19.0275.03000

FISCAL NOTE

Requested by Legislative Council
03/12/2019

Amendment to: HB 1033

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

HB 1033 states the department may establish an intensive care coordination pilot project under the home and community-based service options for older adults and individuals with physical disabilities.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

HB 1033 has no fiscal impact. This bill states that the Department may establish intensive care coordination pilot projects.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Rhonda Obrigewitch
Agency: Human Services
Telephone: 328-4585
Date Prepared: 03/18/2019

19.0275.02000

FISCAL NOTE

Requested by Legislative Council
12/21/2018

Bill/Resolution No.: HB 1033

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill allows the department to establish a pilot program for the provision of independent case management services under the Service Payments for Elderly and Disabled Program (SPED) and Expanded Service Payments for Elderly and Disabled Program (EXSPED).

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

HB1033 has no fiscal impact. This bill only impacts who is eligible to provide case management services and does not expand services to new individuals.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Rhonda Obrigewitch
Agency: Human Services
Telephone: 328-4585
Date Prepared: 01/03/2019

2019 HOUSE HUMAN SERVICES

HB 1033

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1033
1/7/2019
30466

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme

Explanation or reason for introduction of bill/resolution:

Relating to a pilot program for independent home and community-based services case managers; and to provide an expiration date.

Minutes: Attachments: 1 – 2 - 3 - 4

Vice Chairman Rohr: opened the hearing on HB # 1033

Brady Larsen:(With the Legislative Council Staff). I staff the Interim Human Service committee from which this bill originated I am here in a neutral capacity. HB 1033 relates to case management services for the Service Payments for the Elderly and Disabled (SPED) and expanded SPED program. The reason for that is that the expanded SPED is for the Medicaid eligible individuals and do not have the same sliding fee schedules as the regular SPED program. That is the difference between the two bills. This bill does relate to the Case Management Services, for the programs. Examples are: accessing an individual's needs, helping with care planning, selecting providers, referrals, and service monitoring, the county service offices are overwhelmed and if there was a way to alleviate the back logs, this bill would let the HS develop a pilot program for the case management program. It would be up to the Department to determine the eligibility of individuals to provide these services, and to decide how big an area, one county or multiple counties. Section 3 does provide an expiration date so this program would expire at the end of the current biennium. There is a fiscal note on this bill, however there is no estimated fiscal impact. What this would do would change who would receive the fee, there would be no increase or decrease in cost.

Representative Schneider: I am not clear on what an independent home and community services case management based program is. Is it independent?

Brady Larsen : Currently for the SPED programs only county service programs can provide case management services. Currently you have to be licensed Social Worker, this would allow individuals outside the offices to provide those case management services.

Representative Dobervich: Would targeted case managers be eligible to provide these services?

Brady Larsen: We didn't go into that level of detail.
Representative Schneider: The effective date is June 2021. Is that going to be enough time To implement this type of a program?
Brady Larsen: That should be discussed in the committee.

Katie Ferguson Community Living Services. Refer to: Testimony #1 -
Recommend an amendment.to extend the expiration date of the pilot program.

Representative Schneider: How can we expand without funding?

Katie Ferguson: More home care agencies would get involved so people have a choice.

Jessica Thomansson , CEO of Lutheran Social Services of ND .Refer to: Testimony # 2

Kim Jacobson Director of Agassiz Valley Social Services District, refer to: Testimony #3
Amendment, quality care standards to all of us.

Representative Devlin: Cass County issue?

Kim Jacobson: We support long term care with a county funded program.
24:56

Mike Chausseu with AARP ND: refer to : Testimony #4

Oppose:

Hearing Closed on HB 1033

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1033
1/28/2019
31688
☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klaman by Marjorie Conley

Explanation or reason for introduction of bill/resolution:

Relating to a pilot program for independent home and community-based services case managers; and to provide an expiration date.

Minutes:

Chairman Weisz: Opened hearing on HB 1033. Were there any amendments.

Rep. Rohr: Kim Jacobson in her testimony mentioned an amendment to insure that there is comprehensive and quality case management standards.

Chairman Weisz: Generally we would expect that from a department. But if the committee thinks it is necessary. Seeing no further discussion on HB 1033.

Motion was made by **Rep. Porter** for Do Pass and seconded by **Rep. Schneider.**

Chairman Weisz: Seeing no further discussion on HB 1033.

Roll Call Vote was taken: Yes 12 No 0 Absent 2

Rep. M. Ruby is the **Carrier** for HB 1033.

Date: 1-28-19
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1033

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Porter Seconded By Schneider

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	A	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	A				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Matthew Ruby

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1033: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1033 was placed on the Eleventh order on the calendar.

2019 SENATE HUMAN SERVICES

HB 1033

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1033
2/27/2019
Job # 32904

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to a pilot program for independent home and community-based services case managers.

Minutes: Attachments #1-4

Madam Chair Lee opens the hearing on HB 1033.

Senator Kathy Hogan of District 21, introduces HB 1033 and gives a brief description. Please see **Attachment #1** for testimony.

Madam Chair Lee: Are we going to have enough people with our workforce problems?

Senator Hogan: The entire home and community based service model is a social model for providing in-home support services versus a medical model, as we merge those models the challenge will be to get trained staff. Particularly in rural areas but even in urban areas. PACE was an example, PACE couldn't make it on the reimbursement structure in rural communities so it went to urban areas.

(05:10-13:53) Katie Ferguson, Home Care Coordinator at the Community Living Services in Fargo. Testifying in support of HB 1033. Please see **Attachment #2** for testimony.

Senator Hogan: Have you looked at running the numbers with a caseload of 65 cases per each worker and the reimbursement rate about how you would cover and structure this?

Katie Ferguson: We have not. We have tried delving into this slowly and not really sure on where this I going to go.

Senator Hogan: That is when we did the pilot program, when people got into that level they figured out that they would only get reimbursed about 50% of their costs. Have you looked at the rural delivery side?

Katie Ferguson: We are pretty much focused in all of Cass County.

Senator Hogan: So you know that rural differentials in reimbursement?

Katie Ferguson: This bill has been an effort to get more involved in the process in any way that we can, so we haven't really run those numbers yet.

Senator Hogan: Are you looking at a case management model, not a care coordination model?

Katie Ferguson: I am interested in both; I think it is important to have choice in case management but I also do strongly feel that the care coordination piece is really going to be the link to getting people to their doctors' appointments.

Senator Hogan: It's a different model of practice.

Madam Chair Lee: The new DD reimbursement in which the client has the option to choose a care provider and the other is not thinking about vouchers.

Senator Hogan: HCBS (Home and Community Based Services), they choose their provider, their QSP (Quality Service Provider). Who does the assessment?

Madam Chair Lee: Any other questions?

(17:15-29:36) Jessica Thomasson, CEO of Lutheran Social Services of North Dakota. Testifying in support of HB 1033. Please see **Attachment #3** for testimony.

Senator Hogan: You're doing care coordination through FTR at this point, talk about your case load standards.

Jessica Thomasson: We do also do care coordination through FTR and our experience for a caseload of about 20 people for that care coordinator type is about what you can do to still provide that level of service that the individuals need. We have about 16 care coordinators across the state. If the client is more rural it adds some challenges because we have transportation but on average it is about 20 people per care coordinator. When I asked out team lead who leads the Age and Lifecare work for us and what she thought about caseload standards she said that a caseload of 25-30 people per care coordinator is something it could sustain but, when you think about it, if a person needs on average an hour of service a week you have to case note and travel to those locations, to serve more people effectively would be difficult. Your questions about how to make it work financially, what the model looks like, and how you are going to serve rural, they are very good questions. I would say from our perspective it is really difficult to build a business model on grant dollars alone.

Madam Chair Lee: I think that it is important to recognize that there is cost and people benefit with this. We can't have only one area of it.

Jessica Thomasson: You are right; it does need to be both. Care coordination is intended to be brief intervention and most of our referrals come from county case managers who

realize that this is a service that could help people that they are struggling to serve because they have complex needs. Care coordination gets them to that next level of a new normal.

Senator Hogan: I appreciate you talking about the mental health needs in the HCBS service and even adults with an emotional or physical disabilities so that its not just one population group but in rural areas where it might be difficult to get someone to go into a home to provide that kind of service, then what are the challenges for your care coordinators?

Jessica Thomasson: It is a challenge and every community where we work, the system of care that is available is different and it is one of the reasons that we as an organization are really committed to figuring out how to mobilize natural supports and rebuild natural supports whenever possible because we know paid system services are just not that available.

Senator Hogan: that's historically why we have held county mandates so there is always a base service in every county because, with private providers they would choose not to go where you would lose money.

Jessica Thomasson: We are interested in figuring out other ways to engage with the state sponsored system that supports family care givers in new and different ways and remobilizing natural supports that you can stipend almost like senior companions does but, we are trying to figure out how to get something that is sustainable to get to all the communities where it is needed.

Senator Hogan: North Dakota has personal family care giving and that was designed so you could use a resource and train them to the QSP based on that so that infrastructure is county based too. Have you worked with those personal QSP's in your model of coordination?

Jessica Thomasson: We have a little bit. What we found was there wasn't a lot of utilization of that option because of the complexity of being a QSP with billing etc. We are exploring other ways for people who want to do the work in community and in county but are struggling with system interactions. That has been our experience

Senator O. Larsen: How does this align with the PACE program?

Jessica Thomasson: I sometimes think of it as PACE light. We try to do a lot of the work with maybe lesser credentialed persons, more of a social model versus a medical model but is very similar in concept to what PACE does in creating that integrated way of thinking about place and person based care.

Madam Chair Lee: Some of those things that are not skill required are managed well in a community of care which we are fortunate to have in Cass County, not every place has it. They are happy to share what they have learned with anyone who wants to do it and it is possible to do it.

(40:00-40:24) Nancy Nikolas Maier, Director of Aging Services. Offering neutral testimony on HB 1033: The department is neutral on this bill but, I did want to mention that if the amendment were adopted there would be a fiscal note to add this particular service to SPED and expanded SPED.

Senator Hogan: Do you have any idea of the HCBS clients and what percentage may need case coordination and the average length of time? Is case coordination a service that is available in other states?

Nancy Nikolas Maier: We actually looked at this briefly from a SPED component, we looked at our population that has family caring for them and have removed them from that. We estimated about 15 % of people using SPED might utilize a service like this. LSS had reached out to me and we had talked about this and they had reported that they use about 10-12 hours of care a month. We average 10, so we thought about a 6-month duration because they set it as a service that is episodic, and that is how we thought about what we would do to prepare a fiscal note if we needed to do that. We would need to probably flush out a little bit more about what care coordination is in relation to how it is with case management because during some of the testimony I know they mentioned that they would help us find a provider and is certainly a service that is needed. I think there would just need to be a little bit more discussion as to what the actual service would be.

Senator Hogan: The social service redesign HCBS kind of discussion, do you have any sense of the timeline of when that would roll out?

Nancy Nikolas Maier: I don't.

Senator Hogan: I know the discussion is ongoing and I feel this is a backbone piece of this.

Nancy Nikolas Maier: The county and their staff are integral to providing HCBS to older adults so whatever is done with social service redesign obviously would impact my division and all the older adults that want to stay in their communities so it's something we are interested in but the actual timelines I am not aware.

Madam Chair Lee: Some of those non-traditional partnerships that were mentioned in earlier testimony may be helpful here. If we have a county employee who is a case manager who has more people than he or she can manage effectively, could have a partnership with a private provider to assist with some of those things that would be care coordination, it seems to me it would be a win-win for everybody. The person who is being served in the end is being served better

Nancy Nikolas Maier: It's about choice, so people would have an alternative and be serviced by the entity they wish.

(44:50-48:10) Vince Gillette, Director of Sioux County Social Services. **Offering neutral testimony on HB 1033 on behalf of Doug Wegh, Director of Hettinger County Social Services.** Please see **Attachment #4** for testimony.

Madam Chair Lee closes the hearing on HB 1033.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1033
3/6/2019
Job # 33351

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to a pilot program for independent home and community-based services case managers.

Minutes: No Attachments

Madam Chair Lee opens the discussion on HB 1033.

Madam Chair Lee: There is a fiscal note but there is no fiscal impact.

(01:43-05:40) The committee has informal discussion

Madam Chair Lee: We aren't re-opening the hearing but I do want input from the people who are interested on how this is going about whatever we might be talking about so don't be bashful if you want to make a comment because we want to do it right. The suggestion is on line 11 in section 1 on page 1, we would end up establishing a pilot program for the provision of adding care coordination services. We haven't gotten a new fiscal note though have we?

Senator Hogan: We asked for one.

(06:30-08:10) The committee talks amongst themselves to figure out where the updated fiscal note can be viewed. Madam Chair Lee asked the Senate Human Services Intern if she could contact Nancy Nikolas Maier (Director of ND DHS Aging Services Division) to see if she knew what the new fiscal note would entail.

Madam Chair Lee: We are talking about service payments for elderly and disabled, it is a SPED and expanded SPED population.

Senator Hogan: Perhaps we could ask Kim Jacobson if we have any plans on the HCBS redesign which this would be part of I believe because with the social service redesign with SB 2124, they are looking at redesigning all of HCBS and we have added medication management today and some of those things are really big. Do you have any knowledge about when the HCBS redesign might begin to happen?

Kim Jacobson, Director of Agassiz Valley Social Service District: We have received a calendar of upcoming pilot projects we have not seen the consideration yet of HCBS. I know the intent is to touch all programs but the calendar just takes us through 2019 right now.

Senator Hogan: So it's not soon? Okay, that's helpful to know because that is a piece of looking at the whole that is really critical.

Senator O. Larsen: How is this population being served now prior to this bill and how have they been? What entity, person, or department picks them up and says okay you fit here since it's never been addressed or fit.

Madam Chair Lee: Who is providing SPED and expanded SPED services? What we are talking about in these two amendments possibility is adding to that care coordination.

Kim Jacobson: Currently county case managers provide HCBS case management services on behalf of all clients. Right now that is the way the Medicaid rate state plan reads. I believe HB 1033 would expand opportunity for other case managers to be able to provide that service in addition to the counties.

Madam Chair Lee: so a recipient of services might be able to choose a different provider?

Kim Jacobson: That is correct.

Madam Chair Lee: As is the case in some of our other behavioral health issues.

Senator Hogan: Can you explain the difference between the care coordinator and a case manager because I think they are differently perceived at least from some of the providers.

Kim Jacobson: Right now the current HCBS structure doesn't really acknowledge that care coordination piece and that is what I believe is the intent of this amendment attempts to clarify. Right now under case management, based on the types of program eligibility there are different requirements for the case manager to provide different contacts with the client. However, some clients' needs are much higher than that so the case manager provides additional services. If the client has greater need than that, agencies such a county social services provide additional support for that but there's no additional reimbursement for that because the rate is bundled just for a client in general. I believe the case management piece would allow either counties or other entities to provide care coordination that would allow additional funding opportunity to provide that enhances service coordination which would make us more similar to other programs outside of HCBS.

Madam Chair Lee: So care coordination could be provided not only by a private provider like LSS but could be provided by the county providers also who are working in the social services departments, but maybe you don't have enough people to go around. It still ends up being income eligible and budget driven but we would just be looking at permitting additional providers.

Kim Jacobson: That is correct. It allows client choice at that point but it also recognizes that some clients do have a higher level of need of desire to have a higher level of need or care.
Madam Chair Lee: Any other questions for Mrs. Jacobson?

Senator Anderson: Explain to us again how these two amendments here are different from what the bill says in the first place if you could.

Madam Chair Lee: Also if you look on page 4 of the original testimony from Mrs. Thomasson it talks about the differences between case managers and care coordination.

Senator Hogan: On the two to four face to face visit clients per year I did some research and I think the average is 30-40 a year.

Madam Chair Lee: So they would see a client 30-40 times a year.

Senator Hogan: It's not 2-4 times a year is it?

Kim Jacobson: No, often times it is much more often than the minimum requirement, that is just the minimum bench mark. Looking at the amendments what I believe the differences are is adding that care coordination piece in addition to the traditional case management services. The original bill calls for a pilot for case management to expand outside of just the county allowing other providers to provide that case management service. The amendment allows for care coordination which would be a companion piece, that would allow that enhanced service and an additional billing source for counties or other providers to provide enhanced services to clients who would be eligible for SPED or expanded SPED.

Madam Chair Lee: There are two options here. One is, we look at Nancy Nikolas Maier's fiscal note which says that we would be looking at just about 340,000 dollars in general fund costs in this next biennium for 18 months or it would either be an additional source of workers that might work through the county system within the same budget that we already have but you would have the option. If you find that most counties are short of personnel to help with these. Do you have in your budget enough money to expand your workforce or is your workforce full based on the money that is available to you?

Kim Jacobson: Right now our workforce is based on the current services that are being provided and the staffing available to that, many case managers are already providing above that minimum level. If the number of providers would expand beyond the county we would anticipate some reduction in case load throughout time because there would provider choice but, if we would have additional clients that would go on and exceed we would have to utilize existing dollars or hopefully SB 2124 be able to have fluidity of dollars to meet that need.

Madam Chair Lee: I think we have to figure out how people get payed to do this.

Senator Hogan: Can we have Mrs. Thomasson come? I have a bunch of questions for her now. When you suggested this, did you think about substituting the case management for adding care coordinator because the way I remember your testimony is that you were looking at a different level of service than traditional case management, so rather than adding this you want to substitute even though there is a fiscal note. Is that what you were thinking?

Jessica Thomasson: We did talk about that. A care coordinator is sort of like a case management plus, where you have more hours in the day to be able to serve some of those more complex needs. The other thing that it did is case managers right now assess, authorize, verify, and determine eligibility for services. Where a care coordinator doesn't do that. It is a service that you could be eligible for if your case manager says this is indicated by your case plan. We thought it would make sense and again, this isn't a population wide solution. Not everybody will need it or have it recommended in their case plan but in our experience half of our clients are referred to us by case managers who the client's needs are too complex to meet in the parameters of what they can do and there is no way to pay for it so we use grant dollars to pay for it. There is nobody to pay for the extra services that the individuals need and if they don't get referred to us, the case managers do the best they can to find somebody to help but they tend to have higher needs than what they are able to meet in the current system.

Senator Anderson: I'm hearing two different things now. It looks to me that your amendment adds another program to the bill but Senator Hogan is suggesting we replace what is in the bill with what your amendments say.

Jessica Thomasson: We really aren't looking to become case managers. The idea of choice for clients is always good and if they wanted to choose a case manager who is not in the county and is private that is fine but, from our experience having more people do case management isn't necessarily the solution. Giving case managers and clients another tool to help meet their needs by adding care coordination to that list of eligible services in our opinion is the better suggestion which is why we suggested adding care coordination as a service.

Senator Hogan: and that is why it's really different than the original bill.

Jessica Thomasson: It is quite different.

Madam Chair Lee: Any more questions for Mrs. Thomasson? If not, thank you.

(20:00-21:50) The committee engages in informal discussion.

(22:05) Doug Wegh, Director of Hettinger County Social Services: I do have written testimony that I sent to all of you and we can talk about that a little bit too. The testimony I provided last week, one of the directors gave to you so some of you had a chance to take a look at that but I did want to talk about the purpose of paragraph two of that. It says "HCBS case management 525-05-30-05 states that the purpose of HCBS case managers are to assist a functionally impaired individual to achieve and maintain independent living in the living arrangement of their choice". It goes on to say "in order to facilitate independent living the HCBS case manager enables the elderly or disabled person and/or family to explore, understand options, make appropriate choices, solve problems, and provides a link between the community resources, a qualified service provider, and the client assessing needed services". Case managers do much more than determine eligibility for services. I'm not saying that case managers always have enough time to go way beyond what needs to be done especially in the more complex cases and we will talk about those examples in a little bit. I brought copies I don't know if you wanted copies.

Madam Chair Lee: Of your testimony?

Doug Wegh: Yes.

Madam Chair Lee: We all have it.

Doug Wegh: Chairman Lee and members of the Senate Human Services Committee, I am the County Social Services Director and HCBS Director for Hettinger County. I am also the chair of a subcommittee of county director's association called Adult Services. This committee is composed of county directors and case managers, I have asked for their help in writing this testimony and throughout this testimony you will references to different counties. Case managers have basic funding streams that they work with. The expanded SPED program, and I saw Madam Chair Lee had that table in front of her there which is very good that is kind of what I used when I wrote this. Expanded SPED requires eligibility for Medicaid and the client must be on SSI. The SPED program which we often talk about, Medicaid state plan personal care has three different levels A, B, and C. Medicaid waiver and technology dependent waiver. Often a case manager will use more than one funding stream in a situation. Case managers must understand these funding sources and the various services that are paid by them in order to combine services for clients. Each of the funding streams have caps and sometimes there are service gaps within the funding stream. Example, the homemaker program has 321-dollar monthly maximum where case management is limited to program specific visits unless there is a change required in the care plan. It should also be noted that the present case management is a bundle service which mean no matter how many times the case manager goes out to see a client, talk to a client, change paperwork, authorize other services, there is only one monthly rate. Any additional services to our current programs will very likely require additional funding. In Logan county recently opened a new homemaker case with a gentleman in his 80's. Under expanded SPED there's a number of five required contacts the initial home visit, a 30 day follow up phone call, a quarterly phone call or visit, six-month review home visit, another quarterly contact, and then it starts over with an annual review with the client in a year. That is provided that there are not additional changes that need to be made to the care plan within that year. If the client becomes ill and is unable to complete tasks that they used to be able to do, a visit may need to be made and additional services added to the care plan. In this case the worker states that she spoke to him at least three times on the phone prior to her initial visit. She completed a home visit at his apartment which lasted about an hour and a half and then more time back at the office to contact, find QSP's, arrange for services, enter information into the computer system, and finish the paper work. Services for this client will start next week. Calls were made the following week with both the client and the QSP regarding delivery of services, she goes on to state that this case was fairly simple as he was already on medical assistance and only needed assistance with light housekeeping tasks. There was a local provider available that he chooses to provide the services that he was comfortable with. Dakota Central, I brought Mary Devlin along she was the case manager for this case, she had a case where a family decided to move the client from the nursing home back home requiring 24-hour care. Initially the county started with two QSP's. The county made the needed visits, wrote the case plan, and completed the required documentation. At this point, the funding source was Medicaid state plan care level C. One month later another QSP was added to meet the changing client needs. New care plans and authorizations were

completed. The next month found another QSP added requiring more new paperwork with provider signatures being needed as they had all different rural differential rates. Homemaker and supervision were added as services requiring the addition of a Medicaid waiver as another funding stream. Two other forms and the SFN 404 were completed. The next month two more QSP's again, with different rural differential rates were added along with a quarterly visit and new care plans and authorization. 404 were completed with the approval of the state for a level C. So if the client is a level C every three month we need to get permission from the state to be able to keep doing that. The fourth month added another QSP with the same change in paper work, the case then settled down for two months at which time the six-month visit was completed with the various paperwork and state approvals. Two months later the client passed away. Every day is different, work is very complicated but this case the clients goal of staying home was reached. Most case managers go far beyond what is listed in the manual to help their clients with. It's not unusual for case managers to help clients navigate social security issues, file death certificates, complete paperwork for homecare tax credits, assist eligibility as a completed paper work or even acquiring signatures on their forms. Case managers help clients access medical care and try to help them find transportation. When you get into the rural areas sometimes that means that case manager is going to drive that client to the doctor because there might not be anyone else. Much of these activities aren't billable under program guidelines for case management but necessary for clients to stay at home. I hope I have answered some of the questions that were posed but most of all I wanted to show by example the case managers follow department policies and follow up with clients as much as needed even if that means there won't be any additional reimbursement. As the county director in this case I still wish to remain neutral to the bill as well as to the amendment.

Madam Chair Lee: I think it's important to know that in none of this discussion was there ever intended to be a reflection on the services being provided by counties because we know how hard everybody works and people just got above and beyond and we thank you for that. I think the discussion really is whether or not another tool in the tool box may be valuable to you. The answer may be yes but we need to have some additional money if we are going to hire more QSP's. Is that where we are?

Doug Wegh: What I wanted to say is that some of the counties have not experienced the growth in HCBS that had been there in the past. When Senator Hogan was a county director we saw large growth especially at the onset of the program and then it tapered off. We are seeing the same thing in nursing homes, some of the nursing homes aren't filling up anymore. Some of the case managers probably could do and are probably already doing some of these things and some of the harder cases that come along if they are not doing those kinds of things maybe is because they don't have time and a service like this would be good.

Senator Hogan: Perhaps we should ask Mary Devlin, the case manager who works cases if there was an option for care coordination and somebody who could come and do intensive work with a high need person, would that be helpful to you?

Mary Devlin, Case Manager and Adult Services Supervisor from Dakota Central Social Service District: To be honest, I have some questions about care coordination. I think sometimes we do care coordination under case management and not realize it. I think we get them medical equipment, we try and get them nursing services or we hook them up with other support services, get them meals on wheels, things like that.

Senator Hogan: You're a small rural counties and you're not used to having other agencies available to do those services.

Mary Devlin: Correct. I guess my other question is, there was some indication that you didn't want to do case management you wanted to do care coordination. I question whether or not the gets to be a duplication sometimes because it would appear that case managers would still be going out meeting with the clients, doing all of the case management and setup and then handing off the case? I'm not sure. I'm also not sure if care coordination is going to be, we keep talking about bundled service, if we have to be out there six times in a month well there we only get the one payment. Is care coordination like a unit rate thing that you would get? Those are some of my questions because I don't know. I don't think we need to bash each other; I just don't understand how I'm going to be using some of this. I also don't know if you are able to do case management, there gets to be some counties where we have no conflict counties. Example, Dakota Central has direct care associates that we have hired. We can case manage and we can use our staff. If there is another case management entity in that area, that puts that whole thing at risk.

Madam Chair Lee: If I am reading my information correctly here than case managers need to be social workers.

Mary Devlin: Right now they do, correct.

Madam Chair Lee: Care coordinators are not; it is a lower rung on the ladder so to speak. I'm trying to figure out how these pieces will fit together for the benefit of everybody for the county that is working hard to meet the needs who may need some help in some of those areas where the staff is really pressed, and also if there might be some options for private providers to be in there. Its working great with the vouchers on the behavioral health side, so there has to be a place somewhere for other private providers to be in this system and be available in case for whatever reason your overworked, you don't have all the QSP's that you need. It's a partnership in this whole, theoretically that's what I have this vision.

Mary Devlin: I know that DD services uses more care coordination than HCBS does and that is where the two kind of separates, that is why I have more questions than answers I think.

Senator K. Roers: I think what I hear in my head, I come from the nursing world so by bringing in this care coordinator who can do the execution of the plan it frees you as the case manager up to work to the top of your scope and work on the eligibility in creating the plan but letting someone else deal with the time consuming and tedious parts of actually executing.

Mary Devlin: That is a very good possibility. We haven't had this so I just can't wrap my head around all of it because we would go out and set up a case and care coordination may want other services than we are able to authorize. I'm just not sure how it all works. I'm not saying it's a bad thing I'm saying I just can't wrap my head around it.

Madam Chair Lee: Did you have anything further that you had in mind.

Mary Devlin: I don't believe I do.

Madam Chair Lee: Jessica do you have anything further to clarify for this.

Jessica Thomasson: Sure, I can add just a couple of observations, I think all the questions asked are exactly the questions that need to be asked. It is kind of the notion of the pilot because it is different to have another tool and we only have the universe of cases we have really done this on is 125 people, I mean its small we have been piloting it with a grant. The idea is that case management and case coordination do work hand in hand, almost exactly like you said Senator K. Roers that it allows case managers to focus and maybe have someone else do some of the more sitting on the phone and the more time consuming aspects. In our work, we follow a national standard for aging life care management is what it is called so we hire social workers and require that they have this extra certification but that is something that we figure the department would set forth in rule as we looked at how this bill was structured, it didn't seem that was actually in bill language, there are ways that you could define the questions that Mary outlined and make sure everybody kind of know how this works. One way to think of this is that everyone needs a case manager, not everybody needs a care coordinator, some cases with need a care coordinator and some wont. In some parts of the state it makes sense and some it won't. It's just another service that at least in our experience some of the hardest to serve are more complex needs cases are just a struggle. The qualifications are different, in free through recovery care coordinators don't have to have a bachelor's degree whereas here we require it in our practice in older adults and people with disabilities.

Madam Chair Lee: The other thing in the discussion of this amendment, we are talking a pilot program so maybe there would be one in a rural county and one in an urban county, so that we would have an idea on how it would work. That is why the fiscal note is irrelevant the way it is written because it talks about the whole thing as if we were doing it everywhere so we have to pull that back to. We can be perfectly precise about it unless we know what population we are working at. We aren't looking at something that is system wide that would be risky. If there is a way to do a SPED pilot and an expanded SPED pilot as has been proposed, it might be a good idea to find that out with a little sampling.

Senator Clemens: Do you have an idea of what the need is out there? Are we approaching a crisis or are we just trying to get ahead of the game in case the problem arises? I just want to understand where we are at today and what is the real need for a care coordinator, like you said there are some areas that are overwhelmed and some aren't, is that what we are after?

Jessica Thomasson: That is a really good question so we were just trying to start small with the suggestion of this amendment and looking at just SPED and expanded SPED but at least in our experience one of the most valuable time that you can apply care coordination as earlier rather than later. If you are able to apply a little bit of extra time and working with the county and others to prevent higher levels of placement or further deterioration it really is pretty cost effective. We do find people who are right on that cusp of not knowing what to do so often times, like the bill you talked about this morning with adding medication to QSP's, if they can't find someone to help deliver that medication to them four times a day at home,

they don't have a choice but to go into skilled care. Often times when someone's needs are complex and they don't really fit their chart, everybody tries their best but unless you have somebody who has the ability to walk with them through that, you will end up seeing them in a different column in the chart. I don't know that I would be able to give you population wide statistics across North Dakota but our experience isn't just the elderly but people with disabilities, behavioral health, and housing. The need to have somebody whether it is a case manager, care coordinator, or your family somebody to help you figure out a new state of normal is really important.

Senator Clemens: I understand this would be a pilot, would the thinking be maybe one coordinator per region or how would they even look at that or start it?

Senator Hogan: I think because we are so new in terms of this model because we talked about it being time limited so that the kind of crisis 3-6 months or whatever. I think we don't know the answers to the because it has to population based and so maybe there is a care coordinator that could cover four counties so I think that is what we don't know yet. The redesign this might be critical.

Madam Chair Lee: This is for the elderly and disabled, they are low income and even with the increased limits that we just passed, it's not very much money. If they can't find somebody who can provide meds four times a day whether it is a case manager or someone's and they are in a basic care facility, it's going to cost us a lot more money in Medicaid costs than it is to pay somebody that could drive out to somebody who is otherwise reasonably independent and make sure they take their meds on time. I am impressed with the assistive technology deal that is the timer based medication dispenser.

Senator Hogan: In terms of priority, do you think we need a pilot project primarily for the care coordination model rather than the case management model? Is that your preference?

Jessica Thomasson: It is our preference and we don't work in all counties in this area. In our experience the care coordination is really the thing where a pilot would have tremendous learning value. Especially as the system is in this big redesign to figure out, is there a way you can kind of leverage private provider networks with public system networks to serve people all across the state in cost effective ways and that should play out with all the long term care discussions you are having as well about how to effectively serve people. I think a pilot that looks deeply at care coordination as another tool for this population could have real benefit at this time in the states evolution thinking about what these services look like. I'm not at all opposed to what was originally proposed with case management it's just, as we looked at it, it's not the priority thing that is needed. There are case managers in every county in the state and they are overworked and they do the absolute best they can but care coordination is different and maybe worth looking at.

Madam Chair Lee: Since you are currently paying with many of these services with grants, how are we going to fund these two pilots that we might propose. Do we need to have a fiscal note in here or is there some potential just for the period of time during which a pilot may take place for that grant money to extend to those two pilots?

Jessica Thomasson: We have been providing care coordination for three years under the grant, we have another couple of years to try to continue to do it, it's not long term sustainable to do it with grant dollars so, our hope all along has been to learn what we can and we hired NDSU to do an evaluation on what are we learning and what is working so they have been tracking as we go. Our hope was always to, when we got to this point to work hand in hand with the state and say if this makes sense in the way that the public systems are looking at their work, then that is what we should do. I just know that long term, at lease out organization, won't be able to continue to provide robust care coordination services just with grants.

Madam Chair Lee: I'm trying to figure out how we can try this little experiment and see whether or not it works. I certainly see the value of exploring this but we have a lot better crack at giving it a try without a big fiscal note and we certainly would want to work in a county where you already are. There might be a variance between the population between the high end and low end one. If you are already doing it can we add it to the list. I'm not asking you to assume a terrible financial burden here, I'm trying to figure out how we can figure out a way to have the opportunities to coordinate perhaps with the county organizations while we are also in the midst. If we are going to lay out new ways to do this stuff, we should be doing it while we are talking about the zones too.

Jessica Thomasson: I think that is a really good idea. We don't intend to quit doing this and we want to keep evaluating it and keep figuring out does this work and is it something worth doing. If it's a service that could be added to the list, I don't know if there's a way that it still isn't eligible for reimbursement through the state or county system, but it can be something that case managers, I don't know how that would look.

Madam Chair Lee: If we did something that enabled the folks in the room and working in their social service zones to be able to make use of the kind of services that your organization provides and learn together, and it's not going to cost, I'm not asking for any additional commitment of money for the social service zones who obviously have limited funds as well but if your already in that county can we figure out a way to enhance some kind of connection? Maybe together we can figure out how to do that.

Senator Anderson: This bill came to us what seemed to very simple and it doesn't have a fiscal note the way it is now and I correct?

Madam Chair Lee: Right.

Senator Anderson: I'm in favor moving it ahead just the way it is, if we add something else and we have to have a fiscal note it's going to die.

Madam Chair Lee: We won't need a fiscal note if we do what I was just describing.

Senator Anderson: The way the bill came to us, there is no cost.

Madam Chair Lee: I'm saying can we figure out a way to enable the social service zones to collaborate with the private provider to figure out how we can provide these services without any additional money. Part of it might be services are already providing in some of those

counties with LSS services that can be coordinated with the services that the social service zones are doing but I know a fiscal note will kill it, I don't want that.

Senator Anderson: You don't think that this language, provision of independent case management, does that? There is no restriction on who they can collaborate with to do what this bill says.
Madam Chair Lee: Including public/private partnerships, I don't know.

Senator Anderson: That is fine, that language would be ok and I don't think there would be an additional fiscal note if we added that language but I don't know.

Madam Chair Lee: Those of you who are in the field, if you think it's a stupid idea then say it. If you think there is a way for us to do it then step up and tell us what you think.

Doug Wegh: I think we look at some of those real complicated cases. We use that example of the McClain county case of Dakota Central where that person came home from the nursing home, we want people to have a choice. We want people to be able to come home from the nursing home if they can to receive services at home. We know when they come home they need tremendous amounts of services to stay at home usually and we saw in that example that there were tons of time where they had to change that and add more QSP's. The problem that we have is finding QSP's a lot of time so if we could find someone that will help us to this that would be good, but I don't see how they can do it for free.

Madam Chair Lee: They can't do it for free, except if we are looking right now I'm putting onus on Jessica with this but, if she is already providing services in your county, perhaps even to that person and its temporarily funded by grant funds and Jessica says we can't do it that way I understand that but I'm trying to find a way to get the experiment started that isn't going to be cost prohibitive to the social service zones and isn't going to put LSS out of business. If you are short of QSP's and you could pay one if you had one, maybe you could pay this one.

Doug Wegh: I wonder if with Medicaid they can always seem to manipulate and do things, and sometimes I'm wondering if you couldn't take Medicaid and allow the department to toy with it and see if they could do a project in the Fargo area and so at least use Medicaid dollars and put something together that way. There would be a funding stream for LSS and we would still be able to try this pilot project out.

Senator Hogan: I think I have draft language. I think "the department shall establish a pilot program for the provision of intensive care coordination under the SPED program and under the expanded SPED program" and just use this language, then the department would have the flexibility of either modifying the state plan, doing a pilot project, working with Jessica on the funding issues but then we would integrate it so that the department would coordinate the pilot project. Then we are not clear that we are not duplicating, so it is slightly different legislative intent then what the original bill was which was to allow private providers to do traditional case management.

Doug Wegh: I think what Senator Hogan is proposing is a good idea but do you want to limit it to SPED and expanded SPED or do you want to open it up to all the HCBS programs and let the department fiddle with it and see what they come up with?

Kim Jacobson: As I sat down I referenced the question that you had about the social service redesign and the thought of HCBS. I just wanted to pull up on some practical application. When Traill and Steele counties came together, Steele was without an HCBS case manager so we had to collapse all the clients into one personnel and knowing what is happening with the redesign, we haven't filled an additional position but rather my case manager is operating with about 100 clients on her case load which is a lot. In order to be innovative and meet that need, what we have done is pulled in another staff member who has long term care experience and has been able to do a little bit of the low level case management type services. It has been immensely helpful as we are transitioning with that high case load so we can dedicate that case manager time to actually doing the case management service but those other functions are being done by that other team member.

Senator Hogan: I think the critical piece of this is to make sure our private partners are part of this redesign.

Madam Chair Lee: That's why I would like to see it come in when we are doing this organization because otherwise everything gets set and we are adding the little bump outside of the circle and it would better if we could just integrate it and have everybody who is an asset to this idea.

Kim Jacobson: I agree and I think if there could be the flexibility so if, in a rural community that is not served by a private provider maybe there would opportunity and utilization just like we did. There might be lots of opportunities that come forward if we do more inclusive collaboration.

Madam Chair Lee: There are a couple of social service zones that end up doing some creative arrangement with this, it makes it a whole lot easier for somebody else who may not be quite as imaginative or open minded. That is why I think the involvement of private providers is a big deal to me here and allowing the latitude to figure out what responsibility and its back to that scope of practice thing. Senator Hogan would you be willing to talk to Nancy Nikolas Maier about what we are talking about here, I don't want to spring it on the department either. I think we have a better vision of where we were headed before.

Senator Hogan: Do you like the idea of including all the HCBS programs? The advantage to that is Medicaid waiver is the really deep end of people who are already in nursing homes, and I think that might be if we said to all and just had one section then we would look at the whole continuum. I think we need to talk to Nancy to see if we need to do anything with the fiscal note.

Madam Chair Lee: If we have any real fiscal impact here we are in trouble, so let's figure out what we can do with this new program that we are looking at developing and we will chat again.

Madam Chair Lee closes the discussion on HB 1033

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1033
3/11/2019
Job # 33510

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to a pilot program for independent home and community-based services case managers.

Minutes: No Attachments

Madam Chair Lee opens the discussion on HB 1033.

Madam Chair Lee: I know that Nancy Nikolas Maier and Senator Hogan have been working on this, so I will turn it over to one of you to let us know what you both came up with.

Senator Hogan: After our meeting last week when we talked about looking at the care coordination model particularly in collaboration with Lutheran Social Services who is under a two year grant and they have available funding so that the fiscal note won't be a major issue but to look at how to add a new component under some aspect under HCBS for intensive care coordination. In this committee last week there was a lot of discussion about how does that happen with case management and those boundaries and when, how, and what those limits would be. The idea of this bill would be over the next two years to work out the logistics of how intensive care coordination would be worked out. After I met with Mrs. Nikolas Maier and we talked about these options she went up to the Department of Human Services and they helped draft this language.

Nancy Nikolas Maier, Director of Aging Services: After Senator Hogan talked to me I went up and had a conversation with Jon Alm about just what was being proposed, we are neutral on this. What we are looking at is if we were asked to do that under the section 1, it says the department may establish an intensive care coordination pilot project under the home and community based service options for older adults and people with physical disability. My understanding is the "may" would be important because again, if there is no organization that wants to come forward to provide these services without there being a fiscal note, there is no way for us to pay for them, it would still meet the intent of this law and we wouldn't be in conflict. We would be happy to work with whoever who might want to offer these services over the next few years on their own expense and come up with a way that would be most effective for home and community based service consumers. If the intent is to ever to get this to be a waivered service or something in the home and community based services waiver

we would have to assure that it does not conflict with what they consider to be the definition of case management and those are the things that would have to be flushed out during the pilot project time.

Madam Chair Lee: So whether it was LSS or ABC, it wouldn't really matter anyone could apply to be considered for this pilot if you were able to put together a RFP for a project like **this.**

Nancy Nikolas Maier: My understanding again, this is neutral because this is not in our budget and there is no funding for it. It would be an entity that would be interested in coming forward, this in my mind would allow us to work with them and say; hey, we think this doesn't conflict and it would really just be suggestions because it is their funding and it is what they are doing so they could still go off on a different direction if that is what they wanted to do. We would work with them and offer them our suggestions I guess.

Senator Hogan: The original bill was to allow for pilot projects for case management for SPED and expanded SPED but in our discussion we talked about the fact that personal cares and HCBS waiver already allow private agencies to do case management. Can you tell me how many private agencies are currently doing case management?

Nancy Nikolas Maier: There's two, Luther Social Services and Community Living Services are enrolled to do case management and under the federal law rules that says; any willing and capable provider who meets your provider specifications has to be enrolled if they want to. They could provide case management services under our home and community based waiver, tech waiver, or our Medicaid state plan personal care.

Senator Hogan: How many clients are they serving under those waivers?

Nancy Nikolas Maier: To my knowledge, none.

Senator Hogan: It is available now and they are not serving? By expanding it to SPED and expanded SPED what would have been the advantage for them if they are not currently doing it with those other populations?

Nancy Nikolas Maier: I think what they were thinking was that SPED is our biggest and most utilized service and so there would be more opportunity for them to serve because you are looking at a bigger pool of people. We serve roughly 1,200 people under SPED, and about 300 at any given time in the waiver and about 600 on our state plan.

Senator Hogan: As I began to learn all of that I was like, okay they can do some now but they are not doing it. SPED and expanded SPED tend to be less needy recipients, is that fair?

Nancy Nikolas Maier: It depends we have some (inaudible) level of care but they are not Medicaid eligible so then they are on SPED. It just depends on the case.

Senator Hogan: Both individual and financial needs.

Nancy Nikolas Maier: Correct.

Madam Chair Lee: Is not the only difference between the two basically is the financials, their income? If I were applying for expanded SPED and I was applying for SPED, I thought that the income limits were a primary difference between the two, is that right?

Nancy Nikolas Maier: To on expanded SPED you have to be Medicaid eligible, for SPED you have to have 50,000 or less and then they look at your income. The functional criteria are different too, the functional criteria for expanded SPED matches what you would have to get into a basic care facility and for SPED you have to be more impaired and then you were to have to get into a basic care.

Madam Chair Lee: Any questions for Mrs. Nikolas Maier? This sounds like this could be the solution or an option that would allow people to participate if they can figure out a way to do it. It isn't that it wouldn't be a worthy project but if they can already do it, and they are not.

Senator Hogan: It's a pilot project. The nice thing about this is if it works and lowers the overall costs and by keeping people in a less restrictive environment, if we did a two-year pilot project we may want to come back and look at the HCBS and adding it to the continuum with funding, I think that is the bigger question.

Madam Chair Lee: This is very low income stuff Senator O. Larsen

Senator Hogan: Senator O. Larsen, long term this may lower your costs for both basic care and in home skilled nursing. If we can keep people at home it always saves us money.

Madam Chair Lee: It may be lonely but it's cheaper.

(08:20-8:58) Senator Clemens joins the committee and Madam Chair Lee gives him an update on the information Nancy Nikolas Maier and Senator Hogan provided to the committee.

Madam Chair Lee: Any further questions or discussion?

Senator Hogan: There is also a couple of county directors here.

Madam Chair Lee: I would love to hear from you all, if you have anything to add.

(09:27) Chip Ammerman, Director of Cass County Social Services: The County Directors Association has been following this bill from the inception, we had some questions and some concerns in the newest draft. We are not opposed to this; Lutheran Social Services does provide this level of service for some of our clients. It has been very successful; it would be well needed in certain cases so we are not opposed to this. In reflection to the previous draft as well for them providing HCBS we are not opposed to that either. I think a private and public partnership would work out, we would have to have some detail of what that would entail and how that might impact both of our caseloads but we have enough cases on our case load that we wouldn't be worried about running out of business. Either of these drafts from my standpoint would be acceptable.

Madam Chair Lee: Any suggestions about anything we should be considering with this last proposal?

Chip Ammerman: Just from my standpoint even though it doesn't affect our budget, I would be concerned that no private provider would come forward without some kind of funding attached to it but I don't have any concerns.

Madam Chair Lee: I think we would all agree that there was going to be some funding available to move this forward but LSS had indicated willingness to at least look at continuing as a part of the project but not being a long term thing because they have two years left on their grant. If it enables us to do a private/public partnership with them or with someone in a similar situation, we could learn while they are in their grant perhaps.

Chip Ammerman: We have a good working relationship with LSS, at least in the Fargo area and we will continue to do so.

Madam Chair Lee: Any questions for Mr. Ammerman?

Senator Clemens: I was thinking about this over the weekend, to implement care coordinators and case management, is this something that they could develop from within their staff, maybe give some extra responsibilities to one staff member rather than trying to re-write a couple things. If possible maybe everybody is maxed out.

Madam Chair Lee: When you hear the case loads for some of the individuals in a lot of these places, it's tough to add additional support but if there is a department that can make something work in their workforce along with the private provider which isn't getting payed anything extra, the whole point is to see what we could learn in the pilot because there isn't any extra money in here for any of us.

Senator Hogan: I think what they are currently doing in Cass County with LSS and with a number of rural counties is what you just said. It is can we do it informally and when we do it. The question is from a systems perspective should HCBS system be part of that discussion so that we can look at how does this all work together. I don't know if any other states have intensive care coordination as an option in their HCBS services but I think this is more looking at the system because I think the informal stuff that you are talking about is currently being done.

Senator K. Roers: I think the challenge with doing it on an informal basis is that it doesn't get done consistently but then you also can't measure the outcomes to say, does this even do any good. Where when you make a pilot project and were lucky right now that one place has said; we have a little bit of money available, we might be able to make this work. We can measure it and say yes it helps or no it doesn't and then make an educated decision next time instead of another guess.

Madam Chair Lee: Any further discussion? If not, what is your pleasure?

Senator K. Roers: I move to **ADOPT AMENDMENT.**

Seconded by Senator Hogan

Madam Chair Lee: Any further discussion on the amendment? If not, please call the roll.

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENT

Senator K. Roers: I move a **DO PASS, AS AMENDED.**
Seconded by Senator Hogan

Madam Chair Lee: Any discussion on the amended bill?

Senator Anderson: I don't have a problem supporting this but I really think the way we have it amended now, we are probably not going to accomplish anything but it doesn't hurt to put it out there I guess and see if anything happens.

Madam Chair Lee: I can't totally disagree with you on that but without any money and trying to figure out where the priorities are with any of these discussions we are going to have about budgets over the next couple of weeks, I just don't know if I'm comfortable throwing any money into this one. I could be wrong, it wouldn't be the first time.

ROLL CALL VOTE TAKEN
5 YEA, 1 NAY, 0 ABSENT
MOTION CARRIES DO PASS AS AMENDED
Senator Hogan will carry HB 1033 to the floor.

Madam Chair Lee closes the discussion on HB 1033.

3/11
1033

19.0275.02001
Title.03000

Adopted by the Senate Human Services Committee

March 11, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1033

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 50-24.7 of the North Dakota Century Code, relating to an expanded service payments for elderly and disabled pilot project on intensive care coordination.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 50-24.7 of the North Dakota Century Code is created and enacted as follows:

Intensive care coordination - Pilot project.

The department may establish an intensive care coordination pilot project under the home and community-based service options for older adults and individuals with physical disabilities."

Renumber accordingly

Date: 3/11/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1033

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0275.02001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/11/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1033

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen		X			
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen. Hogan

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1033: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). HB 1033 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 50-24.7 of the North Dakota Century Code, relating to an expanded service payments for elderly and disabled pilot project on intensive care coordination.

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The department may establish an intensive care coordination pilot project under the home and community-based service options for older adults and individuals with physical disabilities."

Renumber accordingly

2019 TESTIMONY

HB 1033

COMMUNITY LIVING SERVICES INC.

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Fargo, ND 58103 (701)232-3133
www.communitylivingservices.org

HB 1033
#1

1-7-19

January 7th, 2019

66th Assembly--House Human Services Committee -- HB 1033

Chairman Weisz and members of the committee,

My name is Katie Ferguson and I am the QSP Coordinator at Community Living Services in Fargo. Thank you for allowing me to speak to you about an issue that has become very important to me, and truly affects every family in North Dakota.

We know home care services go a long ways towards delaying and preventing nursing facility placement for those who wish to remain in their homes, and I am fortunate enough to live in an area of the state where we do have some resources--access to health services, colleges we can pull a workforce from, and yet we continue to see many who've been pushed to sell their homes, give away their possessions, and move to facility care when a small increase in home support could have sufficed. As I've previously mentioned, the economic impact is well understood--to use our agency as an example--in the last fiscal year our business supported 136 ND residents per year for about $980K from ND Medicaid and General Funds. If all these individuals were served in a nursing facility instead, it would cost over *13 million Medicaid dollars annually*. Despite the clear cost savings, our state ranks among the lowest in the nation in utilization of home care. I've witnessed our consumers encounter the same barriers over and over again, which has compelled me to be here today.

Unlike other service models, North Dakota contracts exclusively with County Social Service Offices to administer SPED and Expanded-SPED for elderly in our state. While agencies like ours provide the in-home care, counties are reimbursed for case management, which includes assessing individuals, authorizing services, and providing ongoing case management.

Case Management helps people maintain resources and services--It the service that connects the dots for consumers. However, instead of being a resource, county case managers in my community, saddled with heavy caseloads, are more often are a bottleneck in the system, resulting in lower outcomes and increased facility placement for seniors. The need in our state for quality case management is great, but we have chosen to house case management services solely in social service offices for decades, rather utilizing private community partners.

What does this "bottleneck" mean for the people we support? Let me give you some examples, and please keep in mind as I read these that I mean no disrespect toward social service offices and difficult and ever-increasing tasks they face on a daily basis:

- A 29 year old woman with terminal illness resulting in multiple enterol tubes and a complex medication regimen had her nursing staff from another agency quit with no notice. The young woman and myself called the case manager several times to get nursing services switched over to CLS but we could not get a hold of her. This woman would have gone 6 weeks without vital medication assistance if it were not for our nurse who provided these services for free.

- A diabetic man with cognitive decline had lost his drug prescription benefits and could no longer afford his insulin. The county case manager was contacted, but no case management service was provided, nor was a referral to adult protective services made. We were soon contacted by the police department, who utilizing their resources to respond to the man's medical issues.

- A doctor's office called the county case manager to request an increase in support so that the gentleman could receive bathing assistance in agreement with the client's wishes. Instead of rescreening the individual, the county worker checked off "laundry" assistance to the current authorization, adding no additional time as recommended by the medical team. When contacted by CLS, the county worker informed us that "it was too much paperwork" and they "didn't have time for this".

Situations like these occur on a weekly basis, and these county case managers are not necessarily unskilled or unkind--but they are set up for failure. When there is a failing in the case management process, clients don't get to choose another case management provider, they go into the nursing home, and then the rest of us pay for it. The inefficiency of this system hurts everyone--Clients and families lose, providers who are left to pick up the pieces lose, hospitals see increased readmissions, and the state sees a rise in Medicaid spending on long term care. Allowing community partners to provide this service would alleviate the burden that now rests solely on the county's shoulders.

The nuts and bolts of this bill talk about two programs by which the majority consumers receive their services through. In North Dakota, over 1300 received SPED or ExSPED services in the last year, while only 300 utilize Medicaid Waiver Services, another program that generally provides a higher level of care, and is funded by Medicaid. As of today, community providers are allowed to provide case management for Med Waiver clients but not SPED/ExSPED. SPED is the entry point by which most people become involved in home and community based services, and it makes up 80% of the total population receiving services. By the time a person qualifies for Med Waiver services, they have already established case management with the county. This disadvantage makes it extremely difficult for community providers to compete with the county.

When we talk about home care services there's a lot of talk about workforce and how we simply do not have enough people in our state to provide for the needs of our growing aging population. I don't see it that way. I think we actually have many skilled workers, especially in the urban areas, who would jump at

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the opportunity to be reimbursed for case management, but we have opted not to tap into that workforce. This bill would ensure that professionals who meet the same education and training requirements, could also provide this cost-saving service. It encourages competition between providers, boosting the quality of care.

The financial incentive this gives to private providers shouldn't be understated, and I want to be totally transparent about that. Currently, If a business really wants to help a Medicaid patient with complex medical issues avoid nursing home care, that business does so at a loss. Our agency loses $50-100,000 each year we provide this service. Home care businesses generally rely on other funding streams in order to provide QSP services. Many businesses have to limit the number of people they serve in this program due to the financial constraints. Relying on other funding sources is all well and fine, except for what happens to these Medicaid clients when they aren't able to the get the service they need.

It's difficult to reconcile the incredible value of this service with the costs we incur by providing it. As far as I know, nursing homes do not limit the number of Medicaid patients they serve, yet home care businesses often don't have a choice. North Dakota has the potential at this point in time to significantly improve HCBS for the future. But if we want to address our workforce issue, we need to find a way to incentivize case managers and home care businesses for taking on more complex cases. As it stands, when there is a problem that requires more time than the county or provider has, the result is facility placement.

As a master's level social worker with 13 years of human service experience across multiple states and multiple service delivery systems, I've had the opportunity to expand this program despite the losses, into something that's really benefiting our community. During a time where we are going to need all hands on deck to support our aging population, we cannot afford to exclude skilled professionals from providing these services because they did not chose to work for the county.

This bill is a starting point with no fiscal impact, but I would argue that even more drastic action is required to address the looming crisis of caring for our elderly. Steps to include care coordination as a reimbursable service by Medicaid, as described in the White Papers provided by LSS, and as addressed in Governor Burgum's Human Service budget in line AC306, would do wonders to change the structure of these services in a way that truly meets the need and lowers the overall cost of long term care.

Thank you for your continued support of ND's aging and disabled population, I am happy to answer any questions you may have.

Katie Ferguson, LCSW
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kferguson@communitylivingservices.org

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Medicaid in ND Fact Sheet - June 2017. http://files.kff.org/attachment/fact-sheet-medicaid-state-ND / Accessed December 5, 2018.

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HB 1033 SUMMARY

NEED TO KNOW:

- The median reimbursement for nursing facility care in North Dakota is about $100,000 annually. The average for home care services at Community Living Services is about $8,000 per person annually.
- In North Dakota, 50% of nursing home residents use ND Medicaid to pay for their care.
- 9 out of 10 North Dakotans continue to prefer to receive care in their own home as they get older, over nursing home care.
- North Dakota has the highest percentage in the nation of people staying in nursing homes for more than 100 days, and ranks among the lowest in utilization of home and community based services despite the clear cost savings.
- North Dakota spends about 23% of its entire Human Services budget on nursing facility care, and just 3% on more desired home care.

WHAT THIS BILL DOES:

- Programs like Service Payments for Elderly and Disabled (SPED), Expanded-SPED, and waivered services allow seniors and those with disabilities to receive supports in their homes and avoid costly facility placement.
- Within these programs, case management is the service that provides the link to essential health services. For decades, case management for home care has been solely provided by county social service offices.
- The purpose of case management is to assist individuals in achieving and maintaining independent living in the living arrangement of their choice. However, instead of being a resource, county case managers, saddled with impossible caseloads, often are a bottleneck in the system, resulting in lower outcomes and increased facility placement for seniors.
- In North Dakota, 1347 received SPED or EX-SPED Services, while 300 utilize Med Waiver Services annually. Currently, community providers are allowed to provide case management for Med Waiver clients but not SPED/Ex-SPED. This inherent disadvantage makes it impossible for community providers to effectively compete with county social service offices.
- This bill removes the regulation that only county social service offices can provide the service for SPED and Ex-SPED service recipients. It expands choice for North Dakotans, increasing competition between service providers, therefore enhancing the overall quality of services across the state.
- The bill aims to better utilize ND's workforce in the private sector to meet the increasing needs of ND's aging population.

WHO WILL BENEFIT:

- North Dakota's seniors will have greater opportunity to receive quality case management. Older adults have increased mental health status and overall increased quality of life when allowed the dignity of aging in place.
- Family caregivers--In ND, 62,100 are providing care to a spouse, relative, or friend. When consumers experience ineffective case management, the bulk of the burden rests with the family.
- North Dakota citizens--The benefits of home care versus facility care to the state's economy are indisputable. Our business supported 136 ND residents last year at the cost of $980K. If all these individuals were served in a nursing facility instead, it would cost *over 13 million dollars annually*.
- Community providers--Skilled professionals who would like to opportunity to provide this essential service would have the chance to receive financial incentive (that counties now receive) for providing quality services that allow the consumer to remain in their homes as they age.

When case management is unavailable or ineffective, increased facility placement is the result. Here are some examples:

- An elderly woman with cognitive decline falls and breaks her arm. She had no family in town that could provide her assistance so she turned to her case manager. Instead of assisting the woman in obtain in-home accommodations and safety devices recommended, Meals on wheels, in-home physical therapy and occupational therapy, so she could recover at home as she desired, she was told she'd be better off receiving rehab in a nursing facility.

- An elderly woman requested additional services to remain in her own home after being in a nursing facility. The county case manager refused to increase support hours to "nursing level of care" support, while at the same time stating that the woman required nursing home care.

- A woman with Cerebral Palsy required medication assistance due to the development of a pressure ulcer. When the county case manager was contacted, she discouraged the client and agency from seeking medication assistance due to the extra visit and paperwork required to get the care authorized, instead recommending that the client seek out a neighbor to apply to medicated ointments.

- A 29 year old woman with terminal illness resulting in multiple enterol tubes and a complex medication regimen, had her nursing staff from another agency quit without giving notice. The young woman and myself called the case manager several times to get nursing services switched over to CLS but we could not get a hold of her. This woman would have gone 6 weeks without vital medication assistance if it were not for our nurse who ended up providing these services for free.

- A diabetic man with cognitive decline had lost his drug prescription benefits and could no longer afford his insulin. The county case manager was contacted, but no case management service was provided, nor was a referral to adult protective services made. We were soon contacted by the police department, who was their utilizing resources to respond to the man's medical issues.

- A doctor's office called the county case manager to request an increase in support so that the gentleman could receive bathing assistance in agreement with the client's wishes. Instead of rescreening the individual, the county worker checked off "laundry assistance" to the current authorization, adding no additional time as recommended by the medical team. When contacted again, the county worker informed us that "it was too much paperwork" and they "didn't have time for this".

The time it takes to support someone in the community is not insignificant, but it is still far more cost-effective than supporting them in a facility. With caseloads of 80+ clients per case manager in Cass County, it's not difficult to understand how it may be difficult to keep up with the need.

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HOUSE HUMAN SERVICES COMMITTEE

TESTIMONY IN SUPPORT OF HB1033
"Independent Home and Community Based Services Case Management Pilot"

Representative Weisz and Committee Members. I am Jessica Thomasson, CEO of Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services I am testifying today in support of HB1033.

For more than 35 years, Lutheran Social Services has been serving older adults across North Dakota, primarily through the Senior Companion program, and starting in 2015, through the provision of Aging Life Care (care coordination) services.

In April 2018 the State approved community providers as being eligible to provide Independent Case Management for the Medicaid HCBS Waiver (Waiver) and Medicaid State Plan (MSP). This means that LSSND and other community providers are now authorized to provide independent case management to individuals who access services through the Waiver and MSP programs.

While the addition of this option for the Waiver and MSP-eligible clients was important, other Home- and Community-based options for service, including SPED and Expanded SPED, serve a much larger population base because their eligibility requirements allow for slightly higher incomes and lesser levels of functional disability. This broader group of older adults does not have access to independent case management as it is not currently authorized.

Providing independent case management, as outlined in HB1033, creates a way that **more older adults can choose** who provides their case management, which is a service that can help them create an individualized approach to care that focuses on prevention and early intervention. By opening the door to independent community providers, counties would no

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longer have to bear the full responsibility for providing case management to everyone who needs it in their jurisdiction, because they would no longer be the only provider who could offer the service.

Our experience tells us that it is possible for seniors to get the care they need, in their home communities, in a setting of their choice, if we work together. The addition of independent case managers as outlined in HB1033 will help move us to this desired outcome.

However, it is worth noting that, underlying all of this is a very real need for the current system of care to ask a philosophical question of itself:

What can we do to intervene early enough, or to prevent altogether, a person's need for the most expensive levels of care? How can we help support healthy aging at home and in community, in the least restrictive, least expensive, most effective way possible?

The systems of yesterday were often designed to help people age well by granting access to services primarily once a person's health has declined to the point that they are deemed to need skilled nursing care. Today how we think about choice and aging well has changed, and our ability to financially meet the ever-growing cost of the most expensive deep-end interventions is quickly evaporating. We simply have to find new ways of working together. Both for the good of the financial health of the system writ large, and for the health and well-being of the men and women we are called to serve as they endeavor to age well in our state.

Recognizing the value of more choice in the approved system of care moves us in the right direction. We would encourage your support of HB1033. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have.

Jessica Thomasson
CEO, Lutheran Social Services of North Dakota
Email: jthomasson@lssnd.org
Phone: 701-271-3272

#3 1-7-19
HB 1033

Testimony
House Bill 1033
House Human Services Committee
January 7, 2019

Chairman Weisz and members of the House Human Service Committee, I am Kim Jacobson, Director of Agassiz Valley Social Services District which is a collaborative of Traill and Steele Counties. I am also a member of the North Dakota County Social Services Director's Association. Thank you for this opportunity to testify regarding House Bill 1033.

County social service agencies, across the state, have been involved in providing home and community-based services (HCBS) since the 1970's. Initially, services were provided with block grant and county funds, which later transitioned into state and federal dollars with some counties opting to provide additional county-funded services.

Throughout the years, the role of the case manager has changed in order to meet the requirements of the various funding sources. The programs have become very complex with some services available under one funding source but not another. Case managers are required to balance the wants and needs of clients who wish to remain at home with the services that the client is eligible for, and available to, in order to support the client to remain at home. County case managers are experts at knowing what is available in their specific areas or regions to optimally serve clients and with accessing local supports. This expertise and knowledge strengthen the quality of services the HCBS clients receive as they are served in their local community.

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Currently, county HCBS case managers are required to be licensed social workers. They aim to provide appropriate, timely and consistent case management services in a knowledgeable, caring, and professionally based manner. This spans from the first contact, to eligibility assessment and determination, to case planning, reassessment, care coordination, and ultimately to case closure.

The North Dakota County Social Services Director's Association is neutral on the proposed independent HCBS case manager pilot project. However, we would encourage amendment to ensure there are comprehensive and quality case management standards along with consistent practice expectations for all case management providers who serve our vulnerable citizens.

Thank you for this opportunity to speak regarding HB 1033. I would be happy to address any questions from the committee.

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HB 1033

AARP® Real Possibilities
North Dakota

House Human Services Committee
IN SUPPORT - HB 1033
January 7, 2019
Josh Askvig, State Director, AARP North Dakota
jaskvig@aarp.org – 701-989-0129

Chairman Weisz and members of the House Human Services Committee,

AARP is a non-profit, non-partisan membership organization with more than 88,000 members in North Dakota. We are committed to helping people 50 and older live safe, healthy and financially secure lives.

Our story began when our founder, Dr. Ethel Percy Andrus discovered a former colleague of hers living in a chicken coop. She had run out of money and couldn't find anywhere to get the help she needed. Dr. Andrus decided she would make it her life's work to help people like her colleague and founded what today is AARP.

AARP North Dakota supports House Bill 1033 because it creates further opportunities to enhance Home and Community Based Services in the state.

North Dakotans seeking options in their care need education and access. During our many trips around the state in recent years we have heard from people who are unaware of services available to them. Inviting independent case managers into the process can create opportunities and options for those who need help.

This is bill is a good start because it establishes a role for independent case management services to help people navigate a complex system of services.

We are interested to see what kind of role these independent case workers play in the future. A pilot program will let the Department of Human Services discover their role and in the future determine how independent case workers work with county social services, how they become connected to a client and their relationships with ombudsmen.

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It's about choice. Older North Dakotans deserve to know they have options for care as they age. Overwhelmingly they prefer to stay in their homes and communities as they age and this bill creates further opportunity for that to happen.

Thank you for your work to improve Home and Community Based Services. We know it's a philosophy change for the state, but it is one that will save money and allow more North Dakotans to Age in Place with dignity and purpose. Thank you.

Josh Askvig
State Director, AARP North Dakota

HB 1033
2/27/19
#1 pg. 1

TESTIMONY
Senate Human Services Committee
House Bill 1033
February 27, 2019
Senator Kathy Hogan

Chairman Lee and members of the House Human Services Committee. My name is Kathy Hogan and I represent District 21 - the heart of Fargo.

House Bill 1033 is the first of three bills from the Interim Human Service Committee related to Home and Community Based Services. During the interim human services committee, the idea of broadening the role of case management to groups other than the county social services was addressed and the interim committee agreed that a pilot project could be helpful.

As part of SB 2124, the county social service redesign bill, the Department and the Counties are initiating a review of the delivery of HCBS services to look at ways to improve efficiency and effective in all of the various HCBS services. This would/could be one more option to consider.

Thank you, Chairman Lee, I am more than willing to answer any questions.

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2/27/19
#2 pg. 1

COMMUNITY LIVING SERVICES INC.

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February 27th, 2019

66th Assembly--Senate Human Services Committee -- HB 1033

Madam Chair Lee, members of the committee,

My name is Katie Ferguson and I am the Home Care Coordinator for people who are elderly or have physical disabilities at Community Living Services in Fargo. Over the last 8 years I've had the opportunity to meet hundreds of individuals in our state who need a little extra help in their homes, and our program into one of the largest of its kind in the state. I appreciate the opportunity to speak to you about an issue that has become so important to me, and is an issue that I believe affects every family in North Dakota.

As a home care provider I've been able to witness how much providing a small amount of support can help delay and at times prevent nursing home placement for aging North Dakotans who wish to stay in their homes. I feel very fortunate to live in an area of the state where, as a home care agency, we do have resources--access to specialized health services, and colleges we can pull a workforce from. Yet we continue to see many who are pushed to sell their homes, give away their possessions, and move to facility care when a small increase in home support could have made all the difference. Not only is the desire to remain at home as long as possible strong in our state, but the economic impact of home care is also well understood--to use our agency as an example--in the last fiscal year our business supported 136 ND residents per year for about $980K from Medicaid and General Funds. If all these individuals were served in a nursing facility instead, it would cost over *13 million Medicaid dollars annually*. Despite the clear cost savings, our state ranks among the lowest in the nation in utilization of home care. I've witnessed our service recipients encounter the same barriers over and over again, which has compelled me to be here today.

Unlike other service models, North Dakota contracts exclusively with County Social Service Offices to administer SPED and Expanded-SPED for people who are elderly and disabled in our state. While agencies like ours provide the in-home care, county social service offices are reimbursed for case management, which includes assessing individuals, authorizing services, and providing ongoing case management.

Case Management is meant to be a resource for consumers, however because of high caseloads at the county, as well as the ever-increasing demands placed on case managers, the need is not being met, resulting in increased facility placement for seniors. An example would be if a home care recipient has a

change in needs, they are probably not going to be reassessed as quickly in Cass county as they would in Traille county, even though we have more social workers living in Cass county. This issue is exacerbated in the more populated areas of the state where county workers have significantly higher caseloads than rural counties, but this issue has also been brought to the legislature in the recent past from more rural communities as well. It would seem similar things are happening across the state and that these are not unique to any one county or any one worker.

These county case managers are not unskilled or unkind--but they are set up for failure. When there is a failing in the case management process, clients don't get to choose another case management provider, they go into the nursing home, and then the rest of us pay for it. The bottleneck effect hurts everyone--Clients and families lose, providers who are left to pick up the pieces lose, hospitals see increased readmissions, and the state sees a rise in Medicaid spending on long term care. Allowing community partners to provide this service would alleviate the burden that now rests solely on the county's shoulders.

The nuts and bolts of this bill talk about two programs by which the majority of consumers receive their services through. In North Dakota, over 1300 received SPED or ExSPED services in the last year, while only about 300 utilize Medicaid Waiver Services, another program that generally provides a higher level of care, and is funded by Medicaid. As of today, community providers are allowed to provide case management for Med Waiver clients but not SPED/ExSPED. SPED is the entry point by which most people become involved in home and community based services, and it makes up 80% of the total population receiving services. By the time a person qualifies for Med Waiver services, they have already established case management with the county. This disadvantage makes it extremely difficult for community providers to compete with the county. or to assist them with their caseloads.

When we talk about home care services there's a lot of talk about workforce and how we do not have enough people in our state to provide for the needs of our growing aging population. I don't see it that way. I think we actually have many skilled workers, especially in the urban areas, who would like the opportunity to be reimbursed for case management, but we have opted not to tap into that workforce. This bill would ensure that professionals who meet the same education and training requirements, could also provide this cost-saving service. It encourages competition between providers, boosting the quality of care--the consumer would now have some choice in who gets to provide their case management.

The financial incentive this gives to private providers shouldn't be understated, and I want to be totally transparent about that. Currently, lif a business really wants to help a person on Medicaid with complex medical issues avoid nursing home care, that business does so at a loss. Home care businesses generally rely on other funding streams in order to provide home care services. Home care businesses have to limit the number of people they serve in this program due to the financial constraints. As a nonprofit, relying on other funding sources is not unusual, but when these individuals don't get adequate care in their home we know that that they will need a more expensive level of care. North Dakota has the potential at this point in time to significantly improve HCBS for the future. But if we want to address our workforce issue, we need to find a way to incentivize case managers and home care businesses for taking on more complex cases. As it stands, when there is a problem that requires more time than the county or provider has, the result is facility placement.

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2/27/19
#2 pg. 3

As a master's level social worker with 13 years of human service experience across multiple states and multiple service delivery systems, I've had the opportunity to expand this program despite the losses, into something that's really benefiting our community. During a time where we are going to need all hands on deck to support our aging population, we cannot afford to exclude skilled professionals from providing these services because they did not chose to work for the county.

Expanding choice in case management would be a wonderful starting point, but I would argue that even more drastic action is required to address the task of caring for our state's aging population. I am in full support of steps to include care coordination as part of the service package for elderly and disabled, which would go above and beyond case management tasks of assessing and referring.

Thank you for your continued support of ND's aging and disabled population and the agencies that support them, I am happy to answer any questions you may have.

Katie Ferguson, LCSW
701-499-7473 (CLS direct)
701-361-9485 (cell)
kferguson@communitylivingservices.org

HB 1033
2/27/19
#2 pg. 4

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am unsure what my disability holds the older I get. I want to take the necessary precautions to avoid being in a nursing home. As my parents ~~are~~ are older, I can no longer rely on them for quick errands, rides to appointments. Maybe one day I will be allowed more hours to get things done. If my disability does get worse, I want to be in my home not a nursing home. Nobody knows what the future holds, we just hope you read these and we are able to receive services & not be sent to a nursing home. Thank you.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Joanna Tehle

Printed Name: Joanna Tehle

North Dakota address: 1429 34th St. S. Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 5

January 2019

RE: HB 1033, AC301, 306 & 309

Dear Legislature,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I like to have help with these Serrices. These services help me to live on my own.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Margo Leaba

Printed Name: Margo Leaba

North Dakota address: 2525 Broadway #910

HB 1033
2/27/19
#2 pg. 6

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

First of all thanks guys how you help me, and I also love how you guys give me opportunity to have someone who always help me with every-thing such as cooking food, cleaning the house, shopping, dressing, Bath, prepairing meal, money managmen, and bring me the hospital everytime I have appointmen, laundry, I always appreciate how guys help me because I can't do this stuff myself. For example if I go to outside my self and try to get somethins at the store I will get lost. Thanks.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: _____

Printed Name: _____

North Dakota address: _____

HB 1033
2/27/19
#2 pg. 7

January 2019

RE: HB 1033, AC301, 306 & 309

Dear Whoever it may concern

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am disabled and have several medical issues and this program is a huge help and makes a huge impact on my quality of life!

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Nafija Balijagic

Printed Name: Nafija Balijagic

North Dakota address: 1764 39th St. S #210 Fargo, ND 58103

HB 1033
2/27/19
#2 pg.8

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have a tbi. My balance & coordination are not good. My helper, Emily, does errands, shopping, housework for me. Her assistance reduces my stress a great deal. Emily is a wonderful friend to me and my dog. Thank you!

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Carol Anne Haugh

Printed Name: Carol Anne Haugh

North Dakota address: 20 7th St. S. Fargo

HB 1033
2/27/19
#2 pg. 9

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I really enjoy having my staff come over - it is a necessity! She helps me with meals, keeping up my apartment + shopping, but if she were able to bring me to doctor's appointments or take me out to the movies once + a while that would really improve the quality of my life.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: [redacted]

Printed Name: Felicia S. Annis

North Dakota address: 1602 DaKota Dr. N apt 301
Fargo ND 58102
701-781-5734

HB 1033
2/27/19
#2 pg. 10

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have been housebound since 2005. I need the help with picking up groceries for me and I get help with cleaning I'm unable to do – like floors, bathroom, dusting, higher places. I even get help with things I can't lift or move. They're not that heavy but I'm lost without some assistance. (farm injury 400 years ago). As I age I will need more help but I want to stay in my apartment as long as humanly possible.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Rita McGregor

Printed Name: RITA McGREGOR

North Dakota address: 4815 28th Ave S #1102

HB 1033
2/27/19
#2 pg. 11

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have arthritis & it sure helps to have someone to do my house cleaning. I am 78 years old getting near my 79th birthday. Had one knee replaced need the other one done.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Earlise Duciaume

Printed Name: EARLise DUCiAUme

North Dakota address: 3221 56th ave. So. Fargo N.D. 58104

HB 1033
2/27/19
#2 pg. 12

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

By allowing our senior population extended services, it will allow our senior population to maintain their continued independce & dignity of being able to remain in their home. It would allow agencies like Community Living Services to assit with, transportation to & from Dr. appts., grocery shopping, Homecares, assistance with personal care. All of this will also assist them to maintain their physical & emotional health. It would help the senior to not feel as though they are a financial burden to their families & it would allow families to feel more at ease that their loved one is being well cared for & safe. I also see this as a

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature Karen E Melo

Printed Name: Karen E. Melo

North Dakota address: 4251 33rd Ave S. Fargo ND 58104
Apt. #104

plus for the State & Medicare due to the large expense that comes w/the high cost of Nursing Homes & Rehab centers.

HB 1033
2/27/19
#2 pg. 14

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I AM A 62 YEAR OLD DISABLED VETERAN. I HAVE GREAT DIFFICULTY PERFORMING STRENUOUS HOUSEKEEPING DUTIES, GROCERY SHOPPING AND LAUNDRY. THRU THE ASSISTANCE I RECIEVE FROM CASS COUNTY MY LIFE IS MUCH IMPROVED. UNFORTUNATELY BECAUSE OF BUDGET RESTRICTIONS I AM ONLY ABLE TO HAVE TWO 1½ HOUR ASSIST VISITS PER MONTH WHEN I NEED EVERY WEEK. SO I AM PRESENTLY HAVING TO PAY OUT-OF-POCKET TOTAL COST OF THE REST OF THE ASSIST VISITS I RECEIVE MONTHLY.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: James L Phillippe

Printed Name: JAMES L. PHILLIPPE

North Dakota address: 101 2ND ST. SO. #1612

FARGO, N.D. 58103

HB 1033
2/27/19
#2 pg. 15

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am a senior who is disabled. I had to wait five years with Social Services before finally getting help with my house work. The help I now receive allows me to remain in my own apt. I know several seniors who with in home help would not have to think about going to assisted living.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Sue A. McPhail

Printed Name: Sue A. McPHAIL

North Dakota address: 4245 28TH Ave So. #212
FARGO, NO. DAK. 58104

HB 1033
2/27/19
#2 pg. 16

Date: January 16th, 2019

RE: Home and Community Based-services –

Dear _____,

I am writing to express support for expanding access and improving the quality of home and community based services for older adults and people with disabilities in our state.

My name is Kassie and I am a Licensed Social Worker in North Dakota. I work at Valley Senior Services, our mission is to help seniors maintain independence. Most of my clients are adamant that they want to age in their own homes and they abhor the idea of moving into a nursing home. However, many seniors cannot age in place safely without the support of in-home services. We owe it to our seniors to provide alternatives to nursing home care. It is amazing how individuals can thrive and contribute to the community when there is a good support system in place.

Increasing funding for in-home services is not just a compassionate choice; it is a responsible financial decision for the state of North Dakota. Placing an individual in a skilled nursing facility can easily cost hundreds of thousands of dollars each year. For Medicaid-eligible individuals, the state pays for long-term care for individuals who cannot live safely at home. Providing services in the home of eligible individuals has been proven to be more cost-effective than paying for long-term care in a skilled nursing facility.

Please consider making in-home services more accessible to one of the state's most vulnerable populations. This will save the state of North Dakota money in the long run, and will help service providers to honor the wishes of individuals who prefer to remain in their own homes.

I strongly urge you to fund these measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Kassie Emanuel

Printed Name: Kassie Emanuel

North Dakota address: 3312 5th Street West Apt #206
West Fargo ND 58078

HB 1033
2/27/19
#2 pg. 17

January 2019

RE: HB 1033, AC301, 306 & 309

Dear North Dakota Representatives,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

Attached letter enclosed

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Marcleana White

Printed Name: Marcleana White

North Dakota address: 2510 36th Ave #306
Fargo, N.D. 58104

HB 1033
2/27/19
#2 pg. 1 8

Jan 16, 2019

Dear North Dakota State Representatives,

Re: Human Services budget item AC301 & AC309

I am 74 years old, I suffer from: essential tremors, osteoarthritis and beginning stage 2 diabites. I live with my sister who is 72 and suffers from: chronic pain, stage 2 insulin dependent diabetic, with a past history of T.I.A.'s, seizures and stomach issues that require medications daily in order to keep her from throwing up. We both use a walker with a seat because we have severe leg and knee pain. Our mental condition and reasoning powers are still good but our ability to do some household chores is impeded, we need help with chores like shopping, mopping & vaccuuming, changing and laundring our bedding, picking up meds that can't be mailed out, banking, etc.

While there are still personal things like showering that we can do for ourselves, we know that there may come a day when we may need someone to help us with these. However, we don't require 24hr observation. For several years we have received in home care for a couple of hours three times a month. We have been able to live in our own home due to this assistance.

I would like to put this to you on a business rather than an emotional level. If we were to be placed in a facility for the disabled it would have to be paid for by medicaid as we are both reliant on our social security to live on. That would mean that our state would be paying for 720 hrs or more each month (per person) for care that is (at this moment) unnecessary, as opposed to the 6 hrs that we are currently receiving each month. It seems imprudent to use valuable and limited resourses to force people into 24-7 care when all they need is a few hours a month.

Now, on a personal level, being able to spend each day around my sister and my belongings really makes an impact on our emotional well being , which keeps us off anti-depresant meds and helps us heal faster from illness. Most doctors will tell you that getting a patient home improves their recovery time dramatically.

Thank you,

Marieleana White Marieleana White

2510 36th Ave S. #306

Fargo, ND 58104

P.S. Sorry this is typed (not tremors make writing difficult

HB 1033
2/27/19
#2 pg. 19

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I currently have a cousin in a nursing home due to MS. If he was eligible for in home services it would literally change his life. It is hard living in an environment (he is 30) where everyone is 2x + your age.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: _____

Printed Name: Garrett Huin

North Dakota address: 4955 17th Ave S #305 Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 20

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am a disabled military veteran and part of the Wounded Warrior Project. I suffered a traumatic brain injury, stroke, and major seizures, which have left me with limited use of the right side of my body, chronic pain, and severe speech aphasia. Without the services provided to me by Community Living Services it would be very difficult for me to keep track of, schedule, and find transportation to doctor's appointments, special events, and every day errands. Assistance with budgeting, paying bills, and communication also incredibly important to me. Like many others, I treasure my independence. Being able to receive these services and stay in my home increased my self worth and quality of life.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Isaac Graham

Printed Name: Isaac Graham

North Dakota address: 1132 4th St N Fargo ND 58102

HB 1033
2/27/19
#2 pg. 21

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have no help to get to my doctor's appointments and it is hard for me to communicate with them and advocate for myself since I am living with aphasia. It is hard for me to keep all my appointments and ~~fi~~ mail straight since I have multiple physical ailments and a newly injured collar bone.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: John G. Finberg Jr.

Printed Name: John G. Finberg JR.

North Dakota address: 101 So. 2nd St.
Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 22

January 2019

RE: HB 1033, AC301, 306 & 309

Dear N.D. Senate, etc

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am totally supportive of this bill or budget.

I never want a nursing home, even if I am dingy.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Sandra K. Brummond

Printed Name: Sandra K. Brummond

North Dakota address: 1201 2nd Ave N. #201 Fargo, ND

HB 1033
2/27/19
#2 pg. 23

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

This funding is needed for our aging population. My mother did not want to go to nursing home, but there was no funding for helping her at home just time, and she did not like being in the nursing home. I can see how this could make a difference in so many lives. My mom died in the nursing home - she deserved a better choice. We deserve a better choice!

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Diane Oahl

Printed Name: Diane Oahl

North Dakota address: 1908 Burlington Dr #B2
West Fargo, ND 58078

HB 1033
2/27/19
#2 pg. 24

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

The services that I receive help me with everyday life. If I didn't have these services, I would have to live in Assisted Living. Right now I live at home but am managing multiple diagnosis. I have a feeding tube but I am currently on TPN to keep me alive. I'm 31 years old. I would like to remain in my home as long as possible.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Rachel Briggs

Printed Name: Rachel Briggs

North Dakota address: 633 1st Ave N
Apt. 312
Fargo, ND 58102

HB 1033
2/27/19
#2 pg. 25

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have cerebral palsy and currently living on my own with minimal help and services a week. I am managing this diagnoses on my own but need more help. With the minimal care I am receiving, I am not able to get around to and from appointments, or to the pharmacy, grocery store, etc. currently, and down the road. I would not be able afford living in a nursing home. Old adults, people with disabilities would benefit from this legislation.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Natalie Aasen

Printed Name: Natalie AASen

North Dakota address: 1201 2nd Ave N. Fargo, ND

HB 1033
2/27/19
#2 pg. 2b

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

With all this Cutting edge tecnology its really good to see, this implementation into keeping vonerable adults, are looked in on, our abilities & have diminished abilities and capacity and i can not say enough about helping with just everyday chores is a blessing and the errands they would ~~love~~ drive me too Post Off. Banke and Groceries when it is really icy an in North Dakota that means a lot and i call them my first responders

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Edward K. Hickey

Printed Name: Edward K. Hickey

North Dakota address: 401 30th. AVE. N. Fargo, ND. 58102

HB 1033
2/27/19
#2 pg. 27

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and ~~**AC309**~~ expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

Please Support this bill Thanks for helps us

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Lisa Burn

Printed Name: Lisa Burn

North Dakota address: 1212 Edmund Dr Wpeg

HB 1033
2/27/19
#2 pg. 28

Dear Committee Members

Please Support this bill I don't know where I would be without these services I have right now help me through my day and help me with other stuff people take for granted I rely on these services to help me get ready in the morning and help me at night It also helps my husband so he can get a break from my needs.
I also think the ~~that~~ the other bill should be included because then I could use Step to drive me to my med appts as just to get out of the house and do something for. I love living my life as my own term and being indepent as possible I have a job I have my own home, which I love and have kids that are all grown up I couldn't do it though with out all the support I get from these programs

Sincerly
Lisa Bunn

HB 1033
2/27/19
#2 pg. 29

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

My elderly neighbor had gotten up to go to the bathroom during the night. She was unable to get herself back up off the toilet for over 24 hours before she was found. If she would have had access to daily assistance from care givers she would have been found sooner and would not have had to go to a nursing facility to recover. She would greatly benefit from services that could help her with meal prep, washing clothes, and take her to appointments, etc.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Deborah Tucker

Printed Name: Deborah Tucker

North Dakota address: 1614-7-Ave. S. - Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 30

January 10, 2019

RE: HB 1033, AC301, 306 & 309

Dear

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I provide services for a young woman who, after having surgery on her hip, had no other option but to recover in a nursing home setting. This was not only costly for the state since she receives ND Medicaid, but was also completely inappropriate for her situation. The time she spent in the nursing home was very traumatic for her due to some unique cultural considerations and her disability. After she had recovered and was discharged from the nursing home, it took nearly a full year for her to regain her sense of security and for those close to her to convince her that she would not need to return. Unfortunately, she may require more surgeries in the future and without the proposed HB 1033, she may have to return to nursing home care to recover once again. This would be extremely detrimental for this special young woman who, like any of us, would prefer to recover in her own home and cannot understand why she needs to go elsewhere.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Amanda Knapp

Amanda Knapp

705 Oak St N
Fargo, ND 58102

HB 1033
2/27/19
#2 pg. 31

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

As an individual that provides services for those with DD, I strongly support any expansion of access and improvement of quality to the services available to these individuals. This goes for those dealing with DD or those that may face heading off into nursing homes, having to leave the familiarity of home to receive care for themselves at a place that is foreign to them. 9 out of 10 individuals prefer to receive care in their own homes so it only makes sense that we provide more financing for that option. People that desire this option should not have to come out of their own pockets for this care when if they would choose an institutional type facility (like a nursing home) they would receive assistance. I actually support Medicare for all and believe these new changes would be a nice movement toward more care for more individuals. Although I don't believe these changes are enough, they would be a welcome step in the right direction. The benefits would be great for many. Of course for the people receiving the services but ultimately will benefit many more. Such as taxpayers who will be paying money that provides better care, more affordably.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Travis Hagen

Printed Name: Travis Hagen
North Dakota address: 624 14th ave E West Fargo, ND 58078

HB 1033
2/27/19
#2 pg. 32

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

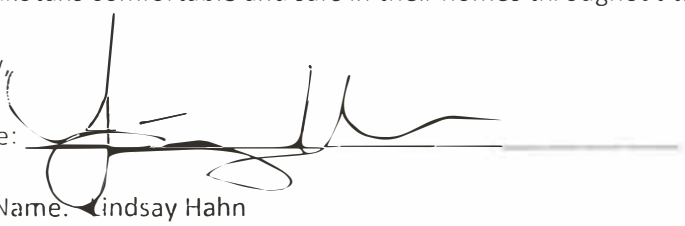
As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

Nursing homes do not have enough employees to give the proper care for each person. CNA's are running from room to room trying to help people. All they have time for is personal cares. They do not have enough time to actually get to know the people they work with. Individuals that are being assisted by caregivers in their own home, have more of an opportunity to get to know each other and form a bond, and leads to a happier life. No one wants to be taken out or their home because they may need a little more assistance and have to learn a new place that they aren't comfortable in. People still are who they are and still want the things and home that they have had throughout their life. Keeping individuals in their own home and out of nursing homes will enhance the quality of their life and is the better way to live.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: 

Printed Name: Lindsay Hahn

North Dakota address: 1378 Prairewood Dr. #306
Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 33

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature:

Printed Name: James Bergin

North Dakota address: 208 Park Dr
Harwood ND 58042

HB 1033
2/27/19
#2 pg. 34

Our agency, Community Living Services, has a long history of supporting people with disabilities and special needs to live independently in the community in their own homes and apartments. We have, over and over, seen the tremendous personal and financial benefits of assisting people to stay in their own homes, as opposed to placement in nursing homes, group homes, or other group facilities. Our overwhelming experience has been that people prefer to stay in their own homes, when possible, and are happier with their lives. Because the services can be specifically tailored to a person's individual needs and because there are no 'brick and mortar" costs associated with facilities, these types of in-home supports can be provided at a significantly lower cost than placement in facilities.

HB 1033
2/27/19
#2 pg. 35

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Pamela Guest

Printed Name: Pamela Guest

North Dakota address: 1001 25th Str. S Fargo ND 58103

HB 1033
2/27/19
#2 pg. 36

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

My mother in law lives in her own home at the age of 87. She gets meals on wheels and has a care giver who does personal cares and helps buy groceries, once a week. If she would not get this service she would have to move into a nursing home. She would love to stay in her home as long as she can get these benefits and possibly more if she develops more of a need. She is much happier in her own home. All people should be able to choose where they receive their care that they need to live happy and healthy lives. Increased funding for residential services and less funding for nursing homes is much needed as the elderly population grows.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: JoAnn Enger

Printed Name: JoAnn Enger JoAnn Enger

North Dakota address: 844 Elm Park Pl.
West Fargo, No. Dak. 58078

HB 1033
2/27/19
#2 pg. 37

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

A personal experience that I have had in my life is when my grandmother broke her hip and would have preferred to recover in her own home, but because she had not one to help her obtain adaptive equipment for her home, coordination and transportation to her therapy appointments, she was left with no choice but to recover in a nursing home. If we continue the status quo, we will continue to see older adults institutionalized at very high costs. Giving individuals and families more options for in home supports will be more financially cost effective for all stakeholders involved and the preferred method to receive care.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Christina Campbell

Printed Name: Christina Campbell

North Dakota address: 2143 4th ave E. West Fargo, ND 58078

HB 1033
2/27/19
#2 pg. 38

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I am a Disabled senior Citeson, I need CLS for there services for Bathing, Clean Bath room, Do Kitchen work, Food shoping, Washing Clothes, Trying to Teach Me how to Cook, take me to plaies I need to go. I am on a walker. Please do not take help from me;
I will not survive with out your help?

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Steve O. Sip

Printed Name: Steve O. Sip

North Dakota address: 4238-9th ave SW, Apt. #204
Fargo, ND. 58103-2069

HB 1033
2/27/19
#2 pg. 39

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I work with Clients that depend on the access program. Without this funding their lives would not be the same as alot would probably end up in group homes where they would be unhappy & probably not as healthy as cares are more limited in those settings

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Lisa Nordtvedt

Printed Name: Lisa Nordtvedt

North Dakota address: 295 9th Ave
Walcott ND 58077

HB 1033
2/27/19
#2 pg. 4D

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

My elderly client is a spirited 93 year old lady. She lives alone in an apartment. I see her 2 hours a week to clean her apartment and wash clothes. She also has a 2 hour staff during the week that takes her out grocery shopping. If time allows I also take her out in the community. She enjoys going out for lunch. Sometimes the allotted 2 hour period runs by too fast if out to lunch and I have to do it without getting paid, I don't mind because just that simple act of being out in the community and having lunch gives her so much joy!

My client appreciates being able to live independently in her home without having the seclusion of being in a nursing home. White just these few simple services it provides independence at the age of 93. What we all would like to have at that age. The costs of these services are a fraction of the yearly nursing home cost. I urge you to consider increasing funding to provide these services for people as individuals prefer to stay in their own homes and receive services and it is more cost effective for tax payers.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Leann Freitag

Printed Name: Leann Freitag Leann Freitag

ND Address: 1503 16th Ave E
West Fargo, ND 58078

HB 1033
2/27/19
#2 pg. 41

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have had many clients who have benefited from the services we can provide. My elderly client I have worked with has been highly impacted from the help and support of having a PSP, which has helped her reside at home. Without these services, she would not be able to stay at home. Many, many individuals will benefit from the proposed legislation if passed. Thank you.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Emily Hawes

Printed Name: Emily Hawes

North Dakota address: 851 36th Ave E #311
West Fargo, ND. 58078

HB 1633
2/27/19
#2 pg. 42

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I work with a few clients - one in particular is a middle-aged gentleman. Not only is he well liked but continues to strive to do his utmost best contributing to the community through part-time employment. Tony struggles with Depression and has lost family members close to him within a short time period between loses. Regardless of this, he does his best to strive and the main reason for his pasitive outlook and mental health has been the services staff have been able to provide. Thank you for this most needed funding.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Steve Helion

Printed Name: Steve Helion

North Dakota address: 3255 16th ave. S., unit 11
Fargo ND 58103

HB 1033
2/27/19
#2 pg. 43

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

This literally effects every single person in some way. I wish this could have been an option for several people I have known, as it was their wish to stay at home - a familiar space full of love and memories. My mom is getting older and is petrified of being in a nursing facility. She says that's where you lose everything - your money your home, your family drifts away, and then you

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: _____

Printed Name: Amber Orpen

North Dakota address: 4742 University Dr S
Fargo, ND 58103

will. And it is so much cheaper for everyone involved! Personal, individualized care with dignity at home.

HB 1033
2/27/19
#2 pg. 44

January 2019

RE: HB 1033, AC301, 306 & 309

Dear _____,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have spine problems & can't stand long or walk far. As a result, I often have to leave the grocery store before I have everything I need, so I get sick & end up in the ER. Getting more than 12 hrs. of help a month would be cheaper than the hospital bills. Also, I am often homebound & rarely have company and get lonely. I need more help than I get. cont.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Rhonda Claerbout

Printed Name: Rhonda Claerbout

North Dakota address: 613 6th St. E. Apt. #3
West Fargo, N.D. 58078

HB 1033
2/27/19
#2 pg. 45

February 2019

RE: HB 1033, HB 1034, HB 1099

Dear North Dakota State Representatives,

As a caregiver of a person receiving home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC308 (HB 1034)** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306 (HB1099)** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

In my experience, I've seen people who were dependent on their parents or institutions for their basic needs become independent. With supportive intervention, they have been able to move into their own apartments, be successful at jobs, and pursue the things that make them happy. With these programs, we will have more independent people who are able to contribute to our community socially, culturally, and economically. These people will have the opportunity to a self-driven and dignified life where they are valued.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Kaitlin Dayle

Printed Name: Kaitlin Dayle

North Dakota address:
3255 18th St S #210
Fargo, ND 58104

HB 1033
2/27/19
#2 pg. 46

January 2019

RE: HB1033, 1034, & 1099 as well as AC301, 306, & 309.

To whom it may concern,

As a person who provides skills training, care coordination, and medical escort services to individuals receiving home and community based services I wish to express my support for expanding access and improving the quality of these essential services. In Governors Burgum's proposed Human Service budget, line AC301 and AC309 expand access by lowering eligibility criteria that will help more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line AC306 adds residential and community services which many elderly and disabled desperately need to remain safely in their homes. HB1033, a pilot program which allows independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those individuals to an assigned county social service worker. These measures have the ability to improve access and quality of care, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for the state of North Dakota.

These policies directly affect the life of a caregiver, the clients' life, as well as the lives of their loved ones. I personally had an individual who could have been supported in her home but without the help of obtaining in-home safety devices, home care needs, and personal care supports she was told rehab in a nursing home was her only option. I have a similar personal experience and am struggling to provide home care out of pocket for my loved one. Without these policies we may have no option other than to move my loved one to a nursing facility. I know that it costs more to have my loved one in a nursing home than paying for home care. In the end, if nothing changes, older adults will be institutionalized earlier than needed and more will be paid in the long run. Everyone can benefit the longer we keep individuals safely in their homes where they feel comfortable. The individuals feel safe and happy around their own belongings. This in turn results in decreased healing time, increased mental health status, increased feelings of dignity and worth, and an overall increased quality of life compared to institutional care. Family caregivers get a break which in turn makes them able to handle things better. EMT's and first responders, taxpayers and even home care businesses will benefit from the proposed legislation.

I strongly urge you to fund these common sense measures to allow North Dakota to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service and your help in keeping North Dakotans comfortable and safe in their homes throughout their lifetimes

Sincerely,

Gabriele Achilles
1001 28th Street S
Fargo, ND 58103

HB 1033
2/27/19
#2 pg. 47

January 2019

RE: HB 1033, AC301, 306 & 309

Dear Senator Lee, Rep Koppelman, Rep Schauer,

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

I have been disabled per Social Security Since 2004 totally but was having breathing and pain in the chest for years. I had a neighbor that has moved my long since 2000 and helped Sam now he passed away in 2018. He also helped me carrying groceries when I hurt to much to Drive me. Its seems the older I am the worse my pain is. If I moved alot I am down for days. I try and limit my time out side doing this even inside I use a Vacuum if I do to long I am down for 2 days.

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Valeria Youle

Printed Name: Valeria Youle

North Dakota address: 458 3rd Ave E West Fargo ND 58078

HB 1033
2/27/19
#2 pg. 48

January 2019

RE: HB 1033, AC301, 306 & 309

Dear Senator Piepkorn, Rep Boschee, Rep Hanson

As someone who relies on home and community based services, I am writing to express support for expanding access and improving the quality of these essential services. In Governor Burgum's proposed Human Service budget, line items **AC301** and **AC309** expand access to care by lowering the functional and financial eligibility criteria for accessing these programs. These will help many more seniors be able to access services that prevent nursing facility placement earlier and with less cost burden. Line **AC306** adds Residential Habilitation and Community Residential Services to the Medicaid Waiver, allowing for skills training, care coordination, and medical escort services which many elderly and disabled desperately need to safely remain in their own homes. In addition, I ask that you would support **HB 1033**, a pilot program to allow independent community providers to provide case management services to SPED and Ex-SPED clients, rather than restricting those clients to an assigned county social service worker. These measures will improve access and quality, provide increased incentive to businesses wanting to provide home care, and lower the overall cost of long term care for North Dakota.

IN my Personal Medical Situation, Having my First Rest with Cancer at 45, Taking Almost Two Years To Recuperate, Then Got Sick with A Lung Bacteria Two Years Later and Having To Be Declared Disable- my Social Sec. Benefits Lack The 20 to 25 years I Could Have worked). So Getting Less Than $1,000 per month I'm Hard To Stretch out, And If I Need To Use Medicaid From The State it Costs $112.00 per month So I Can't Afford That So my Teeth Suffer and I Have only Another Cavities And Chipped Teeth It Would Be Nice if I Could Get Them Fixed, Before I Lose The Rest of Them

I strongly urge you to fund these *common sense* measures to allow North Dakotan's to stay independent in their own homes as they desire. With 50% of nursing home residents using Medicaid to pay for their long term care, the baby boomer generation approaching their golden years and living longer than ever, it is imperative we take steps now to lower the emotional and financial cost of long term care on the citizens of North Dakota.

Thank you for your continued service to the people of North Dakota and your help in keeping older and disabled North Dakotans comfortable and safe in their homes throughout their lifetimes.

Sincerely,

Signature: Joseph F. Ford

Printed Name: Joseph F. Ford

North Dakota address: 401 6TH Ave. N. #123 Fargo, N. Dak

HB 1033
2/27/19
#3 pg. 1

SENATE HUMAN SERVICES COMMITTEE

TESTIMONY IN SUPPORT OF HB1033
AND PROPOSAL FOR AN AMENDMENT
"Pilot for Independent Home and Community Based Services
Case Management and Care Coordination"

Senator Lee and Committee Members. I am Jessica Thomasson, CEO of Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services I am testifying today in support of HB1033, and would also like to ask that you consider an amendment that would pilot the addition of care coordination as an eligible Home and Community Based service that could be authorized by case managers based on individual need.

For more than 35 years, Lutheran Social Services has been serving older adults across North Dakota, primarily through the Senior Companion program, and starting in 2015, through the provision of Aging Life Care (a.k.a. care coordination) services.

Our experience tells us that it is possible for seniors to get the care they need, in their home communities, in a setting of their choice, if we work together. We are supportive of HB1033 because the addition of independent case managers will help move us to this desired outcome and further support the work of the current system in serving older adults and people with disabilities.

Our experience also tells us that serving the needs of people as they age, given the realities and opportunities of our present day, requires us to think differently about home and community-based care, including **non-traditional partnerships** between care systems, and recognition of how to strengthen a person's **natural supports** as an essential part of our joint search for individual well-being. This is why we are **asking you to consider adding a pilot that makes care coordination a component of our home and community based service system.**

For most people, it is a change in personal health, or in the health of a spouse, that precipitates the initial exploration of the types of supportive services that are available from public and private systems. The change in health status could be the result of a fall, or recovery from surgery, from symptoms that arise from a chronic disease, or from a loss of mobility. The person seeking services has found themselves – most often for the first time – unable to accomplish a "task of daily living". In other words, their health has made it so they can't continue living the way they had previously – they need to start looking for a "new normal".

This is the time when a person most often first encounters the aging services system. They reach out because they are looking for help in figuring out what they should do. If they go to a County office, and they are deemed eligible, they may get connected with a case manager – someone who very much wants to help them but most likely finds themselves with a large caseload to manage and not a lot of time.

Generally speaking people (and systems) assume that case managers help connect people who need help to resources and services. On many levels, this is true. However, it can still be difficult for someone who is trying to figure out how to make sense of their new life circumstances know what they should do and how they need to go about it.

A TYPICAL SCENARIO: "JOHN". I want to describe this situation as it would likely play out for "John" to help describe the difference between case management and care coordination, and how the work of one complements the other.

John is a widower in his early-80s who is having trouble keeping up with things at home. It's getting hard for him to get to the doctor for his appointments. He's struggling to keep track of his medications and has had a couple of health scares because of missed meds. And he's overall just

not feeling as steady on his feet. So he calls the number he finds on the internet for "Aging Services" in his County and gets connected to an eligibility worker who gathers information on his personal finances, to tell him what types of services he may be eligible for. If he meets financial criteria, John will be referred to a case manager.

1. The case manager works to determine if John is eligible for HCBS (based on his functional limitations and his household income).
2. It is determined that John meets criteria for nursing home level of care (based on his "functional limitations"), and he meets income guidelines (i.e., earns less than poverty level income), so is asked if he wants to receive care in a nursing home or in his own home.
3. John says he wants to stay in his own home, so the case manager develop a plan of care, authorizes the services (based on the assessment of his health) and assigns a number of "units" of service that John will qualify for (i.e., that state and/or county-funded HCBS will pay for).
4. At this point, the case manager hands John a lengthy list of who can provide the services. This list typically includes 50+ names of individuals and agencies who do chore services, personal care, environmental modifications, homemaker services, meal services, non-medical transportation, respite and adult foster care services, etc. And if John lived in a rural area, he would have a wholly different problem; instead of the list being too long to sort through, he may have 1 or 2 names to pick from, or no options at all.
5. John takes the list and heads home to start to sort through it.
6. He will start to call people from the list and attempt to put together a system of care that meets his needs, staying within the guidelines given to him by the case manager (i.e., what he's "eligible" for).
7. Typically, John can expect to get a follow-up phone call from his case manager approximately a month after the initial eligibility visit, with some contact at least quarterly and re-assessment of his continued need(s) every 6 months thereafter.
8. In the meantime, John will have tried to hire, manage, and facilitate the compensation of the in-home support workers and/or agencies he is contracting with for his care.

You can imagine, from this description, where John is going to struggle in this scenario. He has just had to access "system services", perhaps for the first time. Which means he is already dealing psychologically with what it means to "need" help. Then he is thrust into a complex world of acronyms and eligibilities and rules that can be very hard to understand, even in the best of times.

- The list of possible in-home service providers is long.
- His own understanding of what he needs to help him navigate this brand new state of being/life stage may not be fully developed.
- He likely does not know any of the providers.
- He doesn't know who to trust or where to turn, what to look for or how to negotiate for the type of services they truly need.
- In short, John is overwhelmed.

The end result. John may or may not get the help he needs to live well in his home.[1] His health may or may not deteriorate. His well-being may or may not be diminished. It may appear to those around him like there are no services available to help John. When in fact, the real gap is not that there are no services available, but that the system and the supports that are in place – and that the state has invested in – are not able to do what they are designed to do. Because John can't effectively access them.

DIFFERENCES BETWEEN CASE MANAGEMENT AND CARE COORDINATION.

The common assumption is that case managers do "care coordination" as part of their regular job. However, we know that this is not always the case. While there is no "bright line" between the two roles, Care Coordinators often pick up where Case Managers leave off.

Case Management focuses on completion of paperwork necessary to determine eligibility; assessing and re-assessing a person's needs; developing, implementing and monitoring a care plan; and providing options of in-home providers, ensuring client choice. *In many cases, case managers have 2-4 face to face client visits per year.*

[1] For this conversation we define "aging well" as living safely, with dignity, in a manner he can afford, in his home.

Care Coordination works alongside a client after a determination of eligibility has been made, to help them identify both formal and informal supports; access necessary resources, like transportation, medical needs, basic care needs; and assist with applications for eligible services, organizational skills, or bill paying. *Overall, care coordinators offer coaching and mentoring designed to help people overcome barriers and implement a plan.*

Case management and *in-home supports* are **essential** for well-being **but not always sufficient**. For many, *care coordination* is the **missing piece** and can help the existing system function better. Additionally, care coordinators are uniquely suited to help facilitate early intervention and prevention work with older adults, as they begin thinking about how best to address health needs and new functional limitations while remaining at home (or in the least restrictive setting possible).

It doesn't matter how much money we invest in services to help older adults in North Dakota age well in their homes and communities if the systems are too complex to navigate. Care coordination is increasingly viewed as an essential component of a modern system of care. But in North Dakota today, care coordination is not a service deemed eligible for reimbursement under most publicly-funded programs. Care Coordination as a service does exist in the marketplace today but, it is primarily available to people of higher than average financial means.

Adding this cost effective, brief intervention to the continuum of eligible services in the SPED and Expanded SPED programs will help older adults with a range of income levels access this type of system-enhancing support. It will facilitate the judicious use of appropriate home and community-based services and delay the need for more intense, facility-based care.

As such, I would like to ask that you consider an amendment that would add "care coordination" to the list of eligible services in the SPED and Expanded SPED programs.

Section 1, Line 11, suggest amending as follows:

And The department shall establish a pilot program for the provision of adding Care Coordination Services under the Service Payments for the Elderly and Disabled (SPED) as a type of home and community-based care that is eligible for reimbursement under current aging service payment systems.

Section 2, Line 17, suggest amending as follows:

And The department shall establish a pilot program for the provision of adding Care Coordination Services under the Expanded Service Payment s for the Elderly and Disabled (EXSPED) as a type of home and community-based care that is eligible for reimbursement under current aging service payment systems.

EVIDENCE THAT CARE COORDINATION IS COST EFFCTIVE. Lutheran Social Services Aging Life Care (ALC) has provided care coordination services via a private grant for three years. The pilot started in Cass County and later expanded to include Grand Forks and Ward Counties.[2] To date we have served approximately 100 clients; 78% live independently (58% of this group lives alone); 10% have utilized our assistance to transition from independent living to a higher level of care; and 12% transitioned from a higher to a lower level of care or reside in a facility setting. Our fees are based on a sliding fee scale. 88% of clients have qualified for free services and 11% qualified for reduced fees, indicating the high level of need for seniors with limited means (which to date, we have funded with grant dollars).

Data from LSS' 2015-2018 pilot project indicated an overall **reduction in healthcare usage** for seniors who utilized care coordination services. At the 6-month point, surveys noted a reduced

[2] Care Coordination offers the following types of services, which are not typically included in HCBS options: accompanying to appointments, providing/arranging for transportation, scheduling/reminding of upcoming appointments, ensuring understanding of health provider instructions regarding their condition, their medical equipment needs and using and taking medicine(s) correctly, and coordinating with other providers and with family members to ensure all are up-to-date on changes in the person's care needs. Note: "Connecting" and "Coordinating" services are the types of things family members request for their loved ones because they know these are the things that help them remain living independently.

amount of hospital and ER usage for approximately 20% of clients. By 12 months, 40% saw a decrease in hospital stays.

Before starting ALC, 30% of individuals surveyed experienced an **inpatient hospital stay** in the prior 6 months. After receiving care coordination services, the rate of inpatient hospital stay dropped to 22%. Using 2018 Medicare averages for inpatient claims, we estimate savings of $22,000 in inpatient hospital costs for those 27 clients in 6 months.[3]

Before starting ALC the 26 clients surveyed reported an average of one **hospital emergency department** visit during the prior 6 months. After receiving care coordination services they reported an average of 0.5 emergency visits, which means these costly visits were cut in half. Using estimates of a typical Medicare cost for an emergency department visit, the addition of care coordination services resulted in a savings of approximately $19,500 for this group of 26 clients.[4]

Our surveys also asked if care coordination had delayed or prevented the need for **nursing home placement**; 47% of the 45 clients surveyed answered "yes". When asked if care coordination had delayed or prevented the need for **assisted living placement**, 53% said "yes".

While you cannot predict with certainty what would have happened absent a particular service, taking the opinion of the people actually served at face value, you can reasonably conclude that some of them would have had to move to a skilled care facility sooner. If we conservatively assume that care coordination services helped to delay utilization of skilled care for just 10 seniors

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[3] Based on the average amount paid by Medicare per inpatient claim at ND PPS or CAH hospitals in 2018 = $10,852. Expenditure of $86,816 before care coordination (8 clients x $10,852) as compared to $65,112 after care coordination (6 clients x $10,852). (An average savings of $815 per client, across the entire group of 27 clients).

[4] Based on the US Dept of Health and Human Services Agency for Healthcare Research and Quality Medical Expenditure Survey Panel estimate that the average Medicare cost (in 2014) of an ED visit ranged from $1,250 - $1,500. Expenditure of $39,000 before care coordination (26 visits x $1,500) as compared to $19,500 after care coordination (13 visits x $1,500). (An average savings of $750 per client across the entire group of 26 clients).

for three months, even if they needed the maximum amount of authorized SPED/Expanded SPED services during that time, you could assume a net cost savings of $174,810.[5]

SUMMARY. Delivering just the right level of service to people when and where they need it, and when and where that service has the most opportunity to do the most good, is an optimal approach to service delivery. Including care coordination as an eligible service in the continuum of aging services would help move the system forward quickly and efficiently.

Today our definition of aging well has changed, and our ability to financially meet the ever-growing cost of the most expensive deep-end interventions is quickly evaporating. We simply have to find new ways of working together. Both for the good of the financial health of the system as a whole, and for the health and well-being of the men and women we are called to serve as they try to find a way to age well in our state. Recognizing the added value of thoughtfully utilized care coordination services by including them in the approved system of care moves us in the right direction.

We would encourage your support of HB1033 and respectfully ask your consideration of the amendment that would add a care coordination pilot as well. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have.

Jessica Thomasson, Lobbyist #234
CEO, Lutheran Social Services of North Dakota
Email: jthomasson@lssnd.org
Phone: 701-271-3272

[5] 2018 Genworth Cost of Care study; the median cost of Nursing Home, semi-private room in ND is $11,027 per month. $330,810 in cost savings from delayed skilled nursing care ((10 clients x $11,027) x 3 months) would be offset by $54,000 in care coordination services ((10 clients x $1,800) x 3 months) and $102,000 in in-home supports ((10 clients x $3,400 (max SPED/ExSPED)) x 3 months), for a net savings of $2174,810.

north dakota department human servi

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (07/2018)

EXSPED (Exp... Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A)	MSP-Pe... Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly &Disabled)	Technology Dep... nt Medicaid Waiver
Services • Adult Day Care • Adult Foster Care • Chore & ERS • Emergency Response • Environmental Modification • Family Home Care • HCBS Case Management (billed under Targeted Case Management) • Home Delivered Meals • Homemaker • Non-Medical Transportation • Respite	**Services** • Adult Day Care • Adult Foster Care • Chore & ERS • Emergency Response • Environ. Modification • Ext. Personal Care • Family Home Care • HCBS Case Management • Home Delivered Meals • Homemaker • Non-Medical Transp. • Personal Care Services • Respite	**Service** • Personal Care Services (includes Daily/Rate & PC-Basic Care)	**Service** • Personal Care Services	**Service** • Personal Care Services	**Services** • Adult Day Care • Adult Foster Care • Adult Residential • Chore & ERS Systems • Community Transition Svcs • Environmental Modification • Extended Personal Care • Family Personal Care • HCBS Case Management • Home Delivered Meals • Homemaker • Non-Med Transportation • Respite • Sp. Equipment/Supplies • Supervision • Supported Employment • Transitional Living	**Services** • Attendant Care Service • HCBS Case Management • Non-Medical Transportation • Specialized Equipment and Supplies
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: • 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 IADLs • Meal Prep • Housework • Laundry • Medication Assistance	**Functional Eligibility** Impaired in 1 ADL **Or** Impaired in 3 of the following 4 IADLs • Meal Prep • Housework • Laundry • Medication Assistance **And** Meet **LOC** criteria	**Functional Eligibility** Impaired in 5 ADLs **And** Meet **LOC** criteria **And** No units allocated to the tasks of laundry, shopping, & housekeeping **And** Prior approval from the Dept.	**Functional Eligibility** • 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** • 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 Screenin... - 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 $3468.00 per month	**Program Cap** $3468.00 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 Department	

Individual QSP Rate $5.09 per/unit, **HMK** $4.58 per/unit - **Agency QSP Rate** $6.99 per/unit, **HMK** $6.29 per/unit (Some rates are also daily, one time, half day, or specific to the service)

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Testimony

House Bill 1033

Senate Human Services Committee

Chairman Lee and Members of the Senate Human Services, this testimony is presented on behalf of Doug Wegh, Director of Hettinger County Social Services.

County Social Service Agencies, across the state, have been involved in providing home and community-based services (HCBS) since the 1970's. Initially, services were provided with block grant and county funds, which later transitioned into state and federal dollars with some counties opting to provide additional county-funded services. Counties have provided the case management for Home and Community services.

HCBS Case Management chapter 525-05-30-05 states that "the purpose of HCBS case management is to assist a functionally impaired individual to achieve and maintain independent living, in the living arrangement of their choice." It goes on to say, "In order to facilitate independent living, the HCBS Case Manager enables the elderly or disabled person and/or family to explore and understand options, make appropriate choices, solve problems, and provides a link between community resources, qualified service providers, and the client/applicant accessing needed services."

Since the start of the program, county social workers or case managers have coordinated referrals, completed assessments, determined eligibility, developed service plans and authorized service payments for in home services. County Case managers know their community, whether that be Mott or Minot, and use that expertise to blend these community resources with the complex network of varying funding sources and a multitude of programs to keep eligible elderly and disabled individuals safe, being as independent as possible in the living arrangement of their choice.

Home and Community Based Services are about client choice. The case manager has to provide the client with a list of service providers in the area and that it is

the client's choice as to who they have work for them. It could be that the client chooses a neighbor and then the case manager will facilitate the process of getting this neighbor QSP certified. Other times the list has caregivers on it who have not been willing to service certain areas and the case manager will tell the client that. In many of the rural counties, that list, however, does not contain many names of possible care givers. There are also times when the case manager will be asked to assist in finding a provider that is not on the list. Case managers are there to help that client get the services that are needed.

County Case managers are licensed social workers who care about their clients and aim to provide appropriate, timely, and consistent case management services. If an individual applying for services is not eligible for the state or federal funded programs, the client is told that right away and attempts are made to find alternative services that can help the individual and their situation.

The North Dakota County Social Services Director's Association continues to be neutral on the proposed independent HCBS case manager pilot project and its amendments. We continue to encourage quality case management standards, along with consistent practice expectations for all case managers who serve our vulnerable citizens.

Thank you for your time. I would be happy to answer any questions from the committee.

NDLA, S HMS - Velez, Justin

From: Nikolas-Maier, Nancy E.
Sent: Friday, March 01, 2019 3:37 PM
To: Lee, Judy E.
Cc: NDLA, S HMS - Velez, Justin; NDLA, Intern 02 - Carthew, Alexandra; Jones, Chris D.; Eide, Tom A.; Anderson, Maggie D.
Subject: FW: HB 1033 Care Coordination Amendment Cost Estimates

Senator Lee,

Per your request, I have provided the estimated cost of adding care coordination as an allowable service under SPED and Ex-SPED with a program start date of 1/1/2020. The estimate assumes we would serve 134 recipients under SPED and 26 recipients under Ex-SPED in the 19-21 biennium.

SPED

Biennium	Biennial Costs	General Fund
2019-2021 (18 mo)	339,061.00	339,061.00
2021-2023	690,216.00	690,216.00

Ex-SPED

Biennium	Biennial Costs	General Fund
2019-2021 (18 mo)	47,049	47,049
2021-2023	131,112	131,112

Please let me know if you have any questions.

Thanks,
Nancy Nikolas Maier, Director
ND DHS Medical Services Division
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