

Testimony

Human Services Interim Committee

October 29, 2013

Submitted by Penny Woodward, LSW

Chairman Damschen, members of the Human Services Interim Committee, I am Penny Woodward, a Home and Community Based Services (HCBS) Case Manager from Morton County Social Services and a member of the Adult Services Committee, a sub-committee of the North Dakota County Social Services Director's Association.

Home and Community Based Services has had magnificent growth and taken huge steps over the years towards the goal of helping people remain in their own home. However, unmet needs still exist. I am here to speak to you about initial observations and suggestions from the Adult Services Committee for addressing these needs. As the ASC completes a survey of case managers across the State, we may expand on our suggestions.

First, a gap in service 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. The recommendation is to add another level of service under SPED (Service Payments to the Elderly and Disabled) by reducing the number of impairments needed to qualify for services. This level of service would allow only an Emergency response System (ERS), commonly known by one of the brand names Lifeline, up to 2 hours of homemaker service per week and minimal case management. These two services are key in maintaining a safe living environment and allow us to get to people sooner with the goal of preventing crisis that would cause institutionalization.

Second is the need for medical transportation and escort to be included in allowable tasks under current funding sources. Unless an individual is receiving Medicaid and there is a Medicaid approved provider, there is no assistance for transportation and escort to medical appointments. Current HCBS services allow for transportation and escort for shopping but not medical. Many of our clients have complex medical issues, possibly dementia or some memory loss and families who live far away. At one time, this need was being met through informal supports such as church members or homemaker clubs. However, these folks are no longer available to fill this need for a variety of reasons. Funding

for transportation and escort to medical appointments is essential in keeping individuals healthy and able to live at home as long as absolutely possible.

Third is the issue of requiring clients to apply for Medicaid if needing personal care. Currently, if a client has \$1,038 per month of income after medical deductions, they would have a zero fee under SPED funding. 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. In this example, under Medicaid, services could cost this client approximately \$200 per month in a Recipient Liability. Most of these applicants cannot afford a new \$200 expense and simply refuse the personal care putting them at higher risk for falls and injuries. The Adult Services Committee recommends that SPED funding be allowed to be used if Medicaid has an adverse effect on the client.

Fourth, we recommend an increase in Medical expense deductions for SPED funding. The best I can determine is that it's been over 7 years since these deductions have been adjusted for the increased medical expenses we are all experiencing. Currently, the allowable monthly deduction for an individual is \$350 and for a couple \$700 including health insurance. Prescriptions may be deducted in addition to these limits.

And finally, we are particularly concerned about the issue of loneliness. Our communities are changing; people no longer know their neighbors or have that network of support. Families have scattered and no longer live near their parents or a sibling with special needs. We see people leaving their home communities sooner for congregate living environments, especially from the rural areas, because of loneliness. We must find a way to address the issue of loneliness and isolation if people are to feel comfortable living at home. Many years ago, "friendly visiting" was routinely authorized as a task. That has long gone away due to budget restraints. However, if an individual desires to remain at home, we cannot ignore the basic psycho-social need for companionship. At your previous hearing, you heard testimony from Lutheran Social Services about their Senior Companion program. We strongly recommend a funding provision for services that address the growing issue of loneliness and isolation.

The Adult Services Committee is committed to our relationship with the Department of Human Services in a joint effort to continue to meet the growing need for home based services. I would be glad to answer any questions at this time.