the Person, and Aging and Disability Resource Centers, among others. See

(continued...)

initiatives have been in partial response to the Supreme Court's decision in *Olmstead v. L.C.*, which held that unjustified isolation of persons with disabilities in institutions is regarded as discriminatory under specified circumstances.[8]

In light of these developments, Congress in P.L. 109-365 explicitly expanded AoA's role in promoting home and community-based long-term care services. In doing so, the Assistant Secretary is required to, among other things, conduct research and demonstration projects to identify innovative, cost-effective strategies for modifying state systems of long-term care; and target services to individuals at risk for institutional placement in order to permit them to remain in home and community-based care settings.

In addition, the Assistant Secretary is to implement in all states Aging and Disability Resource Centers (ADRCs) "to serve as visible and trusted sources of information on the full range of long-term care options," and "to provide personalized and consumer-friendly assistance to empower individuals to make informed decisions about their care options." In recent years, AoA has used its Title IV research and demonstration authority to help fund ADRCs in 43 states. The ADRC grant program is a cooperative effort between AoA and CMS and was developed to help states enhance individuals' choice of services, support informed decision-making, and create a single, coordinated system of information and access for all persons seeking help in accessing long-term care services. P.L. 109-365 allows AoA to continue and expand this initiative.

Mental Health Services. The law authorized the Assistant Secretary to designate an officer or employee to be responsible for administering mental health services authorized under the act. The officer is to "develop objectives, priorities and a long-term plan to support state and local efforts regarding education about and prevention, detection and treatment of mental disorders." This includes age-related dementia, depression, and Alzheimer's disease and related neurological disorders.

National Center on Senior Benefits Outreach and Enrollment. Research has shown that many older people do not participate in federal and state

---

[7] (...continued)
[http://www.cms.hhs.gov/NewFreedomInitiative/02_WhatsNew.asp#] and [http://www.cms.hhs.gov/NewFreedomInitiative], visited Dec. 7, 2006.

[8] The Court ruled that "unjustified isolation...is properly regarded as discrimination based on disability." It also noted several limitations: a state treatment professional must determine the appropriateness of the environment; community placement is not opposed by the individual with a disability; and the placement can be easily accommodated. While the case dealt specifically with the rights of certain people with mental disabilities, subsequent Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) guidance stated that the case was applicable to all people with disabilities. See CRS Report RS20588, *Olmstead vs. L.C. Implications and Subsequent Judicial, Administrative and Legislative Actions*, by Melinda De Atley and Nancy Lee Jones. Available at [http://www.congress.gov/erp/rs/pdf/RS20588.pdf].

SB2070

North Dakota Real Choice Rebalancing Grant

Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities

A Summary of Studies & Reports Related to North Dakota's Aging Population and People with Disabilities

This summary of studies and reports was developed by the North Dakota Real Choice Rebalancing Grant staff and was intended to be used as a resource guide for various Real Choice Rebalancing Grant activities.

by:

Amy B. Armstrong, Project Director
and
Kylene Kraft, Project Assistant
North Dakota Center for Persons with Disabilities
at Minot State University

January 6, 2007

NDCPD
Minot State University
Center of Excellence

north dakota
department of
human services
Aging Services

This document is available in alternative formats upon request by calling: 1-800-233-1737

This summary was funded in part through the North Dakota Real Choice Systems Change Grant – Rebalancing Initiative, award #11-P-92442/8-01 from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services received by the North Dakota Department of Human Services-Aging Services Division. This report does not necessarily represent the policy of the U.S. Department of Health and Human Services or the North Dakota Department of Human Services.

Preface

This document summarizes significant contributions of the information gathered over the last 20 years about continuum of care services (i.e. home and community based services (HCBS) and nursing facility services) in North Dakota (ND). Beginning with a summary of the *Long Term Care: Issues and Recommendations, 1987 ND Interagency Task Force on Long Term Care* report, also referred to as the *Drayton Study* and concluding with summaries of current reports written in 2006.

Following the 1987 *Drayton Study*, three North Dakota legislative interim committees (1996, 1998, and 2000) were assigned the task of also studying long term care or continuum of care services. In July 1999, the Supreme Court issued the Olmstead decision. The Supreme Court's decision in that case clearly challenges Federal, State, and Local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services. (Centers for Medicare and Medicaid Services website: www.cms.hhs.gov/olmstead/default.asp). The Olmstead decision interpreted Title II of the Americans with Disabilities Act (ADA) to require states to administer their services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. This applies to all qualified individuals with disabilities regardless of age. These services, programs, and activities include what are often called long term care services (i.e. nursing home and HCBS).

Since the Olmstead decision, many states, including ND, began to take a closer look at their systems of long term care for persons with disabilities, including those who are aging. This prompted the creation of ND's Olmstead Commission/Workgroup and its statewide public forums, and resulted in the report titled *White Paper: November 6, 2000* that gave recommendations for ND's long term care system. Since the publication of the *White Paper,* there have been several more recent studies which have looked at various components of the long term care system in ND.

The wealth of information included in this summary and in the full reports, provides a detailed picture of North Dakota's continuum of care system. This information is available to assist ND in the development, design, and implementation of a continuum of care system, its programs, and services that are provided, in the most integrated setting appropriate to the needs of qualified individuals with disabilities and provide choice and self-directed community resource delivery for the elderly and people with disabilities in ND.

Timeline of Reports

1987	Long Term Care: Issues and Recommendations, 1987 ND Interagency Task Force on Long Term Care
1996	Report of the Task Force on Long term Care Planning 1996
1998	Report of the Task Force on Long term Care Planning 1998
2000	Report of the Task Force on Long term Care Planning 2000
	White Paper: Olmstead Workgroup November 6, 2000
	Report of the ND Governor's Task Force on Long term Care Planning Expanded Case Management, June 30, 2000
2002	Needs Assessment of Long Term Care, North Dakota: 2002, Initial Report & Policy Recommendations, November 2002
	Cost Containment Alternatives for ND Medicaid, November 1, 2002
2003	Informal Caregivers: 2002 Outreach Survey, 2003
	Community of Care Baseline Survey, 2003
	National Family Caregiver Support Program: ND American Indian Caregivers, June 2003
2004	2004 AARP ND Member Survey: Support Services, June 2004
	Senate Bill 2330 Workgroup Final Report, December 2004
2005	Community of Care Olmstead Grant, August 2003 - 2005 Final Report
	Final Report Real Choice Systems Change Grant Cultural Model, May 05-06
2006	Home and Community Based Services Planning Project Survey Results, June 2006
	North Dakota Real Choice Systems Change Grant-Rebalancing Initiative: Focus Groups and Personal Interviews- Research Report One, June 2006
	North Dakota Real Choice Systems Change Grant-Rebalancing Initiative: Hospital Discharge Planner Questionnaire – Research Report Two, August 2006
	Resident and Family Satisfaction Survey Summary, prepared for the ND Long Term Care Association, December 2006
	North Dakota Real Choice Systems Change Grant- Rebalancing Initiative: North Dakota Consumers of Continuum of Care Services Questionnaire – Research Report Three, December 2006
	Final Olmstead Plan and Recommendations **(Pending)**

Summary of Information

North Dakota Long Term Care: Issues and Recommendations, 1987

By: Interagency Task Force on Long Term Care

Targeted Population: Elderly and people with disabilities

The ND Interagency Task Force on Long Term Care, which includes the Governor's Office, Department of Human Services, and Department of Health, conducted a study in Drayton, ND in 1986. This study established the need to look at the structural, functional, financial and social concerns regarding the long term care delivery system in ND and how it affects the needs of the aging population in our state. The report is not directly about the Drayton Study, but about the issues that the nation and ND is facing in regard to long term care.

The Task Force gave the following recommendations:

1. State policy be implemented to include: a) A balanced continuum of long term care services, b) The functional limitations and needs of the elderly will serve as the principal criterion for the use of long term care services or the development of additional long term care services, c) The financial and organizational structure of the long term care delivery system will be designed to assist older adults in obtaining appropriate long term care services, d) Access to appropriate long term care services for older adults will be improved through provided a central point of entry, e) Institutional services will be considered "alternative" services within the continuum of long term cares services, f) Families, as the principle caregivers to older adults, will be supported, and g) ND's certificate of need law will continue as a function of the State Health Council and the Council will make necessary changes in its review process that will further the development of a balanced continuum of long term cares services in ND.
2. Single point of entry to the system of long term care be recognized and used, and that a system of case management be established and used.
3. Federal and state dollars for long term care services be pooled in state government and dispersed on the basis of the functional needs of clients.
4. The Department of Health and DHS continue the ongoing consolidation of the inspection of care function with the certification survey for ICF/MRs.
5. Based upon the demonstrated efficiencies expected to be achieved under the ICF/MR consolidation pilot project, the task force recommends that the Department of Health and DHS consolidate the inspection of care, certification and licensure functions for all long term care facilities.
6. Consolidation of inspection of care with the certifications survey process should accompany the consolidation of authority for imposing graduated economic sanctions on those facilities that fail to meet the quality compliance standards.
7. The State Health Council, with the assistance of the Department of Health and DHS, should recommend to ND's Congressional delegation a series of changes in federal nursing requirements that would permit the state to reduce the burden of regulation for long term care facilities.
8. Passage of legislation to improve access to HCBS by a) Requiring all HCBS that are financed by the state be available in each county, b) Apply economic assistance on a sliding fee scale, c) extend eligibility standards through assessments of functional impairment rather than the likelihood of institutionalization, d) A system of case management within the communities and pre-admission assessment of all applicants for nursing home care.
9. Enact a bill that 1) Directs the DHS to develop a case-mix reimbursement system for nursing homes which will a) provide that the rates determined will be adequate to support the basic services, b) Assures that payment system will provide incentives for service to "heavy care patients", c) Require the payment system incorporate positive economic incentives for the efficient operation of nursing homes. 2) Provides that the rate of payment for the basic services required participation in the Medicaid program will apply to all residents equally.
10. The Health Department, the DHS, the Governor's Office and the Office of Management and Budget recommend an appropriated level of state funding of the health planning/certificate of need programs for the 1987-1989 biennium.

ND Report of the Task Force on Long Term Care Planning, 1996
By: ND Department of Health and ND Department of Human Services
Targeted Population: Native Americans, aging population, people with disabilities, veterans

Summary of Information

The Task Force gave the following recommendations:

1. Services inventory, distribution and alternatives
   - Service Inventory-Institutional Care: Economic incentives be established to encourage reduction of nursing facility bed capacity to 60 beds per thousand population over age 65 for all planning regions by the year 2002.
   - Hospital Swing Beds: Case management be available to all clients prior to admission to a swing bed.
   - Veterans' Service Capacity: A continuing study to quantify the veteran population in need of the services offered by the ND Veterans Home basic care facility in Lisbon and options for addressing this need.
   - Alzheimer's and Related Dementia (ARD): Existing institutional service capacity be re-focused or re-tailored to meet the needs of this population. Greater emphasis on social services may be more appropriate for clients without significant complicating medical conditions.
   - Definitions of Services and Housing Components: Consider establishing a pilot project in one planning region of ND, involving the pooling of service dollars to the maximum extent permitted by law, with innovative service delivery experiments initiated under the Alternative Services Program (NDCC 23-01-04.3).
   - Native American Long-Term Care Access: Continue studying Native American long term care needs and access to appropriate services appears to be indicated. Of particular interest is the functional relationship between various state subdivision service units and the individual reservation service systems.
   - Isolated Rural Elderly: The HCBS system can be highly effective when a QSP can be located in close proximity to the client. Because of distance between QSPs and clients, in most cases, service delivery in the very rural areas tends to be more expensive. QSPs are limited in rural areas. These factors contribute to rural elders facing relocation to access services or going without needed services. To enhance provider availability include expanding available training for QSPs, expand case management to facilitate better arrangement of services, and enhancement of reimbursement for QSPs.
   - Home and Community Based Service Provider Availability: QSPs are most frequently recruited by word of mouth by clients, family members, and other QSPs. Larger counties and agencies seem to achieve greater results in locating providers to fill the demand. Frequent turnover tends to be greater in rural areas due to over booking of QSPs resulting in burnout and lack of training opportunity.
   - Training of Qualified Service Providers: Continued study of the means of expanding service availability, including options for training additional QSPs.
   - Geropsychiatric Service Adequacy: Continued monitoring of this issue, with no further action recommended pending the completion of studies by the State Hospital.
   - Pooling of Service Reimbursement Sources: The pooling of service reimbursement payment sources. The object of such pooling is increased flexibility or portability of service payments to allow payment to flow to a broadened array of housing options. These services should be rendered pursuant to a service plan developed in an effort coordinated by a case manager and involving the client, the client's family, and the care providers (both formal and informal).
   - Payment system to ensure that appropriate incentives are developed and adequate time is available for nursing facilities to change to a different payment process.
2. Financing of long-term care
   - Nursing Facility payment Policy: In order to change the emphasis on institutional long term care, the payment system must undergo a change that will encourage nursing facilities to consider reducing the number of nursing facility beds currently in use and provide incentives to deliver alternative HCBS for the elderly and people with disabilities in our state. With the realization that any major change in the delivery system for long term care could create financial and other problems for nursing facilities. For that reason, it will be necessary to carefully plan for changes in the payment system to ensure that appropriate incentives are developed and that adequate time is available for nursing facilities to change to a different payment process.
   - Nursing Facility Bed Capacity: Current payment policy motivates nursing facilities to keep high occupancy rate in order to maximize reimbursement. This is counter-active to the goal of providing service in the least restrictive, most cost effective environment possible. If the number of nursing facility beds remains unchanged, it will be very difficult to divert funds to HCBS. Funds will need to be appropriated to maintain these beds while a t the same time try to provide additional funding for alternative service. A specific recommendation regarding the goal for reduction of current licensed bed capacity is include in the report from the Inventory, Distribution and Alternatives Committee.

ND Report of theTask Force on Long Term Care 1996 continued

- Long Term Care Insurance: Promote the purchase of long term care insurance in order to reduce reliance on the Medicaid Program for payment of long term care services. If successful, it should result in increasing the percentage of nursing facility revenues received from the insurance industry and should result in reducing the growth of Medicaid expenditures in the long term.
- Managed Care: May play a role in the delivery of long term care services that could result in the development of alternative care in a cost-efficient manner. However, due to limited experience and knowledge of the effects of managed care on long term care services, this issue must be approached cautiously and systematically.
- Transfer of Assets: It is recognized that it is prudent to plan for the orderly transition of assets, but such planning does not necessarily mean that individuals should impoverish themselves in order to qualify for a program that was originally designed to meet the needs of America's poorest citizens. The committee believes that a formalized educational effort is needed to discourage this activity.
- Spousal Impoverishment: Provisions do not apply to individuals who are receiving HCBS. This restriction may discourage married couples from choosing HCBS as an alternative to nursing facility care. In addition, this may deter individuals from returning home from a nursing facility because the spouse would lose the asset exemption and the family would no longer qualify for Medicaid coverage.

3. Case Management:
   - Case Management Definition: Amend all applicable administrative codes, policies and procedures, rules, handbooks, and other written materials to include and operationalize the revised definition of case management. Amending additional ND Century Code references to case management may also be required, based on input from legal staff.
   - Access & Standards: Statewide implementation of the expanded case management system based on the finding of the pilot project(s).
   - Client Assessment: Implementation of a uniform computerized assessment document with the ability to transfer client information to each agency involved with the client that is accepted and used by a variety of agencies.
   - Cost of Case Management: Implementation of an expanded, automated, comprehensive, case management system that would include the ability to tap or "broker" a number of funding sources to pay for clients' service needs in a cost-effective manner, in the least restrictive environment.

Report of the Task Force on Long term Care Planning, June 1998

By: ND Department of Health and Department of Human Services

Targeted Population: residential providers, geropsychiatric providers, long term care providers

Summary of information

The Task Force gave the following recommendations:

1. Basic Care Rate Equalization and Rate: Repeal basic care rate equalization.
2. Long term Care Financing and Incentives: a) Amend the definition of a private pay resident to include managed care entities as payers exempt from rate equalization, b) Consider incentives package to reduce bed capacity and provide alternative long term care to elderly, c) Study the use and effectiveness of the Senior Mill Levy match Funds as described under NDCC 57-15-56 to determine whether the program should be expanded as a means of enhancing in-home and community-based services availability.
3. Alternative Services: Enact enabling legislation that would direct the DHS and Department of Health, the long term care industry and consumer to develop the rules, policies and procedures necessary to implement the proposed changes in the current delivery system for alternative long term care service.
4. Case Management: a) Require that individuals eligible for Medicaid must, prior to entering a nursing facility or accessing other long term care services, obtain preadmission needs assessment to determine the type of services necessary to maintain each individual and what long term care alternatives, if any, could meet those care needs, b) Authorize DHS to implement a Targeted Case Management Program for the elderly and people with disabilities at risk of entering a nursing facility or needing other long term care services including the necessary general fund and federal spending authority to operate the service in the next biennium, c) Consider monitoring the results of this program to determine if the above policy should be extended to all individuals wishing to enter nursing facilities.
5. Moratorium on Nursing Facility and Basic Care Beds: a) Continue the current moratorium that prohibits an increase in the nursing facility bed capacity and basic care facility bed capacity in accordance with current law, b) Allow for an exception to the basic care facility moratorium that will permit the addition of one basic care facility specifically designed to meet the care needs of the TBI population not to exceed the greater of 10 beds or the number o available slots permitted in the waiver.
6. Pilot Projects: a) Authorize DHS to continue three approved ARD pilot projects into the 1999-2001 biennium, b) Require DHS to monitor the progress of the projects and prepare a final report for the legislature that provides conclusions and recommendations regarding the future of these pilot projects.
7. Funding Sources: Consider any restructuring of the DHS based on the ongoing study of the Department that was commissioned specifically for this purpose.
8. Swing Bed Facilities: Consider studying the swing bed process to determine if any changes are necessary in the current requirements for providing services to swing bed residents, including the need for a standard assessment process and whether any limits such as length of stay or number of available swing beds should be implemented.
9. Geropsychiatric Services: a) Consider a legislative study resolution to explore expansion of psychiatric and geropsychiatric training for general practice and family practice physicians at the UND School of Medicine, b) Provide a legislated exception to the case-mix system to allow establishment of a 14-bed geropsychiatric unit to serve clients that are elderly or physically disabled and severely mentally ill.
10. Expanded Case Management: The DHS will continue to monitor the progress of the pilot projects and prepare a final report on the results no later than June 30, 2000. Continued funding of these projects is planned to come from within the DHS budget.
11. Service Availability: A better understanding of the current services delivery system regarding private formal and voluntary informal services, as well as public and formal services including regional human service centers, county social services, service payments for elderly and disabled (SPED), expanded SPED programs, older Americans act Title III and Title IV services, and medical assistance, b) conduct the necessary assessment to determine the extent of the current and future service delivery systems for North Dakotans age 60 and older and fro persons with physical disabilities age 18 through 59 in ND.
12. Training of In-Home Care Providers: a) The DHS should coordinate with the State Board for Vocational and Technical Education to establish a statewide model curriculum of in-home care certification/competency, b) The Task Force on Long Term Care Planning should investigate the impact of a formalized in-home care training program on service availability and quality service delivery, c) In order to attract and retain in-home care providers, competitive reimbursement rates must be established. A market analysis should be commissioned to determine the financial resources needed to support the in-home care provider system.
13. Protection of Vulnerable Adults: Introduce legislation that amends the ND Century Code Chapter 50.25.3 to require implementation of the vulnerable adult protective service statute. The legislation should permit assignment within existing administrative structure with clear direction for cooperation and collaboration with other existing programs that serve adults in ND.

Summary of Information

Report of the Task Force on Long term Care Planning, June 2000
By: North Dakota Department of Health and North Dakota Department of Human Services
Targeted Population: elderly, people with disabilities, and Native Americans

1. Nursing Facility Rate Equalization
   - Rate equalization should be continued and funding should be consistent, fair and periodically reviewed.
2. Basic Care and Assisted Living
   - The following recommendations regarding assisted living and basic care should be implemented together: a) Retain basic care as it is currently defined and regulated. b) Require the Department of Human Services to register assisted living facilities and charge a registration fee. c) Require mandatory registration of assisted living facilities that meet the modified definition of the current definition, which would include meeting food and lodging licensing requirements under NDCC 23-09 if appropriate. d) Amend NDCC 23-09 as appropriate to allow the Department of Health to license assisted living facilities under the food and lodging regulations. e) Have the Department of Human Services receive complaints related to assisted living and forward them to the appropriate agency for investigation. f) Exclusive of units in nursing facilities, Alzheimer's (memory care or special needs) facilities and other pilot project facilities must be licensed and operated as basic care facilities.
   - Establish a rent subsidy program for assisted living. Rent should be subsidized to a maximum of $750. Thirty percent of the medically needy income level should be applied to rent when determining the rent subsidy. A maximum of $2.5 million not to exceed the amount of general fund dollars saved if the personal care option is added to the state plan and provided in basic care facilities. (See Exhibit 7 for Fiscal Impact Projections for the 2001-2003 Biennium)
   - Establish a licensing fee for basic care facilities.
   - Repeal the moratorium on basic care beds.
3. Personal Care Services
   - The State should add the Medicaid personal care service option to the State Plan.
   - Limit the personal care service option to certain provider types, such as basic care or assisted living.
4. Senior Mill Levy Match
   - The Task Force on Long Term Care Planning recognizes the importance of this funding source in the overall provision of services to the senior citizens of our state and recommends the legislature restore the Senior Mill Levy Match to a dollar-for-dollar match as included in the original appropriation.
5. Native American Long Term Care Needs
   - The unmet transportation needs of tribal elders be jointly addressed by local Tribal officials, the Department of Transportation, the Aging Service Division and Medical Services Division of the Department of Human Services, and the Regional office of the Administration on Aging.
   - The Indian Affairs Commission take the lead to facilitate development of elder councils on each reservation, to serve as a liaison to the Tribal Council and as an advocate for older persons.
   - Inter-agency communication at the local level be strengthened, and inter-agency meetings be held for the purpose of sharing information and addressing unmet needs of tribal elders.
   - Issues and needs identified as specific to either the federal government or the tribal government will be brought to their attention by the Task Force on Long Term Care Planning.
   - The Governor's Committee on Aging be expanded to include a representative from each of the Tribal Nations (possibly as a sub-group), rather than the current one representative. The role of the Governor's Committee be examined and strengthened to include greater authority in the areas of public policy and planning.
   - Public education efforts be increased, through workshops and other methods, to create greater awareness of the following: Senior Health Insurance Counseling Program; Older Americans Act outreach services; Home Extension Services; In Home and Community Based Services; Indian Health Service programs; Medicaid and Medicare; Public Health; County and Tribal Social Service programs, and others.
   - A template be developed outlining the structure and funding sources of various health services available to Tribal members. The template could be used as an educational document for higher education, the Legislature, and the public.
   - A request be sent to the Administration on Aging asking that additional resources be allocated to provide technical assistance and training to Title VI Older Americans Act service providers.
   - Diabetes Education efforts need to be coordinated among the various agencies and organizations dealing with diabetes to better serve the affected population.
   - Appropriate state agencies work with the Tribal Governments and agencies regarding a continuum of living arrangements, including tribal and public housing, assisted living and congregate living, nursing home and basic care services (including discussion on the moratorium on nursing homes) to ensure the safety, comfort, and preferences of the elders.
   - A follow-up meeting be held on each Reservation and Indian Service Area to discuss how the long-term care needs of Tribal elders, brought forward during the input meetings, have been addressed.

Report of the ND Task Force on Long Term Care, June 2000 continued

6. Care Coordination/Case Management
   - An optional Targeted Case Management service be added to the Medicaid State Plan for Medicaid eligible recipients who are elderly or persons with physical disabilities at risk of long-term care services including but not limited to SPED and Expanded SPED eligible recipients. (SPED – Service Payments for Elderly and Disabled)
   - Statewide funding for expanded case management.
   - As a matter of public policy, Information and Assistance/Referral should be available under case management service to older persons and persons with physical disabilities.
   - Funding from public/private resources be obtained to pay for a statewide education campaign geared to discharge health professionals, and the general public regarding service options and life planning for older persons and persons with physical disabilities. To accomplish this recommendation, a steering committee composed of the ND Long Term Care Association, ND Health Care Association, ND Department of Human Services, and the ND Health Department needs to take the lead in this education effort.
   - Core case management components for the elderly and persons with physical disabilities be consistent with the ND Department of Human Services Case Management Workgroup recommendations.
   - No formal mandatory pre-admission assessment; except for federally required pre-admission screening and resident review (PASRR). Emphasis will be placed on Information and Assistance/Referral, outreach, case management, and public education to address many of the same concerns as pre-admission assessment had previously intended to cover.
   - The Governor's Committee on Aging take the lead to facilitate agencies to coordinate and collaborate with each other in service delivery to common clients.
   - Case Management service be housed within the geographical area of the client and be provided by a neutral party who knows the core components of case management, knows the community resources and has the ability to network with those resources. A licensed social worker currently performs this function under current HCBS state statute funding sources within the County Social Service Board service delivery structure. It is recommended that this established practice continue. It is further recommended that this method be reviewed in the future.
7. Swing Bed Facilities
   - Do not mandate the use of the Minimum Data Set (MDS) by all hospitals providing swing bed services.
   - The North Dakota Long Term Care Association, the North Dakota Healthcare Association, and the Department of Health work together to provide training to hospitals with swing bed service related to federal Medicare Conditions of Participation and Quality of Care issues.
   - The swing bed occupancy survey be repeated in January 2001. If the Task Force on Long Term Care is not reconstituted, the report should go to the State Health Council.

North Dakota Department of Human Services
White Paper: Olmstead Workgroup November 6, 2000
By: ND Department of Human Services
Targeted Population: mental health, elderly, developmental disabilities, and physical disabilities

Summary of Information

An internal workgroup was formed within the DHS to review the Olmstead Decision and make recommendations on any further action. The workgroup conducted regional meetings and surveys to gather information from consumers, families, advocates, and providers. This study is broken into the following categories: Legal Background, Institutional-Based Services, Community-Based Services, Survey Results, and Recommendations.
The following are recommendations given:

1. Request to the Governor to appoint a commission to provide the North Dakota definitions inherent to the Olmstead decision and to develop a comprehensive State Plan. This commission would consist of a representative from the Governor's Office, legislators, family members, consumers, advocates, providers, and State agency heads. Federal agencies will be available for consultation as appropriate (See Appendix II – Letter of Support).
2. The Department of Human Services should schedule regular information/discussion sessions with regional stakeholders surrounding community-based services for persons with disabilities.
3. The Department of Human Services should take the lead to develop a pre-assessment screening process that must be completed prior to admission to a nursing facility. This screening process would determine care needs and identify where the services necessary to meet those needs could be obtained. This would help to ensure that persons in need of long-term care services and their families can make informed decisions regarding where they wish to obtain needed services.
4. The Department should continue to encourage and support the development of alternatives to nursing facility services.

Report of the North Dakota Governor's Task Force On Long Term Care Planning Expanded Case Management (ECM) June 30, 2000

By: Governor's Task Force on Long Term Care Planning

Targeted Population: Individuals in need of long term care services and their families

Summary Information

ECM Pilot Projects were administered in three different areas of ND. These are the recommendations based on the findings gained during the pilot project effort of ECM.

1. Access to Services: a) For urban areas referrals from hospitals has generated the greatest single referral source to ECM. In rural areas, word of mouth and public health nursing have provided for the greatest single referral sources to ECM. Although limited numbers of contacts to ECM have actually come from the various methods tested to generate self-referrals, it has been determined critical that routine and regular 'advertising' is required to assure the general public is continuously made aware of the availability of a service like ECM for purposes of long term care service access, planning, and implementation. b) ECM service is not generally perceived to be an emergency response service delivery system. Therefore, 24-hour access to ECM can be adequately served through the availability of a voicemail system that is accessible 24 hours a day, 365 days per year. The entity providing a service like ECM will have an established procedure for routinely and regularly responding to after hours, weekend, and holiday ECM inquires. c) The concept of "one-stop" access to answers, solutions, and guidance to all your needs is currently being promoted by many different types of businesses and organizations. Through appropriate public education ECM can serve the general public as a "one-stop" FIRST contact for accessing long term care services. Critical to the success of "one-stop" concept will be the establishment of a publicly recognized entity within each community or county that people will know to contact for their long term care questions.
2. Interagency Collaboration and Coordination: The ECM pilots have concluded it is essential to the success of a service like ECM to establish formal interagency collaborative and coordination agreements. Without such agreements, it is very difficult to fully give credence to a person in need of long term care service(s), the least intrusive and most uniformly consistent access to their choices within the long-term care service delivery system.
3. Affect on Demographics of Institutional Persons: Individuals in need of long term care service(s) and their families have consistently requested the opportunity to remain in their own home and community for as long as reasonably possible. A publicly recognized service like ECM can make this a reality for a certain percentage of the population requiring long-term care service(s).
4. Screening for Every Person to Measure Nursing Home Eligibility: ECM pilot results are consistent with national studies which have concluded that very few people in the general public actually require nursing home care. However there continues to be the general public perception that all older people, who require long term care service(s) must be in a nursing home to receive such support care. It is essential that public education efforts be made to inform the general public of the availability of options to meet their long-term care needs.
5. Client Satisfaction: The overwhelming satisfaction survey results suggest strong support for a service like ECM in both the rural and urban counties.
6. Additional Persons Served: The rural ECM pilot has identified between 1 and 5 "additional persons served" during the course of their quarterly reporting periods. The urban ECM pilot has averaged between 25 and 30 "additional persons served" during their quarterly reporting periods.
7. Impact on Other Agencies in the Community: It is essential that well-established lines of communication be established with community resources. Positive reflective contact results in substantial trust and a continued service support base for persons seeking long term care services.
8. Single Computer Intake (Assessment) Instrument: The computerized ASIF document is a valuable generic tool for use in the provision of a service like ECM. The use of the ASIF instrument should continue and be improved over time based on actual use and experience by providers. It is not feasible, at this time, to expect to require all agencies/organizations of common clients to use exclusively the ASIF instrument. However, whenever and wherever possible information captured by more than one agency/organization on a common client should not have to be repeatedly captured from the client by numerous different provider representatives. This lends to the potential for considerable confusion and unnecessary repetition for the client.
9. Termination of Expanded Case Management Service: Terminations are appropriate under the following circumstances: a) upon request of the client, b) death of the client, c) after the client has entered an institutional setting and there is not probability of discharge, d) at such time when it has been concluded that the case is determined "stable" and there is no anticipation of immediate additional long term care service intervention required, and e) the client moved out of the service area.

Summary of Information

Report of the North Dakota Governor's Task Force On Long Term Care Planning Expanded Case Management June 30, 2000 (continued)

10. Initial Referral Impact on Client: The findings under this category conclude it is preferable to reach or have initial contact with the client in their home setting with a high preference that the contact is well ahead of the time when critical or crisis type intervention for long term care is required.
11. Client's Right to Self-Determination and Least Restrictive Environment: It has been well documented through the ECM pilots that it is critical for individuals to have the opportunity to learn of ALL options and choices available to them for their specific situation. In addition it is critical that each individual be allowed to make their own decision without undue influence of others. As a society, we tend to want to "over protect people", thus reducing one's ultimate preference of reasonable choice.
12. Barriers: Uniform efforts must be taken to educate the general public about the importance of planning and learning about long term care options and services in North Dakota. The education needs to start at a very young age and most certainly well before an individual or loved one faces a crisis scenario often forcing a more restrictive service delivery option than is actually required to meet the client care needs.
13. Other Report Recommendations and Considerations: a) Avenues must be sought to assure that Information & Assistance/Referral (I & A/R) Service is included in reimbursement sources for case management service or that I & A/R is a recognized "stand alone" service advertised and readily available to the general public via toll free telephone number and/or the internet. b) Public education efforts must be supported and offered regularly at strategic geographical locations throughout the state. c) Public education efforts must be supported and offered regularly at strategic geographical locations throughout the state to encourage persons with personal financial means to prepare to "invest" in planning and utilization of their resources for long term care needs.

Needs Assessment Of Long Term Care, North Dakota: 2002, Initial Report & Policy Recommendations, November 2002

By: ND State Data Center, NDSU and Center for Rural Health, UND

Targeted Population: Residents in ND aged 50 and older

Summary of Information

4 different needs assessments in regards to the issues of long term care were conducted and they include: 1) Current and Future Elderly Population, 2) Elderly Needs Profile, 3) Availability and Demand for Elderly Services, and 4) Survey of Long Term Care (LTC) Administrators. These are the recommendations based on the findings gained during the 2002 ND Needs Assessment of Long Term Care:

1. Priority needs to be given to legislative efforts in the form of program initiatives and tax incentives for HCBS. Elderly who are in greatest need for services reside in the state's rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state.
2. The state has a very tight labor market with very limited labor available to serve the health and caregiving needs of communities. This is especially true in the rural areas of the state. In addition, statewide wages are low compared to regional averages. Therefore, legislative action needs to be taken to elevate economic development and employee training. Specific attention should be given to youth retention programs, public-private partnerships that advance apprenticeship training, and innovative skills training for those switching careers especially in rural areas. In addition, priority should be given to support and advancement of tele-medicine and distance-service delivery systems.
3. Research indicates that significant cost savings in elderly care can be gained through enhanced support of family caregiving. In 1998, the amount of Long Term Care (LTC) provided by informal caregivers in the U.S. was estimated to have a market value of $196 billion. In contrast, cost for home health was estimated at $32 billion and the cost for nursing home care was approximately $83 billion. The savings to the state for having an effective informal care system are obvious and compelling. Therefore, the legislature should sponsor a statewide informal caregivers system. Currently, an active informal caregiving program is being facilitated through the Aging Services Division of the Department of Human Services. Legislative support of this effort along with a challenge to create an integrated system will greatly advance informal caregiving in North Dakota.
4. Elderly care costs can be reduced through increased health promotion and wellness. Therefore, the state should direct its energies and resources into enhancing such programs through education and prevention efforts.

Cost Containment Alternatives for ND Medicaid, November 1, 2002

By: David Ricks, Peterson Consulting

Targeted Purpose: Identify initiatives that can help to achieve the DHS's goal of approximately $17 million in total annual savings (approximately $6 million in state funds).

Summary of Information:

ND, like most states, is facing budget difficulties because of decreased revenues and increased demand for services in the current recession. Despite many efforts to control expenditures, Medicaid costs continue to increase. The reasons for increasing costs include: 1) Increases in the number of eligible persons, 2) Increases in utilization of services, and 3) Increases in the costs of services. Some of the findings from this study include:

1. ND spends much more than most states on institutional services, especially nursing homes and institutions for the developmentally disabled.
2. Expenditures are higher partly because ND has more elderly people in its population.
3. However, elderly ND residents are also more likely to enter nursing homes than are elderly residents of other states.
4. ND also pays higher daily rates to nursing homes than other states.
5. ND spends a great deal for one state facility for the developmentally disabled.
6. Opportunities for savings included: restructuring institutional reimbursement, expanding managed care, strengthening the managed care enrollment process, and expanding alternatives to nursing home care. The savings from these actions would not be as great as those from changing institutional reimbursement.
7. Overall, the Medicaid program faces extraordinary challenges. If funding for nursing homes and ICF-MRs is to be maintained at present levels, then the savings must come from other services, and mostly cutting fees.

Informal Caregivers: 2002 Outreach Survey, May 2003

By: ND State Data Center @ NDSU

Targeted Population: Residents in ND who serve as informal caregivers (Outreach Survey was conducted face to face and by phone).

Summary of Information

1. Broad Policy Recommendations:
   - A sustainable initiative should be established that monitors the changing demand for caregiving in the state.
   - Priority needs to be given to providing support services that will enhance the abilities of current and potential informal caregivers.
   - Significant cost savings in elder care can be gained through enhanced support of family caregiving. Therefore, public and private incentive programs should be vigorously explored. peers, services, and health care professionals easy 24-hour access
2. Research Support of Policy Initiatives:
   - Volunteer Services: The legislature should promote community-based programs that tap the professional and volunteer services of local residents to assist in elderly caregiving.
   - Equipment Stipends: The legislature should fund equipment stipends which allow elderly or caregivers to purchase equipment that facilitates independence. These stipends promote caregiving by easing its financial burden. Greater use of informal caregivers reduces the long-term care cost both to the family and to the state. In addition, subsidies such as equipment stipends will assist middle-income families who are the hardest hit financially. These families cannot afford nursing home care or home health care, nor do they qualify for Medicaid or other public health programs because their incomes are too high.
   - Distance Education: North Dakota should focus resources on advancing distance education as a way to assist rural communities in providing support services to caregivers.
   - Incentives: The legislature should fund caregiver incentive programs.
   - On-line Computer Assistance: There should be ongoing support for an on-line resource assistance website for caregiving.

Community of Care Baseline Survey: 2003

By: Richard Rathge, Director, Jordyn Nikle, and Ramona Danielson - North Dakota State Data Center-North Dakota State University

Target Population: residents of rural Cass County.

Summary of Information

This study was designed to evaluate the knowledge and attitudes pertaining to the services, funding and perceptions of community responsibility for the care of seniors and people with disabilities located in rural Cass County. Below is a summary of the findings gained during the Community of Care Baseline Survey:

1. Level of Knowledge:
   - A majority of respondents do have at least some knowledge about senior and disabled services such as housing, outreach, wellness/health promotion, ambulatory care, home care, acute care, and extended care. Knowledge of all services are higher among respondents who are older. Respondents indicate higher levels of knowledge about housing, outreach, and funding options if they care for a disabled person or a senior.
   - Respondents who indicate no concern for their long-term care were more likely to indicate no current knowledge about the services of outreach, wellness/health promotion, ambulatory care, and acute care.
   - However, 40 percent of respondents have no current knowledge about funding options for services for seniors and disabled persons.
   - The top four funding options the majority of respondents perceive as important for most senior and disabled services are government aid, private assets, insurance, and social services.
   - At least one in five respondents are unsure whether acute care, ambulatory care, outreach, and wellness/health promotion services are available in rural Cass County.
   - More than three-fourths of respondents consider services offered in urban Cass County, namely Fargo and West Fargo, as feasible and convenient.
2. Perceptions of Care:
   - Nearly two-thirds of respondents are concerned about the long-term care of family and friends. On a scale of one to five, with five being "very concerned," the average level of concern respondents have about the long-term care of others is 3.79, indicating much concern. Respondents indicate less concern about their own long-term care with a mean of 3.10, which still suggests a moderate amount of concern.
   - The majority of respondents who are concerned for the long-term care of others are between the ages of 20 to 69 years of age. The majority of respondents with an income of less than $20,000 indicate they are not concerned about others' long-term care.
   - Concerning their own long-term care, respondents are less likely to be concerned if they are between the ages of 20 to 29, while those 50 to 79 indicate higher concern.
   - More than half of respondents indicate that when the time comes they would like their long-term care needs to be met by professional home care. One in five respondents also prefers an informal means of caregiving. Approximately16 percent indicate a nursing home.
   - Forty percent of respondents indicate ensuring access to services for seniors and disabled persons to be a community responsibility, one-third believe it to be a private responsibility, and one in five respondents perceives it to be both.
   - Approximately 71 percent of respondents perceive that rural communities in their area are at least somewhat willing to embrace a shared responsibility concept of senior and disabled care.
3. Characteristics of Rural Residents:
   - Approximately 83 percent of respondents spend some time participating in community activities. One in five spends 11 hours or more each month. Of those who do not participate, almost half of respondents indicate an annual household income of less than $20,000.
   - Nearly two-thirds of respondents indicate they have lived in rural Cass County for more than 15years, and 85 percent say they do not plan to move out of rural Cass County in the next five years.
   - Thirteen percent of respondents care for a senior or disabled person and 41 percent are responsible for a child under the age of 18.One-third of respondents report an annual household income between $30,001 and $60,000.
   - One-fourth of respondents did not report their income. Income varied by respondents' age, with those 30to 59 years of age indicating a household income of more than $40,000 per year. One-third of respondents 60 years of age and older indicate less than $20,000 per year.
   - Respondents are fairly evenly distributed by age. Half of respondents are 50 years or older and half are younger than 50 years of age.
   - Two-thirds of respondents are female.

Community of Care Baseline Survey: 2003

By: Richard Rathge, Director, Jordyn Nikle, and Ramona Danielson - North Dakota State Data Center-North Dakota State University

Target Population: residents of rural Cass County.

Summary of Information

This study was designed to evaluate the knowledge and attitudes pertaining to the services, funding and perceptions of community responsibility for the care of seniors and people with disabilities located in rural Cass County. Below is a summary of the findings gained during the Community of Care Baseline Survey:

1. Level of Knowledge:
   - A majority of respondents do have at least some knowledge about senior and disabled services such as housing, outreach, wellness/health promotion, ambulatory care, home care, acute care, and extended care. Knowledge of all services are higher among respondents who are older. Respondents indicate higher levels of knowledge about housing, outreach, and funding options if they care for a disabled person or a senior.
   - Respondents who indicate no concern for their long-term care were more likely to indicate no current knowledge about the services of outreach, wellness/health promotion, ambulatory care, and acute care.
   - However, 40 percent of respondents have no current knowledge about funding options for services for seniors and disabled persons.
   - The top four funding options the majority of respondents perceive as important for most senior and disabled services are government aid, private assets, insurance, and social services.
   - At least one in five respondents are unsure whether acute care, ambulatory care, outreach, and wellness/health promotion services are available in rural Cass County.
   - More than three-fourths of respondents consider services offered in urban Cass County, namely Fargo and West Fargo, as feasible and convenient.
2. Perceptions of Care:
   - Nearly two-thirds of respondents are concerned about the long-term care of family and friends. On a scale of one to five, with five being "very concerned," the average level of concern respondents have about the long-term care of others is 3.79, indicating much concern. Respondents indicate less concern about their own long-term care with a mean of 3.10, which still suggests a moderate amount of concern.
   - The majority of respondents who are concerned for the long-term care of others are between the ages of 20 to 69 years of age. The majority of respondents with an income of less than $20,000 indicate they are not concerned about others' long-term care.
   - Concerning their own long-term care, respondents are less likely to be concerned if they are between the ages of 20 to 29, while those 50 to 79 indicate higher concern.
   - More than half of respondents indicate that when the time comes they would like their long-term care needs to be met by professional home care. One in five respondents also prefers an informal means of caregiving. Approximately16 percent indicate a nursing home.
   - Forty percent of respondents indicate ensuring access to services for seniors and disabled persons to be a community responsibility, one-third believe it to be a private responsibility, and one in five respondents perceives it to be both.
   - Approximately 71 percent of respondents perceive that rural communities in their area are at least somewhat willing to embrace a shared responsibility concept of senior and disabled care.
3. Characteristics of Rural Residents:
   - Approximately 83 percent of respondents spend some time participating in community activities. One in five spends 11 hours or more each month. Of those who do not participate, almost half of respondents indicate an annual household income of less than $20,000.
   - Nearly two-thirds of respondents indicate they have lived in rural Cass County for more than 15years, and 85 percent say they do not plan to move out of rural Cass County in the next five years.
   - Thirteen percent of respondents care for a senior or disabled person and 41 percent are responsible for a child under the age of 18.One-third of respondents report an annual household income between $30,001 and $60,000.
   - One-fourth of respondents did not report their income. Income varied by respondents' age, with those 30to 59 years of age indicating a household income of more than $40,000 per year. One-third of respondents 60 years of age and older indicate less than $20,000 per year.
   - Respondents are fairly evenly distributed by age. Half of respondents are 50 years or older and half are younger than 50 years of age.
   - Two-thirds of respondents are female.

Summary of Information

Senate Bill 2330 Workgroup Final Report, December 2004
By: Senate Workgroup of the ND Disabilities Advocacy Consortium
Targeted Population: elderly and people with disabilities

1. Identify specific barriers to nursing homes providing home and community based services and pursue demonstration grants to eliminate the barriers. Action Steps:
   a) #1 barrier is an adequate payment system for individuals and agencies. The cost of providing services out of a facility is prohibitive for the current rate of reimbursement. b) Pilot projects to promote nursing facilities to expand their Mission to serve and care for individuals in need of support and health services wishing to remain at home are proposed as a joint effort between the North Dakota Long Term Care Association and the Department of Human Services. Pilot project concepts have been submitted by 3 facilities. A funding source for the pilot projects is being explored. c) The Department of Human Services/Aging Services Division, North Dakota Long Term Care Association, and North Dakota Association for Home Care should meet to further clarify whether home care health services are available statewide, or whether new providers would create duplication.
2. Identify legal barriers to "the money following the client". Action Steps: a) SB 2330 states "The individuals medical assistance funds must. Follow the individuals for whichever service option the individual selects". Because nursing home rates are set based on costs, a client moving out of a nursing home does not necessarily mean a savings has occurred and funds are available to be transferred. If there isn't a direct reduction to the nursing facility's costs (property costs, staff, etc?), when a resident moves out of the nursing home, the costs are included when calculating future rates for the nursing home and passed on to other residents through increased rates. b) The growth of the budget for institutional care could potentially be curbed through enhancement of home and community based services.
3. Explore the pros and cons of submitting an 1115 or 1915 Independence Plus Medicaid Waiver or modifying existing waivers and the experiences of other states. Research the needs of special population groups; who are underserved or unserved. (examples: younger persons not fitting aged & disabled waiver; T.B.I.;D.D. but not M.R.; behavioral issues; Native Americans. Action Steps
   a) Have developed a research document that will be distributed to Various social services types of agencies. The response was minimal.
   b) The Aging Services Division has researched Medicaid Waivers in other states and solicited input from agencies and individuals regarding a "Dream Waiver". Expansion of Waivers in North Dakota will be pursued and may focus on the following:
      - Limited funding for transitioning from institutional to in-home;
      - Include QSP rate increase and broaden the labor pool;
      - Single Entry Point integration
      - Consumer Choice and Consumer Direction
      - Service availability 24/7 with right to case mix
      - Socialization or therapeutic recreation services
      - Review of Robin's list of other State's Waivered services & include if applicable
   c) Develop a system that allows for a medical/social mix of services for persons with complex medical need;
   d) Review the Nurse Practice Act (to allow greater access to medication administration, similar to DD) while considering consumer safety and provider reimbursement. Review Nurse Delegation. In process of review by a subgroup of the SB2330 work group.
   e) Review the $2400 (current) cap on the Medicaid Waiver,
   f) Involve stakeholders in the expansion of the Waivers while considering mutual planning between various groups to evaluate group composition and avoid duplication of representation when the reviewing changes or when applying for waivers.
   g) Communicate with the Olmstead Commission
4. Pursue funding through the Real Choice Systems Change grants and New Freedom Initiative grant opportunities. Action steps:
   a) A grant for $323,067 for a Real Systems Change Grant: "Money Follows the Person, Rebalancing Initiative" in July 2003. The request was not funded. There were 146 proposals submitted and 9 requests were funded. In the request for proposals that were released by CMS in 2004, this category was not listed, therefore no proposal was developed. A weekly Internet search was made to review for federal grants available for this purpose. To date, none has been found.
   b) A second grant application for a Real Choice Systems Change Grant Rebalancing Initiative was submitted to CMS in July, 2004. The grant was funded by CMS in the amount of $315,000 for a 3 year time period beginning 9/30/2004. The grant application was a partnership between AARP, DHS, and the North Dakota Disabilities Advocacy Consortium.
5. Develop a prototype for counties to organize "Aging Services Coordinating Committees" Action steps:
   Cass County has had two meetings. Various agencies discussed their roles, shared plans, brain stormed about strategic planning, and did work in smaller groups. Bottineau County had 32 agencies appear for their initial meeting. The respective directors are asked to report on this model.

Summary of Information

Senate Bill 2330 Workgroup Final Report, December 2004

By: Senate Workgroup of the ND Disabilities Advocacy Consortium

Targeted Population: elderly and people with disabilities

1. Identify specific barriers to nursing homes providing home and community based services and pursue demonstration grants to eliminate the barriers. Action Steps:
   a) #1 barrier is an adequate payment system for individuals and agencies. The cost of providing services out of a facility is prohibitive for the current rate of reimbursement. b) Pilot projects to promote nursing facilities to expand their Mission to serve and care for individuals in need of support and health services wishing to remain at home are proposed as a joint effort between the North Dakota Long Term Care Association and the Department of Human Services. Pilot project concepts have been submitted by 3 facilities. A funding source for the pilot projects is being explored. c) The Department of Human Services/Aging Services Division, North Dakota Long Term Care Association, and North Dakota Association for Home Care should meet to further clarify whether home care health services are available statewide, or whether new providers would create duplication.
2. Identify legal barriers to "the money following the client". Action Steps: a) SB 2330 states "The individuals medical assistance funds must. Follow the individuals for whichever service option the individual selects". Because nursing home rates are set based on costs, a client moving out of a nursing home does not necessarily mean a savings has occurred and funds are available to be transferred. If there isn't a direct reduction to the nursing facility's costs (property costs, staff, etc?), when a resident moves out of the nursing home, the costs are included when calculating future rates for the nursing home and passed on to other residents through increased rates. b) The growth of the budget for institutional care could potentially be curbed through enhancement of home and community based services.
3. Explore the pros and cons of submitting an 1115 or 1915 Independence Plus Medicaid Waiver or modifying existing waivers and the experiences of other states. Research the needs of special population groups; who are underserved or unserved. (examples: younger persons not fitting aged & disabled waiver; T.B.I.;D.D. but not M.R.; behavioral issues; Native Americans. Action Steps
   a) Have developed a research document that will be distributed to Various social services types of agencies. The response was minimal.
   b) The Aging Services Division has researched Medicaid Waivers in other states and solicited input from agencies and individuals regarding a "Dream Waiver". Expansion of Waivers in North Dakota will be pursued and may focus on the following:
      - Limited funding for transitioning from institutional to in-home;
      - Include QSP rate increase and broaden the labor pool;
      - Single Entry Point integration
      - Consumer Choice and Consumer Direction
      - Service availability 24/7 with right to case mix
      - Socialization or therapeutic recreation services
      - Review of Robin's list of other State's Waivered services & include if applicable
   c) Develop a system that allows for a medical/social mix of services for persons with complex medical need;
   d) Review the Nurse Practice Act (to allow greater access to medication administration, similar to DD) while considering consumer safety and provider reimbursement. Review Nurse Delegation. In process of review by a subgroup of the SB2330 work group.
   e) Review the $2400 (current) cap on the Medicaid Waiver,
   f) Involve stakeholders in the expansion of the Waivers while considering mutual planning between various groups to evaluate group composition and avoid duplication of representation when the reviewing changes or when applying for waivers.
   g) Communicate with the Olmstead Commission
4. Pursue funding through the Real Choice Systems Change grants and New Freedom Initiative grant opportunities. Action steps:
   a) A grant for $323,067 for a Real Systems Change Grant: "Money Follows the Person, Rebalancing Initiative" in July 2003. The request was not funded. There were 146 proposals submitted and 9 requests were funded. In the request for proposals that were released by CMS in 2004, this category was not listed, therefore no proposal was developed. A weekly Internet search was made to review for federal grants available for this purpose. To date, none has been found.
   b) A second grant application for a Real Choice Systems Change Grant Rebalancing Initiative was submitted to CMS in July, 2004. The grant was funded by CMS in the amount of $315,000 for a 3 year time period beginning 9/30/2004. The grant application was a partnership between AARP, DHS, and the North Dakota Disabilities Advocacy Consortium.
5. Develop a prototype for counties to organize "Aging Services Coordinating Committees" Action steps:
   Cass County has had two meetings. Various agencies discussed their roles, shared plans, brain stormed about strategic planning, and did work in smaller groups. Bottineau County had 32 agencies appear for their initial meeting. The respective directors are asked to report on this model.

Final Report Real Choices Systems Change Grant Cultural Model
May - June 2004

By: North Dakota Olmstead Commission

Targeted Population: American Indian elders and Native Americans with disabilities

Summary of Information

Major accomplishments:

- Good engagement from all tribal communities.
- The project was able to secure sincere and committed involvement of service providers from all communities and the state.
- Each tribal community now has plans focused on a continuum of care for their consumers.
- Project facilitated the movement toward the formation of an elder association on the Turtle Mountain reservation.
- Awareness that the way American Indian elders and people with disabilities receive services should be different.

Unsuccessful initiatives:

Initiative 1- To Expand HCBS Case Management to Tribal Entities: The need fro reservation-based HCBS case management became evident as information was gathered through focus groups. Initial focus group findings from all 5 tribal areas became available in year one. The Steering Committee drafted a bill which was submitted to the 59th Legislative Assembly. The bill would have allowed the ND DHS to contract with the Tribal entities to fulfill HCBS, presently performed by County Social Service agencies. The bill eventually became a part of a larger State-Tribal Relations Committee.

- The State-Tribal Relations Committee is to be comprised of legislators or their designees. A citizens' committee component is to be comprised of tribal chairpersons or designees, and the director of the ND Indian Affairs Commission or designee. The State-Tribal Relations Committee will examine this issue, among others, throughout the 2005-2007 interim. While not un-successful, HB 1524 will allow for further and continued dialogue between legislators, tribal leaders, consumers and providers prior to the next legislative assembly.

Initiative 2 – To Engage Certain Groups did not materialize: Greater involvement was desired. However, timing of invitations sent county social services representatives to attend meetings was too short, and while responses were sent, few attended. The project was unable to identify a core of American Indians with disabilities to attend and participate. While there was attendance by several individuals with disabilities, the project had to rely on the Tribal Vocational Rehabilitation V1-21 directors for recommendations, and for stakeholders with disabilities feedback.

Lessons learned:

- Program literature needs to be geared to various levels of literacy, and focused on age-related needs, e.g. larger print, use of native language where appropriate, geared toward non-English speaking consumers, non use of acronyms, more culturally-specific graphic images, and use of graphics in the place of text.
- The message needs to be consistent.
- Be prepared to offer financial accommodations and other social supports to encourage attendance, such as transportation assistance or reimburse expenses to attend meetings.
- Be mindful of the schedules of the elders, when do they prefer to meet and how long can they meet.
- Gear the transmission of information toward more traditional methods of teaching older learners, e.g. use of easy to read language, more visual graphics versus text, use of observation, anecdotal information, etc.
- Support by policy makers, legislators and agencies are crucial to effect systems change.
- The support of the Governor and Tribal leadership is also crucial to effect change.
- Importance of creating opportunities to establish personal interactions and relationships between consumers and providers.
- Take into consideration community norms of experience and protocols when planning work in Native communities.
- Consumers and mid-level providers were missed in the planning. Counties came late to the dialogue and should have been engaged sooner.
- Notices for meetings and other communications needed to be more timely.
- The process facilitated greater personal interaction and cultural understanding.
- Cultural nuances became evident through interaction – such as the use of humor, ability of making light fun of each other, teasing each other, important protocol for relationship building. These may need to be identified or explained to capture their importance.
- Incorporating cultural values into meetings such as starting and ending with a prayer (usually requested of an elder) and serving of food are important social protocols.
- Small groups should choose their own spokespersons.

Final Report Real Choice Systems Change Grant Cultural Model continued

Lessons Learned about Tribal Communities: When proposing to work with Tribal Communities, it is important to:

- Recognize that each community is different and that one size does not fit all.
- Recognize that each community may be at a different stage of development with more or t less of the following resources: Human Resources, skills, intellectual property, experience and expertise and more programs and individuals within programs to support people with disabilities and the elderly; fiscal resources- i.e. funded programs from which to draw upon, i.e. Meals-On-Wheels, Elder protection teams, Community Health Representative Programs, for profit, and private-sector providers to build a continuum of care.
- Physical infrastructures, e.g. hospitals versus clinics, congregate elder facilities, assisted living centers and nursing homes within close proximity to the reservation. Some had less and some had none.
- Policy infrastructure developed, e.g. tribal regulatory laws, Elder abuse codes.

Home and Community Based Services Planning Project Survey Results, June 2006

By: Elizabeth Cunningham, North Dakota Department of Human Services

Targeted Population: Elderly and people with disabilities

Summary of Information

Periodically, the North Dakota Department of Human Services, Medical Services Division conducts a Home and Community Based Services Planning Project survey in order to plan for services that will assist older persons and persons with disabilities to remain at home. The survey consisted of twenty-four questions, each referring to a different type of task or service that the respondents felt would be important for them to remain in their own homes.

- The majority of respondents to the survey fell into the "Consumer" category, with 72%.
- Five respondents reported that they were both a Provider and Advocate, while six reported being both a Consumer and Advocate.
- Approximately half of all respondents (52.5%) were between 65 and 84 years old, the highest percentage of any age group.
- There were no respondents under the age of 18.
- The ten out of twenty-four questions that received the highest percentage of responses were Homemaker with 76.5%, Home Delivered Meals with 73.7%, Medical Transportation with 71.3%, Lifeline/Call System with 62.1%, Chore Services with 61.3%, Non-medical Transportation with 60.0%, Personal Care with 48.9%, General transportation with 48.1%, Medication Management and Administration with 41.7%, and Meal Preparation with 35.9%.
- The question that received the lowest percentage was Supported Employment with 12.2%.

	North Dakota Real Choice Systems Change Grant – Rebalancing Initiative: Focus Groups and Personal Interviews - Research Report One, June 2006 **By:** Amy B. Armstrong, North Dakota Center for Persons with Disabilities **Targeted Population:** Consumers of continuum of care services, family members of continuum of care services, and providers of continuum of care services
Summary of Information	This research was conducted to identify current perceptions, patterns, themes, and suggestions for improving the choice and self-direction, quality and access to long term care supports, (i.e. home and community based services and nursing home care) for the elderly and persons with disabilities, as well as to identify ways to develop a mechanism to balance state resources for services, and to identify elements for the design and structure of a single point of entry mechanism for all long term care supports for the elderly and people with disabilities in North Dakota. Based on the results of this research the following conclusions and recommendations have been identified: 1. The current 2005-2007 biennium funding for long term care services (i.e. continuum of care services) includes $343,013,040 appropriated to nursing homes and $37,697,922 appropriated to home and community based services. Since 1999, funding for nursing home services has increased by approximately $90,600,000 while funding for HCBS has only increased by approximately $16,700,000. This funding does not reflect the needs and preferences identified by the focus group participants for additional home and community based service options and the importance of the opportunity for consumers to remain in their own homes. It is important to note that data from all five groups (including providers) supports the desire of people to remain in their homes. There must be a concerted effort to implement change that will help to balance the funding for providing continuum of care services. Without such change, a certain crisis in providing care for North Dakota's growing population of aging citizens may occur. 2. In order to implement systems change in North Dakota, Medicaid and state funded services, the people using those services, and also those who are privately paying for continuum of care services need to be considered. This is necessary to build a proactive and fiscally responsible system that wisely spends and appropriately uses its funds for the services that North Dakotans prefer, and those services that are most effective at helping people maintain independence and self reliance. 3. There needs to be support and funding for pilot projects for a single point of entry (SPE) concept, which can serve as an effective tool and step to improving choice and access to continuum of care services. The SPE projects should focus specifically upon the need for a consistent "go to" person, financial and functional assessment, case management type services, access to comprehensive timely information about services, access to increased HCBS options including access in rural communities, and availability to various income populations. 4. The shortage of workers available to provide continuum of care services and particularly home and community based services should be addressed. A system that will support and equitably reimburse providers of home and community based services, both individuals and agencies should be funded. 5. The need for unbiased functional and financial assessment and case management services should be addressed in order to ensure consumers have access to choices and services that are most appropriate to their needs. Exploration of how other states have used the idea of different levels of case management, such as options counselors and care coordinators, and streamlined assessment processes should occur. 6. Federal and state initiatives that allow flexible use of funds to pay for the services that consumers choose, such as Money Follows the Person, Cash and Counseling, home and community based services in the Medicaid State Plan, and items of the Deficit Reduction Act should be explored and implemented when appropriate.

Summary of Information

North Dakota Real Choice Systems Change Grant – Rebalancing Initiative: Hospital Discharge Planner Questionnaire - Research Report Two, September 2006

By: Amy B. Armstrong and Kylene Kraft, North Dakota Center for Persons with Disabilities

Targeted Population: ND hospital discharge planners/social workers (HDP)

RCR Grant gathered input from HDPs regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. Based on the results of this research the following conclusions and recommendations have been identified:

1. HDPs, physicians, hospitals and clinics should be targeted with training and on-going education and updates regarding locally available options for continuum of care services for the elderly and people with disabilities.
2. Resources should be provided to HDPs to help them save time, stream line the discharge planning process, and effectively provide an array of appropriate options for patients and their families.
3. Develop a SPE that may be accessed by HDPs, physicians, families and patients and to be used as a tool to provide a full array of continuum of care options for patients. The SPE should have available a streamlined assessment process, eligibility assistance, case management, benefit and financial information, and service availability information. This system should provide up-to-date information about long term care support services and be a user friendly place that can be accessed daily.
4. The SPE should be strategically targeted and marketed to HDPs, physicians and hospital and clinic staff. The SPE should be marketed as a resource tool to assist HDPs, physicians, families, and consumers to help individuals stay as independent as possible.
5. Availability, resources, support, and marketing for a variety of continuum of care services should be expanded emphasizing HCBS. Resources, support, and marketing should focus on HCBS with particular attention to those indicated by HDPs as lacking such as: Adult Day Care, Adult Family Foster Care, Family Home Care, Senior Companion Program, Personal Care Services, and others. Expansion of HCBS services and marketing of them will work to increase usage and decrease reliance on institutional forms of care.
6. Pressure felt by HDPs to fill nursing home beds should be eliminated, especially in rural/frontier communities. A continuum of care system should be in place to ensure that HDPs are able to focus discharge planning on the consumer and his/her needs.

Summary of Information

Resident and Family Satisfaction Survey Summary
Prepared for the ND Long Term Care Association, December 2006

By: InnerView Management Intelligence for Healthcare

Targeted Population: Resident, families and caregivers of nursing facility residents.

The purpose of the surveys is twofold: (1) to assess the level of satisfaction among residents and their family/caregivers; and (2) to collect information about family/caregiver decisions related to the placement of current residents in nursing homes or in alternative community settings.

Conclusions

1. Long-term care services should be provided in the least restrictive environment within the constraints imposed by current public payment systems.
2. It is widely acknowledged that 80% of long-term care services in the United States is provided informally by unpaid caregivers.
3. A major challenge to discharging current nursing home residents will be finding family/caregivers or others who are willing and able to take on additional caregiving responsibilities. This challenge is especially acute after nursing home placement has occurred because family/caregivers have already made an adjustment to their new role as a caregiver for a relative in the nursing home.
4. A potentially greater challenge exists for nursing home residents who have lived in a facility for more than a few months.
5. Except for those residents who are discharged after a successful rehabilitative short stay, few long-stayers are likely to have the social, psychological or economic resources necessary to make an easy transition back into the community setting.
6. As residents grow older and more frail, the stress of relocation becomes a significant concern. Research shows that relocating older persons increases their risk of morbidity and mortality.
7. The risk of death or injury increases when an individual has less control over the decision to relocate or the relocation is involuntary.

Recommendations

1. The decision to relocate a current nursing home resident to an "alternative" setting should be based on voluntary and fully informed consent from the resident. This decision should be made in full consultation with the resident's family/caregivers or other responsible party.

North Dakota Real Choice Systems Change Grant – Rebalancing Initiative: Consumers of Continuum of Care Services Questionnaire Report - Research Report Three, December 2006

By: Amy B. Armstrong and Kylene Kraft, North Dakota Center for Persons with Disabilities

Targeted Population: ND consumers of continuum of care services

Summary of Information

The intent of the questionnaire was to gain information from consumers regarding what continuum of care services they are using, what services are needed, barriers encountered, how they are paying for services and choice of services given. Data was also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a **single point of entry (SPE)** system, also called an **Aging and Disability Resource Center (ADRC)**. Based on the results of this research the following conclusions and recommendations have been identified:

1. Due to lack of consistent knowledge and awareness of continuum of care services, particularly HCBS options; a public information and education campaign should occur targeting consumers and family members. This public information effort should also incorporate education about planning ahead for future care needs. All areas of the state are in need of this type of outreach; however, particular efforts should be made in rural and frontier communities.
2. Potential barriers to accessing continuum of care services; such as lack of funding, transportation, knowledge of and access to needed services, should be addressed and efforts should be made to remove or minimize those barriers. This report may be used to assist the RCR steering committee, policy makers, legislators, and various provider groups in further identifying potential barriers and making efforts to remove these barriers.
3. Efforts should be made to build on and support community resources, volunteers, and informal caregivers to expand HCBS availability in ND especially in smaller communities where formal resources might be limited.
4. Educate and provide support to adults with disabilities, seniors, and their families about ways to pay for continuum of care services, focus on education about long-term care insurance and wise use of private funds to help ease the burden on Medicaid and other state funds.
5. Regardless of the source of funds for continuum of care services (e.g. private pay, private insurance, Medicaid, Medicare, and other state funds), it is important to look at all of these areas collectively in order to implement systems change in ND. This is necessary to build a proactive and fiscally responsible long-term support system that wisely spends and appropriately uses funds fro the services that North Dakotans prefer and those services that are most effective at helping people maintain independence and self-reliance.
6. Support for the implementation and funding of a SPE also called an Aging and Disability Resource Center (ADRC), should occur in order to develop a streamlined, user friendly system for seniors, adults with disabilities, and their families to access continuum of care services. This system should provide a consistent person to provide the face-to-face contact that many consumers prefer, print materials, and information in other forms such as internet access to be accessible to many populations. The SPE/ADRC should be accessible to all income populations and provide access to comprehensive, timely information about services, financial and functional assessments, and case management type services.

For information about where to access copies of the full reports mentioned in this summary, please contact RCR Grant staff at: 1-800-233-1737 or email amy.armstrong@minotstateu.edu