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SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

4030

2005 SENATE HUMAN SERVICES

SCR 4030

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4030

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 9, 2005

Tape Number	Side A	Side B	Meter #
1	X		5436-END
1		X	1-2500
Committee Clerk Signature <i>Cathy Minor</i>			

Minutes:

Chairman Lee opened the hearing on SCR 4030. All Senators were present.

Senator Brown introduced the resolution to the committee. The resolution deals with a study of long term care services in ND. The current emphasis on long term care in the state continues to be institutionalized. People choose to receive care in the least restrictive environment as possible. We need to look into ways on how we can better serve our state's aging population.

Jo Burdick, Vice-President of the North Dakota Association for Home Care appeared in support of the resolution. See written testimony.

Senator Dever- It seems that this resolution could say "continue studying" the issue. Do you feel we've made progress?

Jo- I think there have been a lot of recommendations made, but not all the players who need to be involved necessarily are.

James M. Moench, Executive Director of the North Dakota Disabilities Advocacy

Consortium (NDDAC) appeared in support of the resolution. See attached testimony.

Connie Hildebrand, representing the ND Chapter of the National Association of Social Workers appeared in support of the resolution. See written testimony.

David Zentner, Director of Medical Services for the Department of Human Services appeared before the committee in support of the resolution. See written testimony.

Chairman Lee- There are situations in the rural areas where long term care facilities are able to bring their services into the home for people.

Dave- We need to look at all the potential possibilities out there.

Senator Dever- The difficulty is switching dollars from long term care in the future towards in-home care for today.

Dave- We need to determine how we are going to approach the need that is going to exist 10-15 years from now.

Chairman Lee- Especially that the number of long term care beds has been reduced.

Bruce Murry, from the Protection Advocacy agency appeared before the committee. There is a need out there today for this study. Hopefully flexibility will be maintained when it comes to Department of Human Services budget spending.

Cheryl Bergian, representing the North Dakota Human Rights Coalition appeared before the committee. She agreed with the prior testimony to the resolution.

D. Joyce Smutzler, brought forth her concerns and gave a personal example about her injured adult son to the committee on this issue.

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Senate Human Services Committee

Bill/Resolution Number SCR 4030

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Chairman Lee- One of the roles of our committee is to make sure that there are services available to everybody regardless of what their ethnic or racial background may be. You would not need specially designated funding in order to get treatment for your son.

The hearing was declared closed by Chairman Lee.

Action taken:

Senator Brown moved for a Do Pass recommendation on the amendment. Seconded by Senator Lyson. The amendment passed unanimously, 5-0-0.

Senator Brown moved a Do Pass as Amended recommendation on the bill. Seconded by Senator Senator Dever. The bill as amended passed unanimously, 5-0-0.

Senator Brown is the carrier of the bill.

Chairman Lee closed the meeting on SCR 4030.

Date: 2-4-0
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SCR 4030

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass on amendment

Motion Made By B. Seconded By L.

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

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

Date: 2-9-06
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SCR 4030

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as amended

Motion Made By Sen Brown Seconded By Sen Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Brown

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

REPORT OF STANDING COMMITTEE

SCR 4030: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4030 was placed on the Sixth order on the calendar.

Page 1, line 5, after "aging" insert "and disabled"

Page 1, line 15, replace "demands of an" with "providing the preferred method of care to the individual in the long-term care continuum"

Page 1, line 16, remove "aging population"

Renumber accordingly

2005 HOUSE HUMAN SERVICES

SCR 4030

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4030

House Human Services Committee

☐ Conference Committee

Hearing Date **21 March 2005**

Tape Number	Side A	Side B	Meter #
1	X		115 - 2070
			3080 - 3733
Committee Clerk Signature <i>Jan Prindle</i>			

Minutes:

Vice Chairman Kreidt opened the hearing of SCR 4030.

Senator Richard Brown, District 27, introduced the bill. The current emphasis on long term care in ND continues to be institutionalizing. Many people feel that home based services would be the way to go. How do we get to that point? There's a lot of controversy on institutionalization. We're going back and forth on the funding right now. You all know the state continues to see a growth in its aging population. At the same time our citizens are choosing care in a less restricted environment. The model to provide these services exists while the emphasis of care delivery increased funding continues . . . I have introduced SCR 4030 in an effort to study how we better might meet the needs of our aging and disabled population.

Senator David O'Connell, District 6, spoke in favor of the bill. This bill provides for the study of all aspects of long term care where there's duplication of services or quality of care or whatever the service may be.

David Zenter, director of Medical Services for the Department of Human Services, spoke in support of the resolution. **(Testimony attached.)** What we have to be cognizant of is that we are going to have 9000 more people that are going to be needing these services and the question is: How are we going to serve them? I think we need to look at the infrastructure that is there. I think it's coming along but we need to make sure it's going to be there in future. We need to look at the picture of how we are going to get there.

Vice Chairman Kreidt: I see that as problem in the rural areas, we're probably set up in the urban areas.

Zenter: As I mentioned in my testimony, geography is an issue. How do you serve the rural communities? That is going to be a real challenge. How do we meet the needs of the people who want to remain in their area and provide the care that's necessary. It doesn't alleviate the issues of the urban areas because we are going to have more people moving into the urban area from the rural and we need to make sure the services are available at this level too.

Jo Burdick, vice president for the ND Association for Home Care, testified in favor of the resolution. **(Testimony attached.)**

Rep. Kaldor: Does Medicaid currently follow the person?

Burdick: To a degree. I think there is an infrastructure set in place. What we want to look at is if there isn't something in place, then maybe there's the opportunity in small communities without long term care to begin to provide some of those in the community. One of the things

that begins to happen is that if we could have a little bit more we could keep them in their homes and care for them so much better than what we can in a long term care facility. It's not trying to take dollars away from the long term care facilities, it's really looking at what the best use for the dollars. What medical assistance has not been able to do is to keep people out of long term care facilities, is simple medication management and that's something we need pay for. We looked at that this past week and we can send in a nurse once a week and the aide can assist with those medications and that's the only reason that person was going to have to be in that home. Some of these things are minor and people can be kept in their homes if there is a minor amount of additional funding.

Vice Chairman Kreidt: My observation of the nursing homes in the last five years, there's really been a turn. Individuals that are in nursing homes now they need to be in a nursing home. It would be very difficult to take care of many of those residents under home and community based services. We're looking at more rehab. I believe 100% in what you are doing but the trend is already happening. You are going to need a reimbursement to do this. Have you specific ideas that should be raised.

Burdick: We definitely recognize the change in long term care facilities and that will probably create avenues for that service. By no means are we trying to keep away from long term care facilities. We need them. It's two different types of care that we are looking at. Home care provides people with the maintenance to stay in their homes once they've been discharged from those facilities.

Vice Chairman Kreidt: With nursing homes we look to the community when we are discharging.

Burdick: One of the things we do is actually map out our state across the state to make sure every community is covered if there are dollars available for these people to provide the services.

It's difficult for them to provide it at a loss.

Rep. Kaldor: The neighboring states have a significantly different ratio in nursing care to in-home care. Do you have a description of what they are doing differently to come to that kind of ratio.

Burdick: There are a variety of things that different states are doing. There are things that are related to self-directed care which I'm sure you haven't been immune to this session. I think that's all good. People have to be able to make their decisions. Most of our people are not able to do that. We have a percent who don't speak. Many states do a better job with taking care of their people and allowing them to live in their own homes without having . . . (1805) and promote that whole continuum.

Rep. Potter: Just a comment that nursing home care has changed in the last few years and I totally agree with that. I'm not sure a lot of our citizens realize how much it has changed. I say that from a personal experience from my mother. It was suggested that after an illness that she go into a nursing care facility to strengthen up and get the help that she needed, etc. That was a place you go and die in her vision and she would not even discuss that. It was from her experience that's what they were. I think we know that nursing care has changed but I don't know that the senior citizens are necessarily going to know that unless they have had association with them recently.

Burdick: It's all changed. It's all going up a level. We see higher skilled procedures happening there than in a lot of rural hospitals.

James Moench, executive director of the ND Disabilities Advocacy Consortium, did not appear but submitted testimony in favor of the resolution. **(Attached.)**

There was no further testimony and the hearing was closed.

Later in the morning Chairman Price opened discussion of SCR 4034.

Rep. Devlin: I have some problems with the way this is written. I don't think any of us object to more money going into home and community health care. We also understand there is a need out there for nursing homes because that is the last option. I just want to make sure we're not passing a resolution that will harm something that is needed for something else. We need to look at not only alternative care but institutionalized care as well. I think with a couple of word changes we could do both and send it out of here.

I move the attached amendment.

Rep. Damschen: Not everybody in a long term facility goes there as a last resort. I know personally of a couple of cases that have just been so convenient for families to care for them and then they suffered from burn out. They were put in the facility and then the family took them back out. If they had the availability of some help to come in maybe the funding for that would have made a difference. Just a thought.

Rep. Devlin: I don't disagree with what's being said but the way the resolution read it appeared the two were in direct competition and I think they are part of the whole continuum of care and we have to study the whole continuum and don't just pull money from one and give to the other until we have studied the best way to handle what the individuals and the families want to do. We have to look at it all.

Chairman Price: We need to make sure we look at maybe three levels of care.

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House Human Services Committee
Bill/Resolution Number SCR 4030
Hearing Date 21 Mar 2005

(No second was heard for the motion but Chairman Price called for a voice vote.)

The amendment carried.

Rep. Devlin: I move a Do Pass as Amended.

Rep. Pietsch: I second.

A roll call vote was taken.

Yes: 12 No: 0 Absent: 0

Rep. Devlin will carry the bill.

Date: 3/2/05

Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~HB~~ SB 4030

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amel-place on Consent Calendar

Motion Made By Rep Devlin Seconded By Rep Pietsch

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S.Price	/		Rep.L. Kaldor	/	
V Chrm.G. Kreidt	/		Rep.L. Potter	/	
Rep. V. Pietsch	/		Rep.S. Sandvig	/	
Rep.J.O. Nelson	/				
Rep.W.R. Devlin	/				
Rep.T. Porter	/				
Rep.G. Uglem	/				
Rep C. Damschen	/				
Rep.R. Weisz	/				

Total () 12 No 0

Absent 0

Floor Assignment Rep Devlin

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

REPORT OF STANDING COMMITTEE

SCR 4030, as engrossed: Human Services Committee (Rep. Price, Chairman)
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends
DO PASS and **BE PLACED ON THE CONSENT CALENDAR** (12 YEAS, 0 NAYS,
0 ABSENT AND NOT VOTING). Engrossed SCR 4030 was placed on the Sixth order
on the calendar.

Page 1, line 10, replace "continue" with "need"

Page 1, line 11, after "institutionalization" insert "and alternative care"

Page 1, remove lines 12 and 13

Page 1, line 14, remove "transitioning from" and replace "to" with ", as well as"

Page 1, line 15, after "services" insert a comma

Renumber accordingly

2005 TESTIMONY

SCR 4030



Testimony on SCR 4030
February 9, 2005
North Dakota Association for Home Care

Madam Chair Lee and members of the Senate Human Services Committee, my name is Jo Burdick; I am the Vice-President of the North Dakota Association for Home Care. I am testifying on SCR 4030 this morning to address the delivery of long term care services in ND; services that have and continue to place emphasis on delivery within the institutional setting, while the overwhelming majority of citizens prefer to receive LTC services in the least restrictive environment.

The North Dakota Association for Home Care is a non profit association dedicated to providing its membership with leadership, advocacy, and education. NDAHC represents 26 of the 28 licensed home health agencies in ND and their 12 branch agency locations.

NDAHC seeks to reverse the trend that places North Dakota citizens in institutions by fostering, developing, and promoting high standards of patient care in the home setting.

North Dakota has an existing home care delivery model and infrastructure in place that covers the majority of the state. These services have been underfunded through the Legislative budget for the Dept. of Human Services. Many providers find that it has not been cost effective to provide these services due to the lack of funding appropriated in the state.

In order to meet the needs of our aging and disabled population, we feel we must continue to address the preferred method of care and direction of state assistance in order

to transition from an emphasis on institutionalization to a method of delivery of care in the least restrictive environment.

According to the Center for Medicaid Studies, North Dakota spends at a ratio of 34.6 to 1 (for every \$34.60 spent toward nursing home care, \$1.00 is spent in home and community based care). That ranks North Dakota 49th of the 50 states – only Tennessee's ratio is greater. For comparison, MN's spending is 2.2 to 1, MT is 3.5 to 1, and SD is 14.4 to 1.

While there has been some increase to home and community based services in the state, the direct increase of \$30.3 million to nursing homes and an increase of \$4.4 million for basic care services in nursing homes over the next biennium surely increase this gap.

The services provided in these facilities must certainly be recognized as truly important to the people they serve. Additionally, the importance of these facilities in the rural communities in which they are situated is duly recognized.

It must be kept in mind that while researching how and where North Dakota's aging population prefers to receive care, they overwhelmingly choose their own homes whenever possible.

Much has been done by current providers of home and community based services to insure that persons receiving care in their home are safe, and in the appropriate setting. In addition, services must be of the quality and cost effective nature that allow for good patient outcomes in the least restrictive environment. Granting waivers and loosening regulation on providers should be carefully evaluated; regulations are implemented to protect the consumer.

In the previous biennium, the NDAHC has been part of the workgroup on SB 2330, legislation from 2003 directing when possible that state assistance follow the person's care of their choice. One of the outcomes of that workgroup concluded the growth of the

budget for institutional care could be curbed through enhancement of home and community based services. Additionally, we must be aware of the cost of duplicating services where services already exist or may be delivered with enhancements to the existing structure.

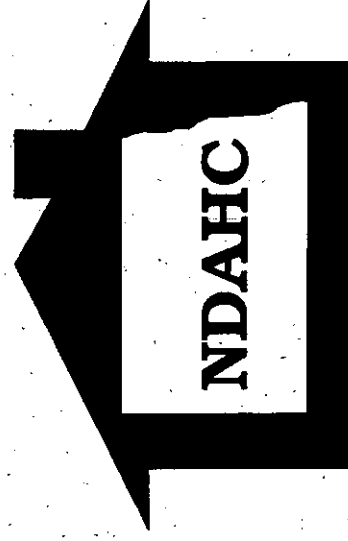
Madam Chair and members of the committee, thank you for the opportunity to testify before you this morning – I urge your favorable recommendation on SCR 4030.

I'd be happy to answer any questions the committee may have.

How to Find a Home Health Agency

- Visit our website at www.aptnnd.com/ndahec
- Nursing home social workers, physicians, and hospitals can help find home health agencies in your area.
- Home health agencies may be posted in the Yellow pages under "home health services."
- The ND Department of Health, Division of Health Facilities, can provide information about state and federal requirements, a list of licensed home health agencies, and information about agency compliance history. Call (701)328-2352

By investing some time and following the steps outlined in this brochure, you will be able to make an informed decision in the selection of a home health agency.



**North Dakota Association
for Home Care**

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Please visit us at:
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**North Dakota
Association for
Home Care**

***Add Years to Your
Independence -
Choose Home Care***

North Dakota Association for Home Care

What is NDAHC?

The North Dakota Association for Home Care is a non-profit association dedicated to providing its membership with leadership, advocacy, and education.

Our Mission

NDAHC seeks to reverse the trend that places North Dakota citizens in institutions by fostering, developing, and promoting high standards of patient care in the home setting, while providing an organized and unified voice for home care provider organizations in North Dakota.

NDAHC accomplishes its mission by way of:

- Expanding membership's voice by developing coalitions and collaborations with other health care entities.
- Participating at state and national levels to influence legislation, regulation, and reimbursement.
- Identifying and advocating for common issues affecting the home care industry.
- Providing clinical education and networking opportunities for members as well as legislators, state committees, and health care providers.

How to Select the Right Home Health Agency

Before you decide on a Home Care Agency, gain knowledge of their services and reputation by asking the following questions:

- How long has the agency been established in the community and been providing care?
- What geographic area do they serve?
- Is the agency licensed, Medicare-certified, and accredited to provide home care?
- How does the agency handle medical emergencies?
- How does the agency select, train, and supervise its staff?
- Are the agency's caregivers available 24 hours a day, seven days a week?
- What does the client pay out of his/her pocket? What services and supplies are not covered by the third-party payers, such as Medicare and insurance?
- Will the client and significant other have a role in creating the plan of care?
- Will the agency make regular contact with the client's doctor?
- How is client confidentiality ensured?
- Investigate Medicare's Home Health Compare website: www.medicare.gov/HHCompare

Home is where caring for one's health has been provided throughout the centuries, and for good reason. There is significant evidence that home care keeps families together, promotes quicker healing, reduces stress, and keeps the elderly independent while allowing the maximum amount of freedom. This not only adds years to life, but life to years. In addition, home care costs about only one-tenth as much as hospitalization and approximately one-fourth as much as nursing home placement when dealing with comparable health problems. It is also the most satisfying form of health care available.



February 9, 2005
North Dakota Disabilities Advocacy Consortium
Testimony
Senate Concurrent Resolution 4030
Senate Human Services Committee
Chair - Senator July Lee

Good Morning, Chairman Lee and members of the Senate Human Services Committee. I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today in support SCR 4030.

The cost per client per month of the home and community based services programs administered by the Aging Services Division of ND Dept of Human Services are as follows:

a) Service Payments for Elderly and Disabled (SPED)	\$ 403.74
b) Expanded SPED	\$ 299.46
c) Medicaid Waiver for Aged and Disabled	\$1,278.87
d) Medicaid Waiver for Traumatic Brain Injury	\$2,447.99
e) Older Americans Act	\$ 59.00
(transportation, outreach, home delivered meals)	

The cost per client per month listed above does not include other in-home costs such as medical care, subsidized housing, economic assistance programs, etc.

The average cost of nursing home care per month is \$3,545.14 and the average basic care cost per month is \$924.74.

In most cases, it is more cost effective to provide services which enable an individual to remain at home, rather than enter institutional care.

There are several initiatives underway to rebalance the way funding is distributed in the ND long term care continuum. A study of the kind proposed in SCR 4030 would clearly be useful in assuring legislative involvement in rebalancing ND system.

NDDAC would like to suggest two amendments.

On line 5, after the word "aging" add the words "and disabled"

On line 15, delete the words "demands of an"

On line 16, delete the words "aging population" and insert the words "providing the preferred method of care to the individual in the long term care continuum."

Re-number the lines accordingly.

The members of the North Dakota Disabilities Advocacy Consortium urge you to adopt these proposed amendments and give a do pass to SCR 4030.

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



National Association of Social Workers
 NORTH DAKOTA CHAPTER
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 E-Mail nasw@apnd.com
 Web Site www.apnd.com/nasw

February 9, 2005

Chairman Lee and Members of the Senate Human Services Committee:

My name is Connie M Hildebrand and I am Legislative Chair of the North Dakota Chapter of the National Association of Social Workers. I speak on behalf of our 152,000 national and 300 state members in support of SCR 4030, a resolution to study the long-term care service delivery system in North Dakota.

While cruising the web recently I read Terry Goehring's words. He's from Bottineau, and chairman of the Long Term Care Association board. Although I don't know Terry personally, he says these are exciting times to be involved in long term care, and we think so too. But it is time we be involved in planning for the *future* of long term care in North Dakota, not its past.

Terry states, "Nursing home occupancy rates continue to decrease. The emphasis is increasingly on quality of life and ability, as opposed to illness and disability." He also notates a trend toward "more residential and less institutional environments, when one adopts a resident-focused model of care."

Social workers agree with Goehring on this point as well. A "client-centered" approach has always been the basis of social work practice. We also know that nothing is less institutional, and more residential than living in one's own home, yet the current institutional model of payment distribution does not allow the choice of alternatives which North Dakota citizens want and need.

The United States has one song of peace that reaches not only the hearts of its own people, but touches a responsive chord in the hearts of the whole world. That song is *Home, Sweet Home*. Remember, "*Mid pleasures and palaces though we may roam, Be it ever so humble, there's no place like home.*"

*"An exile from home, splendor dazzles in vain,
 Oh give me my low-ly thatched cottage a-gain;
 The birds singing gaily, that came at my call
 Give me them, and that peace of mind, dear-er than all."*

The song's author, John Howard Payne, was born in New York City in 1702, over three centuries ago. If we have learned *anything* from our past to help understand our future, let it be from our *Home, Sweet Home* based past. That's where North Dakotans want to live. That's where North Dakotans want to stay. That's where Terry Goehring will want to sit, and ponder, and listen to his backyard birds.

Remember, we need to start our planning now. These are, your future care services we're discussing.

Support home and community-based services as a priority in long term care planning. Vote "yes" in committee, and vote "yes" on the Senate Floor.

A handwritten signature in cursive script, reading "Connie M. Hildebrand". The signature is fluid and elegant, with the first name "Connie" being the most prominent part.

Connie M Hildebrand
NASW-ND Legislative Chair

TESTIMONY BEFORE THE SENATE HUMAN SERVICES COMMITTEE
REGARDING SENATE CONCURRENT RESOLUTION NO. 4030

FEBRUARY 9, 2005

Same given to House

Chairman Lee, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to support this resolution.

The Department has promoted the use of home and community based care services (HCBS) for many years. We believe that most individuals would prefer to receive long-term care services in their homes or in the community. While the use of HCBS is desirable many challenges including geography, funding and availability of qualified providers must be overcome.

In addition, the number of elderly individuals over 85 will increase by 9,000 over the next 15 years, a dramatic increase as this group is the most likely to require long term care services. We must plan to meet the needs of these individuals so that care can be delivered in the least restrictive environment possible. If we do not develop a comprehensive plan to meet the long term care needs in the community it will likely result in increased use of expensive nursing facility care in future years.

A comprehensive study of the current long term care system and recommendations to improve the delivery of HCBS would assist the Department as we plan to provide needed services in the future.

The Department supports this resolution and recommends a do pass.

I would be happy to respond to any questions you may have.

North Dakota Disabilities Advocacy Consortium

Testimony - March 21, 2005

Senate Concurrent Resolution 4030

House Human Services Committee - Chair—Representative Clara Sue Price

Good Morning, Chairman Price and members of the House Human Services Committee. I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today in support SCR 4030.

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In most cases, it is more cost effective to provide services which enable an individual to remain at home, rather than enter institutional care.

There are several initiatives underway to rebalance the way funding is distributed in the ND long term care continuum. A study of the kind proposed in SCR 4030 would clearly be useful in assuring legislative involvement in rebalancing ND system.

The members of the North Dakota Disabilities Advocacy Consortium urge a do pass to SCR 4030.

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