



# Protection & Advocacy Project

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## ND Protection and Advocacy Project - Workforce and Technology Project (Pilot Project)

### Testimony of Jordan Wetsel, P&A Project Coordinator

Greeting Chairman Nelson and Members of the House Appropriations - Human Resources Division Committee. This testimony highlights the stories of four pilot participants who have benefitted from the integration of assistive technology (AT) into their daily lives. The Protection & Advocacy Project spearheaded the pilot project as part of the Workforce and Technology Project. The intent was to showcase the positive impact of AT for individuals with disabilities, particularly in terms of independence, quality of life, and cost savings for the state. A related benefit identified was the payoff relative to workforce challenges. Four pilot participants, each with unique needs, has been provided with various AT devices aimed at increasing their independence and reducing their reliance on caregivers and institutional care. The following narratives outline their diagnoses, care needs, the initial care setting, estimated cost of original care, and the resulting savings through the use of AT.

#### Pilot Participant 1: Cost Savings and Independence

This participant is diagnosed with a combination of developmental, emotional, and physical disabilities, including limited mobility, intellectual disability, and behavioral challenges. He required significant assistance with daily tasks such as medication management, meal preparation, and emotional regulation. His care was initially provided in the Life Skills Transition Center, where the total cost of his care was \$1,536.02 per day, amounting to \$560,647 annually.

With the implementation of assistive technology (AT), including smart home devices, visual cues, habit-tracking apps, and a security system, the participant transitioned to a community-based apartment with a roommate. The total cost for the AT tools was approximately \$1,250. These tools reduced the need for direct staff intervention while promoting independence. As a result, his new living arrangement requires fewer hours of care. The average cost for a DSP is \$18.00/hour, or \$432.00/day, which allows for this individual to have available support, 24 hours a day. The cost of this community care amounts to \$157,680/year, which is a cost-saving to the state of \$402,967, when compared to his previous institutionalized care.

#### Pilot Participant 2: Empowering Independent Living

This young adult has a severe physical disability and relies on a power wheelchair to navigate daily activities. He faces challenges in accessing essential parts of his home, such as opening doors, blinds, and retrieving items. Before transitioning, he lived with his parents and required assistance with many

tasks, including locking doors and adjusting environmental settings. His previous care costs were not specified but included significant support from family and occasional caregivers.

Through the use of assistive technology, such as an automatic door opener, security smart lock, and voice-activated systems, he successfully moved into an accessible apartment. The total cost for the AT equipment was \$5,760.39. This investment has enabled him to perform daily tasks independently, reducing his reliance on caregivers. For instance, cutting back on one hour of daily care—valued at \$18.00 per hour for a DSP saves approximately \$6,570.00 annually. His transition to independent living in a new setting highlights how AT can reduce the need for ongoing caregiver support, ultimately saving costs for the state.

### **Pilot Participant 3: Mental Health and the Need for Education**

This individual faces complex challenges due to a combination of Autism, Diabetes, Obsessive Compulsive Disorder (OCD), and other mental health conditions. Due to medication non-compliance and difficulties managing daily tasks, he had a history of hospitalization and reliance on institutional care. His care was previously provided in a structured environment, which involved significant support staff and costs that were not fully quantified but were high due to his mental health needs.

The assistive technology solutions provided included a medication dispenser, smart locks for apartment access, and tools for daily organization and mobility. However, mental health barriers, such as resistance to using the technology and challenges with routine changes, have delayed the full implementation of these tools. The cost for the AT equipment was \$572.30, which was minimal compared to the potential savings from reducing hospitalization and external caregiving needs. Although full success has not yet been achieved, he transitioned from a basic care facility to an apartment, which created cost savings by reducing institutional care. The daily rate at a Basic Care Facility is \$146.25/day. Over time, with continued education and support for his mental health, this participant's independence and quality of life are expected to improve, providing long-term cost savings, and decreasing acute care hospitalizations. This individual is provided services through community organizations such as Better Together and Interim HealthCare.

### **Pilot Participant 4: Enhancing Quality of Life with Complex Medical Needs**

This individual has severe muscular dystrophy and a profound intellectual disability, which necessitates constant supervision and assistance with nearly all daily activities, including transfers, mobility, and communication. He also faces challenges in engaging with his environment due to his physical limitations and nonverbal communication. Previously, he required 24-hour care in a highly structured facility, with costs associated with caregiver support and equipment for mobility. For a large portion of his day, he was reliant upon two caregivers, whom were both nurses.

With the implementation of assistive technology, including a ceiling lift, automatic door openers, smart bulbs, and a Bluetooth-enabled neckband for controlling devices, the participant now has more control over his environment. The total cost for the assistive technology was \$17,769.93. These tools have allowed the individual to engage more independently with his environment, reducing caregiver strain and providing for significant benefits to his health and safety. One caregiver can now support him safely within his own apartment. At an average LPN nurse's hourly wage of \$29.88, reducing even one hour of daily care results in an annual savings of approximately \$10,900.00.

This shift to a less restrictive setting allowed the participant to engage more fully in his community while significantly lowering the state's financial burden. AT solutions in this new setting allowed the provider,

at times, to reduce staffing from two LPN-level caregivers 24/7 to one LPN-level caregiver 24/7. This cuts the costs associated with his care significantly.

The reduction in caregiver time, particularly for mobility and environmental control, translates into significant savings over time. Along with the cost-saving benefits, the implementation of assistive technology has also made the environment safer for both the individual and his staff, providing peace of mind and allowing the caregivers to feel more confident and secure in performing their duties, knowing that the technology supports their efforts and reduces the risk of injury.

## Conclusion

The stories of these four pilot participants demonstrate the immense value of assistive technology in both improving individual outcomes and reducing overall costs of care. Each participant's transition from institutional or high-support settings to community-based environments illustrates the potential for AT to empower individuals to live more independently. By reducing reliance on institutional care and lowering caregiver hours, the state of North Dakota can achieve significant cost savings while improving the quality of life for individuals with disabilities. Investing in assistive technology is not just a financial decision—it's a commitment to fostering independence, dignity, and inclusion for all North Dakotans. I ask that you support Protection and Advocacy's funding request for a permanent FTE to continue this program and work.

*Jordan Wetsel*

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