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10/15/03 — Date

2003 SENATE HUMAN SERVICES

SB 2085

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 14, 2003

Tape Number	Side A	Side B	Meter #
1	X		137 - end
		X	0 - 1058

Committee Clerk Signature Donna Kramer

Minutes:

SENATOR JUDY LEE: Opened the public hearing for SB 2085 relating to professional involvement in the assessment process; and to declare an emergency.

SHEILA PETERSON, Director of Fiscal Management Division for the Office of Management and Budget. (Meter # 360 - 567) This bill was submitted as part of the governor's budget and the 2001 Legislature established a targeted case management program for the disabled and elderly in the schedule. It allows an assessment of disabled and elderly people who are at risk of acquiring long-term care. That assessment is provided to determine whether or not less restrictive environment or services can be provided to those individuals such as assisted living or even home-based care. This targeted case management program, however, was passed with a Sunset Clause on it. This legislation ends on June 30, 2003. SB 2085 removes the Sunset and, therefore, allows the targeted case management process to continue. Receptive of the Governor's budget. There is a cost to the program in the neighborhood of $222,000 for the upcoming

biennium. Because, once the assessments are done, there is a possibility of diverting individuals and keeping them out of long-term care which is a more expensive alternative. The state saves between 400 and 600 thousand dollars in General Funds. This is a rather positive bill and it is reflected in the Governor's Budget.

SENATOR LEE: Asked for any questions.

SENATOR POLOVITZ: We are going to be limited admission to long-term homes?

SHEILA PETERSON: What I am saying is that the assessment will determine if that person actually needs long-term care or if the services from the community or in less restrictive setting like assisted living could live very well. It is an assessment to determine whether they are at point where they have deteriorated and need the long-term care setting.

SENATOR POLOVITZ: How do we do that now?

SHEILA PETERSON: We have been doing it for the past two years since the 2001 legislature. Prior to that, targeted case management was not a requirement.

SENATOR LEE: This bill removes the Sunset Clause stating it was effective through June, 2003. The date is removed, so now it would be permanent, so there would an opportunity to see if people could live in less restrictive settings. So, it is intended to be a positive action for the individuals who are being evaluated to see if they could provided services in home settings.

SHEILA PETERSON: If people can remain in their home, that is what we intend to do. We don't want to be institutionalizing them when there are other services that could help them stay in their or in a less restrictive environment.

SENATOR ERBELE: Who is currently doing the assessments?

SHEILA PETERSON: The county social services.

SENATOR ERBELE: So this bill doesn't address any change as to who is going to do the assessments?

SHEILA PETERSON: Allow counties to speak to that.

BETTY KEEGAN, Chair of the Government Affairs Committee for AARP North Dakota. She spoke in favor of Senate Bill 2085. She stated the elderly are living longer and better lives.

(Written testimony) (Meter # 914 - 1202)

JIM JACOBSON, Deputy Director of the Protection & Advocacy Project, testified. Favors a "do pass". (Written testimony attached) (See Meter # 1258 - 1427)

SENATOR LEE: Explain about IPAT and what they do?

JIM JACOBSON: Initiated as part of a Federal Law and every state sets up a project to try to build local capacity throughout the state to look at the issue of assistance technology. It's been a major benefit in our work with people with disabilities.

SENATOR LEE: (Meter # 1687 - 1738) IPAT contribution to the state is extremely important and federal funding is gradually disappearing.

SENATOR FAIRFIELD: Is assessment process needed for a second time?

JIM JACOBSON: Case management is tracking the person. (Meter # 1810)

JAMES FEICKERT, President of HealthCare Consultants, Inc., Fargo, testified regarding targeted case management for individuals eligible for benefits under Senate Bill 2085 and in favor of bill. (Meter #1900 - 2142) (Written testimony attached)

Opposition:

ARNOLD THOMAS, President of the North Dakota Healthcare Association, testified in opposition to SB 2085. He stated it places the Department of Human Services in the position of

second guessing a medical decision reached by the patient and their physician on where the patient's medical and health needs can be best met. (Written testimony attached) (Meter # 2202 - 2381)

SENATOR POLOVITZ: Are doctors making final decisions now?

ARNOLD THOMAS: What this assessment provision does in Section 3 is interject a mandatory review process into an existing process that designed to put the person in the right place based on what their medical needs happen to be as determined by the physician in consultation with the patient. (See Meter # 2550 - 2624)

SENATOR BROWN: This has been in place for a long time now, has it not been working? Are you saying with the amendment that the law did not work the last two years?

ARNOLD THOMAS: We oppose this measure in the assessments application. It is not for institutionalizing individuals. This broadens the bill's coverage to two new areas. It would require the assessment be given upon a person's discharge to or change in status from acute to swing bed. Secondly, it brings in a fee ... minimal. Concern is the interjection of this assessment process into the discharge planning activities that was currently in place in hospitals. (See Meter #2735 - 2778)

DAVID PESKE, representing the North Dakota Medical Association, testified. We concur with the amendments proposed by Mr. Thomas. We agree with his assessment that this is wilderness area in particular in the hospital setting and the swing-bed issue that he mentioned. So, we agree if a physician is ordering this care, that this preassessment not be done. We are supporting his amendments.

SENATOR POLOVITZ: (Meter #2904) Would this bill eliminate the doctor's position as far as where that person is?

DAVID PESKE: I'm not sure that it would eliminate it. If a patient is in hospital, the physician assesses a patient's needs to move to another setting. So, if a physician is order that setting, it seems unnecessary to have the county or someone else do an assessment.

SENATOR POLOVITZ: What about the person who is not in hospital?

DAVID PESKE: Than that is outside of the realm of what this amendment is addressing. (Meter # 3023 - 3060)

SENATOR LEE: What happens under current law if the assessment is in conflict with the doctor's orders?

DAVID PESKE: I cannot answer that question. (See Meter #3083)

SHELLY PETERSON, President of the North Dakota Long Term Care Association, testified. She is in opposition to the pre-admission screening required of anyone making admission to a nursing facility or swing bed and expecting to stay at least six months. (Written testimony and list of Task Force on Long Term Care Planning attached) (See Meter # 3126 - 3846)

SENATOR LEE: So removing the Sunset Clause for the case management is fine. So, the only thing we are talking about is the additional assessment.

SHELLY PETERSON: Correct.

KATHY HOGAN, Director of Cass County Social Services, representing the North Dakota County Social Service Directors. Testified pieces of bill are good public policy. We think the screening that is now done for Medicaid is really a medical screening. It doesn't look at developing and providing a range of alternatives. We believe that if we had a system in place to

help families look at how services could be provided at home in a universal kind of manner, we believe that, in fact, it would reduce some unnecessary long-term care. We could save money. Our concern is that we don't believe that this is adequately funded and that it could become a unfunded county mandate. And the one to do the assessment would be the county, home and community based services

(Meter # 3918 - 4362)

SENATOR LEE: When we have a high-end user in the community or in a home-based setting, it is still going to be cheaper than being in long-term care?

KATHY HOGAN: Study done ... cheaper to keep persons in the community or home based care.

SENATOR LEE: What happens if that section of this bill goes away?

KATHY HOGAN: Then we stay the way we are.

SENATOR LEE: How is it going to make a difference if we leave the adjustment piece from budget point of view today? If we just remove the Sunset on the targeted case management?

KATHY HOGAN: People tend to be institutionalized because no other options are known. Assessment is critical of a person who needs care. Who makes the assessment with the family and in the home. (See Meter # 4558 - 4940)

SENATOR FAIRFIELD: How is this all going to work?

KATHY HOGAN: Issue has been discussed for 15 years. (See Meter #5052) Different now ... tight financial situation and all of us are facing issues of how do we transfer institutional care to home and community based care.

SENATOR FAIRFIELD: It is not about expanding services and care.

KATHY HOGAN: It's about how do assure that elderly people get the appropriate level of care in the least restrictive environment. (See Meter 5134)

SENATOR POLOVITZ: How long does it take to make an assessment?

KATHY HOGAN: In a normal referral, it takes about 2 weeks. (See Meter #5361 - 5464)

LINDA WRIGHT, director of Aging Services Division of the Department of Human Services, testified. (Written testimony attached) Explanation given for Senate Bill 2085 two distinct issues. (Meter # 5641 - end, Side A) (Meter #1 - 131 , Side B)

SENATOR FAIRFIELD: Assessment is not binding? (See Meter # 169)

LINDA WRIGHT: You do not take away people's right to make their own decisions. The individual should know what their options are and be able to choose.

SENATOR POLOVITZ: What about the person who can't make a decision?

LINDA WRIGHT: If a person is cognically impaired, hopefully, there is some kind of legal arrangement in place. (Meter # 239 - 315)

SENATOR BROWN: What is the proposed cost of the assessment?

LINDA WRIGHT: $135 per assessment. (See Meter # 346 - 389)

SENATOR BROWN: How much are we going to be asking Appropriations if we pass this?

LINDA WRIGHT: (Meter # 408) The total on the Fiscal Note is $221,694 for the assessment process for the biennium.

SENATOR BROWN: Not in the Governor's budget?

LINDA WRIGHT: It was not in the Governor's budget.

SENATOR BROWN: Who would to the assessments?

LINDA WRIGHT: Case management is done by the county social service offices now. That would be the logical place to go as they already have the expertise. (Meter # 492 - 508)

SENATOR LEE: If the assessment switch was the individual's personal decision, what's the impact of eligibility for Medical Assistance benefits?

LINDA WRIGHT: Some states do require that if a person is Medicaid eligible, they have to comply with the assessment result is. At this point, we have not looked at that.

SENATOR LEE: Would payment of Medical Assistance or Medicaid be contingent upon the assessment or the director's order, or what if they aren't identical? Who wins?

LINDA WRIGHT: Within the Bill, it talks about the fact there needs to be consultation with family, physician, and other professionals that would be involved with that individual.

SENATOR LEE: Ms. Keegan, I see you were on one of the task forces. Would you give us your opinion on the assessment portion of it since I know you have been familiar with this all the way through the process.

BETTY KEEGAN, with AARP, responded. (Meter # 652 - 870 , Side B, Tape 1) I think the whole issue of who was to responsible for an assessment amendment was not clarified and it was recommended that it be repealed.

SENATOR LEE: With somewhat different parameters in place for the assessment process in this bill compared to what is was before, would you be optimistic about it working?

BETTY KEEGAN: What will be critical is that bill pinpoint where the assessment shall occur? Who will do them? It would be critical that the Fiscal Note be built in because the county needs to step in to continue the assessment process. (See # 655 - 1025)

Public Hearing closed at this time. (Meter #1052)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Senate Human Services Committee

❑ Conference Committee

Hearing Date January 22, 2003

Tape Number	Side A	Side B	Meter #
1	X		46 - end
		X	0 - 2145
Committee Clerk Signature	Donna Kramer		

Minutes:

SENATOR JUDY LEE reopened the discussion for SB 2085 focusing on the assessment process background issue for nursing homes. We are not reconvening the public hearing. We thought it would be helpful to get a little background from people who are actually involved with the assessment process.

KATHY HOEFT, Administrator & CEO of the Ashley Medical Center, speaking in opposition to SB 2085. Have a good assessment system going and adequate. (Meter #220 - 575)

SHARON KLEIN, Social Worker and Discharge Planner at St. Alexius Hospital, spoke. Gave a perceptive from the hospital point of view in terms of how they do their assessments. (Copy of their assessment tool attached) (Copy of Level 1 Screening Sheet attached) Discussion with SENATOR LEE. (Meter # 617 - 1026)

SENATOR ERBELE: How do you see this assessment evolving? (Meter # 1028 - 1080)

SHARON KLEIN: People stay for shorter periods of time and the assessment process is started sooner.

SENATOR BROWN: Are you saying that the assessment in this bill as identified is not needed?

SHARON KLEIN: That is what I am saying. (Meter # 1098 - 1108)

MICHON SAX, Director of McKenzie County Social Services, spoke. Believes the assessment would be a good tool. (Meter #1348 - 1678)

GARY M. RIFFE, Nursing Home Administrator from Jamestown, spoke. He said he is in opposition to this legislation. Duplicating services. Times are critical, do not need to expand government any more than we have. (Meter # 1695 - 3241)

KAREN WARDNER, RN at Medcenter One, spoke. She does discharge planning. Medcenter One does screen all patients. Feels that the bill is a duplication of services. (Meter # 3293 - 3560)

Discussion between committee and MICHON SAX regarding how resources in community vary and assessment processes. (Meter # 3597 - 4990)

SHELLY PETERSON, Director of Long Term Care Association, spoke. Feels the portion on assessment is not necessary. Supports education and informing people. Assessment being done today adequate. (Meter #5040 - 5864)

SISTER MARY LOUISE, of St. Gerards Hospital in Hankinson, spoke. She stated assessments are adequate. In meeting with legislatures, she stated the comment was "Where is the money coming from?" Why should we put another program in place that we believe is already adequately covered. (Tape 1, Side A, Meter # 5894 - end and Side B, Meter 0 - 54)

KAREN BOULDEN, Administrator of Larimore Good Samaritan Center, spoke. (Meter # 83 - 306)

DARWIN LEE, Administrator from Westhope Nursing Home, spoke (Meter # 320 - 420)

SENATOR LEE reopened the committee discussion. Intern to check on amendments and deletions and make sure that they are properly drafted. (Meter # 516 - 1555)

SENATOR BROWN moved that we delete Sections 3 and 4 of the bill.

SENATOR FAIRFIELD seconded the motion.

Roll Call was read. 6 yes 0 no.

SENATOR LEE instructed the Intern to visit with all the usual suspects about the effects of the repeal that we aren't adversely affecting the assessment process. Suggested an alternative amendment. Will be discussed again on Monday, January 27, 2003.

Discussion closed. (Meter #2145)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 27, 2003

Tape Number	Side A	Side B	Meter #
2	X		4950 - end
		X	0 - 1800
Committee Clerk Signature	Donna Kramer		

Minutes:

SENATOR JUDY LEE reopened the discussion on SB 2085 on this date.

LINDA WRIGHT, Director of Aging Services of the Department of Human Services, spoke providing additional information regarding preadmission assessment mechanism on SB 2085. (Written testimony provided) (Meter #5038 - 5586)

SENATOR LEE: Questioned "duplicate services". Preadmission is redundant and not cost effective.

LINDA WRIGHT: Not every client goes from a hospital into another situation. Many instances of people being in their own homes and slowly deteriorating and able to provide for their own needs.

TESS FROHLICH, Social Worker, stated what she sees would really be beneficial is if the preassessment could occur at a time when it could have an impact and provide information and education. And that may be to happen long before that person is hospitalized. So, we would

need to look at other triggering factors ... situations that will cause someone to require preadmission assessment and be provided that information. (Meter #5951 - 6120)

SENATOR LEE: But, the people who were here from the hospital said that education is very much a part of that assessment now and that it does start early on. So, perhaps it's being done differently from the way it was done a few years ago. People who are not going from a health care facility, but would be coming from another situation. How do you foresee this as being done?

TESS FROHLICH: Nursing home could contact whoever is doing the assessments. A survey could be sent. Continued discussion with SENATOR LEE. (Tape 2, Side B, 0 - 220)

SENATOR LEE: I see education as being something that is much more long term and most people who are hospitalized are hospitalized for short periods of time. I have a hard time in figuring out how to develop this education oriented assessment, that really is going to help the individual and probably family become more aware of what is going on in the community. At the same time, is there really an acute care situation? How are you going to make this work?

LINDA WRIGHT: Stated that preadmission assessment could not be implemented without reimbursement. Discussion on who could do the preadmission assessments. ND has 5-7 % of people over age 65. Preadmission assessment has been recommended since 1987. (Meter # 297 - 900)

SENATOR LEE: Our struggle is with the assessment part of it. We had a lot of people from hospitals, including social workers and discharge planners who really feel it is duplicate. An extra cost. Continued discussion. Smaller steps? (Meter # 935 - 1252)

Continued discussion on the amendments. The intern is working on this.

SENATOR LEE: We would probably want to support the bill as amended. The question will be, whether or not we want to amend it first before we vote on it. The only part we have any debate about is the assessment component.

SENATOR LEE will be checking with Dave Zentner on the Medicaid Buy-in to know that interacts with the SPED.

Discussion closed. (Meter #1800)

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Senate Human Services Committee

☐ Conference Committee

Hearing Date 01/29/03

Tape Number	Side A	Side B	Meter #
1	x		1076 - 2360

Committee Clerk Signature Donna Kramer

Minutes:

SENATOR JUDY LEE opened the discussion on SB 2085. The committee has been waiting for the intern to confirm that the repealer is okay as it is. The Human Services intern reported on the amendments and repealers. (Meter # 1238 - 1448)

SENATOR JUDY LEE reviewed the differences in sections 2 and 4. (Meter # 1531 - 1607)

Senator Brown suggested the committee go back to what they had recommended before, delete sections 3 and 4.

SENATOR JUDY LEE recommended the committee go back to the old language with a few changes which she reviewed with the intern. (Meter # 1848 - 2094)

It was moved by Senator Brown and seconded by Senator Polovitz that the Human Services Committee take a Do Pass Action on the amendment to delete sections three and four and make terminology changes in section 2. The motion passed on a roll call vote. Voting yes were

Senator Brown, Senator Erbele, Senator Fisher, Senator Fairfield, Senator Polovitz and Senator Lee. There were no negative votes cast.

It was moved by Senator Brown and seconded by Senator Erbele and passed on a roll call vote that the Human Services Committee take a Do Pass As Amended and Re-refer to Appropriations action on SB 2085. Voting yes were Senator Brown, Senator Erbele, Senator Fisher, Senator Fairfield, Senator Polovitz and Senator Lee. There were no negative votes cast. Senator Lee will carry the bill to the floor.

Senator Lee moved on to other business of the Human Services committee

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Human Services Committee

☐ Conference Committee

Hearing Date 02/11/03

Tape Number	Side A	Side B	Meter #
1	X		1800 - 2290
Committee Clerk Signature	Donna Kramer		

Minutes: **Senator Judy Lee, Chairman,** called the meeting to order. Roll call was taken and all committee members present. Sen. Lee requested meeting starts with committee on the bill:

Discussion: Sen Lee spoke of the section regarding the portion assessment that was not deleted. The Legislative Council was fixing the amendment that was not done correctly. We will fix it on the floor.

Floor Assignment: Sen Lee

Senator Judy Lee, Chairman closed the hearing

FISCAL NOTE

Requested by Legislative Council
02/07/2003

REVISION

Amendment to: SB 2085

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

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The bill allows for assessment services to be provided to individuals prior to their entry into long term care as is currently practiced. This bill as stated would not have a fiscal impact.

In addition, this bill would also remove the sunset date for targeted case management and make it permanent. Currently, the computer program for targeted case management is not working correctly so it is difficult to calculate an estimate. However, based on the best numbers we have, we estimate targeted case management would save between $400,000 and $600,000 in general funds. This savings is not reflected above.

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, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Brenda M. Welsz	**Agency:**	Department of Human Services
Phone Number:	328-2397	**Date Prepared:**	02/06/2003

FISCAL NOTE

Requested by Legislative Council
02/05/2003

Amendment to: SB 2085

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

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The bill allows for assessment services to be provided to individuals prior to their entry into a nursing home as is currently practiced. This bill as stated would not have a fiscal impact.

In addition, this bill would also remove the sunset date for targeted case management and make it permanent. Currently, the computer program for targeted case management is not working correctly so it is difficult to calculate an estimate. However, based on the best numbers we have, we estimate targeted case management would save between $400,000 and $600,000 in general funds. This savings is not reflected above.

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, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Brenda M. Weisz	**Agency:**	Department of Human Services
Phone Number:	328-2397	**Date Prepared:**	02/06/2003

FISCAL NOTE

Requested by Legislative Council
01/03/2003

Bill/Resolution No.: SB 2085

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

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$238,699		$234,949
Expenditures			$221,694	$238,699	$220,444	$234,949
Appropriations			$221,694	$238,699	$220,444	$234,949

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			$6,804			$6,804		

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

DHS shall provide an assessment of the health and social needs of any individual who is at risk of needing skilled nursing facility or hospital swing-bed facility care. An assessment must be completed prior to that individual's admission to such a facility. An assessment is not required of an individual who is expected to need care in one of these facilities for a period of six months or less. The cost of an assessment would be $135. Estimated fiscal impact would be $460,393 for the 2003-2005 biennium and $455,393 for the 2005-2007 biennium.

This bill would also remove the sunset date for targeted case management and make it permanent. Currently, the computer program for targeted case management is not working correctly so it is difficult to calculate an estimate. However, based on the best numbers we have, we estimate targeted case management would save between $400,000 and $600,000 in general funds. This savings is not reflected in the figures above.

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

The other revenue is based upon charging $135 for each assessment. The other revenue for 2003-2005 is comprised of $95,815 of federal funds, $6,804 of county funds for individuals eligible for SPED and $136,080 from individuals that would not qualify for Medicaid or SPED and would thus be private pay clients.

   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.*

It's estimated that there would be operating costs (line 30) of $6,793 for 2003-2005 and $1,793 for 2005-2007. This would include travel and meeting costs for state staff and advisory committee members. $5,000 is also included in the 2003-2005 biennium for amending the current assessment tool. Grant costs (line 73) would increase by $453,600 in 2003-2005 and 2005-2007 based on 3,360 assessments performed each biennium at a cost of $135 per assessment.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Based on the estimated expenditures, an additional appropriation of $460,393, of which $221,694 is general funds would be required for 2003-2005 to pay for assessments.

Name:	Debra A. McDermott	**Agency:**	Human Services
Phone Number:	328-3695	**Date Prepared:**	01/13/2003

38236.0101
Title.0200

Adopted by the Human Services Committee
January 29, 2003

1-31-03

PROPOSED AMENDMENTS TO SENATE BILL NO. 2085

Page 1, line 1, replace "sections" with "section" and remove "and 50-24.3-03.2"

Page 1, line 3, remove "targeted case management and"

Page 3, line 15, remove lines 15 through 23

Page 3, line 24, replace "50-24.3-03.2" with "50-24.3-03.1"

Page 4, line 1, remove "an interested party, including"

Page 4 , remove lines 14 and 15

Renumber accordingly

Date: 01-22-03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2085

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Amendments - Remove Sections 3 & 4
~~Do Not Amend Amendments Taken~~

Motion Made By Sen. ~~Fairfield~~ Brown Seconded By Sen. ~~Fischer~~ Fairfield

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent

Floor Assignment

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

Remove Sections 3 and 4

Date: 01-29-03
Roll Call Vote #: (2)

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2085

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Bill amended

Motion Made By _____ Seconded By _____

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent

Floor Assignment _____

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

Date: 01-29-03
Roll Call Vote #: 3

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2085

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass & rerefer to Appropriations

Motion Made By _____ Seconded By _____

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent _____

Floor Assignment Sen. Lee

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

REPORT OF STANDING COMMITTEE (410)
February 3, 2003 12:46 p.m.

Module No: SR-20-1517
Carrier: J. Lee
Insert LC: 38236.0101 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2085: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2085 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "sections" with "section" and remove "and 50-24.3-03.2"

Page 1, line 3, remove "targeted case management and"

Page 3, line 15, remove lines 15 through 23

Page 3, line 24, replace "50-24.3-03.2" with "50-24.3-03.1"

Page 4, line 1, remove "an interested party, including"

Page 4 , remove lines 14 and 15

Renumber accordingly

2003 SENATE APPROPRIATIONS

SB 2035

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 2-10-03

Tape Number	Side A	Side B	Meter #
1	X		2500-end
		X	0-1088
Committee Clerk Signature			

Minutes: Vice Chairman Bowman opened the hearing to SB 2085. A bill relating to the powers and duties of the department of human services regarding assessment services , to the establishment of targeted case management and assessment service for persons being admitted to a skilled nursing facility or hospital swing-bed facility; to professional involvement in the assessment process, and to declare an emergency. (Meter 2600) Linda Wright, Director of the Aging Services Division of the Department of Human Services: See written testimony Exhibit 1. (Meter 3015) Vice Chairman Bowman: Clarify, if we don't approve this, will we lose the matching funds from the federal government? (Meter 3075) Linda: Yes, the state and county funds (Meter 3116) Vice Chairman Bowman: Is it because of the potential general funds savings that we have the bill here? (Meter 3127) Linda: That is my understanding. Originally there was a fiscal note, for the assessment process before the bill was amended. (Meter 3171) Senator Lindaas: Why was there a sunset clause put on it originally? (Meter 3180) Linda: A effort to try to save on the state and county funds. (Meter 3210) Vice Chairman Bowman: If we pass the bill,

and we save approximately one half a million dollars, where is that going to show up at? (Meter 3237) Linda: That is already included in the long term care budget in the department of human services budget. (Meter 3252) Vice Chairman Bowman: So you have already anticipated the passage of this? (Meter 3260) Linda: That is correct. (Meter 3295) Senator Killer: In this assessment that is done for case management, the person has go to a nursing home, then is there a complete new assessment by the nursing home or screening committee or whoever admits the patient to the nursing home? (Meter 3373) Linda: If the results of the assessment of an individual would be best served in a nursing home, there then is a process an assessment is sent to Tennessee, that is where the agency is that looks at the mental health needs of that individual. That is the only screening that there is. Once the person enters a facility, case management that is provided by the county ends. (Meter 3518) Marline Kr, AAUP: See written testimony Exhibit 2. (Meter 3619) Jim Jacobean, Deputy Director of the Protection & Advocacy Project: See written testimony Exhibit 3. (Meter 4099) Vice Chairman Bowman: Finds it interesting on his second page where the PARSE did not address or identify alternate services that would support them in the community. The question is why wouldn't they be aware and why wouldn't they address that? Does everything have to be at statue? In order to provide alternative care for an individual that has a need? (Meter 4131) Jim Jacobson: Not an expert on PASRR, I believe it is more of a screening to determine if an individual needs are such that they truly do require that long term care facility level of care. They are usually conducted in a way that does not really reference what might be available in any given community or what might be available in terms of the informal support, family members who would assess an individual. (Meter 4211) Vice Chairman Bowman: Is this a different screening process? What is different that what we do to tell people

what level of care would be available for them on our hole scheme and what does this do to change that? (Meter 4274) Linda: If you are referring to the assessment in the bill, currently the case management goes in and does a full assessment of an individual and outline their options to them to find out their eligibility and etc. It is available to very persons that are elderly or with disabilities in this state. In any one year we may service 1400 people through targeted case management. So an assessment process that is in this bill, would be available to anyone who would like to avail themselves to looking at options and it is really an education and information process that would be available to anyone would need some support of services. (Meter 4385) Vice Chairman Bowman: If this is available to anyone who needs services, then what we are currently doing could be eliminated because this opens the door to everyone, right? (Meter 4414) Linda: If there were funding included in the bill, that could be true. However, there is no fiscal note for the assessment part of the process. (Meter 4424) Vice Chairman Bowman: What is the access to the federal dollars in this bill that is already included in the budget? (Meter 4462) Linda: that is for targeted case management which we already have in the Medicaid state plan and already have implemented in the current biennium. This bill really addresses two separate issues, one being targeted case management and the other being assessment services.. (Meter 4507) Vice Chairman Bowman: what is the difference? (Meter 4520) Linda: The targeted case management is for a very specific group of people that are Medicaid eligible and met one of the requirements that is listed on page 1 of my testimony, and assessment services would be available to a much broader body of individuals. Targeted case management is much more specific to only certain individuals. (Meter 4594) Vice Chairman Bowman: A case management, everyone is entitled to, or is targeted case management. If one opens the door to everyone why do

you need the one for specific few, if they do the same thing? (Meter 4649) Linda: Right now, case management is provided for by county social services and the individuals that receive case management, the reimbursement is either through SPED, expanded SPED, or one of the Medicaid waivers. Targeted case management allowed us to excess additional federal money instead of sending state funds and county funds. Individuals who do not qualify for one of those funding sources, does not receive case management at all. Targeted case management is just another funding source to be able to pay for case management. (Meter 4760) Vice Chairman Bowman: So that money then from targeted case management is additional funding would go to the counties to help them pay? Or does it stay in the Human Services department? (Meter 4773) Linda: It is in the Department of Human Services budget but it is a reimbursement to the counties for eligible individuals who receive targeted case management. (Meter 4810) Senator Thane: If a person isn't a Medicaid receipt ant, who takes care of these people? Is there anyone who makes decisions for them where they should go and what they should do, or is it up to friends and relatives suppose to take care of them? (Meter 4856) Linda: An individual that doesn't qualify for case management many times we find that they are out there on their own trying to figure out what is available. The client is always the decision maker as long as they are mentally capable, even if many options are available to them. (Meter 4944) Senator Thane: What is one is in an early stage of Alheimers, who is looking after them? Maybe they don't have any immediate family? Are they just out there? (Meter 4976) Linda: It gets to be difficult if you have someone whose mental capacity is questionable and yet there is no legal relationship in place, like a guardianship. Because you sometimes find these individuals are not making good decisions based on their behalf and yet there is no one to make those decisions for them. (Meter 5057)

Vice Chairman Bowman closed the hearing to SB 2085. Discussion was heard. Senator Tallackson made a motion of DO PASS and seconded by Senator Mathern. The vote was 12 yeas, 0 nays and 2 absent and not voting. The bill will be carried by the Human Services committee - Judy Lee.

2085

Date: 2-10-85
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass

Motion Made By Tallackson Seconded By Mathern Kringstad

Senators	Yes	No	Senators	Yes	No
Senator Holmberg, Chairman	✓				
Senator Bowman, Vice Chair	✓				
Senator Grindberg, Vice Chair	✓				
Senator Andrist	✓				
Senator Christmann					
Senator Kilzer	✓				
Senator Krauter					
Senator Kringstad	✓				
Senator Lindaas	✓				
Senator Mathern	✓				
Senator Robinson	✓				
Senator Schobinger	✓				
Senator Tallackson	✓				
Senator Thane	✓				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Human Services - Judy Lee

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

REPORT OF STANDING COMMITTEE (410)
February 10, 2003 10:49 a.m.

Module No: SR-25-2094
Carrier: J. Lee
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2085, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2085 was placed on the Eleventh order on the calendar.

2003 HOUSE HUMAN SERVICES

SB 2085

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

House Human Services Committee

☐ Conference Committee

Hearing Date March 5, 2003

Tape Number	Side A	Side B	Meter #
1	x		24.8 - 42.5
Committee Clerk Signature	Sharon Renfrow		

Minutes:

Linda Wright, Director of the Aging Services Division for the Dept. of Human Services appeared in support with written testimony and handed out a pamphlet on "The Graying of ND".

Betty Keegan, State President of AARP North Dakota appeared in support with written testimony.

Jim Jacobson, Deputy Director of the Protection & Advocacy Project appeared in support with written testimony.

No opposition. Closed the hearing.

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

House Human Services Committee

☐ Conference Committee

Hearing Date March 12, 2003

Tape Number	Side A	Side B	Meter #
2	x		17.8 - 24.1
Committee Clerk Signature	Sharon Langfur		

Minutes: Committee work.

This is the case management bill.

Rep. Price: Because the Dept. was unable to put dollars up on the box, we are waiting for a ruling on whether it goes to approps or not. We removed the sunset and went to the assessment part of it.

Rep. Porter motioned a DO PASS and Re-refer to Appropriations if needed, second by Rep. Wieland.

VOTE: 13 - 0 - 0 Rep. Sandvig will carry the bill.

Date: March 12, 2003
Roll Call Vote #: 1

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2085

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass & re-refer to Approps ~~if needed~~ per Maj. Office

Motion Made By Rep Porter Seconded By Rep Wieland

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	✓		Rep. Sally Sandvig	✓	
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman	✓	
Rep. Robin Weisz	✓		Rep. Carol Niemeier	✓	
Rep. Vonnie Pietsch	✓		Rep. Louise Potter	✓	
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Sandvig

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

REPORT OF STANDING COMMITTEE (410)
March 13, 2003 8:55 a.m.

Module No: HR-45-4636
Carrier: Sandvig
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2085, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2085 was rereferred to the **Appropriations Committee**.

2003 HOUSE APPROPRIATIONS

SB 2085

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2085

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 25, 2003

Tape Number	Side A	Side B	Meter #
One	X		
Committee Clerk Signature			

Minutes:

There was discussion regarding the removal of the sunset clause, a change in the effective date, and the removal of monitoring. In addition, there was discussion relating to section 3 replacing the repealed section on the assessment process.

Chairman Delzer asked if the monitoring process should last for the next two years.

Rep. Clara Sue Price stated that she would have no objections to that.

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2085

House Appropriations Committee

❑ Conference Committee

Hearing Date 03-25-03

Tape Number	Side A	Side B	Meter #
1		X	6.5 - 11.8
Committee Clerk Signature			

Minutes:

Chairman Svedjan Opened SB 2085 for discussion. A quorum was present.

Rep. Price This bill is the removal of the sunset clause. This allows the department to access Medicaid funds for the eligible home and community based case management functions. Those are funded by counties, and this puts it under the Medicaid piece.

Rep. Delzer The department has concerns regarding entitlement programs and HIPAA had glitches. When you pass this it is hard to stop it since it affects people and it becomes an entitlement. The only other question I had was that we never officially heard it so it resides with the full committee.

Rep. Brusegaard I move a Do Pass. 2nd by Rep. Kerzman. Motion Carries 19-1-3. Rep. Sandvig will carry this bill on the floor.

REPORT OF STANDING COMMITTEE (410)
March 26, 2003 7:48 a.m.

Module No: HR-53-5751
Carrier: Sandvig
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2085, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **DO PASS** (19 YEAS, 1 NAY, 3 ABSENT AND NOT VOTING). Engrossed SB 2085 was placed on the Fourteenth order on the calendar.

2003 TESTIMONY

SB 2085

"CONFIDENTIAL" **NORTH DAKOTA IDENTIFICATION SCREENING FORM** "CONFIDENTIAL"

"THIS MUST REMAIN IN THE INDIVIDUAL'S RECORD"

Client Name: _____ SS #: _____

_____ MID #: _____ Sex: _____

Address: _____ DOB: _____ Pmt. Status: _____ Marital Status: _____

_____ Original Admit Date: _____ Admit Date: _____

County: _____ Admitting Facility: _____

Source Name: _____ Address: _____

Address: _____ Contact Person: _____

Telephone: _____ Telephone: _____

Referring Facility: _____ Patient's Current Living Address: _____

Nursing Home Resident: Yes ☐ No ☐

SECTION I: MENTAL ILLNESS SCREEN

1.A. Psychiatric Diagnoses

- ☐ Anxiety/panic disorder
- ☐ Bipolar Disorder
- ☐ Delusional Disorder
- ☐ Schizoaffective disorder
- ☐ Major depression
- ☐ Personality disorder (specify) _____
- ☐ Other: _____
- ☐ Psychotic disorder
- ☐ Somatoform disorder
- ☐ Schizophrenia
- ☐ Eating disorder (specify) _____

1.B. Psychiatric Meds **Dosage/Start date**

_____ _____

_____ _____

_____ _____

_____ _____

First Health USE ONLY: Meets diagnosis criteria for chronicity? ☐ Y ☐ N ☐ UTD

2.A. Psychiatric treatment received in past 2 years (give dates):

- ☐ Inpatient psych. hosp. _____
- ☐ Partial hosp./day treatment. _____
- ☐ Other. _____

2.B. Intervention to prevent hospitalization (give dates):

- ☐ Supportive living due to MI _____
- ☐ Housing intervention due to MI _____
- ☐ Legal intervention due to MI _____
- ☐ Suicidal ideation and/or attempt _____
- ☐ Other _____

First Health USE ONLY: Meets criteria for duration: ☐ Y ☐ N ☐ UTD

3. Role limitations in past 6 months due to MI:

Indicate: "F" Frequently, "O" Occasionally, or "N" Never

3. A. Interpersonal Functioning (exclude problems w/medical basis)

- F O N Altercations
- F O N Evictions
- F O N Fear of strangers
- F O N Suicidal talk
- F O N Illogical comments
- F O N Other _____
- F O N Social isolation/avoidance
- F O N Excessive irritability
- F O N Easily upset/anxious
- F O N Hallucinations
- F O N Serious communication difficulties
- F O N Other _____

Notes: _____

3.B. Concentration/Task limitations within past 6 months and due to MI (exclude problems with medical basis):

- F O N Serious difficulty completing age related tasks.
- F O N Serious loss of interest in things.
- F O N Serious difficulty maintaining concentration/ attention.
- F O N Numerous errors in completing tasks which she/he should be physically capable.
- F O N Requires assistance with tasks for which she/he should be physically capable of accomplishing.
- F O N Other _____

Notes: _____

3.C. Significant problems adapting to typical changes within 6 months and due to MI (exclude problems with medical basis):

- Y N Requires mental health intervention due to increased symptoms.
- Y N Requires judicial intervention due to symptoms.
- Y N Symptoms have increased as a result of adaptation difficulties.
- Y N Serious agitation or withdrawal due to adaptation difficulties.
- Y N Other _____

Notes: _____

First Health USE ONLY: MI Decision: Meets criteria for disability: ☐ Y ☐ N ☐ UTD Meets criteria for SMI: ☐ Y ☐ N ☐ UTD

SECTION II: MENTAL RETARDATION AND RELATED CONDITIONS SCREEN

1.A. MR diagnosis: ____ N ____ Y (specify) _____

B. Undiagnosed but suspected MR: ____ N ____ Y ____ N/A

C. History of receipt of MR services: ____ N ____ Y

(If yes, specify): _____

D. Onset before age 18: ____ N ____ Y

(If yes, specify age): _____

2.A. Related Condition diagnosis which impair intellectual functioning or adaptive behavior.

____ Blindness ____ Cerebral Palsy ____ Autism ____ Epilepsy ____ Deafness ____ Closed Head Injury ____ Other _____

B. Substantial functional limitations in 3 or more of the following:

____ Self-care ____ Mobility ____ Learning ____ Self-direction ____ Capability for independent living ____ Understanding/use of language

C. Was the condition manifested before age 22?

____ N ____ Y (specify) _____

First Health USE ONLY: Meets criteria for MR/RC: MR Decision: ☐ Y ☐ N ☐ UTD

First Health, Inc. Jan-02

"CONFIDENTIAL"

LEVEL I SCREENING FORM CONTINUED ON NEXT PAGE

"CONFIDENTIAL"

Patient Name: _____

S.S.#: _____

North Dakota Identification Screening Form
Page Two

STOP HERE IF MI & MR DECISIONS ARE BOTH "NO". OTHERWISE CONTINUE.

SECTION III: DEMENTIA (complete for both MI & MR)

A. Does the individual have a primary diagnosis of Dementia or Alzheimer's Disease?
____ N ____ Y (specify) _____

B. Does the individual have any other organic disorders?
____ N ____ Y (specify) _____

C. Is there evidence of undiagnosed Dementia or other organic mental disorders?
Y N disoriented to time
Y N disoriented to place
Y N severe ST memory deficit
Y N disoriented to situation
Y N pervasive, significant confusion
Y N paranoid ideation

D. Is there evidence of affective symptoms which might be confused with Dementia?
Y N frequent tearfulness
Y N frequent anxiety
Y N severe sleep disturbance
Y N severe appetite disturbance

E. Can the facility supply any corroborative information to affirm that the dementing condition exists and is the primary diagnosis?
____ Dementia work-up
____ Thorough mental status exam
____ Medical/functional history prior to onset of dementia
____ Other

First Health USE ONLY:
Does the individual have a primary dementia diagnosis?
Dementia decision: ☐ Y ☐ N ☐ UTD
Documentation must be provided to support diagnosis of Primary Dementia.

IF "YES" FOR MI PATIENT, STOP HERE.
CONTINUE FOR ALL MR/RC PATIENTS AND FOR MI PATIENTS WHO DID NOT MEET DEMENTIA EXEMPTION.

SECTION IV: CONVALESCENT CARE EXEMPTION

A. Does the admission meet all of the following criteria?
____ Admission to a NF directly from the hospital after receiving acute medical care in the hospital; and
____ Need for NF care is required for the condition for which care was provided in the hospital; and
____ The attending physician has certified prior to nursing facility admission that the individual will require less than 30 calendar days NF services.

*** Individuals meeting all criteria are exempt for Level II screens for 30 calendar days and no later than the 30th calendar day. The receiving facility must update Level I and NF screens at such time that it appears the individual's stay will exceed 30 30 calendar days and no later than the 30th calendar day.**

First Health USE ONLY:
Meets convalescent exemption: ☐ Y ☐ N
Expiration Date: _____
STOP HERE IF "YES"

SECTION V: CATEGORICAL DETERMINATION

These decisions indicate that the individual does not meet NF Level of Care and does not require specialized services for 7 calendar days only. Does the admission meet any of the following?

A. ____ Provisional emergency: emergency protective services situation necessitating NF care for no greater than 7 calendar days

B. ____ Provisional Delirium: presence of delirium precluded the ability to make accurate diagnosis and the patient's Level I Screen will be updated no greater than 7 calendar days following admission.

First Health Use Only: Meets categorical criteria:
☐ Y ☐ N
Expiration Date: _____

First Health, Inc. Jan-02

Mailing Information:
Guardian/POA/Court Appointed Guardian's name and address:

_____

_____

_____

Primary physician's name and address:

_____

_____

_____

_____

ATTACH ANY ADDITIONAL NOTES ON A SEPARATE PAGE.
Comments/Notes:

First Health SUMMARY (OFFICE USE ONLY)
____ Level I approved
____ Requires Level II psychiatric
____ Requires Level II MR/RC
____ Requested information to aid in determination:
____ Level II required
____ Level II not required
____ Time limited approval. Expiration date: _____
____ Status change

_____
First Health Reviewer Signature

_____
Date

"CONFIDENTIAL"

SECTION II - LEVEL OF CARE (SUPPLEMENT)

Level of Care Screen (Supplement Page)

5)_____The individual requires care of decubitus ulcers, stasis ulcers, or other widespread skin disorders. Specify:

6)_____The individual requires human assistance at least 60% of the time with one (1) of the following: Toileting (process of using toileting equipment and cleansing self), eating (process of getting food from receptacle into the body), transferring (process of moving to and from bed, chair, toilet), locomotion (process of navigating home environment with or without adaptive devices, as appropriate). Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. Specify and describe:_____

7)_____The individual has resided in the nursing facility from and after January 1, 1993, and is not transferring to another facility. Admission Date:_____

Section C: If no criteria in Section A and/or insufficient criteria in Section B was met, an applicant/resident is eligible for NF/SB care if both of the following conditions are met:

1)_____The individual is determined to have restorative potential (Describe

)and

2)_____The NF to which the individual is applying/residing exclusively provides residential services for nongeriatric, physically handicapped individuals.

Additional Notes/Comments:

FMH OFFICE USE ONLY: DETERMINATION

Approved: ___NF ___ECRS Waiver ___SB ___TBI Waiver

Requested Information For ___QA ___Other

Denied: ___NF ___Other_____

(Reviewer Signature and Title) (Da

LEVEL OF CARE DETERMINATION FORM *

(*To be maintained in medical record and transferred with the resident)

First Mental Health, Inc.
PANF FORM 05/31/94

Name: _____ Payment Status: _____ Requested Screen Type: ___ NF ___ HCBS Waiver ___ Swing bed ___ Status Change: ___MI ___MR ___ TBI Waiver

C/O: _____ Medicaid No.: _____

Address: _____ SS #: _____ D.O.B.: _____ Person Requesting Screen: _____

City/State/Zip: _____ Sex: ____ Marital Status: _____ Requesting Facility: _____

County: _____ Height: _____ Weight: _____ Address: _____

Current Living Arr.: _____ Contact Person/Phone: _____ City/Zip/Phone: _____

In determining NF/SB eligibility, the individual must require or meet a minimum of one of the criteria listed in "Section A" or two criteria included in "Section B" or all criteria in "Section C" of the following:

Section A

1)_____ Nursing facility stay is, or is anticipated to be, temporary for receipt of Medicare Part A benefits. Nursing facility stay may be based on this criterion for no more than 14 days beyond termination of Medicare Part A benefits;

2)_____ The individual is in a comatose state;

3)_____ The individual requires use of a ventilator for at least six (6) hours per day;

4)_____ The individual has respiratory problems that require regular treatment, observation, or monitoring that can only be provided by or under the direction of a registered nurse and s/he is incapable of self care; diagnosis/description _____

_____

5)_____ The individual requires constant help at least 60% of the time with at least two of the following Activities of Daily Living (ADLs): Toileting (process of using toileting equipment and cleansing self), eating (process of getting food from receptacle into the body), transferring (process of moving to and from bed, chair, toilet), locomotion (process of navigating home environment with or without adaptive devices, as appropriate). Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. Identify and describe:

_____

_____

_____

6)_____ The individual requires aspiration for maintenance of a clear airway;

7)_____ The individual has dementia, physician diagnosed or supported with corroborative evidence for at least 6 months and, as a direct result of that dementia, the individual's condition has deteriorated to the point that a structured, professionally staffed environment is needed to monitor, evaluate, and accommodate the individual's changing needs. Describe needs and provide date of onset/initial diagnosis:

_____

_____

_____

Section B (If no criteria in Section A are met, a(n) applicant/resident is medically eligible for NF level of care if a least two of the following criteria apply:

1)_____ The individual requires administration of a prescribed: 1) injectable medication; or 2) intravenous medication and solutions on a daily basis; or 3) routine oral medications, eye drops, or ointments on a daily basis. List relevant medications:

_____

_____

_____

2)_____ The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse. Identify diagnosis and describe services needed:

_____

_____

_____

3)_____ The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments (e.g., gait training, bowel and bladder training) which are provided at least five days per week; Identify restorative procedures required:

_____

_____

4)_____ The individual needs administration of feedings by nasogastric tube, gastrostomy, jejunostomy, or parenteral route. Specify: _____

CONTINUED ON FOLLOWIN

AARP North Dakota

Senate Human Services Committee
January 14, 2003

Regarding SB 2085

Chairman Lee and members of the Senate Human Services Committee, my name is Betty Keegan and I am Chair of the Government Affairs Committee for AARP North Dakota. Today I am speaking in favor of Senate Bill 2085.

This legislation will put a mechanism in place that could appropriately help shape the future of long term care in North Dakota. Individuals who are seeking long term care want choices.

We are moving forward from the time when institutional care was the first option. Today the elderly are living longer and healthier lives. They have the advantages of better healthcare, medical advances, socioeconomic improvements, more adult children, and more surviving spouses. All of these trends make it possible and appropriate for them to remain home longer if they wish to do so.

The educational component of SB 2085 would enable North Dakotans considering long term care to examine all of their options. According to a 2002 survey of AARP North Dakota members, six in ten felt it would be hard to find long-term care services that they could afford. Senate Bill 2085 would provide a mechanism for aiding our citizens in making informed decisions.

We are in the process of redefining and restructuring long-term care in North Dakota. The "Needs Assessment of Long Term Care, North Dakota" which was authorized by the 2001 Legislature and completed in November, 2002, states as a priority, "Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state." This is just such an initiative.

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Our citizens have expressed a desire for access to a continuum of care, which will enable individuals to remain in their homes or their communities and to delay or prevent institutional care. The aim is to allow seniors and persons with physical disabilities of all ages the choice to live independently in their homes to sustain their quality of life.

The procedure outlined in SB 2085 will provide information on options and empower consumers to make informed choices about long-term care. By being proactive now and putting this system in place, we help people plan for their long-term care needs. Every time someone is able to delay or prevent institutional care, our long-term care dollars go further and serve more people. This is more than meeting the needs of North Dakotans, it is the fiscally responsible avenue to take.

AARP North Dakota recommends a do-pass of Senate Bill 2085.

SB 2085
Senate Human Services Committee
January 14, 2003
Testimony from the Protection & Advocacy Project

Good morning, Chairperson Lee and members of the Human Services Committee. My name is Jim Jacobson. I am the Deputy Director of the Protection & Advocacy Project. I am here to testify in support of SB 2085.

One of the Protection and Advocacy Project's priorities is to assist people with disabilities to live in the least restrictive environment that will meet their needs. This bill supports that concept by providing the case management and assessment services that would determine individual needs and, when appropriate, identify alternatives to skilled nursing care.

The Protection and Advocacy Project would encourage the Department of Human Services to consult with the N.D. Interagency Program on Assistive Technology (IPAT) to ensure that assistive technology considerations and options are an integral component of the "assessment mechanism" in section 50-24.3-03.1. Age or disability may limit a person's functioning, but most people would prefer returning to their own home after an acute illness. Assistive technology may be a critical tool for making this a reality.

The importance of addressing this area in any assessment or screening mechanism can be demonstrated by a consumer satisfaction comment received by IPAT. In response to a question of how the IPAT Equipment Loan Library could be improved, an individual's daughter wrote about a device called a "compu-med". The person identified how this device kept her mother out of a skilled nursing facility and in her own home for over a year. At a cost of under $1,000 (with the trial period being free through the loan library) the financial benefits are obvious. More important, but difficult to measure, are the emotional benefits.

The Protection and Advocacy Project supports this bill and asks that you consider giving it a "do pass". I will be glad to answer any questions. Thank you.

Health Care Consultants, Inc.

2854 18th St S Suite C
Fargo, ND 58103
Phone: 701-356-0793
Email: jamesf@hcciconsulting.com

January 14, 2003

Attn:
Human Services Committee and members of the ND State Legislature

Testimony by:
James Feickert, President of HealthCare Consultants, Inc.

Regarding:
Targeted case management for individuals eligible for benefits under chapter 50-24.1
Senate bill 2085
ND Century Code 50-24.3

Statement:
As a healthcare professional I was both pleased and exited to learn about this initiative. Targeted case management is a fresh and innovative reaction to the needs of individuals at risk for requiring long-term care. I have had many discussions with nurses, skilled nursing directors, long-term care administrators, physicians, residents, and other healthcare professionals regarding this subject. Their feedback has been very positive and most are actively supportive of this bill. As these professionals have dedicated their career to improve the quality of life for individuals requiring long-term care, they are excited about an initiative that will help them to accomplish this.

The benefits of this initiative are visible and rewarding. For those who qualify, targeted case management will help to increase the quality of patient care, as well as greatly improve their quality of life. Through needs assessments, surveys, education, analysis of alternatives, and other tools; enhanced quality of care and life can be virtually guaranteed. Case management will provide more individual attention for its beneficiaries. Furthermore, it will allow healthcare professionals to focus on the specific needs of each individual and concentrate efforts accordingly. Alternatives to institutional care like "assisted living" allow individuals to maintain their quality of life while making sure that they receive the healthcare they need. By better understanding their options, these individuals will be better able to choose the type of care that will be best for them and their families. Likewise, the fears and anxieties associated with the need for long-term care can be minimized by better educating appropriate patients and family members. In summation, targeted case management is a realistic, very positive step towards the improvement of healthcare and public welfare in North Dakota.

In closing, I want to thank each of you for efforts towards this initiative. Likewise, I wish to thank all legislatures for their dedication to the improvement of our state, and I wish you the best of luck in the upcoming year.

Again I am excited about this initiative and wish to offer any help that we (HealthCare Consultants, Inc.) can in the development, implementation, and management of Targeted Case Management.

NDHA

North Dakota Healthcare Association

Vision
The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission
The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

Testimony In Opposition to SB 2085
Senate Health and Human Services Committee
January 14, 2003

Madame Chairman, members of the Senate Health and Human Services Committee. I am Arnold Thomas, President of the North Dakota Healthcare Association, appearing in opposition to Senate Bill 2085.

We oppose SB 2085 because it would place the Department of Human Services in the position of second guessing a medical decision reached by the patient and their physician on where the patient's medical and health needs can best be met. We believe this bill places the Department in the position of practicing medicine which is neither necessary nor appropriate.

Should the committee decide to recommend the bill, we ask adoption of our proposed amendment to SB 2085. This amendment provides that section 3 of SB 2085 is not applicable to any individual placed in a skilled nursing facility or hospital swing-bed by the medical order of a physician.

Section 4, 8 of the bill permits the Department to impose a fee as it chooses to be paid by the individual who is the subject of the assessment. We oppose this provision as it lacks dollar specificity and reserves sole discretion for its application to the department. We ask the Committee to delete 8, of Section 4 of the Bill

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Testimony on SB 2085
Senate Human Services Committee
January 14, 2003

Chairman Lee and members of the Senator Human Services Committee, thank you for the opportunity provide comments on SB 2085. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. I am here today to oppose the pre-admission screening required of anyone making admission to a nursing facility or swing bed and expecting to stay at least six months.

Pre-admission has a history of about fourteen years in North Dakota.

Pre-admission was implemented very briefly in the late 80's to early 90's. In the 1991 legislative session the pre-admission assessment program was unanimously rescinded by the legislature. It was clearly demonstrated that it was ineffective. Although information and education was found to be helpful, the assessment and education given to potential nursing facility residents was given to late, when they were making application for admission.

In 1998 the taskforce on long term care planning recommended a pre-admission assessment for any Medicaid individual making application for a nursing facility or swing bed. This recommendation was contained in SB 2037 which was defeated in the 56th Legislative Assembly (1999).

In 2000 the Taskforce on Long Term Care Planning recommended that:

> "No formal mandatory pre-admission assessment; except for federally required pre-admission screening and resident review (PASRR). Emphasis will be placed on Information and Assistance / Referral outreach, case management, and public education to address many of the same concerns as pre-admission assessment had previously intended to cover."

To my knowledge the taskforce made up of many long term care providers, consumers and government officials has not met and changed their recommendation. We continue to support the taskforce recommendations.

Thank you for the opportunity to provide testimony on SB 2085. Should you have any questions I would be happy to try and answer them.

Shelly Peterson, President
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FARGO-MOORHEAD
Community Care Task Force
A Cooperative Group of Health Care Professionals
"Creating Best Practice in the Community"

To: Human Services Committee
Re: Senate Bill No. 2085

On behalf of the Fargo-Moorhead Community Care Task Force we would like to voice our opposition to Senate Bill No. 2085 regarding pre-admission screening prior to admission to a nursing facility or swing bed in North Dakota.

The primary concerns include the following:

- There is currently an extensive pre-admission process for Medical Assistance recipients in place to screen and validate the need for care at the nursing facility level. These are costly and time consuming requirements already being paid for by the State of North Dakota.

- There are concerns from the acute care perspective that the proposed assessment would delay hospital discharges – resulting in increased hospital days for some individuals.

- Who would be doing these additional assessments? Agency budgets currently are frozen, reduced or overburdened which is challenging or delaying hospital discharges.

- There are no additional dollars being appropriated to fund this proposed legislation. Acute care would require access to an assessor 7 days a-week as transfers home and to nursing facilities take place 7 days a week.

- Every hospital patient and nursing home resident is currently assessed for discharge needs by the entire healthcare team. They are provided all options appropriate to meet their health and social needs.

- Nursing facilities in our communities today have risen to the challenges of providing a higher level of post-acute care (even including ventilator and IV's). These are services that the state of North Dakota has many times asked them to take on because providing these services at home is too costly.

- Individuals have used the wide range of community services and living options for as long as physically or cognitively able prior to utilizing the last level, which is nursing facility care.

In conclusion we are not opposed to North Dakota funding additional services and informing individuals and their family regarding services and options in our state.

However, adding additional assessment requirements is a duplication of existing services that will delay services and increase costs.
Sincerely,

Members of the Fargo-Moorhead Community Care Task Force

Meritcare Health System, Fargo
Rosewood on Broadway, Fargo
St. Catherine's Living Center, Wahpeton
Elim Care Center, Fargo
Hillsboro Medical Center, Hillsboro
Hospice, Red River Valley
Waterford, Fargo
Villa Maria, Fargo
SCCI Hospitals, Fargo
Bethany Homes, Fargo
Maryhill Manor, Enderlin
Four Season, Forman
Luther Memorial, Mayville
Good Samaritan, Arthur
Lisbon Medical Center, Lisbon
Tri County Nursing Home, Hatton
ManorCare, Fargo
Parkside, Lisbon
St. Gerard's Community Home, Hankinson

TESTIMONY
SENATE HUMAN SERVICES
SENATE BILL 2085
JUDY LEE, CHAIRMAN
JANUARY 14, 2003

Chairman Lee and members of the Senate Human Services Committee, my name is Linda Wright. I am the Director of the Aging Services Division, Department of Human Services. Senate Bill 2085 addresses two distinct issues. The first deletes the sunset date for targeted case management (see page 1 line 12 and page 2, line 1) and therefore, allows the Department of Human Services to continue to access Medicaid funds for eligible home and community based services case management functions that were previously funded by general funds and county funds. Targeted case management has been included in the Medicaid State Plan and implemented in the current biennium.

An individual receiving targeted case management must meet the following criteria:

1. Medicaid recipient –and-
2. Not a recipient of Medicaid Waiver services.
   - lives in the community and desires to remain there, -or-
   - be ready for discharge from a hospital within 7 days, -or-
   - resides in a basic care facility, -or-
   - not reside in a nursing facility unless it is anticipated that a discharge to alternative care within six months, -or-
   - has a "long term care need".

The payments for targeted case management have been delayed in the current biennium due to significant computer problems. We believe, however, that the major problems have been fixed and payments will be on schedule for the remainder of the current biennium.

The second issue is in relation to establishing an assessment mechanism in regard to long term care needs which is in the current century code 50-24.3-01 (page 1, lines 17-21) with an effective date of June 30, 2003. The changes recommended in Senate Bill 2085 move the requirements to a new section of the Code; as outlined on pages 3 and 4 of the bill.

An assessment process was first proposed in 1987 by the North Dakota Interagency Task Force on Long Term Care which included representatives of the Governor's office, the Department of Health and the Department of Human Services. A pre-admission assessment process was implemented in North Dakota in 1988. Much was learned from this experience, mostly what didn't work.

The experiences of the 1980's would be used to develop a better approach to the assessment process for the future. Since the 1980's, North Dakota has had a significant growth in the elderly population, particularly those individuals age 85 and older. The purpose of an assessment process is to assure that individuals who are experiencing a need for some type of supportive services are able to make informed decisions based on the knowledge of all options that may be available to meet their needs.

Other states have successfully implemented the assessment process. Ohio is one example. The assessment process has been in effect in Ohio since 1995. The nursing home occupancy level in 1993 was 93%. In 2001, the occupancy level had dropped to 83.5%.

In North Dakota, we estimate that 1680 individuals seeking admission to nursing facilities would be assessed each year. If any of those individuals chose less restrictive, less expensive alternatives to institutional care, it would result in cost efficiencies for the State. Based on nursing home case mix acuity, approximately 33% of all individuals in nursing homes in North Dakota require minimal or no assistance with activities of daily living and do not require any medical treatment or

intervention. Of the 33%, about one-half do have behavior problems or cognitive impairments. This does suggest that a portion of the 33% could be served by home and community based care.

Funding for the assessments is not included in the budget for next biennium. The fiscal note for this bill does outline the costs associated with implementation of the assessment process. Implementation would have to be based on the availability of resources.

If you have any questions, I would be happy to answer them at this time.

Prepared by
the North Dakota Healthcare Association
January 13, 2003

PROPOSED AMENDMENT TO SENATE BILL NO. 2085

Page 3, line 15, after the underscored period insert:
"1."

Page 3, after line 21, insert:
"2. This section does not apply to any individual who is placed in a skilled nursing facility or hospital swing-bed facility by the medical order of a physician."

Renumber accordingly

Exhibit 3

SB 2085
Senate Appropriations Committee
Testimony from the Protection & Advocacy Project

Good morning, Chairman Holmberg and members of the Appropriations Committee. My name is Jim Jacobson. I am the Deputy Director of the Protection & Advocacy Project. I am here to testify in support of SB 2085.

The Protection and Advocacy Project has prioritized assisting people with disabilities to remain in the least restrictive environment. This bill would support that concept by providing the case management and assessment services that would determine individual needs and identify alternatives to skilled nursing care.

Although the amendments remove the "Assessment mechanism" section of SB 2085, subsections 4 and 5, lines 12 through 15 on page 2, and subsections 4 and 5, lines 4 through 6 on page 4 direct the targeted case management and assessment services to assess the health and social needs and to identify available services. The Protection and Advocacy Project would encourage the Department of Human Services to consult with the ND Interagency Project on Assistive Technology (IPAT) to ensure that assistive technology is considered relative to addressing the individual's needs in a community setting. Assistive technology may be a critical component of an effective community based service and cost effective alternative to institutional placement. Age or disability may limit a person's functioning, but most people would prefer returning to their own home after an acute illness. Assistive technology may be a critical tool for making this a reality.

The importance of addressing this area in any assessment or screening mechanism can be demonstrated by a consumer satisfaction comment received by ND IPAT. In response to a question of how the IPAT Equipment Loan Library could be improved, An individual's daughter wrote about a device called a "compu-med". The daughter identified how this device kept her mother out of a skilled nursing facility and in her own home for over a year. At a cost of under $1000.00 (with the trial period being free through

the loan library) the financial benefits are obvious. More important, but difficult to measure, are the emotional benefits.

Previous testimony to the Senate Human Services Committee suggested that the assessment component of this bill might be a duplication of services. This was in reference to the "Pre-admission Screening and Resident Review" (PASRR) required by federal regulations. The ND Protection and Advocacy Project recently provided assistance to an individual who was being discharged from a sub-acute care facility. This individual had been "assessed" through the PASRR and identified eligible for placement and services in a long term care facility. This individual had continued to pay rent for the apartment he had lived in prior to his hospitalization. His wish was to return to this apartment. The PASRR did not address or identify any alternative services that would support him in the community. The physician involved worked with the individual to support his return to his apartment, but the physician did not have knowledge of the alternatives that might be available in the community his patient wished to return to. Through the collaborative efforts of service providers in the community, the individual, the physician and the ND Protection and Advocacy Project, appropriate services (both formal and informal) were arranged for and the individual was able to return to his apartment. This important identification and coordination of formal and informal supports, which cannot be accomplished by the PASRR screening, will result in improving the choices for individuals and the efficient use of state dollars. The assessment services identified in this bill will make this a more likely outcome for other individuals needing long term care and wishing to remain in the community.

The Protection and Advocacy Project supports this bill and asks that you give it a "do pass". I will be glad to answer any questions. Thank you.

Exhibit 1

TESTIMONY
SENATE APPROPRIATIONS
SENATE BILL 2085
RAY HOLMBERG, CHAIRMAN
FEBRUARY 10, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Linda Wright. I am the Director of the Aging Services Division, Department of Human Services. Senate Bill 2085 addresses two distinct issues. The first deletes the sunset date for targeted case management (see page 1 lines 11 and 23) and therefore, allows the Department of Human Services to continue to access Medicaid funds for eligible home and community based services case management functions that were previously funded by general funds and county funds. Targeted case management has been included in the Medicaid State Plan and implemented in the current biennium.

An individual receiving targeted case management must meet the following criteria:

1. Medicaid recipient –and-
2. Not a recipient of Medicaid Waiver services.
   - lives in the community and desires to remain there, -or-
   - be ready for discharge from a hospital within 7 days, -or-
   - resides in a basic care facility, -or-
   - not reside in a nursing facility unless it is anticipated that a discharge to alternative care within six months, -or-
   - has a "long term care need".

The payments for targeted case management have been delayed in the current biennium due to significant computer problems. We believe, however, that the major problems have been fixed and payments will be on schedule for the remainder of the current biennium.

The second issue is in relation to an assessment mechanism which is in the current century code 50-24.3-01 (page 1, lines 16-20) with an effective date of June 30, 2003. The changes recommended in Senate Bill 2085 move assessment services to a new section of the Code; as outlined on pages 3 and 4 of the bill.

An assessment process was first proposed in 1987 by the North Dakota Interagency Task Force on Long Term Care which included representatives of the Governor's office, the Department of Health and the Department of Human Services. A pre-admission assessment process was implemented in North Dakota in 1988. Much was learned from this experience, mostly what didn't work.

The experiences of the 1980's would be used to provide a better approach to the assessment process for the future. Since the 1980's, North Dakota has had a significant growth in the elderly population, particularly those individuals age 85 and older. The purpose of an assessment process is to assure that individuals who are experiencing a need for some type of supportive services are able to make informed decisions based on the knowledge of all options that may be available to meet their needs.

Senate Bill 2085, Section 3, as amended, would enable the Department of Human Services to provide education, information and assessment services as resources would allow. There is no fiscal impact for this section of the bill.

We support a "do pass" recommendation for Senate Bill 2085.

If you have any questions, I would be happy to answer them at this time.

Exhibit 2

AARP North Dakota

Senate Appropriations Committee
February 10, 2003

Regarding SB 2085

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Marlowe Kro, Associate State Director of AARP North Dakota. Thank you for the opportunity to speak on SB 2085, establishing targeted case management and assessment services.

AARP North Dakota supports this bill as amended. Targeted case management and assessment services are an important step toward a system that gives North Dakota citizens the opportunity to learn all options available in the continuum of long term care services. People can then make informed decisions about where they will live and who will provide for their care.

AARP North Dakota recommends a do pass on Senate Bill 2085.

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TESTIMONY
HOUSE HUMAN SERVICES
SENATE BILL 2085
CLARA SUE PRICE, CHAIRMAN
MARCH 5, 2003

Chairman Price and members of the House Human Services Committee, my name is Linda Wright. I am the Director of the Aging Services Division, Department of Human Services. Senate Bill 2085 addresses two distinct issues. The first deletes the sunset date for targeted case management (see page 1 lines 11 and 23) and therefore, allows the Department of Human Services to continue to access Medicaid funds for eligible home and community based services case management functions that were previously funded by general funds and county funds. Targeted case management has been included in the Medicaid State Plan and implemented in the current biennium.

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   - lives in the community and desires to remain there, -or-
   - be ready for discharge from a hospital within 7 days, -or-
   - resides in a basic care facility, -or-
   - not reside in a nursing facility unless it is anticipated that a discharge to alternative care within six months, -or-
   - has a "long term care need".

The payments for targeted case management have been delayed in the current biennium due to significant computer problems. We believe, however, that the major problems have been fixed and payments will be on schedule for the remainder of the current biennium.

The continuation of targeted case management is estimated to save the Department between $400,000 and $600,000 in general funds. This savings has already been included in the budget.

The second issue is in relation to providing assessment services in regard to long term care needs which is in the current century code 50-24.3-01 (page 1, lines 16 - 20) with an effective date of June 30, 2003. The changes recommended in Senate Bill 2085 move the requirements to a new section of the Code; as outlined on page 3 of the bill.

An assessment process was first proposed in 1987 by the North Dakota Interagency Task Force on Long Term Care which included representatives of the Governor's office, the Department of Health and the Department of Human Services. A pre-admission assessment process was implemented in North Dakota in 1988. Much was learned from this experience, mostly what didn't work.

The experiences of the 1980's would be used to develop a better approach to the assessment process for the future. Since the 1980's, North Dakota has had a significant growth in the elderly population, particularly those individuals age 85 and older. The purpose of an assessment process is to assure that individuals who are experiencing a need for some type of supportive services are able to make informed decisions based on the knowledge of all options that may be available to meet their needs.

Senate Bill 2085, Section 3, as amended, would enable the Department of Human Services to provide education, information and assessment services as resources would allow. There is no fiscal impact for this section of the bill.

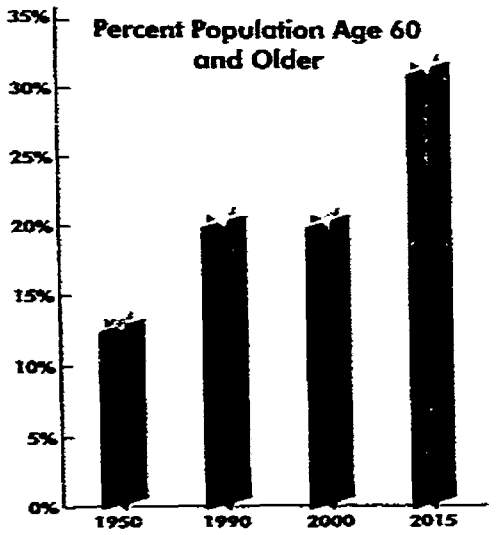
We support a "do pass" recommendation for Senate Bill 2085.

If you have any questions, I would be happy to answer them at this time.

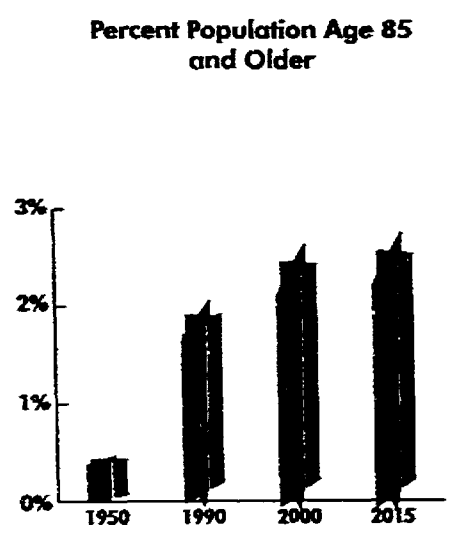
Percent of the North Dakota Population 60 Years of Age and Older and 85 Years of Age and Older

1950, 1990 and 2000 Census and 2015 Projections

- **In 1950,** 72,050 or 11.6% of North Dakota's residents were age 60 or older.
- **In 1990,** 118,175 or 18.5% of North Dakota's residents were age 60 or older.
- **In 2000,** 118,985 or 18.5% of North Dakota's residents were age 60 or older.
- **In the year 2015,** it is projected that 186,138 or 28.7% of North Dakota's residents will be age 60 or older.



- **In 1950,** 2,262 or 0.4% of North Dakota's residents were age 85 or older.
- **In 1990,** 11,240 or 1.8% of North Dakota's residents were age 85 or older.
- **In 2000,** 14,726 or 2.3% of North Dakota's residents were 85 or older.
- **In the year 2015,** it is projected that 15,392 or 2.4% of North Dakota's residents will be age 85 or older.



Source: U.S. Dept. of Commerce, Bureau of the Census, and the North Dakota Census Data Center

CHALLENGES FOR THE FUTURE

- Preparing for an aging "baby boom" generation
- Meeting the needs of an increasing population age 85 and older
- Responding to the shift of North Dakota's population from rural to urban settings, and meeting the service needs in a cost effective, efficient manner

	1990	2000	Increase
Urban	60+	60+	60+
Bismarck	7,595	9,726	28.1%
Fargo	9,897	11,670	17.9%
Grand Forks	5,990	6,230	4.0%
Minot	6,237	7,011	12.4%

- Recognizing home and community based options as the preferred choice in the long-term care continuum
- Meeting the needs of family caregivers
- Addressing the increased needs of adult protective services

WE MUST CONTINUE . . .

- To develop the long-term care continuum so North Dakotans have increased home and community based options

CREDITS

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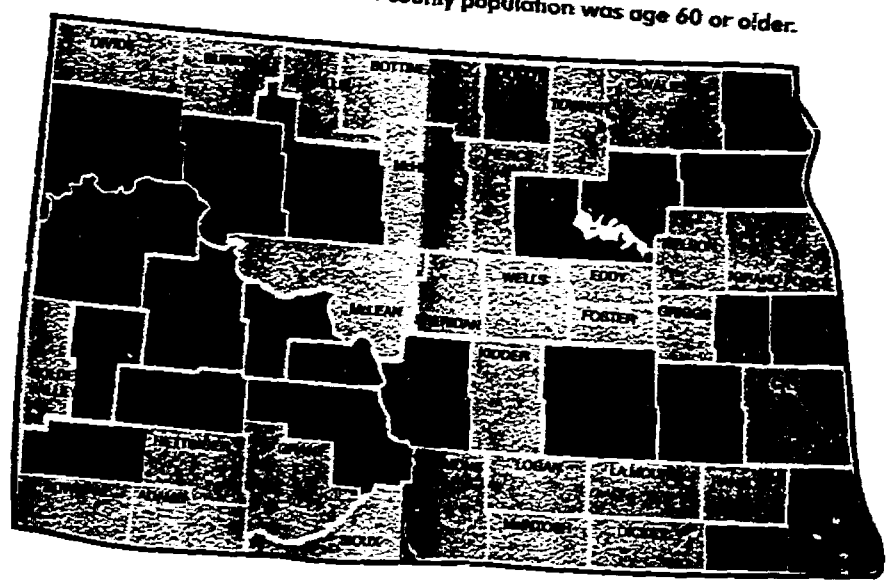
Revised 04-16-02 DM/JS

The Graying of North Dakota

2000-2015

Percent of the North Dakota Population Age 60 and Older (2000)

Lt. Teal ■ - Less than 15% of the total county population was age 60 or older.
Teal ■ - 15-25% of the total county population was age 60 or older.
Gray ■ - Older 25% of the total county population was age 60 or older.

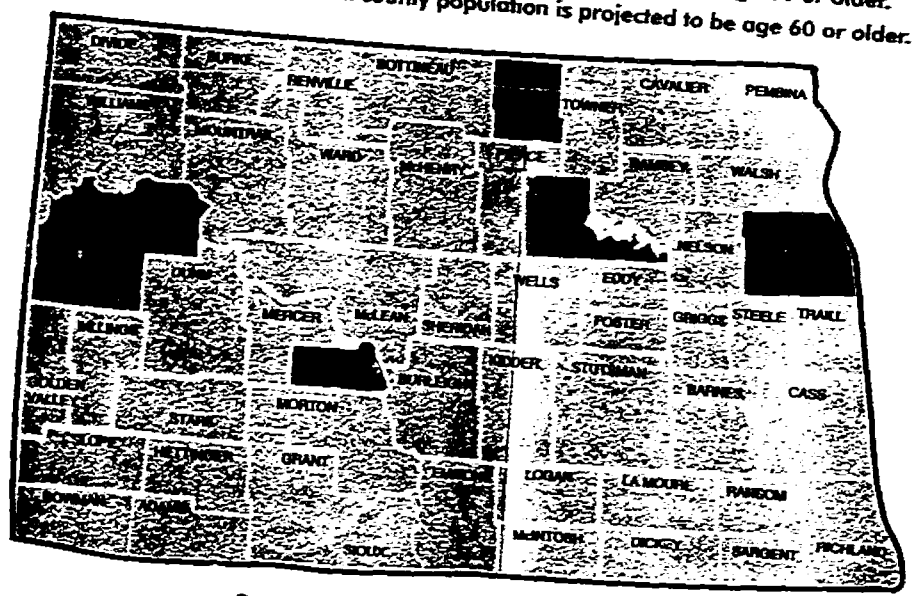


Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2000 was 642,200.
- **In 2000,** 18.5% (118,985) of North Dakota's total population was 60 years of age or older.
- **In 2000,** only four counties reported less than 15% of their population to be age 60 or older.
- **In 2000,** 22 counties reported 15-25% of their population to be age 60 or older.
- **In 2000,** 27 or more than half of the 53 counties in North Dakota, reported more than 25% of their population to be age 60 or older.

Percent of the North Dakota Population Age 60 and Older (2015 Projected)

Lt. Teal ■ - Less than 15% of the total county population is projected to be age 60 or older.
Teal ■ - 15-25% of the total county population is projected to be age 60 or older.
Gray ■ - Over 25% of the total county population is projected to be age 60 or older.



Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2015 is projected to be 649,109.
- **In 2015,** 28.7% (186,138) of North Dakota's total population will be age 60 or older.
- **In 2015,** it is projected that only one county will report less than 15% of their population to be age 60 or older.
- **In 2015,** it is projected that only five counties will report 15-25% of their population to be age 60 or older.
- **In 2015,** it is projected that 47 counties, or nearly 90% of the 53 counties in North Dakota, will report more than 25% of their population to be age 60 or older.

AARP North Dakota

House Human Services Committee

March 5, 2003

Regarding SB 2085

Chairperson Price and members of the House Human Services Committee, my name is Betty Keegan and I am State President for AARP North Dakota. Today I am speaking for our nearly 73,000 members in favor of Senate Bill 2085.

This legislation will put a mechanism in place that would help shape the future of care of the elderly and disabled in North Dakota, uniting the segments that now exist into a true continuum of care. Individuals who seek care want choices.

We are moving forward from the time when institutional care was the only option. Today the elderly are living longer and healthier lives. They have the advantages of better healthcare, medical advances, socioeconomic improvements, more adult children, and more surviving spouses. All of these trends make it possible and appropriate for them to remain home longer if they wish to do so. [I have attached to my testimony a fact sheet that references a national AARP study entitled "Before the Boom: Trends in Long-Term Supportive Services of Older Americans with Disabilities." If you would like a copy of the entire study, we can supply it.]

The educational component of SB 2085 would enable North Dakotans considering care requirements to examine all of their options. According to a 2002 survey of AARP North Dakota members, six in ten felt it would be hard to find services that they could afford. Senate Bill 2085 would aid our citizens in making informed decisions long before they need institutional care. Information on the entire continuum of care choices would be available to them at the very beginning of their decision-making process.

We need to redefine and restructure care of the elderly and disabled in North Dakota. The "Needs Assessment of Long Term Care, North Dakota" which was authorized by the 2001 Legislature and completed in November, 2002, states as a priority, "program

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James G. Parkel, President | William D. Novelli, Executive Director and CEO | www.aarp.org

initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state." SB 2085 is just such an initiative.

As validated by the U.S. Supreme Court with the Olmstead Decision in July of 1999, we have a responsibility to provide care for the elderly and disabled in the least restrictive environment. [I have attached a fact sheet on the Olmstead Decision to my testimony.] The educational component of SB 2085 provides the basic structure of system change that will empower consumers to make informed choices about future care needs. By being proactive now and putting this system in place, we help people plan for their own needs. Every time someone is able to delay or prevent institutional care, our dollars go further and serve more people. This is a win/win initiative. It meets the needs of North Dakotans, it empowers people to make their own choices, and is fiscally responsible.

AARP North Dakota recommends that you reinstate the dollars necessary to develop this educational assessment process and vote do-pass on SB 2085.

PPI

PUBLIC POLICY INSTITUTE

IN BRIEF

BEFORE THE BOOM: TRENDS IN LONG-TERM SUPPORTIVE SERVICES FOR OLDER AMERICANS WITH DISABILITIES

This *In Brief* summarizes the AARP Public Policy Institute issue paper, *Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities.*[1] Much has been made of the aging of the "Baby Boom" and the potential demands they may make on the nation's systems for providing long-term supportive services. However, Boomer-driven demand for long-term supportive services is not likely to increase substantially for at least 20 years and will not crest until after 2030.

The purpose of the report is to examine demographic, socioeconomic, market, and policy trends that have substantially changed the direction of long-term supportive services over the past couple of decades and how these trends are likely to affect demand for such services between now and 2030 when the oldest Baby Boomers turn 85.

The data presented come from a wide variety of secondary sources. AARP Public Policy Institute staff members have made additional analyses and projections based on data from the National Long-Term Care Survey (NLTCS), the National Nursing Home Survey (NNHS), the Social Security Administration (SSA), and the Census Bureau. In addition, we have included data from other sources such as the Medicare Current Beneficiary Survey (MCBS), the Online Survey and Certification Assessment Reporting (OSCAR) system used by the Centers for Medicare and Medicaid Services (CMS), and the National Home and Hospice Care Survey (NHHCS). The report attempts to present or cite as many data sources as possible to allow the reader to make judgments about trends affecting the delivery of long-term supportive services to older persons with disabilities.

Summary of Trends

The report identifies 14 trends related to cohort characteristics, disability rates, services utilization patterns, and public policy that are rapidly changing the landscape of long-term supportive services for older persons with disabilities:

Trend #1 – Nursing home utilization rates have declined substantially, especially among persons aged 75 and older.

Trend #2 – Growth in the older population, which was heavily skewed toward the 75 and older age categories in the last decade, will shift to the younger old in the next two decades.

Trend #3 – Disability rates among older persons have declined substantially.

Trend #4 – Socioeconomic improvements have helped reduce disability rates among older persons.

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[1] AARP Public Policy Institute Issue Paper #2002-15 (October 2002)

Prepared by Donald L. Redfoot and Sheel M. Pandya, October 2002.

AARP, 601 E Street, NW, Washington, DC 20049.
http://www.aarp.org/ppi.

INB Number 60

Trend #5 – Medical advances have also played a role in reducing disability rates.

Trend #6 – Socioeconomic improvement is increasing the service options available to older persons with disabilities.

Trend #7 – The narrowing ratio of men to women in old age has contributed to the declining use of institutional care and will likely continue to do so over the next few decades.

Trend #8 – Cohorts of older persons who will reach the high risk years of 75 and older during the next two decades will have more adult children than previous cohorts.

Trend #9 – Utilization trends for long-term supportive services differ substantially among racial/ethnic groups.

Trend #10 – Assisted living has grown substantially over the past decade, though the extent to which it has replaced nursing home services is not well documented.

Trend #11 – Home health care utilization grew rapidly then declined precipitously following cuts in Medicare reimbursements in the late 1990s.

Trend #12 – Many nursing homes have responded to the changing long-term supportive service market by becoming increasingly diversified, specialized, and medicalized.

Trend #13 – Medicaid's institutional bias in favor of funding nursing home services is slowly shifting toward increased funding for home and community-based services.

Trend #14 – Increased public and private payments for home and community-based alternatives have combined with Medicare changes to reinforce the increased specialization and medicalization of nursing homes.

Conclusions and Implications for the Future

Projecting utilization patterns for long-term supportive services of future cohorts of older persons is likely to exaggerate potential demand for services and their costs unless cohort differences are taken into account. While predicting the future is an uncertain art, the c' racteristics of the cohorts who will enter late old age during the next two to three decades "before the boom" suggest that demand for long-term supportive services—especially those offered in institutional settings—will grow very slightly, if at all. Favorable demographic and socioeconomic trends should create a more consumer-driven market that will demand not only higher quality services but also a much higher quality of life.

Public policy will need to adapt to the greater diversity of needs and preferences of older persons with disabilities, so that long-term supportive services that enhance consumer control, autonomy, and dignity are not restricted to those who can afford to pay privately. The next twenty to thirty years offer a window of opportunity to make such changes—before the Boomers enter late old age.

Fact Sheet

United States Supreme Court Decision: *Olmstead vs L.C.*

Background:

Two women with mild mental retardation who, due to concurrent acute mental disorders, (also diagnosed with schizophrenia and personality disorder, respectively) were voluntarily admitted to a psychiatric unit of a Georgia state hospital. Although the professional staff of the hospital eventually concluded that both women could be cared for appropriately in a community-based program, they remained institutionalized.

These two women filed a lawsuit against the state of Georgia alleging, among other things, that their institutionalization amounted to discrimination in violation of Title II (the public services portion) of the Americans with Disabilities Act (ADA). Also at issue in the case was a federal regulation issued under Title II of the ADA which states that a public entity shall administer services, program, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

The United States Supreme Court ultimately agreed to hear arguments on whether the ADA's proscription of discrimination may require placement of persons with mental disabilities in community settings rather than in institutions.

Olmstead Decision

- Supreme Court held that unjustified isolation is properly regarded as discrimination based on disability.
- The Court recognized the States' need to maintain a full range of facilities and services for individuals with mental disabilities including institutions.
- States are required under Title II of the ADA to place institutionalized persons with disabilities in community settings when:
  1. The state's treating professionals have determined that a community placement is appropriate;
  2. The transfer from an institution to a less restrictive setting is not opposed by the affected individual; and
  3. The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other persons with mental disabilities.

- The Court emphasized that nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings.

- The case was sent back to the Georgia court to determine whether the additional expenditures to treat these two women in community-based care would be unreasonable given the demands of the State's mental health budget.

Olmstead Decision DOES NOT:

- Compel states to phase out institutional services.
- Require fundamental alterations in services.
- Make boundless the state's obligation to provide community-based services to qualified persons with disabilities.

UNRESOLVED QUESTIONS

Some questions generated by this ruling include:

- What is a "reasonable accommodation" versus a "fundamental alteration"?
- What is the working definition of an institution?
- What constitutes a range of facilities?
- What is a comprehensive, effectively working plan for placing people with disabilities in less restrictive settings?
- What constitutes a waiting list?
- What is a "reasonable pace" for a waiting list?

Over →

Current status in North Dakota

- The executive director of the North Dakota Department of Human Services (DHS) commissioned an internal workgroup in the spring of 2000 to review the Olmstead decision and to make recommendations on further action.

- An analysis of community-based services currently provided in North Dakota was conducted and a series of four public dialogue sessions was held in August 2000.

- **Workgroup recommendations consisted of:**
  - Request to the governor to appoint a commission to provide the North Dakota definitions inherent to the Olmstead decision and to develop a comprehensive state plan.
  - DHS should schedule regular information/discussion sessions with regional stakeholders surrounding community-based services for people with disabilities.
  - DHS should take the lead to develop a pre-assessment screening process that must be completed prior to admission to a nursing facility.
  - DHS should continue to encourage and support the development of alternatives to nursing facility services.

OTHER CASES that may affect the applicability of Olmstead

- ***University of Alabama Board of Trustees v. Garrett***, U.S. S Ct docket number 99-1240, 193 F.3d 1214 (11th Cir. 1999). On February 21, 2001, the United States Supreme Court stated in a 5-4 ruling that suits in federal court by state employees to recover money damages under Title I of the ADA are barred by the Eleventh Amendment. Although mainstream media portrayed this ruling as a blow to the ADA, the ruling is quite narrow and did not affect suits brought against states under Title II of the ADA, which prohibits discrimination by state and local governments in access to buildings and services. Nor did it prevent suits against private businesses under Title I.

- ***Alsbrook v. City of Maumelle***, (8th Cir. 1998). The Eighth Circuit court of appeals (North Dakota is one of the states in the eighth circuit) held that the Eleventh Amendment bars suits against states by private citizens under Title II of the ADA. The United States Supreme Court declined to review this decision, and so it continues to be authority in the Eighth Circuit. Thus, states in the Eight Circuit may assert immunity from suits brought in federal court for violation of Title II of the ADA.

- **The full text of the North Dakota Department of Human Services' Olmstead White Paper has been posted to the Internet at www.state.nd.us/humanservices) in the *Current Issues/News* section.**

Revised March 2003 by the North Dakota Department of Human Services, 600 E. Boulevard Avenue, Bismarck ND 58505-0250, (701) 328-1814, TTY (701) 328-3480

SB 2085
House Human Services Committee
Testimony from the Protection & Advocacy Project

Good morning, Chairperson Price and members of the House Human Services Committee. My name is Jim Jacobson. I am the Deputy Director of the Protection & Advocacy Project. I am here to testify in support of SB 2085.

The Protection and Advocacy Project has prioritized assisting people with disabilities to remain in the least restrictive environment. This bill would support that concept by providing the case management and assessment services that would determine individual needs and identify alternatives to skilled nursing care.

The Protection and Advocacy Project would encourage the Department of Human Services to consult with the ND Interagency Project on Assistive Technology (IPAT) to ensure that assistive technology is considered relative to addressing the individual's needs in a community setting. Assistive technology may be a critical component of an effective community based service and cost effective alternative to institutional placement. Age or disability may limit a person's functioning, but most people would prefer returning to their own home after an acute illness. Assistive technology may be a critical tool for making this a reality.

The importance of the assessment can be further demonstrated by a situation where the ND Protection and Advocacy Project recently provided assistance to an individual who was being discharged from a sub-acute care facility. Although this individual had been screened and found eligible for placement and services in a long term care facility, his wish was to return to this apartment. The screening process (the "Pre-admission Screening and Resident Review" or

PASRR) did not address or identify any alternative services that would support him in the community. The physician involved worked with the individual to support his return to his apartment, but the physician did not have knowledge of the alternatives that might be available in the community his patient wished to return to. Through the collaborative efforts of service providers in the community, the individual, the physician and the ND Protection and Advocacy Project, appropriate services (both formal and informal) were arranged and the individual was able to return to his apartment. This important identification and coordination of formal and informal supports, which cannot be accomplished by the PASRR screening, will result in improving the choices for individuals and the efficient use of state dollars. The assessment services identified in this bill will make this a more likely outcome for other individuals needing long term care and wishing to remain in the community.

The Protection and Advocacy Project supports this bill and asks that you give it a "do pass". I will be glad to answer any questions. Thank you.

THIS FORM IS USED AS AN ASSESSMENT TOOL BY SOCIAL WORKER/DISCHARGE PLANNER AT ST. ALEXIUS MEDICAL CENTER IN BISMARCK.

D I S P L N

	Lives alone		Financial		Personal hygiene
	Multiple medical diagnosis		Job		Dressing/Mobility
	Visual Impairment		Living status		Eating
	Hearing impairment		Transportation		Communication
	Physical Impairment		Nutrition		Spiritual
	Cognitive Impairment		Equipment		Psycho-social
	Numbness		Physical access		Advanced Directives
	Recent use of alcohol		Housing		I.V. Infusion Therapy
	Recent use of drugs		Support system		Pain Management
	Uncooperative, noncompliant		Other		Medication Monitoring

EDUCATIONAL NEEDS:

Pre-hospital HHC/Equipment care provided by:

Obstacles/Strengths:

SUPPORT SERVICES Requested: Dietary Hospice Pastoral Care ST PT RC OT SW ET

ANTICIPATED DISCHARGE NEEDS: ❑ Equip ❑ Supplies ❑ Transport ❑ HHC ❑ Hospice ❑ IV Therapy ❑ O_2

	Home - No Needs		TCU		Assisted Living
	Home Health Care		Rehab		Basic Care
	Home IV Infusion _____duration		Long Term Acute		Skilled Nursing Facility
	Hospice		Swing Bed		Other

ANTICIPATED DISCHARGE DATE: _____ **REVIEWED BY PHYSICIAN:** _____
(signature)

DISCHARGE DESTINATION: ❑ Home ❑ Rehab ❑ TCU ❑ SB ❑ SNF ❑ LTAC ❑ BC ❑ AL
DISCHARGE REFERRALS: ❑ HHC ❑ Home IV ❑ Medicaid/CHIP ❑ Social Security Disability

Admit Date: _____
Assessment Date: _____
Discharge Date: _____
Diagnosis: _____
SW: _____(Signature)
OR: _____(Signature)
BCM: Yes No

Patient Name: _____

Patient Billing: _____
(Attach patient label)

CONTACT PERSON:
Sharon Klein, LSW
St. Alexius Medical Center
Social Work Department
900 E Broadway Avenue
Bismarck,ND 58506
(701) 530-7378
(701) 530-7000

St. Alexius PrimeCare

SOCIAL WORK/QUALITY MANAGEMENT
DISCHARGE PLANNING ASSESSMENT TOOL

SENATE BILL 2085

Additional information regarding establishment of an assessment mechanism:

1. **The individual being assessed is the decision maker regarding options available to them. The individual has the right to reject or refuse all options or choose an option which is different than the outcome of the assessment.**
2. **Assessments would need to be made available early in the process of an individual needing supportive services. One of the lessons learned from the previous assessment attempt was the "it was too little, too late'.**
3. **The assessment process is not intended to interfere with the doctor/patient relationship or the family relationship. The current statute, and the revision included in SB 2085, state that the physician and the family are to be consulted.**
4. **Medicaid reimbursement for eligible individuals would not be affected regardless of the option chosen by the individual, even if the option chosen is different than the assessment recommendation.**
5. **The primary intent of the assessment mechanism is to inform the individual of options and choices available in order for that person to make an informed decision.**
6. **The most likely entity to conduct the assessments would be the County Social Service offices.**

Submitted by:
Linda Wright, Director
Aging Services Division