

TESTIMONY
TRIBAL AND STATE RELATIONS COMMITTEE
FEBRUARY 21, 2006

Chairman Stenehjem and members of the Tribal and State Relations Committee, I am Linda Wright, Director of the Aging Services Division, Department of Human Services. I am here today to testify in regard to home and community based services (HCBS) case management and other HCBS available to tribal members and other eligible North Dakota citizens who are older persons or persons with physical disabilities.

Case management for HCBS is defined as “the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services, and in coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner. The specialized assistance is based on the results of a comprehensive assessment.”

The provision of HCBS case management is currently limited to county agencies; the County Social Service Boards. Case management services are currently provided to approximately 2,057 HCBS consumers; 214 of which are identified as Native American. Other services which are available to tribal members include personal care, homemaker, family home care, chore, emergency response system, respite care, adult foster care, adult day care, non-medical transportation, environmental modification, specialized equipment, adult residential, TBI residential, TBI transitional living, and TBI supported employment. These services are funded through the Long Term Care Services budget of the Department of Human Services, which includes Service Payments for Elderly and Disabled (SPED), Expanded SPED, Medicaid State Plan for personal care,

Medicaid Waivers for Aged and Disabled and Traumatic Brain Injury, and Targeted Case Management. Home and Community Based Services recipients currently have the right to choose who will provide their services for all service categories except case management.

There are currently two tribal entities enrolled as providers of HCBS services. In addition, several tribal members are enrolled as Qualified Service Providers of in-home care.

Older Americans Act Title III funded services are also available to tribal members. The Aging Services Division currently contracts with each of the tribal governments, except Three Affiliated Tribes to provide the following services: transportation, outreach, health maintenance, congregate meals and home delivered meals. In addition each tribal government receives Title VI Older Americans Act funds directly from the Administration on Aging to provide services to elders. This includes the National Family Caregiver Support Program.

Adult Protective Services, provided through the Regional Human Service Centers, is available to tribal members on the Spirit Lake and Turtle Mountain reservations, through an agreement between the Lake Region Human Service Center and both of the tribal governments. West Central Human Service Center coordinates Adult Protective Services with the Elder Protection Team of the Standing Rock Nation.

Consumer choice and consumer direction are concepts increasingly supported by the federal and state governments. As part of President Bush's New Freedom Initiative, the State of North Dakota has applied for and received 2 Real Choice Systems Change grants. One of the projects funded by the first grant, through the Olmstead Commission, was to the Indian Affairs Commission to increase the cultural appropriateness of home and community based services. The Department of Human Services

has been very involved in this project, with both Theresa Snyder, DHS Tribal Liaison, and myself serving on the steering committee.

The Department of Human Services/Aging Services Division is currently implementing a Real Choice Systems Change Grant Rebalancing Initiative. The goals of the grant are as follows: 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 program 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 mechanism for service delivery. We have worked closely with the Indian Affairs Commission to assure that the needs of tribal members are included.

The Governor's Committee on Aging, which is the advisory committee for the Aging Services Division, is a volunteer committee of 14 individuals appointed by the Governor. Five of the committee members are appointed to represent each of the tribal governments and the Trenton Indian Service Area. The current chairman of the Governor's Committee on Aging is Frederick Baker, an enrolled member of Three Affiliated Tribes. In addition, the 7 individuals who represented North Dakota at the recent White House Conference on Aging included 2 tribal members; Frederick Baker and Gloria Lefthand, a member of the Spirit Lake Nation.

We have a good working relationship with the tribal governments and tribal entities in relationship to provision of services to elders and persons with physical disabilities, and welcome future opportunities to continue collaborative efforts.

If you have any questions, I would be happy to answer them at this time.