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October 17, 2019

North Dakota Department of Human Service
Behavioral Health Division
1237 W. Divide Ave. #1C
Bismarck, ND 58501

RE: 1915(i) Medicaid State Plan Amendment, Public Comment

Dear Department of Human Services:

Lutheran Social Services has been serving children and adults in North Dakota for over one hundred years, beginning with the care of orphaned children and progressing today to a multitude of services in every county in the state. We have been fully supportive of the department's development and implementation of new Behavioral Health services. The expansion of services for children and youth under the 1915(i) Medicaid State Plan Amendment can have a powerful impact on families of limited means, for whom the navigation of a journey to well-being is even harder than it is for families who are healthy, resourced, and surrounded by protective factors.

The broadening of our collective understanding of health through the reimbursement of services in support of "social determinants" is evidence based and practical. Allowing for the right level of service to be provided to people when and where they need it, and when and where that service has the most opportunity to do the most good is an optimal approach to health care delivery, including:

- Stable Housing as Health – Safe and affordable Housing, creating safe environments for individuals and families.
- Stable purposeful Employment as Health – Job training and financial literacy support healthy families.
- Nutrition as Health – Promoting breast feeding, and healthy choices for both adults and children, while assuring food security is of high importance.
- Transportation as Health – Providing access to resources through transportation is key.
- Successful Engagement in School as Health – Early childhood education is vital, as is the ability to identify early on any developmental delays.
- Social Connection as Health – Social isolation can lead to a myriad number of struggles. Family support specialists can provide important connectedness to community, neighbors, and friends.
- Communication Connection as Health – Care Coordination, the establishment of medical homes and connections to health care providers can do so much good.

We offer several comments related to the proposed waiver.

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Care Coordination and Medical Advocacy: Our experience is that these are both primary services that can help achieve the goals set forth in the 1915(i) waiver: sometimes delivered with other eligible services and sometimes delivered separately. For example, our Family Coaching and Aging Life Care staff assist individuals in scheduling, attending (providing transportation to and from) and advocating for their needs at medical appointments. This is helpful in providing stability and certainty in fragile times and prevents or delays the need for higher levels of care. It has proven to reduce Urgent Care, ER visits and unnecessary hospitalization, has increased timely follow-up treatment, provides improved medication compliance and reduces missed medical appointments. Care Coordinators help people to navigate Formal Supports while strengthening Natural Supports.

Transportation: It is our experience that delivering community based social service programs is difficult when a provider is not able to bill for non-medical transportation supports, particularly when serving people in rural settings. Allowing for Transportation within the waiver with rates sufficient to cover the time and costs associated with travel could transform North Dakota's opportunities for cost effective service delivery.

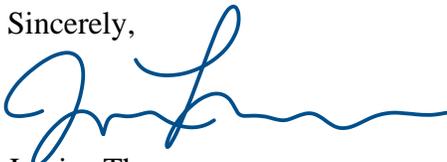
Family Training and Supports: Strengthening families through direct in-home education helps to prevent them from going into crisis by identifying pressure points and transitions, and by offering support exactly when and where they need it. Helping at-risk youth and their families through these situations builds self-sufficiency in a two-generation model, again with a focus on Natural Supports.

Respite Care: When families are struggling through difficult times, respite care can be an essential stabilizing service. Without respite options (both in and out of home), exhaustion and stress can become significant contributing factors to a family's ability or inability to stay together and navigate the challenge in front of them.

Expansion of Community Provider Capacity: Delivering services like those defined by the 1915i to people across North Dakota will require a significant increase in community provider capacity. LSSND would encourage the Department to connect with community-based providers throughout this process to identify opportunities and obstacles to Medicaid-eligible service delivery.

Lutheran Social Services applauds the efforts of DHS in seeking to broaden our community understanding of what it means to effectively help people achieve wellbeing. We look forward to being part of the delivery system that will help bring the services ultimately described in the 1915(i) Waiver to North Dakotans and appreciate the opportunity to offer feedback both now and throughout the process.

Sincerely,



Jessica Thomasson
President/CEO