

ND OLMSTEAD COMMISSION MEETING MINUTES  
SEPTEMBER 13, 2011 MINUTES  
COMFORT INN, BISMARCK

Present: Carol Olson (co-chair)-Department of Human Services (DHS) Executive Office, Tami Ternes (co-chair)-Governor's Office, Teresa Larsen-ND Protection and Advocacy, Representative Robert Kilichowski, Darcy Andahl-Consumer, Andrea Pena-State Council on Developmental Disabilities, Representative Gary Kreidt, Royce Schultze-Centers for Independent Living (CILS), Janis Cheney-AARP, Tom Regan-Mental Health America of North Dakota representative

Absent: Virginia Esslinger-ARC representative, Susan Hegeland-Mental Health America of North Dakota, and Senator Judy Lee

Others Present: Heather Steffl- DHS Executive Office, Maggie Anderson- DHS Medical Services, Nancy McKenzie- DHS Human Service Centers, Sue Foerster- DHS Developmental Center, Tina Bay- DHS Developmental Disabilities, JoAnne Hoesel- DHS Mental Health and Substance Abuse Services Division, Sheryl Pfliger- DHS Aging Services Division, and Bob Puyear-Consumer

**Co-Chair Carol Olson called the meeting to order at approximately 1 p.m.**

- ❖ Welcome (Carol Olson)
  - Introductions were made
- ❖ Olmstead Commission (Carol Olson)
  - The Olmstead Commission has not met since July 2010 due to the 2011 Legislative Session and scheduling challenges.
  - The Olmstead Commission is intended to be consumer oriented and stakeholder driven.
  - Introduction of new members:
    - Darcy Andahl
    - Andrea Pena
    - Rep. Kilichowski
    - Royce Schultze
- ❖ Olmstead overview handout (Carol Olson)
  - June 22, 1999, Supreme Court Decision in Olmstead v. L.C. that unjustified institutional segregation of persons with disabilities is discrimination and a violation of Title II of the Americans with Disabilities Act
  - Supreme Court held that entities must provide community-based services to persons with disabilities when appropriate, affected persons do not oppose community-based treatment, and community-based services can be reasonably accommodated.
- ❖ Impact of the Olmstead Decision:
  - The N.D. Olmstead Commission was established in 2001 by Executive Order of the Governor and first met December 19, 2001.
  - Starting in 2002, public meetings were held across the state to gather input on services for people with disabilities.
  - A three-year, \$900,000 federal Real Choice Systems Change grant was awarded, which funded six local demonstration projects.

- The State Working Plan was developed.
  - The Olmstead Commission continues to meet to review ongoing efforts to support community inclusion and integration.
  - The focus is planning for the provision of services for people with disabilities in conformance with the Olmstead decision.
  - The Department of Human Services Web site has information about the Commission but needs to be updated to include the historic background [www.nd.gov/dhs/info/olmstead-commission.html](http://www.nd.gov/dhs/info/olmstead-commission.html)
  - Governor's Boards and Commission Web site also has information about the Olmstead Commission [http://governor.nd.gov/boards/boards-query.asp?Board\\_ID=127](http://governor.nd.gov/boards/boards-query.asp?Board_ID=127)
- ❖ Recent National Developments:
- 2009-President Obama issued a proclamation launching the “Year of Community Living,” and directed the Administration to redouble efforts to support Olmstead.
  - Department of Justice (DOJ) Civil Rights Division added a new section to their ADA Web site in June 2011, containing information about the Olmstead decision. [www.ada.gov/olmstead/index.htm](http://www.ada.gov/olmstead/index.htm)
  - The Civil Rights Division also created a technical assistance document on the Supreme Court decision in Olmstead v. L.C. describing public entities’ obligations and individuals’ rights. [www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm)
  - DOJ has areas of focus
  - See handout for more details
- ❖ Olmstead Work Plan (Carol Olson and Heather Steffl)
- The Work Plan needs to be updated
  - Carol Olson would like to see a running list of what has been accomplished since the Olmstead Commission started some of the accomplishments include:
    - Money Follows the Person outcomes
    - Legislative approval of pay increases for Qualified Service Providers
    - Developmental Center’s work with Transition Task Force group
  - Representative Gary Kreidt commented that he recalled seeing a ranking of the states on home and community-based services. North Dakota has moved up.
  - Administration, Legislature, and the Department have been working in the same direction with home and community-based services.
- ❖ North Dakota Olmstead Plan 2011 Update Handout (Heather Steffl)
- Heather Steffl reviewed a handout that listed by Olmstead Plan goals some of the accomplishments achieved since the Commission’s last meeting.
    - The list of accomplishments is a working document and not a complete list. The *N.D. Olmstead Plan 2011 Update* handout is online at <http://www.nd.gov/dhs/info/olmstead-commission.html>.
  - N.D. continues to support community living options for people with disabilities. (*Examples cited in handout appear below*)
    - The number of people with developmental disabilities (DD) residing at the Developmental Center has decreased from 149 adults in 2001 to 93 adults in June 2011.
    - The state’s Transition Task Force has set a goal of 67 people at the Developmental Center by July 1, 2013.

- The Center also serves three individuals in an Independent Support Living Arrangement (ISLA), and five individuals in a youth transition program.
    - The North Dakota State Hospital's average daily census for its traditional population was 162 in 2001 and is about 106 today (81% occupancy).
      - The State Hospital is the primary inpatient treatment provider for the Williston, Dickinson, Devils Lake, and Jamestown regions, which include 22 of the state's 53 counties. No private sector inpatient providers serve those regions.
      - Work continues with private hospitals to ensure availability of services in local communities when possible.
      - There is a statewide shortage of psychiatrists and clinical psychologists- especially pediatric specialists.
      - N.D. is using telemedicine to help address the shortage and is in the final stages of adopting new technology for computer to computer services.
  - All admissions to the State Hospital and N.D. Developmental Center continue to be pre-screened prior to admission to ensure that institutional treatment is required.
  - Aging and Disability Resource Center staff gave a presentation to the medical community in the Bismarck pilot region to support diversion.
  - As of 8/31/11, 29 people (11 older adults and 18 people with a physical disability) have transitioned from nursing facilities in N.D. to a home/community setting with the help from the Money Follows the Person grant.
  - As of 8/31/11, 35 individuals with Intellectual Disabilities/Developmental Disabilities (ID/DD) have transitioned from the Development Center and other ICF/ID group homes through the Money Follows the Person grant.
- ❖ Transition Task Force update (Sue Foerster-Asst Superintendent- DHS N.D. Developmental Center)
- The population of the Developmental Center has dropped as noted earlier. The Center also serves three individuals in a community ISLA and five individuals in a youth transition program.
  - The N.D. State Hospital has 16 individuals with developmental disabilities in their inpatient program. The individuals at the State Hospital will, in most cases, transition directly back to a community setting after their psychiatric and behavioral health treatment.
  - The transition process is an incremental process based on population reduction goals, community capacity building, and appropriate community living arrangements. The transition process also requires crisis intervention services to assist people with disabilities to thrive in community settings and prevent readmission to institutional care.
  - The 2011 legislative committees that reviewed transition activities recommended that the Department of Human Services continue its efforts to reduce the population at the N.D. Developmental Center.
  - Current census was 94 ICF, 5 in Youth Transition Services (with 2 soon to be discharged) and 3 in Waivered Services (ISLA).
  - On July 1, 2011, the transition goal of 95 was met. (Had gone down to 93 with 2 discharges, but then began reviewing folks at the State Hospital and admitted one person.)
  - In fiscal year July 1, 2010 to July 1, 2011, had three admissions in the ICF population and 15 discharges. This was significant progress.

- The Developmental Center has had several people discharged that were able to access Money Follows the Person (MFP) dollars. So far in 2011, DHS had six people discharged from the Developmental Center that were MFP transitions.
- Four of the five behavior management specialist positions were filled; the fifth applicant declined the job offer.
  - These specialists have delivered services in 20 ND communities including Fargo, Bismarck, Grand Forks, Minot, Hope, Fessenden, Harvey, Beulah, New Town, Valley City, Wahpeton, Dickinson, and Williston.
  - They have provided supports to multiple provider organizations.
  - The CARES Team has provided services state-wide.
  - CARES consultations have occurred in people's homes with their families, within provider agencies, and also at the Developmental Center for in-house supports.
- The Centralized Project Committee (CPC) was developed as a Sub-Committee of the Transition Committee.
  - The purpose of the CPC is to promote and encourage the development of new projects that support community services and transitions.
  - The role of the CPC is to accept, evaluate, and recommend approval of projects to DHS.
  - The CPC reviews projects from the programmatic aspect assessing how a project may assist with transitions from the Developmental Center. Providers are required to complete a project abstract.
  - Once the CPC has reviewed the project abstract with the provider and all details/questions are addressed, the project is referred to DHS' executive director and her Cabinet for fiscal review and approval consideration.
  - This process was formally implemented in January 2011.
  - Of the 15 people discharged between July 1, 2010 and July 1, 2011, 11 discharges were directly related to new projects or providers doing things differently.
  - Two other potential new projects are being discussed by the CPC.
  - The CPC is an important development within the Transition Committee that could have significant impact on future Developmental Center transitions.
- ❖ Comments and Questions:
  - Representative Kreidt asked if there was a reduction in staff due to the reduction in individuals at the Developmental Center.
  - Sue answered "Yes, the Developmental Center returned 40.3 positions back to the Department at the end of the 2011 biennium."
  - Representative Kreidt asked if all of the buildings at the Developmental Center are being used or are they trying to downsize.
  - Sue Foerster said some currently have renters.
  - Carol Olson commented that the Developmental Center serves as the safety-net.
  - Sue Foerster mentioned Alex Schweitzer meets with community leaders and legislators regarding other uses for the buildings.
- ❖ Barb Murry's written comment: see attachment
- ❖ Community Based Mental Health Services Developments (Nancy McKenzie)
  - Serve people closer to home.
  - Inpatient services are provided if no option for less restrictive setting is appropriate.

- Regional Intervention Services (RIS) staff at the human service centers decide if an individual's needs can be met and try to find the least restrictive setting
- Funding was provided in 2011 legislative session to increase private hospital contracts
  - The Department has contracted with larger hospitals
  - Mercy Hospital in Williston closed its behavioral health unit
  - St. Joseph's Hospital also closed its behavioral health unit
  - State Hospital has more available bed capacity
- Previously, private hospitals were not getting compensated adequately
- \$4.1 million to be used state-wide for contracts
- New contracts for inpatient stays include Prairie St. John and the Stadter Center
- All contracted hospitals have the same contracts.
- RIS staff screen before payment and DHS pays for existing human service center (HSC) clients and new clients that agree to follow up with their local human service center
- CARES team tries to find the best community option.
  - HSC and CARES team work together.
  - Provide 15 residential beds for substance abuse clients in Fargo.
  - Try to find local residential level of care with support and to keep people in treatment longer than in local hospitals which is less costly than inpatient care.
- Telemedicine
  - DHS medical director Dr. Andy McLean provides services statewide with telemedicine through the Polycom system.
  - Each doctor needs certain information to enter records; it involves a lot more work than putting two people in Polycom rooms.
  - DHS is adopting new technology that can transfer the information "desktop to desktop," and a Polycom room is not needed.
  - Telemedicine is now being used for psychiatric and medication reviews.
  - Aging Services staff continue to work with agencies, nursing homes and other institutions to promote home and community-based services.
  - N.D. is moving away from a long-term paternal service model.
  - Clients are more independent due to the services and support that the human service center case managers provide.

❖ Comments and Questions:

- Teresa Larsen asked if telemedicine will help with the psychiatrists and psychologists shortages.
  - Nancy McKenzie said Telemedicine will help fill gaps and mid-level staff.
  - The shortage is not just a N.D. issue. There are shortages across the country.

❖ General Medical Services Update (Maggie Anderson)

- Medical Services is currently working on changes within six administrative chapters that should go into effect next year.
- Medicaid State Plan updates
  - Updating sections on who Medicaid can reimburse and how to reimburse them.
  - Working on getting the telemedicine guidelines in the State Plan
- Home telemonitoring-home health benefit
  - Medicaid has submitted a State Plan that will allow home health visits via telemonitoring. Some visits are for blood pressure and glucose testing.
  - Not every home health case can use telemonitoring.

- DHS is doing a State Plan Amendment for the Ronald McDonald House mobile dental clinic service that will hopefully start in November.
- Health Care Reform
  - There will be changes to eligibility and how to apply for benefits, which will hopefully be web-based.
  - Medical Services is trying to ensure that clients that are not affected by reform will not be affected.
  - Details are coming in slowly from CMS.
- ❖ Money Follows the Person (MFP) update (Maggie Anderson)
  - MFP has been extended with funds through 2016 to assist with institutional transitions through September of 2019.
  - As of August 31, 2011, a total of 64 transitions have taken place.
  - Two realistic job preview videos have been developed to assist in recruitment and retention of Direct Service Providers and Qualified Service Providers.
  - MFP administrative funding was approved for the development of a statewide MFP housing initiative.
  - MFP grant has established a program to assist consumers with rent until Housing Choice Vouchers become available.
  - Services have been developed to improve overall transition outcomes for persons transitioning from nursing facilities.
  - Two full-time temporary staff have been approved to help implement the transition to the MDS 3.0 transition
  - Six new full-time temporary transition coordinator positions have been funded by CMS to improve the long term outcomes of the MFP transition effort.
  - Marketing strategies and materials have been developed to promote home and community-based services, aging services, and the Aging and Disabled Resource LINK (1-855-GO2LINK / 1-855-462-5465).
  - ND has increased the MFP transition benchmark numbers for nursing facility transitions.
  - See Money Follows the Person Update handout for more details.
- ❖ Comments and Questions:
  - Representative Kreidt asked if the six temporary employees will be state employees.
    - Maggie Anderson said “No.”
  - Representative Kreidt asked if this is a one-year grant.
    - Maggie Anderson said the grant is not time limited
  - Representative Kreidt asked if the Qualified Service Providers have formed an association
    - According to Maggie Anderson, Minot State University has helped them but they are not a formal association yet.
- ❖ 2011 Legislative update (Carol K. Olson)
  - A handout of a dollar bill showing how the Department’s budget is spent was provided.
- ❖ Next Steps (Carol K. Olson)
  - Would like to see the Transition Task Force efforts in the next version of the plan, and she would like to see volunteers to help update the Olmstead Plan.
  - Janis Cheney asked about the time frame for the project.

- Carol Olson would like to get something together before next legislative session.
  - Volunteers included: Teresa Larson, Darcy Andahl, Maggie Anderson or Karen Tescher, Susan Wagner (nominated by Joanne Hoesel), Carol Olson, Heather Steffl, Royce Schultze, and Bob Puyear will look into it/
- There is currently good momentum and it would be good to continue to add to it.
- Carol Olson expressed her thanks to everyone who volunteered to serve.
  
- ❖ Other Business or Questions:
  - Teresa Larsen would like to know about services for Autism, and she would like to see more information on the Anne Carlson Center.
    - Joanne Hoesel will gather information.
  - Teresa Larsen said Eric Cummings could come in to discuss the Anne Carlson Center depending on his schedule.
  - Darcy Andahl requested more information about traumatic brain injury (TBI) services and how Vocational Rehabilitation services interact with TBI services. She asked if Dakota Alpha has the same programs as Anne Carlson and how someone gets admitted to the program.
  
- ❖ Comments on Next Commission Meeting:
  - Will send out two or three dates mid-January and will go from there.
  - Hopefully there will be a room available at the Capitol
  - Bob Puyear observed that the Comfort Inn and Comfort Suites are not very wheelchair accessible (have a ramp, but lack an automatic door).
  - Heather Steffl apologized to Bob and commission members; there was no room available at the Capital. Those present suggested these accessible meeting sites for future meetings: Edgewood Vista, The Waterford, or the conference room in the University System's building at Bismarck State College.
  - Carol Olson thanked everyone for coming.