

North Dakota Legislative Management
Human Services Committee
July 30, 2013

Representative Damschen and members of the Human Services Committee:

My name is Nate Aalgaard, and I am the Executive Director of Freedom Resource Center for Independent Living. I'm here to provide comments on the home and community-based services (HCBS) study. This is an issue that is vitally important to our organization, the people we serve, and me personally. As a person with a significant physical disability, I rely on home and community-based services to live my life the way I choose, to work, and to participate fully and actively in my community. That is my wish and hope for every person in North Dakota who needs similar services – that they be able to fully participate in the community of their choice. An effective home and community-based services program can go a very long way to make that happen. An ineffective program leads to people having basically no choice of where to go other than a nursing facility when they need long-term services or supports.

I do not look at home and community-based services as a medical issue. It is a personal issue. The people who I hire to provide personal assistance to me are my hands and arms. They are able to do things that I could do myself if I had fully functional hands and arms. There's nothing wrong with my mind, or my ability to direct my own services and to be in charge of my own care. I am in charge of when I get up, what I wear, what I eat, and what people do to help me maintain my household. I am not in any way in need of someone managing me or my services. I would like you to think about that issue as you go through this study. People who need home and community-based services only need someone to act as their hands and arms. We do not wish this to be complicated, bureaucratized, or micromanaged by the medical community. We want the dignity of making our own choices and accepting responsibility for them.

HCBS is an issue that we in the Independent Living movement have been working on in the state of North Dakota for over 25 years. At this point in time, we are 23 years post-passage of the Americans with Disabilities Act, and 14 years past the Olmstead decision. We are concerned that North Dakota is not moving fast enough to offer a quality of choices to people as an

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alternative to nursing facilities. **Approximately 90 percent of long-term funding in the state still goes to nursing facility care, while many states have achieved at least 50 percent spending on HCBS. We need to find out why that is, and what can be done to provide a more balanced program of long-term care.** Plus, HCBS saves the state money, because it is generally cheaper for someone to live in the community.

For the past six years Centers for Independent Living have been contracting with the Department of Human Services to provide nursing facility relocation services for people eligible for the Money Follows the Person (MFP) program. Some of the issues that we feel are making it more difficult for people to remain in or move back to their home communities are:

Barriers

- Lack of affordable and accessible housing
- Inadequate hours of service under the Medicaid program
- Inability of providers to charge for supervision services
- Lack of community-based mental health and substance abuse treatment services
- Lack of flexibility in the waiver programs
- Unavailability of staff to fill service needs
- Bureaucratic regulations that make it difficult for contractors to provide ramps and home modifications
- HCBS provider difficulty competing with higher wages for nursing facility and DD system employees

An enhanced HCBS system can be a win-win for North Dakota. People with disabilities get the dignity and choice to live in their own home, and the state saves money. The Centers for Independent Living stand ready to support your study and help develop a better HCBS program for North Dakota.