

**Testimony**  
**Department of Human Services**  
**Human Services Interim Committee**  
**Representative Chuck Damschen, Chairman**  
**January 7, 2014**

Chairman Damschen, members of the Human Services Interim Committee, I am Julie Schwab, Director of Medical Services for the Department of Human Services. I appear before you today to provide comments regarding options and changes that would be necessary to facilitate replication of the Community of Care model in other parts of the state and to provide an update on the long-term care study.

Replication of Community of Care Model

This is the third biennium that state funding, appropriated through the Department of Human Services (Department) has been provided to the Community of Care organization. The funding provided has been \$120,000 per biennium.

According to the December, 2013, status report provided by Community of Care to the Department: "These funds assist the development of our community-based model and allow us to serve older adults in rural Cass County. Collaborations with other service organizations, local colleges, and granting organizations strengthen our foundation and allow us to leverage those services and funding."

The Department contract report included in the scope of work identifies the following goals for the 2013-2015 funding provided by the Department: development of an evaluation tool and system,

expansion of Faith Community Nurse Program, expansion of programming through educational events, marketing efforts to continue increasing the awareness of Community of Care, continue increasing the number of clients served, continue the growth and expansion of the volunteer program, continue developing financial stability, development of a community needs assessment, determine the economic impact of keeping older adults in their homes and communities as long as safely possible, and development of resources and programming for adult children of aging parents.

According to the 2013-15 budget information provided by Community of Care, the total estimated expenses and revenue for their two-year budget period are \$416,248. Of the revenue forecasted, the \$60,000 per year from the Department (\$120,000 for two years) is the largest single revenue line (approximately 29%), the next largest is the Cass Clay United Way at an average of \$27,000 per year. The other revenue sources include various foundations, donations, grants, fundraisers, and memberships.

In summary, to replicate the Community of Care model in other communities in North Dakota, it would require a mixture of revenue including state general funds, local support, grants, memberships, donors and fundraisers. It would also require a strong emphasis on recruiting and retaining volunteers as volunteerism within the community is an integral component in the success of the current model.

#### Update on Long-Term Care Study

##### Background:

The Department requested funding for the study to review available capacity for nursing facilities, basic care facilities, and assisted living

facilities within the state, to assess the disbursement of the available capacity, to identify and describe home and community-based services options that are available to individuals in the state either through the Department or other entities, to assess and define service delivery gaps in North Dakota's current long term care continuum, to define the primary cost drivers to public funded long-term care institutional services, to identify long-term care quality and access measures and provide sample data indicators or surveys, and to assess how the Program of All-Inclusive Care for the Elderly (PACE) fits into the long-term care continuum. The funding was authorized during the 2013 Legislative Assembly and the Department issued a request for proposal June 21, 2013. Proposals were received and the contract was awarded to Myers and Stauffer.

Myers and Stauffer is continuing to gather information regarding the long-term care continuum in North Dakota. A stakeholder questionnaire was sent in November and in December to elicit input concerning long-term care services in North Dakota.

Stakeholder meetings are scheduled for next week in Bismarck and Fargo. Myers and Stauffer will be on site to conduct these meetings. These public meetings are intended to help the Department and Myers and Stauffer gather input from interested stakeholders about their observations and experiences related to long-term care services including in-home care, other community-based long-term care services, basic care services, and nursing facility services. Comments about long-term care services in North Dakota will be compiled by Myers and Stauffer and will be used to develop a report and recommendations.

An interim report is due to the Department by March 3, 2014. The seven items mentioned above in the scope of work will be included in that report will be shared with this committee at a future meeting. The final report will is due to the Department by July 1, 2014. The final report will make recommendations for policy considerations. The final report will be presented to the interim legislative committee as well.

I will be happy to answer any questions that you may have.