

**Testimony**  
**Senate Bill 2070 – Department of Human Services**  
**House Human Services Committee**  
**Representative Price, Chairman**  
**February 26, 2007**

Chairman Price and members of the House 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 authorized continuing resolutions for Federal Fiscal Year 2007 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.