

DEMENTIA-RELATED SERVICES - BACKGROUND MEMORANDUM

The 2007 Legislative Assembly approved House Concurrent Resolution No. 3022 ([attached as an appendix](#)) providing for a Legislative Council study of the availability of and future need for dementia-related services and funding for programs for individuals with dementias.

PREVIOUS STUDIES

The 1995-96 Budget Committee on Home and Community Care studied the continuum of care for North Dakotans with Alzheimer's and related dementias and the needs of caregivers and families of patients with Alzheimer's and related dementias.

The committee recommended House Bill No. 1037 which required the Department of Human Services to establish pilot projects to meet the service needs of the Alzheimer's and related dementia population. The pilot projects explored the financial and service viability of converting existing nursing facility or basic care bed capacity to a specific service environment that targets this population. The committee also recommended House Concurrent Resolution No. 3003 directing the Legislative Council to monitor the implementation of the projects developed by the Department of Human Services relating to converting existing bed capacity for use by Alzheimer's and related dementia persons.

The 1997-98 Budget Committee on Long-Term Care monitored the implementation of the Alzheimer's and related dementia population projects. The committee heard information from the task force on long-term planning and learned that, due to delays in the startup of the pilot projects, it was not possible to fully evaluate the effectiveness of the pilot projects during the 1997-99 biennium.

The committee recommended Senate Bill No. 2034 to authorize the Department of Human Services to continue the approved Alzheimer's and related dementia population pilot projects into the 1999-2001 biennium and required the department to monitor and report on the progress of the pilot projects. In addition, the committee accepted other recommendations of the task force, including:

1. The Department of Human Services allow other entities the opportunity to develop alternative residential services for Alzheimer's and related dementia populations or other populations that meet quality and financial standards established by the department.
2. Funding for these projects come from the existing appropriations for the Medicaid home and community-based services waiver or the expanded service payments for elderly and disabled (SPED) program. The number of projects was limited by the number of available home and community-based services waiver slots approved by the federal

government, the cost neutrality requirement contained in the home and community-based services waiver, and the total appropriation for the expanded SPED program.

The 1999-2000 interim Budget Committee on Institutional Services received the final report from the Department of Human Services on the progress of the Alzheimer's and related dementia pilot projects. The committee learned that based on the department's review of the Baptist Home in Kenmare and with the approval of three additional units, the Alzheimer's and related dementia pilot project accomplished the goal set forth in the original legislation. The report indicated the facility in Kenmare provided appropriate and adequate care to its residents with Alzheimer's and related dementia. The payment rate for the Medicaid recipients was \$67.26 per day and the room and board rate was \$12.10 per day. The total cost to a Medicaid recipient eligible for the home and community-based services waiver was \$79.36 per day or \$15.05 per day less than the services of a similar nature in a nursing facility of \$94.41 per day.

Senate Concurrent Resolution No. 4027 (2005) provided for a study of the need for dementia-related services, standards, and practices for caregivers and a review of the legal and medical definitions used for dementia-related conditions and the funding for programs and services for individuals with dementias. By Legislative Council directive, the scope of the study was limited to a review of the legal and medical definitions used for dementia-related conditions. The study was assigned to the **2005-06 Judicial Process Committee**. The committee made no recommendation as a result of its study of the legal and medical definitions used for dementia-related conditions.

ALZHEIMER'S DISEASE DEMONSTRATION GRANT

In 2004 the Department of Human Services received a three-year federal Alzheimer's disease demonstration grant to expand the availability of diagnostic and support services for persons with Alzheimer's disease, their families, and caregivers, as well as to improve the responsiveness of the home and community-based care system for persons with dementia. The program focuses on serving hard-to-reach and underserved individuals with Alzheimer's disease or related dementia. The grant award was \$261,150 for each year of the three-year grant. Since not all the funds were spent, the department requested and received a one-year extension of the grant through June 30, 2008. The North Dakota program focuses on building an alliance between the medical community, community services network, and the North Dakota family caregiver support program to increase early dementia

identification, treatment options, and caregiver respite. The grant requires a 25 percent nonfederal match the first year, 35 percent the second year, and 45 percent the third year. The Dakota Medical Foundation has provided a portion of the match for each of the three years of the project with the remainder being provided by the contractors who are providing the services funded by the grant.

REAL CHOICE SYSTEMS CHANGE GRANT

In September 2004, the Department of Human Services received a three-year \$315,000 Real Choice systems change grant to provide a single point of access to long-term support and care services for the elderly and individuals with disabilities. The Department of Human Services contracted with the North Dakota Center for Persons with Disabilities in Minot State University to conduct the project. The project, known as the Real Choice Systems Change Grant - Rebalancing Initiative, is working to develop a plan for rebalancing funds between long-term care services and those services provided in home or community settings. The project is also involved in the development of a new system for providing a single point of entry for services for the elderly and individuals with disabilities who are considering long-term care and home and community-based services. The project has brought together representatives from public and private organizations involved in assuring that the North Dakota elderly and individuals with disabilities have options and access to the continuum of long-term care services in the state.

SINGLE POINT OF ENTRY

Senate Bill No. 2070, approved by the 2007 Legislative Assembly, appropriates \$40,000 from the

general fund to match \$800,000 of federal funds which if approved by the federal government will allow the Department of Human Services to establish or contract for an Aging and Disability Resource Center to provide a single point of entry to North Dakota's continuum of care services for the elderly and disabled.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information on Alzheimer's and dementia-related services available in the state, including in-home and residential services, the cost of these services, and funding available to assist in paying for these services.
2. Receive information from interested persons, including the North Dakota Long Term Care Association and the Alzheimer's Association regarding the availability of dementia-related services in this state and the need for and projected need for additional services and funding for individuals with dementia.
3. Receive information from the Department of Human Services and the North Dakota Association of Counties regarding programs and services for individuals with dementia and related funding.
4. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
5. Prepare a final report for submission to the Legislative Council.

ATTACH:1