

HOUSE HUMAN SERVICES COMMITTEE

TESTIMONY IN SUPPORT OF HB1033

“Independent Home and Community Based Services Case Management Pilot”

Representative Weisz and Committee Members. I am Jessica Thomasson, CEO of Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services I am testifying today in support of HB1033.

For more than 35 years, Lutheran Social Services has been serving older adults across North Dakota, primarily through the Senior Companion program, and starting in 2015, through the provision of Aging Life Care (care coordination) services.

In April 2018 the State approved community providers as being eligible to provide Independent Case Management for the Medicaid HCBS Waiver (Waiver) and Medicaid State Plan (MSP). This means that LSSND and other community providers are now authorized to provide independent case management to individuals who access services through the Waiver and MSP programs.

While the addition of this option for the Waiver and MSP-eligible clients was important, other Home- and Community-based options for service, including SPED and Expanded SPED, serve a much larger population base because their eligibility requirements allow for slightly higher incomes and lesser levels of functional disability. This broader group of older adults does not have access to independent case management as it is not currently authorized.

Providing independent case management, as outlined in HB1033, creates a way that **more older adults can choose** who provides their case management, which is a service that can help them create an individualized approach to care that focuses on prevention and early intervention. By opening the door to independent community providers, counties would no

longer have to bear the full responsibility for providing case management to everyone who needs it in their jurisdiction, because they would no longer be the only provider who could offer the service.

Our experience tells us that it is possible for seniors to get the care they need, in their home communities, in a setting of their choice, if we work together. The addition of independent case managers as outlined in HB1033 will help move us to this desired outcome.

However, it is worth noting that, underlying all of this is a very real need for the current system of care to ask a philosophical question of itself:

What can we do to intervene early enough, or to prevent altogether, a person's need for the most expensive levels of care? How can we help support healthy aging at home and in community, in the least restrictive, least expensive, most effective way possible?

The systems of yesterday were often designed to help people age well by granting access to services primarily once a person's health has declined to the point that they are deemed to need skilled nursing care. Today how we think about choice and aging well has changed, and our ability to financially meet the ever-growing cost of the most expensive deep-end interventions is quickly evaporating. We simply have to find new ways of working together. Both for the good of the financial health of the system writ large, and for the health and well-being of the men and women we are called to serve as they endeavor to age well in our state.

Recognizing the value of more choice in the approved system of care moves us in the right direction. We would encourage your support of HB1033. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have.

Jessica Thomasson
CEO, Lutheran Social Services of North Dakota
Email: jthomasson@lssnd.org
Phone: 701-271-3272