

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. I am here today to speak about observations and suggestions for improvement in the delivery of services to those with a brain injury.

When I use the term "brain injury," I am speaking of both traumatic and acquired brain injuries. Home and Community Based Services does not distinguish between the two definitions for access to the available services. However, in the past, legislative language has limited access to some programs to only traumatic injuries. The need to include both types of brain injury in services and funding was brought home to me by a previous client who was 36 and had a brain aneurysm at the age of 21. He could not participate in a grant funded project because he had an acquired brain injury and the funding for the project was specific to those with and traumatic brain injury. He said to me, "why does it matter how my frontal lobe got injured, it's still doesn't work right." Legislative language to include acquired brain injuries is strongly encouraged.

An area of access that has been a challenge for case managers is the Level of Care screening tool that is necessary to qualify for brain injury services under HCBS. An expanded tool specific to the needs and challenges of brain injury survivors is a key step in improving access to the current programs through HCBS. Rebecca Quinn has examples from other state's screening tools and those specifics will be included in subsequent reports.

Another area of suggestion is to re-work or expand the way provider rates are established for Transitional Services, the program that provides services in a survivor's own home. I have

attached an example of the tool that determines the rate, called the Monthly Rate Worksheet, and I have filled in the typical needs it allows for a survivor (Attachment A). The total points produce a daily rate of \$63.89. When I contacted a local provider; which can only be an agency, I was told for that rate they would provide 1 hr 45 minutes of service. Since this is a daily rate, theoretically the provider could be there 7 days per week but no more than 1 hour 45 minutes each day. Another provider may give more or less time for that same daily rate.

Additional suggestions for improving survivor access to Transitional Services include expanding the Monthly Rate Worksheet to include more tasks specific to survivor needs, increase point value for these tasks, establish a consistent rate for each provider and create an opportunity for private Qualified Service Providers (QSPs) to provide Transitional services to brain injured individuals.

To conclude the suggestions is an actual addition of a service that would mirror community living the Developmental Disability world uses where people can live in their own apartments but have onsite supervision provided to all the clients in the building. There is a wait to enter both Residential facilities in North Dakota and the average rate at these two facilities is over \$5,000 per month. A corporate adult foster care option would bridge the gap between those who do not need the level of care in a residential facility and those who can't maintain safely with only 2 hours of Transitional Services per day. The support, companionship and safety of an apartment building such as a 4 unit would allow more survivors to enjoy the safe independence that we all want.

The changes coming up are exciting and the need is seen by case managers for continued growth. Case managers are available in each county to answer your questions as is the Adult Services Committee. This concludes my comments. Thank you for your time and I would be glad to answer any questions you may have at this time.



MONTHLY RATE WORKSHEET - LIVE IN CARE

ATTACHMENT A

ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES/HCBS
 SFN 1012 (6-2013)

Client Name:	Case Manager:	Date:
County Name:	Medicaid Number:	DD: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date:	SPED/ExSPED Number:	

ACTIVITY	POINT VALUE	FHC/FPC	AFFC	SPED PC	TBI Trans
Bathing	20				20
Communication	1				1
Community Integration	15				15
Dress/Undress	15				15
Eye Care	10				
Feeding/Eating	20				
Hair Care/Shaving	5				5
*Housework	10				10
Incontinence	15				
*Laundry	10				10
Meal Preparation	20				20
Medication Assistance	10				
Mobility	6				
Money Management	1				
Money Management	5				5
Nail (Finger) Care	5				
*Shopping	10				10
Skin Care	10				
Social Appropriateness	15				15
Teeth/Mouth Care	10				10
Toileting	20				
Transferring/Turning/Positioning	15				
Transportation	6				
GLOBAL ENDORSEMENTS					
Cognitive/Supervision	20				
Exercises	20				
Hoyer Lift/Mechanized Bath Chairs	10				
Indwelling Catheter	20				
Medical Gases	10				
Prosthesis/Orthotics	10				
Suppository/Bowel Program	25				
Ted Socks	10				
Temp/BP/Pulse/Respiration Rate	1				
CLIENT SPECIFIC ENDORSEMENTS					
Apnea Monitor	10				
Jobst Stockings	10				
Ostomy Care	20				
Postural/Bronchial Drainage	20				
Ric Bed Care	5				
Total Points		0	0	0	136

COGNITIVE SUPERVISION means the applicant/recipient requires supervision beyond that included within the scope of routine regime of care provided per task. Examples: (A) a recipient with a cognitive functional impairment (Alzheimer) in the wandering stage of the disease may necessitate the recipient requiring supervision/monitoring continuously to prevent/reduce health and safety risks; (B) a recipient receiving AFFC has behavioral problems requiring the AFFC provider to deliver supervision/monitoring beyond the scope of providing assistance with routine care. **TRANSITIONAL CARE** provides support and training for the recipient to live with greater independence.

Service	Total Points	Factor Mo. Rate Or	Unit Rate	SFY14 Rate
Family Home Care	0	X 5.5	\$ 0.00 Divided By 30	\$0.00
Adult Family Foster Care	0	X 7.0	\$ 0.00 Divided By 30	\$0.00
Personal Care	0	X 8.0	\$ 0.00 Divided By 30	\$0.00
Personal Care Assisted Living	0	X 8.4	\$ 0.00 Divided By 30	\$0.00
TBI Transitional Care	136	X 8.5	\$ 1,156.00 Divided By 30	\$63.89
Family Personal Care	0	X 7.0	\$ 0.00 Divided By 30	\$0.00

Name of Provider:	Provider Number:
Mailing Address of Provider:	

When there is more than one recipient receiving SPED-PC in a household, these items are to be proportionately reduced for each recipient of the home. (Does not apply to AFFC).
 ** **If the SFY 14 calculated rate is greater than the service cap, you must use the following capped amounts:
 FHC- \$42.43 SPED/PC/AL SPED/ExSPED AFFC - \$72.93 MW AFFC - \$84.81 MW FPC - \$69.12
DISTRIBUTION: Original - Client's Case File Copy - Medical Services/HCBS