

2013 SENATE HUMAN SERVICES

SB 2375

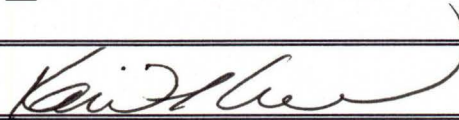
2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

SB 2375
2/5/13
Job Number 18275

☐ Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

To direct the department of human services to seek a home and community-based services waiver.

Minutes:

Attached testimony

Chairman J. Lee opened the hearing on SB 2375.

Senator Axness, District 16, introduced the bill to the committee and explained that the fiscal note was blank because there needs to be more information.

Maggie Anderson from the Department of Human Services offered neutral testimony and distributed an eligibility requirements chart. (Meter 0:02:40) See attachment #1.

Mark Bourdon, Program Director for Freedom Resource Center for Independent Living, testified in support. See attached testimony #2. He also acknowledged the email testimony from Scott Burlingame, Executive Director of Independence Inc., a Center for Independence Living with a home office in Minot. See attached testimony #3.

Chairman J. Lee asked for names that were excluded from the other testimony.
(Meter 0:20:35)

Mr. Bourdon explained that some requested to remain anonymous but will work on getting the other names for the committee.

Senator Dever wanted to know how centers for independent living are involved in the delivery of home and community based services?

Mr. Bourdon answered that in home and community based services they find themselves advocating for those who want to become independent and face roadblocks. They bring all the parties together and identify the resources. They teach independent living skills so they can remain in home and become independent, and self-sufficient. Another piece they help with is peer mentoring.

Chairman J. Lee mentioned the study concerning behavioral health availability, access, and delivery throughout the state.

Royce Shultze, Exec Director from the Dakota Center for Independent Living in Bismarck, testified in support of the bill. He reported that they have pretty much the same issues that Freedom has. There is a lack of services in the rural counties. One of the reasons they support this bill is to get more services out to those areas. (Meter 0:25:50)

Chairman J. Lee asked if he works with IPAT.

Mr. Schultze responded that he does.

Josh Askvig, AARP of ND, testified in support of SB 2375. He did not prepare written testimony in part because he wanted to hear some of the specifics of what Mr. Bourdon outlined (Meter 0:28:20). He references the new score card called the Long Term Score Card which looks at states on various measures of long term care. ND does very well in terms of quality of care and support for family caregivers. Where ND generally struggles on the score card is in terms of options and choice of setting and provider. Out of the 50 states and the District of Columbia, ND ranks 51st in terms of the percent of Medicaid funding going towards home and community based service options.

Senator Anderson asked if he had any feel for why ND is low on the list for home and community based services.

Mr. Askvig replied that he didn't know if every state has a waiver or not. One of ND's struggles is its rural nature and how difficult it is to find someone to provide those services.

Senator Axness wanted to know if AARP knows the difference in cost between a nursing facility vs. a home?

Mr. Askvig said it is about a 3-1 ratio - for every one individual that is in an institutionalized setting you could afford to provide home based care for three individuals.

Discussion between **Chairman J. Lee** and **Mr. Askvig** - The comparison probably isn't quite accurate because people in the skilled care facilities probably need higher level of services.

Senator Anderson stated that the comparison needs to be accurate.

The discussion continued.

Shelly Peterson, ND Long Term Care Association, supported the concept of the bill and shared some information. She clarified the Medicaid funding and waiver. (Meter 0:38:10)

Senator Axness wanted to know if the reason people are staying in nursing homes might be the lack of services available, especially in rural North Dakota.

Ms. Peterson replied that rural ND is a huge issue.

Chairman J. Lee offers insight based off personal experiences.

Nancy Maier, Home and Community Based Services Program Administrator for the Department of Human Services, was neutral and wanted to briefly clarify duplications and references in Mark Bourdon's testimony (attachment #2). (Meter 0:44:50)

Senator Axness asked if people are notified that they are eligible for this waiver and have these options.

Ms. Maier replied that it depends on how they come into the system.

There was no further testimony.

The hearing on SB 2375 was closed.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

SB 2375
2/6/13
Job Number 18451

☐ Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

To direct the department of human services to seek a home and community-based services waiver.

Minutes:

Attachment

Chairman J. Lee opened committee discussion on SB 2375.

Sen. Axness offered an amendment that would change the bill into a study resolution. He explained that it was with the consensus of the people behind the bill. See attachment #4.

Sen. Axness moved to adopt the amendment 13.0823.01002.

Seconded by **Sen. Dever**.

Roll call vote 5-0-0. **Amendment adopted.**

Sen. Axness moved a **Do Pass as Amended**.

Seconded by **Sen. Dever**.

Roll call vote 5-0-0. Motion carried. Carrier is Sen. Axness.

FISCAL NOTE
Requested by Legislative Council
01/28/2013

Bill/Resolution No.: SB 2375

- 1 A. **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.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

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

SB2375 directs the Department of Human Services to seek approval from the federal centers for medicare and medicaid services to expand home and community-based services.

- 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.*

Section 1 expands the Department's home and community-based services into areas that require further clarification from the bills sponsors as to what the services entail and what utilization limits if any might apply. Without this information the Department is unable determine how many individuals may qualify for these services and we are unable to prepare a cost estimate of the required expansion. If further clarification is provided in amendments to the Bill the Department expects to be able to put an amount on the fiscal note.

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.*
- 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.*
- 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.*

Name: Debra A. McDermott

Agency: Department of Human Services

Telephone: 701-328-1980

Date Prepared: 02/02/2013

February 7, 2013

Handwritten signature and date "2-7-13" in the top right corner.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2375

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study of home and community-based services."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - HOME AND COMMUNITY-BASED SERVICES. The legislative management shall consider studying, during the 2013-14 interim, home and community-based services in the state, including the need to expand the home and community-based services medicaid waiver to cover twenty-four hour emergency assistance, adult companion service, behavioral programming, chore services, customized living services, environmental modifications, and transition modification support. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

Date: 2/6/13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2375

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13. 0823. 01002

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Axness Seconded By Sen. Dever

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	<input checked="" type="checkbox"/>		Senator Tyler Axness	<input checked="" type="checkbox"/>	
Vice Chairman Oley Larsen	<input checked="" type="checkbox"/>				
Senator Dick Dever	<input checked="" type="checkbox"/>				
Senator Howard Anderson, Jr.	<input checked="" type="checkbox"/>				

Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

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

Date: 2/6/13
Roll Call Vote #: 2

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2375

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0823.01002

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Axness Seconded By Sen. Dever

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	<input checked="" type="checkbox"/>		Senator Tyler Axness	<input checked="" type="checkbox"/>	
Vice Chairman Oley Larsen	<input checked="" type="checkbox"/>				
Senator Dick Dever	<input checked="" type="checkbox"/>				
Senator Howard Anderson, Jr.	<input checked="" type="checkbox"/>				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Axness

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

REPORT OF STANDING COMMITTEE

SB 2375: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2375 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study of home and community-based services.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - HOME AND COMMUNITY-BASED SERVICES. The legislative management shall consider studying, during the 2013-14 interim, home and community-based services in the state, including the need to expand the home and community-based services medicaid waiver to cover twenty-four hour emergency assistance, adult companion service, behavioral programming, chore services, customized living services, environmental modifications, and transition modification support. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

2013 HOUSE HUMAN SERVICES

SB 2375

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

SB 2375
March 20, 2013
Job #20242

☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

"Click here to type reason for introduction of bill/resolution"

Minutes:

Chairman Weisz opened the hearing on SB 2375.

Josh Askvig: From AARP supported the bill. The number one concern for people as they age is how are they going to stay in their homes safely? The best for them to do that is through the delivery of community based services. AARP partnered with the Scan Foundation to put together the long term score card. It ranks states on various measures. We do well on quality, we do very poorly on choice of setting or provider especially when it comes to Medicaid dollars for home community based services. It doesn't mean the department is doing a bad job, we just need to take a look at what else is working in other states and see how we can keep moving in that direction.

2:45

Chairman Weisz: We have done studies in the past and is it your contention that we haven't addressed the home community bases services enough in these studies?

Askvig: You have done studies in my time, but you haven't looked at the waiver overall. There is larger study right now in appropriations about continuum of care for long term care. Any chance we get to look at how we can continue home based delivery services we think you should take a look at. The bill had some enhancements, but more with those with disabilities.

Rep. Mooney: The ratings had to do with the options available for home care based in ND?

Askvig: The rating covered the wide swath of long term care, but one of the components we don't score well on is choice of setting a provider. Your options in rural areas are to go to the long term care facility or move to a larger town to do that. We think there are ways to keep people in rural areas by providing additional home services.

5:50

Sen. Tyler Axness: From District 16 in Fargo sponsored and supported the bill. Compared to other states we spend more money on nursing facility care compared to in-home care. This study is going to allow us to revisit what those barriers are. There are a lot of barriers of keeping people where they want to live; in their homes. That is the intent of this bill.

NO OPPOSITION

Chairman Weisz closed the hearing on SB 2375

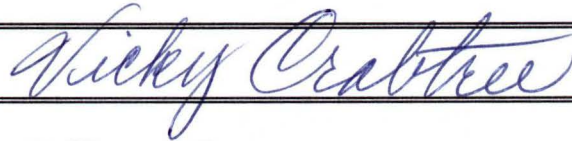
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

SB 2375
March 27, 2013
Job #20550

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide a legislative management study of home and community based services.

Minutes:

Chairman Weisz: Let's take up 2375.

Rep. Fehr: I move a Do Pass.

Rep. Mooney: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Fehr

FISCAL NOTE
Requested by Legislative Council
01/15/2013

Bill/Resolution No.: HB 1129

- 1 A. **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.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$0		\$0	
Appropriations						

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

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **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 provides for the authentication of official electronic records.

- 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 proposed section 46-03.1-03 in the bill provides that if the electronic record is the only published record, it must be authenticated; therefore, if electronic legislative documents available on the legislative branch web site, including the Constitution, Century Code, Session Laws, and Administrative Code are at a point in the future the only official published legislative documents, they would need to be authenticated.

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.*

- 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.*

If the Legislative Assembly or Legislative Management would choose to authenticate official documents on the legislative branch web site including the Constitution, Century Code, Session Laws, and Administrative Code, the estimated cost would be \$115,000 for the 2013-15 biennium. Of this amount, \$85,000 is one-time costs relating to software development and \$30,000 is ongoing costs each 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.*

Name: Allen Knudson

Agency: Legislative Council

Telephone: 328-2916

Date Prepared: 01/17/2013

Date: 3-27-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2375

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Fehr Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. MOONEY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-CHAIRMAN HOFSTAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. MUSCHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REP. ANDERSON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. OVERSEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REP. DAMSCHEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. FEHR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. KIEFERT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. LANING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. LOOYSEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. PORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. SILBERNAGEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Fehr

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

REPORT OF STANDING COMMITTEE

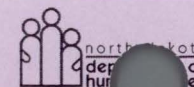
SB 2375, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2375 was placed on the Fourteenth order on the calendar.

|

2013 TESTIMONY

SB 2375

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (11/2012)



EXPANDED Service Payments for the Elderly & Disabled	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A) Includes: Daily/Rate & PC-Basic Care/Rate	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology-Dependent Medicaid Waiver
Services <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Adult Residential • Chore & ERS Systems • Environmental Modification • HCBS Case Management • Homemaker • Non-Med Transportation • Respite • Specialized Equipment/Supplies • Supported Employment • Transitional Care • Extended Personal Care • Home Delivered Meals • Family Personal Care 	Service <ul style="list-style-type: none"> • Attendant Care Service • HCBS Case Management
Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLS) may be provided in conjunction with the tasks for ADLs.						
Functional Eligibility Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> • Meal Preparation • Housework • Laundry • Medication Assistance Or Have health, welfare, or safety needs, requiring supervision or structured environment	Functional Eligibility Impaired in 4 ADLs, OR in at least 5 IADLs, totaling eight (8) or more points or if living alone totaling at least six (6) points Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the 4 following IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance 	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the following 4 IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance And Meet LOC criteria	Functional Eligibility Impaired in 5 ADL's And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Age 18 or older • Choose waiver services • Receive service on a monthly basis • Participate in planning • Functional impairment cannot be the result of a mental illness or mental retardation. • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team 	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Vent Dependent at least 20 hrs per day • Medically stable • Has an informal caregiver system for contingency planning • Is competent to participate in planning • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team
Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Criteria for LOC Screening - NDAC 75-02-02-09.						
Financial Eligibility Medicaid Eligible	Financial Eligibility Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Financial Eligibility- MSP – Personal Care Medicaid Eligible			Financial Eligibility- Waivers Medicaid Eligible	
Program Cap \$2048.00 per month	Program Cap \$2048.00 per month	Program Cap for MSP-Personal Care Level A-480 units per month (a unit is 15 minutes) Level B- 960 units per month Level C- 1200 units per month			Program Cap (HCBS Waiver and TD Waiver) Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	

Individual QSP Rate \$4.41 per/unit - Agency QSP Rate \$6.15 per/unit (In addition some rates may be daily, one time, half day, and also specific to the service)

Attachment #1

**SB 2375 Testimony
Senate Human Services Committee
Senator Judy Lee, Chairperson
February 5, 2013**

Good morning Chairman Lee, and members of the Senate Human Services Committee. My name is Mark Bourdon, Program Director for Freedom Resource Center for Independent Living. Freedom Resource Center is one of four centers for independent living in North Dakota. Freedom Resource Center covers 10 counties in the southeast quadrant of North Dakota. I am here to testify and ask your support of Senate Bill 2375.

First of all, let me say that I am not here to criticize nursing home facilities or senior retirement communities; nor am I here to criticize the ND Department of Human Services. I am here to talk about the continued need to balance Medicaid long term care expenditures in the State of North Dakota and home and community based services because in North Dakota, we value our independence.

In 1999, the Supreme Court determined in its Olmstead ruling that under the Americans with Disabilities Act, it is discrimination to unnecessarily institutionalize a person with a disability who chooses to live in the community with the proper services and supports, and does not oppose community placement; taking into account the resources available to the state. North Dakota is making strides through the federal rebalancing Money Follows the Person (MFP) grant. But, there are still significant gaps that interfere with individuals with disabilities, and those experiencing the impact of aging, to live in a home of their choosing, accessing the services and supports they need, and experiencing the dignity and respect that comes with the opportunity to fully participate in all aspects of their community. Freedom Resource Center is supporting SB 2375 because it addresses many of the gaps we have learned because of our involvement with the MFP waiver.

North Dakota has a number of home and community based services it offers, but 90% of Medicaid expenditures pay for nursing home facilities and only 10% for home and community based services. This imbalance has existed for some time now. North Dakota provides home and community based services through several programs: Medicaid Waiver for HCBS, Medicaid State Plan for Personal Care Services, Services for the Elderly and Disabled, Expanded Services Payments for the Elderly and Disabled, and the Technology Dependent Medicaid Waiver (see attachment). Each program offers a specific set of services and each program may have different functional and financial eligibility criteria. There are limitations with each of these service components, even when piecing together what appears

to be an abundance of community services. We support SB 2375 because it addresses these gaps, and merges what works in some services that are not included in present Medicaid Waiver for HCBS. It should also be noted that the Money Follows the Person Waiver eligibility timeframes are one year from the time a person relocates from a nursing home facility to the community of their choice; and there are individuals who don't qualify for the MFP Waiver because they are already residing in the community and are at risk for a more restrictive environmental placement. I have enclosed a copy of an outline of the suggested changes for the Medicaid Waiver for HCBS along with my testimony today. You will also find stories and written testimonies from the other centers for independent living in North Dakota, and individuals who are trying to remain in their homes.

Research has consistently shown that 80% of individuals would rather remain in their home, in their communities, versus living in a nursing home facility. I have an 88 year old mother who lives in an apartment in Fargo. My mother had a stroke approximately 10 years ago. After the stroke the family placed her into an assisted living facility. This was not the home of her choosing. Although she was treated with dignity and respect, she felt that her participation in the community and her quality of life was significantly compromised. After 6 months I found her an apartment of her choosing, in a location of her choosing and 10 years later she remains in that apartment. It is in walking distance to Target and other retail businesses. When weather permits, you will find her walking with her walker to and from Target, and the other retail businesses to get her daily living supplies. While living in her apartment, she fell and fractured her pelvis and ruptured her bladder. After her hospitalization she returned home and received home health care services. Although there are times our family feels she would benefit from a retirement community, this is not her desire, and she is proud that she is able to live independently in her own apartment. I also have aging relatives that are in their 80's. They live independently although there are many health issues, including a diagnosis of Alzheimer's. Memory care will become a reality in the future as well as a skilled nursing facility placement. But for now, they also want to remain in their homes and in their community as long as possible.

Home and community based services isn't an issue just for seniors in the state of North Dakota, but for individuals with physical disabilities, intellectual disabilities, and multiple disabilities; as well as individuals with mental illness, and chemical dependency. Fortunately my mother and my relatives have the financial resources to meet their home and community based needs. There are many in the state of North Dakota who don't and we would like to see them live in a home of their choosing, accessing the

services and support they need, and experiencing the dignity and respect that comes with the opportunity to fully participate in all aspects of the community they reside in.

As our population ages, a growing number of older North Dakotans will need care over the next two decades, and will prefer to receive those services in their own homes and communities. As we consider this impact, I believe we will need to look at a "community first" approach versus a "nursing home facility first" approach. If we make this philosophical shift, I believe that the State of North Dakota can run the Medicaid system more efficiently and generate saving by balancing North Dakota's long term care system and community based services.

Thank you for considering SB 2375. At this time, I would be happy to address any questions you may have. Thank you.

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (7/2011)



EXSPED (Expanded Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A) Includes: Daily/Rate & PC-Basic Care/Rate	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology Dependent Medicaid Waiver
Services <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Adult Residential • Chore & ERS Systems • Environmental Modification • HCBS Case Management • Homemaker • Non-Med Transportation • Respite • Specialized Equipment/Supplies • Supported Employment • Transitional Care • Extended Personal Care • Home Delivered Meals • Family Personal Care 	Service <ul style="list-style-type: none"> • Attendant Care Service • HCBS Case Management
Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLS) may be provided in conjunction with the tasks for ADLs.						
Functional Eligibility Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> • Meal Preparation • Housework • Laundry • Medication Assistance Or Have health, welfare, or safety needs, requiring supervision or structured environment	Functional Eligibility Impaired in 4 ADLs, OR in at least 5 IADLs, totaling eight (8) or more points or if living alone totaling at least six (6) points Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the 4 following IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance 	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the following 4 IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance And Meet LOC criteria	Functional Eligibility Impaired in 5 ADL's And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Age 18 or older • Choose waiver services • Receive service on a monthly basis • Participate in planning • Functional impairment cannot be the result of a mental illness or mental retardation. • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team 	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Vent Dependent at least 20 hrs per day • Medically stable • Has an informal caregiver system for contingency planning • Is competent to participate in planning • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team
Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Criteria for LOC Screening - NDAC 75-02-02-09.						
Financial Eligibility Medicaid Eligible	Financial Eligibility Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Financial Eligibility- MSP – Personal Care Medicaid Eligible			Financial Eligibility- Waivers Medicaid Eligible	
Program Cap \$1988.00 per month	Program Cap \$1988.00 per month	Program Cap for MSP-Personal Care Level A-480 units per month (a unit is 15 minutes) Level B- 960 units per month Level C- 1200 units per month			Program Cap (HCBS Waiver and TD Waiver) Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	

Individual QSP Rate \$4.28 per/unit - Agency QSP Rate \$5.97 per/unit (In addition some rates may be daily, one time, half day, and also specific to the service)

Attachment A

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ND Medicaid Waiver f or HCBS (Elderly & Disabled) Change Suggestions/Definitions

Definition: Home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of a person who would otherwise require the level of care provided in a nursing facility.

24-Hour Emergency Assistance – **NEW** – On-call counseling and problem solving and/or immediate response for assistance at a person's home due to health or personal emergency.

Adult Companion service - **NEW** - Non-medical care, assistance, supervision and socialization provided in accordance with a therapeutic goal in the plan of care to a person age 18 years or older.

Adult Day Care – no change suggested

Adult Foster Care – no change suggested

Adult Residential - no change suggested

Behavioral programming – **NEW** - Individually designed strategies to decrease severe maladaptive behaviors that interfere with the ability of a person to remain in the community. Behavioral programming includes:

- Completing an individualized assessment of maladaptive behaviors
- Developing a structured behavioral intervention plan
- Implementing the plan
- Ongoing training and supervision of caregivers and behavioral aides
- Periodic reassessment and modification of the plan

Chore Services – Present definition: snow removal and heavy cleaning, can include cleaning and floor care of an unusual nature. **Suggest changes to definition to include:**

- Basic indoor and outdoor home maintenance
 - Delivery of grocery store products*
 - Heavy household chores such as tacking down loose rugs or washing floors, windows and walls
 - Moving or removal of large household furnishings and heavy appliances in order to provide safe access and egress from the home**
 - Rearrangement of home furnishings or securing of household fixtures and items in order to prevent injuries or falls
- * Customary grocery store delivery service charges are reimbursable when the delivered products represent the majority of the person's total grocery needs for at least seven days
- ** Dumpster rental and refuse disposal expenses are allowable (this would be necessary for hoarders)

Customized living services – **NEW** - Customized living services include individualized supports that are chosen and designed specifically for each person's needs. The services include:

- Arranging for or providing transportation
- Assisting the person with personal funds
- Assisting the person with setting up meetings or appointments
- Home care aide tasks
- Home management tasks including laundry and meal prep
- Socialization
- Up to 24-hour supervision and oversight

Additional services may be available through providers licensed to provide home care services.

Environmental Modifications – **change/discontinue the requirement for contractor to be a QSP** – this deters contractors from participating. Also **redefine as**: Physical adaptations to the home required by the individual's plan of care to ensure their health and safety or enable greater independence in the homes. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electronic and plumbing systems to accommodate the medical equipment and supplies of the recipient.

Personal Care and Extended Personal Care – no change suggested

HCBS Case Management – no change suggested

Homemaker – no change suggested

Home Delivered meals – no change suggested

Non-Medical Transportation – no change suggested

Family Personal Care Services – no change suggested

Respite – no change suggested

Specialized Equipment/Supplies – no change suggested

Transitional Care – no change suggested

Transition Adjustment Support – **NEW** - The service is to provide educational/supervisory assistance to individuals transitioning from nursing facilities to the community. The individual would receive assistance in relearning how to live on their own again. The Individual could receive this support service for all or part of the remainder of the 24 hours per day for a period not to exceed four months.

Extended Personal Care – no change suggested

Home-Delivered Meals – no change suggested

Supplemental Information
SB 2375
Senate Human Services Committee
Sen. Judy Lee, Chairperson
February 5, 2013

The following information is provided by Options Interstate Resource Center for Independent Living.

Options staff has been working with an individual in a nursing facility to transition to his home for a year and a half. The VA has put a ramp onto his home for mobility issues. The individual needs rural transportation to get to and from his medical appointments as his spouse works full time. Also, he lives in a rural area, which causes difficulty finding contractors who want to fill out more paperwork to become QSP (qualified service provider) in order to get paid for building ramps or doing accessibility work from the environmental modification waiver. The bid has a 30-day limit before the contractor has to redo the bids. Then the payment is a month or so for contractors to get paid. Also, the Mental Health Services are lacking in the community. This individual can't get to see a Psychiatrist due to transportation and financial issues.

Options staff has been working with an individual who is presently in her home with Life Alert and homemaker's services on a two-week basis. The individual wants to stay in her home with services. This individual is at risk in entering the nursing facility due to lack of adult companionship, QSP services, CHORE, and transportation services.

Options staff worked with an individual who was on the MFP grant, which helped him return to his apartment. He would have benefitted with behavior programming to assist him with proper intervention in dealing with his pain management services from his doctor. The individual was trying to manage his pain with his doctor. The doctor did not feel comfortable in prescribing the pain medication with current regulations and the individual was left trying to find a new doctor with another provider to prescribe his pain medications.

Staff is currently working with 13 households (these households are in Ramsey, Benson, Towner, Wells counties and the Spirit Lake Nation) that are struggling with home modifications. The breakdown is as follows: 7 households are in need of both ramp and bathroom modifications, 4 households are in need of ramps, 1 household needs just bathroom modifications, and 1 is other (stair lift). Staff has been working with some of these people for 2 or more years. The reason nothing is moving forward is that we cannot get contractors to bid. Funding Agencies such as USDA and the "Rehab Accessibility Program" (RAP) under the ND Housing Finance Agency, have not proven to be helpful in this process. Each funding agency requires bids (usually 2 or 3) and contractors are not willing to go through the process on a "maybe." When contractors are initially contacted, they sometimes indicate a willingness to do a bid but only two have actually ever followed through. The funding agencies put each household's bid through a magnifying glass. One funding source misinterpreted the wording on the one bid and sent everything back with a firm denial. When contacted, they said the entire bid would have to be rewritten, which the contractor failed to follow through on. Another funding

agency did not have a problem with the bid, but denied the request because the ramp is for a trailer house sitting on a rented lot. Because the individual does not own the lot, they will not fund, even though the trailer had been in the same place for over 30 years. With the stair lift, funding agencies are simply refusing as they do not fund certain modifications and unfortunately, stair lifts are one of the modifications they do not fund. There should be an easier way to fund so that contractors would express more of an interest and willingness to work with us. I talked one contractor into moving home as he was having difficulty finding work where he was at and I told him about the work available in ND. He moved back to Devils Lake from Montana. Initially, he was interested in bidding and went out to look at a couple of the sites, but he only did one bid because soon he was busy with other work that did not involve the funding "QSP" reimbursement process. HCBS should not be "the payer of last resort" in ND. As a result of the present reimbursement system under the "QSP" system, individuals are not receiving "Environmental Modifications" for their homes. In return, this results in individuals at jeopardy of being institutionalized, which costs ND additional costs.

Transitional adjustment supports:

There is a need for transitional adjustment dollars for persons relocating from a nursing facility back to the community.

Female, age 32, who uses a wheelchair, was transitioning from a nursing facility into her own apartment. She needed 1st month rent, deposit, and electricity hookup fees. There were also transportation issues to shop for household supplies prior to transition, set up a bank account, look at apartments, complete prior inspections and sign a lease. Without transition dollars, there would be no funding or possibility for her to purchase household furniture and supplies. There was no food in the apartment the day of transition because QSP's could not begin working for her prior to discharge. Due to being in the nursing facility for 8 years, she would have benefitted with transitional adjustment support service and adult companion services.

Woman, age 46, has morbid obesity. There was difficulty finding an accessible apartment in the community where she was living, therefore she had to transition to a new town. Community QSP agencies refused to work with her due to the usual hardships working with bariatric persons. She needed deposit and rental assistance, as it takes up to 2 months to start receiving SSI or SSDI payments again following relocation. She needed household supplies including equipment for daily living. A bariatric bath bench, bariatric commode, bidet, and transportation were some of the main concerns for her to transition that are not covered by medical assistance. She had to find private QSP's to assist her with daily cares. She would have benefitted from Adult companion services as she had to move to a new town.

Options staff assisted an individual with a disability relocate from nursing facility to their own apartment. Transition adjustment through MFP was used for health and safety technology, security and utility deposit, adaptive equipment, home furnishings, and Assistive Technology. The individual has now been living in her own apartment for more than a year now. If there wasn't any type of transition adjustment services it would have been impossible to have everything in place necessary.

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Options staff assisted an individual with a disability relocate from nursing facility to their own apartment. Transition adjustment through MFP was used for purchasing a lift chair, compression stockings, shower chair, and toilet riser. If there wasn't any type of transition adjustment services this individual would have been unable to get these necessary items to be successful at living independently.

Options staff assisted an individual with a disability relocate from nursing facility to their own home. Transition adjustment through MFP was used for home modification (ramp) and medical supplies not covered by Medicaid. If there wasn't any type of transition adjustment service through MFP this individual would have been unable to get these necessary items to be successful at living independently.

SB 2375 Written Testimony
Senate Human Services Committee
February 5, 2013

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I was born in 1927 before the Great Depression. It was a time where we mostly took care of ourselves and sometimes relayed on neighbors to help with the farming. As I grew up into manhood I retained that independence and the stoic value of self sufficiency, autonomy and not wanting to ask for help. I have worked in many different jobs such as farming construction, installing furnaces just to provide for myself and my family. I have been married and divorced and still remained friends with my wife after the divorce until she passed away many years ago.

I am currently 86 years young and still have that sense of independence and the stoic value of self sufficiency. I lived on my own for many years until I was admitted to a nursing home after a fall, not eating, and caring for myself. I knew that these were choice that I made and these choices had consequences. Sometime when you live alone you do not feel like eating, are not hungry, so you do not cook and care for yourself. I had Home and Community Based Services at that time when living in the apartment, although they did not always meet my needs and I was also unwilling to ask for more assistance since I always was independent and had the stoic value of self sufficiency. My good friend helped me with to pay bills, with shopping and I had a lady come into clean my place. After being there at the nursing facility for awhile I still had the desire for privacy, independence and to return to the community. In contrast I still enjoyed the care that I received and socialization with all at the facility. However, this burning desire, goal and dream of independence, being self sufficient and living on my own and in my own place persisted.

After I awhile I decided that living on my own was my choice and with supports and additional Home and Community Based Services I would be able to live on my own again. I still thought and believed that I could do it all on my own and did not want to be a burden on others no matter how much everyone explained to me what assistance and services were available I was resistive to what was offered. Not realizing that I was not a burden to anyone when asking for additional help and how many services I truly needed to be independent were two different views.

I eventually was able to go to my own apartment, with the services providers being in the building and available 24/7 by call system. I still very much wanted to do things on my own and not ask for help. No matter how many services were added, how much the services were changed to meet my needs. I continued to struggle at times. Other times I did well and felt that sense of freedom, autonomy,

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and self reliance. The assistance I received with bathing, toileting, cooking, transferring from bed to chair or from chair to toilet, lifeline, cleaning, grocery shopping, medication management, home health and meals on wheels did not provide the supervision, medication reminders, behavioral programming and customized living services that could have made my return and stay in the community more successful and possibly prevented my readmission to a nursing facility.

You see after another a couple of falls and not being able to stand up and two emergency room visit in two days I was admitted to a local hospital. At the hospital I lost my sense of control to make my own decision and my independence I did not want to return to a nursing facility but after I learned that the community service providers believed that they were not able to provide services for me and not wanting and willing to continue services after discharge from the hospital I had no other choice but to return to a nursing home.

I would urge you to support SB 2375 and the purposed ND HCBS wavier.

Before the accident I had dreams, goals and a vision of where I wanted to be and where I wanted to go for the future. Now I still have dreams, goals and a vision for the future only now it is different. Before my life changed in an instant I had dreamed of attending college and becoming a trauma nurse. Since nursing was a career path that I was interested in becoming a certified nursing assistant I thought would give me some work experience in the field of nursing. I enjoyed caring for others and giving of myself to others in my work as a certified nursing assistant. When caring for others I could see that their quality of life was better, because of the part that I play in caring for them. When I smiled, they smiled back. I laughed, talked with, listened to stories of the past, and cried with each individual about their life and life's experiences a relationship develops that showed that person that they are important and have value to society.

You see I was in a car accident where I broke my neck and only being junior in high school at the time meant that my future could be different. All I had at the time was to stay positive since there were many unknowns and that was part of rehabilitation. Before the accident I had not thought much about how quickly life can change. After the accident I spent many months in intensive care and in a rehabilitation hospital. Initially I was on a ventilator and after some time I was able to get off the ventilator return home and to high school. Before I returned home the lower level of our family home was renovated, a care giver and services needed to be found and finance arranged for my future. I wanted to live at home and return to high school and make plans for the future.

My parents also experienced changes with the accident. They became my care givers. My mother quit her job and began work as a qualified service provider for a local agency and my dad cares for me after he finishes working for local company. To pay for the services that I am currently receiving a Medicaid Waiver for Home and Community Based Services was approved. This waiver although beneficial does not cover all of the services that I require daily and at times requires various programs to be put together for daily services. The current waiver does not provide supervision for me so my parent can experience time alone together away from meeting my daily needs and providing care. The current waiver did not provide assistance with supervision and transportation to and from scheduled medical, physical and occupational therapy appointments. Provide assistance in learning and gaining new skills to become involved in opportunities and activities of interest to me in my home community So that I can become more independent have more freedom and improved my quality of life.

I would urge you to support SB 2375 and the proposed ND HCBS waiver.

Hea S. Klose

My name is Thea and my son was in a car accident where he broke my neck. At the time he was only seventeen and like some teenager before the accident he had not thought much about how quickly life can change. I know when I was his age I had a sense of invincibility, that nothing can harm us and did not always consider the consequence of my choices. My son was the same way. We all have dreams, goals and a vision of where we want to be as we get into the last two years high school and move into the future. For most people it is thoughts of college, a new job, a career, occupation and family. Although as teenagers we do not always realize and think about how quickly that can change. William James once said "Be not afraid of life. Believe that life is worth living, and your belief will help create the fact."

My son also has goals, dreams, and thoughts about his future. He wanted to attend college and become a trauma nurse. Since nursing was a career path that he was interested in. He decided that becoming a certified nursing assistant would give me some work experience in the field of nursing. He enjoyed caring for others and giving of himself to others in his work as a certified nursing assistant, as well as, a volunteer teacher assistant. You see he wanted to be a caretaker of others so that another individual quality of life was better, because of the part that he played in caring for them.

After the accident he spent many months in intensive care and in a rehabilitation hospital. Initially he was on a ventilator and after some time was able to get off the ventilator return home and to high school. Before he returned home the lower level of our family home was remodeled, a care giver and services needed to be found and finance arranged for his future so he could live at home for his last two year of high school and plan for the future.

The whole family experienced change after the accident. My husband and I became his care givers as well as, our other children and extended family members. Before the accident I was employed in the field of accounting for 40 years and after I began work as a qualified service provider for a local agency and his dad cares for him after he finishes working for a local oil company. To pay for the services that he currently receives a Medicaid Waiver for Home and Community Based Services was approved. This waiver although helpful does not cover all of the services that he requires daily and at times requires several different programs be put together for daily services. The current waiver does not provide supervision for my son so my husband and I can experience time together as a couple to attend a movie or go out to eat. The current waiver did not provide assistance with supervision and transportation to and from scheduled medical, physical and occupational therapy appointments. Provide assistance in learning and gaining new skills to become involved in leisure opportunities and activities of interest to him in his home community. Lastly provide assistance with learning how to use the local transit system and also one day in the future being able to develop the skills and ability to drive independently.

I would urge you to support SB 2375 and the proposed ND HCBS waiver.

Thea F. Klose

NDLA, S HMS - Herrick, Kari

From: Lee, Judy E.
Sent: Monday, February 04, 2013 6:33 PM
To: NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany
Subject: FW: Senate Bill 2375- Expansion of HCBS Waiver

Copies to books, please.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Scott Burlingame [<mailto:scottb@independencecil.org>]
Sent: Monday, February 04, 2013 3:35 PM
To: Lee, Judy E.; Larsen, Oley L.; Axness, Tyler; Anderson, Jr., Howard C.; Dever, Dick D.
Subject: Senate Bill 2375- Expansion of HCBS Waiver

I am going to be unable to be in Bismarck for the Testimony on SB 2375, however, please accept my comments below.

Thanks, Scott

Written Testimony

Senate Bill 2375- Expansion of HCBS Waiver

Senate Human Services Committee

Senator Judy Lee, Chairman

2/5/1013

Chairmen Lee and Members of the Senate Human Services Committee, my name is Scott Burlingame, and I am the Executive Director of Independence Inc., a Center for Independent Living with a home office in Minot. Independence Inc. is a disability rights organization and our mission is to advocate for the freedom of choice for individuals with disabilities to live independently through the removal of all barriers.

One of the traditional services provided by Centers for Independent Living is assisting people to live independently in the community and to assist them from moving out of nursing facilities. I am writing today to provide you with information on how SB2375 may affect a few of the people we are working with.

SB2375 is an effort to direct the Department of Human Services to seek approval from the federal centers for Medicare and Medicaid services to expand the department's home and community-based services Medicaid waiver to cover expanded services.

We are currently working with several people who are living in Nursing Homes, but want to return to the community. Many of these people would be able to move out however, are afraid to because they don't feel that services are currently adequate to support their home and community based living. For example we can identify two people who are currently institutionalized who, with additional companion services, would be able to move out. We have another consumer who would be able to benefit from behavioral programming to assist with emotional and addiction issues. We also feel that if many of these types of services could be provided even on a temporary basis, people would be better able to take the big leap and try home based living.

Independence Inc. supports all efforts to increase the utilization of home and community based services and we support all efforts to increase the access to appropriate health care for all people with disabilities. We are glad that this bill can help to raise a better understanding of those issues.

--

Scott Burlingame
Executive Director

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Our mission is to advocate for the freedom of choice for individuals with disabilities to live independently through the removal of all barriers.

13.0823.01001
Title.

Prepared by the Legislative Council staff for
Senator Axness
February 4, 2013

PROPOSED AMENDMENTS TO SENATE BILL NO. 2375

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study of home and community-based services.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY - HOME AND COMMUNITY-BASED SERVICES. The legislative management shall consider studying, during the 2013-14 interim, home and community-based services in the state, including the need to expand the home and community-based services medicaid waiver to cover twenty-four-hour emergency assistance, adult companion service, behavioral programming, chore services, customized living services, environmental modifications, and transition adjustment support. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly