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**at Minot State University**  
**Real Choice Systems Change Grant - Rebalancing Initiative (RCR Grant)**  
**Testimony**  
**Long-Term Care Interim Committee**  
**Senator Dick Dever, Chairman**  
**Wednesday, November 7, 2007**

Chairman Dever and members of the Long -Term Care Interim Committee, thank you for the opportunity to present an overview of the findings and results of the North Dakota Real Choice Systems Change Grant - Rebalancing Initiative (RCR Grant).

I am Amy Armstrong, Project Director for the North Dakota Real Choice Rebalancing (RCR) Grant at the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University.

North Dakota's RCR Grant was funded from September 2004 through September 2007, by the U.S. Department of Health and Human Services - Centers for Medicare and Medicaid Services (CMS), and NDCPD at Minot State University was contracted by the Department of Human Services (DHS) to facilitate this project. This planning grant provided North Dakota (ND) federal funding to help the state examine and develop ways to improve ND's community continuum of care service system. The RCR Grant was implemented to assist North Dakota in improving access and choice of continuum of care services in order to make it easier for seniors and adults with disabilities to remain as independent as possible as they age and as their needs change.

My purpose here today is to summarize some of the information, findings, and results detailed in the *RCR Grant Final Report* (September 28, 2007). For your information, I have provided you with a copy of the Final Report and will make reference to this document during my presentation.

With oversight from the ND DHS – Aging Services Division, the RCR Grant’s Planning Committee members served as leaders who assisted in developing, organizing, and planning the work of the grant. This committee included **Amy Clark** (former) **and Tami Wahl** (current) - Policy Advisor Health Human Services, Office of the Governor; **Jim Moench** – Executive Director, ND Disabilities Advocacy Consortium (NDDAC); **Linda Wright** – Director, Aging Services Division Department of Human Services; and **Linda Wurtz** – Associate State Director, AARP of North Dakota.

In addition, over 30 key state partners formed the RCR Steering Committee (See *RCR Grant Final Report*, Appendix A, page 24) which met seventeen times since April of 2005. The Steering Committee consistently provided important input, recommendations, and guidance. This committee included Senator Dever and Representative Kreidt, Department of Human Services and Department of Health representatives, directors of county social services, consumers, advocates, and representatives of continuum of care providers such as the North Dakota Association of Home Care, the North Dakota Long Term Care Association, and the ND Senior Services Providers. This group was committed to building consensus on ways to make it easier for ND seniors and adults with disabilities to maintain their independence.

Initially the RCR grant staff and its committees gathered and analyzed previously completed research related to North Dakota’s continuum of care system. Much information has been gathered and studied in the past 20 years regarding continuum of care issues. These previous studies are summarized in the document, *A Summary of Studies and Reports Related to ND’s Aging Population and People with Disabilities* (September 20, 2007). I have also provided you with a copy of this booklet.

These past reports contain an abundance of information and recommendations to draw upon as North Dakota considered and continues to consider ways to improve its continuum of care system. Several noteworthy themes throughout these reports include recurring recommendations for improving access to case management, development of a streamlined single point of access to services; and assuring that consumers have informed options and better access to services, particularly home and community based services and qualified service providers (QSPs). In addition, many of these reports included recommendations for improving consumer choice and self-direction and balancing funding for continuum of care services.

The RCR Planning and Steering Committees also assisted with the development of the RCR Grant research to gather the most current information from North Dakota consumers of home and community based services, nursing home residents, family members, and providers of continuum of care services. Through the guidance and recommendations of the RCR committees, the grant staff gathered a variety of data from these North Dakotans through focus groups, personal interviews, and surveys. The findings and recommendations of this research are detailed in three reports and summarized in Appendix C, page 26, of the *RCR Grant Final Report*.

The RCR Grant research data supports:

- The need for streamlined, consistent, and reliable systems to assist consumers, families, and providers in accessing continuum of care information and services;
- The fact that many North Dakotans want to remain in their homes and/or live as independently as possible; and
- The urgent need for increased funding and resources for home and community based service options in order to care for North Dakota's growing aging population.

The RCR Grant research findings and recommendations were included in testimony given in support of Senate Bill 2070 for the development and implementation of an Aging and Disability Resource Center (ADRC) in ND.

(Please see Linda Wright's testimony for more information.) The RCR Steering

Committee also used RCR Grant research data and additional information to develop potential key elements of an ADRC (See *RCR Grant Final Report*, Appendix E, page 28). The Steering Committee agreed that an ADRC should assist ND's seniors and adults with disabilities in accessing both publicly and privately funded continuum of care services. Also, ADRCs should help service agencies and providers that are currently in existence to work together, streamline their work, and make accessing long-term support services a simpler and less confusing process for North Dakotans.

In April of 2006, the RCR Grant Steering Committee drafted a ND Rebalancing Initiative Strategic Plan (see *RCR Grant Final Report*, Appendix D, page 27) based upon the research recommendations and best practice. This plan contains detailed goals, objectives, and activities that address the development of a single point of entry/Aging and Disability Resource Center (ADRC) and the development of ways to balance state resources for services for the elderly, people with disabilities, and their families; and ways to strengthen self-directed services in communities.

In May 2007, the RCR Grant Steering Committee met to discuss grant activities and the future of the Rebalancing Initiative. After an analysis by the Steering Committee of the Governor's 2007 Olmstead Commission Plan, the group concluded that the Rebalancing Initiative Strategic Plan was closely aligned with the values and mission of the Governor's Olmstead Commission Plan. It was discussed and decided, by consensus of the group, that a report and recommendations detailing the work of the RCR Grant, including the RCR Strategic Plan, be submitted to the Governor's Olmstead Commission. The RCR Steering Committee considered this as an important next step in the continuation of the work and efforts of the RCR Grant and ND's system change. This report and recommendations were submitted to the Governor's Olmstead Commission during the fall of 2007.

Throughout the grant period, the RCR project disseminated reports and information regarding project research and activities, and presented to various consumers, providers, and legislators regarding the Rebalancing Initiative. Through these dissemination efforts, the project reached an estimated 5000 stakeholders statewide. A detailed summary of the ND RCR Grant dissemination efforts is noted in the *RCR Grant Final Report*, Appendix H, page 31. In addition to these efforts the RCR Grant staff, in consultation with the Steering Committee and in collaboration with the DHS - Aging Services Division, developed and disseminated brochures and posters made available to assist North Dakotas seniors, adults with disabilities, and their families in accessing continuum of care information and services, particularly information regarding home and community based services. These public information efforts (see *RCR Grant Final Report*, Appendix I, page 32) and other previously developed materials will assist in continuing the efforts and building on the successes of the RCR Grant. This public information will not only help to inform consumers about care choices but also help to continue promoting systems change efforts.

The continued input of RCR Steering Committee members will be important for continued work and implementation of systems change in North Dakota. At a recent July 2007 RCR Steering Committee meeting, the Governor's Olmstead Commission Co-Chair and ND Department of Human Services Executive Director, Carol K. Olson, invited Steering Committee members to participate as ad hoc members of various Governor's Olmstead Commission working groups that may be of interest to them. Steering Committee members expressed their interest and plan to collaborate with the Governor's Olmstead Commission in this manner. This will help to sustain communication, collaboration, and systems change efforts for North Dakota. In addition, during Steering Committee meetings held in May, July, and September of 2007, the members discussed the desire to continue meeting with the coordination of the ND Disabilities Advocacy Consortium in order to continue discussing ND's systems change issues. The importance of maintaining the diversity of the group was

noted. The unsolicited proposal the DHS has drafted for an ADRC also includes a State Advisory Body comprised of members of the Governor's Olmstead Commission and former RCR Steering Committee members who remain active in systems change efforts and serve on ad hoc committees of the Governor's Olmstead Commission.

During the grant period the Rebalancing Initiative encountered various challenges as well as successes and significant systems change outcomes. These are detailed in the *RCR Grant Final Report* on pages 16 and 17. Specific outcomes of the RCR Grant goals and objectives are also detailed on pages 18-22 of the *Final Report*.

Systems change efforts will be sustained through continued collaboration and communication of key stakeholders. The work of the RCR Grant will continue to be built upon through the efforts of collaborative partnerships. These systems change efforts will also continue through the continued dissemination of project reports and public information regarding choice and access of continuum of care services.

Thank you for the opportunity to give this overview. If you have any questions, I would be happy to answer them at this time.

Note:

Various RCR Grant resources mentioned in this testimony are available on the following ND Department of Human Services website:

<http://www.nd.gov/dhs/info/pubs/ltccontinuum.html>

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