

# NORTH DAKOTA LEGISLATIVE COUNCIL

## Minutes of the

### LONG-TERM CARE COMMITTEE

Tuesday, March 4, 2008  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Senator Dick Dever, Chairman, called the meeting to order at 9:00 a.m.

**Members present:** Senators Dick Dever, Joan Heckaman, Aaron Krauter, Judy Lee; Representatives Larry Bellew, Karen Karls, Gary Kreidt, Ralph Metcalf, Jon Nelson, Vonnie Pietsch, Gerry Uglen, Benjamin A. Vig, Alon Wieland

**Members absent:** Senator Tim Mathern; Representatives Louise Potter, Clara Sue Price

**Others present:** Phillip Mueller, State Representative, Wimbledon

See attached [appendix](#) for additional persons present.

It was moved by Representative Bellew, seconded by Senator Lee, and carried on a voice vote that the minutes of the previous meeting be approved as distributed.

#### LONG-TERM CARE STUDY

Ms. Maggie Anderson, Director, Medical Services Division, Department of Human Services, presented a report on the change in long-term care services funding requirements resulting from federal medical assistance percentage (FMAP) changes. She said the additional general fund matching requirements resulting from the FMAP decrease from the 2005-07 biennium to the 2007-09 biennium was \$2,460,738 for developmental disabilities community-based care services, \$2,279,874 for nursing home services, \$156,745 for home and community-based services, and \$58,442 for basic care services. A copy of the report is on file in the Legislative Council office.

In response to a question from Representative Kreidt, Ms. Anderson said the number of beds paid for through Medicaid currently averages 3,508 per month. She said the department's 2007-09 biennium appropriation was based on an average of 3,494 beds per month.

In response to a question from Senator Krauter, Ms. Anderson said the department will receive the preliminary 2010 FMAP in April 2008 and the final FMAP in September 2008. Senator Krauter asked that information on the preliminary 2010 FMAP be provided to the committee at its next meeting.

Ms. Anderson presented a report summarizing information on other states that have a high number of nursing home beds per 1,000 elderly that also have nursing home bed moratoriums. She said the North Dakota Long Term Care Association assisted the department in gathering the information. She said of

the 14 states that responded to a survey by the American Health Care Association, 6 had a moratorium in place and 11 had a certificate of need process. A copy of the report is on file in the Legislative Council office.

Ms. Anderson presented information on nursing home facility-related costs compared to service-related costs. She said direct costs include nursing and therapy; other direct costs include laundry, activities, and social services; and indirect costs include administration, chaplain, pharmacy, housekeeping, and medical records.

RATES PER DAY FOR SELECT NURSING FACILITY COSTS				
June 30, 2007, Cost Reports				
	Average Per Day	Percentage	Range	
Property, utilities, etc.	\$10.34	6.62%	\$1.74	\$26.57
Food	6.48	4.15%	\$3.29	\$9.39
Direct*	90.47	57.91%	\$65.06	\$115.87
Other direct	10.17	6.51%	\$5.96	\$15.82
Indirect	38.77	24.82%	\$29.56	\$131.87
Total	\$156.24			

\*Average calculated as total nursing facility costs divided by total census. Costs were not case mix-adjusted and limits were not applied.

A copy of the report is on file in the Legislative Council office.

In response to a question from Representative Kreidt, Ms. Anderson said she will provide information to the committee on the current average case mix in the state.

The legislative budget analyst and auditor presented a memorandum entitled [Recipients of North Dakota Long-Term Care Services - 2007 and Potential for 2020](#). The legislative budget analyst and auditor said the memorandum provides information on the long-term care service capacity in North Dakota and the number of residents accessing those services in 2007 as well as information on the potential number of residents that may be accessing long-term care services in 2020.

The legislative budget analyst and auditor said the information was compiled with assistance from the Department of Human Services, the State Department of Health, and the North Dakota Long Term Care Association.

The following schedule summarizes information in the memorandum regarding the number of facilities, beds, and qualified service providers providing

services to residents and service recipients and the potential number of residents and recipients that may be receiving these services in 2020 based on the percentage of population currently receiving services:

	Number of Facilities/ Providers 2007	Licensed Beds/Units 2007	Number of Residents/ Recipients 2006/2007	Potential Number of Residents/ Recipients 2020
Nursing home services	83	6,380	6,358	9,289
Basic care services	56	1,574	1,317	1,831
Assisted living services	59	2,072	1,923	2,704
Home and community-based services	1,858		2,485	3,248

Ms. Shelly Peterson, President, North Dakota Long Term Care Association, said she will provide the committee with additional information on the moratorium survey conducted by the American Health Care Association.

Ms. Peterson provided information on nursing home bed availability and waiting lists in the state. She said the average occupancy percentage for nursing homes is 94 percent. She said the demand for nursing home services is the greatest in Bismarck, Minot, Fargo, and Grand Forks. To meet the increased demand in urban North Dakota, she said, rural facilities are selling their beds to facilities in the urban areas. She anticipates 260 nursing facility beds will be redistributed from rural North Dakota to the four major cities by 2011.

Ms. Peterson said a five-year initiative, funded by an \$8.9 million federal grant, will begin in June 2008. She said the initiative will allow eligible individuals in North Dakota nursing facilities to return home and receive services in their homes. In addition to the initiative, she said the Program of All-Inclusive Care for the Elderly project is a five-year project to help the poor, who screen in need of nursing facility care, to remain at home with day support, care, and services. She said 25 percent of all residents admitted to a nursing facility return to their own homes and one-third return home or to a lower level of care, such as basic care, assisted living, adult foster care, or to the home of a family member. A copy of the report is on file in the Legislative Council office.

In response to a question from Senator Krauter, Ms. Peterson said state law requires nursing facility beds purchased to be in service within four years.

In response to a question from Senator Krauter, Ms. Peterson said the market price for a nursing facility bed may vary from \$12,000 to \$20,000. She said the cost of purchasing a bed is not an allowable cost for payment purposes.

In response to a question from Senator Heckaman, Ms. Peterson said she will provide the committee with information on the number of beds removed from the system as a result of the bed buyout legislation in 2001.

Ms. Peterson provided statistics on long-term care in North Dakota. The chart below summarizes the number of facilities, units, and 2008 average costs for nursing, basic care, and assisted living facilities.

Facilities	Units	Average Daily Cost (2008)
83 nursing	6,327 beds	\$165.59
56 basic care	1,574 beds	\$78
60 assisted living	2,157 units	\$100

Ms. Peterson said nursing homes are about 94 percent occupied, basic care facilities are about 86 percent occupied, and assisted living facilities are about 92 percent occupied. A copy of the report is on file in the Legislative Council office.

Ms. Peterson said staffing will continue to be a challenge for long-term care facilities. She provided a history of nursing facility utilization in North Dakota from 1998 to 2007. The report provided total census (including private pay), beds, Medicaid beds, occupancy, and average rate. She said the total number of nursing home beds has decreased from 6,543 in 1998 to 5,897 in 2007. She said the average daily rate has increased from \$97.68 to \$165.59 during that same period. A copy of the report is on file in the Legislative Council office.

Ms. Peterson provided information on individuals on waiting lists for care or services. She said there are two types of individuals on waiting lists-- individuals who have an immediate need and placement is desired as soon as possible and individuals who do not have an immediate need but believe they are securing a placement for the future. She said waiting lists are not strong indicators of need because:

- An assessment of need is not completed prior to a name being added to the list.
- One name may appear on multiple waiting lists.
- Long-term care facilities often do not keep waiting lists current.

Ms. Peterson provided a Department of Human Services schedule of nursing home statistics, including census, occupancy, and limits. She said 2 facilities were exceeding three limits, 3 facilities were exceeding two limits, 20 facilities were exceeding one limit, and the remaining 56 facilities did not exceed any limit. A copy of the report is on file in the Legislative Council office.

In response to a question from Representative Mueller, Ms. Peterson said assisted living facilities must be licensed, but the regulations are not significant. She said the Long Term Care Association is meeting with the Department of Human Services to review assisted living regulations. She anticipates the association and the department will be addressing the

issue of assisted living regulations during the next legislative session.

Ms. Linda Wright, Director, Aging Services Division, Department of Human Services, provided testimony on single point of entry services in North Dakota. She said 2006 amendments to the federal Older Americans Act require the Assistant Secretary for Aging to implement aging and disability resource centers in all states. These centers are to:

- Serve as visible and trusted sources of information on the full range of long-term care options.
- Provide personalized and consumer-friendly assistance to empower individuals to make informed decisions about their care options.
- Provide coordinated and streamlined access to all publicly supported long-term care options so consumers can obtain the care they need through a single intake, assessment, and eligibility determination process.
- Help individuals to plan ahead for their future long-term care needs.
- Assist in understanding and accessing prescription drug and preventive health benefits.

Ms. Wright said there are aging and disability resource centers in 43 states, but North Dakota does not yet have a center. She said 2007 Senate Bill No. 2070 provided funding for the necessary match for an aging and disability resource center grant, but North Dakota's application has not yet been approved.

Ms. Wright said the Aging Services Division has provided aging-related information and assistance for at least 20 years and has offered a nationwide toll-free number for approximately 15 years. She said web site and e-mail availability in recent years have enhanced access for consumers. She said the Aging Services Division has coordinated access to information with Mental Health America of North Dakota and with the FirstLink Hotline of Fargo. She provided a brochure regarding the Aging Services Division's information and assistance service entitled the *North Dakota Aging and Disability Resource-LINK* formerly the Senior Info-Line. Copies of the testimony and the brochure are on file in the Legislative Council office.

In response to a question from Senator Lee, Ms. Wright said Mental Health America of North Dakota has the expertise to deal with mental health issues and both Mental Health America of North Dakota and the North Dakota Aging and Disability Resource-LINK strive to maintain specialized and separate duties to avoid duplication.

Ms. Kristine Sande, Project Director, Rural Assistance Center, at the University of North Dakota School of Medicine and Health Sciences Center for Rural Health provided testimony on the Rural Assistance Center (RAC) and single point of entry services in North Dakota. She said the RAC is a federally funded initiative. In 2002, she said, the Rural Task Force of the United States Department of Health

and Human Services (HHS) implemented a single coordinated point of contact for all HHS programs that affect rural communities across the nation. She said the University of North Dakota Center for Rural Health successfully competed in a national competition for HHS's proposal to achieve that "one-stop" location for timely user-friendly, rural-relevant information.

Ms. Sande said RAC coordinates and streamlines information and makes it available through the use of a comprehensive web site, listserv updates, and customized assistance services. She said RAC's services act as a directory of various resources which can assist users to find resources.

Ms. Sande said information is organized by state and the North Dakota page features links to specific tools available in North Dakota, such as 2-1-1 North Dakota and the Aging and Disability Resource-LINK. She said while RAC is a national project, North Dakota consistently is the state with the top usage of RAC's services and the state has benefited from an economic standpoint as well, bringing in over \$4.4 million in federal funding since 2002. Copies of the report and a brochure are on file in the Legislative Council office.

Ms. Susan Helgeland, Executive Director, Mental Health America of North Dakota, provided information on the 2-1-1 program in North Dakota (2-1-1 ND). She said the Federal Communications Commission designated the three-digit number--2-1-1--nationally in July 2000, and in February 2004 the North Dakota Public Service Commission designated Mental Health America of North Dakota as the 2-1-1 ND provider for North Dakota. She said 2-1-1 ND is a confidential community information and crisis service available 24 hours a day 7 days a week.

Ms. Helgeland provided examples of 2-1-1 operations in various states. She said 2-1-1 ND contains a database of thousands of human service providers, programs, and community services.

Ms. Helgeland said 2-1-1 ND can assist local governments that do not have the funds to establish a comprehensive information and referral system.

Ms. Helgeland said service information available through 2-1-1 ND includes:

- Parent support and education.
- Volunteer opportunities.
- Supportive listening.
- Donation of goods.
- Access to resource material.
- Quality child care.
- Employee assistance program.
- Crime victims.
- Homeland security.
- Disaster assistance.
- Travelers' assistance.
- Hear-O program.
- Crisis intervention.
- Public policy research.
- Gambling information.
- Substance abuse information.

Copies of the report and a brochure are on file in the Legislative Council office.

In response to a question from Senator Lee, Ms. Helgeland said in 2007, 71 percent of 2-1-1 ND calls related to the aging and to people with disabilities. She said she would provide the committee with additional information on call volume, call purpose, call origin, and the number of referrals between 2-1-1 ND and the Aging and Disability Resource-LINK.

In response to a question from Representative Kreidt, Ms. Helgeland said 2-1-1 ND receives no government funding. She said funds are received from private contributions, United Way allocations, fundraisers, and grants.

In response to a question from Senator Lee, Ms. Helgeland said she is concerned that the Department of Human Services would like 2-1-1 ND to transfer calls that are related to aging and people with disabilities to the Aging and Disability Resource-LINK.

Ms. Annette Bendish, attorney, Department of Human Services, provided testimony regarding the possibility of the state appointing an attorney to represent elderly individuals who are being financially exploited by family members or others and on services currently provided by the Department of Human Services. Regarding the provision of legal services to elderly individuals, she said the department's Aging Services Division has had a contract with Legal Services of North Dakota for over 25 years. The services provided under this contract are required under Title III of the Older Americans Act and are available to persons over age 60. The services are targeted to low income, rural, minority, and socially isolated persons. Under the contract, she said, Legal Services of North Dakota provides legal assistance to older individuals in the areas of abuse, age discrimination, defending guardianships, health care, housing, income, long-term care, neglect, nutrition, protective services, and utilities.

Ms. Bendish said vulnerable adult protective services is a program within the department that works to prevent further abuse, neglect, or exploitation of vulnerable adults and promotes self-care and independence for vulnerable adults. Any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect may report the information to the department or to an appropriate law enforcement agency. She said each human service center has an elder services unit. She said North Dakota Century Code Section 50-25.2-03 authorizes the department to provide adult protective services if the vulnerable adult consents to and accepts the services. She said the department may also pursue other means to protect those that cannot give consent.

Ms. Bendish said the department is not opposed to the establishment of an additional program to provide a state-appointed attorney to represent elderly individuals who are being financially exploited by family members. However, she said, the department

does not currently have a funding source for this type of program. She said potential or perceived conflict of interest may occur if the department is responsible for appointing the attorney. A copy of the testimony is on file in the Legislative Council office.

In response to a question from Senator Lee, Ms. Bendish said according to representatives of the Minnesota adult protection program, Minnesota does not have a specific state-appointed attorney for elderly individuals but does have a state Medicaid fraud unit within its Attorney General's office.

In response to a question from Senator Lee, Ms. Wright said the Aging Services Division administers the vulnerable adult protective services program. She said when the department is made aware of possible instances of financial exploitation, the department works with law enforcement and the judicial system to address the situation.

In response to a question from Senator Dever, Ms. Bendish said instances of financial exploitation may result in both a criminal and civil case.

In response to a question from Representative Bellew, Ms. Wright provided a report on the background of its vulnerable adult protective services, including case statistics, demographic data, referral reasons and sources, and request priorities. She said 10 percent of referrals relate to financial exploitation. A copy of the report is on file in the Legislative Council office.

Mr. Bruce Murry, public policy advocate, Protection and Advocacy Project, presented testimony regarding legal representation to recover exploited resources. He said the Protection and Advocacy Project has been involved in financial exploitation cases for people with developmental disabilities and serious mental illness. He said the agency supports providing legal services to people who have been exploited and whose long-term care services are threatened. He suggested the state extend this service to people living outside institutions who require long-term care. He said the Protection and Advocacy Project could participate in this effort in one of three ways:

- Use additional resources to provide direct legal services to remedy exploitation for people who need long-term care but do not have developmental disabilities or mental illness.
- Administer additional resources to contract with private attorneys to provide these services.
- Assist another agency in developing this type of program.

A copy of the testimony is on file in the Legislative Council office.

The committee recessed for lunch at 11:55 a.m. and reconvened at 1:00 p.m.

The Legislative Council staff presented a bill draft [\[90056.0100\]](#) to require at least a 30-day written advance notice of any transfer or discharge from a nursing home, swing-bed hospital, basic care, or assisted living facility.

In response to a question from Senator Lee, Ms. Peterson said the North Dakota Long Term Care Association supports the bill draft.

### **LIFE SAFETY SURVEYS**

Ms. Arvy Smith, Deputy State Health Officer, State Department of Health, presented information regarding the status of the life safety survey demonstration project. She said Section 12 of 2007 House Bill No. 1004 required the State Department of Health to develop and implement a demonstration project for a Life Safety Code survey process for long-term care and basic care facility construction or renovation projects. She said under the demonstration project, construction and renovation projects costing more than \$3 million would have access to onsite visits on a voluntary basis during or at the completion of the project during the 2007-09 biennium. The State Department of Health may charge a reasonable fee to cover the food, lodging, and transportation expenses of surveyors performing the surveys. She said the Centers for Medicare and Medicaid Services (CMS) provides federal funding for Life Safety Code surveys completed as a part of federal certification of all state-licensed facilities only.

Since the start of the project, Ms. Smith said the department has been contacted by two facilities requesting onsite visits. She said the department has contracted with a Minnesota Department of Health survey staff member to conduct the demonstration project surveys. She said onsite visits to the two facilities were completed in January and February 2008. She said a followup questionnaire completed by each of the providers contained positive feedback.

Ms. Smith said other states' survey agencies that conduct onsite construction visits do so as a part of a state regulatory process. She provided information on the range of services and charges provided by other states. She said states that conduct onsite visits prior to the federal inspection are similar to a construction consultation. She said these states separate this activity from the regulatory division to avoid conflict of interest.

Mr. Wade Peterson, Administrator, Medcenter One Living Centers, Mandan, presented information on Medcenter One's life safety construction inspection. He stressed the importance of the state life safety surveyors performing the inspections during construction. He said Medcenter One was one of the two facilities that have been a part of the demonstration project. He said the onsite inspection has been very beneficial. It will ensure safer buildings for the residents and will save money. He suggested the department include more information on its web site regarding approved drawings and surveyors' inspection notes.

In response to a question from Senator Dever, Mr. Peterson said there is a difference in interpretation of the rules and regulations among the regional CMS offices.

Mr. Neil Ostlie, Administrator, Knife River Care Center, Beulah, presented information on Knife River's experience of not having the benefit of being a part of the demonstration project. He said the inconsistencies between the inspectors and regional interpretations of rules cause unnecessary expenses. He said his facility asked for a preliminary survey but was denied. He estimated changes that needed to be made resulting from the final inspection added \$150,000 to the cost of the project for the facility and an additional \$50,000 for the contractors. He expressed support for the demonstration project.

In response to a question from Chairman Dever, Mr. Ostlie said Knife River Care Center requested a preliminary inspection in January 2007 prior to the demonstration project legislation and were denied. He said the department indicated it did not have the authority or resources to conduct construction inspections.

Ms. Peterson said the North Dakota Long Term Care Association supports the demonstration project. She said the Hillsboro facility was also involved in the demonstration project and found its onsite visit very beneficial.

Ms. Peterson said the North Dakota Long Term Care Association contracts with the State Department of Health to provide life safety training on an annual or semiannual basis to educate administrators and maintenance personnel but will also be extending an invitation for training to contractors and architects.

Ms. Darlene Bartz, State Department of Health, said the department will review any copyright issues relating to posting approved plans on its web site. She said the department will review the compliance issues at the Knife River Care Center and provide information to the committee.

### **TRANSITION TO INDEPENDENCE PROGRAM STUDY**

Ms. Carla Kessel, Administrator, Children's Mental Health Services, Mental Health and Substance Abuse Services Division, Department of Human Services, provided information on the process of identifying youth needing transitional services, how services are coordinated and provided, the public mental health system, and the coordination of transition to independence program services.

Ms. Kessel provided information for the 2005-07 biennium on youth with serious emotional disorders who turned 18 years of age during this time. She said of the 886 young adults turning 18, 33 percent continued to receive services at a regional human service center. She said it is not known if the remaining 67 percent continued to access services in the private mental health system or decided to discontinue services.

Ms. Kessel presented information on the four components of the public mental health care delivery system, program and policy, regional human service centers, State Hospital, and state review team. She

said other system partners include developmental disabilities, juvenile justice, child welfare, education, and the private sector.

Ms. Kessel provided flow charts to demonstrate the process and services available to assist in the transition from children's to adult services. She said the Transition Steering Council examines the transitional needs for young adults. She said transition gaps in services include barriers and challenges, such as housing, education/vocational, employment opportunities, resources, complexity of diagnoses, and independence in decisionmaking. Copies of the testimony and flow charts are on file in the Legislative Council office.

Ms. Wanda Bye, Field Services Director, Vocational Rehabilitation, Department of Human Services, provided information on the Transition Steering Council. She said the steering council is an advisory council to the North Dakota Department of Public Instruction (DPI). She said the mission of the steering council is to work toward building, supporting, and sustaining community partnerships and systems that promote and improve the scope, opportunity, and quality of services for youth with disabilities. She said its mission is to adequately prepare students for a life and career beyond high school with individualized support. A copy of the testimony is on file in the Legislative Council office.

Ms. Helgeland presented information on the national perspective of transition to independence programs. Ms. Helgeland said nationally over 60 percent of young adults with a serious mental illness are unable to complete high school. She said these adults are often unemployed, unable to participate in continuing education, and lack the skills necessary for establishing and maintaining supportive relationships and independent living. She said transition-age youth with serious mental illness have higher rates of substance abuse and enter adulthood three times more likely to be involved in criminal activity than those without an illness.

Ms. Helgeland provided information on the Partnerships for Youth Transition (PYT) Initiative. She said the federal initiative provided funding for five sites across the nation to develop and implement transition programs for youth with mental and emotional difficulties. She said the nearest PYT Initiative is the Pact-4 Families Collaborative in Willmar, Minnesota. A copy of the report is on file in the Legislative Council office.

Dr. Emmet M. Kenney, Jr., Prairie St. John's, Fargo, presented information regarding the needs of young adults in North Dakota who have severe mental illness. He said most psychiatric illnesses have their visible beginnings in childhood or adolescence. He presented graphs indicating the suicide rate among age groups 10 to 19 and 20 to 24 per 100,000 in North Dakota generally exceeds the national rate. He provided a list of all adult transitional resources available in North Dakota by service region. Copies of

the report and the resource list are on file in the Legislative Council office.

Ms. Sherri McMahon, Fargo, commented on her family's experience with the child welfare system. She said her son discontinued receiving special education services while in foster care. She said it took three years to reestablish his special education eligibility. She said during that time he received no services and moved through several foster homes and schools. She expressed concern that families are not included as partners in the service delivery system. She suggested schools offer meaningful school-to-work experiences.

Ms. McMahon suggested special education and vocational rehabilitation collaborate to serve students with learning disabilities, emotional disturbances, autism spectrum disorders, and other health impairments. A copy of the testimony is on file in the Legislative Council office.

Ms. Kimberly Zeeb, Special Needs Coordinator, Fraser, Ltd., Fargo, presented information on its skill enhancement training (SET) program and a new program--A Circle of Trust--which offers transition-age youth control in their lives while learning how to make choices to further their independence. She said the SET program was established in 2004 to assist youth in developing the life skills necessary to become responsible adults. She said the program will be implemented to meet additional needs and as a complement to the SET summer program. A copy of the testimony is on file in the Legislative Council office.

Mr. Karl Young, Garrison, presented information about his experience in the child services system as a youth and the experiences of his children. He said he achieved success as a result of advice he received from a probation officer as a youth. He said two of his children suffer from an autistic spectrum disorder. He said his family moved to Garrison after being unable to obtain adequate services for his autistic children from the Bismarck Public School District. He said his children are receiving excellent services in Garrison.

Ms. Helgeland presented written testimony for Ms. Carlotta McCleary, Executive Director, North Dakota Federation of Families for Children's Mental Health. Ms. McCleary's testimony indicated that the system of care for youth and young adults transitioning to adulthood will be improved by including youth, young adults, and families in the development of the system. Her testimony also included a suggestion to provide more coordination and collaboration among the various system providers to ensure a seamless transition for youth into adulthood. A copy of the testimony is on file in the Legislative Council office.

Mr. Mark Heinert, social worker, Youthworks, Bismarck, presented written testimony for Cheri Rasmussen, Program Manager, Youthworks, Fargo. Ms. Rasmussen's testimony indicated that Youthworks focuses on runaway, homeless, and at-risk youth and their families. Youthworks is an

alternative to the formal human services delivery system and provides services on a voluntary basis regardless of ability to pay or other limiting eligibility requirements. Ms. Rasmussen's testimony cited a lack of safe or crisis beds for adolescents. A copy of the testimony is on file in the Legislative Council office.

Mr. Heinert said he is concerned most with the financial and emotional needs of the young people they serve. He said most do not have the financial and emotional support of a parent or guardian. He suggested providing additional case management services, supportive services, and housing services for these youth transitioning to adulthood. He expressed concern regarding the major decrease in funding available to serve a 17-year-old in care compared to an 18-year-old out of care.

### DEMENTIA-RELATED SERVICES STUDY

Ms. Wright presented information regarding dementia-related services. She provided statistics regarding dementia-related services. She said from July 1, 2006, through June 30, 2007, the North Dakota Family Caregivers Support Program provided services to 272 family caregivers. Of the total, 141 were caring for an individual with Alzheimer's or a related dementia. She said 30 percent of the victims of abuse, neglect, self-neglect, and exploitation assisted by adult protective services had dementia. She said estimated nursing home and other costs for Alzheimer's and dementia patients for calendar year 2007 totaled \$104 million in North Dakota.

Ms. Wright said the Alzheimer's Association estimates the number of individuals age 65-plus in North Dakota with Alzheimer's disease was 16,000 in 2000 and will be 18,000 by the year 2010. In 2000, she said, Medicare spent nearly three times as much, on average, for people with Alzheimer's and other dementias as for beneficiaries without dementia. She said 70 percent of individuals with Alzheimer's and other dementias live at home where they are cared for by family and friends. In 2005, she said, an estimated 16,646 unpaid caregivers were caring for an individual with Alzheimer's or related dementia whose time was worth an estimated \$140 million.

Ms. Wright provided options for improving services, including additional support for caregivers, training for early detection by health care professionals, memory loss clinics, nutrition services, and qualified service provider training. She provided copies of information from the *2007 Alzheimer's Disease Facts and Figures* publication. A copy of the report is on file in the Legislative Council office.

Mr. Doug Wegh, Director, Hettinger County Social Services, Mott, said a survey was sent to county social service offices in an effort to collect data

specific to the numbers of Alzheimer's/dementia or significant memory loss cases. He said with 47 of 53 counties responding, county social service offices are serving 316 individuals who have a diagnosis of Alzheimer's or dementia and 345 individuals with a significant memory loss. He provided a copy of the survey results by county. Copies of the testimony and the survey results are on file in the Legislative Council office.

Ms. Marie Thompson, case manager, Burleigh County Home and Community-Based Services, presented a list of suggestions to improve services identified by case managers in the county social service office survey, including:

- The availability of adult day care services;
- Medication certification for workers;
- Nonmedical transportation added to service payments for elderly and disabled (SPED) and EX-SPED; and
- Home visits from a nurse to provide diabetic, heart, and stroke victim care.

A copy of the list is on file in the Legislative Council office.

Ms. Kristi Pfliger-Keller, Director, Western North Dakota Regional Center, Office of the Alzheimer's Association MN-ND Chapter, said the Alzheimer's Association supports all of the recommendations provided by the county social service directors and the Department of Human Services. She said dementia care requires unique skills and knowledge and the Alzheimer's Association hopes the committee further examines training requirements as well as funding sources to ensure training is available. She said very few state or federal regulations relate to the creation and operation of specialized memory care units. She suggested North Dakota ensure consistent quality care for its memory-impaired residents. A copy of the testimony is on file in the Legislative Council office.

Chairman Dever anticipates future committee meetings to be in May and July 2008.

No further business appearing, Chairman Dever adjourned the meeting at 4:35 p.m.

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Sheila M. Sandness  
Fiscal Analyst

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Allen H. Knudson  
Legislative Budget Analyst and Auditor

ATTACH:1