

**North Dakota
Real Choice Systems Change Grant
Rebalancing Initiative**

(September 2004 – September 2007)

Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities in North Dakota

Final Report

Amy B. Armstrong, Project Director
North Dakota Center for Persons with Disabilities
Minot State University
&
Linda Wright, Director
Aging Services Division
North Dakota Department of Human Services

September 28, 2007



Contact information:

Amy B. Armstrong, Project Director
North Dakota Center for Persons with Disabilities
Minot State University
500 University Avenue West
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu
Website: www.ndcpd.org

Linda Wright, Director
North Dakota Department of Human Services
Aging Services Division
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501
1-800-451-8693
sowril@nd.gov
Website: <http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html>
And www.ndcarechoice.com

This document is available
in alternative formats upon
request by calling:
1-800-233-1737

This report was funded through the North Dakota Real Choice Systems Change Grant – Rebalancing Initiative, award #11-P-92442/8-01 from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services received by the North Dakota Department of Human Services-Aging Services Division and contracted with the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University. This report does not necessarily represent the policy of the U.S. Department of Health and Human Services, the North Dakota Department of Human Services, or NDCPD.

Table of Contents

Executive Summary	6
Introduction.....	7
Real Choice Rebalancing Grant Overview and Background.....	7
Real Choice Rebalancing Grant Committees	8
Real Choice Rebalancing Grant Data Collection and Analysis.....	10
RCR Grant Strategic Plan and Recommendations to the Governor’s Olmstead Commission.....	11
Aging and Disability Resource Center (ADRC) Key Components.....	12
RCR Grant Assessment Sub-Committee Information and Recommendations.....	13
North Dakota Senate Bill 2070.....	13
RCR Grant Public Information Efforts.....	14
North Dakota Legislative Interim Committees.....	14
RCR Steering Committee Continued Collaborations	15
RCR Grant Challenges, Successes, and Systems Change Efforts	16
RCR Grant Measurable Outcomes.....	18

Appendices

Appendix A , <i>RCR Steering Committee Members</i>	24
Appendix B , <i>A List of Past Studies Regarding Continuum of Care Services in North Dakota</i>	25
Appendix C , <i>RCR Research Report Summaries</i>	26
Appendix D , <i>RCR Strategic Plan</i>	27
Appendix E , <i>ADRC Key Components</i>	28
Appendix F , <i>Assessment Subcommittee Information and Recommendations</i>	29
Appendix G , <i>RCR Grant Project Director SB 2070 Legislative Testimony</i>	30
Appendix H , <i>RCR Grant Summary of Dissemination Efforts</i>	31
Appendix I , <i>RCR Public Information Materials</i>	32
Appendix J , <i>RCR Grant PowerPoint Presentation</i>	33
Appendix K , <i>RCR Grant Project Director Budget Committee on Human Services Testimony</i>	34

Executive Summary

This final report is an overview of the *North Dakota Real Choice Systems Change Grant-Rebalancing Initiative*, also called the *Real Choice Rebalancing Grant (RCR Grant)*. This three year, [\$315,000, including \$300,000 (federal) + \$15,000 (in-kind match)] project funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (HHS-CMS) was awarded to the North Dakota Department of Human Services (ND DHS) Aging Services Division in September 2004. The ND DHS Aging Services Division contracted with the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University, to carry out substantial portions of the grant's work scope.

The RCR Grant has worked to examine ways to make it easier for seniors and adults with disabilities in ND to maintain their independence for as long as possible. This project has been an important piece in North Dakota's efforts to enhance its current continuum of long-term care service system. The RCR Grant has gathered consumer, family, and provider input regarding these services. This consumer and stakeholder-dominated process has worked to gather ideas about ways to improve consumer choice and access to continuum of care services and to promote a system that supports consumer self-direction and independence.

The overall purpose of the ND RCR Grant has been to consider how ND can achieve systemic changes that support consumer choice and services in less restrictive settings. Specifically the RCR Grant goals are:

1. To increase access to, and utilization of, home and community-based services (HCBS) for the elderly and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for the elderly and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To develop a quality management mechanism for service delivery

This project's efforts to build consensus on these issues through the convening of various stakeholders has helped ND to develop a plan for systems change. Specifically, these dynamic discussions developed a plan that includes goals related to the development of an Aging and Disability Resource Center for ND and to balance resources for NDs continuum of care system. In addition, the RCR Grant research, dissemination, successful legislative involvement, and public information efforts have helped to increase awareness of the need for systems change in ND.

These systems change efforts will be sustained through continued collaboration and communication with key stakeholders. The work of the RCR Grant will continue to be built upon through the efforts of collaborative partnerships, discussions, and the continued dissemination of project reports and public information.

Introduction

This final report is an overview of the North Dakota Real Choice Systems Change Grant-Rebalancing Initiative, also called the Real Choice Rebalancing Grant (RCR Grant). This three year project has been an important piece in North Dakota's efforts to enhance its current continuum of long-term care service system. The Rebalancing Initiative has gathered consumer, family, and provider input regarding these services. This consumer and stakeholder-dominated process has worked to gather ideas about ways to improve consumer choice and access to continuum of care services and to promote a system that supports consumer self-direction and independence.

Real Choice Rebalancing Grant Overview and Background

The North Dakota Real Choice Rebalancing Grant is a project funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (HHS-CMS). The North Dakota Department of Human Services (ND DHS) -Aging Services Division was awarded this three-year grant in September 2004 to examine ways to make it easier for seniors and adults with disabilities in ND to maintain their independence for as long as possible. The DHS Aging Services Division established a contract with the North Dakota Center for Persons with Disabilities (NDCPD) to carry out substantial portions of the grant's work scope. The NDCPD is a Center of Excellence at Minot State University. Its role is to apply the experience, knowledge, talent, and research expertise of the University to the challenges facing disability and human services in ND. NDCPD engages in a wide range of research, training, dissemination, and technical assistance activities serving North Dakotans with disabilities, their families, those who work with them, and the agencies and systems serving them. NDCPD is a full member of the Association of University Centers on Disabilities (AUCD), a national network of disability research and training programs at leading universities throughout the country.

The intent of CMS's Real Choice Systems Change Grants, including the RCR Grant, is to assist states in implementing the *Olmstead Decision* and *President Bush's New Freedom Initiative*. On June 18, 2001, President Bush directed Federal agencies to

work together to tear down the barriers to community living by developing a government-wide framework for helping to provide elderly and people with disabilities the supports necessary to learn and develop skills, engage in productive work, choose where to live, and fully participate in community life. The *Olmstead Decision* calls upon states to integrate people with disabilities and provide community-based services.

The overall purpose of the ND RCR Grant has been to take an in-depth look at the state's continuum of care system and to consider how ND can achieve systemic changes that support consumer choice and services in less restrictive settings. Specifically the RCR Grant goals are:

1. To increase access to, and utilization of, home and community-based services (HCBS) for the elderly and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for the elderly and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To develop a quality management mechanism for service delivery.

This project's consumer and stakeholder-dominated process has also gathered information and worked to build consensus on three key issues:

1. A mechanism to balance state resources for services for the elderly, people with disabilities, and their families in strengthening self-directed services in communities;
2. A system to provide a single point of entry (SPE) to services for the elderly and people with disabilities who are considering long-term home and community-based services (HCBS) and institutional services in ND; and
3. Practical and sustainable public information services for access to all long-term care services in ND.

Real Choice Rebalancing Grant Committees

In December 2004, the ND DHS Aging Services Division and ND's Medicaid Infrastructure Grant coordinated efforts to bring together a group of stakeholders to discuss the recently awarded North Dakota Real Choice Systems Change Grant - Rebalancing Initiative. This meeting set the foundation for the future development of the ND RCR Grant Planning and Steering Committees.

With oversight from the ND DHS Aging Services Division, the RCR Grant's

Planning Committee members have served as leaders who assist in developing, organizing, and planning the work of the grant. This committee includes Amy Clark (former) and Tami Wahl (current) - Policy Advisor Health Human Services, Office of the Governor; Jim Moench – Executive Director, ND Disabilities Advocacy Consortium (NDDAC); Linda Wright – Director, Aging Services Division Department of Human Services; and Linda Wurtz – Associate State Director, AARP of North Dakota.

With the input of the RCR Grant Planning Committee, the Steering Committee membership was formulated and individuals were invited to the initial meeting of the Steering Committee held in Bismarck in April 2005. At this time committee members were informed of the grant’s purpose and proposed activities and were also made aware of their important collaborative role in the initiative. Since these initial meetings, the Steering Committee membership has gained strength and commitment. Over thirty key Steering Committee members (see Appendix A) have met consistently 17 times over the past two and a half years. They have served the project as a diverse “think tank” that represents legislators, state officials, Department of Human Service and Department of Health representatives, directors of county social services, consumers, advocates, and representatives of continuum of care providers such as North Dakota Association of Home Care, and the North Dakota Long-Term Care Association. The Steering Committee has consistently provided the project with important input, recommendations, and guidance. Most importantly, this committee has worked to develop and build consensus on ways to make it easier for ND seniors and adults with disabilities to maintain their independence for as long as possible.

In addition to these two committees a third group, the RCR Stakeholder Committee, has served as a broad group that includes the Steering Committee members and additional representation of service providers, advocates, legislators, consumers, family members, and care providers. The Stakeholder Committee has served as a group to gather input and recommendations regarding project goals, to disseminate project information, and to assist in building statewide buy-in and consensus about systems change issues. A number of these committee members met twice during the grant period, in March and October of 2006 where meetings were held in both Fargo and Bismarck to accommodate for committee member travel.

Real Choice Rebalancing Grant Data Collection and Analysis

Initially, the RCR grant staff and its committees gathered and analyzed previously completed research and reports related to ND's continuum of care system. Much information has been gathered and studied over the past 20 years regarding continuum of care issues. These previous studies have been listed in Appendix B. These past reports served as a basis of information and contained an abundance of recommendations upon which to draw as ND considered ways to improve its continuum of care system. Several noteworthy themes throughout these reports included *recurring* recommendations for improving access to case management, development of a streamlined single point of access to services; and assuring that consumers have informed options and better access to continuum of care services, particularly home and community based services and qualified services providers (QSPs). In addition, many of these reports included recommendations for improving consumer choice and self-direction and balancing funding for continuum of care services.

The RCR Planning and Steering Committees also assisted with the development of the RCR Grant research project to gather the most current information from ND consumers of home and community based services, nursing home residents, family members, and providers of continuum of care services. Through the guidance and recommendations of the RCR committees, the grant staff gathered a variety of data from these North Dakotans. Focus group discussions and personal interviews provided information on people's perceptions and suggestions about choice and access to continuum of care services. In addition, information was gathered from ND consumers of continuum of care services through survey mailings. This consumer questionnaire was used to obtain information regarding continuum of care services used, needed, barriers encountered, payment options, and choice of services available. Data were also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a single point of entry system, also called an Aging and Disability Resource Center (ADRC). In 2004, 73% of ND nursing home admissions originated from a hospital setting.¹ Considering this fact, the RCR committees

¹ Issues and Data Book for Long Term Care. North Dakota Long-Term Care Association. 2005, p.21.

recommended the RCR Grant gather input from ND hospital discharge planners (HDPs) regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. Committee members felt it was important to target HDPs as a group to help the elderly and people with disabilities access a variety of continuum of care services, including HCBS. The final focus group, personal interview, and questionnaire reports include: RCR Grant: Research Report One - *Focus Group and Personal Interviews with North Dakota Consumers and Providers Final Report*, RCR Grant: Research Report Two - *Hospital Discharge Planner Questionnaire Final Report*, and RCR Grant: Research Report Three – *Consumers of Continuum of Care Services Questionnaire Final Report*. The summaries of these three research reports are located in Appendix C.

The RCR Grant's recent data and the many previous studies note the lack of a streamlined continuum of care service system in North Dakota. As shown through the data, this has clearly caused confusion and barriers to accessing services for ND seniors and adults with disabilities. Through these data we are able to identify where improvements in the service system are needed. In addition to previous reports, these recent RCR Grant reports include recommendations for development of a streamlined system for accessing continuum of care services and increased access to home and community based services for seniors and adults with disabilities.

RCR Grant Strategic Plan and Recommendations to the Governor's Olmstead Commission

After close analysis of the past information and recent data gathered, in April of 2006, the RCR Grant Steering Committee drafted a ND Rebalancing Initiative Strategic Plan. This plan addresses the development of a single point of entry/Aging and Disability Resource Center (ADRC) and the development of ways to balance state resources for services for the elderly, people with disabilities, and their families; and strengthen self-directed services in communities. The Rebalancing Initiative Strategic Plan, included in Appendix D, contains detailed goals, objectives, and activities developed by the RCR Steering Committee.

In May 2007, the RCR Grant Steering Committee met to discuss grant activities and the future of the Rebalancing Initiative. After an analysis by the Steering Committee of the Governor's 2007 Olmstead Commission Plan, the group concluded that the RCR Strategic plan was closely aligned with the values and mission of the Governor's Olmstead Plan. It was discussed and decided, by consensus of the group, that a report and recommendations detailing the work of the RCR Grant, including the RCR Strategic Plan, be submitted to the Governor's Olmstead Commission. The RCR Steering Committee considered this as an important next step in the continuation of the work and efforts of the RCR Grant and ND's system change. This report and recommendations were submitted to the Governor's Olmstead Commission during the fall of 2007.

Aging and Disability Resource Center (ADRC) Components

In addition to the detail of the Strategic Plan, the Steering Committee also spent much time and resources studying ND data and ADRC best practices in other states. As a result of discussion and consensus of the group a list of 21 desired ADRC components was developed (see Appendix E). It is recommended by the Steering Committee that an ADRC in ND review and incorporate as many of these 21 best practices as practical to serve ND citizens.

A streamlined system for accessing services is important in order to assure that North Dakotans are aware of all long-term care options and thus are able to make informed decisions about their care. As understood by the Steering Committee, the purpose of an ADRC is not to set up a new bureaucracy, but to help those service agencies and providers that are currently in existence to work together, streamline their work, and make accessing long-term support services a simpler and less confusing process for North Dakotans. Being able to make informed decisions about long-term care options also means seniors and adults with disabilities are better equipped to make sound financial decisions about their current and future care needs.

RCR Grant Assessment Sub-Committee Information and Recommendations

In the summer of 2006, the Steering Committee also formed an Assessment Sub-Committee to consider the research recommendation of a need for a streamlined assessment process for seniors and adults with disabilities when accessing continuum of care services in ND. This committee included Neal Larson, Bethany Homes; Bernie Johnson, Title 3 provider; Marcia Sjulstad, North Dakota Association of Home Care; Shelly Peterson, ND Long-Term Care Association; DeLana Duffy-Aziz, Cass County Social Services; Michelle Dillenburg, Innovis Healthcare; and Pat Leonard, Merit Care. The group met several times to analyze the current ND assessment processes used by various continuum of care providers, consider best practice from other states, and develop a list of key recommendations for improving NDs consumer assessment process. One recommendation included the preparation of a common profile/referral structure that all aspects of the long-term care continuum would systematically use. This would eliminate the need for clients to provide the same demographic and background information to various agencies. The complete Assessment Sub-Committee information and recommendations are detailed in Appendix F.

North Dakota Senate Bill 2070

As a result of Steering Committee work and discussions, the ND DHS submitted ND Senate Bill (SB) 2070 which passed during the 2007 legislative session. This bill will enable the ND DHS to apply for federal funds to develop and establish a statewide single point of entry to continuum of care services in ND, also called ADRCs. Senate Bill 2070 appropriated state matching funds for available federal funds. RCR Grant staff, DHS-Aging Services Division Director and various Steering Committee members assisted in providing information and testimony in support of SB 2070 (Appendix G, Linda Wright, Director, DHS-Aging Services Division and RCR Grant Project Director SB 2070 Legislative Testimonies). As this report was being written, ND DHS applied for federal funds for the development and implementation of ADRCs in North Dakota. Future work in developing ADRCs in ND will also consider the RCR Grant ADRC key components and assessment sub-committee recommendations.

RCR Grant Public Information Efforts

Throughout the grant period, the RCR project disseminated reports and briefs regarding project research and activities, and presented to various consumers, providers, and legislators regarding the Rebalancing Initiative. Through these dissemination efforts the project reached an estimated 5000 stakeholders statewide. A detailed summary of the ND RCR Grant dissemination efforts is noted in Appendix H. In addition to these efforts the RCR Grant, in consultation with the Steering Committee and in collaboration with the DHS Aging Services Division, developed and disseminated brochures and posters made available to assist North Dakotas seniors, adults with disabilities, and their families in accessing continuum of care information and services, particularly information regarding home and community based services. These public information materials are included in Appendix I. These public information efforts along with the RCR Grant PowerPoint presentation (see Appendix J) and other previously developed materials; will assist in continuing the efforts and building on the successes of the RCR Grant. This public information will not only help to inform consumers about care choices but also help to continue promoting systems change efforts.

North Dakota Legislative Interim Committees

During 2005-2006, the Budget Committee on Human Services decided that the anticipated research and activities of the RCR Grant would be important and useful resources. The committee decided that rather than conduct additional research regarding long-term care issues the data gathered from the RCR Grant would be shared with the Budget Committee on Human Services. The Committee Chair and Steering Committee member Senator Dick Dever requested that the committee receive an update and the initial research data regarding the RCR Grant in March of 2006, (see Appendix K, RCR Grant Project Director Budget Committee on Human Services Testimony). In addition, other RCR Grant research reports were also disseminated to this interim committee.

The 2007-2008 Long-Term Care Legislative Interim Committee has requested an update and an overview of RCR Grant activities and research data as part of their proposed study plan. The ND Department of Human Services will provide requested RCR Grant information. Long-Term Care Legislative Interim Committee Chair, Senator

Dick Dever and Long-Term Care Legislative Interim Committee member, Representative Gary Kreidt have also served on the RCR Grant Steering Committee.

RCR Steering Committee Continued Collaborations

In addition to the previously mentioned collaborative activities the input from the RCR Steering Committee members will be important for continued work and implementation of systems change in North Dakota. At a recent July 2007 RCR Steering Committee meeting, Governor's Olmstead Commission Co-Chair and ND Department of Human Services Executive Director Carol K. Olson invited Steering Committee members to participate as ad hoc members of various Governor's Olmstead Commission working groups that may be of interest to them. Steering Committee members expressed their interest and plan to collaborate with the Governor's Olmstead Commission in this manner. This will help to sustain communication, collaboration, and systems change efforts for North Dakota. In addition, during Steering Committee meetings held in May, July, and September of 2007, the members discussed the desire to continue meeting with the assistance of the ND Disabilities Advocacy Consortium in order to continue discussing systems change issues. Noted were the importance of maintaining the diversity of this group and considering additional input. The unsolicited proposal DHS has drafted for an ADRC includes a State Advisory Body comprised of members of the Governor's Olmstead Commission and former RCR Steering Committee members who remain active in systems change efforts and serve on ad hoc committees of the Governor's Olmstead Commission.

The ND RCR Grant Steering Committee appreciates the invitation to members to collaborate with the Governor's Olmstead Commission. The RCR Steering Committee is very proud of their work and is devoted to assisting in balancing and streamlining NDs continuum of care system. Ongoing collaborative efforts will help to assure that in the future North Dakotans are aware of, have access to, and are able to make informed choices about their continuum long-term of care options.

RCR Grant Challenges, Successes, and Systems Change Developments

Challenges

During the grant period the Rebalancing Initiative encountered various challenges as well as success. During a July 2007 Steering Committee meeting the group was asked to brainstorm a list of significant challenges and successes for the Rebalancing Initiative. The following is a list of *challenges* identified by the Steering Committee and noted by the project director:

- The projected increase in the aging population and other population demographics in North Dakota;
- The lack of caregivers for seniors and people with disabilities, especially in rural areas of the state;
- The lack of public awareness and urgency necessary for addressing how ND will care for its rapidly growing aging population;
- The out-migration of youth in ND, which compounds the lack of caregivers in the state;
- Prior to nursing home placements, 59 percent of all residents admitted were living in their own homes. One-third of all individuals admitted to the nursing homes were not receiving any formal long-term care services prior to placement in the nursing home;²
- The need for marketing and public information regarding continuum of care services, and a need for a streamlined system for accessing continuum of care services in North Dakota;
- The lack of broad public awareness and education about HCBS options for seniors and adults with disabilities;
- The disparities between rural and urban communities in regard to continuum of care programs and services;
- The need for additional affordable and accessible housing throughout the state;
- The continued need to balance the system that funds continuum of care services; and
- The development of collaborative and cohesive group of RCR Steering Committee members committed to the work of systems change in North Dakota.

Successes and Systems Change Developments

The RCR Steering Committee also examined successes and ways that individuals, groups, associations, or agencies were positively affected by actions taken, often collaboratively, by the Governor, the legislature, ND DHS, and stakeholders in the long-term care continuum including some entities represented on the RCR Steering Committee. The following list of *successes and systems change developments* was

² Issue and Data Book for Long Term Care. North Dakota Long-Term Care Association. Jan. 2007, p. 5.

developed by the RCR Planning and Steering Committees and noted by the project director:

- The completion of the Qualified Service Provider Agency and In-home Provider survey by Cass County Social Services;
- Increased awareness of the housing gaps and needs for seniors and adults with disabilities;
- Some smaller continuum of care agencies are using more collaborative arrangements, such as memoranda of understanding, to better meet community needs;
- The number of North Dakotans who are served in publicly funded HCBS services has gradually increased;
- Advocates have moved forward and are having their voices heard by legislators and policy makers about the need for additional home and community-based services;
- In 2006 the ND Association of Home Care (NDAHC) created a service area map that indicates where home care services are available in the state of North Dakota. This map illustrated gaps in home care service and was distributed to various entities including members of the RCR Steering Committee for reference;
- In the fall of 2006 Representatives from the NDAHC met with Governor Hoeven to ask for his support of home health care and home and community-based services. NDAHC representatives initiated conversation with the Governor on increasing Qualified Service Provider rates (in addition to the proposed inflation rate) as well as standardizing rates for all agencies;
- During the 2007 Legislative Session, Legislators authorized that long-term care continuum service providers receive a 4 percent and 5 percent increase and individual and agency Qualified Service Providers (QSPs) received an additional increase in reimbursement. The NDAHC is currently encouraging all home care agencies in North Dakota to consider becoming QSP agency providers;
- Various RCR Steering Committee members testified in favor of an increase payment adjustment for Qualified Service Providers (QSP) to cover the cost of providing the services along with standardization of the rates for all agencies;
- The ND Department of Human Services, Aging Services Division, and the Department of Transportation (DOT) entered into an agreement, effective January 1, 2007, which transferred all funding authority to DOT for transportation services to older persons and persons with disabilities. Due to the increased funding available through DOT, the service providers will be the recipients of additional dollars for direct services. This change also allows the Aging Services Division to provide increased federal funding to Older Americans Act contract entities for other services to older adults;
- ND Department of Human Services applied for federal ADRC funding in late summer of 2007;
- Increasing awareness of the urgency to address the challenges faced by NDs continuum of care system (example: ND Association of Counties looking hard at the future aging demographics);

- Various providers in Cass County North Dakota are implementing the use of a common referral form to be used when referring consumers across the various long-term care continuum of providers;
- Revision of ND Senior Info Line to include more disability resources called the ND Aging and Disability Resource Link; and
- Continued communication and collaborative efforts among service providers, consumers, advocates, legislators, and policy makers is occurring to build on systems change effort.

RCR Grant Measurable Outcomes

Through the work summarized in this report and through various measurable objectives the RCR Grant has made progress in achieving the overall RCR Grant goals. The accomplishment of the goals and measurable objectives can be seen through the outcomes or activities that are mentioned in more detail throughout the report. The following information serves as a review of the overall grant goals and an overview of the measurable objectives and corresponding outcomes.

RCR Project Description and Methodology

Note: The following measurable outcomes narrative is taken from the original Real Choice Systems Change Grant-Rebalancing Initiative Proposal funded in September 2004, pages 6 - 8.

RCR Project Goals

The project goals include:

1. To increase access to, and utilization of, home and community-based services for elderly people 60+ and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for elderly people 60+ and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To develop quality management mechanisms for service delivery.

RCR Project Measurable Objectives

The project measurable objectives for reaching project goals are to provide the following:

Objective 1. - A forum for **building agreement** on a shift from the preponderant reliance on institutional forms of long-term care and services toward the increased availability, diversity and utilization of home and community-based long-term support services for the elderly and people with disabilities in North Dakota.

- **Measurements.** Objective measurements include:
 - A convened forum for building agreement;
 - Stakeholder participation in the forum; and
 - Consumer participation in the forum.
- **Outcomes of the RCR Grant:**
 - Convened the RCR Grant Planning, Steering, and Stakeholder Committees where input was gathered and discussions occurred regarding systems change for ND's long-term care continuum;
 - Through the various RCR Grant committees the following occurred:
 - 1) A formal collaboration of Stakeholders and the ND Department of Human Services,
 - 2) A broad based impact of the RCR project on stakeholders statewide,
 - 3) A movement from individual Steering Committee member agendas to a more common systems change focus ability to work through the tough questions,
 - 4) The RCR Steering Committee is a continuation of a variety of previous collaborations regarding ND's long-term care continuum and was well attended during the three year grant period,
 - 5) Committed and consistent attendance and strong commitment of the RCR Steering Committee members,
 - 6) Increased collaboration regarding continuum of care issues and concerns by Steering Committee members and various Stakeholder groups,
 - 7) Through a variety of means, the RCR Steering Committee members will continue, beyond the grant period, to maintain collaborations and communications regarding ND's systems change efforts, and
 - 8) There is increased collaboration, fewer silos within the continuum of care service system;
 - The comprehensive analysis of previous ND long-term care data and the breath of the RCR Grant studies and the data collected from consumers, family members, and providers.

Objective 2. - **Recommendations for legislative consideration** to shift public financing of programs and services from the over-reliance on institutional forms of long-term care and services toward the increased availability, diversity and utilization of home and

community-based long-term support services with an integrated service quality assurance mechanism.

- **Measurements.** Objective measurements include:
 - A report of the work of the forum;
 - Specific draft legislation documents; and
 - Specific draft administrative rule documents.
- **Outcomes of the RCR Grant:**
 - The comprehensive analysis of previous ND long-term care data and the RCR Grant studies and the data collected from consumers, families, and providers. This information was disseminated statewide and used for the planning of ADRCs, balancing of long-term care funds, and systems change activities;
 - The RCR Grant provided information and resources to the 2005-2006 Interim Budget Committee on Human Services, and ND DHS will share additional requested RCR Grant information with the 2007-2008 Long-Term Care Interim Committee;
 - The support and passage of Senate Bill 2070 for development of ADRCs in North Dakota. The potential development of an ADRC in ND will help to shift to increased reliance on HCBS;
 - The RCR Strategic Plan was written which includes information about ADRC development and identifies ways to balancing ND's continuum of care funding.

Note: Quality Management.

The following activities related to quality management of HCBS service delivery and were implemented by the ND DHS and were not direct outcomes of the RCR Grant. However, these efforts were important systems change activities that occurred during the grant period.

- An additional DHS state staff person was added to conduct HCBS reviews of agency providers and consumers to address quality of services, billing, documentation, and consumer satisfaction;
- The DHS HCBS Staff began to utilize the SAMS data system for desk audits of HCBS services. This system is the same data system that is utilized by the Aging Services Division thus allowing increased collaboration of data gathering and analysis among DHS divisions; and
- The ND Legislature approved continued funding for QSP training.

In addition to these DHS activities, the RCR Grant used consumer and stakeholder participation throughout the grant process for input and recommendations and to provide ongoing quality management of grant activities.

Objective 3. - **A single point of entry mechanism** to long-term home and community-based and institutional services for the elderly and people with disabilities.

- **Measurements:** Objective measurement include:
 - Documentation of the practical mechanism in the report of the work of the forum;
 - Approved legislation of the Legislative Assembly that includes the mechanism; and
 - Approved administrative rules to implement the mechanism.
- **Outcomes of the RCR Grant:**
 - The comprehensive analysis of previous ND long-term care data and the RCR Grant studies and data collection;
 - Support and passage of Senate Bill 2070 for development of ADRCs in North Dakota;
 - The RCR Strategic Plan was written;
 - Development of 21 ADRC desired components list;
 - Development of common assessment subcommittee recommendations;
 - The ND DHS applied for federal ADRC funding in the late summer of 2007.

Objective 4. - A program of **public choice and access information** about assistance services for people seeking long-term supportive services for the elderly and people with disabilities and people considering transition from institutional services to home and community-based services.

- **Measurements:** Objective measurement include:
 - A subcontract with a public media consultant;
 - Media coverage of the single point of entry mechanism;
 - Practical, user-friendly publications for consumers and their families; and
 - A shift in state funding toward home and community-based services from institutional care services based on the choices of citizens.

- **Outcomes During the RCR Grant:**
 - Throughout the grant, RCR Project information was disseminated by the project director and steering committee members to organizations around the state to increase awareness of the urgency of necessary long-term care systems change issues (See Appendix H, for a summary of RCR project dissemination efforts);
 - Steering Committee members updated and shared reports and information with their local organizations on the activities of RCR Grant and received input from a number of organizations;
 - RCR Grant project and research reports and other resources developed will be available after the grant period through the ND Department of Human Services and through the North Dakota State Library;
 - Support and Passage of Senate Bill 2070 for development of ADRC in North Dakota;
 - Various RCR Steering Committee members testified in favor of an increase payment adjustment for Qualified Service Providers (QSPs) to cover the cost of providing the services along with standardization of the rates for all QSPs;
 - ND Department of Human Services applied for federal ADRC funding in the summer of 2007; and
 - Development and dissemination of “Choices” brochure and poster to help inform consumers and families of continuum of care choices and options (see, Appendix I).

Systems change efforts will be sustained through continued collaboration and communication of key stakeholders. The work of the RCR Grant will continue to be built upon through the efforts of collaborative partnerships. These systems change efforts will also continue through the continued dissemination of project reports and RCR project developed public information.

Appendix A

RCR Steering Committee Members

First	Last	Agency
Linda	Wurtz / Janis Cheney */Marlowe Kro*	AARP North Dakota
Ellen	Owen	Burleigh County Council on Aging
Kathy	Hogan / DeLana Duffy-Aziz *	Cass County Social Services
Rodger	Wetzel	Community Health and Eldercare, St. Alexius Medical Center
Jane	Strommen	Community of Care Cass County
Bob	Puyear	Consumer
Chuck	Stebbins	Consumer
Carol	Olson / Tove Mandigo *	Dept. of Human Services, Director
Theresa	Snyder	DHS / Tribal Liaison & Program Civil Rights Officer
Linda	Wright	DHS, Aging Services Division
Karen	Tescher	DHS, Medical Services Division
Maggie	Anderson	DHS, Medical Services Division
JoAnne	Hoesel / Lauren Sauer	DHS, Mental Health and Substance Abuse Div.
Gordon	Hauge / Marilyn Bender *	Easter Seals Goodwill of ND
Amy	Clark/Larry Wagner	Governor's Committee on Aging
Steve	Repnow/Susan Ogurek*	Independence, Inc., CIL
Cheryl	Kulas	Indian Affairs Commission
Marcia	Sjulstad / Jo Burdick *	ND Association for Home Care
Darleen	Bartz	ND Dept. of Health, Division of Health Facility
Shelly	Peterson/Kurt Stoner*	ND Long Term Care Assoc.
Tom	Alexander	ND Medicaid Infrastructure Grant/NDCPD
James	Moench	NDDAC
Tami	Wahl	Policy Advisor Health & Human Services-Office of the Governor
Bruce	Murry / Teresa Larsen *	Protection and Advocacy
Amy	Armstrong / Kylene Kraft*	Real Choice Rebalancing Grant/NDCPD
Sandy	Arends/ MariDon Sorum	Regional Aging Services Program Admin.- SEHSC/NCHSC
Gary	Kreidt	Representative
Richard	Dever	Senator
	BOLD - Planning Committee Members * Alternate	

Appendix B

A List of Past Studies Regarding Continuum of Care Services in North Dakota

A List of Past Studies Regarding Continuum of Care Services in North Dakota

- 1987** Long Term Care: Issues and Recommendations, 1987, ND Interagency Task Force on Long Term Care
- 1996** Report of the Task Force on Long term Care Planning 1996,
- 1998** Report of the Task Force on Long term Care Planning 1998,
- 2000** Report of the Task Force on Long term Care Planning 2000,
White Paper: Olmstead Workgroup November 6, 2000
Report of the ND Governor's Task Force on Long term Care Planning Expanded Case Management, June 30, 2000
- 2002** A Study of North Dakota's Nursing Facility Payment System Study, October 2002
Needs Assessment of Long Term Care, ND: 2002, Initial Report & Policy Recommendations, November 2002
Cost Containment Alternatives for ND Medicaid, November 1, 2002
- 2003** Real Choices in North Dakota, 2003
Informal Caregivers: 2002 Outreach Survey, 2003
Community of Care Baseline Survey, 2003
National Family Caregiver Support Program: ND American Indian Caregivers, June 2003
- 2004** 2004 AARP ND Member Survey: Support Services, June 2004
Senate Bill 2330 Workgroup Final Report, December 2004
- 2005** Community of Care Olmstead Grant, August 2003 - 2005 Final Report
Final Report Real Choice Systems Change Grant Cultural Model, May 05-06
- 2006** Home and Community Based Services Planning Project Survey Results, June
ND Real Choice Systems Change Grant-Rebalancing Initiative: Focus Groups and Personal Interviews- Research Report One, June 2006
ND Real Choice Systems Change Grant-Rebalancing Initiative: Hospital Discharge Planner Questionnaire – Research Report Two, August 2006
Resident and Family Satisfaction Survey Summary, prepared for the ND Long Term Care Association, 2006
ND Real Choice Systems Change Grant- Rebalancing Initiative: ND Consumers of Continuum of Care Services Questionnaire – Research Report Three, December 2006
An Overview and Recommendations: Medicaid Services in ND, December 2006
- 2007** The Economic Impact of the Senior Population on a State's Economy: A Case Study of ND, January 2007
An Overview and Recommendations: Long-Term Care in ND, February 2007

Appendix C

RCR Research Report Summaries

North Dakota Real Choice Systems Change Grant Rebalancing Initiative

A Summary of Focus Groups and Personal Interviews Conducted in North Dakota

JUNE 7, 2006

During October, November and December of 2005, a series of statewide focus groups and in-home personal interviews were conducted.

This research was conducted to identify current perceptions, patterns, themes, and suggestions for improving the choice and self-direction, quality and access to long term care supports, (i.e. home and community based services and nursing home care) for the elderly and persons with disabilities.

Combined, a total of forty-three focus groups and personal interviews were conducted throughout the eight human service regions in both rural and urban communities of North Dakota.

Focus group participants included:

- consumers of home and community based services (HCBS)
- elderly nursing home residents
- younger nursing home residents
- family members of consumers of continuum of care services
- providers of continuum of care services.

This research was also conducted to identify ways to develop a mechanism to balance state resources for services, and to identify elements for the design and structure of a single point of entry mechanism for all long term care supports for the elderly and people with disabilities in North Dakota. Through this process and the information gathered, the grant will build a plan that reflects the needs and concerns expressed by the public.

Common Cross-Group Themes Expressed by North Dakotans

Cross-group themes include the common patterns that have emerged across all focus groups conducted.

North Dakotans currently find out about continuum of care services through:

- social workers (including hospital, nursing home & county)
- doctors and hospital staff
- word of mouth
- on their own
- family members

“Had it not been for maybe some neighbors of mine that used some of the services, I would have never known that they existed.” Family member

Common problems regarding continuum of care services

- confusion of information
- high cost of services
- lack of information
- no choices available for services
- lack of flexible funding to support consumer’s choice of services



**For additional
information contact:**

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons
with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

Kylene Kraft
Project Assistant
1-800-233-1737
kylene.kraft@minotstateu.edu

Linda Wright, Director
Department of Human Services
Aging Services Division
(701) 328-4607
sowril@state.nd.us

**Alternative formats
available upon request:
(800) 233-1737**



“There are good, qualified, trained people, who are very helpful; unfortunately most of us don’t even know where they are.” Family Member

“I took care of my wife for 16 months and at that time I had to do everything, I did all the cooking, cleaning, all of the wash, dressed her, cleaned her up, took her to her appointments and I didn’t know where to turn I didn’t know where I could get some help.” Family Member

“It would be helpful if there were someone there that could tell you rather than send you on again because that happens so often too. You get to one place and then you go there and then you have to go over there.” Elderly Nursing Home Resident

“My mother would be home right now if I could afford the \$8/ hour for someone to watch her. But yet I couldn’t get the funding to keep her at home. Because [Medicaid] will pay to put her in a nursing home but they won’t pay to keep her at home, when it would not cost them nearly as much.” Family Member

Other common problems identified include:

- living in a rural community, isolated from services that are not available
- no needed services available
- not eligible for needed services
- not enough workers available to provide the needed HCBS

“Someday I will have to reside in a nursing home because I won’t be able to find someone or won’t be able to pay for them.” Rural Consumer of HCBS

Common needs regarding continuum of care services

- case management described as assistance with assessment, care planning, provider selection, monitoring services, and making referrals
- both functional and financial assessment
- a reliable, consistent, and knowledgeable “go to” person
- a single point of entry system for streamlined access to services, a simplified service system
- access to comprehensive, timely information about services
- home and community based service options
- public education related to continuum of care services available and preventative education
- flexible funding to pay for the service of choice
- alternative housing options

“I want[ed] one voice that was nice and that would give me the same answer twice to the same questions and know what they were talking about.” Family Member

“They[case management] need to be knowledgeable about what’s out there so that they can give you the appropriate information in a great timely manner and say, okay you have this option, this option,[and] this option.” Consumer of HCBS

“Assisted Living or self assisted living, I think Medicare [Medicaid] should help pay for things to keep you in the home instead of the nursing home and expenses would be a lot less. And at home it’s better I think.” Younger Nursing Home Resident

“We need a place where we can find the services that the person needs, preferably a handicapped person [to help us] who knows about all these things... They [case managers and consumers] need a place that you can sit down and talk and show them [case managers] what you’ve got and they have a look at your house and see if there are any problems with it, fix your house and find out what’s right for you.” Younger Nursing Home Resident

“If you look at how health care is delivered today,...it is driven by payment systems rather than for assessment with goals for patient management...and so what are we doing, we aren’t taking care of patients we are doing assessments for billing...When you step back, man this thing is broken. We are all doing our own thing and nobody is communicating.” Provider

Consumers of continuum of care services expressed what is important to them:

- the opportunity to stay at home
- the opportunity to live with or near family
- the opportunity to maintain independence

The Focus Group & Personal Interview Final Report is available at:
<http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html>

“You’d be surprised what little bit of care you could get in your home would make your life [easier], so much as an hour a day makes such a difference. I have three hours of help during the week and it just means the world to me.” Family Caregiver

North Dakota Real Choice Rebalancing (RCR) Grant

A Summary of Questionnaires Administered to North Dakota Hospital Discharge Planners (HDP)

October 10, 2006

For additional information contact:

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

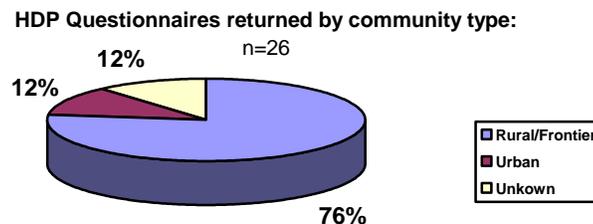
Kylene Kraft
Project Assistant
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
kylene.kraft@minotstateu.edu

Linda Wright
Director
Department of Human Services
Aging Services Division
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
(701) 328-4607
sowril@state.nd.us



In 2004, 73% of ND nursing home admissions originated from a hospital setting.¹ Considering this fact, HDPs should be targeted as a group to help the elderly and people with disabilities access a variety of continuum of care services, including home and community based services (HCBS). The RCR Grants planning and steering committee members recommended the RCR Grant gather input from HDPs regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. This summary identifies some of the major findings from the HDP report.

A total of 46 questionnaires were disseminated to HDPs in ND, 26 questionnaires were returned.



Rural HDP indicated that they provide discharge planning regularly to the elderly age 60 and older. In comparison, their urban counterparts indicated they provide discharge planning regularly to elderly age 60 and older and people with disabilities age 21 and older.

**Alternative formats available upon request:
(800) 233-1737**

Training:

100% of urban HDPs receive training regarding continuum of care services in their communities compared to 63.3% of rural HDPs who receive training.

Urban HDPs indicated they stay current about available continuum of care services most often through:

- networking,
- meetings,
- word of mouth, and
- internet.

Rural HDPs indicated they stay current about available continuum of care services most often through:

- networking and
- word of mouth.

¹ Issues and Data Book for Long Term Care, 2005, p.21

Barriers faced by HDPs

Time:

Over 90% of HDPs stated time is a factor and dictates discharge planning

Time to develop a discharge plan for a patient varied from:

- Urban HDPs indicated 1-3 days (100%)
- Rural HDPs indicated 1-4 hours (35.3%) or 1-2 days (29.4%)

Choices:

70.6% of rural HDPs indicated there are not enough continuum of care choices compared to 33.3% of urban HDPs who indicated not enough choice.

HDPs noted there are fewer HCBS options to give patients when developing a discharge plan. HDPs identified a variety of services that need to be expanded:

- Rural HDPs indicated a need for Adult Daycare, Adult Family Foster Care, Case Management, Family Home Care, and Senior Companion Program services.
- Urban HDPs indicated a need for Adult Daycare, Case Management, and Family Homecare.

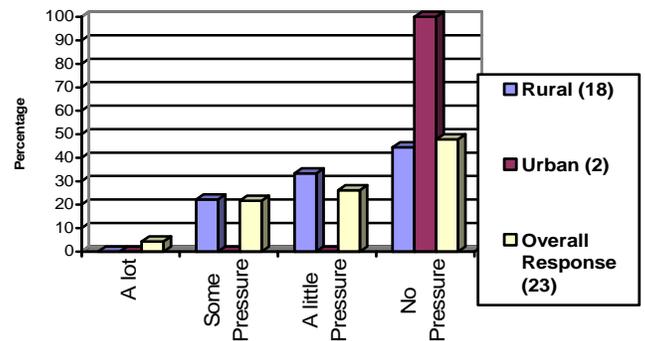
Available and Recommended:

A variety of continuum of care services are available and recommended to consumers. However, nursing homes were the only continuum of care services recommended 100% by HDPs and available 100% of the time in both rural and urban communities.

The Hospital Discharge Planner Questionnaire Final Report is available at:

<http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html>

Pressure received by HDPs to fill nursing homes:



Other common barriers noted by HDPs included:

- limitations to what services patients qualify for,
- limited service availability,
- requirements and limitations of insurance coverage,
- service affordability, and
- matching patient needs with available continuum of care services.

Single Point of Entry (SPE) - is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports.

- 90.5% of HDPs indicated that an SPE would be helpful.
- The majority of HDPs indicated the SPE should include:
 - information about continuum of care services,
 - benefit information,
 - eligibility information,
 - evaluation or assessments,
 - financial information, and
 - case management services.

North Dakota Real Choice Rebalancing (RCR) Grant

A Summary of Questionnaires Administered to North Dakota Consumers of Continuum of Care Services

December 28, 2006

For additional information contact:

Amy Armstrong
Project Director
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
amy.armstrong@minotstateu.edu

Kylene Kraft
Project Assistant
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave. W
Minot, ND 58707
1-800-233-1737
kylene.kraft@minotstateu.edu

Linda Wright
Director
Department of Human Services
Aging Services Division
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
(701) 328-4607
sowril@state.nd.us

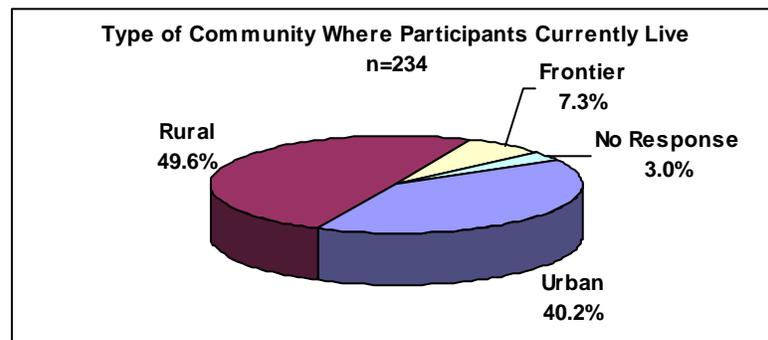


Alternative
formats available
upon request:
(800) 233-1737



These questionnaires were disseminated to gather data about choice and access to continuum of care services (i.e. home and community based services (HCBS) and nursing home care) for the elderly and people with disabilities and to gather ideas about ways to improve choice and access to these services. The intent of the questionnaire was to gain information from consumers regarding what continuum of care services they are using, what services are needed, barriers encountered, how they are paying for services and choice of services given. Data was also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a **single point of entry (SPE)** system, also called an **Aging and Disability Resource Center (ADRC)**.

Twenty-seven percent (234 out of 861) of the surveys were returned for data analysis.



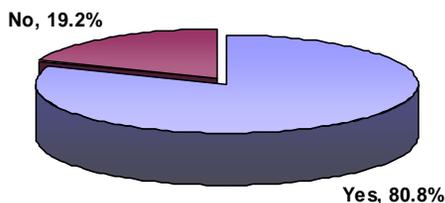
- *Frontier* (farm, ranch, out in the country) consumers who responded were most likely female, age 60-69 or 80 years and older who live in their own home.
- *Rural* (under 20,000 people) consumers who responded were primarily female, age 80 years and older and live in their own home.
- *Urban* (20,000 people and over) consumers who responded were most likely female, 80 years and older, and lived either in an apartment or in their own home.
- Nearly 94% of consumers indicated that continuum of care services were *somewhat important* to *important* to maintain their independence.
- When consumers were asked to indicate if there were enough continuum of care services available in their community, 43% stated *yes*, 19% said *no*, and 39% indicated that they *do not know*.

Almost 81% of consumers indicated that if the needed continuum of care services were available, they would choose to receive those services in order to stay at home or live more independently. In order to live more independently, respondents identified the need for assistance with the following services:

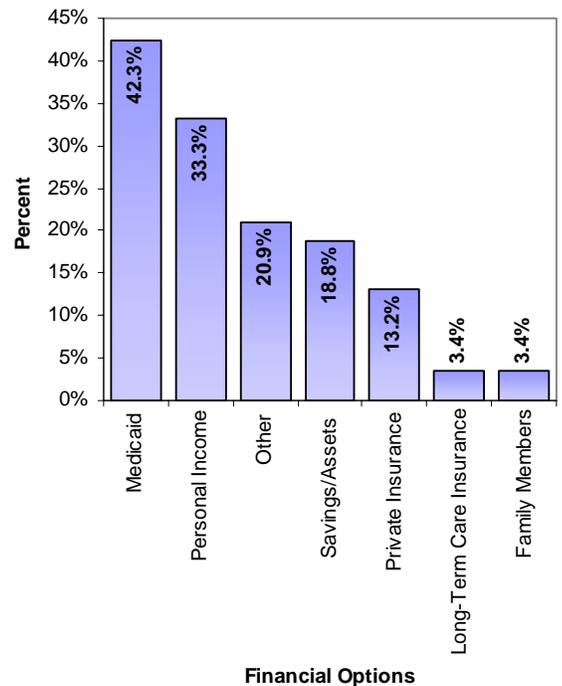
- Assistance with housework,
- Shopping,
- Laundry,
- Meal preparation,
- Bathing,
- Mobility outside the home, and
- Transportation

If you could receive the additional needed continuum of care services to stay home or live more independently, would you?

n=214



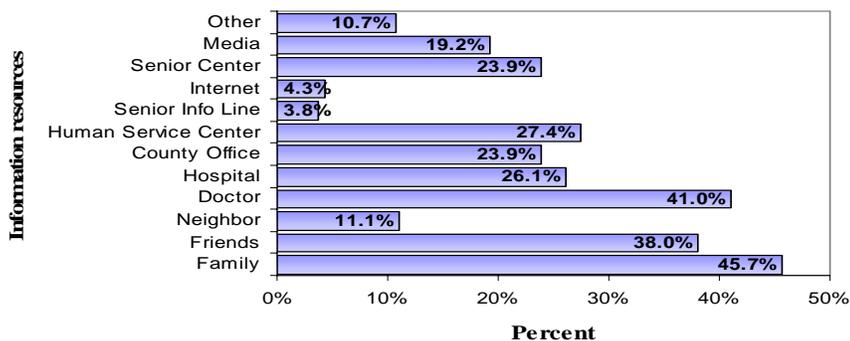
How are you currently paying for services?



* Percentage includes only those who responded to each category.

SPE/ADRC

Where do you find information about continuum of care services?



* Percentage includes only those who responded to each category.

- Consumers living in frontier areas were more likely to find out information from the Senior Info Line, the internet, through neighbors, county offices, hospitals, human service centers, and physician than their urban and rural counterparts.
- Consumers indicated they most often prefer to find out about the services that are available through printed material (50.9%) or face-to-face interaction (37.2%).

- Urban and rural consumers indicated most often that they or another family member primarily make the decisions regarding continuum of care services, while frontier consumers most often stated they or their spouse make the decisions.
- 166 out of 198 (84%) consumers indicated they had received enough help in understanding their eligibility for continuum of care services. However, over 61% of consumers indicated that it would be helpful to have assistance with planning continuum of care services.

The Survey of Consumer of Continuum of Care Services Final Report is available at:
<http://www.nd.gov/humanservices/info/pubs/ltcontinuum.html>

Appendix D

RCR Strategic Plan

North Dakota Real Choice Rebalancing (RCR) Initiative Strategic Planning Document

Goal #1.0: Development of a system to provide a single point of entry for continuum of care services.

Single Point of Entry - a system that provides consumers streamlined access to long term and supportive services through one agency/organization.

Components/elements that should be incorporated into a Single Point of Entry (SPE) System:

- Provided by an organization that is independent and has no possible conflict of interest - does not provide other services to consumers.
- Adequately funded.
- Case management services that are consistent, ongoing/long-term, that provides assistance to coordinate needed services and has the authority/capability to authorize payments for services - arranges and accesses services for a consumer.
- Has an initial contact point (phone number) with services provided by one entity through one resource center - including the availability of a broad spectrum of information in multiple formats and "education" services.
- Uses an impartial, universal and valid assessment tool.
- Ensures confidentiality while maintaining overall coordination and effective communication.
- Operates/Is available/Offers services on an extended hours basis.
- Provides crisis response and temporary services options.
- Maintains a well-trained, qualified staff.
- Is readily accessible to all - rural and urban - consumers.
- Offers services to all regardless of income or financial status.
- Service options will encourage "going out to people" - active outreach.
- Provide assistance to consumers in understanding, accessing and utilizing benefits programs (including insurance).
- Incorporates the "informed options" services infrastructure

Goal 1 - Objective 1: Development of a system to provide a single point of entry for continuum of care services.

Activities:

1.1.1 - Development of a single point of entry (SPE) pilot initiative.

- An outline for a state appropriation that includes: 1) a proposal for new funding (OAR) that is not tied to existing programs or funds within the Department of Human Services; 2) Incorporates an effort/plan to enlist the support of the Governor; 3) Provides flexibility in its options to allow for several different models that could be implemented and tested; 4) Incorporates the information and data already gathered to provide a presentation platform for the legislature; 5) Utilizes examples of existing successful SPE models (best practices); 6) Provides a budgetary amount statement that is consistent with comparative costs of similar programs; and 7) Provides a narrative rationale that supports the overall proposal.

- An outline of the components/scope of services that will be required of any/all SPE pilot program options that: 1) Defines a SPE system - centered on the informed options/choices philosophy; 2) Utilizes existing best practices models; 3) Identifies the number of pilot projects anticipated; 4) Identifies locations (urban, rural and includes one reservation site); and 5) Identifies the "Key" partners and supports (including the "go to" resources and persons in each area); 6) Provides a "ready" or "crisis" response option; and 7) Emphasizes collaboration with PACE and other similar efforts.

1.1.2 - Explore and identify grant options (alternative funding sources) that could be used to support the pilot project effort, either in full or as a match component (Bush Foundation, Bremer Foundation, Dakota Medical Foundation, Blue Cross/Blue Shield, CMS, local United Ways, etc.).

1.1.3 - Explore, identify and pursue state and federal waiver options to assist in the funding of services provided through the SPE. (Note: Options and requirements under the Deficit Reduction Act have not yet been clarified - further information should be available in the late summer or fall of 2006.)

1.1.4 - Explore and identify legislation, executive and agency actions that will enable and support the implementation of a SPE system and develop an outline and plan to secure them as needed.

1.1.5 - Compare existing assessment instruments, requirements and needs and develop a draft universal assessment tool that can be utilized in the SPE system.

1.1.6 - Develop a mechanism to centralize service and referral information for easy distribution to individuals, families and providers.

1.1.7 - Initiate a plan for in-service training and professional development efforts to reach discharge planners and others involved in the discharge process to improve their knowledge, skills and utilization of services through existing conferences and training sessions - Long Term Care Association Conference/Rural Health Conference/NDCPD Conferences, etc.

1.1.5- Develop a collaborative process with all parties involved to identify any components of the Nurse Practices Act that might be barriers to the provision of HCBS and develop/implement a plan to satisfactorily address them.

1.1.6- Continue and expand existing networking efforts to share information, promote greater collaboration and enhance support for a single point of entry system.

Goal #2: Development of a mechanism to balance state resources for continuum of care services to strengthen opportunities for choice and self-direction.

CMS Definition for Rebalancing - reaching "a more equitable balance" between the proportion of total Medicaid used for institutional services (i.e., Nursing Facilities (NF) and Intermediate Care Facilities for the Mentally Retarded (ICFs-MR) and those used for community-based support under its State Plan and waiver options. "... offers individuals a reasonable array of balanced options, particularly adequate choices of community and institutional options."

Goal 2 - Objective 1: To make adequate funding available to maintain and grow the HCBS service infrastructure.

Activities:

- 2.1.1 - Identify and define the components and requirements of an "informed options" standard for use in developing and evaluating services and the system.
- 2.1.2 - Pursue waivers and other options to support existing services and create new services.
- 2.1.3 - Explore an incentives program to assist nursing homes that are less viable to close or restructure.
- 2.1.4 - Develop a system that provides for equitable rates, regulation and reimbursement for individual and agency QSP's.
- 2.1.5 - Promote the use of long-term care insurance at an earlier age for consumers through educational efforts in conjunction with the industry, Insurance Department and service providers.
 - Research possible provider-based initiatives and efforts through the state personnel department.
 - Research the possibilities of an industry grant.

Goal 2 - Objective 2: To develop an "Informed Options Standard" for service provision that incorporates a comprehensive, cooperative, ongoing, statewide, informative/educational public and private effort.

Activities:

- 2.2.1 - Identify a "hub" (tied to Olmstead efforts) that will be responsible for coordinating and sustaining the "informed options" model.
- 2.2.2 - Research and develop a draft plan to utilize public access television options to provide information to the public about consumer choice. -
- 2.2.3 - Develop a web-based information platform that can serve as a resource directory, this would be one that would not duplicate current services but would coordinate with the current efforts and would focus on the first target audience of providers and then family members and consumers.
- 2.2.4 - Identify local "go to" places and people and integrate them into the resource and service access system, this should be tied into any Single Point of Entry development.

2.2.5 - Organize and conduct town hall style information meetings on an ongoing basis to disseminate information to the public regarding services and options.

2.2.6 - Initiate a collaborative effort (county social service, Aging Services Division, nursing homes/LTCA, hospitals, centers for independent living and home health care providers) to establish a regional pilot project that utilizes and integrates the "informed options" standard - this should be tied into any Single Point of Entry development.

Goal 2 - Objective 3: To develop a process to fund and sustain an "informed options" services infrastructure.

Activities:

2.3.1 - Monitor and coordinate efforts with statewide United Way organizations.

2.3.2 - Monitor and collaborate efforts and activities with funded PACE programs.

2.3.3 - Explore grant and funding options for use in the implementation of the various components of this objective.

2.3.4 - Develop a credible and readily available response option for HCBS that takes full advantage of existing facilities and service choices through subcontracting and development efforts.

2.3.5 - Establish the necessary provisions and regulations to clarify and support the option of self-directed care.

2.3.6 - Establish a collaborative effort to identify barriers affecting medical support services and options for HCBS and develop a plan to remove them.

2.3.7 - Implement a state "money follows the individual" policy (pending CMS demonstration project) - Department of Human Services.

2.3.8 - Make assisted-living options available and affordable to middle and low income people.

2.3.9 - Research the issues and problems relating to the gap between those who can afford services and those who cannot and develop a plan to make services available and affordable.

Goal #3.0: Development of practical and sustainable public information services for all continuum of care services in North Dakota.

Appendix E

ADRC Key Components

AGING AND DISABILITY RESOURCE CENTER (ADRC) COMPONENTS

This document was drafted by the North Dakota
Real Choice Rebalancing Grant Steering Committee

An Aging and Disability Resource Center (ADRC), also called a single point of entry, is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports.

The ADRC must address the following criteria:

1. Ensure “one-stop access” for clients to services; eliminating duplicative assessments and numerous agency contacts.
2. Will serve all adults needing long term care services, targeting older persons and persons with disabilities (non DD). This includes both private pay and public funded individuals.
3. Will serve entire designated service area.
4. Will enter into collaborative agreements with other service providers in the service area.
5. Will coordinate with case management service providers.
6. Will advertise and conduct public education regarding the single point of entry.
7. Will conduct an initial brief assessment (screening) of each individual.
8. As appropriate, will conduct an in-depth assessment utilizing an electronic assessment document compatible within the state system.
9. Will coordinate with the Senior Info-Line, 211, First Link, and any other information and referral services.
10. Will recruit and train volunteers to act as referral sources and sources of basic information in each community.
11. Will provide face to face service to individuals in their own homes in the community, in medical care settings and in long term care facilities.
12. Will utilize a multi-disciplinary approach, to include medical, financial, and social expertise to develop an individual’s option/service plan.
13. Will utilize both the formal and informal support networks in meeting the needs of the client.
14. Will determine eligibility for various services (both functional and financial).
15. Will be available 24/7, not to take the place of a crisis management system but to instead ensure timeliness of needed information and services and to streamline the process.
16. Provide follow-up services to include quality assurance.
17. Advocate on behalf of the consumer in securing services.
18. Assure that the service is consumer directed (person-centered approach) and all decisions are made by the consumer or their legal representative.
19. Ensure that consumers and their family members have access to all the information necessary to make decisions regarding continuum of care services.
20. Will provide disclosure of conflict of interest.
21. Create a community advisory committee.

Appendix F

Assessment Subcommittee Information and Recommendations

**Real Choice Systems Change Grant
Common Assessment Workgroup
July 2006**

Members: Neal Larson, Bethany Homes; Bernie Johnson; Title 3 provider: Marcia Sjulstad, North Dakota Association of Home Care Association; Shelly Peterson, ND Long-Term Care Association; Kathy Hogan and DeLana Duffy-Aziz, Cass County Social Services; Michelle Dillenburg, Innovis Healthcare; and Pat Leonard, Merit Care

Overview: Over the last six weeks, this group has met three times and has worked via E-mail on this plan. Four steps were taken

1. Reviewed the national ARDC assessment tools document that compares various state programs
2. Created a North Dakota grid regarding the current continuum of care (Attachment a)
3. Created an assessment grid for current ND LTC continuum assessment protocols (Attachment b)
4. Prepared recommended actions to move toward a common assessment

Recommendations

1. Currently, some sectors of the LTC Continuum have federal and state assessment requirements (MDS- nursing facilities; SAMS for Title III and HCBS providers; Oasis for Home health agencies serving Medicare clients). Moving toward a common assessment would require that federal waivers be secured; significant rules/laws would need to be modified.
2. Prepare a common profile/referral structure that all aspects of the LTC continuum would systematically use. This would eliminate the need for clients to provide same demographic and background information to various agencies. (See attachment e)
3. Recommend that all agencies be required to share existing assessment documents both with other service providers serving mutual clients. This could eliminate duplication of some assessment and would improve continuity of care. Currently, Social Assistance Management Assessment (SAMS) may not be shared with other agencies; even QSP's who are authorized to provide services based on that assessment.
4. Recommend that SAM's data system be expanded to all agencies QSP's so that they could have read only access to current client. This would eliminate duplication of assessment and improve quality of services. Clients would need to be informed of this access and allowed the right to block access. With Hippa rules, this type of sharing is encouraged.
5. Recommend that the Title III SAMS assessment protocols be modified into one assessment. Currently one client may have three different assessments based on the services needed (transportation, meals, outreach).

**Real Choice Systems Change Grant
Common Assessment Workgroup
Follow-up recommendations
August 23, 2006**

The group discussed the issues in the July recommendations regarding the current SAMS data system. The SAMS system is a web based system that is currently used for Older American Act programs and HCBS services. There have been over 43,000 cases in this system. The system is purchased through a contract with Synergy and was implemented in North Dakota three years ago. North Dakota is the first state to have a common data system for both HCBS and Older American Act programs. There was major discussion about the possibility of expanding the SAMS program to provide a comprehensive data system for the entire long term care continuum. There currently is a cost for all agency and individual users so cost would be a factor in future use. There was major discussion about the strengths, challenges and opportunities for expanded use of the SAMS systems and the group agreed that future discussion was needed. Specifically we need to look at the following issues:

- A. Confidentiality – how do cross systems users share information?
- B. Can assessment processes be simplified and meet all of the various program requirements?
- C. If SAMS were used as a primary referral system – what would be required of related agencies – would it be too costly and time consuming to make it effective.
- D. Need to review current strengths and weaknesses of current system to make certain that it is being effectively used by all parties. It appears to meet DHS needs but is it meeting provider needs?

In addition to the SAMS recommendations, the group also made several other follow-up suggestions.

- 1. Support the establishment of common tools/protocols for assessment and referral forms for the full continuum of care like the web based model. Several models could be used for pilot projects. Consider federal program waivers if possible.
- 2. Consider development of a basic family guidebook to long term care which could be available at all levels of the LTC continuum that could be distributed at various points in the continuum of care.
- 3. Establishment a common referral protocol for all aspects of the LTC continuum, possibly using SAMS if it was easily accessible to all parties.

RCR Grant Assessment Sub-Committee - North Dakota Grid Regarding the Current Continuum of Care (Attachment a)

Title III - Older American Act Programs				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
8 designated regional providers	All income levels but recipient/family member must be at least 60 years old	SAMS for various programs. Includes demographics, social support/history, self reported medical, IADL's/ADL's and Nutrition	Outreach, home delivered meals (some restrictions apply) congregate meals, transportation. Referral to high level of care.	Federal Title III, State mill levy match, County/city funds, donations (no fee for service)
Home and Community Based Services				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
50 County Social Service agencies provide assessment/case management. Direct services provided through a network of 2,254 individuals or agency Qualified Service Providers. Clients self direct their care through selection of provider	State funded: Screening done by Social worker according to NDCC. Referrals to Medicaid for financial eligibility. Fees determined according to two scales plus MA based on assets and income. Some counties provide additional services that are county funded and or private pay.	SAMS twice a year for all state and county funded clients. Some counties use for private pay clients too. Long term care screening is done for Level B Medicaid state plan services and/or Medicaid Waiver cases.	Information/referral, screening, assessment, case management, Personal care, home makers, respite, chore services, family home care, home health aide, training for families,	Medicaid state plan (federal/state) Medicaid Waiver, SPED (state) Expanded SPED (State) TBI waiver (fed/state) Client fees, County funds
Home Health Agencies				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
32 public/private agencies throughout the state - Majority are also QSPs.	Everyone. Subsidies depend on program requirements from insurers, Medicaid, Medicare. Some clients are self pay	OASIS for skilled nursing care (mandated for Medicare certified agencies. Some agencies use OASIS for all clients. Some agencies have separate format for non-Medicare clients	Wide range of services from nursing, occupational physical therapy, personal care, home health aide, speech. Service vary from provider to provider .	Medicare, Medicaid, 3rd party insurers, HCBS, VA, private pay

Assisted living Services				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
Various groups/organizations	Varies by providers	Varies by providers	Housing and meal availability - Additional assistance available dependent on facility and needs of the person	Self pay
Basic Care				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
51 facilities throughout state	Everyone eligible. Payment varies based on payer program requirements	Pre-screening by facilities to determine capacity to service. HCBS funded recipients screened for financial and functional assessments based on SAMS by county.	Room and Board, supervision	HCBS state funds. Some clients private pay.
Nursing Home Care				
Who provides	Financial Eligibility	Assessments used	Services Provided	Funding
84 licensed nursing homes	Everyone eligible. Subsidy depends on payer program requirements. Medicare requires 3 day acute hospitalization	Pre-screening done by NH to determine capacity to serve. Prior to placement, a ND level of care form completed by referring agency or nursing home. Approval required prior to placement. MDS assessment protocol required at various states of placement depending on client need and funding source. Completed by various team members.	Skilled nursing care, hospice, therapies (OT/Speech/PT), Medication administration, room and board.	Medicare, Medicaid, private pay, 3rd party payers

ADRC Assessment Tools

RCR Grant Assessment Sub-Committee - Grid of ND LTC Continuum Assessment Protocols (Attachment b)

ND	System/Form Name	Information Elements	Responsible Entity	Administering Staff	Staff Training	Format: Paper/Automated	Populations Covered					Approximate Time to Administer	Statewide or Local	Programs Covered	Links to Forms	Notes
							Older Adults	PWD	DD	SM	Other					
ND	Title III providers - SAMS	Demographics, social support, ADL, IADL's, self reported medical needs, nutrition, physical environment, generates service plan.	8 regional AAA for older American Act services	Outreach staff	DHS and Internal training	Automated	Yes (60+)					1-2 hours	Statewide	Title III - outreach, nutrition services and transportation	Proprietary not available	Done for clients receiving all services - three different assessment are done depending on the individual client needs- transportation, needs, outreach. This should be merged into one.
ND	HCBS- SAMS	Demographics, ADL, IADL's, self reported medical needs, family/social history, financial eligibility, physical environment, generates service plan.	50 county social service agencies	LSW	DHS and Internal training	Automated	Yes (60+)	Yes	Yes	Yes		3 hrs	Statewide	Medicaid Waivered Services, Personal Care, SPED, Expanded SPED, County funded (in some counties) and private pay in some counties.	Proprietary not available	Done for all clients receiving state and federal funding for community based services. Completed at time of referral for eligible clients and twice/year for on-going clients. HCBS also does LTC screening for Level B Medicaid state plan service/Medicaid waiver clients
ND	HCBS level of Care screening	ADL, medical conditions	Tennessee for placement decision	HCBS Case Manager	Internal training	Paper	Yes	Yes	Yes	Yes		30 mins	Statewide	Skilled nursing and Medicaid waiver HCBS		Done for HCBS Medicaid waiver cases - same criteria apply for individuals in this program in in skilled nursing home care.
ND	OASIS - Home Health	Comprehensive OASIS completed on admission, at Resumption of Care, if Significant Change in Condition, at Recertification (recert.required every 60 days), at Transfer and Discharge.	private/public home health agencies	Nurses, PT, OT, SP	Internal training	paper	Yes	Yes	Yes	Yes		2 hrs	Statewide	Medicare certified home health services. Some agencies use this format for all counties		
ND	Patient Data Base- Home Health	Demographics, ADLs, IADLs, health history/assessment, nutrition screening, vulnerable adult screening, and physical environment. Generates service plan.	private/public home health agencies	Nurses, PT, OT, SP	Internal training	paper	Yes	Yes	Yes	Yes		1 hr	Local- varied	state funded programs, VA, private pay		
ND	Assisted living	Varies from facility to facility. No state level standards.	Private facility	Varies	Varies	Varies	Yes	Yes					Local- varied			
ND	Basic Care SAMS for publically funded clients	Demographics, ADL, IADL's, self reported medical needs, family/social history, financial eligibility, physical environment, generates service plan.	50 county social service agencies	HCBS Case Manager	DHS and Internal training	Automated	Yes	Yes	Yes	Yes		3 hrs	Statewide	State funded programs	Proprietary not available	Private pay basic care clients are not systematically assessed
ND	Nursing Homes - level of care screening for admission	ADL, medical conditions, medication administration	Tennessee for placement decision	Nursing home, hospital, HH agency staff, county staff,	Internal training	Paper	Yes	Yes	Yes	Yes		30 mins	Statewide	Skilled Nursing, Basic Care, Swing Bed	http://www.nd.gov/humanservices/services/medicals/erv/medicaid/docs/nd-loc-continued-stay-review-form.pdf	
ND	Nursing Homes - MDS	Comprehensive MDS completed upon admission and quarterly Nursing Home residents. May be completed at various times depending upon the payer of services.	Interdisciplinary Team	Interdisciplinary team	Internal training	Automated	Yes	Yes	Yes	Yes		3 hours	Statewide	Medicare, Medicaid, VA, Private Insurance, Private Pay		
ND	Hospitals - Discharge planners	Varies from facility to facility. No state level standards.	Interdisciplinary Team	Interdisciplinary team	Varies	Varies	Yes	Yes	Yes	Yes			Local- varied	All funding sources		

Appendix G

SB 2070 Legislative Testimony

Monday, January 8, 2007
Amy B. Armstrong
North Dakota Center for Persons with Disabilities (NDCPD)
at Minot State University
Real Choice Systems Change Grant - Rebalancing Initiative
(RCR Grant)
SB 2070: Aging and Disability Resource Center
Testimony
Senate Human Services Committee
Judy Lee, Chairman

Note: This testimony was also given on the following dates:

- Senate Appropriations Committee, Senator Holmberg, Chairman - January 29, 2007
- House Human Services Committee, Representative Price, Chairman - February 26, 2007

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to present testimony in favor of *Senate Bill 2070*, which would provide for an application by the department of human services for federal funds for the implementation of an **Aging and Disability Resource Center (ADRC)**. An ADRC would provide North Dakota's seniors, adults with disabilities, and their family members a streamlined system for accessing continuum of care services such as home and community based services and nursing home care.

I am Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing (RCR) Grant at the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University.

North Dakota's RCR Grant was funded in 2004, by the U.S. Department of Health and Human Services - Centers for Medicare and Medicaid Services (CMS) and NDPCD has been contracted by the Department of Human Services to facilitate this project. This grant provides North Dakota (ND) federal funding to build state infrastructure to improve community continuum of care service systems. The RCR Grant was also implemented in order to assist North Dakota in complying with the U.S. Supreme Court's *Olmstead Decision* and President Bush's *New Freedom Initiative*, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities and to administer services in the least restrictive environment in order that consumers may fully participate in community life. One of the primary goals of this grant is to improve and streamline access to

continuum of care services for all seniors and adults with disabilities. (See Appendix A, RCR Grant Overview).

With oversight from the ND DHS – Aging Services Division, the RCR Grant’s Planning Committee members serve as leaders who assist in developing, organizing, and planning the work of the grant. This committee includes **Amy Clark**- Policy Advisor Health Human Services, Office of the Governor; **Jim Moench** – Executive Director, ND Disabilities Advocacy Consortium (NDDAC); **Linda Wright** – Director, Aging Services Division Department of Human Services; and **Linda Wurtz** – Associate State Director, AARP of North Dakota.

In addition, over 30 key state partners have formed the RCR Steering Committee which has met thirteen times since April of 2005. The Steering Committee has consistently provided important input, recommendations, and guidance. This committee includes legislators, state officials, Department of Human Service representatives, directors of county social services, consumers, advocates, and representatives of continuum of care providers such as Easter Seals of North Dakota, North Dakota Association of Home Care, and the North Dakota Long Term Care Association (see Appendix B, Planning and Steering Committee Membership list). This committee has worked to develop and build consensus on ways to make it easier for ND seniors and adults with disabilities to maintain their independence for as long as possible.

My purpose here today is to briefly summarize the work, findings, and recommendations of NDCPD and the Planning and Steering Committees. The RCR grant staff and its committees have gathered and analyzed previously completed research and reports related to North Dakota’s continuum of care system. Much information has been gathered and studied in the past 20 years regarding continuum of care issues. These previous studies have been listed in Appendix C. I have also provided you with the complete summary document of these reports.

This summary begins with the *Long Term Care: Issues and Recommendations, 1987 ND Interagency Task Force on Long Term Care* report, also referred to as the *Drayton Study* and concludes with current reports written in 2006. Following the *Drayton Study* 1987, three North Dakota legislative interim committees (1996, 1998, and 2000) were assigned the task of also studying long-term care also called continuum of care services. Since the *Olmstead Decision* of 1999, many states including ND began to take a closer look at their systems of long-term care for persons with disabilities, including those who are aging. This prompted the creation of

ND's Olmstead Commission Workgroup and its statewide public forums, and resulted in the report titled *White Paper: November 6, 2000*, that gave recommendations for ND's long-term care system. Since the publication of the *White Paper*, there have been several other studies which have looked at various components of the long-term care system in ND.

These past reports serve as a basis for what information we already know and contain an abundance of recommendations of which to draw upon as North Dakota considers ways to improve its continuum of care system. Several noteworthy themes throughout these reports include *recurring* recommendations for improving access to case management, development of a streamlined single point of access to services; and assuring that consumers have informed options and better access to services, particularly home and community based services and qualified services providers (QSPs). In addition, many of these reports included recommendations for improving consumer choice and self-direction and balancing funding for continuum of care services.

The RCR Planning and Steering Committees also assisted with the development of a research project to gather the most current information from North Dakota consumers of home and community based services, nursing home residents, family members, and providers of continuum of care services. Through the guidance and recommendations of the RCR committees, the grant staff gathered a variety of data from these North Dakotans. I would like to take a few moments to review some of the findings.

First, a series of over 40 statewide, urban and rural, focus groups and in-home personal interviews were conducted to identify current perceptions, themes, and suggestions for improving choice and self-direction, quality, and access to long-term care supports. This process used research-based focus group procedures to identify ways to balance state resources for services and to identify elements for the design and structure of a single point of entry mechanism, also called an ADRC. Using rigorous focus group data collection and analysis methods a variety of important themes were identified.

The following themes emerged across all focus groups of consumers, families, and providers. Also included are quotes taken from the focus group and personal interview transcripts which help to paint a clear picture of what participants shared about this topic.

North Dakotans currently find out about continuum of care services through:

- social workers (including hospital, nursing home, and county)
- doctors and hospital staff
- word of mouth
- on their own
- family members

“Had it not been for maybe some neighbors of mine that used some of the services, I would have never known that they existed.” Family member

“There are good, qualified, trained people, who are very helpful; unfortunately most of us don’t even know where they are.” Family Member

These data indicate that there is currently not a uniform and streamlined access point for long-term support services.

Common problems regarding continuum of care services were also identified including:

- confusion of information
- high cost of services
- lack of information
- no choices available for continuum of care services
- lack of flexible funding to support consumer’s choice of services

“I took care of my wife for 16 months and at that time I had to do everything, I did all the cooking, cleaning, all of the wash, dressed her, cleaned her up, took her to her appointments and I didn’t know where to turn I didn’t know where I could get some help.” Family Member

“It would be helpful if there were someone there that could tell you rather than send you on again because that happens so often too. You get to one place and then you go there and then you have to go over there.” Elderly Nursing Home Resident

“My mother would be home right now if I could afford the \$8/hour for someone to watch her. But yet I couldn’t get the funding to keep her at home. Because [Medicaid] will pay to put her in a nursing home but they won’t pay to keep her at home, when it would not cost them nearly as much.” Family Member

Participants identified common needs regarding continuum of care services including:

- case management described as assistance with assessment, care planning, provider selection, monitoring services, and making referrals
- both functional and financial assessments
- a reliable, consistent, and knowledgeable “go to person”
- a single point of entry system for streamlined access to services, a simplified service system
- access to comprehensive, timely information about services
- home and community based service options

“I want[ed] one voice that was nice and that would give me the same answer twice to the same questions and know what they were talking about.” Family Member

“They [case management] need to be knowledgeable about what’s out there so that they can give you the appropriate information in a great timely manner and say, okay you have this option, this option,[and] this option.” Consumer of HCBS

“Assisted Living or self assisted living, I think Medicare [Medicaid] should help pay for things to keep you in the home instead of the nursing home and expenses would be a lot less. And at home it’s better I think.” Younger Nursing Home Resident

“We need a place where we can find the services that the person needs, preferably a handicapped person [to help us] who knows about all these things... They [case managers and consumers] need a place that you can sit down and talk and show them [case managers] what you’ve got and they have a look at your house and see if there are any problems with it, fix your house and find out what’s right for you.” Younger Nursing Home Resident

“If you look at how health care is delivered today...it is driven by payment systems rather than for assessment with goals for patient management...and so what are we doing, we aren’t taking care of patients we are doing assessments for billing...When you step back, man this thing is broken. We are all doing our own thing and nobody is communicating.” Provider

“You’d be surprised what little bit of care you could get in your home would make your life [easier], so much as an hour a day makes such a difference. I have three hours of help during the week and it just means the world to me.” Family Caregiver

Consumer participants of continuum of care services expressed what is important to them:

- the opportunity to stay at home
- the opportunity to live with or near family
- the opportunity to maintain independence

(See Appendix D, Focus Group and Personal Interview Report Summary)

While the focus group discussions provided information on people’s perceptions and suggestions, we gathered additional information from North Dakota consumers of continuum of care services through survey mailings. A consumer questionnaire was used to obtain information regarding what continuum of care services consumers are using, what services are needed, barriers encountered, how they are paying for services, and choice of services given. Data were also gathered regarding how consumers learn about available continuum of care services and suggestions to guide the development of a single point of entry system, also called an Aging and Disability Resource Center (ADRC).

We found that almost 81% of consumers indicated that if the needed continuum of care services were available, they would choose to receive those services in order to stay at home

or live more independently (see Figure 1). In order to live more independently, respondents identified the need for assistance with the following services:

- Assistance with housework,
- Shopping,
- Laundry,
- Meal preparation,
- Bathing
- Mobility outside the home, and
- Transportation

Figure 1

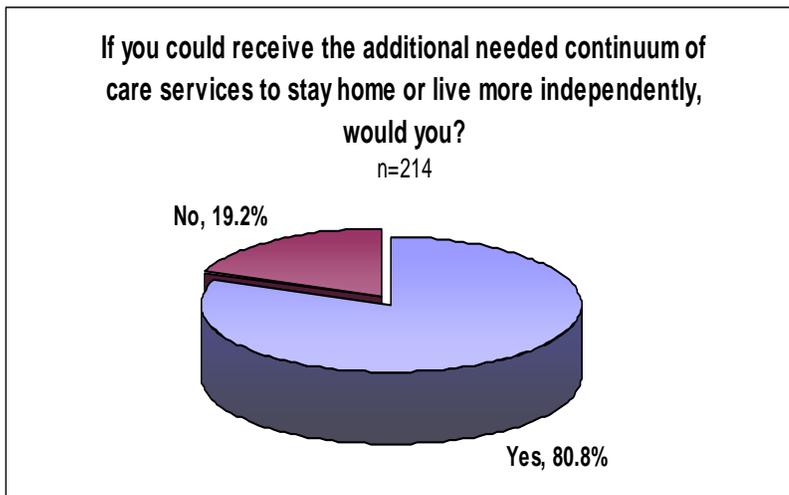
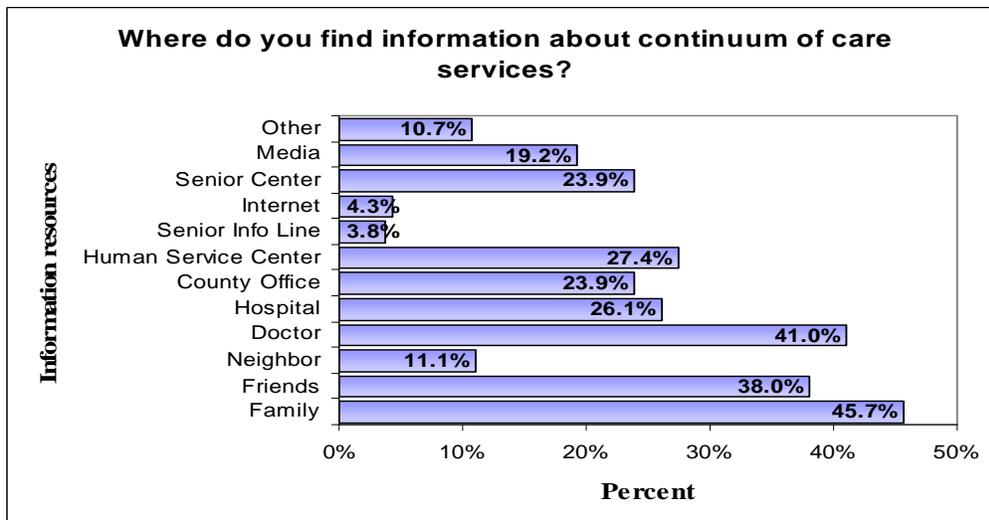


Figure 2, in your materials, shows that consumers find out about continuum of care services in a variety of ways. These data indicate that the current methods of accessing services are not consistent and this allows for confusion and a lack of accurate information about available service options.

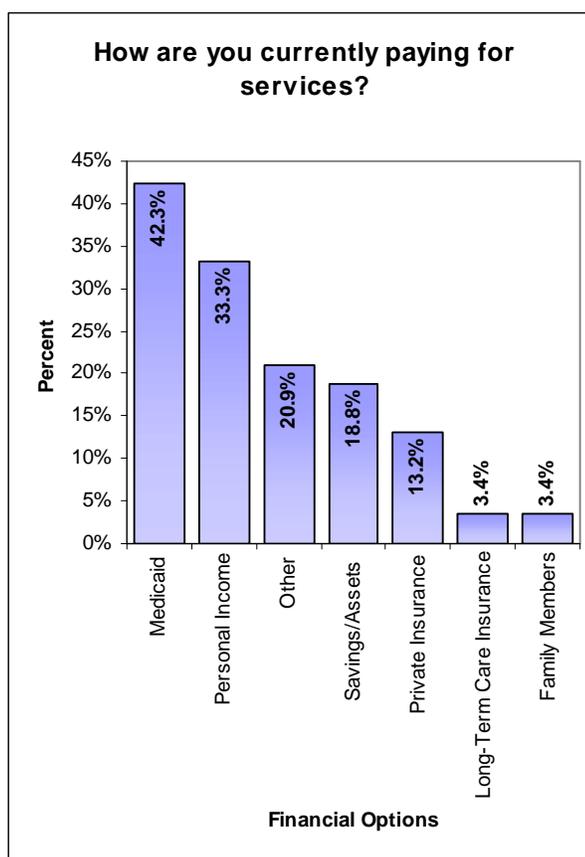
Figure 2



Eighty-four percent of consumers surveyed indicated they had received enough help in understanding their eligibility for continuum of care services. *However*, over 61% of consumers indicated that it would be helpful to have assistance with planning continuum of care services.

Figure 3

Figure 3, in your materials, shows how consumers responded to the question of how they are currently paying for services. Over 42% of participants indicated using Medicaid 33% indicated using personal income. These data show that there is room growth in the area of education and planning for future care needs. An important feature of ADRCs is not only streamlining access to services also offering education and counseling about future care planning needs. (See Appendix E, Consumer Questionnaire Report Summary).



and
for
but

In 2004, 73% of ND nursing home admissions originated from a hospital setting.¹ Considering this fact, the RCR committees recommended the RCR Grant gather input from North Dakota hospital discharge planners (HDPs) regarding their awareness of and recommendations for improving choice and access to all types of continuum of care services. Committee members felt it was important to target HDPs as a group to help the elderly and people with disabilities access a variety of continuum of care services, including home and community based services (HCBS). The following information was gathered from this survey.

¹ Issues and Data Book for Long Term Care, 2005, p.21

Rural HDPs indicated they stay current about available continuum of care services most often through networking and by word of mouth. Over 90% of HDPs stated time is a factor and this dictates discharge planning. The time they have to develop a discharge plan for a patient varied from Urban HDPs was 1-3 days (100%) and from Rural HDPs was only 1-4 hours (35.3%) or 1-2 days (29.4%).

A variety of continuum of care services are available and recommended by HDPs to consumers. However, nursing homes were the only continuum of care services recommended 100% by HDPs and available 100% of the time in both rural and urban communities. When asked to give input about development of a single point of entry, 90.5% of HDPs indicated that a single point of entry would be helpful. The majority of HDPs also indicated the single point of entry should include:

- information about continuum of care services,
- benefit information,
- eligibility information,
- evaluation or assessments,
- financial information, and
- case management services.

(See Appendix F, Hospital Discharge Planner Report Summary).

Our recent data and many previous studies note the lack of a streamlined continuum of care service system. This has clearly caused confusion and barriers to accessing services for ND seniors and adults with disabilities. Through these data we are able to identify where improvements in the service system are needed. In addition to previous reports, these recent RCR Grant reports include recommendations for development of a streamlined system for accessing continuum of care services. Senate Bill 2070 would go quite far in assisting consumers who are aging and/or have a disability.

An ADRC in North Dakota could provide the following best practices for serving North Dakota citizens.

- Ensure “one-stop access” for clients to services; eliminating duplicative assessments and numerous agency contacts.
- Serve all adults needing long term care services, targeting older persons and persons with disabilities. This includes both private pay and public funded individuals.
- Will conduct an initial brief assessment (screening) of each individual.
- Will utilize a multi-disciplinary approach, to include medical, financial, and social expertise to develop an individual’s option/service plan.

- Will be available 24/7, not to take the place of a crisis management system but to instead ensure timeliness of needed information and services and to streamline the process.
- Assure that the service is consumer directed (person-centered approach) and all decisions are made by the consumer or their legal representative.
- Ensure that consumers and their family members have access to all the information necessary to make decisions regarding continuum of care services.
- Will provide disclosure of conflict of interest.

A complete list of these ADRC components developed by the RCR Steering Committee is found in Appendix G.

Currently ADRCs are successfully implemented in 43 states. A streamlined system for accessing services is important in order to assure that North Dakotans are aware of all of their long-term care options and thus are able to make informed decisions about their care. The purpose of an ADRC is not to set up a new bureaucracy, but to help those service agencies and providers that are currently in existence to work together, streamline their work, and make accessing long-term support services a simpler and less confusing process for North Dakotans. Implementing a streamlined system can help North Dakotans learn about all of their long-term care options and then make informed decisions about their care. Being able to make informed decisions about long-term care options also means seniors and adults with disabilities are equip to make sound financial decisions about their current and future care needs.

Once again, thank you for the opportunity to share this information. If you have any questions, I would be happy to answer them at this time.

The RCR Grant research reports mentioned in this testimony are available on the ND Department of Human Services website at:

<http://www.nd.gov/humanservices/info/pubs/lccontinuum.html>

Contact information:

Amy Armstrong, Project Director
Real Choice Rebalancing Grant
NDPCD at Minot State University
Email: amy.armstrong@minotstateu.edu
Phone: 1-800-233-1737 or 701-858-3578

Testimony
Senate Bill 2070 – Department of Human Services
Senate Human Services Committee
Senator Lee, Chairman
January 8, 2007

Note: This testimony was also given on the following dates:

- Senate Appropriations Committee, Senator Holmberg, Chairman - January 29, 2007
- House Human Services Committee, Representative Price, Chairman - February 26, 2007
- House Appropriations – Human Resources Division, Representative Pollert, Chairman - March 19, 2007

Chairman Lee and members of the Senate Human Services Committee, I am Linda Wright, Director of the Aging Services Division, Department of Human Services. I am testifying in support of Senate Bill 2070.

The Aging and Disability Resource Center Program (ADRC) is a joint effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services. The ADRC initiative was launched in 2003 through the funding of 12 grants to states to develop pilot programs. Additional grants were awarded in 2004 and 2005 bringing the total number of states funded to 43. North Dakota is one of the few remaining states that have not applied for ADRC funding.

The 2006 amendments to the Older Americans Act (H.R. 6197/ P.L. 109-365) now requires the Assistant Secretary for Aging, U.S. Department of Health and Human Services, to implement ADRCs in all the states.

The purpose of ADRCs, as stated in the 2006 amendments to the Older Americans Act is as follows:

- “(A) to serve as visible and trusted sources of information on the full range of long-term care options, including both institutional and home and community-based care, which are available in the community;
- “(B) to provide personalized and consumer friendly assistance to empower individuals to make informed decisions about their care options;
- “(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care they need through a single intake, assessment, and eligibility determination process;
- “(D) to help individuals to plan ahead for their future long-term care needs; and
- “(E) to assist (in coordination with the entities carrying out the health insurance information, counseling , and assistance program (receiving funding under section 4630 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4)) in the States) beneficiaries, and prospective beneficiaries, under the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) in understanding and accessing prescription drug and preventative health benefits under the provisions of, and amendments made by, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003;

Federal funding has previously been made available to states for ADRCs on a competitive basis for grants not to exceed \$800,000 for 3 years. A minimum match of 5% of the total grant award has been required. The Department of Human Services intends to apply for ADRC funding. The funding for new states is currently in limbo due to the fact that Congress has not acted on the appropriations budget for the U.S. Department of Health and Human Services. Carol K. Olson, Executive Director of the Department of Human Services, sent a letter to Senator Kent Conrad

requesting his support for ADRC funding for North Dakota. Senator Conrad has responded stating he is supportive and “if states submit a competitive application for ADRC funds that meet the AoA guidelines, the state should receive these funds.”

The ADRC funding will provide the opportunity for North Dakota to take the next step in providing ease of access to consumers for all long-term care support options. The information we have gathered through the current Real Choice Systems Change Grant Rebalancing Initiative clearly directs us to establish a single point of entry/ADRC. The single point of entry concept developed by the Real Choice Steering Committee is parallel to the concept of an ADRC. Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing Grant will be providing additional information regarding this Grant Initiative in her testimony.

The attached fact sheets (DHHS Fact Sheet) (ADRC Grant Requirements) provide additional information about ADRCs. The ADRC must serve the population age 60 and above and at least one additional population of people with disabilities. At least one ADRC site must be established in the first year of the grant.

Based on information gathered from the states that have already implemented ADRCs, program models vary from state to state. Federal expectations for all ADRCs, however, are consistent and include: information and awareness, and assistance and access to long-term support services. In addition, federal expectations include: creating a seamless system for consumers; streamlined eligibility; meaningful involvement of consumers and other stakeholders; partnership among aging networks, disability networks and Medicaid agencies; investment in

management information systems that support the goals of the ADRC; performance measurement; and sustainability.

It is not the intent of ADRCs to duplicate or create new services but instead to create partnerships that should improve the efficiency of government programs and reduce the frustration and confusion that consumers often face when trying to learn about and access the long-term care system.

According to the North Dakota State Data Center, if current trends continue, the number of people age 65 and older in our state will grow by 58.3% over the next 20 years and will represent 23% of the state's population. Further, the number of the oldest old (85 and older) will grow by nearly two-thirds (64.7%) and will represent 3.7% of the state's population. The ADRC program is designed to meet the needs of these consumers.

I will be happy to answer any questions you may have.

Appendix H

RCR Grant Summary of Dissemination Efforts

Real Choice Rebalancing Grant: Activity and Dissemination Summary					Products			
Date	Dissemination and Activities Year 1 and Year 2	Participants	Hours	Real Choice Rebalancing Grant Brochure	Real Choice Rebalancing Grant Fact sheet v.1	Summary of ND Studies and Reports Related to the Elderly and People with Disabilities v.1	A Report of Focus Groups and Personal Interviews Conducted in ND's 8 Human Service Regions	A Summary of Focus Groups and Personal Interviews Conducted in ND
Year 1: 9.01.04 - 9.30.05	04.22.05	#1 Steering Committee Meeting	27	4				
	06.16.05	#2 Steering Committee Meeting	19	5				
	07.26.05	Planning Committee meeting	5	2				
	08.02.05	MHA Elders Organization Presentation	17	2	25			
	08.04.05	#3 Steering Committee Meeting	23	3				
	09.08.05	Tribal Summit presentation	13	1				
	09.16.05	Northern Plains Conference on Aging and Disabilities Booth/Display	0	8	25			
	09.22.05	Pilot Focus Group- Region 5	9	2				
	09.27.05	Meeting at Independence Presentation	6	2				
		Total	119	14	50	0	0	0
RCR Grant Year 2: 10.01.05 - 09.30.06	10.11.05	Planning committee meeting	5	2				
	10.12.05	Region 8 Focus Group	45	10				
	10.19.05	Region 6 Focus Groups and Personal Interviews	35	11				
	10.20.05	#4 Steering Committee Meeting	23	4				
	10.28.05	Region 7 Focus Groups and Personal Interviews	29	12				
	11.01.05	Region 5 Focus Group and Personal Interviews	17	10				
	11.04.05	Elderly Services Coordinator Committee	10	1				
	11.09.05	Region 4 Focus Groups and Personal Interviews	25	10				
	11.15.05	Region 2 Focus Groups and Personal Interviews	34	10				
	11.18.05	Olmstead commission meeting	1	1				
	11.29.05	HCBS county case managers presentation	15	1	20			
	11.30.05	Region 3 Focus Groups and Personal Interviews	12	8				
	12.06.05	Region 1 Focus Groups and Personal Interviews	16	2				
	12.07.05	Long Term Care Association board meeting	20	1	25			
	12.12.05	Planning committee meeting	5	2				
	01.01.06	Collaborator Article: ND RCR Initiative Grant Information	500	mail				
	01.12.06	#5 Steering Committee Meeting	23	2				
	02.06.06	Planning Committee Meeting	5	2				
	02.15.06	#6 Steering Committee Meeting	21	4				
	03.01.06	Email: Stakeholder Committee Members- March Meeting and mail	158	email		158	158	
	03.09.06	Testimony Budget Committee on Human Services	20	1			20	
	03.22.06	#1 Stakeholder Committee Meeting	78	5	78	78		
	04.03.06	#7 Steering Committee Meeting	19	5				
	04.03.06	Planning Committee Meeting	5	2				
	04.19.06	#8 Steering Committee Meeting	25	12	30			
	04.26.06	Legislator Mailing: RCR Grant Overview	141	mail	141			
	05.03.06	NDACF Conference	8	1	10			
	05.11.06	#9 Steering Committee Meeting	25	5				
	05.16.06	Amy presentation to Graying of ND Coalition	10	2				
	06.01.06	Email: Steering Committee Members	33	email			33	33
	06.26.06	Focus Group/Personal Interview Participants	222	mail	222			222
	07.01.06	Collaborator Article: RCR Focus groups and Personal Interviews Summary	500	mail				
	07.05.06	Legislator update	141	mail			141	
	07.19.06	Planning Committee meeting	5	3				
	07.25.06	#10 Steering Committee Meeting	16	6		30	30	
	08.07.06	Stakeholder Committee Invitation: mail/email	180	mail	180		180	
08.17.06	Planning Committee meeting	5	2					
08.23.06	Assessment Sub-Committee Meeting	8	2					
08.24.06	NDDAC Conference Presentation & Booth	40	2	40	10	40		
08.28.06	#11 Steering Committee Meeting	24	3	29				
09.07.06	NPCAD Presentation and Booth	40	1	75	20	75		
09.13.06	Independence Banquet	20	1	20				
09.28.06	ND Conf. on Social Welfare Presentation and Booth	20	1	20	10	20		
	Total	2584	73	409	639	326	519	255

Real Choice Rebalancing Grant: Activity and Dissemination Summary					Products									
Date	Dissemination and Activities Year 3 Updated 06.25.07	Participants	Hours	Real Choice Rebalancing Grant Overview v. 2	Summary of ND Studies and Reports Related to the Elderly and People with Disabilities	A Report of Focus Groups and Personal Interviews Conducted in ND's 8 Human Service Regions	A Summary of Focus Groups and Personal Interviews Conducted in ND	A Report of Questionnaires Administered to ND Hospital Discharge Planners	A Summary of HDP Questionnaire Report	A Survey of ND Consumers of Continuum of Care Services	A Summary of the Consumers of Continuum of Care Services Report	SPE Components draft 1.3.07		
10.02.06	Planning Committee meeting	6	5											
10.13.06	Geriatric Care Conference Presentation	5	1	5		5	5							
10.16.06	Stakeholder Committee Meeting-Bismarck&Fargo	52	6	52			52		52					
10.16.06	#12 Steering Committee Meeting	24	2					30	30					
11.01.06	Legislative Council: ADRC/SPE Article	24	mail	24			24		24					
11.09.06	Planning Committee meeting	6	2											
11.13.06	ND Hospitals: HDP/Social Work Dept.	46	mail						24					
11.15.06	ND Governors Committee on Aging Presentation	12	1	12			12		12					
12.08.06	MSU/NDCPD Student Internship meeting	4	2	2		2								
12.14.06	#13 Steering Committee Meeting	18	3									30		
12.21.06	Newly elected legislators- update on RCR Grant 60th Assembly	25	email	25			25							
12.29.06	RCR Grant update to Legislators- 60th Assembly	141	email						141		141			
01.08.07	SB2070 Legislative Testimony-Senate Human Service Committee	21	1	21	10	1	21	1	21	1	21			
01.11.07	Legislators 60th Assembly: ADRC Fact Sheet: US Dept. HHS AOA	141	email									141		
01.11.07	Stakeholder Committee Members: Grant update	203	email	203	203	203	203	203	203	203	203			
01.11.07	Stakeholder Committee: ADRC Fact Sheet: US Dept. HHS AOA	203	email									203		
01.29.07	SB2070 Legislative Testimony- Senate Appropriations	25	1	25	17		25		25		25			
02.07.07	Planning Committee meeting	6	2											
02.09.07	Press Release: Planning Grant lays groundwork to prepare for aging populations. Bismarck, Fargo, Minot	1												
02.26.07	SB2070 Legislative Testimony-House Human Service Committee	20	1	20	16	1	20	1	20	1	20			
03.14.07	ND Disability Awareness Day	90	5		10	2	10	2	10	2	10			
03.19.07	SB2070 Legislative Testimony- House Appropriations-HR Division	11	1	11	11	0	11	0	11	0	11			
03.23.07	#14 Steering Committee Meeting	18	3		30					30	30			
04.04.07	RCR Grant Reports available @ www.hcbs.org website					1		1		1				
04.19.07	Article: Seniors can have a real choice: North Dakota Real Choice Systems Change grant focuses on options" by Katina Tengesdal, Minot Daily News	1												
04.21.07	Presentation: NDCPD Consumer Advisory Council Meeting	10	1	10										
04.24.07	Presentation: Grand Forks Regional Personal Assistance Services (PAS) Pilot task force	21	8	21	21		21		21		21			
04.26.07	MSU Research Poster Session	20	2											
05.01.07	NDACF Conference	300	1		20						20			
05.07.07	RCR Planning Committee Meeting	6	2											
05.02.07	Disability Awareness Symposium	40	5	5		2		3	3	2				
05.17.07	Presentation: Vulnerable Adult Team (VAT), GFCSS and NEHSC staff	30	2	30	30	10	30	10	30	30				
05.18.07	Presentation: Grand Forks Senior Center Board members	15	1	15	15									
05.21.07	#15 Steering Committee Meeting, 2 day meeting	25	9											
Total		1570	67	481	383	227	459	251	627	270	502	374		

RCR Year 3: 10.01.06 - 09.30.07

Appendix I

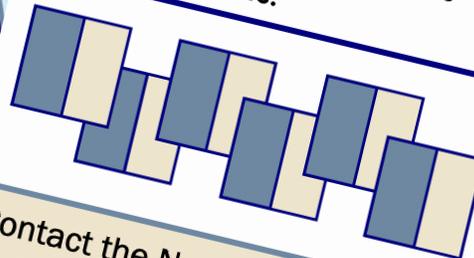
RCR Public Information Materials

NORTH DAKOTA AGING and DISABILITY
Resource-LINK
Your Care Choice Connection to Aging and Disability Resources

What Options and Choices Available for Seniors Adults with Disabilities



The North Dakota Aging and Disability Resource-LINK is your connection to information and services that enhance independence, assure quality of life, and meet the unique needs of seniors, adults with disabilities, family members and caregivers.



Contact the North Dakota Aging and Disability Resource-LINK
1.800.451.8693 or
www.carechoice.nd.gov

This publication was funded through the North Dakota Real Choice Systems Change Grant-Rebalancing Initiative, award #11-P-92442/8-01 from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services received by the North Dakota Department of Human Services-Aging Services Division and facilitated by the North Dakota Center for Persons with Disabilities located at Nisnot State University.



NORTH DAKOTA AGING and DISABILITY
Resource-LINK
Your Care Choice Connection to Aging and Disability Resources
Formerly the ND Senior Info-Line



For more information about these publications, contact the ND Department of Human Services-Aging Services Division at: 1.800.451.8693

Appendix J

RCR Grant PowerPoint Presentation



North Dakota Real Choice Systems Change Grant Rebalancing Initiative (RCR)

***Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities
in North Dakota***



Linda Wright
Aging Services Director, DHS

Amy B. Armstrong
Project Director



September 17, 2007

This project was funded through the North Dakota Real Choice Systems Change Grant-Rebalancing Initiative, award #11-P-92442/8-01 from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services received by the North Dakota Department of Human Services-Aging Services Division.

Introduction

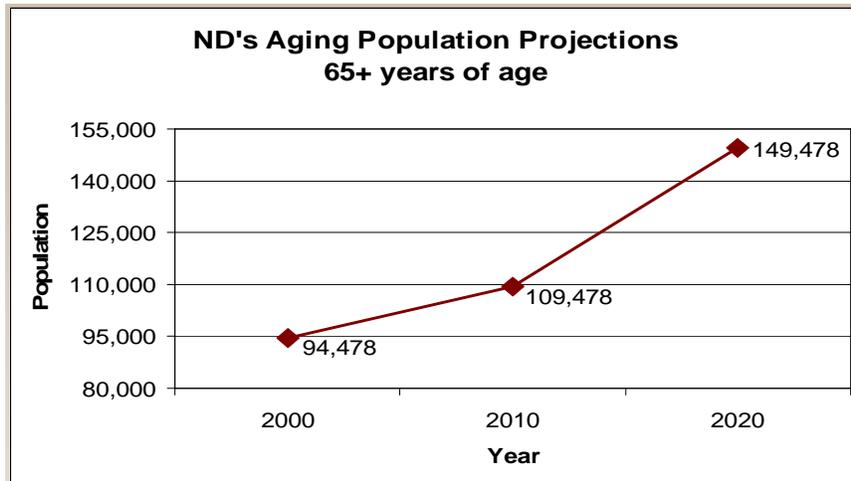
Funding: U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services

Timeframe: 3 year grant – September 30th, 2004 - 2007

Awarded to: ND Dept. of Human Service-Aging Services

Facilitated by: ND Center for Persons with Disabilities

North Dakota's Aging Population



Needs Assessment Of Long Term Care, North Dakota: 2002,
Initial Report & Policy Recommendations, November 2002, NDSU

The RCR Grant Supports...

RCR grant goals and activities support the

- *Olmstead Decision*



- *President's New Freedom Initiative*

RCR Grant Goals

1. Increase access to Home and Community Based Services (HCBS),
2. Provide a finance system for the continuum of care services,
3. Increase consumer choices,
4. Decrease ND's reliance on institutional forms of care; and
5. Quality management mechanisms for service delivery.

RCR Grant Committees

- RCR Planning Committee
- RCR Steering Committee
- RCR Stakeholder Committee

Research Methods

Focus Groups and Personal Interviews

Questionnaires



Conclusions and Recommendations

Project research data supports:

- A streamlined, consistent, and reliable system to assist consumers, families, and providers in accessing continuum of care information and services.



Conclusions and Recommendations

Project research data supports:

- People want to remain in their homes and/or live as independently as possible.



Conclusions and Recommendations

Project research data supports the need for:

- Increased funding and resources for home and community based service options.



What happened to the research findings?

- The research findings and recommendations were included in testimony given in support of SB2070 -
 - To develop and implement an Aging and Disability Resource Center (ADRC) in North Dakota.

What are Aging and Disability Resource Center's (ADRC) ?

- ADRC's would assist ND's seniors and adults with disabilities in accessing both publicly and privately funded continuum of care services.
- ADRC's would help service agencies and providers that are currently in existence:
 - work together,
 - streamline their work, and
 - make accessing long-term support services a simpler and less confusing process for North Dakotan's.

Next Steps...

- **Collaborative efforts will continue with Steering Committee members, the Governor's Olmstead Commission and various stakeholders to discuss systems change**
- **Legislative Council Long-Term Care Interim Committee update (2008)**

Public Information Efforts

- Public Awareness regarding:
 - Information about choices and options for seniors and people with disabilities
 - How to access information and assistance for seniors and people with disabilities

NORTH DAKOTA AGING and DISABILITY
Resource-LINK
Your Care Choice Connection to Aging and Disability Resources
What Options and Choices are Available for Seniors and Adults with Disabilities?

NORTH DAKOTA AGING and DISABILITY
Resource-LINK
Your Care Choice Connection to Aging and Disability Resources
Formerly the ND Senior Info-Line

The North Dakota Aging and Disability Resource-LINK is your connection to information and services that enhance independence, assure quality of life, and meet the unique needs of seniors, adults with disabilities, family members and caregivers.



Resource-LINK gives you and your family the services you need.

Contact the North Dakota Aging and Disability Resource-LINK
1.800.451.8693 or
www.carechoice.nd.gov

The information and services provided through the North Dakota Aging and Disability Resource-LINK are provided as a public service. The information and services provided are not intended to constitute an offer of insurance, annuities, or other financial products. The information and services provided are not intended to constitute an offer of insurance, annuities, or other financial products. The information and services provided are not intended to constitute an offer of insurance, annuities, or other financial products.

NORTH DAKOTA AGING and DISABILITY
Resource-LINK
Your Care Choice Connection to Aging and Disability Resources

Formerly the ND Senior Info-Line

For More Information Contact:

1.800.451.8693

www.carechoice.nd.gov

RCR Grant Reports

- RCR Grant Final Report

All RCR Grant Reports and several RCR Grant documents may be accessed through the North Dakota Department of Human Services website at:

<http://www.nd.gov/humanservices/info/pubs/lccontinuum.html>



Contact Information

For additional information regarding the North Dakota Real Choice Systems Change Grant - Rebalancing Initiative, please contact:

Linda Wright
ND Dept. of Human Services
Aging Services Division
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501
800.472.2622
sowril@nd.gov

Appendix K

*RCR Grant Project Director
Budget Committee on Human Services Testimony*

Thursday, March 9, 2006
North Dakota Center for Persons with Disabilities
at Minot State University
Real Choice Rebalancing Grant
Testimony
North Dakota Legislative Council
Budget Committee on Human Services
Senator Dever, Chairman

Good afternoon, Chairman Dever and members of the Budget Committee on Human Services. I am Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing Grant at the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University. In September of 2004, this federal grant was awarded to the North Dakota Department of Human Services – Aging Services Division and NDPCD has been contracted to facilitate this project. Thank you for the opportunity to present an overview and status report of the grant’s important activities.

North Dakota’s *Real Choice Rebalancing Grant* is a Real Choice Systems Change Grant funded by the U.S. Department of Health and Human Services Center for Medicare and Medicaid Services. All Real Choice Systems Change Grants were implemented in order to assist states in complying with the Olmstead Decision and the President’s New Freedom Initiative, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities.

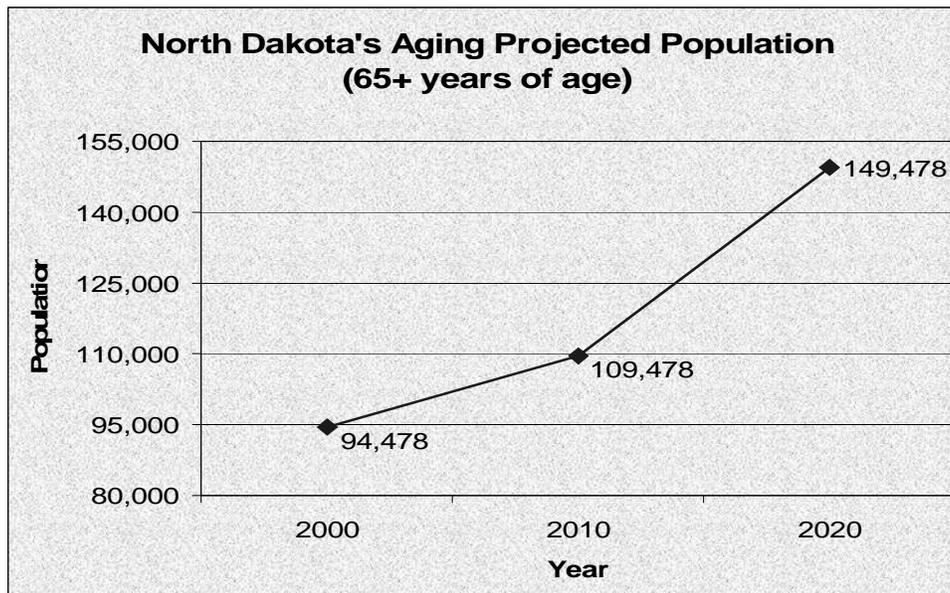
The United States Supreme Court’s *Olmstead v. L.C.*, Decision of 1999, calls upon states to integrate people with disabilities and to provide community-based services. On June 18, 2001, President Bush implemented the New Freedom Initiative which directed government

agencies to work together to “*tear down the barriers*” to community living for the elderly and people with disabilities. State agencies have been directed to:

- provide the supports necessary and administer their services in the least restrictive environment appropriate to the needs of the individual to learn and develop skills, engage in productive work, choose where to live, and fully participate in community life.
- provide new infrastructure to enable people who are elderly and/or have a disability to:
 - live in the most integrated community setting,
 - exercise meaningful choices, and
 - obtain quality services.

The *Real Choice Systems Change Grants* provide funding for states to build infrastructure that will result in effective and enduring improvements in community continuum of care support systems.

As you know, North Dakota is one of the states with the oldest population in America. ND is ranked first in the United States in the percentage of total population age 85 and older and fifth in the United States in the percentage of the total population age 75 to 84 (AARP Public Policy Institute, *Across the States: Profiles of Long-Term Care*, 2004). According to the *Needs Assessment of Long Term Care*, North Dakota’s projected population will include approximately 149,000 people age 65 and older by 2020 (See graph below).



Needs Assessment of Long Term Care, North Dakota: 2002, Initial Report & Policy Recommendations, November 2002, NDSU

In a recent AARP survey, three in five ND AARP members expressed that they are extremely concerned with staying independent. (2004 AARP ND Member Survey: Support Services)

North Dakota's Real Choice Rebalancing Grant is working toward compliance with the Olmstead Decision and the President's New Freedom Initiative through the following goals:

- Develop a mechanism to balance state resources for continuum of care services, which includes all long-term and home and community based services. Rebalancing means adjusting a state's publicly funded long-term supports to increase community options and reduce reliance on institutions so the supply of available services reflects the preferences of older people and people with disabilities.
- Develop a system to provide a single point of entry for continuum of care services. A single point of entry system is one that provides consumers streamlined access to all continuum of care services through one agency or organization.

- Develop practical and sustainable public information services for all continuum of care services in North Dakota.

North Dakota's Real Choice Rebalancing grant will be funded through September of 2007. The project has accomplished a number of things during the first half of the grant period. With oversight from the North Dakota Department of Human Services – Aging Services Division, the grant's Planning Committee members serve as leaders who assist in developing, organizing, and planning the work of the grant. This committee includes Duane Houdek - Governor's Legal Counsel, Jim Moench - ND Disabilities Advocacy Consortium (NDDAC), Linda Wright - Aging Services Division, and Linda Wurtz – AARP.

Initially, the grant put much effort into developing and bringing together key state partners. These partners have formed the Steering Committee which has met six times since April of 2005. The Steering Committee has consistently provided the project with important input, recommendations, and guidance. This committee includes legislators, state officials, directors of county social services, consumers, family members, and representatives of continuum of care providers such as Easter Seals of North Dakota, North Dakota Association of Home Care, and the North Dakota Long Term Care Association (Membership list Appendix A).

One of the first things that the project did was look at research and reports that have been done in the past that relate to North Dakota's continuum of care system. Not surprisingly, much information has been gathered and studied in the past regarding this issue. Past studies considered include: *ND Report of the Task Force on Long-Term Care Planning 1996*; *ND Report of the Task Force on Long-Term Care Planning 1998*; *ND Report of the Task Force on Long-Term Care*

Planning 2000; White Paper: Olmstead Workgroup November 6, 2000; Needs Assessment Of Long Term Care, North Dakota: 2002 Initial Report & Policy Recommendations, November 2002; 2004 AARP ND Member Survey: Support Services, June 2004; and many more (Report list and summary Appendix B). These past studies have served as a basis for what information we already know and have helped the project to consider what information was still necessary to gather as part of the grant's scope of work in order to progress toward the goals of the grant.

The Planning and Steering Committees identified the need to gather additional information from consumers of home and community based services, elderly nursing home residents, younger nursing home residents, family members of consumers of continuum of care services, and providers of continuum of care services. In order to gather input from these groups, recently, during October, November and December of 2005, the project assistant and I conducted a series of statewide focus groups and in-home personal interviews to identify current perceptions, patterns, themes, and suggestions for improving the choice and self-direction, quality and access to long term care supports, (i.e. home and community based services and nursing home care) for the elderly and persons with disabilities. This research was conducted to identify ways to develop a mechanism to balance state resources for services, and to identify elements for the design and structure of a single point of entry mechanism for all long term care supports for the elderly and people with disabilities in North Dakota. Combined, a total of forty focus groups and personal interviews were conducted throughout the eight human service regions in both rural and urban communities of North Dakota. Through this process and the information gathered, the grant will be able to build a plan that

reflects the needs and concerns expressed by the public. A final report of the findings of this research will be available later this spring.

Additional information is also being gathered from hospital discharge planners and additional consumers of continuum of care services through a survey mailing. Over 900 surveys are being mailed to approximately thirty-five continuum of care service providers for distribution to consumers.

Next steps for the Real Choice Rebalancing Grant include bringing together, later this month, over 100 Stakeholders from around the state to share and gather information. During this meeting the, group will be able to hear the grant's technical assistant from the National Association of State Units on Aging (NASUA), who will offer expert knowledge and vision for North Dakota. The Stakeholder meeting will work to build consensus regarding North Dakota's ideas for change and the development of a mechanism to balance state resources and development of a system to provide a single point of entry for continuum of care services

As part of the planning process, the Steering Committee will be meeting next month to develop a plan which will contain action steps, recommendations, and legislation for the 2007 session. This plan will be used for building system's change in North Dakota.

At this time, on behalf of the Steering Committee, I would like to invite all members of the Budget Committee on Human Services to attend an upcoming Real Choice Rebalancing Stakeholder Committee meeting. I have included the following meeting specifics

for your information. If you are interested in attending please contact me.

Once again, thank you for the opportunity to share this information. If you have any questions, I would be happy to answer them at this time.

Stakeholder Committee Meetings

We will be offering two meetings for your convenience, please choose the meeting that best fits your schedule, you do not need to attend both.

- Tuesday, March 21st, from 1:00 to 4:00 PM, Best Western Doublewood Inn, 1400 East Interchange Ave., Bismarck
- or*
- Wednesday, March 22nd, from 9AM to noon, Best Western Doublewood Inn, 3333 13th Ave. South, Fargo

Amy Armstrong, Project Director
Real Choice Rebalancing Grant
NDPCD at Minot State University
Email: amy.armstrong@minotstateu.edu
Phone: 1-800-233-1737 or 701-858-3578