

Testimony
Long-Term Care Interim Committee
Representative Kreidt, Chairman
Wednesday, March 10, 2010

Chairman Kreidt and members of the Long-Term Care Committee, I am Susan Wagner, Human Service Program Administrator, with the Division of Mental Health and Substance Abuse Services (DMHSAS), for the Department of Human Services (DHS). I am here to provide information on traumatic brain injury (TBI) as it relates to the committee's study of the impact of individuals with TBI on the state's human service system. The following information will detail the services available to individuals with TBI through the DHS and private sector, the cost of these services, and funding available to assist in paying for these services.

DHS services

Please note that the DHS does not have a specific TBI program. However, individuals with a TBI can access services at the regional human service centers as well as other divisions within DHS.

Rehabilitation Consulting and Services (RCS), most commonly known as Vocational Rehabilitation (VR), provides training and employment services to individuals with TBI to assist them in becoming and sustaining employment. RCS counselors determine eligibility, develop an individualized plan of employment, and provide counseling and guidance. In addition, they authorize payment for a variety of services including vocational development/adjustment, supported employment, job referral/placement, diagnosis and evaluation, adaptive aids and equipment, transportation, treatment/restoration, daily living skills

training, occupational/vocational schools, colleges, on the job training, and supplies for training. These services are determined by the individualized plan of employment. Cost for the specific services varies and is based on the needs of each individual. In FFY 2009, 143 individuals with TBI were served; 19 of those were employed. Funding sources are federal and state general funds. RCS has entered into a contract with the University of North Dakota - Center for Rural Health to provide technical assistance and consultation to the counselors and employment providers on working more effectively with individuals with TBI.

The Medical Services Division manages the Home and Community Based Waiver (HCBS). Please see **Attachment A** for a breakdown of the services. Services for each individual are determined based on the results of a functional assessment. The costs for all the services are not broken down per service. The following is an example of the costs of HCBS for all individuals with TBI who received services in November 2009. 798 units of service were provided to 27 individuals. The cost per unit (one unit equals 15 minutes) was \$118.33. The average cost per individual was \$3,497.22. The total cost for services to all 27 individuals was \$94,425. Funding sources include federal and state general funds.

Other related services

North Dakota Protection and Advocacy (P & A) provides advocacy services to individuals with TBI. P & A receives an annual non-competitive grant from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau in the amount of \$50,000. In the event that funding would be expended in a

years' time, individuals with TBI would receive advocacy services under another program funded through state general funds or federal Protection and Advocacy of Individual Rights funds.

Residential and transitional care services are provided by HIT, Inc, and Hi Soaring Eagle Ranch for a total of 41 beds. HIT, Inc operates two residential facilities, Dakota Pointe (10 beds) and Dakota Alpha (20 beds). Dakota Alpha is licensed as a skilled nursing facility. The daily rate at Dakota Alpha is \$362.47. The Dakota Pointe building is licensed as a basic care facility. The program is a specialized program for brain injured individuals. The rate at Dakota Pointe is \$147.19 per day plus a monthly room and board rate of \$410 that the individual is responsible to pay. Hi Soaring Eagle has 11 beds at a daily rate of \$127.54. There is a room and board rate as well but I was not able to obtain that information. Funding sources for residential services include Medicaid, Medicare, private pay, and other insurances.

HIT, Inc. also provides transitional care. The daily rate is based on the number of tasks performed for each individual. Tasks provided include bathing, communication, community integration, various personal care services, housework, meal preparation, medication assistance, money management, shopping, social appropriateness, transportation, mobility, and transferring/positioning/turning. An assessment is completed to determine the individual needs and frequency of assistance. The cost per individual depends on the number of tasks they need help with. For example, one individual received assistance with various tasks 20 days out of the month. The cost per day was \$37.70, for a total of \$754 for that month. Funding sources include Medicaid, private pay, and other insurances.

HIT, Inc. provides adult day care at the rate of \$32.29 per half day. Services include socialization group, exercise, social and recreational activities, and lunch. Funding sources include Medicaid, private pay, and other insurances.

Through a contract with the DMHSAS, HIT, Inc., provides social and recreation services. The contract provides for up to 1,440 hours of service at an hourly rate of \$27.85 for up to nine individuals. The total amount of the contract is \$40,104. The amount of this service was determined by the passing of 2009 Senate Bill No. 2198.

The Head Injury Association of North Dakota provides information and referral services, public awareness and education, peer mentoring services, and informal support services. The amount of that contract is \$112,200. Another contract for the provision of additional public awareness for \$5,460 is in place as well. Both of these contracts were developed as a result of the 2009 Senate Bill No. 2198.

The DMHSAS is implementing the 2009 Senate Bill No. 2198. In addition to the contracts mentioned above, \$111,540 was budgeted for increased and specialized vocational rehabilitation and consultation to individuals with TBI. Services under this section of the bill include extended support for individuals at risk of losing their employment after exhausting vocational services. Individuals with TBI very often need pre-vocational skills in order to re-enter or maintain employment. To meet that need, a Request for Proposal (RFP) in the amount of \$55,000 was issued to solicit proposals to provide pre-vocational skills services. The remainder of the budget, \$56,540, is used to support ongoing employment once the

individual has completed their supported employment work with RCS and prepared to move on to extended support services.

\$57,600 was appropriated for quality assurance and training for HCBS case managers and others who provide services to individuals with TBI. A data collection tool is in place to collect data from HCSB case managers on a monthly basis. Data collected include the number of new applications, number of "new" individuals who will receive services, and all individuals receiving HCBS. Periodic data probes will be completed by Medical Services Division to review the type and cost of services. To date, HCBS case managers in regions 1, 2, and 7 have received TBI 101 training. The DMHSAS will collaborate with the Head Injury Association of North Dakota, the Indigenous People's Brain Injury Association, and UND-Center for Rural Health to plan and fund a statewide conference.

This concludes my testimony. I'd be happy to answer any questions.