

Testimony
Human Services Committee
Representative Kathy Hogan, Chair
August 19, 2015

Chairman Hogan, and members of the Human Services Committee, I am Sheryl Pfliger, Acting Director of the Aging Services Division, for the Department of Human Services (Department). I am here today to provide an overview of family caregiver supports and services provided by the Department.

Family Caregiver Support Program (FCSP): The FCSP is designed to provide training, supportive services, and respite care to caregivers who provide unpaid care on a 24-hour basis to enable individuals age 60 and older to remain in their own home. Participation in the program is allowed for caregivers caring for individuals of any age with dementia. The program also assists grandparents or relative caregivers who are caring for a child age 18 or younger or for an adult child with a disability. If an individual is being paid privately or receives respite services from another publicly funded program, the individual is not eligible to receive support through the FCSP.

Family caregiver services include: information to caregivers about available services; assistance in gaining access to the services; counseling, support groups, and training; respite care; and supplemental services to assist with the cost of devices and supplies to ease caregiving tasks. Respite care is the most utilized of the services provided.

The FCSP can be accessed by contacting the Regional Aging Services Program Administrators (RASPA) at the human service centers. The RASPA will complete an in-home assessment and provide or arrange for needed services. During Federal Fiscal Year 2014, a total of 298 unduplicated caregivers were served. The primary funding source for the FCSP is Title III-E of the Older Americans Act.

Dementia Care Services Program (DCSP): The DCSP provides care consultation and training to caregivers to address the unique and individual needs that arise throughout the various stages of dementia. People with dementia and their caregivers receive one-on-one assistance that enables them to better manage care and make more informed decisions regarding services and treatments. The program also provides education on dementia to medical professionals, law enforcement, caregivers, and the general public regarding the symptoms of dementia, the benefits of early detection, and treatment.

For the purposes of this program, dementia means the condition of an individual involving loss of memory, and impairment of cognitive functions severe enough to interfere with the individual's daily life. Anyone who has a need is eligible to receive services. Eligibility is not based on diagnosis (although a diagnosis is encouraged), age, or income level.

The DCSP is a state-funded program established during the 2009 Legislative Session. The Department, through competitive bid, contracts with the Alzheimer's Association Minnesota-North Dakota to provide services. During the 2013-2015 biennium, the DCSP served a

total of 889 persons with dementia as well as 1,893 caregivers and family members.

Family Home Care (FHC): The purpose of FHC is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments which contribute to his/her inability to accomplish activities of daily living.

The individual receiving FHC must be eligible for the Service Payments for the Elderly and Disabled (SPED) or Expanded Service Payments for the Elderly and Disabled (Ex-SPED) program and the service must be provided by a qualified family member as defined in North Dakota Century Code Chapter 50-24.7-01(7): "Family home care means the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. The family home care provider need not be present in the home on a twenty-four-hour basis if the welfare and safety of the client is maintained." The client and the qualified family member must reside in the same residence and mutually agree to the arrangement.

The provider does not need to be present in the home on a 24-hour basis if the client can be left alone for routine temporary periods of time (e.g. part-time employment of the qualified family member) without adverse impact to the client's welfare and safety. The client must agree to be left alone.

If clients cannot be safely left alone, respite care must be authorized so the provider can take necessary breaks away from their caregiving responsibilities.

As of August 2015, 221 individuals in SPED and 30 individuals in Ex-SPED are receiving FHC. 242 Qualified Service Providers (QSPs) are enrolled to provide FHC.

Family Personal Care (FPC): The purpose of FPC is to assist individuals to remain with their family members and in their own communities. It provides for the provision of extraordinary care payments to the legal spouse of a recipient for the provision of personal care or similar services.

The individual receiving FPC must be eligible for the HCBS Medicaid Waiver. The client and the qualified provider (who is the legal spouse and is enrolled as a personal care provider) must reside in the same residence and mutually agree to the arrangement. Before a legally responsible individual who has decision making authority over a client can be enrolled as a QSP for FPC, the case manager must pre-approve the choice of provider. The case manager is responsible to forward a copy of the narrative that explains why the legally responsible person acting as the FPC provider is in the best interest of the client to the state office. The narrative must be attached to the care plan of the client.

The provider does not need to be present in the home on a 24-hour basis if the client can be left alone for routine temporary periods of

time (e.g. part-time employment of the qualified family member) without adverse impact to the client's welfare and safety. The client must agree to be left alone.

If clients cannot be safely left alone or supervision is an authorized task, respite care must be authorized so the spouse can take necessary breaks away from their caregiving responsibilities.

As of August 2015, 67 individuals in the Medicaid waiver are receiving FPC with 67 QSPs providing FPC.

This concludes my testimony on the Department's family caregiver supports and services. I would be happy to answer any questions you may have.