

**ND Legislative Management
Human Services Committee Meeting
Thursday August 30, 2012**

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Chairman Alon Wieland:

The following comments are respectfully offered as follow-up to the discussion of the QSP program at last month's (July 31, 2012) meeting of the ND Human Services Committee. It is recommended that the Human Services Committee may want to ask Mr. Chuck Stebbins for the results of the Nominal Group Process report related to the August, 2011 meeting of the QSP Association last summer. Also, to make the QSP program more effective, several additional recommendations are presented below to build on comments made at the Human Services meeting in July:

1. Emphasize a full "system" context in the planning of HCBS, with recognition of the many partnerships that need to be strengthened to make HCBS an efficient & effective option for elders & people with disabilities.
- A focus on the improvement of the QSP program *necessarily will* involve a focus on its placement within the context of the relationships among the array of other programs and entities related to effective HCBS delivery. (Please see attached diagram).

2. Accelerate the development of allowable options to improve the *timely* assessment of clients who need in-home services. For example, invest in *quickly* initiating two strategies: 1) the provision of "targeted case management" (TCM) by Tribal Community Health Representatives (CHRs) that was approved through an amendment to the ND Medicaid State Plan early this year; and 2) allowing individual Licensed Social Workers (LSWs) to work in the QSP program as case-managers under the HCBS Waiver.

- Although allowable under the HCBS Medicaid Waiver, the LSW-QSP option has never yet been implemented. However, the option is currently being developed with ND HCBS, and it is anticipated that the frequently identified need for more timely assessment and coordination of services for HCBS clients could be met through this mechanism. Several LSWs have applied to become case-managers, and are awaiting training to serve in this role. In addition, they are awaiting state approval to be allowed to provide these case-management services without advanced certifications (It is noteworthy, that advanced certification for case management is *not* required of other LSWs who are case-managers employed at the County level, nor is "hands-on" training required for QSPs who actually deliver care to HCBS clients).

3. When the LSW-QSP option is implemented, avoid duplication of case-managers on a given case, by allowing approved LSW-QSP Case Managers to do assessments for Personal Care Services, as well as for the services under the HCBS Waiver. Under current regulations, it would be necessary for a client who needs HCBS Waiver Services AND Personal Care Services to have TWO separate social workers and TWO separate social worker assessments to obtain these services. This "bottle-neck" in assessment timelines could be avoided if the state HCBS program will allow the future LSW-QSP Case Managers to also provide the PCS assessment.
4. Eliminate fragmentation, inefficiency, and improve coordination of services by creating viable, effective **systems of HCBS care** including strong partnerships among:
 - Elderly Nutrition programs (under Titles III and VI under AOA/Aging Services); Public/Tribal Health Nurses; Tribal Health Programs including the CHR's; Indian Health Services; County Services; ND HCBS; and the existing QSP training program through TrainND. Coordinating referrals & services within a network of local, community, and state resources could benefit all HCBS clients.

Essential Partnerships in HCBS

Presented to ND Human Services Committee Meeting 08/30/2012

Referrals

- Family / Individual
- Hospital / Nursing Home
- Indian Health Service
- Tribal Health Programs/CHR
- Public/Tribal Health Nurses
- Elderly Nutrition
 - AOA (Title III & VI)

Case Management

- Individual LSW / QSP
- CHR / TCM
- County Workers

Ongoing Team Building & Training

- CHRs for Targeted Case Management
- LSW / QSP Case Managers
- County Case Managers
- QSPs (including family)
- CNAs as needed
- State Nurse Consultants
- Tribal Nurse Consultants

Care Planning & Delivery

- Assessment
- Eligibility Determined
- QSPs selected & assigned
- QSP Care **followed-up**
- Care Plan adapted as needed

**GOAL: Cost-Effective Quality Care for
Elders & People with Disabilities**