

KEY ISSUES REGARDING HOME AND COMMUNITY-BASED SERVICES

This memorandum summarizes testimony presented to the Human Services Committee to date relating to concerns and suggestions regarding home and community-based services (HCBS).

Ms. Myrna Hanson, Executive Director, Community of Care, said Community of Care is a model that can be replicated in other counties in North Dakota. She said Community of Care provides its services free of charge and receives the majority of its funding from donations, fundraisers, and community support. She said Community of Care is not requesting additional state funding, but is suggesting its service model could be used in other areas of the state.

Ms. Kristen Hasbargen, Director, Richland County Social Services, said there are certain areas of the state and certain services that are difficult to provide due to the lack of qualified service providers (QSPs) as well as the necessary travel.

Ms. Penny Woodward, Case Manager, Home and Community-Based Services, Morton County Social Services, said a gap in services is noted for individuals who do not meet the total impairments needed to qualify for HCBS but still have service needs to remain at home safely. She recommended the addition of another level of service under service payments for elderly and disabled (SPED) by reducing the number of impairments needed to qualify for services.

Ms. Woodward said there is a need for medical transportation and escort to be included in allowable tasks under current funding sources. She said unless an individual is receiving Medicaid and there is a Medicaid-approved provider, there is no assistance available for transportation and escort to medical appointments. She said current HCBS services allow for transportation and escort for shopping but not for medical issues. She said funding for transportation and escort to medical appointments is essential to keep individuals healthy and able to live at home.

Ms. Woodward said there is a concern with requiring clients to apply for Medicaid if they need personal care. She said currently, if a client has \$1,038 per month of income after medical deductions, they would not have a cost-share under the SPED program; however, if that individual needs bathing assistance and has minimal assets, they are required to apply for and, if approved, access these services through Medicaid. She said in this example under Medicaid, services could cost this client approximately \$200 per month in recipient liability. She said most of these applicants cannot afford the expense and refuse the personal care putting them at higher risk for falls and injuries. She said the Adult Services Committee, a subcommittee of the North Dakota County Social Service Directors Association, recommends that SPED funding be allowed to be used if Medicaid has an adverse effect on the client.

Ms. Woodward recommended an increase in medical expense deductions for the SPED program. She believes these deductions have not been adjusted for more than seven years. She said currently, the allowable monthly deduction is \$350 for an individual and \$700 for a couple, including health insurance.

Ms. Woodward expressed concern about the issue of loneliness. She said the state's communities are changing, and people no longer know their neighbors or have that network of support. She said people are leaving their home communities sooner for congregate living environments, especially from the rural areas, because of loneliness. She said the issue of loneliness and isolation must be addressed if people are to feel comfortable living at home. A number of years ago, she said, "friendly visiting" was authorized as a task, but that has been discontinued due to budget restraints. She recommended a funding provision for services that address the growing issue of loneliness and isolation.