



House Bill 1012

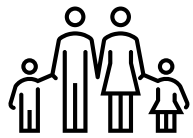
House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

Aging & Adult Services

Helping older adults and adults with physical disabilities to remain living in their homes and communities

NORTH
Dakota | Human Services
Be Legendary.™

DHS 2021-2025 KEY PRIORITIES



Strong Stable Families

- Maintain family connections
- Improve stability and prevent crises
- Promote and support recovery and well-being



Early Childhood Experiences

- Support workforce needs with improved access to childcare
- Help kids realize their potential with top quality early experiences
- Align programs for maximum return on investment



Services Closer to Home

- Create pathways that help people access the right service at the right time
- Engage proactively with providers to expand access to services



Efficiency Through Redesign

- Embrace process redesign to find efficiencies in our work
- Leverage technology to support greater efficiency, quality and customer service



High-Performing Team

- Develop a One DHS Team culture
- Engage team with opportunities for learning and development
- Implement fiscal scorecard to drive efficiency and effectiveness

Reinforce the Foundations of Well-being

Economic Health | Behavioral Health | Physical Health

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Program Purpose

Help older adults and individuals with physical disabilities to remain in their own homes and communities.

Protect the health, safety, welfare and rights of residents of long-term care settings and vulnerable adults in the community.



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New in 19-21

SPED Eligibility

New Waiver
Services

HCBS Case
Managers

DOJ
Settlement

Electronic Visit
Verification



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What we do

Aging & Disability Resource Link (ADRL)

- Toll free resource line for people with questions about how to access services
- Centralized intake for HCBS services
- Proactive in-reach and out-reach to build awareness of HCBS options

HCBS Case Management

- HCBS case management provided to consumers
- Eligibility review
- Care Team planning
- Service authorization

Protective Services

- Vulnerable Adult Protective Services delivered statewide
- Ombudsman services for long term care residents

Senior Nutrition & Community Supports

- Administration of Older Americans Act
- Senior nutrition program
- Support for Family Caregivers
- Lifespan Respite grant

Administration HCBS and Partnerships

- HCBS 1915(c) Medicaid waiver
- Medicaid State Plan – Personal Care
- SPED / Expanded SPED
- Money Follows the Person

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Aging & Disability Resource Link (ADRL)

Top 5 Information Requests

- In-home assistance
- Adult protective services
- Medicaid information
- Family caregiver support program (FCSP)
- Older adults/aging Issues

Web
6147

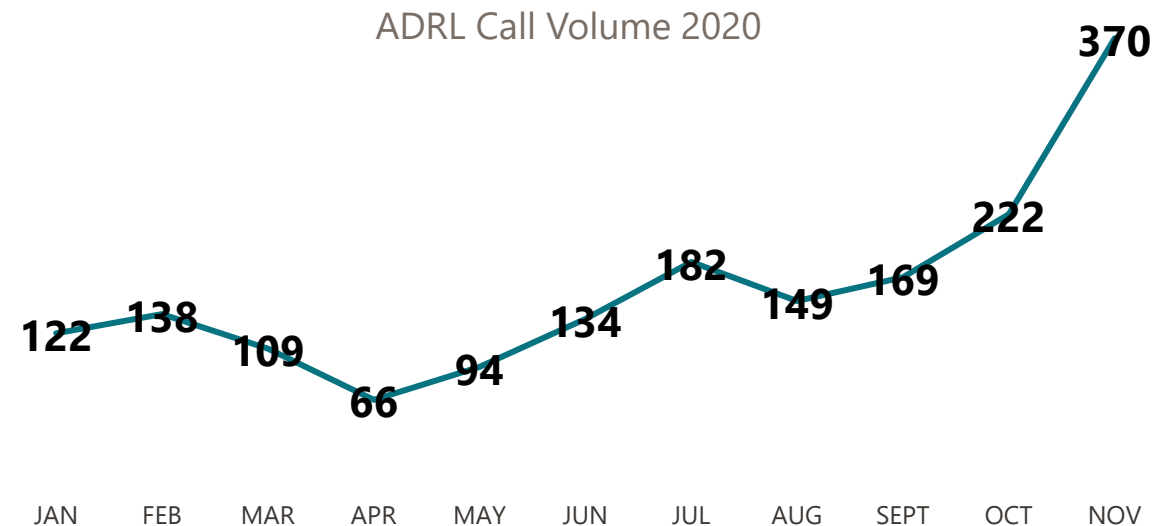
Phone
2,776



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ADRL Centralized Intake

- Process to receive HCBS referrals
- Based on no wrong door (NWD) approach
- Network built to support individuals needing LTC services by simplifying and streamlining access to information and services
- 6 FTE dedicated to centralized intake
- Fully implemented January 2021



7 in 10

Americans 65+ will need LTC services for an average of 3 years

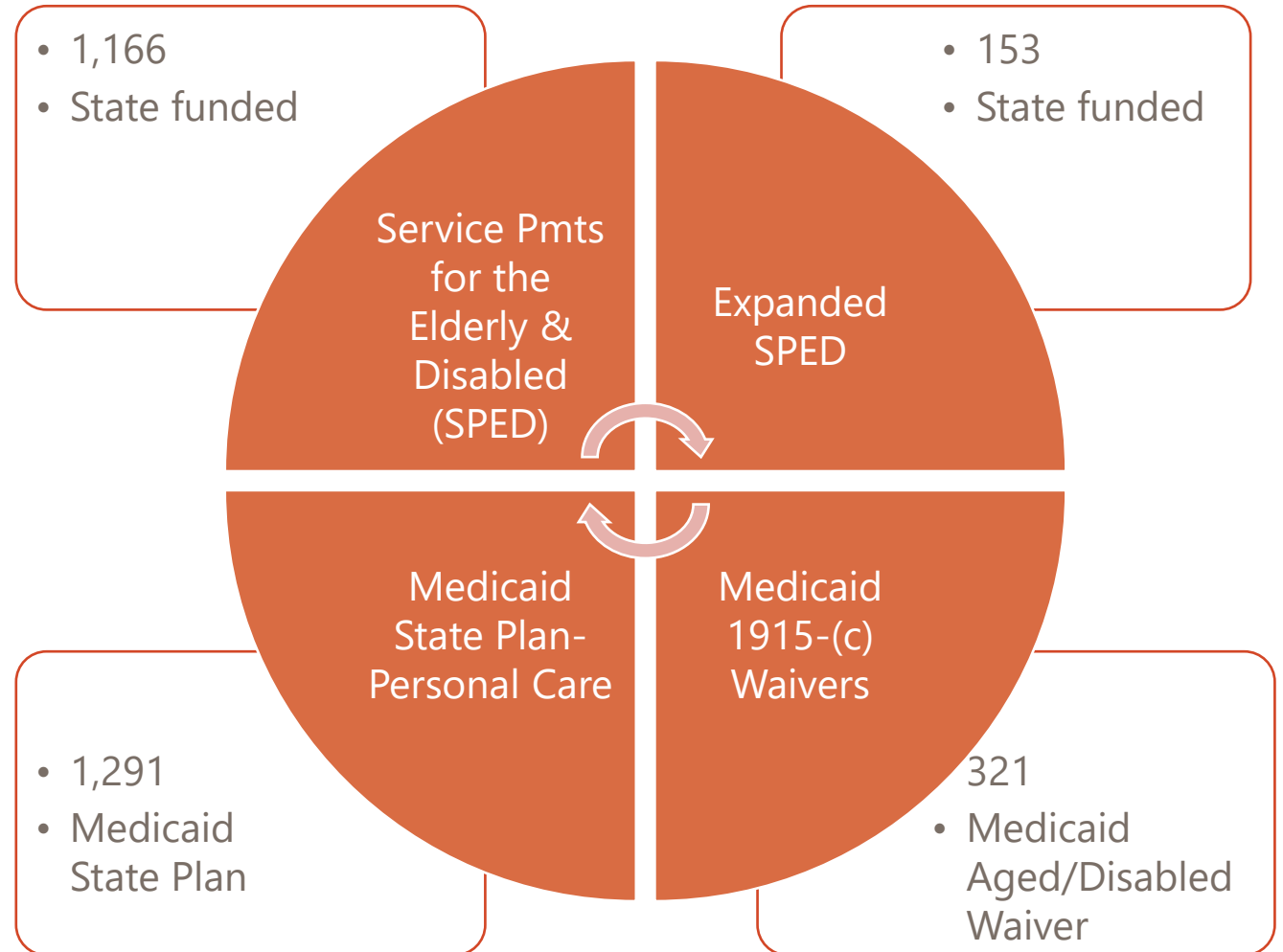
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Home and Community Based Services

2,300

HCBS supported 2,300 unduplicated recipients

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds



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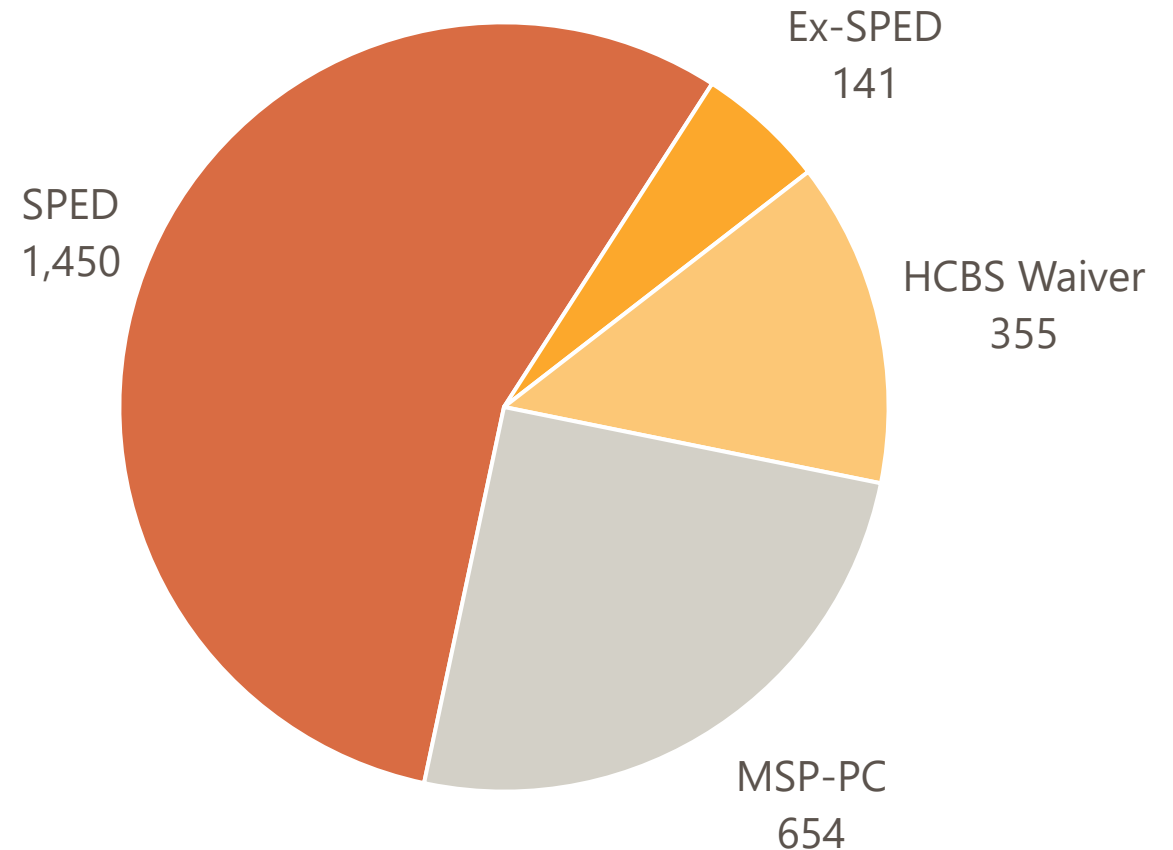
Types of Support Services available via HCBS

- Adult Day Care
- Adult Foster Care
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Community Support Services / Residential Habilitation
- Community Transition Services
- Companionship
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Emergency Response System
- Environmental Modification
- Family Home Care & Family Personal Care
- Home Delivered Meals
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supervision
- Supported Employment
- Transitional Care

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Individuals receiving HCBS services (Nov 2020)

ND's HCBS for older adults and people with physical disabilities are coordinated by 64 HCBS case managers and delivered by 1149 Qualified Service Providers (QSPs) who served 2,300 people ages 18-104 in 2020



Source: DHS HCBS Caseload Data Nov 2020

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HCBS Case Managers

64

HCBS case managers who work in
19 Human Service Zones across
ND

3,057

Individuals served by HCBS case
managers (Nov 2020)

283 & 54

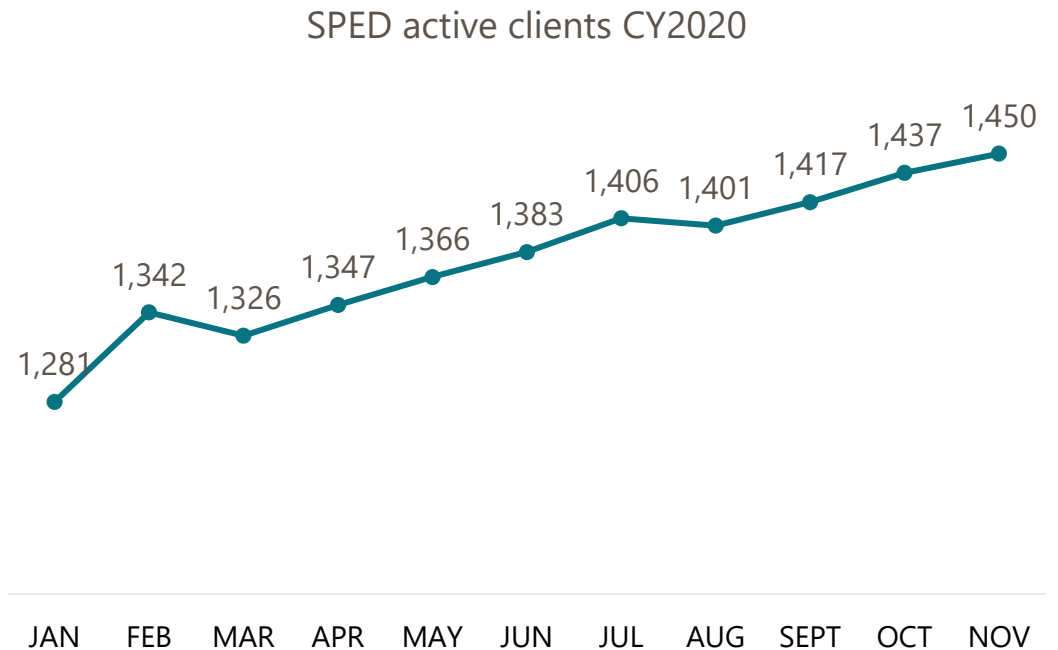
On average, 283 new referrals and
54 new cases opened for HCBS
each month



AGING & ADULT SERVICES | NEW IN 19-21

HCBS Investments – SPED Eligibility

- Rebased client fee schedule and annual Cost of Living Adjustment (COLA)
- Updated functional eligibility criteria
- Resulted in **730 new clients** accessing services in CY2020
- **25% increase** in the total number served in CY2019
 - 94% have assets less than \$25,000
 - Average monthly service cost of **\$486** per person



AGING & ADULT SERVICES | NEW IN 19-21

HCBS Investments – Enhanced services

Added Services to Medicaid 1915(c) Aged & Disabled Waiver

- Residential habilitation
- Community supports
- Companionship

Services provide for up to 24-hour care in a private home or agency adult foster care and reduce social isolation of Medicaid eligible adults who screen at a Nursing Facility Level of Care



Meet Joan



**In ND we served 1,166
people like Joan in CY2020**

Joan is 83 years old

She lives alone in her own home

Joan has assets of less than \$25,000. She has a monthly income of \$1,020 per month

Joan has several age-related physical impairments (vision loss, rheumatoid arthritis, heart disease) that make it hard for her to complete housework and personal cares

Joan is a good candidate for **SPED** services.

Meet Lana



**In ND we served 153 people
like Lana in CY2020**

Lana is 62 years old

She lives alone in an apartment.

Lana is Medicaid eligible. Her monthly income is from SSI, \$783 per month

Lana has some behavioral health needs and difficulty remembering to take her medications. Lana needs a safe, supervised, structured environment.

Lana is a good candidate for **Expanded SPED** services.

Meet Betty



**In ND we serve an average
of 321 people like Betty
each year**

Betty is 67 years old

Betty lives with her husband who is her primary caregiver.

Her monthly income comes from SSI is \$1191 each month. Betty is Medicaid eligible.

She meets a Nursing Facility Level of Care because of her dementia and related impairments. She needs supervision and help with her personal cares.

Betty is a good candidate for the **HCBS Medicaid Waiver**.

Meet Margo



**In ND we served an average
of 588 people like Margo
each year**

Margo is 63 years old

Margo has a number of disability-related physical impairments. She needs hands-on care for an average of 240-300 hours per month.

She is Medicaid eligible and meets a nursing home level of care.

Margo is considered high need as she is impaired in at least 5 activities of daily living (ADLs). For Margo, this includes bathing, dressing, feeding, toileting, continence, transferring, mobility inside.

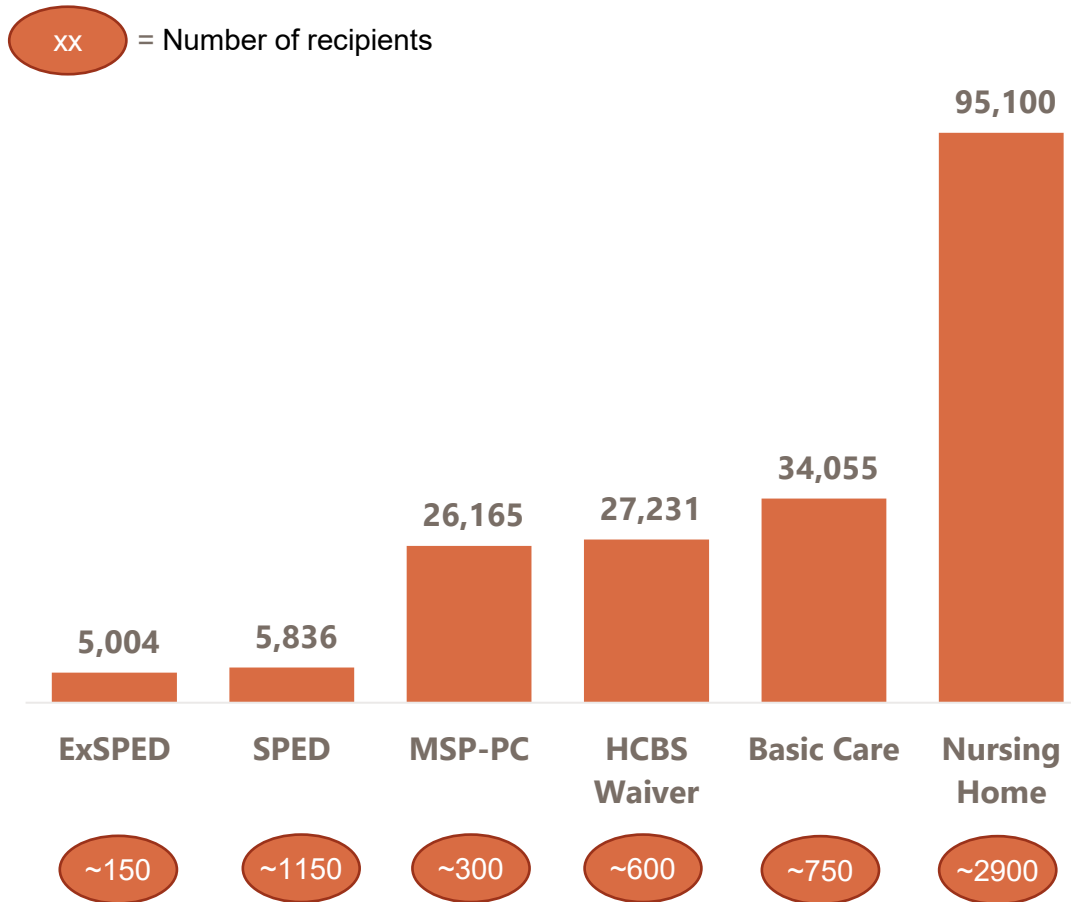
Margo is a good candidate for **Medicaid State Plan-funded Personal Care**

DHS FUNDED LONG TERM CARE AND HCBS SERVICES

Total cost by type of service

Cost Per Recipient Per Year

Cost paid by state by service in \$ in State Fiscal Year 2020



Program Descriptions / Detail

- **Service Payments for the Elderly and Disabled (SPED):** Provides services for people who are older or physically disabled, have limited assets, and who have difficulty completing tasks that enable them to live independently at home.
- **Expanded SPED (Ex-SPED):** Pays for in-home and community-based services for people who would otherwise receive care in a licensed basic care facility.
- **Home and community-based services (HCBS) waiver:** This waiver from the federal government allows the state to use Medicaid funds to provide services enabling eligible individuals who would otherwise require nursing home services to remain in their homes or communities.
- **Medicaid State Plan personal care (MSP-PC):** Personal care services available under the Medicaid state plan and enable persons with disabilities or chronic conditions accomplish tasks they would normally do for themselves if they did not have a disability.
- **Basic Care:** Room and board and personal care services for persons eligible for Medicaid.

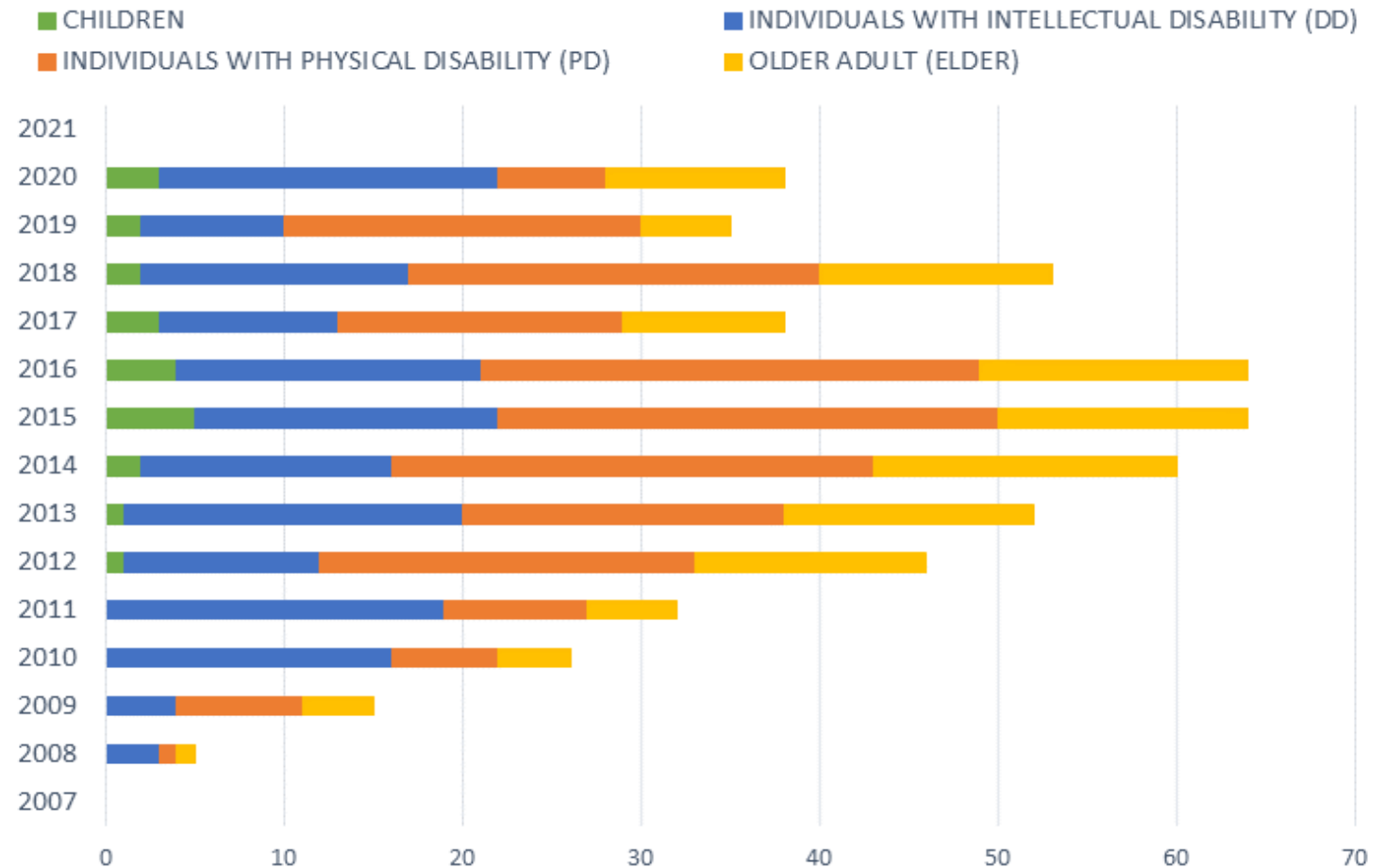
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Money Follows the Person

Federal Grant designed to assist states to increase the use of home and community-based services (LTSS System Rebalancing)

- Eliminate barriers that prevent individuals from receiving LTSS in the settings of their choice
- Original award - \$8.9 million (2007)
- Award through 2020 - \$29 million (fed) and \$1.7 million (state)
- Transitioned 528 individuals from institutional settings back to the community

RUNNING MFP TRANSITION SUMMARY PER YEAR



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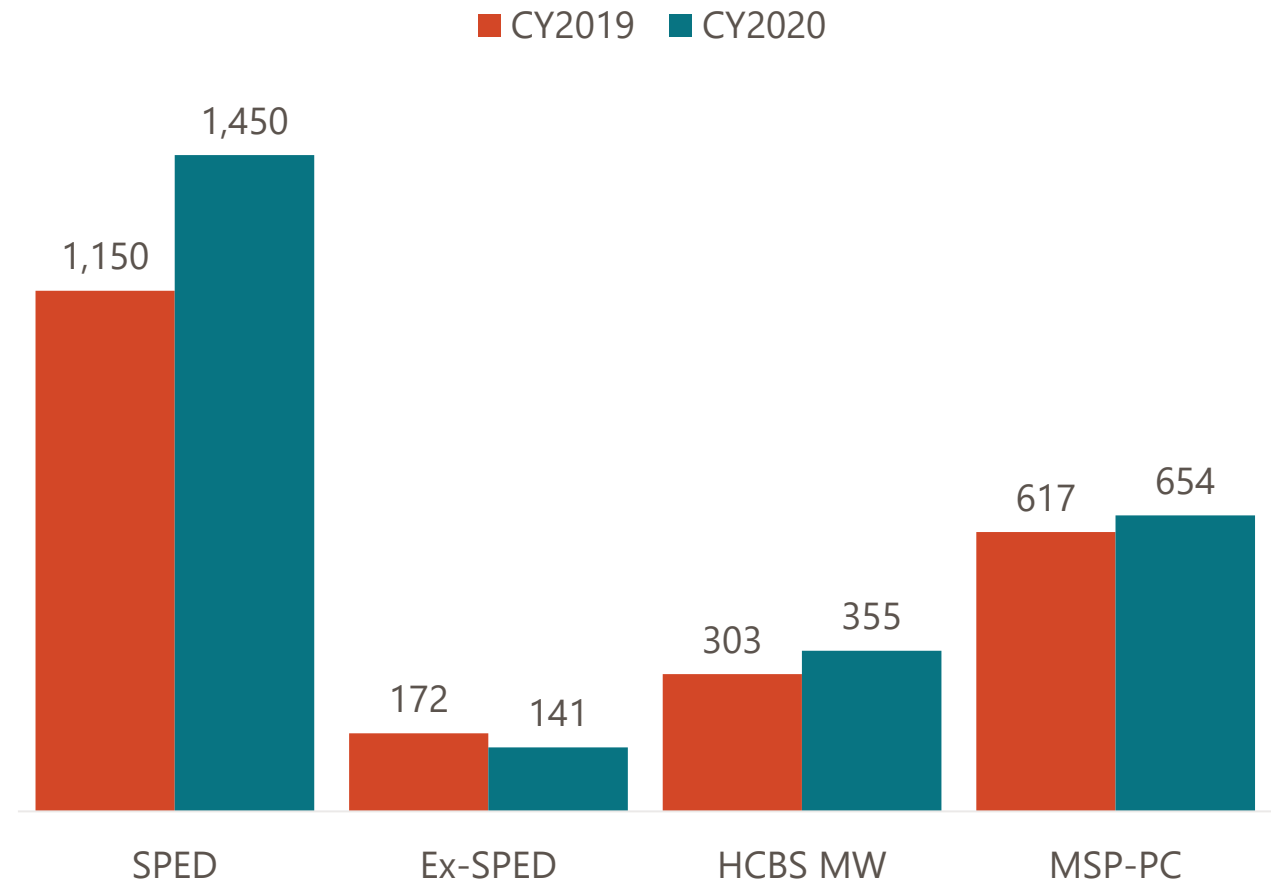
Key Changes due to COVID: Home & Community Based Services

HCBS services have continued to be provided throughout pandemic

- Administrative Flexibility
- Allowed virtual case management
- Service flexibility e.g., authorize family to provide care
- Temporary increase service rates for family personal care and supervision
- Modified provider qualifications to speed enrollment

Noted increase in Social Isolation among HCBS recipients

HCBS Caseload Comparison CY19 to CY20



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Vulnerable Adult Protective Service (VAPS)

The program addresses the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect, or exploitation.



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Vulnerable Adult Protective Service (VAPS)

1,695 allegations



1,418 investigations

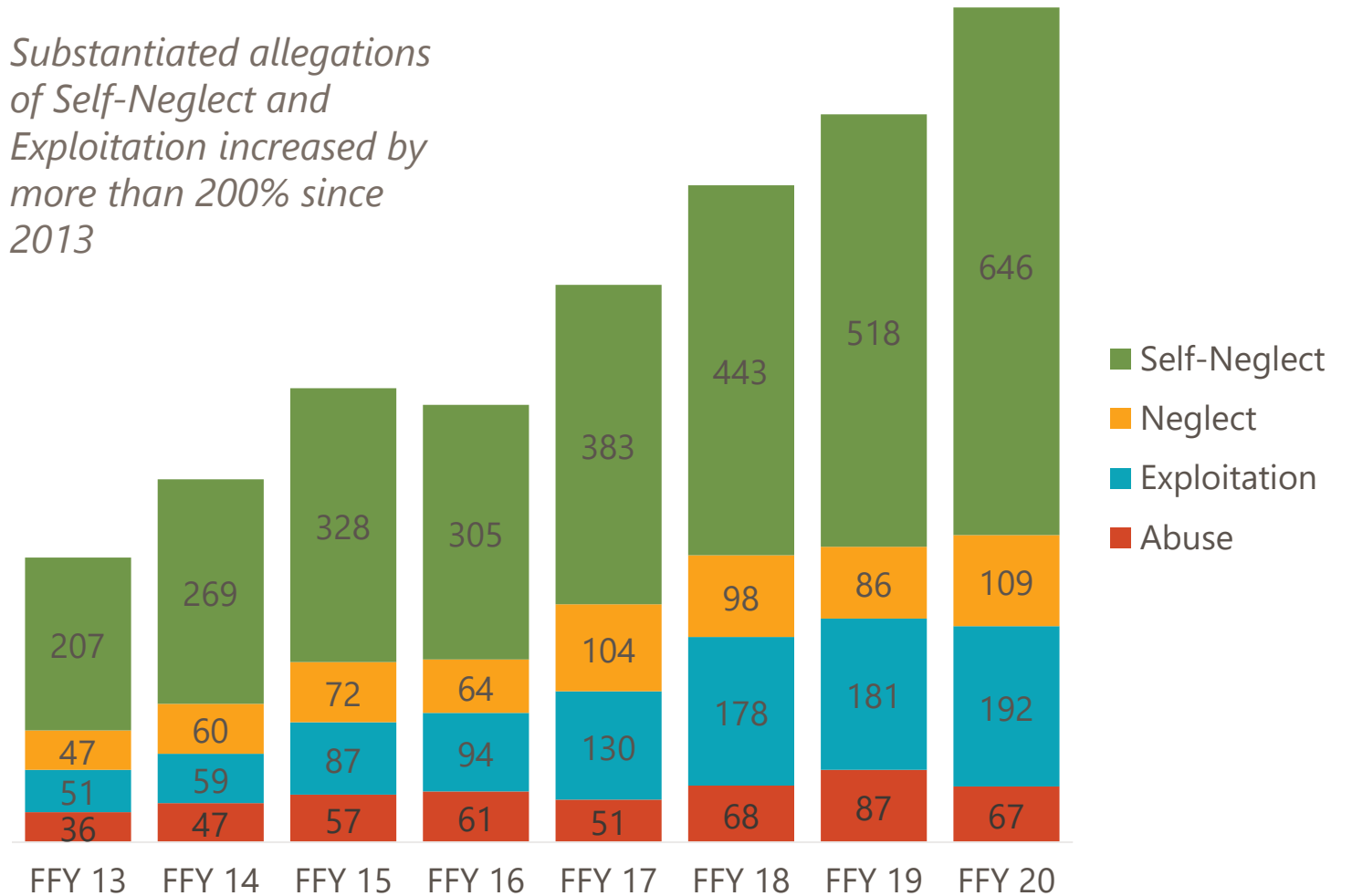


1,014 substantiated

Most common allegation:

Self Neglect

Substantiated allegations of Self-Neglect and Exploitation increased by more than 200% since 2013



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Long Term Care Ombudsman

Long-Term Care Ombudsmen are advocates for resident rights. They help protect the quality of life and quality of care of anybody who lives in a nursing home, basic care or an assisted living facility.



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Long Term Care Ombudsman

ND Long Term Care System

5,635 Nursing Facility Beds*
676 Swing Beds
2,054 Basic Care Beds
3,066 Assisted Living Units

**In 252 facilities located in 79 communities*

Most Common Complaints

Nursing Homes/Swing Bed

- Autonomy, Choice, Preference, Exercise of Rights, Privacy
- Care
- Systems/Others

Basic Care & Assisted Living

- Autonomy, Choice, Preference, Exercise of Rights, Privacy
- Admission, Transfer, Discharge, Eviction
- Financial, Property (Not due to Financial Exploitation)

1,267

Information and
Consultations

448

Complaints
Received

305

Cases
opened

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Guardianship Establishment Fund

Fund covers most petitioning costs for eligible incapacitated adults

151

incapacitated adults served in 17-19 biennium. 147 served to date in 19-21 biennium

\$2,500

Max petitioning cost per person



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Older Americans Act (OAA)

24,600

Older adults served in FFY2019

Serves people age 60+
No income limits

Voluntary contribution
Cannot deny service due to
unwillingness or inability to
contribute

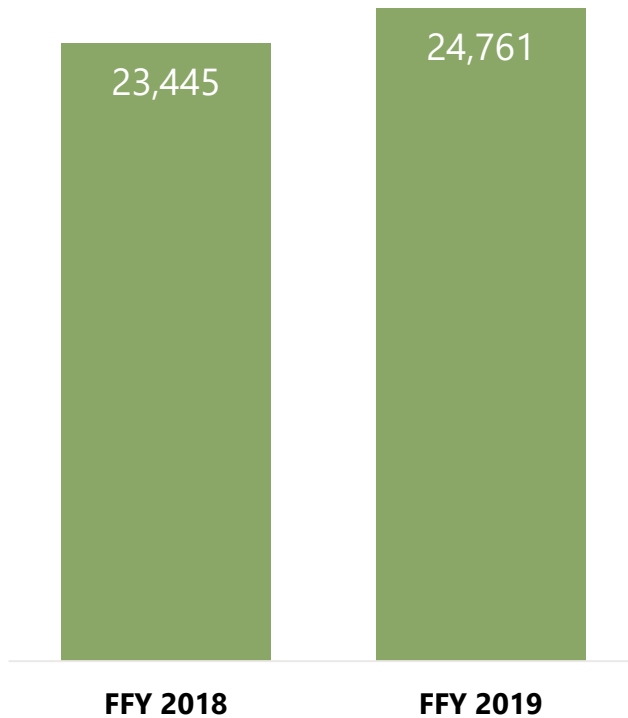
Federal, state, and local funds



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Older Adults served with Older American Act Funds

Clients Served with OAA Funds
increased by 6%



3,919

Clients with household
income at or below
poverty level (increase of
5% over FFY2018)

4,457

Clients **over age 85**
(increase of 2% over
FFY2018)

11,882

Clients who lived in **rural**
areas (increase of 2% over
FFY2018)

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Senior Nutrition Services

Nutrition services **reduce** hunger, **food insecurity**, malnutrition, and **promote socialization** of older adults.

Seniors with food insecurity can have many negative health consequences:

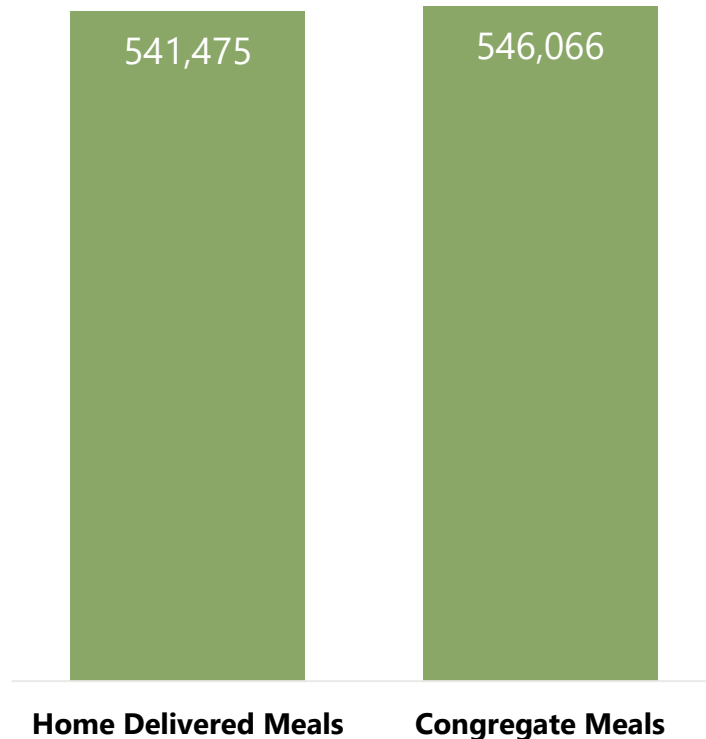
- Prolonged hospital stays
- Unintentional weight loss that can increase need for physical assistance



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Older American Act Funds Nutrition Services

In 2019 people utilized home delivered and congregate meals in roughly equal rates



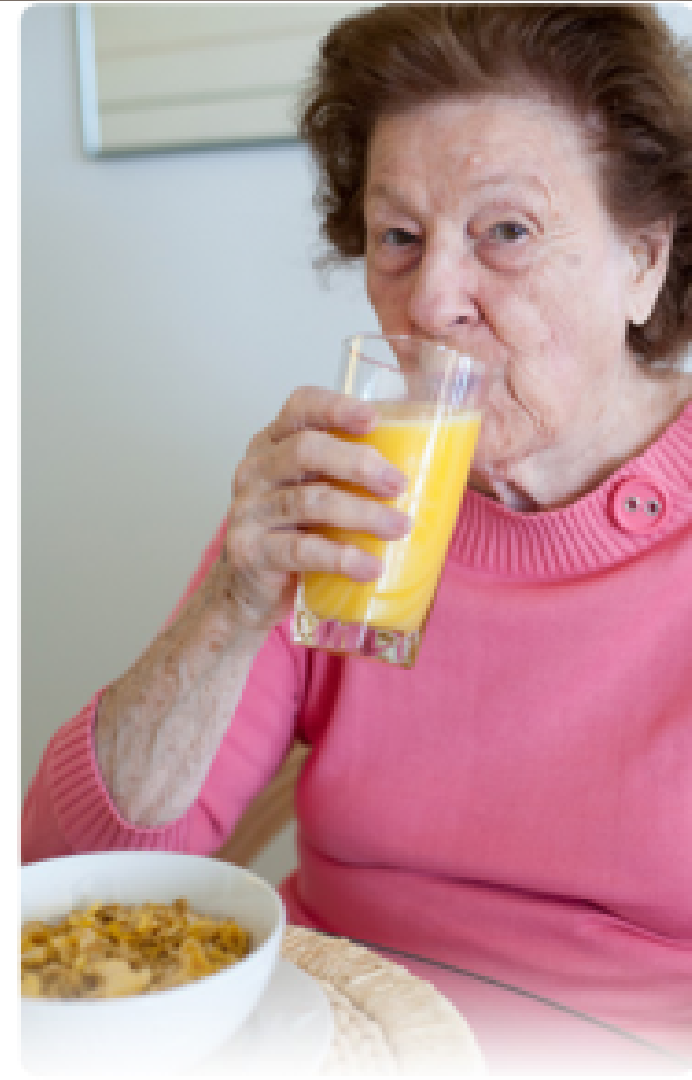
23%

Seniors receiving home delivered meals who are "high nutrition risk" (1,113 of 4,801 individuals served)

9.5% of the 14,311 individuals who received congregate meals in 2019 were "high nutrition risk"

23%

of Seniors receiving home-delivered meals have 2 or more ADL limitations (1,124 of 4,801 individuals served)



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Key Changes due to COVID: Nutrition Services

The pandemic changed the way meals are delivered to older adults.

Meals options:

- Home delivered
- Pre-packaged grab-and-go
- Curbside pickup
- Frozen meal options

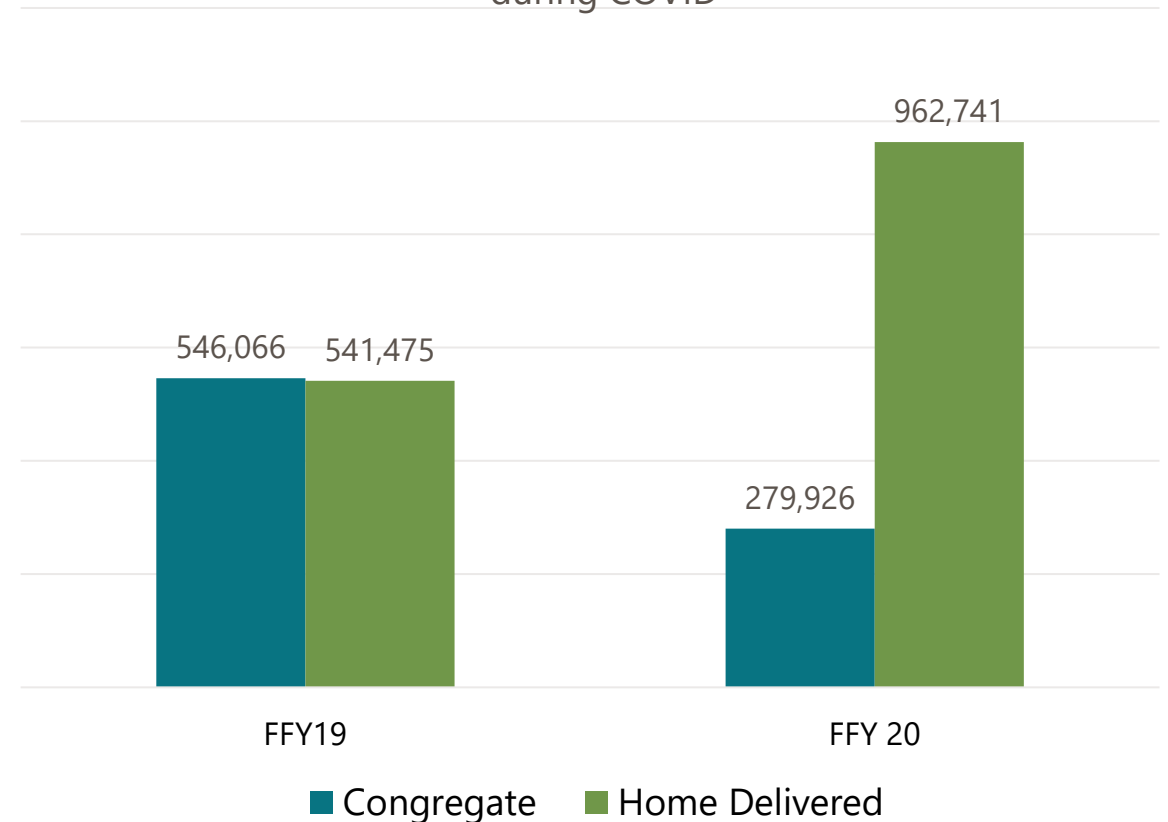
1,242,667

Meals served FFY2020 increased by
14% over FFY2019

9,362

Consumers served

Nutrition services shifted toward home-delivered meals during COVID



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Key Changes due to COVID: Nutrition Services

Home-Delivered Meals

Increased per meal rate from \$4.60 to \$7.00 to account for increased administrative costs

Funding

FFCRA	\$1.2 M
CARES	\$2.4 M
ND CARES	\$1.132 M



NORTH DAKOTA OLDER AMERICANS ACT NUTRITION SITES

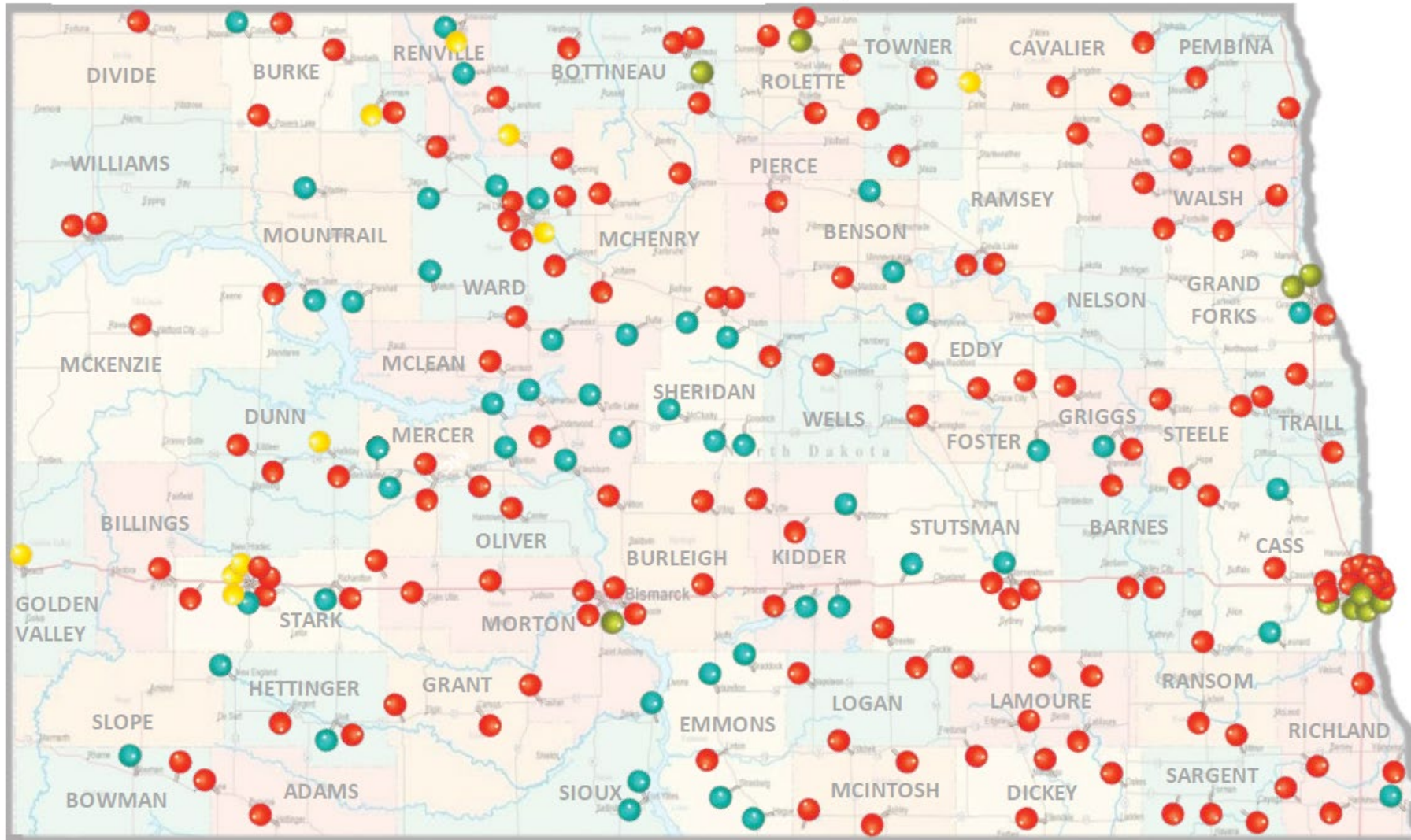
MAP LEGEND:

-  Congregate Nutrition Sites Only
-  Home Delivered Meals (HDM) Only
-  Both Congregate and HDM Options
-  Café 60 Nutrition Sites

STATE TOTAL:

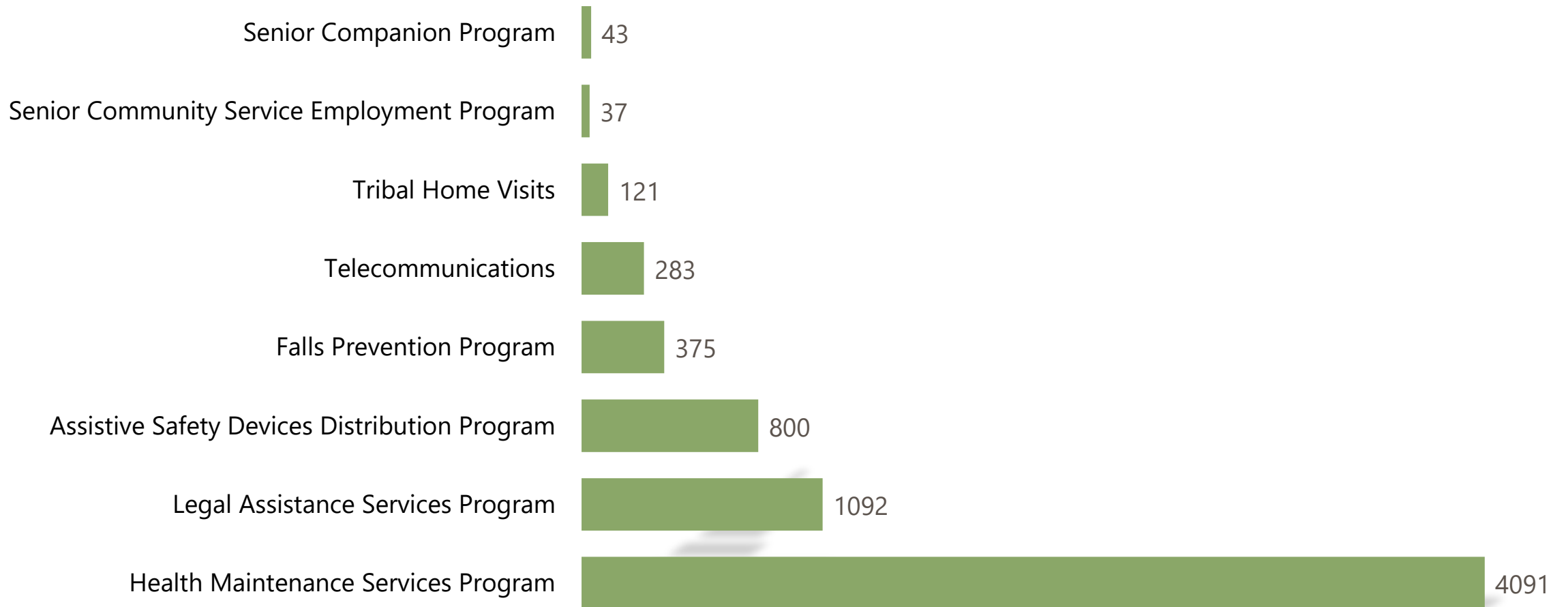
219

- 09 Congregate Nutrition Sites Only
- 51 Home Delivered Meals (HDM) Only
- 149 Both Congregate and HDM Options
- 10 Café 60 Nutrition Sites



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Other OAA services that support older adults



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State-funded Supportive Service programs

Dementia Care Program

- Care Consultation
- Education, training, information and referral for professionals, caregivers and the public

Telecomm Equipment Distribution

- Specialized telecommunications equipment for individuals with communication impairments

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Key Changes due to COVID: Supportive Services

The COVID-19 pandemic disproportionately impacted older adults.

Supportive Community Services

Funds companionship and shopping support for older adults

Funding

CARES \$1.0 M

Family Caregiver Services

Increased allowable amount of respite and supplemental services

Funding

CARES \$0.5 M

Ombudsman Activities

Technology to allow for virtual visits in skilled nursing facilities and basic care

Funding

CARES \$0.1 M

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Key Changes due to COVID: Aging Disability Resource Link (ADRL)

- Additional \$305K ADRL grant (ACL via FFCRA / CARES)
- Serves individuals 18+ with a disability impacted by COVID-19
 - Transition coordination services
 - Financial assistance for one-time moving costs, and rental assistance
 - Companionship services and shopping
 - Technology to allow for virtual visits in skilled nursing facilities & basic care



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Settlement Agreement between U.S. DOJ & State of ND

Purpose is to ensure that the State will meet the ADA requirements by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective December 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



AGING & ADULT SERVICES | DOJ SETTLEMENT

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting** **appropriate** to the needs of the individual.

In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.



AGING & ADULT SERVICES | DOJ SETTLEMENT

Benefits of DOJ Agreement

1

Expands and raises awareness about community-based care options available to adults with physical disabilities

2

Allows individuals to make **informed choices**, including the option to receive care while enjoying the benefits of community living in the least restrictive setting

3

Builds upon the investments made by the 2019 Legislature and our **shared goal** of improving services to citizens

WHO ARE WE TRYING TO REACH?

TARGET POPULATION

Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.



IF in skilled nursing setting

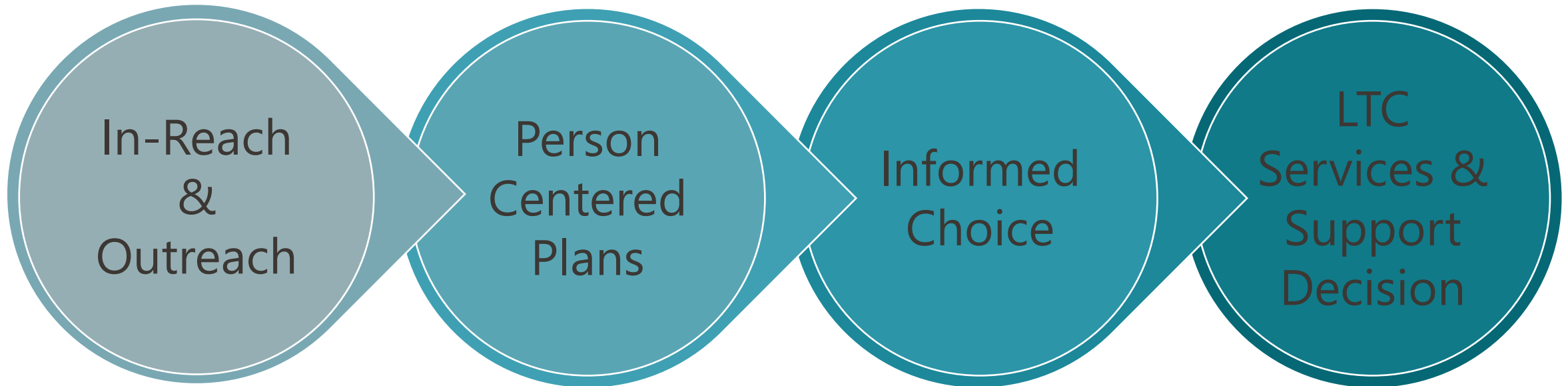
- Receive Medicaid-funded nursing facility services AND
 - Likely to require long term services and supports
- Receive nursing facility services AND
 - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
 - Likely to need services long term
- Need services to continue living in the community AND
 - Currently have a HCBS Case Manager or have contacted the ADRL

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Informed Choice Strategy – Implemented January 1, 2021



- Process to identify individuals and give them an opportunity to make an informed decision about where to receive services.
- In-Reach: Making connections when individual is in hospital or skilled nursing facilities.
- Out-Reach: Connecting with someone who is living in their home and searching for care.

- Process, driven by the individual that identifies supports and services that are necessary to meet the individual's needs in the most integrated setting.
- Consumer works with HCBS case manager to examine range of options.

- The choice that is made after person has been provided with information about options for integrated settings and engaged in person-centered planning.
- Finalization of Care Plan and connection to resources as needed.

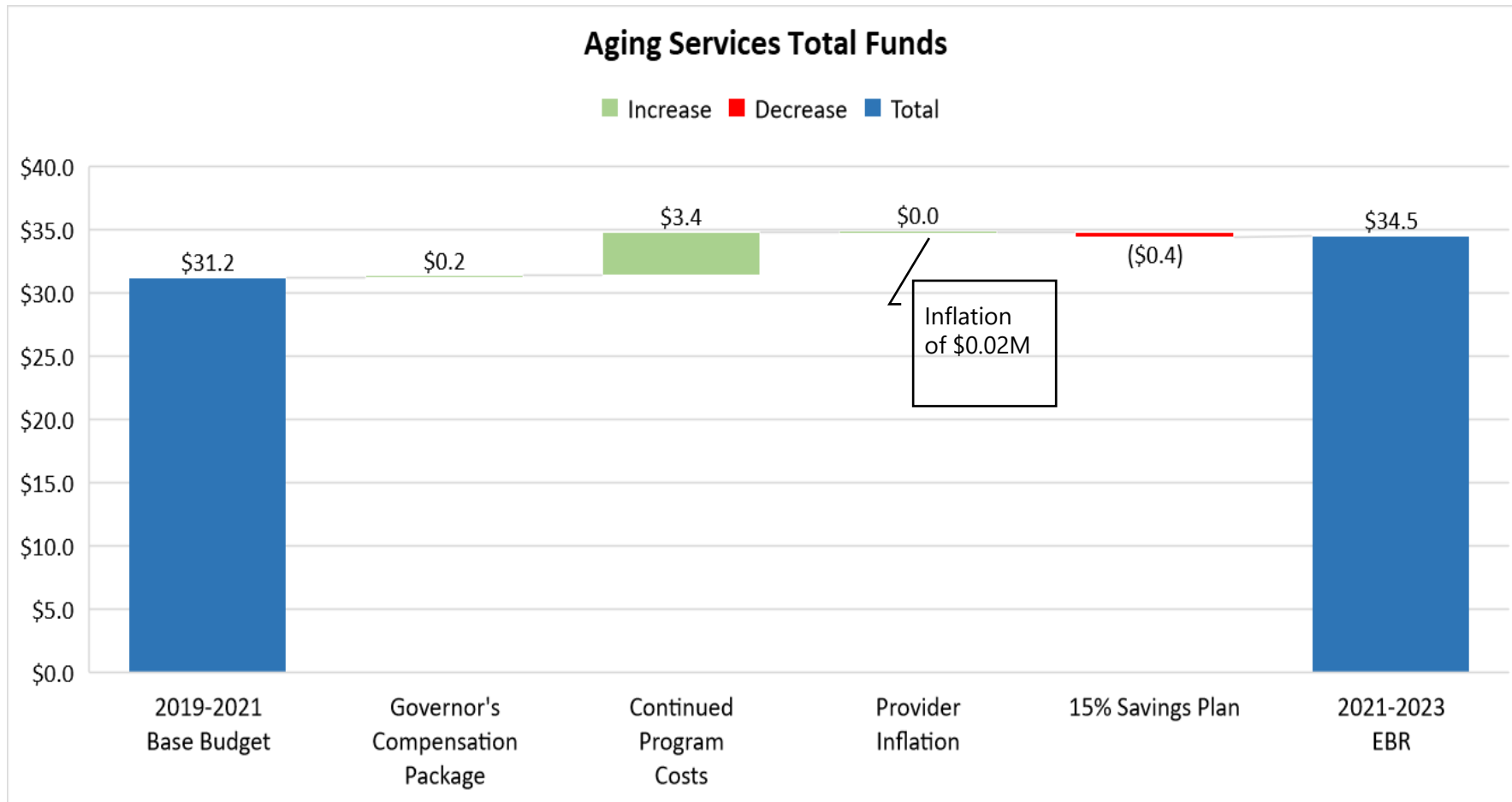
- Decision about individual care. All decisions are respected, and consumer is assisted in accessing HCBS if desired.
- Individual receives services in the setting and manner they selected; periodic follow up with case manager continues.

OVERVIEW OF BUDGET CHANGES

Description	2019-2021 Budget	Increase/ (Decrease)	2021-2023 Executive Budget
Salary and Wages	7,531,996	1,115,342	8,647,338
Operating	20,507,198	1,178,637	21,685,835
Grants	3,175,102	944,491	4,119,593
Total	31,214,296	3,238,470	34,452,766
General Fund	12,128,232	297,546	12,425,778
Federal Funds	18,109,325	3,171,725	21,281,050
Other Funds	976,739	(230,801)	745,938
Total	31,214,296	3,238,470	34,452,766
Full Time Equivalent (FTE)	44.00	0.00	44.00

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Overview of Total Budget Changes (in millions)

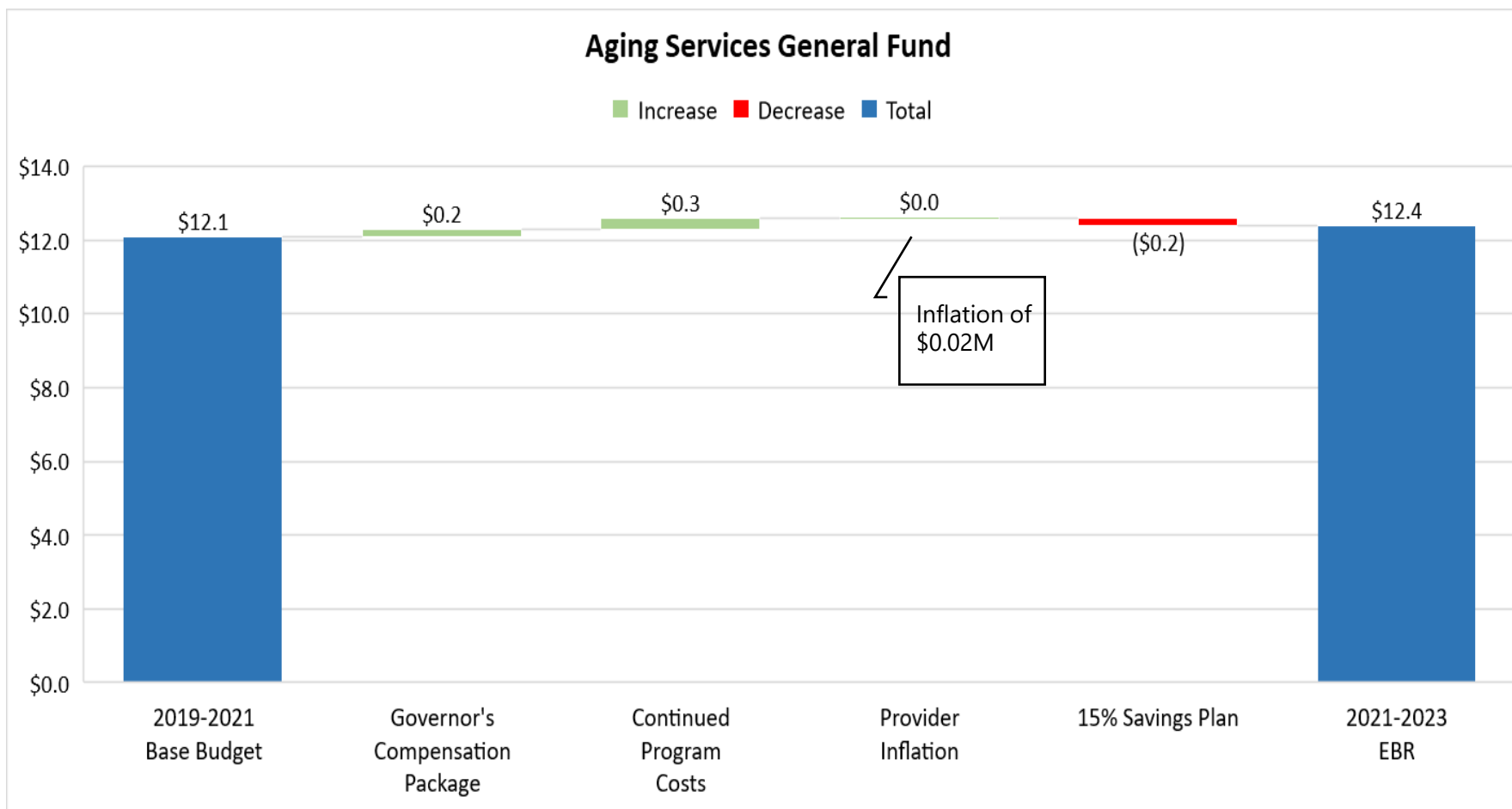


Overall increase of \$3.2M from 2019-2021 Base Budget

- Continued Program Costs of \$3.4M:
 - Annual salary adjustments of \$0.9M
 - Increase in rent at PHP of \$0.2M
 - Increase in contracted costs of \$2.3M
- Provider Inflation of \$0.02M:
 - VAPS contracts with counties
 - State Funds to Providers
- 15% Savings Plan of (\$0.4M):
 - Elimination of rent at PHP of (\$0.2M)
 - Reduction of contracted costs for Alzheimer's Association Dementia Care of (\$0.2M)

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Overview of General Fund Budget Changes (in millions)



Overall increase of \$0.3M from 2019-2021 Base Budget

- Continued Program Costs of \$0.3M:
 - Annual salary adjustments of \$0.4M
 - Operating costs of (\$0.1M)
- Provider Inflation of \$0.02M:
 - VAPS contracts with counties
 - State Funds to Providers
- 15% Savings Plan of (\$0.2M):
 - Elimination of rent at PHP of (\$0.08M)
 - Reduction of contracted costs for Alzheimer's Association Dementia Care of (\$0.168M)

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Nutrition Walk-Through

North Dakota Department of Human Services
Changes in Nutrition Services from 2019-2021 Appropriation to 2021-2023 Executive Budget To House

Service Description	2019-2021 Appropriation	Changes in federal funds	Changes in general fund	2021-2023 Budget to OMB	Inflation 1%/1%	2021-2023 Budget To House
Congregate Meals	5,102,530	0	0	5,102,530	0	5,102,530
Home Delivered Meals	3,826,794	0	0	3,826,794	0	3,826,794
Nutrition Services Incentives	1,693,820	0	0	1,693,820	0	1,693,820
State Funds to Providers	1,392,038	0	0	1,392,038	20,950	1,412,988
Total	12,015,182	0	0	12,015,182	20,950	12,036,132
General Funds	4,182,656	0	0	4,182,656	20,950	4,203,606

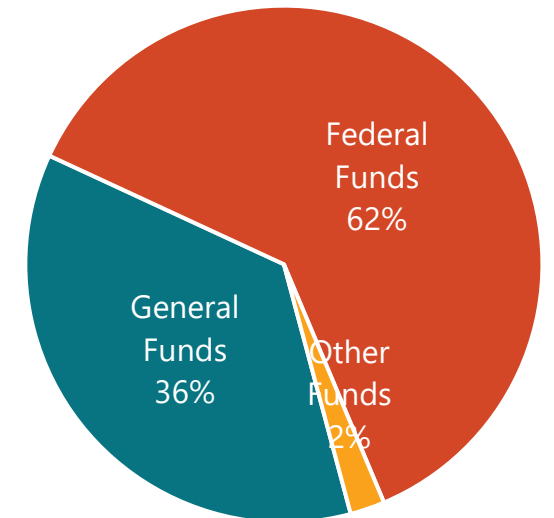
Aging & Adult Services Budget Summary

19-21 Budget **\$31,214,295**

21-23 Budget (exec) **\$34,452,766**

44 FTEs; no change in FTEs projected; \$3,238,471 budget increase (98% in federal funds)

- Implementation of in-reach and out-reach and centralized intake for home and community-based services
- Continuation of Money Follows the Person
- Various programmatic and operating efficiencies





Contact Information

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