

HB 1012
4-7-25

ADDRESSING HOME AND COMMUNITY BASED NEEDS OF DD CLIENTS IN NORTH DAKOTA

(A Workplan in Progress as of 2/1/2025)

At least five years ago (2/21/2020) a meeting was held with the DD Division (Tina Bay) and Protection and Advocacy (Teresa Larson) to address the needs of DD clients with Support Intensity Scales (SIS) of 10 or greater. Indications were 80-85 clients fit this level of intense medical needs being served either in an institution or by individual families!

Something needs to be done to address these needs in the Home and Community Based environment as required by law, NOW!

Discussion

Four people with significant disabilities need a home where substantial medical services can be provided in their home. It needs to be appropriate for people who are medically fragile, allows them to be in the least restrictive environment, and person-centered to maintain their independence as much as possible.

Features should be for four clients maximum per building to minimize footprint in typical residential setting, space for medical equipment, services, covered parking options, independent (with supports) living quarters with commons area, workout/therapy room and storm shelter.

FEATURES & THOUGHTS OF HOMES (The Building) FOR CHILDREN & ADULTS WITH INTENSIVE MEDICAL NEEDS

The concept and features of a home, Home and Community Based (HCB), other than an institution (Nursing Home, Hospital, etc.) intended for children (pediatric) and adults with intensive medical needs, including those with Physical and Developmental Disabilities, is highlighted as follows. Technology has made this possible. Families want their loved ones close, not hundreds of miles away! These facilities need to be professionally designed, constructed, and maintained, including the grounds. They should comply with federal guidelines (laws) to accommodate up to four clients and located in various communities throughout the State. These buildings could be located as needed. For example, perhaps, one in Bowman, 2-3 in Williston, Minot, Bismarck, Grand Forks, Fargo, etc.

The buildings should be unbundled from services which are provided separately by Providers. i.e. DD Providers, Aging Services, Private Duty Nursing Services, etc. (just like one chooses their own doctor) Clients should be person -centered, and able to choose which providers are best suited to their needs. These services would be coordinated with the case managers of each Service Provider. The “home” should not be a condition tied to the services the client may choose, for example, in the case a Service Provider discharges for whatever reason. The client should not, then, additionally, lose their home!

The construction of these buildings could be incentivized for private investment groups (for profit and non-profit), with appropriate guidelines. Real estate developers, tax credits, etc. along with State incentives can make this happen quickly! Low interest loans could be provided by the Bank of ND, grants, State subsidies, etc. They could be quickly constructed within 1-3 years.

Design Characteristics:

1. Four clients maximum per building to minimize footprint in typical residential setting.
2. Private living units (apartment like) containing 1 living/kitchen area, 1 primary bedroom with bathroom/closet, 1 office/storage room, 1 laundry room/partial bathroom. This is necessary for various reasons, the least of which includes client cares and infection control (MRSA, VRE, etc.). The individual living units are imperative for promoting independence with appropriate supports, maintaining privacy, and insuring infection control practices.
3. Non-slip antimicrobial flooring for safety and hygiene.
4. Congregate area (Great Room) for larger gatherings where clients may recreate, socialize, relax, aesthetically appealing, fireplace, furniture, kitchen.
5. Therapy room for physical therapy, occupational therapy, speech therapy, would double as storm shelter.
6. Oxygen supplied with ports around the building as needed.
7. Generator for power back up for extended power outages including UPS (Uninterruptible Power Supply) for power quality of sensitive electronic medical equipment, i.e. ventilators, oximeters, medical treatment devices, etc.
8. Spaces/closets for medical supplies which are typically provided for medical suppliers (i.e. Sanford Equip) on a monthly basis and must be accounted for and inventoried by each client's caregivers.
9. Some facilitation of physical remote telemetry technology. Remote both within the building and beyond as technology keeps changing.
10. Wide hallways and doors for medical equipment (40 Inch Doorways) to move wheelchairs, Hoyer's, beds, etc.
11. Sound proof walls as needed to reduce stress, maintain privacy, and for sleeping disorders.
12. Separate HVAC with HEPA filtration for infection control climate stability, personal temperature and humidity control in private areas particularly important for clients with respiratory needs including traches.
13. Extra electrical outlets for medical equipment.

14. Reinforced construction with space for storage of larger equipment like standing lifts, Hoyers, ceiling lifts, etc. Preferably a garage(s) could house these as needed, as well as for loading and unloading clients as transportation during inclement weather (freezing temperatures, rain, etc.) including ventilators, oximeters, etc. for appointments, outings, etc. doesn't work well for medically fragile clients.

As the dialogue regarding these homes continues, it is important to include the thoughts of the nurses, DSP's and other caregivers, etc. as they do all the intensive work! They have a lot to contribute as well!

CREATE A NEW CLASS OF DIRECT SERVICE PROVIDERS (DSP's) FOR STAFFING THE INTENSE MEDICAL NEEDS OF CHILDREN AND ADULTS WITH INTENSE MEDICAL NEEDS

1. Providing cares in a medically intensive environment is hard work! There are individuals who are willing to do this work with appropriate incentives!
2. Create a new classification for DSP's and pay scale that reflects, incentivizes, enables, and appropriately rewards those employees to perform this important work.
3. Add \$7.50 per hour to the standard DSP hourly rate for this new class of DSP's.

