

Testimony
Department of Human Services Committee
Representative Chuck Damschen, Chairman
October 29, 2013

Chairman Damschen, members of the Human Services Committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum of Medical Services, for the Department of Human Services. I am here today to provide you with comments regarding the committee's study of home and community-based services (HCBS), information regarding the Medicaid waiver process and options to combine Medicaid waivers relating to HCBS, and the application process for HCBS with options to improve the application process.

Direct HCBS Services provided:

Please reference [Attachment A](#) which provides an overview of all of the HCBS Home and Community Based Services including the eligibility criteria and funding sources for each of the services and also includes information on the HCBS and Technology Dependent Waivers.

Please see [Attachment B](#) which includes the cost per client information on the average number of recipients using HCBS services per month. The services are funded with general fund, Medicaid, and Counties are responsible for 5% of the SPED Program costs.

HCBS Staffing

Home and Community based services are provided by individual and agency Qualified Service Providers (QSPs). As of October 1, 2013, there were 1,556 individual QSPs and 141 QSP agencies enrolled with the

Department.

Location of HCBS Services

Home and Community Based Services are provided in a number of locations. They can be provided in the individual's home, in a basic care setting, assisted living facility, adult family foster care, and adult residential settings.

Outcomes for HCBS

HCBS Medicaid Waiver Quality Review questions are asked by the Case Manager on an annual basis. [Attachment C](#) contains the results of the responses to the questions for the calendar year 2012 survey which had a sample size of 229 individuals. The responses are generally positive regarding the care they receive.

Data was gathered concerning length of time recipients are receiving HCBS in the Medicaid HCBS waiver as shown in [Attachment D](#).

Medicaid waiver recipients meet the Level of Care required for nursing home placement. The number of years which individuals are receiving HCBS services delay or divert nursing home placement.

Estimated Unmet Need for HCBS

Some of the unmet needs that have been identified through previous Department Stakeholder input and supported in the Governor's Budget, and the Legislative process include:

- Funding for a mileage differential to QSPs for round trips in excess of 20 miles.

This will encourage QSPs to serve individuals living in rural areas of North Dakota. Implementation date is 1/1/2014.

- Home delivered meals seven days a week to SPED and ExSPED for clients under 60 years old. Implementation date is 1/1/2014.
- Extended personal care services for the SPED program to allow specifically trained QSPs to administer medications and do other medical tasks. Implementation date is 1/1/2014.
- Personal care with supervision to the HCBS waiver to allow individuals with a primary diagnosis of dementia or traumatic brain injury (TBI) to receive 24 hour supervision within a daily rate. Implementation date is 7/1/2014.
- Information was received at the previous interim committee meeting that there is a need for reimbursement for companionship services.

Aging Services Division Older Americans Act Programs

Please refer to [Attachment E](#) for an overview of the various programs provided within the Older Americans Act (OAA) state-funded programs.

Options to combine Medicaid waivers relating to home and community-based services

Pros:

- Could streamline enrollment process because there would be one set of criteria to be eligible for one combined waiver.
- All information would be in one place. Consumers could use a one stop shop concept where all information is in one place. One case manager would determine eligibility for the waiver.

- Could coordinate client care and would reduce the need to work between several entities.
- Allow state to develop services based on need rather than diagnosis or condition.

Challenges/Issues:

- Waiver services must be available to all who meet the service criteria and the services must be available statewide.
- The waiver would need to cover from birth to end of life. Currently we have different ages and corresponding services to meet the needs of different populations. If a waiver would serve all ages, services would need to meet the needs of both children and adults which is not always possible. Therefore, the number of services would likely be reduced as currently all services are not appropriate for all ages served in the various waivers.
- Current providers are not trained to handle all types of clients. They have expertise in various fields; i.e. DD, HCBS (potential loss of specialized expertise and capacity and possibility that some will be underserved or receive services that are not appropriate to their needs. Need to ensure that supports and services remain available to those who need highly specific supports).
- We would need to determine the number of slots or capacity available. Currently, DD has a large number of slots while Technology Dependent, HCBS, Children's Medically Fragile (CMFW) all have significantly fewer slots. It would be difficult to determine which population would utilize the majority of the slots. We would not want to diminish capacity for smaller groups with specialized needs such as the Technology Dependent waiver.

- The purpose of the waivers is different. In the DD waiver, training and working towards independence of the client is key; in the HCBS waiver, needs are addressed by providers completing and assisting the client with the tasks if they are functionally unable to complete them independently because of age or physical disability.
- Each waiver requires different qualifications for case managers and program managers. These qualifications would need to be standardized if all populations were under one waiver authority.
- We would have to increase our costs to allow for service costs which would vary among the various populations.

The Department does not recommend combining the Medicaid waivers.

Application forms and the application process for home and community-based services and options to improve the application process

The HCBS point of contact is the HCBS county case managers. A case manager is assigned to complete an assessment, the individual signs for the services and a care plan is developed.

The single point of contact for individuals wishing to access DD services is the regional human service center. A DD program manager is assigned and they will assist the individual with the human service center application, applying for Medicaid, if appropriate, and completing eligibility for DD program management and the HCBS DD waivers.

This concludes my testimony and I would be happy to answer any questions you may have.

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (9/2013)

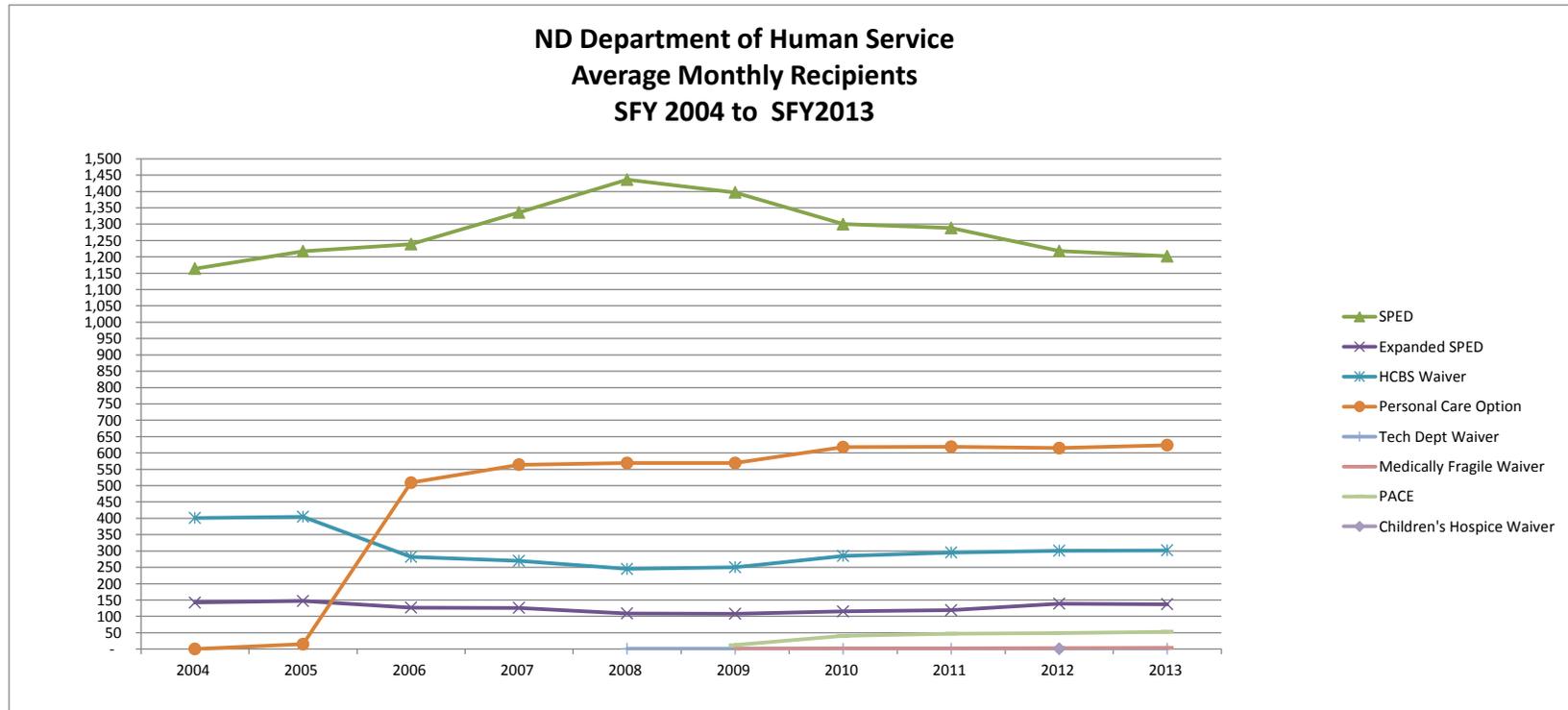


EXSPED (Expanded Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A) Includes: Daily/Rate & PC-Basic Care/Rate	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology Dependent Medicaid Waiver
Services <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management • Homemaker • Non-Medical Transportation • Respite • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Personal Care Services 	Service <ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Adult Residential • Chore & ERS Systems • Environmental Modification • HCBS Case Management • Homemaker • Non-Med Transportation • Respite • Specialized Equipment/Supplies • Supported Employment • Transitional Care • Extended Personal Care • Home Delivered Meals • Family Personal Care 	Service <ul style="list-style-type: none"> • Attendant Care Service • HCBS Case Management
Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLS) may be provided in conjunction with the tasks for ADLs.						
Functional Eligibility Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> • Meal Preparation • Housework • Laundry • Medication Assistance Or Have health, welfare, or safety needs, requiring supervision or structured environment	Functional Eligibility Impaired in 4 ADLs, OR in at least 5 IADLs, totaling eight (8) or more points or if living alone totaling at least six (6) points Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the 4 following IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance 	Functional Eligibility Impaired in 1 ADL Or Impaired in 3 of the following 4 IADL's <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance And Meet LOC criteria	Functional Eligibility Impaired in 5 ADL's And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Age 18 or older • Choose waiver services • Receive service on a monthly basis • Participate in planning • Functional impairment cannot be the result of a mental illness or mental retardation. • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team 	Functional Eligibility <ul style="list-style-type: none"> • Meet LOC criteria • Vent Dependent at least 20 hrs per day • Medically stable • Has an informal caregiver system for contingency planning • Is competent to participate in planning • If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team
Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Criteria for LOC Screening - NDAC 75-02-02-09.						
Financial Eligibility Medicaid Eligible	Financial Eligibility Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Financial Eligibility- MSP – Personal Care Medicaid Eligible			Financial Eligibility- Waivers Medicaid Eligible	
Program Cap \$3269.00 per month	Program Cap \$3269.00 per month	Program Cap for MSP-Personal Care Level A-480 units per month (a unit is 15 minutes) Level B- 960 units per month Level C- 1200 units per month			Program Cap (HCBS Waiver and TD Waiver) Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	

Individual QSP Rate \$4.80 per/unit - Agency QSP Rate \$6.59 per/unit (In addition some rates may be daily, one time, half day, and also specific to the service)

**North Dakota Department of Human Services
Average Monthly Recipients for HCBS Services
SFY 2004 to SFY 2013**

	Monthly Average SFY 2004	Monthly Average Biennium 2005	Monthly Average SFY 2006	Monthly Average Biennium 2007	Monthly Average SFY 2008	Monthly Average Biennium 2009	Monthly Average SFY 2010	Monthly Average Biennium 2011	Monthly Average SFY YTD 2012	Monthly Average SFY YTD 2013	Monthly Average Cost Per Person 2013 Biennium
SPED	1,164	1,217	1,239	1,336	1,436	1,397	1,300	1,288	1,218	1,202	\$377.00
Expanded SPED	142	147	127	126	109	108	115	119	139	137	\$254.00
HCBS Waiver	401	405	282	270	245	250	285	295	301	302	\$1,287.00
Personal Care Option	-	15	509	564	569	569	618	619	615	624	\$1,624.00
Tech Dependent Waiver					1	1	1	1	1	1	\$11,568.00
Medically Fragile Waiver						1	2	2	3	4	\$1,384.00
PACE						12	40	47	49	53	\$5,051.00
Children's Hospice Waiver									1	1	\$2,076.00
Total Monthly Averages	1,707	1,784	2,157	2,296	2,360	2,338	2,361	2,371	2,327	2,324	
Combined Averages	5,764	5,819	6,434	6,566	6,060	6,012	6,031	6,004	5,964	6,003	



Monthly Average Recipient totals were taken from the Quarterly Budget Insight reports available on the ND Department of Human Services website.



ATTACHMENT C
MEDICAID WAIVER QUALITY REVIEW
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 1154 (5-2012)

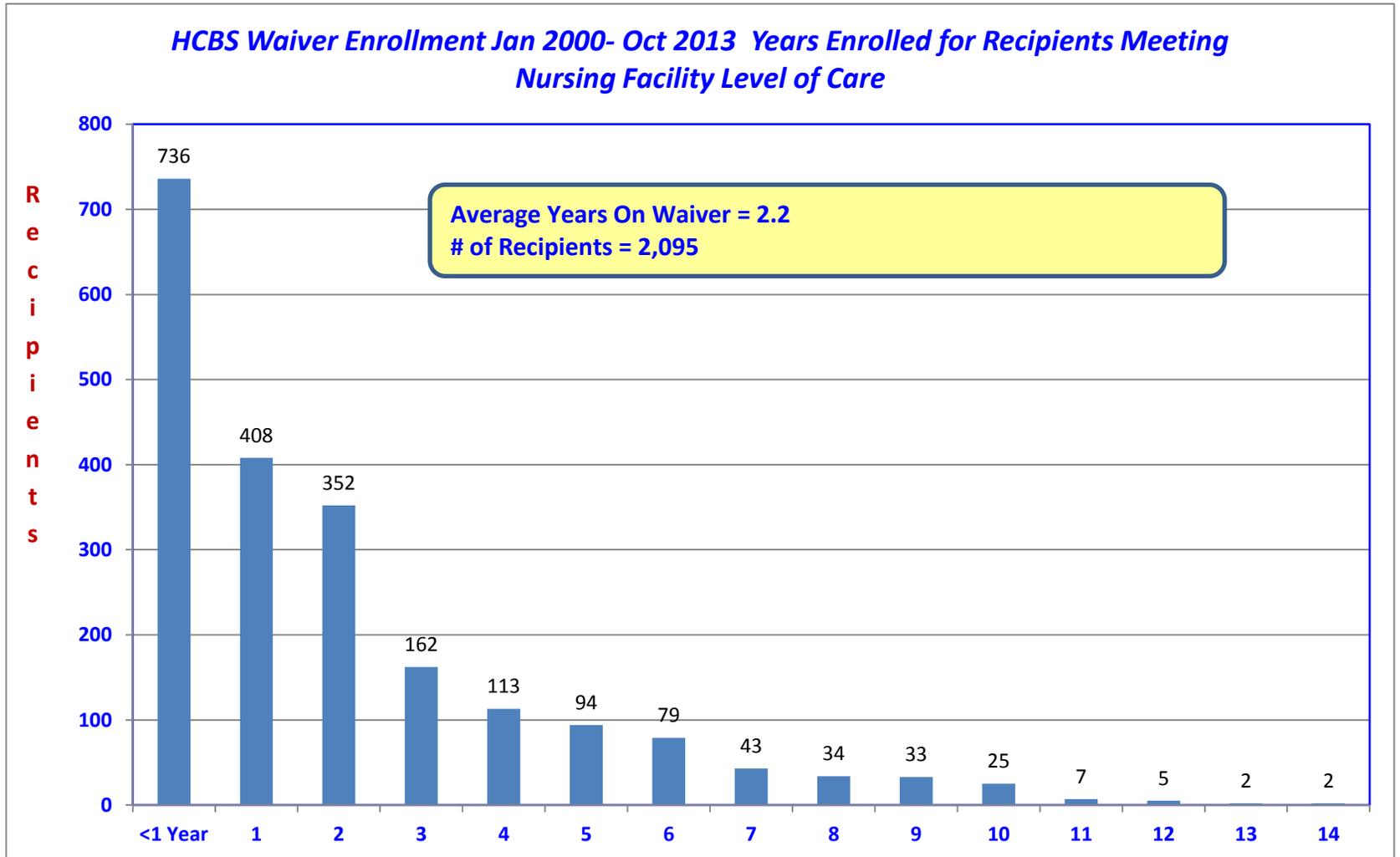
Client ID	Client Name SAMPLE SIZE 229	Date 2012
Respondent Name (if other than the client)		Relationship to Client
List Waiver Service(s)		List Other Services

1. Check Yes-No-N/A-Other. If the response is No, N/A, or Other, please explain in the Narrative box.
2. Complete on an annual basis for current clients during one of the quarterly contacts (not the annual or 6 month contact) and at the first quarterly contact for new clients.

Description/Identification of Survey Item	Yes	No	N/A	Other
a. Does the Provider provide the amount of service as outlined on the ICP? <i>Ask the client to describe the time it takes the provider to complete the task and compare their description to the time allotted on the ICP.</i>	226	1	2	0
Narrative				
b. Does the Provider come to your house as scheduled? <i>Ask the client if the provider comes when scheduled and leaves when scheduled? Does the provider just not show up or if they can't come do they call and cancel, etc.?</i>	121	1	104	3
Narrative				
c. Does the environment and client's appearance support the service provided in the amount outlined on the care plan? <i>Response is based on Case Management assessment and observation.</i>	126	0	3	0
Narrative				
d. Do the services and amount of service meet your need? <i>What is the client's opinion?</i>	228	1	0	0
Narrative				
e. Do you feel the services available meet the client's needs and assure that health, welfare and safety needs are met? <i>Response is based on Case Management assessment and observation.</i>	229	0	0	0
Narrative				
f. Does the Provider ever ask to use your property or take your property? <i>Ask the client if the provider asks to use their property, borrows money, or if they have noticed any missing items or charges on cards that were unexpected, etc.</i>	4	199	24	1
Narrative				
g. Does the Provider treat you with respect? <i>Ask the client if the provider listens to their requests and completes tasks as requested by the client. Do they scold or yell at the client, etc.?</i>	222	4	1	0
Narrative				
h. Has the provider injured you? <i>Ask has a provider ever hurt you?</i>	2	225	0	0
Narrative				
i. Has the provider restrained you? <i>Ask has a provider ever forced you to take medication or forced you to stay in a certain position or tied down your hands, etc.?</i>	1	226	0	0
Narrative				
HCBS Case Manager's Signature		County-Client's Residence		

Attachment D

# of Years	Client Count
<1 Year	736
1	408
2	352
3	162
4	113
5	94
6	79
7	43
8	34
9	33
10	25
11	7
12	5
13	2
14	2



**Older Americans Act Programs (OAA)/State-Funded Programs
North Dakota Department of Human Services – Aging Services Division**

Nutrition Services Program	Supportive Services Program	Family Caregiver Support Program	Long-Term Care Ombudsman Program	Vulnerable Adult Protective Services Program
<p>Services</p> <ul style="list-style-type: none"> ▪ Congregate Meals ▪ Home-Delivered Meals ▪ Nutrition Screening ▪ Nutrition Education ▪ Nutrition Counseling 	<p>Services</p> <ul style="list-style-type: none"> ▪ ADRL Options Counseling ▪ Assistive Safety Devices ▪ Health Maintenance (foot care; home visits; medication set-up; blood pressure/pulse/rapid inspection) ▪ Legal Assistance ▪ Senior Companion* 	<p>Services</p> <ul style="list-style-type: none"> ▪ Information ▪ Assistance ▪ Individual Counseling ▪ Support Groups ▪ Training ▪ Respite Care ▪ Supplemental Services 	<p>Services</p> <ul style="list-style-type: none"> ▪ Receive, investigate, and resolve complaints made by or on behalf of residents of long-term care and assisted living facilities ▪ Community Volunteer Ombudsmen* assist regional ombudsmen and provide on-going presence in assigned facilities 	<p>Services</p> <ul style="list-style-type: none"> ▪ Assessment & evaluation of alleged abuse, neglect, self-neglect, or exploitation ▪ Referral or arrangement for provision of services if the vulnerable adult accepts/consents to services and follow-up ▪ Public education
<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 60 and older and spouse, regardless of age ▪ Volunteers under age 60 providing meal services during meal hours ▪ Individuals with a disability under age 60 in a housing facility primarily occupied by older individuals may receive a congregate meal if the facility has an OAA congregate meal site ▪ Individuals with a disability under age 60 who reside with an individual age 60 and older 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 60 and older <p>*Senior Companion</p> <ul style="list-style-type: none"> ▪ Volunteers - Individuals age 60 and older meeting income requirements of up to 200 percent of poverty ▪ Recipients – Individuals age 60 and older who are homebound; not living in a long-term care facility 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Family caregivers of individuals age 60 and older ▪ Individuals caring for a person with Alzheimer's or related dementia, regardless of age of the person with dementia ▪ Grandparents or relative caregivers age 55 and older who care for children not more than 18 years of age ▪ Grandparents or relative caregivers age 55 and older providing care for adult children with a disability (age 19 and 59); caregiver cannot be the child's parent 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Residents of nursing facilities, basic care facilities, hospital swing beds, sub-acute and transitional settings, and assisted living facilities <p>*Community Volunteer Ombudsmen must be 18 years of age or older and complete initial and on-going training</p>	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 18 and older or a minor emancipated by marriage who has a substantial mental or functional impairment that compromises health safety, or independent life style; does not include individuals residing in a long-term care facility or a group home for an identified population
<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients given the opportunity to contribute to the cost of the service ▪ No client is denied service due to inability or unwillingness to contribute ▪ Means test may not be used ▪ Suggested contribution schedule that considers income ranges may be developed 	<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients/recipients given the opportunity to contribute to the cost of the service ▪ No client/recipient is denied service due to inability or unwillingness to contribute ▪ Means test may not be used ▪ Suggested contribution schedule that considers income ranges may be developed 	<p>Program Income</p> <ul style="list-style-type: none"> ▪ Clients given the opportunity to contribute to the cost of the service ▪ No client is denied service due to inability or unwillingness to contribute ▪ Means test may not be used 	<p>Program Income Not applicable</p>	<p>Program Income Not applicable</p>
<p>Information & Assistance: North Dakota Aging & Disability Resource-LINK 1.855.GO2LINK (1.855.462.5465) www.carechoice.nd.gov carechoice@nd.gov</p>				

**Older Americans Act Programs (OAA)/State-Funded Programs
North Dakota Department of Human Services – Aging Services Division**

Senior Community Service Employment Program (SCSEP)	Dementia Care Services Program (State-funded)	Telecommunications Equipment Distribution Program (State-funded)	Guardianship Services for Vulnerable Adults (State-funded)
<p>Services</p> <ul style="list-style-type: none"> ▪ Job training ▪ Subsidized employment 	<p>Services</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Care Consultation ▪ Referrals ▪ Caregiver Training ▪ Education on dementia to medical professionals, law enforcement, caregivers, and the general public 	<p>Services</p> <ul style="list-style-type: none"> ▪ Specialized telecommunications equipment 	<p>Services</p> <ul style="list-style-type: none"> ▪ Establishment of guardianships for specific populations ▪ Set payment for court appointed guardian
<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals age 55 and older with income not more than 125 percent of poverty 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individuals with dementia and their caregivers ▪ Eligibility is not based on diagnosis, age, or income level 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Have difficulty using the telephone because of a severe hearing loss, speech impairment or physical disability, and ▪ Have applied for or have phone service in their home, and ▪ North Dakota resident age five or over, and ▪ Meet income limits (based on the estimated median income for North Dakota), and ▪ Certified by a physician, audiologist, hearing instrument specialist, or speech language pathologist as unable to use a telephone readily purchased from a retail store 	<p>Eligibility</p> <ul style="list-style-type: none"> ▪ Individual must be impaired by reason of mental illness, mental deficiency, physical illness or disability, or chemical dependency to the extent that the person lacks capacity to make or communicate responsible decisions concerning that person's matters of residence, education, medical treatment, legal affairs, vocation, finance, or other matters, or which incapacity endangers the person's health or safety; and ▪ have an income at or below 100% of the federal poverty level; or ▪ be Medicaid eligible. ▪ Individual with developmental disabilities must be ineligible for developmental disabilities case management ▪ Guardian must be court-appointed
<p>Program Income Not Applicable</p>	<p>Program Income Not applicable</p>	<p>Program Income Not applicable</p>	<p>Program Income Not Applicable</p>

**Older Americans Act Programs (OAA)/State-Funded Programs
North Dakota Department of Human Services – Aging Services Division**

Attachment E

Family Caregiver Support Program	Dementia Care Services Program	Vulnerable Adult Protective Services Program
<p>Staffing</p> <ul style="list-style-type: none"> • Administrator(dedicated .55 FTE) to oversee the caregiver program. • Staff based at the Department's eight regional human service centers coordinate caregiver program services. • Located at each human service center, all NDFCSP coordinators have other program responsibilities at the center in addition to the caregiver program. There are eight coordinators with an equivalent of 4.75 FTEs statewide for the coordination of NDFCSP . 	<p>Staffing</p> <ul style="list-style-type: none"> • The program is administered by the Aging Services Division with funding provided by state general fund, through a contract with the MN/ND Alzheimer's Association • The Alzheimer's Association employs a program director, two regional directors, a data specialist and five care consultants. Services are provided statewide 	<p>Staffing</p> <ul style="list-style-type: none"> • The Department contracts with Cass County Social Services to provide VAPS services in Region V in Cass county and surrounding counties is in the process of finalizing a contract with Mountrail county Social Services to provide VAPS services in Region II (Minot and surrounding Counties); and has issued a Letter of Interest to each county social service entity in Region VI (Jamestown and surrounding counties, followed by issuance of an RFI). The Department, through Aging Services, continues to provide VAPS coverage in the remaining counties of the state by 3 FTE direct service workers.
<p>Location of Services</p> <ul style="list-style-type: none"> • Respite care is provided in the home of the caregiver by QSPs or family members • Institutional Respite is provided in a nursing home or swing bed for longer breaks from caregiving • License Adult and Child Day Care center respite • Licensed Adult or Child Foster Care home respite 	<p>Location of Services</p> <ul style="list-style-type: none"> • Services are provided statewide. • Individuals with dementia and their caregivers are eligible to receive care consultation, education and training, and referral services. Eligibility is not based on diagnosis, age or income. Anyone is eligible to participate in the educational sessions on dementia. 	<p>Location of Services</p> <ul style="list-style-type: none"> • Statewide
<p>Number of clients served</p> <ul style="list-style-type: none"> • As of October 9, 2013, the number of caregivers enrolled is 353. 	<p>Number of clients served.</p> <ul style="list-style-type: none"> • A total of 951 persons with the disease have been served in the time period of January 2010 through June 30, 2013. 	<p>Number of clients served and cost per client</p> <ul style="list-style-type: none"> • Data collected from October 2012 through June 2013, 992 intake calls were received.

**Older Americans Act Programs (OAA)/State-Funded Programs
North Dakota Department of Human Services – Aging Services Division**

Attachment E

Family Caregiver Support Program	Dementia Care Services Program	Vulnerable Adult Protective Services Program
<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • Lack of increase of funding appropriations at the federal level for Older Americans Act programs, the following impact occurred: • Unable to increase NDFCSP service cap to match 2013 Legislative increase to providers resulting in a decrease in amount of respite services available to caregivers. • Decreased number of caregivers enrolled in the NDFCSP • Waiting lists for caregiver services in most regions 	<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • The Dementia Care Services Program began implementation in January 2010. A total of 951 persons with the disease have been served in the time period of January 2010 through June 30, 2013. Facts and Figures, a publication of the Alzheimer's Association, estimated the number of individuals with Alzheimer's Disease or related dementias to be approximately 19,000 in the state of North Dakota. The Dementia Care Services Program has served approximately 5% of the total number of individuals in ND with the disease at this time. Therefore, the estimated unmet need for dementia services could impact 18,000 individuals with Alzheimer's or related dementia. These individuals remain un-served, growing older, and one in four resides in remote rural locations of the state. At the same time, new families are being diagnosed every week, as the base population of the state of ND continues to age 	<p>Estimated Unmet Need</p> <ul style="list-style-type: none"> • October 2012, Aging Services Division implemented a new data collection system providing a uniform method of collecting and reviewing the contacts made regarding elder abuse, neglect and exploitation. Based on the data collected from October 2012 through June 2013, 992 intake calls were received of which 439, calls were moved to the investigation status. At the investigation stage, a face-to-face assessment is completed by the APS worker. Once an assessment is completed a determination is made as to whether the report is substantiated or unsubstantiated. Of the 439 cases that were moved to investigative status, 234 were classified as substantiated, 141 were unsubstantiated, and 64 contacts were not able to be determined due to the cases still open and being worked on, or closed because the APS worker was unable to determine if abuse actually occurred. All assessed cases are classified by allegation type to include: 220 self-neglect, 84 exploitation, 76 neglect, 45 abuses, and 11 other. Reviewing data from the years 2009 through 2012 there were an average of 561 intakes annually as compared to 992 intakes taken during October 2012 and June 2013 which could be annualized to 1,323.
<p>Outcome Data</p> <ul style="list-style-type: none"> • In the summer of 2009, a survey was sent to all individuals who received NDFCSP services between 2002 and 2009. With 54% return on caregiver surveys, caregivers reported NDFCSP services allowed them to keep the care recipient at home an average of 2 additional years. 	<p>Outcome Data</p> <ul style="list-style-type: none"> • The evidence based research of Dr. Mary Mittelman at NYU Medical Center was used to determine the design of the Dementia Care Services Program. Her research clearly demonstrates the theory that investing care and support in the caregiver of an individual with Alzheimer's disease or a related dementia results in decreased caregiver burden leading to delayed placement into a nursing home. The Clinical Services team of the Alzheimer's Association MN-ND has worked with Dr. Mittelman, and has received training on her approach. 	<p>Outcome Data</p> <ul style="list-style-type: none"> • A 2010 study published in the American Journal of Public Health reports approximately 11 percent of elders experienced some type of abuse. This study did not include elders with dementia; however, it reported this population to be at an even greater risk of mistreatment