

Testimony
Department of Human Services Committee
Representative Chuck Damschen, Chairman
October 29, 2013

Chairman Damschen, members of the Human Services Committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum of Medical Services, for the Department of Human Services. I am here today to provide you with comments regarding the committee's study of home and community-based services (HCBS), information regarding the Medicaid waiver process and options to combine Medicaid waivers relating to HCBS, and the application process for HCBS with options to improve the application process.

Direct HCBS Services provided:

Please reference [Attachment A](#) which provides an overview of all of the HCBS Home and Community Based Services including the eligibility criteria and funding sources for each of the services and also includes information on the HCBS and Technology Dependent Waivers.

Please see [Attachment B](#) which includes the cost per client information on the average number of recipients using HCBS services per month. The services are funded with general fund, Medicaid, and Counties are responsible for 5% of the SPED Program costs.

HCBS Staffing

Home and Community based services are provided by individual and agency Qualified Service Providers (QSPs). As of October 1, 2013, there were 1,556 individual QSPs and 141 QSP agencies enrolled with the

Department.

Location of HCBS Services

Home and Community Based Services are provided in a number of locations. They can be provided in the individual's home, in a basic care setting, assisted living facility, adult family foster care, and adult residential settings.

Outcomes for HCBS

HCBS Medicaid Waiver Quality Review questions are asked by the Case Manager on an annual basis. [Attachment C](#) contains the results of the responses to the questions for the calendar year 2012 survey which had a sample size of 229 individuals. The responses are generally positive regarding the care they receive.

Data was gathered concerning length of time recipients are receiving HCBS in the Medicaid HCBS waiver as shown in [Attachment D](#).

Medicaid waiver recipients meet the Level of Care required for nursing home placement. The number of years which individuals are receiving HCBS services delay or divert nursing home placement.

Estimated Unmet Need for HCBS

Some of the unmet needs that have been identified through previous Department Stakeholder input and supported in the Governor's Budget, and the Legislative process include:

- Funding for a mileage differential to QSPs for round trips in excess of 20 miles.

This will encourage QSPs to serve individuals living in rural areas of North Dakota. Implementation date is 1/1/2014.

- Home delivered meals seven days a week to SPED and ExSPED for clients under 60 years old. Implementation date is 1/1/2014.
- Extended personal care services for the SPED program to allow specifically trained QSPs to administer medications and do other medical tasks. Implementation date is 1/1/2014.
- Personal care with supervision to the HCBS waiver to allow individuals with a primary diagnosis of dementia or traumatic brain injury (TBI) to receive 24 hour supervision within a daily rate. Implementation date is 7/1/2014.
- Information was received at the previous interim committee meeting that there is a need for reimbursement for companionship services.

Aging Services Division Older Americans Act Programs

Please refer to [Attachment E](#) for an overview of the various programs provided within the Older Americans Act (OAA) state-funded programs.

Options to combine Medicaid waivers relating to home and community-based services

Pros:

- Could streamline enrollment process because there would be one set of criteria to be eligible for one combined waiver.
- All information would be in one place. Consumers could use a one stop shop concept where all information is in one place. One case manager would determine eligibility for the waiver.

- Could coordinate client care and would reduce the need to work between several entities.
- Allow state to develop services based on need rather than diagnosis or condition.

Challenges/Issues:

- Waiver services must be available to all who meet the service criteria and the services must be available statewide.
- The waiver would need to cover from birth to end of life. Currently we have different ages and corresponding services to meet the needs of different populations. If a waiver would serve all ages, services would need to meet the needs of both children and adults which is not always possible. Therefore, the number of services would likely be reduced as currently all services are not appropriate for all ages served in the various waivers.
- Current providers are not trained to handle all types of clients. They have expertise in various fields; i.e. DD, HCBS (potential loss of specialized expertise and capacity and possibility that some will be underserved or receive services that are not appropriate to their needs. Need to ensure that supports and services remain available to those who need highly specific supports).
- We would need to determine the number of slots or capacity available. Currently, DD has a large number of slots while Technology Dependent, HCBS, Children's Medically Fragile (CMFW) all have significantly fewer slots. It would be difficult to determine which population would utilize the majority of the slots. We would not want to diminish capacity for smaller groups with specialized needs such as the Technology Dependent waiver.

- The purpose of the waivers is different. In the DD waiver, training and working towards independence of the client is key; in the HCBS waiver, needs are addressed by providers completing and assisting the client with the tasks if they are functionally unable to complete them independently because of age or physical disability.
- Each waiver requires different qualifications for case managers and program managers. These qualifications would need to be standardized if all populations were under one waiver authority.
- We would have to increase our costs to allow for service costs which would vary among the various populations.

The Department does not recommend combining the Medicaid waivers.

Application forms and the application process for home and community-based services and options to improve the application process

The HCBS point of contact is the HCBS county case managers. A case manager is assigned to complete an assessment, the individual signs for the services and a care plan is developed.

The single point of contact for individuals wishing to access DD services is the regional human service center. A DD program manager is assigned and they will assist the individual with the human service center application, applying for Medicaid, if appropriate, and completing eligibility for DD program management and the HCBS DD waivers.

This concludes my testimony and I would be happy to answer any questions you may have.