

June 1997

STUDY OF AMERICAN INDIAN LONG-TERM CARE AND CASE MANAGEMENT NEEDS

House Concurrent Resolution No. 3005 (1997) provides for a Legislative Council study of American Indian long-term care and case management needs and access to appropriate services and the functional relationship between state service units and the American Indian reservation service systems. The resolution cites as reasons for the study:

1. The wide variances in long-term care service inventory, distribution, and alternatives within the North Dakota American Indian service areas and reservations, ranging from a nontribe owned and operated nursing facility to unlicensed facilities and home-based care.
2. Coordination and application of various American Indian long-term care programs and service components are directed by tribal policy and organizational structure.
3. The possibility of developing specifically targeted service programs for residents of reservations and case management to coordinate the care arrangement and delivery.
4. Noninstitutional care components appear to be available on reservations, but service arrangement and delivery may not be adequately coordinated and case management services for elderly reservation residents, if available, could result in a significant increase in the effectiveness of service delivery for that population.

Attached as an appendix is a copy of House Concurrent Resolution No. 3005.

PRIOR STUDIES

1995-96 Interim Budget Committee on Home and Community Care

The 1995-96 interim Budget Committee on Home and Community Care studied the use of the state's resources and services in addressing the needs of the elderly residents. As a part of the study, the committee received the report of the Task Force on Long-Term Care Planning which stated that a study of American Indian long-term care needs and access to appropriate services should be conducted. The report also contained a recommendation that an effective case management system be established and that long-term care services on Indian reservations and service areas be a priority of the state.

The committee's recommendation in regard to the Task Force on Long-Term Care Planning report was House Concurrent Resolution No. 3005 directing the Legislative Council to study American Indian long-term care and case management needs and access to appropriate services, including the functional relationship between state service units and the American Indian reservation service systems.

LONG-TERM CARE FACILITIES LOCATED ON OR NEAR INDIAN RESERVATIONS

Testimony presented during the 1997 legislative session indicated that there are currently four nursing facilities located on or near Indian reservations in North Dakota. The following table shows the name and location of each facility, the capacity, percentage of staff that is American Indian, and percentage of residents which are American Indian.

Facility - Location	Capacity	Percentage American Indian	
		Staff	Residents
Dunseith Community Nursing Home, Dunseith	54	75	60
Presentation Care Center, Rolette	48	45	46
New Town Good Samaritan Center, New Town	59*	50	25
Rockview Good Samaritan Center, Parshall	56**	31	6

* The facility gave up eight beds due to low occupancy.
** The facility gave up four beds due to low occupancy.

PROGRAM FUNDING

Although no American Indian specific long-term care programs currently exist on the reservations or within the state, the American Indian population of

the state participates in the programs offered through the state system. The following table summarizes the 1995-97 and 1997-99 funding for the various long-term care and home and community-based services:

1995-97 Biennium			
Service	General Fund	Other Funds	Total
Nursing home care	\$59,684,221	\$158,129,801	\$217,814,022
Basic care	\$3,457,249	\$1,562,481	\$5,019,730
Medicaid waiver	\$1,318,818	\$2,924,922	\$4,243,740
Service payments for elderly and disabled (SPED)	\$7,131,840	\$375,360	\$7,507,200
Expanded SPED	\$1,423,266		\$1,423,266
Traumatically brain-injured (TBI) waiver	\$542,828	\$1,202,998	\$1,745,826
1997-99 Biennium			
Nursing home care	\$62,801,890	\$18,177,775	\$244,579,665
Basic care	\$5,681,435	\$482,621	\$6,164,056
Medicaid waiver	\$1,375,652	\$3,213,880	\$4,589,532
SPED	\$8,442,577	\$444,346	\$8,886,923
Expanded SPED	\$1,522,417		\$1,522,417
TBI waiver	\$456,004	\$1,322,352	\$1,778,356

AMERICAN INDIAN LONG-TERM CARE AND CASE MANAGEMENT NEEDS STUDY PLAN

The following is a study plan the committee may want to consider in its study of American Indian long-term care and case management needs:

1. Receive testimony from the Department of Human Services regarding the American Indian long-term care and case management needs and the relationship between state service units and the reservation service systems.
2. Receive testimony from the Indian Affairs Commission and the tribal governments regarding American Indian long-term care and case management needs and the relationship between state service units and the reservation service systems.

3. Tour one or more long-term care facilities located on or near an Indian reservation.
4. Receive testimony from long-term care and home and community-based service providers and other interested persons regarding the relationship between state service units and the American Indian reservation service system and on American Indian long-term care and case management needs.
5. Provide recommendations to the Legislative Council and the 1999 Legislative Assembly regarding American Indian long-term care and case management needs and the functional relationship between state service units and the American Indian reservation service system.

ATTACH:1

Fifty-fifth Legislative Assembly, State of North Dakota, begun in the Capitol in the City of Bismarck, on Monday, the sixth day of January, one thousand nine hundred and ninety-seven

**HOUSE CONCURRENT RESOLUTION NO. 3005
(Legislative Council)
(Budget Committee on Home and Community Care)**

A concurrent resolution directing the Legislative Council to study Native American long-term care needs and access to appropriate services and the functional relationship between state service units and the Native American reservation service systems.

WHEREAS, during the 1995-96 interim the Department of Human Services and the Department of Health formed a Task Force on Long-Term Care Planning and presented recommendations to the Legislative Council's Budget Committee on Home and Community Care and Insurance and Health Care Committee; and

WHEREAS, in the area of long-term care service inventory, distribution, and alternatives, it was reported long-term care services within North Dakota Native American service areas and reservations vary widely, ranging from a nontribe owned and operated nursing facility to unlicensed facilities and home-based care provided under several entitlement programs; and

WHEREAS, coordination and application of various Native American long-term care programs and service components are directed by tribal policy and organizational structure; and

WHEREAS, some states, including the state of Washington, have specially targeted service programs for residents of reservations and case management has been employed to coordinate the care arrangement and delivery; and

WHEREAS, various noninstitutional care components appear to be available on reservations, but service arrangement and delivery may not be adequately coordinated and case management services for elderly reservation residents, if available, could result in a significant increase in the effectiveness of service delivery for that population;

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF NORTH DAKOTA, THE SENATE CONCURRING THEREIN:

That the Legislative Council study Native American long-term care and case management needs and access to appropriate services and the functional relationship between state service units and the Native American reservation service systems; and

BE IT FURTHER RESOLVED, that the Legislative Council report its findings and recommendations, together with any legislation required to implement the recommendations, to the Fifty-sixth Legislative Assembly.

Filed February 7, 1997