2005 TESTIMONY

HB 1012

Prepared by the Legislative Council staff for
Senator Mathern
April 7, 2005

2005-07 BIENNIUM DEPARTMENT OF HUMAN SERVICES BUDGET - SUMMARY OF PROPOSED CONFERENCE COMMITTEE CHANGES

	FTE	General Fund	Estimated Income	Total
House Version				
Management	99.10	$19,470,736	$22,841,521	$42,312,257
Program and Policy	232.30	363,801,062	1,022,556,015	1,386,357,077
State Hospital	424.01	31,873,544	15,676,878	47,550,422
Developmental Center	451.54	11,398,923	30,825,680	42,224,603
Northwest Human Service Center	50.00	3,634,208	3,684,763	7,318,971
North Central Human Service Center	113.78	8,020,684	7,257,513	15,278,197
Lake Region Human Service Center	62.00	4,887,533	4,214,056	9,101,589
Northeast Human Service Center	141.90	8,306,292	12,190,660	20,496,952
Southeast Human Service Center	183.60	9,880,827	13,645,595	23,526,422
South Central Human Service Center	88.00	5,828,865	6,310,281	12,139,146
West Central Human Service Center	124.50	8,846,855	9,658,913	18,505,768
Badlands Human Service Center	76.70	4,498,790	4,809,497	9,308,287
Total House version	2,047.43	$480,448,319	$1,153,671,372	$1,634,119,691
Conference Committee Changes				
Management	0.00	$3,660,615	$25,516,139	$29,176,754
Program/Policy Management	1.00	3,284,907	6,375,943	9,660,850
State Hospital	0.00	174,190	(118,104)	56,086
Developmental Center	0.00	234,480	417,868	652,348
Northwest Human Service Center	0.00	37,539	(3,160)	34,379
North Central Human Service Center	0.00	102,710	(7,000)	95,710
Lake Region Human Service Center	0.00	65,281	(3,798)	61,483
Northeast Human Service Center	0.00	143,231	(11,630)	131,601
Southeast Human Service Center	0.00	215,340	(13,204)	202,136
South Central Human Service Center	0.00	61,233	(5,968)	55,265
West Central Human Service Center	0.00	138,150	(8,180)	129,970
Badlands Human Service Center	0.00	48,255	(5,254)	43,001
Total Conference Committee changes	1.00	$8,165,931	$32,133,652	$40,299,583
Conference Committee Version				
Management	99.10	$23,131,351	$48,357,660	$71,489,011
Program/Policy Management	233.30	367,085,969	1,028,931,958	1,396,017,927
State Hospital	424.01	32,047,734	15,558,774	47,606,508
Developmental Center	451.54	11,633,403	31,243,548	42,876,951
Northwest Human Service Center	50.00	3,671,747	3,681,603	7,353,350
North Central Human Service Center	113.78	8,123,394	7,250,513	15,373,907
Lake Region Human Service Center	62.00	4,952,814	4,210,258	9,163,072
Northeast Human Service Center	141.90	8,449,523	12,179,030	20,628,553
Southeast Human Service Center	183.60	10,096,167	13,632,391	23,728,558
South Central Human Service Center	88.00	5,890,098	6,304,313	12,194,411
West Central Human Service Center	124.50	8,985,005	9,650,733	18,635,738
Badlands Human Service Center	76.70	4,547,045	4,804,243	9,351,288
Total Conference Committee version	2,048.43	$488,614,250	$1,185,805,024	$1,674,419,274

MANAGEMENT SUBDIVISION	FTE	General Fund	Estimated Income	Total
	99.10	$19,470,736	$22,841,521	$42,312,257
House Version				
Management - Conference Committee changes:				
Reduces recommended funding for health insurance		($7,205)	($4,900)	($12,105)
Administration Support Program				
None				
Division of Information Technology Program				
Restores funding for the Medicaid management information system (MMIS) computer project removed by the House. The Senate restored the funding but appropriated the state matching funds from the health care trust fund rather than the general fund back to		3,667,820	25,521,039	29,188,859
Total Conference Committee changes - Management	0.00	$3,660,615	$25,516,139	$29,176,754
Conference Committee Version - Management Subdivision	99.10	$23,131,351	$48,357,660	$71,489,011

PROGRAM AND POLICY SUBDIVISION	FTE	General Fund	Estimated Income	Total
	232.30	$363,801,062	$1,022,556,015	$1,386,357,077
House Version				
Program and Policy - Conference Committee changes:		($8,140)	($20,814)	($28,954)
Reduces recommended funding for health insurance		140,000		140,000
Restores salaries and wages funding reduced by the House in anticipation of savings from vacant positions and employee turnover		50,000		50,000
Restores funding reduced by the House for operating expenses				
Economic Assistance Policy Program		25,000	25,000	50,000
Restores funding removed by the House for outreach services of the food stamp program				
Child Support Program		65,000		65,000
Restores general fund support for the Lake Region Child Support Enforcement Unit. The House had reduced the funding to $150,016 from the general fund.				
Medical Services Program			139,601	139,601
Restores funding reduced by the House from the community health trust fund for breast and cervical cancer treatment services, the same as the Senate version		428,425	1,607,893	2,036,318
Adds funding for the children's health insurance program (Healthy Steps) in anticipation of increased caseload resulting from implementation of the vision eligibility system, the same as the Senate version	1.00	22,135	66,403	88,538
Restores the pharmacy assistant position added in the executive budget but removed by the House		5,920	5,919	11,839
Restores funding removed by the House to contract with Global Insight for determining inflationary rates for nursing homes		237,775	237,775	475,550
Restores funding removed by the House to contract for generic prescription drug detailing services		91,405	161,095	252,500
Restores funding for medical assistance grants reduced by the House to reflect provisions of House Bill No. 1181 which allow a Medicaid recipient to set aside up to $5,500 for funeral expenses, the same level recommended by the Governor. The House had reduced the set-aside to $5,000, which is $2,000 more than the current level of $3,000				
Long Term Care Program		1,025,765	1,893,498	2,919,263
Restores funding for nursing facilities to reflect the estimated average number of nursing facility beds needed for Medicaid recipients at 3,631, the same level recommended in the executive budget. The House had reduced the estimate to 3,600.				
Aging Services Program				
None				
Children and Family Services Program		21,622	56,066	77,688
Adds funding for increasing the maximum treatment services payment for residential child care facilities to $15 per day. The House had added funding to increase the maximum payment from $11.50 to $14.15 per day. The Senate also made this change.		100,000	184,900	284,900
Restores a portion of the House reductions made to the funding anticipated to be needed for foster care and subsidized adoption services. The House had reduced this funding by $594,106, of which $250,000 is from the general fund. The Senate also made this change.			750,000	750,000
Restores federal funding reduced by the House for family preservation services (emergency caseworker services)		150,000	159,206	309,206
Restores the remainder of funding reduced by the House to reflect the anticipated level of funding needed for foster care and subsidized adoption services				

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PROGRAM AND POLICY SUBDIVISION	FTE	General Fund	Estimated Income	Total
Mental Health and Substance Abuse Program				
Restores funding reduced by the House for operating expenses		50,000		50,000
Developmental Disabilities Council				
None				
Disabilities Program				
Adds funding for increasing payment rates for facilities serving children with extensive medical needs, including the Anne Carlsen Center. This amount is in addition to the $284,900 added by the House for this purpose. The Senate also made this change.		100,000	184,900	284,900
Adds funding for the department to develop a plan to transfer appropriate individuals from the Developmental Center to community placements, and to the extent possible begin the transition during the 2005-07 biennium, the same as the Senate version		50,000		50,000
Adds funding for paying petitioning costs for indigent individuals with developmental disabilities who have been referred for corporate guardianship, the same as the Senate version		30,000		30,000
Restores funding to $910,056 from the general fund for the family subsidy program. The House reduced funding for this program by $100,000 from the general fund. The Senate also restored this funding.		100,000		100,000
Restores funding reduced by the House to provide a total of $300,000 from the general fund for supported living/extended services		100,000		100,000
Restores funding reduced by the House to reflect the anticipated level of funding needed for developmental disabilities grants		500,000	924,501	1,424,501
Total Conference Committee changes - Program and Policy	1.00	$3,284,907	$6,375,943	$9,660,850
Conference Committee Version - Program and Policy Subdivision	233.30	$367,085,969	$1,028,931,958	$1,396,017,927

Other changes affecting Program and Policy programs:

A section is added requiring the department to recognize additional costs incurred by intermediate care facilities for the mentally retarded (ICF/MR's) serving medically fragile clients under 21 years of age, the same as the Senate version.

A section is added directing the department and developmental disabilities services providers to develop, during the 2005-06 interim, a plan for transferring appropriate individuals from the Developmental Center to community placements and to the extent possible, to begin the transition during the 2005-07 biennium. The section also provides that the department report to the Legislative Council on its plan. The Senate also included this section.

A section is added changing the definition of specialized telecommunications equipment, the same as the Senate version.

A section is added requiring the department and the Indian Affairs Commission to collaborate to improve the coordination of tribal and state court activities relating to child support enforcement, the same as the Senate version.

A section is added providing for a Legislative Council study of the services provided by residential treatment centers and residential child care facilities and the appropriateness of the payments provided by the state for these services, the same as the Senate version.

STATE HOSPITAL	FTE	General Fund	Estimated Income	Total
House Version	424.01	$31,873,544	$15,676,878	$47,550,422
State Hospital - Conference Committee changes:				
Reduces recommended funding for health insurance		($35,810)	($18,104)	($53,914)
Adds funds for repairing and painting the State Hospital water tower, the same as the Senate version		110,000	0	110,000
Restores general fund support and reduces special funds to reverse the change made by the House in anticipation of general fund savings and additional third-party collections		100,000	(100,000)	0
Total Conference Committee changes - State Hospital	0.00	$174,190	($118,104)	$56,086
Conference Committee Version - State Hospital	424.01	$32,047,734	$15,558,774	$47,606,508

DEVELOPMENTAL CENTER	FTE	General Fund	Estimated Income	Total
House Version	451.54	$11,398,923	$30,825,680	$42,224,603
Developmental Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($15,520)	($44,383)	($59,903)
Restored funding reduced by the House for operating costs of the Developmental Center		250,000	462,251	712,251
Total Conference Committee changes - Developmental Center	0.00	$234,480	$417,868	$652,348
Conference Committee Version - Developmental Center	451.54	$11,633,403	$31,243,548	$42,876,951

NORTHWEST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	50.00	$3,634,208	$3,684,763	$7,318,971
Northwest Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		(3,080)	(3,160)	(6,240)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		20,000		20,000
Restores funding reduced by the House for human service center operating costs		20,619		20,619
Total Conference Committee changes - Northwest Human Service Center	0.00	$37,539	($3,160)	$34,379
Conference Committee Version - Northwest Human Service Center	50.00	$3,671,747	$3,681,603	$7,353,350

each the same

NORTH CENTRAL HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	113.78	$8,020,684	$7,257,513	$15,278,197
North Central Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($7,976)	($7,000)	($14,976)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		57,120		57,120
Restores funding reduced by the House for human service center operating costs		53,566		53,566
Total Conference Committee changes - North Central Human Service Center	0.00	$102,710	($7,000)	$95,710
Conference Committee Version - North Central Human Service Center	113.78	$8,123,394	$7,250,513	$15,373,907

LAKE REGION HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	62.00	$4,887,533	$4,214,056	$9,101,589
Lake Region Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($3,940)	($3,798)	($7,738)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		38,052		38,052
Restores funding reduced by the House for human service center operating costs		31,169		31,169
Total Conference Committee changes - Lake Region Human Service Center	0.00	$65,281	($3,798)	$61,483
Conference Committee Version - Lake Region Human Service Center	62.00	$4,952,814	$4,210,258	$9,163,072

NORTHEAST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	141.90	$8,306,292	$12,190,660	$20,496,952
Northeast Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($7,090)	($11,630)	($18,720)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		97,692		97,692
Restores funding reduced by the House for human service center operating costs		52,629		52,629
Total Conference Committee changes - Northeast Human Service Center	0.00	$143,231	($11,630)	$131,601
Conference Committee Version - Northeast Human Service Center	141.90	$8,449,523	$12,179,030	$20,628,553

SOUTHEAST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	183.60	$9,880,827	$13,645,595	$23,526,422
Southeast Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($9,260)	($13,204)	($22,464)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		137,046		137,046
Restores funding reduced by the House for human service center operating costs		87,554		87,554
Total Conference Committee changes - Southeast Human Service Center	0.00	$215,340	($13,204)	$202,136
Conference Committee Version - Southeast Human Service Center	183.60	$10,096,167	$13,632,391	$23,728,558

SOUTH CENTRAL HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	88.00	$5,828,865	$6,310,281	$12,139,146
South Central Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($4,890)	($5,968)	($10,858)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		20,000		20,000
Restores funding reduced by the House for human service center operating costs		46,123		46,123
Total Conference Committee changes - South Central Human Service Center	0.00	$61,233	($5,968)	$55,265
Conference Committee Version - South Central Human Service Center	88.00	$5,890,098	$6,304,313	$12,194,411

WEST CENTRAL HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	124.50	$8,846,855	$9,658,913	$18,505,768
West Central Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($7,545)	($8,180)	($15,725)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		69,804		69,804
Restores funding reduced by the House for human service center operating costs		75,891		75,891
Total Conference Committee changes - West Central Human Service Center	0.00	$138,150	($8,180)	$129,970
Conference Committee Version - West Central Human Service Center	124.50	$8,985,005	$9,650,733	$18,635,738

BADLANDS HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
House Version	76.70	$4,498,790	$4,809,497	$9,308,287
Badlands Human Service Center - Conference Committee changes:				
Reduces recommended funding for health insurance		($4,480)	($5,254)	($9,734)
Restores salaries and wages funding reduced by the House relating to vacant positions and employee turnover		20,286		20,286
Restores funding reduced by the House for human service center operating costs		32,449		32,449
Total Conference Committee changes - Badlands Human Service Center	0.00	$48,255	($5,254)	$43,001
Conference Committee Version - Badlands Human Service Center	76.70	$4,547,045	$4,804,243	$9,351,288

Mathern, Tim

From: Jon Larson [jlarson@enablend.org]
Sent: Wednesday, April 20, 2005 12:50 PM
To: Mathern, Tim
Cc: Tom Newberger
Subject: DD wage increase

Senator Mathern:

I contacted a couple of providers to get their input on what follows.

Health Insurance premiums have gone up this year anywhere from 8.78% to 15.5% which equates to $60.00 to $85.00 per month on a family policy. Whether the agency pays this increased cost or it gets passed on to the employee it is equivalent to $.35 per hour to $.50 per hour for each employee.

Other costs that have increased significantly over the past several years are; property and liability insurance, medical supply costs, and gasoline.

Rep. Delzer's amendment breaks out as follows:

	First Year	Second Year
2.65%	.24	.25
Wage	.15	.20
Fringe @ 33%	.13	.15
Total	$.52	$.60

As you can see, after paying for the health insurance premium there is little left to increase the real wage to employees

Amendments Requested by Senator Mathern #50330.0308
HB 1252
April 19, 2005
Program & Policy

	Health Care Trust Fund	Other funds	Total Funds
Long Term Care			
Section 4 Nursing Home inflation @ 2% January 2006 and 3.92% January 2007	656,008	1,110,008	1,766,016
Section 7 Qualified Service Providers inflation @ 2% July 2005 and 3.92% July 2006	291,149	225,437	516,586
Disability Services Division			
Section 5 Developmental Disability Service Providers inflation @ 2% July 2005, 2% for 6 months and 3.92% for 6 months for the rate year beginningh July 1, 2006.	402,612	676,813	1,079,425
Section 6 Increase average wage of developmental disability service providers by $0.47 per hour on January 1, 2006 and $0.48 per hour on January 1, 2007.	2,770,554	5,036,173	7,806,727
Total of Amendments	4,120,323	7,048,431	11,168,754

Health Care Trust Fund Status

Balance of Health Care Trust Fund *	4,548,322
Cost of Amendments	4,120,323
Ending Balance of Health Care Trust Fund **	427,999

*This is the estimated ending balance of the Health Care Trust Fund, using the assumption that $8.45 million is transferred to the General Fund on June 1, 2006 and June 1, 2007.

** The ending balance of the Health Care Trust Fund will be approximately $100,000 less due to the loss of interest on the monies withdrawn from the fund for the amendments.

Prepared by Debra A. McDermott, DHS

Prepared by the North Dakota Legislative Council staff for House Appropriations
January 7, 2005

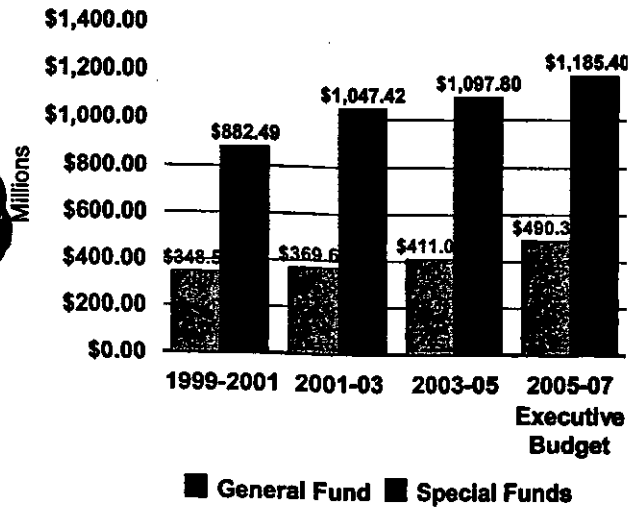
Department 325 - Department of Human Services
House Bill No. 1012 and Senate Bill No. 2023

	FTE Positions	General Fund	Other Funds	Total
2005-07 Executive Budget	2,048.43	$490,373,041	$1,185,403,771	$1,675,776,812
2003-05 Legislative Appropriations	2,051.42[1]	411,081,823	1,097,801,932[2]	1,508,883,755[2]
Increase (Decrease)	(2.99)	$79,291,218	$87,601,839	$166,893,057

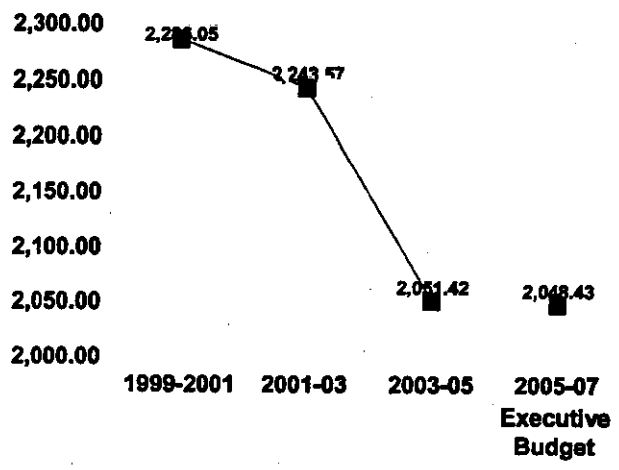
[1]The number of FTE positions for the 2003-05 biennium has been reduced by 6 FTE positions to reflect the reduction of 3 FTE positions due to departmental adjustments and the reduction and transfer of 3 FTE positions relating to information technology services, including electronic mail, file and print server administration, data base administration, storage, application server, and hosting services from the Department of Human Services to the Information Technology Department as of November 1, 2003, provided for in Section 10 of House Bill No. 1505.

[2]The 2003-05 appropriation amounts do not include $18,861,150 of additional special funds authority resulting from Emergency Commission action during the 2003-05 biennium.

Agency Funding



FTE Positions



Executive Budget Highlights

	General Fund	Other Funds	Total
Departmentwide			
1. Reflects the additional state matching funds required to maintain existing programs due to changes in the federal medical assistance percentage (FMAP). The FMAP determines the state and federal share of Medicaid, foster care, and other programs. The FMAP is decreasing from 67.49 percent in federal fiscal year 2005, to 65.85 percent in federal fiscal year 2006, to a projected 63.23 percent in federal fiscal year 2007.	$31,952,573	($31,952,573)	$0
Management			
1. Removes the following positions due to 2003-05 biennium general fund budget reductions: 3.0 FTE research positions 2.0 FTE fiscal positions 0.7 FTE human resource position 2.0 FTE legal positions			
2. Removes funding from the lands and minerals trust fund for making developmental disability loan payments to the common schools trust fund. Section 7 of Senate Bill No. 2013, the Land Department		($3,261,556)	($3,261,556)

appropriations bill, as recommended by the Governor, contains a continuing appropriation to the Land Department for making these loan payments.			
3. Adds funding for rewriting the Medicaid management information system (MMIS) computer application	$3,667,820	$25,521,039	$29,188,859
4. Adds funding for ConnectND fees paid to the Information Technology Department	$639,953	$223,047	$863,000
Economic Assistance			
1. Adds 1 FTE pharmacy services position	$22,135	$66,403	$88,538
2. Adds 1 FTE Healthy Steps eligibility position	$18,231	$63,964	$82,195
3. Provides $2.8 million for the Indian county allocation compared to $2.6 million for the 2003-05 biennium. The grants are provided at 90 percent of the excess costs calculated pursuant to NDCC Section 50-01.2-03.2(3).	$186,437		$186,437
4. Provides $22 million for child care assistance grants compared to the $27.1 million appropriated for the 2003-05 biennium. Although $27.1 million was appropriated for the 2003-05 biennium, the department anticipates that only $21.6 million will be available for the biennium.		($5,098,081)	($5,098,081)
5. Provides $105.8 million of federal funds for food stamps compared to $82.9 million appropriated for the 2003-05 biennium		$22,962,769	$22,962,769
6. Provides $36.5 million of federal funds for the low-income home energy assistance program (LIHEAP) compared to $17.6 million appropriated for the 2003-05 biennium		$18,942,781	$18,942,781
7. Provides $24.5 million for temporary assistance for needy families (TANF) compared to $29.5 million for the 2003-05 biennium		($5,027,940)	($5,027,940)
8. Provides $2.6 million of federal funds for job opportunities and basic skills (JOBS) transportation grants compared to $3.2 million appropriated for the 2003-05 biennium		($589,890)	($589,890)
9. Adds funding for payment error rate measurement (PERM) eligibility reviews to comply with proposed federal Medicaid and children's health insurance program regulations that, if approved, will become effective October 1, 2005. The executive budget anticipates that the department will contract for these reviews; however, if the department is unable to contract for this, Section 4 of the bill allows the department to hire additional FTE positions for conducting these reviews.	$615,000	$615,000	$1,230,000
10. Provides $215,016 from the general fund for the Lake Region Child Support Enforcement Unit, the same amount provided during the 2003-05 biennium			
11. Removes funding for intergovernmental transfer payments due to the discontinuation of the program at the federal level	($8,682,211)	($18,813,444)	($27,495,655)
12. Increases funding for prescription drugs in the medical assistance program to $107.9 million, of which $38.4 million is state matching funds. The 2003 Legislative Assembly appropriated $95.2 million, of which $30.5 million is from state matching funds.	$7,886,553	$4,834,125	$12,720,678
13. Reduces funding for outpatient hospital services in the medical assistance program to $33.8 million, of which $11.9 million is state matching funds. The 2003 Legislative Assembly appropriated $36.3 million, of which $11.6 million is state matching funds.	$247,763	($2,715,002)	($2,467,239)
14. Adds funding to provide a 2 percent inflationary increase each year of the biennium for the department's service providers under the medical services program	$2,369,898	$4,492,638	$6,862,536
15. Adds funding to allow Medicaid recipients to set aside up to $5,500 for funeral expenses rather than $3,000	$445,915	$816,585	$1,262,500
16. Adds funding to provide a 2 percent inflationary increase each year of the biennium for the department's service providers under the long-term care program	$642,489	$391,797	$1,034,286

17. Provides $348.8 million for nursing facility care under the long-term care program, of which $122.6 million is from the general fund compared to $318.4 million provided for the 2003-05 biennium, of which $102.1 million is from the general fund. Major components of the additional funding are listed below:			
Adds funding for inflationary increases required by statute	$7,853,115	$16,661,188	$24,514,303
Adds funding for rebasing nursing facility payment rates from 1999 to 2003	$2,916,435	$5,222,315	$8,138,750
Changes the method of calculating nursing facility payment limits from the percentile method to a median plus method and sets the limits for direct, other direct, and indirect costs at the median plus 20 percent, 20 percent, and 10 percent, respectively	$228,000	$406,000	$634,000
Reduces funding in anticipation of fewer nursing facility residents being on Medicaid	($978,444)	($1,975,707)	($2,954,151)
18. Provides $12.8 million for basic care under the long-term care program, of which $5.2 million is from the general fund compared to $8.4 million provided for the 2003-05 biennium, of which $750,000 is from the general fund	$4,440,512	($23,515)	$4,416,997
19. Reduces funding for aged and disabled waiver services to $2.6 million, of which $900,000 is from the general fund. The 2003 Legislative Assembly appropriated $9.5 million for these services for the 2003-05 biennium, of which $3 million is from the general fund.	($2,132,601)	($4,771,875)	($6,904,476)
20. Provides $14.4 million for service payments for elderly and disabled (SPED), of which $13.5 million is from the general fund compared to $14.7 million for the 2003-05 biennium, of which $13.7 million is from the general fund	($262,192)	($17,776)	($279,968)
21. Provides $1.2 million from the general fund for the expanded SPED program compared to the $800,000 provided for the 2003-05 biennium	$354,348		$354,348
22. Provides $14.7 million for personal care option funding under the long-term care program, of which $5.2 million is from the general fund compared to the $2.8 million provided for the 2003-05 biennium, of which $900,000 is from the general fund	$4,254,906	$7,605,929	$11,860,835
Program and Policy			
1. Removes the following FTE positions due to 2003-05 general fund budget reductions: 1.5 FTE aging services positions 1.0 FTE mental health services position			
2. Removes 1 FTE disability services assistive technology coordinator		($96,899)	($96,899)
3. Removes 1 FTE disability services office assistant II		($101,635)	($101,635)
4. Provides $1.7 million from the general fund for senior citizen mill levy matching grants, the same as the 2003-05 biennium			
5. Provides $62.3 million for foster care services, of which $10.4 million is from the general fund compared to $52.2 million, of which $8.0 million is from the general fund for the 2003-05 biennium. Increases relate to providing a 2 percent inflationary increase for each year of the biennium, anticipated caseload and cost increases, and the FMAP change referred to above.	$2,432,566	$7,662,952	$10,095,518
6. Provides $12.9 million for adoption services, of which $5.4 million is from the general fund compared to $10.9 million, of which $4.5 million is from the general fund. Increases relate to providing a 2 percent inflationary increase for each year of the biennium, anticipated caseload and cost increases, and the FMAP change referred to above.	$896,978	$1,113,784	$2,010,762
7. Provides $150,000 from the general fund for compulsive gambling treatment services, the same amount as the 2003-05 biennium. This amount is in addition to the funding provided pursuant to a continuing appropriation of 5 percent of the gross profits from the North Dakota lottery of up to $400,000 per biennium to the Department of Human Services for compulsive gambling treatment services.			

8. Provides $206.2 million for developmental disabilities services grants, of which $73.2 million is from the general fund compared to the $190.6 million provided for the 2003-05 biennium, of which $61.9 million is from the general fund. Major components of the additional funding are listed below:			
Adds funding to provide a 2 percent inflationary increase each year of the biennium for developmental disabilities services providers	$2,177,036	$3,882,585	$6,059,621
Adds funding for anticipated increases in the number of clients and utilization of services	$2,327,468	$4,908,414	$7,235,882
Adds funding for anticipated provider cost increases	$875,433	$1,507,526	$2,382,959
9. Provides $1.1 million for grants to independent living centers, of which $292,000 is from the general fund, the same as the 2003-05 biennium			
State Hospital			
1. Removes 20.74 FTE positions from traditional services at the State Hospital due to 2003-05 general fund budget reductions			
2. Provides additional funding and expands the secure services unit (sexual offender treatment services and services to individuals that are mentally ill and dangerous) at the State Hospital from a 22-bed unit to a 42-bed unit. The amounts shown include the addition of $2,273,245 from the general fund for 29.85 new FTE positions.	$3,072,744	($60,364)	$3,012,380
3. Increases funding from the general fund for State Hospital traditional services to replace an anticipated reduction in third-party collections	$1,326,431	($1,326,431)	$0
4. Anticipates salaries and wages savings from vacant positions and employee turnover at the State Hospital	($657,288)		($657,288)
5. Authorizes the issuance of bonds in Senate Bill No. 2023 for replacing an electrical transformer ($40,000), repairing a roof ($65,000), and for repairing and painting the water tower ($110,000) at the State Hospital		$215,000	$215,000
Developmental Center			
1. Removes the following FTE positions due to 2003-05 general fund budget reductions: 4 FTE direct training technicians 1 FTE social worker .5 FTE speech pathologist 1 FTE vocational training technician			
2. Increases funding from the general fund for the Development Center to restore the $1 million general fund budget reduction made by the 2003 Legislative Assembly	$1,000,000		$1,000,000
3. Anticipates salaries and wages savings from vacant positions and employee turnover at the Developmental Center	($724,930)		($724,930)
4. Authorizes the issuance of bonds in Senate Bill No. 2023 for roof repairs on the Cedar Grove Building ($135,000) and for pool filtration repairs and roof repairs on the Collette Gym building ($105,000) at the Developmental Center		$240,000	$240,000
Human Service Centers			
1. Removes 1 FTE human service center director position at the North Central Human Service Center			
2. Adds 3 FTE community home counselors at the Northeast Human Service Center	$53,878	$125,714	$179,592
3. Adds 1 FTE activity therapist at the Northeast Human Service Center	$20,515	$47,867	$68,382
4. Adds a .4 FTE case manager at the Southeast Human Service Center	$17,256	$16,819	$34,075
5. Adds a .4 FTE addiction counselor at the Southeast Human Service Center	$18,549	$18,081	$36,630
6. Adds a .6 FTE addiction counselor at the Southeast Human Service Center	$25,454	$35,036	$60,490
7. Adds 1 FTE activity therapist at the Southeast Human Service Center	$38,534	$53,040	$91,574

8. Adds a .5 FTE child care licensing position at the West Central Human Service Center		$51,118	$51,118
9. Removes a .8 FTE vocational rehabilitation supervisor at the Badlands Human Service Center		($83,766)	($83,766)
10. Removes a .5 FTE child care licensing position at the Badlands Human Service Center		($35,724)	($35,724)
11. Removes funding for the mental health funding pool provided for the 2003-05 biennium to be distributed to human service centers for mental health and substance abuse services based on the needs of the regions	($250,000)		($250,000)
12. Adds funding to the human service centers for service provider inflationary increases of 2 percent for each year of the biennium	$380,350		$380,350

Other Sections in Bill

Section 4 of the bill allows the department to hire additional FTE positions to conduct payment error rate measurement (PERM) eligibility reviews if the department is unable to contract with a private organization.

Section 5 of the bill allows the department to transfer appropriation authority and FTE positions among the State Hospital, Developmental Center, and human service centers during the 2005-07 biennium.

Section 6 provides a continuing appropriation to the department of any federal funds received in addition to the amounts specifically appropriated to the department for food stamps and low-income home energy assistance during the 2005-07 biennium.

Section 7 makes the appropriation for the department's division of information technology an emergency measure, allowing these funds to be spent prior to July 1, 2005.

Major Related Legislation

House Bill No. 1029 - This bill appropriates $50,000 from the general fund to the Department of Human Services for implementing an education and awareness campaign to inform the public about vulnerable adult abuse and neglect.

House Bill No. 1110 - This bill extends the moratorium on the expansion of bed capacity of residential treatment centers for children until July 31, 2007.

House Bill No. 1146 - This bill makes changes to reimbursement rate provisions for developmental disabilities services providers.

House Bill No. 1148 - This bill continues to require the department to provide personal care services to eligible Medicaid recipients residing in their own homes. Under current law, the provision will expire on June 30, 2005.

House Bill No. 1172 - This bill creates a revolving fund by transferring $25,000 from the Bank of North Dakota earnings and allows the Department of Human Services to spend moneys in the fund pursuant to a continuing appropriation for reimbursing the department for reducing or writing off overpayments or disbursements made in error by the child support disbursement unit.

House Bill No. 1181 - This bill increases the funeral set-aside for Medicaid recipients from $3,000 to $5,500, appropriates $1,262,500, of which $445,915 is from the general fund for supplementing other appropriations provided for increasing the funeral set-aside amount, and directs the department to seek a federal waiver to disregard funeral funds of a Medicaid recipient in any amount provided the funds were set-aside prior to April 2004.

House Bill No. 1190 - This bill includes provisions extending the moratorium on the expansion of basic care bed capacity until July 31, 2007.

House Bill No. 1191 - This bill includes provisions extending the moratorium on the expansion of long-term care bed capacity until July 31, 2007.

House Bill No. 1204 - This bill removes statutory provisions relating to making intergovernmental transfer payments under the Medicaid program.

House Bill No. 1217 - This bill requires the department to disregard assets when considering Medicaid eligibility for an individual owning a long-term care insurance policy.

Senate Bill No. 2028 - This bill appropriates $772,550 from the general fund to the Department of Human Services for contracting with an entity to coordinate a system for the provision of guardianship services to vulnerable adults who are ineligible for developmental disabilities case management services.

Senate Bill No. 2139 - This bill removes statutory provisions relating to making intergovernmental transfer payments under the Medicaid program.

STATUTORY AUTHORITY

NDCC Chapters 6-09.16, 6-09.6, 12.1-01, 14-08.1, 14-09, 14-10, 14-12.2, 14-13, 14-15, 14-15.1, 14-17, 14-19, 19-03.1, 23-02.1, 23-17.1, 25-01, 25-01.1, 25-01.2, 25-02, 25-03.1, 25-03.2, 25-03.3, 25-04, 25-10, 25-11, 25-16, 25-16.1, 25-17, 26.1-36, 26.1-45, 27-20, 27-21, 28-21, 34-15, 50-01, 50-01.1, 50-01.2, 50-03, 50-06, 50-06.1, 50-06.2, 50-06.3, 50-06.4, 50-06.5, 50-08.1, 50-09, 50-10, 50-10.1, 50-10.2, 50-11, 50-11.1, 50-11.2, 50-11.3,50-12, 50-19, 50-24.1, 50-24.3, 50-24.4, 50-24.5, 50-25.1, 50-25.2, 50-27, 50-28, 50-29, 50-30, 54-38, 54-44.8, 57-15.

AGENCY DESCRIPTION

DHS is an umbrella agency headed by an Executive Director appointed by the Governor. The Department has three major divisions consisting of Program/Policy Management, Field Services and Managerial Support.

Program/Policy Management is comprised of 7 major programs: Economic Assistance Policy (including TANF, Food Stamps, Low Income Heating Assistance Program, Vision), Medical Services, Child Support Enforcement, Aging Services, Children and Family Services, Mental Health/Substance Abuse and Disability Services (including Developmental Disabilities and Vocation Rehabilitation.) North Dakota's assistance programs are supervised by the state but are directed and administered by the 53 county social service boards. Additionally, many aging and children's services are provided through County Social Service Boards.

Field Services is comprised of eight Human Service Centers located in each of the Governor's designated planning regions providing direct delivery of services to individuals and families, the State Hospital located in Jamestown and the Developmental Center at Westwood Park located in Grafton. The Human Service Centers provide a comprehensive array of outpatient clinical and community services including vocational rehabilitation, mental health services, developmental disabilities services, social services, addiction counseling, and emergency and outreach services. The Centers provide supervision and direction to county agencies delivering social services. The State Hospital is a component of the treatment continuum providing treatment for mental illness and substance abuse. The Developmental Center is an educational and training facility for persons with developmental disabilities.

Managerial Support includes Fiscal Administration, Human Resources, Division of Information Technology, Legal Advisory Unit, the Office of Applied Research, Public Information, and Tribal Liaison.

AGENCY MISSION

The mission of the Department of Human Services is to provide quality, efficient and effective human services to improve the lives of people.

AGENCY PERFORMANCE MEASURES

Overall Administrative Costs for the Department will be under 10% of budget.

Established based on internal benchmark
- 2001 - 2003 biennium - 6.75%
- 2003 - 2005 biennium - 6.32% (based on budget)
- SFY 2004 actual - 6.00%

Information requests, service requests and payment timelines will meet established timeframes.

The specific measures are established in each budget (program) level. Due to the size of the department it is not possible to establish these at the overall level.

Customer Satisfaction goals as it relates to the value of the service received, availability or amount will be attained.

The specific measures are established in each budget (program) level. Due to the size of the department it is not possible to establish these at the overall level.

MAJOR ACCOMPLISHMENTS

Established a Kinship Care pilot project in Burleigh, Cass, and Morton counties to place more children with their extended family members rather than in foster care. The project gives relatives the resources to help meet the needs of children and provides safety and stability for children while reducing foster care expenditures. DHS plans to implement Kinship Care statewide.

Conducted Children and Family Services Reviews to assess compliance with federal standards for child safety, permanency, and well-being and noted positive improvements in the state's administrative regions. In 2003, the average score was 84%. In 2004, the average score was 90%.

Continued to implement legislatively authorized child support enforcement tools putting the state on pace to collect 5% more in support during 2004.

Awarded a $1.3 million high performance bonus for the Temporary Assistance for Needy Families (TANF) program in two categories related to job entry rates.

Eliminated check writing and mailing costs in the Child Support Enforcement Program and the TANF program by implementing customer-friendly electronic payment methods including direct deposit services (Child Support only) and debit cards.

Implemented TANF Pilot Projects in Cass, Grand Forks, and Williams counties, and on the Turtle Mountain Indian Reservation by partnering with other state agencies, tribal entities and, in some cases, regional human service centers in order to address obstacles to self-sufficiency through treatment, mentoring, and job readiness training.

Pursued public-private partnerships to make it easier for parents to access health coverage programs for their children. DHS shifted the toll-free child health coverage information and assistance phone line to a private foundation, which is better able to staff the line and make referrals.

Provided services and supports that enabled almost 99% of the adults with developmental disabilities to live in community settings and 94% of the children with developmental disabilities to live in a family setting.

Provided vocational rehabilitation services that enabled a total of 1,656 people with disabilities to become employed or to remain employed during the 2003 and 2004 federal fiscal years.

Pursued and obtained federal grant funding to help North Dakota develop a full-array of long-term care services through the Real Choices Systems Change Grant, the Alzheimer's and Related Dementia Services Grant, and the Rebalancing Initiative: Single Point of Entry Grant.

Streamlined the management team, combining administrative responsibilities as staff attrition occurred. During the 2001-2003 biennium, the department's administrative costs totaled 6.75 percent of the budget.

Responded to the rising number of civil commitment requests for sexually dangerous persons by creating additional bed capacity at the North Dakota State Hospital and working with the courts to ensure timely assessments. The regional Human Service Centers provide community-based treatment services for victims as well as abusers.
Received grant funds in 2002-04 to participate in a pilot project testing the accuracy of payments made in the Medicaid and SCHIP Programs. In FFYs 2002 and 2003, the

Department tested Fee-for-Service claims only. In Year 1 (2002) the North Dakota Medicaid payment accuracy rate was 98.71%. In Year 2 (2003) the North Dakota Medicaid payment accuracy rate was 99.35%.

FUTURE CRITICAL ISSUES

The need to continue to improve community-based service options in order to meet the needs of the elderly and individuals with mental illness, chemical dependency, and developmental or physical disabilities in order to assure conformance with Olmstead decision.

The effect methamphetamine addiction and alcohol use is having on North Dakota children and the increase in out-of-home placements.

The increase in sexual offenders that will be referred and subsequently civilly committed to the State Hospital.

The need to continue to work with the counties as we deliver services to the citizens of North Dakota through a state supervised, county administered delivery system.

The impact on the Mental Health and Substance Abuse treatment system due to efforts to provide alternatives to incarceration and efforts to facilitate early release from prison.

Reauthorization of TANF and related Child Care Assistance Program and level of funding that will eventually be approved along with the new work requirements.

The need to continue to provide services to the State's most vulnerable citizens with a decreasing Federal Medical Assistance Percentage (FMAP) along with decreasing availability of state general funds.

The need to replace the Medicaid Management Information System with a system that will be certified by the Federal Government; allow the Department to make payment in a timely and efficient manner to Medicaid providers; and conform to future HIPAA regulations.

The ability to retain the numerous providers that serve our vulnerable population of the state by ensuring the payments for services are reflective of the providers' costs to do business.

Managing the delivery of services in the changing demographic environment in collaboration with public and private partners.

The ability to hire and retain qualified staff.

REQUEST SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/23/2004
Time: 08:14:58

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Budget Request
BY MAJOR PROGRAM					
MANAGEMENT	49,678,414	47,824,723	23,069,496	70,894,219	718,273
PROGRAM AND POLICY	1,192,838,731	1,287,087,588	105,152,241	1,392,239,829	27,551,427
HUMAN SERVICE CENTERS	106,071,006	109,240,856	2,577,280	111,818,136	597,518
STATE HOSPITAL - TRADITIONAL	46,940,514	39,926,351	160,882	40,087,233	948,550
STATE HOSPITAL - SECURE SERVICES	1,698,502	2,443,180	2,724,938	5,168,118	0
DEVELOPMENTAL CENTER	38,856,481	40,661,057	130,123	40,791,180	792,341
TOTAL MAJOR PROGRAMS	1,436,083,648	1,527,183,755	133,814,960	1,660,998,715	30,608,109
BY LINE ITEM					
SALARIES AND WAGES	31,688,462	32,841,541	-1,283,640	31,557,901	1,062,888
OPERATING EXPENSES	53,352,912	70,834,766	27,136,515	97,971,281	824,433
CAPITAL ASSETS	50,475	334,722	-298,118	36,604	0
GRANTS	272,246,035	305,962,552	28,093,441	334,055,993	4,821,736
HUMAN SERVICE CENTERS / INSTITUTIONS	193,566,503	192,271,444	5,593,223	197,864,667	2,338,409
LOAN FUND - DD	2,077,969	3,261,556	-3,261,556	0	0
GRANTS-MEDICAL ASSISTANCE	862,725,575	921,677,174	77,835,095	999,512,269	21,560,643
HEALTH CARE TRUST FUND	14,703,244	0	0	0	0
HIPAA	5,672,473	0	0	0	0
TOTAL LINE ITEMS	1,436,083,648	1,527,183,755	133,814,960	1,660,998,715	30,608,109
BY FUNDING SOURCE					
GENERAL FUND	368,771,227	411,081,823	71,438,223	482,520,046	15,575,214
FEDERAL FUNDS	943,386,100	1,029,055,667	61,811,061	1,090,866,728	14,995,098
SPECIAL FUNDS	123,926,321	87,046,265	565,676	87,611,941	37,797
TOTAL FUNDING SOURCE	1,436,083,648	1,527,183,755	133,814,960	1,660,998,715	30,608,109
TOTAL FTE	2,246.57	2,051.42	-3.00	2,048.43	15.00

REQUEST DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/23/2004
Time: 08:14:58

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Budget Request
SALARIES AND WAGES					
SALARIES	23,725,226	23,959,235	-780,614	23,178,621	784,800
TEMP, OVERTIME	670,712	732,980	-284,355	448,625	0
BENEFITS	7,292,524	8,149,326	-218,671	7,930,655	278,088
SALARY INCREASE	0	0	0	0	0
BENEFIT INCREASE	0	0	0	0	0
TOTAL	**31,688,462**	**32,841,541**	**-1,283,640**	**31,557,901**	**1,062,888**
SALARIES AND WAGES					
GENERAL FUND	13,268,433	12,145,169	-114,019	12,031,150	531,444
FEDERAL FUNDS	18,113,008	19,409,660	-577,298	18,832,362	531,444
SPECIAL FUNDS	307,021	1,286,712	-592,323	694,389	0
TOTAL	**31,688,462**	**32,841,541**	**-1,283,640**	**31,557,901**	**1,062,888**
OPERATING EXPENSES					
IT-DATA PROCESSING	21,920,131	23,525,303	7,950,236	31,475,539	9,581
IT-TELEPHONE	694,555	725,486	-45,535	679,951	7,128
TRAVEL	1,128,431	1,523,264	35,947	1,559,211	46,200
IT-SOFTWARE/SUPPLIES	875,495	815,541	-306,759	508,782	49,424
UTILITIES	2,043	1,878	414	2,292	0
POSTAGE	1,429,570	1,497,798	-118,150	1,379,648	28,320
IT-CONTRACTUAL SERVICES	894,162	1,138,112	20,913,250	22,051,362	219,020
LEASE/RENT - EQUIPMENT	174,842	202,477	26,473	228,950	0
LEASE/RENT - BLDG/LAND	1,253,899	1,428,516	-228,905	1,199,611	38,760
DUES & PROFESSIONAL DEV.	508,752	620,152	25,804	645,956	3,300
OPERATING FEES & SERVICES	20,894,275	35,936,636	-1,482,183	34,454,453	30,000
REPAIRS	52,636	73,538	-8,510	65,028	0
PROFESSIONAL SERVICES	1,259,308	1,060,441	153,944	1,214,385	0
INSURANCE	91,485	88,994	51,310	140,304	0
OFFICE SUPPLIES	107,772	196,412	-73,072	123,340	0
PRINTING	631,314	892,557	119,223	1,011,780	0
PROFESSIONAL SUPPLIES	351,805	405,764	-52,999	352,765	0
MEDICAL,DENTAL & OPTICAL	107,114	31,048	-48	31,000	0
BLDG,GRNDS,VEHICLE MTCE	204	314	526	840	0
MISCELLANEOUS SUPPLIES	195,723	47,054	-7,265	39,789	16,700
OFFICE EQUIP-UNDER $5000	6,922	61,041	1,024	62,065	0
OTHER EQUIP-UNDER $5000	10,848	37,000	-1,000	36,000	0
IT-EQUIP UNDER $5000	761,626	525,440	182,790	708,230	376,000
TOTAL	**53,352,912**	**70,834,766**	**27,136,515**	**97,971,281**	**824,433**

REQUEST DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/23/2004
Time: 08:14:58

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Budget Request
OPERATING EXPENSES					
GENERAL FUND	15,219,459	16,996,793	4,433,866	21,430,659	527,411
FEDERAL FUNDS	35,124,758	51,256,077	22,786,035	74,042,112	297,022
SPECIAL FUNDS	3,008,695	2,581,896	-83,386	2,498,510	0
TOTAL	**53,352,912**	**70,834,766**	**27,136,515**	**97,971,281**	**824,433**
CAPITAL ASSETS					
IT-EQUIP-OVER $5000	46,281	292,356	-292,356	0	0
OTHER CAPITAL PAYMENTS	4,194	7,166	-562	6,604	0
EQUIP- OVER $5000	0	35,200	-5,200	30,000	0
TOTAL	**50,475**	**334,722**	**-298,118**	**36,604**	**0**
CAPITAL ASSETS					
GENERAL FUND	20,440	3,094	-154	2,940	0
FEDERAL FUNDS	28,795	329,929	-297,253	32,676	0
SPECIAL FUNDS	1,240	1,699	-711	988	0
TOTAL	**50,475**	**334,722**	**-298,118**	**36,604**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	272,246,035	305,962,552	28,093,441	334,055,993	4,821,736
TOTAL	**272,246,035**	**305,962,552**	**28,093,441**	**334,055,993**	**4,821,736**
GRANTS					
GENERAL FUND	21,795,076	23,778,058	4,451,876	28,229,934	4,150,929
FEDERAL FUNDS	219,972,054	248,265,279	22,156,356	270,421,635	670,807
SPECIAL FUNDS	30,478,905	33,919,215	1,485,209	35,404,424	0
TOTAL	**272,246,035**	**305,962,552**	**28,093,441**	**334,055,993**	**4,821,736**
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	193,566,503	192,271,444	5,593,223	197,864,667	2,338,409
LOAN FUND - DD	2,077,969	3,261,556	-3,261,556	0	0
GRANTS-MEDICAL ASSISTANCE	862,725,575	921,677,174	77,835,095	999,512,269	21,560,643
HEALTH CARE TRUST FUND	14,703,244	0	0	0	0
HIPAA	5,672,473	0	0	0	0
TOTAL	**1,078,745,764**	**1,117,210,174**	**80,166,762**	**1,197,376,936**	**23,899,052**

REQUEST DETAIL

325 DEPARTMENT OF HUMAN SERVICES **Bill#: HB1012** **Date:** 12/23/2004

Biennium: 2005-2007 **Time:** 08:14:58

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Budget Request
SPECIAL LINES					
GENERAL FUND	318,467,819	358,158,709	62,666,654	420,825,363	10,365,430
FEDERAL FUNDS	670,147,485	709,794,722	17,743,221	727,537,943	13,495,825
SPECIAL FUNDS	90,130,460	49,256,743	-243,113	49,013,630	37,797
TOTAL	**1,078,745,764**	**1,117,210,174**	**80,166,762**	**1,197,376,936**	**23,899,052**
FUNDING SOURCES					
GENERAL FUND	368,771,227	411,081,823	71,438,223	482,520,046	15,575,214
FEDERAL FUNDS	943,386,100	1,029,055,667	61,811,061	1,090,866,728	14,995,098
SPECIAL FUNDS	123,926,321	87,046,265	565,676	87,611,941	37,797
TOTAL FUNDING SOURCES	**1,436,083,648**	**1,527,183,755**	**133,814,960**	**1,660,998,715**	**30,608,109**

CHANGE PACKAGE SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/23/2004
Time: 08:14:58

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-3.00	1,125,311	-3,366,096	-5,090,745	-7,331,530
01 Capital Assets	.00	1,636,432	101,450	1,064	1,738,946
02 Unfunded Activity	.00	-26,039,194	-42,384,022	-1,309,271	-69,732,487
03 Operating Expenditure Changes	.00	5,667,177	23,957,466	-1,064,054	28,560,589
04 Caseload Changes / Utilization	.00	16,236,461	72,530,277	2,046,907	90,813,645
05 Cost Changes	.00	-6,886,984	-32,043,471	4,149,763	-34,780,692
06 Statutory Changes	.00	12,469,611	17,323,848	0	29,793,459
07 FMAP Changes	.00	34,066,122	-34,329,909	261,339	-2,448
08 Restoration	.00	26,039,194	42,384,022	1,309,271	69,732,487
09 Provider Inflation	.00	6,093,207	9,878,944	277,938	16,250,089
10 FMAP Update	.00	-2,113,549	2,130,237	-16,536	152
11 Rebase Nursing Homes and 20/20/10 funding	.00	3,144,435	5,628,315	0	8,772,750
Agency Total	**-3.00**	**71,438,223**	**61,811,061**	**565,676**	**133,814,960**
OPTIONAL REQUEST					
12 PERM (Payment Error Rate Measurement) Regulations	12.00	614,997	614,996	0	1,229,993
13 NE Prairie Harvest SMI Supported Residential Services Increase	.00	88,899	50,000	0	138,899
14 NE Centre Inc Adolescent Residential Increase	.00	68,013	0	0	68,013
15 NE Centre Inc SMI/CD Adut Residential Increase	.00	63,232	0	0	63,232
16 NE Psych Social Rehabilitation Center	.00	10,000	0	0	10,000
17 SE Mental Health Crises Bed	.00	55,000	0	0	55,000
18 SE Addiction Case Manager Youth Programs	1.00	77,998	0	0	77,998
19 SE Licensed Addiction Counselor Youth	1.00	86,486	0	0	86,486
20 SE Licensed Practical Nurse	1.00	57,645	40,245	0	97,890
22 SH Equity Increase for Mental Health Care Specialists	.00	240,000	0	0	240,000
23 LTC QSP Rate increase	.00	1,106,031	596,172	37,797	1,740,000
24 SH Extraordinary Repairs	.00	558,550	0	0	558,550
25 SH Equipment Over $5000	.00	150,000	0	0	150,000
26 DC Equipment	.00	388,341	0	0	388,341
27 DC Extraordinary Repairs	.00	404,000	0	0	404,000
28 DoIT Computer 4 Year Replacement Cycle	.00	314,266	48,534	0	362,800
29 DoIT County Staff Assistance for MMIS Rewrite	.00	79,620	139,400	0	219,020
30 DS Match for VR Grant Inflationary Increase	.00	181,553	670,807	0	852,360
31 DSD ISLA Inflation for Administrative Reimbursement	.00	282,505	573,571	0	856,076
32 DS Admin Reimbursement Increase for Enhanced ISLA Authorizations	.00	225,780	458,404	0	684,184
33 DS Guardianship Petitions Additional Funding	.00	30,000	0	0	30,000
34 DS Gen Fnd Independent Living Increase	.00	175,000	0	0	175,000
35 MA Funeral Set-Aside Increase for Medicaid	.00	445,915	816,585	0	1,262,500
36 EA Child Care Assistance Enhancement	.00	3,794,376	0	0	3,794,376

CHANGE PACKAGE SUMMARY

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/23/2004
Time: 08:14:58

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
37 DS DD Grants Wage Increase of $1.05	.00	6,057,035	10,960,848	0	17,017,883
38 DoIT Kronos - Time and Attendance	.00	19,972	25,536	0	45,508
Optional Total	**15.00**	**15,575,214**	**14,995,098**	**37,797**	**30,608,109**

BUDGET CHANGES NARRATIVE
325 DEPARTMENT OF HUMAN SERVICES

Date: 12/23/2004
Time: 08:14:58

Change Group: A | **Change Type:** A | **Change No:** 1 | **Priority:**

Capital Assets - Capital assets, including equipment, IT equipment, IPAT equipment and bond payments.

Replacement of existing copier for West Central Human Service Center. The copier will be replaced during fiscal year 2006 and will be five years old at the time of replacement.
IPAT funds will be used to upgrade and replace equipment in the IPAT equipment loan library. The loan library allows consumers to try a piece of equipment prior to investing in a purchase of their own. There is constant improvements being made in the area of assistive technology that allows an individual with a disability to gain or maintain their independence. In order to prevent the loan library equipment from becoming obsolete, it needs to be continuously updated.
Bond payments are made at the Southeast Human Service Center, the State Hospital and the Developmental Center. All will be paid in their entirety in the 2009 - 2011 biennium.

Change Group: A | **Change Type:** A | **Change No:** 2 | **Priority:**

Unfunded Activity - Unfunded Activities

Any activities that are not included in the base budget request due to funding limitations.

Change Group: A | **Change Type:** A | **Change No:** 3 | **Priority:**

Operating Expenditure Changes - Operating Expenditure Changes

Changes in operating costs as a result of providing services and carrying out the Department's mission.

Change Group: A | **Change Type:** A | **Change No:** 4 | **Priority:**

Caseload Changes / Utilization - Utilization changes in the clients we serve.

Utilization changes in the number we serve.

| **Change Group:** A | **Change Type:** A | **Change No:** 5 | **Priority:** |

Cost Changes - Cost Changes

Known cost changes associated with factors other than caseload and North Dakota Century Code dictated funding levels.

| **Change Group:** A | **Change Type:** A | **Change No:** 6 | **Priority:** |

Statutory Changes - Required by statute.

Costs that are guaranteed through North Dakota Century Code or Administrative Code.

| **Change Group:** A | **Change Type:** A | **Change No:** 7 | **Priority:** |

FMAP Changes - FMAP changes from current biennium.

Calculated FMAP based on information provided by the federal government to arrive at estimates for the Federal Fiscal Years affecting the biennium. FFY 2005 - final - 67.49%; FFY 2006 - preliminary - 65.16%; and FFY 2007 - estimate - 63.54%

| **Change Group:** A | **Change Type:** A | **Change No:** 8 | **Priority:** |

Restoration - Restorations made to program which would have been reduced.

Items that were in the unfunded change column but will be included in the base budget request.

Change Group: A | **Change Type:** A | **Change No:** 9 | **Priority:**

Provider Inflation - Increases for inflation

Across the board inflationary increase based on projected CPI levels for upcoming biennium. Estimated at 2% each fiscal year of the biennium.

Change Group: A | **Change Type:** A | **Change No:** 10 | **Priority:**

FMAP Update - FMAP changes from original estimate.

An updated FMAP figure once the FFY 2006 preliminary is made final along with an updated estimate for FFY 2007. FFY 2005 - final - 67.49%; FFY 2006 - preliminary - 65.85%; and FFY 2007 - estimate - 63.23%

Change Group: A | **Change Type:** A | **Change No:** 11 | **Priority:**

Rebase Nursing Homes and 20/20/10 funding - Rate adjustments for Nursing Homes

Update the base year as the starting basis for nursing home rates and allowing for payment for direct, other direct and indirect at 20%, 20% and 10% above the midpoint, respectively for those areas.

Change Group: O | **Change Type:** A | **Change No:** 12 | **Priority:** 1

PERM (Payment Error Rate Measurement) Regulations - Request related to changed in federal regulations which are scheduled to go into affect FFY 2006.

This is a request for a Human Service Program Administrator IV that will be responsible for implementation and management of Payment Error Rate Measurement (PERM) eligibility reviews and ten (10) Quality Control Reviewers responsible to conduct approximately 2000 Medicaid and SCHIP eligibility reviews annually. This request conforms to the requirements of proposed rules, Medicaid Program and State Children's Health Insurance Program (SCHIP): Payment Error Rate Measurement, published in Federal Register/Volume 69, No. 166, August 27, 2004. Agency: Centers for Medicare and Medicaid Services (CMS), HHS.

Change Group: O | **Change Type:** A | **Change No:** 13 | **Priority:** 2

NE Prairie Harvest SMI Supported Residential Services increase - Request for increased funding for residential service provider.

In order to maintain the SMI Supported Residential Services at the same level as we are currently serving, we need $138,899 in additional funding.

Change Group: O | **Change Type:** A | **Change No:** 14 | **Priority:** 3

NE Centre Inc Adolescent Residential Increase - Request for increased funding for adolescent service provider.

Centre, Inc. provides adolescent CD residential services and is licensed as a foster care group home. The rates for the facility are determined by Provider Audit and based on the costs of the facility. Northeast HSC pays Centre, Inc. for all of the beds in the facility at the rate established by Provider Audit. We then deduct the amount of foster care reimbursement that Centre receives during a month. Based on the most current rate for the facility, we anticipate a need for about $ 68,013 more funding during the 05-07 biennium than what we currently have budgeted.

Change Group: O | **Change Type:** A | **Change No:** 15 | **Priority:** 4

NE Centre Inc SMI/CD Adut Residential Increase - Request for increased funding for adult residential serivce provider.

Centre, Inc. provides adult CD/SMI residential services. Wages and operating costs have increased over the past few bienniums to the point where the rate we pay for the service does not cover Centre's costs. Centre, Inc. has indicated that they will need an additional $ 63,232 in funding to cover these costs and maintain current operations.

Change Group: O | **Change Type:** A | **Change No:** 16 | **Priority:** 5

NE Psych Social Rehabilitation Center - Request for increased funding to to comply with licensure standards.

Request for increased funding to to comply with licensure standards. Due to budget reductions leading into the 03-05 biennium, the Mental Health Association reduced the hours that the psych-social club was open and reduced the number of days per week that the club was open from 7 to 6 days per week. Licensure requires that the program be available 7 days per week. In order to accommodate this, this request would increase the funding available to the Mental Health Association by $ 10,000.

| **Change Group:** O | **Change Type:** A | **Change No:** 17 | **Priority:** 6 |

SE Mental Health Crises Bed - Request for enhanced funding for Crisis beds.

This request is for children's mental health services to enhance our crisis bed services that serve as a point of deescalation, crisis stabilization and rapid reentry into the family setting. This will allow for a crisis to be resolved in the most efficient manner and to avoid higher level out of home placement.

| **Change Group:** O | **Change Type:** A | **Change No:** 18 | **Priority:** 7 |

SE Addiction Case Manager Youth Programs - Request for enhanced service for youth in rural community through a case manager.

Demand for rural outreach services continues to increase for the adolescent population. This FTE would serve the Wahpeton catchment area, Western Cass/Steele/Northwest Ransom county areas.

| **Change Group:** O | **Change Type:** A | **Change No:** 19 | **Priority:** 8 |

SE Licensed Addiction Counselor Youth - Request for enhanced service for youth in rural community through a licensed addiction counselor.

Demand for rural outreach services continues to increase for adolescents. This position would serve the Wahpeton catchment area, Western Cass/Steele/Northwest Ransom county areas.

| **Change Group:** O | **Change Type:** A | **Change No:** 20 | **Priority:** 9 |

SE Licensed Practical Nurse - Request for LPN due to increased demands.

This position is needed due to increased demand for nursing assessment and monitored medications for community based clients. SEHSC continues to serve an increasing number of clients that have more complex medical needs that need to be addressed in conjunction with the psychotropic medications prescribed. This position would assist in meeting the needs of these persons to insure that appropriate levels of care are provided to those we are serving.

| **Change Group:** O | **Change Type:** A | **Change No:** 22 | **Priority:** 11 |

SH Equity Increase for Mental Health Care Specialists - Proposed Equity increase for select State Hospital employees.

The following trends have been identified that negatively impacts the North Dakota State Hospital's ability to recruit and retain competent Certified Nursing Assistant staff at the North Dakota State Hospital.

PROBLEM:

1. The 2003 turnover rate for the North Dakota State Hospital was 13.65%.
2. The largest percent of turnover of North Dakota State Hospital employees is from the Mental Health Care Specialist (MHCS) classification and it is expected with no action taken, the turnover rate for MHCSs will increase.
3. North Dakota State Hospital MHCSs are noting a disparity with their salary from Certified Nursing Assistants in other institutions with similar experience.
4. The increase required for an employee to meet the minimum salary requirements of being 5% into the salary range upon attaining the required qualifications for a delegated reclassification within the MHCS classification, has become too large as a result of depressed starting salaries.
5. The North Dakota State Hospital is moving towards a larger percentage of our population being at a residential level of care, which will require a higher percentage of our work force to be MHCSs.
6. Early signs point towards the pool of applicants for MHCS positions diminishing, due to the demographics of the North Dakota population and the exodus of our youth from North Dakota.
7. Local employers are utilizing sign-on bonuses based on experience for recruiting Certified Nursing Assistants. The more experience, the larger the sign-on bonus.

FACTS /CONCERNS:

1. Data reported in human resource department telephone survey audits in June of 2002 with local nursing facilities utilizing Certified Nursing Assistants indicated a lag of $.55 to $1.32 per hour in NDSH salaries for employees with 10 years of experience. In those with 15 years of experience, the lag in salary was anywhere from $1.09 to $2.39 per hour.
2. The North Dakota Healthcare Foundation survey as of January 2003 identifies the weighted average salary of certified nursing assistant staff from hospitals in the NDSH custom peer group as $9.11 per hour.
3. A number of MHCSs work second jobs with local nursing facilities.
4. The MHCS classification comprises those employees most vulnerable to take other opportunities within the community for positions paying in the $8 - $10+ range.
5. The State Hospital has lost MHCSs to the James River Correctional Center and Parole and Probations Office on campus, where they have opportunities to become Correctional/Parole Officers.
6. The distance between the benefit package provided by the State and what private facilities are offering has closed ranks significantly.

PROPOSAL:

The State Hospital proposes to adjust salaries for MHCS positions as follows:

Increase the starting salary of MHCS by $.72 per hour. Award a market adjustment increase of $.40 per hour for all MHCS staff with satisfactory work performance, who are employed at the State Hospital on July 1, 2005.

This proposal would cost $240,000 for the 2005-07 biennium.

| **Change Group:** O | **Change Type:** A | **Change No:** 23 | **Priority:** 12 |

LTC QSP Rate increase - Increase in QSP rates in addition to inflationary increases.

This proposed OAR would allow the inequity of QSPs providing care for a number of years to receive a rate of payment equal to the new enrollees. Because it has not been possible to increase the long term QSPs rates in amounts great enough to close the gap between new enrollees and long term QSPs, there are a number of long term QSPs that are paid much less than an individual enrolling for the first time. QSPs like the majority of other Department providers have not received a rate increase for a minimum of three years. QSPs, as independent contractors, are responsible for paying for their own fringe benefits and taxes. The current average rate paid to intermittent individual QSPs is $2.41/unit (or $9.64/hr).

For agency QSPs, a rate increase is required in order to maintain enrollment of current agency providers and potential agency providers. Agency rate increases are based on actual budget costs. Agencies have contacted DHS regarding their inability to continue to provide HCBS unless they receive an increase in rates.

| **Change Group:** O | **Change Type:** A | **Change No:** 24 | **Priority:** 13 |

SH Extraordinary Repairs - Extraordinary Repairs needed at the State Hospital.

$110,000 - Repair and Paint Water Tower
65,000 - Repair and Maintenance of Building Roofs
40,000 - Replace Electrical Transformers
11,200 - Construct Covers for Basement Stairwells
6,200 - Secure Learning Resource Center Fire Escapes
22,000 - Paint Heating Plant Ash Tower
18,000 - Replace Two Fire Hydrants
6,500 - Repair Water Line Between Heating Plant and James River Correctional Center
36,000 - Replace Two Manholes
26,500 - #2 Boiler Refractory
30,000 - Resurface/Repair Campus Streets
30,000 - Repair Storm Sewer
157,150 - Ash Tower Unloading System

| **Change Group:** O | **Change Type:** A | **Change No:** 25 | **Priority:** 14 |

SH Equipment Over $5000 - Equipment needs at the State Hospital.

$ 8,000 - Microform Scanner for Health Information Systems
10,000 - Electric Scissor Lift for Plant Services
25,000 - Skid Steer with Sweeper to Clear Sidewalks
8,000 - Snow Scoop Attachment
6,000 - Riding Floor Scrubber to Clean Corridors
6,000 - Paper Cutter for Print Shop
60,000 - Hematology Analyzer for Laboratory
12,500 - High Volume Copy Machine for Lahaug Building
8,500 - Medium Volume Copy Machine for Health Information Services
6,000 - Low Volume Copy Machine for Library

Change Group: O | **Change Type:** A | **Change No:** 26 | **Priority:** 15

DC Equipment - Equipment needs at the Developmental Center.

Medical Equipment $85,400;
Safety/Security Equipment $44,000;
Dakota East (Voc) $11,000;
Dietary Equpment $14,000;
Forklift $15,000; Lift $9,000;
Plant Services:
Hoist $8,000,
Lift ramp $6,500,
Air Compressor $3,500,
Pro press $3,200, Pro press $1,600
Power lift $3,200,
Power washer $2,600,
Control air dryer $2,500,
Sander $1,700, &
Drain auger $1,200.
Residential/Facility $175,941.

Change Group: O | **Change Type:** A | **Change No:** 27 | **Priority:** 16

DC Extraordinary Repairs - Extraordinary Repairs needed at the Developmental Center.

Grove Roofing ($135,000); Flooring ($120,000); Collette pool filtration ($55,000); Parking lots, roads & sidewalks ($24,000), Greenhouse ($70,000).

| **Change Group:** O | **Change Type:** A | **Change No:** 28 | **Priority:** 17 |

DoIT Computer 4 Year Replacement Cycle - Align with the current recommended state practices for computer replacement.

EA (Enterprise Architecture) has set a standard that all desktop PCs are replaced every 4 years and all laptops are replaced every 3 years. To meet this requirement DHS must replace half of its PC inventory every biennium. Moving to a 4 year replacement cycle will also help reduce overall support costs. To get all of DHS on the standard 4 year computer replacement cycle.

| **Change Group:** O | **Change Type:** A | **Change No:** 29 | **Priority:** 18 |

DoIT County Staff Assistance for MMIS Rewrite - Computer project consulting needs from county staff.

The Department is planning on moving the remaining Medicaid TECS cases to the VISION system. By doing so, we will eliminate the need for the new MMIS system from having to interface the TECS system and at the same time we will have all the TECS cases reside in VISION. By making these changes, we will need county workers to help in the Analysis/Design and testing of these changes.

| **Change Group:** O | **Change Type:** A | **Change No:** 30 | **Priority:** 19 |

DS Match for VR Grant Inflationary Increase - Proposing an increase in general funds to match federal VR funds if inflationary increase is higher than estimated in the base budget.

The federal legislation governing the Vocational Rehabilitation Basic Support grants requires an annual cost of living inflationary increase in the grants to States. The President's budget for federal fiscal year 2005 includes a 4.4% inflationary increase. Based on this, and past history, an inflationary increase of 3% per year in the 05-07 biennium was estimated. The requested additional $97,174 in general funds will enable VR to draw down an additional $359,042 in federal revenue. The VR budget will be stressed by other reductions in the Department of Human Services budget, particularly the Medicaid budget. Currently, if a VR client is eligible for Medicaid, and requires medical services that are allowable under Medicaid, for employment purposes, those services are covered by Medicaid. However, due to reductions in the Medicaid budget, some of those services may not be covered by Medicaid in the future, and VR will be expected to cover those medical services necessary to allow the client to be employed. Currently, VR's average cost per case for people who have achieved employment is $3,515, so this additional revenue would allow VR to serve up to 130 additional clients.

Change Group: O | **Change Type:** A | **Change No:** 31 | **Priority:** 20

DSD ISLA Inflation for Administrative Reimbursement - Individualized supported living arrangement - increase in administrative reimbursement.

Administrative reimbursements to providers for the ISLA program historically have not been increased by inflators as other programs have been. Inflators accumulated since 1987 would result in a base level ISLA administrative reimbursement rate of $290.87 per month per client as compared to the currently budgeted amount of $230 per month per client. This applies to 585 clients per month. At this time, some provider's administrative costs may not be completely reimbursed under the current administrative reimbursement level. Increasing the administrative reimbursement level would cover the administrative costs of more of the providers.

Change Group: O | **Change Type:** A | **Change No:** 32 | **Priority:** 21

DS Administrative Reimbursement Increase for Enhanced ISLA Authorizations - Individualized supported living arrangement - increase related to enhanced authorizations.

Some of the ISLA authorizations for clients with greater support needs (for example, 24 ISLA authorizations) result in a greater amount of the provider's administrative costs being prorated to the ISLA program. As a result, the current administrative reimbursement level of $350 per month per client for these higher need ISLA authorizations is not always sufficient to cover the total administrative costs the provider must allocate to the ISLA program. This OAR would increase the administrative reimbursement for the enhanced ISLA authorizations as needed for each provider to cover the admin costs allocated to their enhanced ISLA authorizations.

Change Group: O | **Change Type:** A | **Change No:** 33 | **Priority:** 22

DS Guardianship Petitions Additional Funding - Enhanced funding for guardianship petitions - DD population.

Currently, the DD operating budget includes funds for corporate guardianship services for up to 341 individuals. However, due to the lack of funds available to pay for the costs of petitioning for guardianship, there continues to be a waiting list for guardianship services. These funds would allow the provider of guardianship services, under contract with the Department, to petition for guardianship services in cases where the Department staff is in agreement that guardianship services are needed.

Change Group: O | **Change Type:** A | **Change No:** 34 | **Priority:** 23

DS Gen Fnd Independent Living Increase - Enhanced funding for Independent Living Centers.

The Independent Living State Plan includes a goal to secure enough funding at each of the four Centers for Independent Living to allow them to all have at least one branch office to enable them to better serve the entire state. Currently, there is an IL center in Minot, Grand Forks, Fargo, and Bismarck, which are expected to serve the entire state. There are also two branch offices, one in Jamestown (operated by Freedom Center for IL in Fargo) and one in Dickinson (operated by Dakota Center for IL in Bismarck). These additional funds will move the Centers for IL closer to their goal of setting up branch offices in Williston (operated by Independence, Inc. in Minot) and Devils Lake (operated by Options in Grand Forks) to enable IL services to be provided statewide more efficiently and effectively. Currently, their Williston and Devils Lake regions are receiving minimal IL services, and the Jamestown branch office is only partially staffed. Although these additional funds will not meet the entire need of the IL centers, it will enable them to more fully staff the current branch offices and begin work towards establishing the two additional branch offices that are needed.

| **Change Group:** O | **Change Type:** A | **Change No:** 35 | **Priority:** 24 |

MA Funeral Set-Aside Increase for Medicaid - Proposal to increase the threshhold for the funeral exclusion.

Increase the funeral exclusion amount for determining Medicaid eligibility from $3,000 to $5,500.

| **Change Group:** O | **Change Type:** A | **Change No:** 36 | **Priority:** 25 |

EA Child Care Assistance Enhancement - Reinstate child care benefits to the four year degree students.

This a request to restore child care services for undergraduate college students.

| **Change Group:** O | **Change Type:** A | **Change No:** 37 | **Priority:** 26 |

DS DD Grants Wage Increase of $1.05 - Increase in wages to DD Provider staff in addition to inflationary increases.

Providers are requesting $1.05 per hour wage increase for all staff. This wage increase would allow DD providers to increase staff wages, which would be expected to reduce staff turnover and improve the quality of services provided to DD consumers.

Change Group: O | **Change Type:** A | **Change No:** 38 | **Priority:** 27

DoIT Kronos - Time and Attendance - Procure a time and attendance system.

To make leave slips and time sheets immediately accessible from any workstation in the agency.

Program: ADMINISTRATION - SUPPORT | **Reporting Level:** 00-325-100-15-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Human Resources:

- Managers will be provided qualified candidates at a cost of $250 or less per job opening.
- Provide managers with Certificate of Eligibles within 4 days of closing.
- Performance measures recently established - no measurable data at this point.
- Internally established benchmarks were used.

Legal Services:

- 80% of appeals that require a hearing will be sent to the Office of Administrative Hearings within 20 calendar days of receipt of the appeal.
- 80% of contract, memorandum of understanding and requests for proposal reviews will be completed within ten working days from the date of receipt.
- Performance measures recently established - no measurable data at this point.
- Internally established benchmarks were used based on federal benchmarks for each individual program.

Fiscal Administration:

- Financial Status reports will be completed quarterly to effectively monitor the $1.5 billion budget.
  - o SFY 2002 - 4 financial status reports were completed.
  - o SFY 2003 - 4 financial status reports were completed.
  - o SFY 2004 - 4 financial status reports were completed.

- 90 - 100% of deadlines will be met regarding ratesetting; information reports to managers; payments to vendors and employees; monitoring of grants and cost reimbursement contracts; completion of audits and delivery of mail.
  - o SFY 2002, SFY 2003 and SFY 2004 - all timelines were met or exceeded.

- Internally established benchmarks were used.

PROGRAM STATISTICAL DATA

The Executive Office oversees and provides programmatic direct for seven major program areas, eight human service centers and the two institutions.

Human Resources (statistics on a per biennium basis)

- Expects to review approximately 5500 applications for qualifications, generation of numerical scores and referral to Department employing unit.
- Expects 350 positions will need classification action.

Program: ADMINISTRATION - SUPPORT

Reporting Level: 00-325-100-15-00-00-00-00000000

- Expects 275 requests for salary REQUESTs.
- Expects 6000 employee data changes.
- Expects 300 criminal background checks.

Legal Services

- Expects approximately 270 requests for administrative appeals annually and 172 Intentional Program Violations.
- Expects to review approximately 1,163 contracts per biennium.

Fiscal Administration (statistics on an annual basis unless otherwise noted)

- Approximately 125 federal grant reports will be completed.
- Quarterly financial status report will be completed involving over 800 department ID numbers (formally accounting cost centers).
- Approximately 36 financial statement closing packages with 30 supporting schedules will be prepared.
- Approximately 120,000 disbursements and payroll checks will be processed.
- Approximately 2200 deposits will be prepared.
- Approximately 350 grant and cost reimbursement contracts will be monitored.
- Estimate 1,900,000 pieces of outgoing mail will be processed.
- Estimate that there will be 1.3 million copies requested.
- 186 rates will be set for providers / facilities per biennium.
- 170 cost reports will be reviewed per biennium.

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 66.10 FTE totaling $6.6 million with a breakdown by division as follows:

- Executive Office - 7; Legal Services - 4; Office of Applied Research - 3; HR - 8.60; Fiscal Administration - 43.50

Temporary salaries are included for Legislative interns in the executive office.

- The 7.7 FTE reduction was a result of a RIF enacted in July 2003 which eliminated 6.5 FTE; 1.2 were vacant.

This area of the budget includes minimal operating costs associated with the above positions along with either Departmentwide costs or Central Office costs associated with numerous services such as:

- Audit fees paid to the State Auditors Office - $150,000
- Motor Pool Expenses for the Central Office - $303,303
- Rent paid to facilities management for the Judicial Wing - $156,432 (office space $8.98 per square foot)
- Statewide Indirect Rate payment to OMB - $173,800

Program: ADMINISTRATION - SUPPORT

Reporting Level: 00-325-100-15-00-00-00-00000000

- Telephone costs paid to ITD for Central Office - $607,422
- Administrative Hearings - $335,128 to OAH
- Attorney General assistance - $248,107
- Postage costs for routine mailings such eligibility notices, benefit payments, etc. and postage machine rental - $1,409,194
- Contribution to the Risk Management fund - $108,680 - includes the Central Office and HSCs. (Institutions are separately billed.)
- Copier expense for the Judicial Wing - $163,082
- Rent paid to Century Center for Provider Audit - $41,090
- Professional memberships for the Department to APHSA and HSFO - $35,000
- Licensure reviews of the HSCs and similar contracts - $25,000

PROGRAM GOALS AND OBJECTIVES

Executive Office:
The overall objective of the Executive Office is to achieve desired results based upon the DHS Strategic Plan by providing guidance and information regarding human service issues to the Governor, legislators, Congress, political subdivisions, and the tribes so they can make informed decisions regarding North Dakota citizens. The Executive Office provides leadership, direction, and support to DHS Senior Managers and staff so they can achieve their program goals.

Legal Services:
The purpose of Legal Services is to provide assistance in policy analysis, interpretation, development, and training to Department of Human Services staff and the general public so they can understand and apply policy, to provide legal advice to the Department as authorized by the Attorney General, to manage the Department's Risk Management and Workers' Compensation programs, to coordinate the fair hearing and appeal process for DHS clients, providers, programs and nursing home facilities so that they can obtain final decisions and draft contracts for services for program divisions.

Fiscal Administration:
The purpose of Fiscal Administration is to provide budgeting, reporting, cash management services, contract monitoring, and ratesetting and cost report review to program administrators so they can manage their programs and achieve program results. Additionally, general information, mail services and materials are provided to Department employees so they can effectively administer programs.

Human Resources:
The purpose of Human Resources is to provide technical support and assistance to Department of Human Services and County Social Service Board staff so they can hire and retain qualified employees.

Office of Applied Reseach:
The purpose of Applied Research is to provide research and analysis and to assist in the measurement of performance measures for program directors so they can better manage their programs.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: ADMINISTRATION - SUPPORT

Reporting Level: 00-325-100-15-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	5,499,795	5,357,219	-424,197	4,933,022	0
TEMP, OVERTIME	49,409	90,262	-79,382	10,880	0
BENEFITS	1,667,224	1,783,464	-144,048	1,639,416	0
TOTAL	**7,216,428**	**7,230,945**	**-647,627**	**6,583,318**	**0**
SALARIES AND WAGES					
GENERAL FUND	4,224,839	3,628,762	-123,802	3,504,960	0
FEDERAL FUNDS	2,983,315	3,151,215	-257,189	2,894,026	0
SPECIAL FUNDS	8,274	450,968	-266,636	184,332	0
TOTAL	**7,216,428**	**7,230,945**	**-647,627**	**6,583,318**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	7,513	8,500	620	9,120	0
IT-TELEPHONE	628,682	648,582	-38,840	609,742	7,128
TRAVEL	298,963	366,958	5,444	372,402	28,800
IT-SOFTWARE/SUPPLIES	13,304	10,800	1,100	11,900	0
POSTAGE	1,342,963	1,369,650	-108,018	1,261,632	28,320
IT-CONTRACTUAL SERVICES	90	6,000	-6,000	0	0
LEASE/RENT - EQUIPMENT	159,288	181,999	28,511	210,510	0
LEASE/RENT - BLDG/LAND	303,629	404,901	-191,161	213,740	0
DUES & PROFESSIONAL DEV.	42,319	64,103	-2,503	61,600	0
OPERATING FEES & SERVICES	106,556	250,341	-22,506	227,835	0
REPAIRS	2,481	1,583	1,617	3,200	0
PROFESSIONAL SERVICES	706,386	629,175	104,060	733,235	0
INSURANCE	91,455	88,864	51,410	140,274	0
OFFICE SUPPLIES	22,203	22,130	3,444	25,574	0
PRINTING	122,706	133,133	-5,008	128,125	0
PROFESSIONAL SUPPLIES	17,176	22,594	-2,593	20,001	0
MISCELLANEOUS SUPPLIES	33,584	6,275	-800	5,475	0
TOTAL	**3,899,298**	**4,215,588**	**-181,223**	**4,034,365**	**64,248**
OPERATING EXPENSES					
GENERAL FUND	854,251	1,332,679	225,261	1,557,940	32,124
FEDERAL FUNDS	2,161,964	2,711,684	-243,813	2,467,871	32,124
SPECIAL FUNDS	883,083	171,225	-162,671	8,554	0
TOTAL	**3,899,298**	**4,215,588**	**-181,223**	**4,034,365**	**64,248**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES **Bill#: HB1012** **Date:** 12/28/2004

Biennium: 2005-2007 **Time:** 14:16:08

Program: ADMINISTRATION - SUPPORT **Reporting Level:** 00-325-100-15-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
LOAN FUND - DD	2,077,969	3,261,556	-3,261,556	0	0
TOTAL	**2,077,969**	**3,261,556**	**-3,261,556**	**0**	**0**
SPECIAL LINES					
GENERAL FUND	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0
SPECIAL FUNDS	2,077,969	3,261,556	-3,261,556	0	0
TOTAL	**2,077,969**	**3,261,556**	**-3,261,556**	**0**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	5,079,090	4,961,441	101,459	5,062,900	32,124
FEDERAL FUNDS	5,145,279	5,862,899	-501,002	5,361,897	32,124
SPECIAL FUNDS	2,969,326	3,883,749	-3,690,863	192,886	0
PROGRAM FUNDING TOTAL	**13,193,695**	**14,708,089**	**-4,090,406**	**10,617,683**	**64,248**
FTE EMPLOYEES	**76.80**	**73.80**	**-7.70**	**66.10**	**.00**
FUNDING DETAIL					
GENERAL FUND	**5,079,090**	**4,961,441**	**101,459**	**5,062,900**	**32,124**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	170,720	305,406	-132,217	173,189	0
S003 MENTAL HEALTH BLOCK GRANT - 00	18,465	1,457	-1,457	0	0
S006 DEVELOP. DISABILITIES COUNCIL	2,006	3,877	-2,050	1,827	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	73,516	258,829	-131,177	127,652	0
S023 TITLE V - 93.994	55,800	77,626	-9,259	68,367	0
S025 FOOD STAMP PROG. 10.561	308,393	417,735	-74,653	343,082	0
S029 PROJ FOR HOMELESS - PATH	8,684	0	0	0	0
S035 CHILD SUPPORT ENFORCE 93.563	608,908	677,422	-191,274	486,148	0
S040 VOC. REHAB. BASIC SUPP. 84.126	278,552	235,360	143,303	378,663	0
S041 CLIENT ASSISTANCE 84.161	15,744	38,464	-16,448	22,016	0
S049 IPAT(TEC GRANT) 84.224	72,428	128,848	-41,408	87,440	0
S056 MEDICAL ADMINISTRATION-93.778	1,676,343	2,183,482	-349,986	1,833,496	32,124
S058 CHIP - MAP & MA ADMIN 93.767	11,159	4,100	6,854	10,954	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: ADMINISTRATION - SUPPORT

Reporting Level: 00-325-100-15-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S059 PAYMENT ACCURACY MEASUREMENT DEMO.	544	0	0	0	0
S065 SOC. SER. BLK. GR. - 93.667	4,314	0	0	0	0
S067 FOSTER CARE IV-E-93.658	150,596	127,712	72,561	200,273	0
S069 VR IL OLDER BLIND 84.177	14,128	3,124	-874	2,250	0
S070 FC ADOPTION ASSIST. 93.659	83,811	74,062	-32,675	41,387	0
S071 PROMOTING SAFE & STABLE FAMILIES IV	2,360	0	2,326	2,326	0
S072 HEAD START COLLABORATION	2,594	0	5,778	5,778	0
S073 CHILD WELFARE SERVICES-93.645	8,989	0	35,101	35,101	0
S077 CHILD ABUSE-BASIC GRANT-93.669	521	731	3,319	4,050	0
S078 CHILD ABUSE-JUSTICE ACT-93.669	79	223	-223	0	0
S081 INDEPENDENT LIVING IV-E 93.674	14,249	0	1,097	1,097	0
S083 CHILD ABUSE-CHALLENGE GRANT-93.669	1,580	3,723	-1,831	1,892	0
S085 PART C-84.181	24,578	14,753	13,007	27,760	0
S090 AGING ADMINISTRATION - 02	163,177	179,163	27,408	206,571	0
S091 TITLE III B - 00	37,535	12,802	114,895	127,697	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	3,582	3,548	-3,548	0	0
S096 ELDER ABUSE PREVENTION	1,052	0	0	0	0
S098 OMBUDSMAN ACTIVITY	2,678	0	0	0	0
S109 CCDF - DISCRETIONARY FUNDS	64,242	47,346	2,040	49,386	0
S114 TANF BLOCK GRANT	777,414	653,342	69,114	722,456	0
S115 CHILD CARE DEVELOPMENT FUND	142,287	146,096	13,385	159,481	0
S116 LIHEAP - 93.028	218,744	208,049	-7,286	200,763	0
S142 REFUGEE ASSISTANCE CMA 93.026	62,640	46,185	-15,535	30,650	0
S507 STATE SYST.DEVELOPMENT INITATIVE	6,969	9,434	711	10,145	0
S700 RETIRED SENIOR VOLUNTEER PROGRAM	592	0	0	0	0
S701 RETIRED SENIOR VOLUNTEER PROGRAM-SE	16,402	0	0	0	0
S702 RETIRED SENIOR VOLUNTEER PROGRAM-NC	0	0	0	0	0
Z253 FOSTER GRANDPARENT	38,904	0	0	0	0
TOTAL	**5,145,279**	**5,862,899**	**-501,002**	**5,361,897**	**32,124**
SPECIAL FUNDS					
Z125 OTHER FUNDS	2,969,326	3,883,749	-3,690,863	192,886	0
TOTAL	**2,969,326**	**3,883,749**	**-3,690,863**	**192,886**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: ADMINISTRATION - SUPPORT

REPORTING LEVEL: 00-325-100-15-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-7.70	-123,802	-257,189	-3,528,192	-3,909,183
3 Operating Expenditure Changes	.00	225,261	-243,813	-162,671	-181,223
Agency Total	**-7.70**	**101,459**	**-501,002**	**-3,690,863**	**-4,090,406**
12 PERM (Payment Error Rate Measurement) Regulations	.00	32,124	32,124	0	64,248
Optional Total	**.00**	**32,124**	**32,124**	**0**	**64,248**

Program: DIVISION of INFORMATION TECHNOLOGY

Reporting Level: 00-325-100-20-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

1. All Technology solutions to business problems approved by management will be completed at agreed upon timeframes and within budget.
   FY2003: 98% of all projects were completed within budget and 94% were completed on time.
   FY2004: 99% off projects were completed within budget and 99% were completed on time.
   Benchmark established internally.

2. The availability of all application systems will be no less than 95%, inclusive of planned down time due to system maintenance.
   FY2003: 99% system availability.
   FY2004: 99% system availability.
   Benchmark established internally.

3. 95% of our customers will rate all our customer service as good or excellent. (Semi-annual survey)
   FY2003: June 2003 – 92%, December 2003 – 79%
   FY2004: June 2004 – 71%
   Benchmark established internally.

4. Employee turnover is no greater than 4%.
   FY2003: 2.5%
   FY2004: 3%
   Benchmark established internally.

PROGRAM STATISTICAL DATA

- Management of application systems with an average of 72 new work requests per month. These systems include support for Child Support, Medicaid, Economic Assistance, Eligibility, Disability Services, Financial, and Administrative systems.
- Desktop support completes an average of 1200 work requests per month.
- Data entry operators process an average of 53,000 paper claims per month.

Program: DIVISION of INFORMATION TECHNOLOGY **Reporting Level:** 00-325-100-20-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

The Division of Information Technology's budget includes 33 FTEs and 3 temporary staff of which two are part time to provide technical support to NW and LR and one fte is full time to work as a backfill position because of the MMIS replacement project. Salary costs comprise $3.3 million of our budget request. Of the 33 FTEs - 4 FTE are assigned the responsibility of data input for Medicaid claims processing and other data input for the department programs.

The budget request includes $277,000 for contracted data input services from temporary service agencies in order to meet the demand of the Medicaid claims input.,

Included in the budget is $29.2 million for the MMIS rewrite project. General fund share is $3.7 million. The majority of the funding is 90/10 federal / state, respectively. A portion of the project includes incorporating the Medicaid eligibility aspects of the TECs system into the VISION system which is budgeted at 50/50 federal / state funding.

Includes funding for the ROAP relational database migration so that we are able to continue to run ROAP efficiently and effectively with the updates that will be issued in the future - $171,400 all general funds.

Also included in the budget: 1) modifications to the child support system in order to meet federal requirements - $670,000 total; $227,800 general funds; 2) changes needed to systems as a result of Medicaid Part D coverage - $230,000 total; $91,577 general funds; 3) HIPAA changes needed at the State Hospital - $13,000 total funds (all general funds)

$23.3 of the operating costs are for ITD services as follows:
Data Processing - $18.6 million
Networking (including the consolidation) - $3.7 million

Operating expenses include payment for Connect ND in the amount of $863,000.

The remaining budget request representing costs associated with third party service agreements, hardware/software purchases and other operating expenses such as office supplies, travel and regular office expenses.

Other Capital Payments - $2,750 of bond and interest payments for staff person located at Southeast Human Service Center.

PROGRAM GOALS AND OBJECTIVES

The purpose of the Division of Information Technology is to provide customer services relating to technology and information management to DHS staff so they have the technology and information they need.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DIVISION of INFORMATION TECHNOLOGY

Reporting Level: 00-325-100-20-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	2,884,613	2,605,961	-200,249	2,405,712	0
TEMP, OVERTIME	244,864	74,888	62,904	137,792	0
BENEFITS	860,786	852,966	-57,027	795,939	0
TOTAL	**3,990,263**	**3,533,815**	**-194,372**	**3,339,443**	**0**
SALARIES AND WAGES					
GENERAL FUND	2,379,072	2,562,446	-128,327	2,434,119	0
FEDERAL FUNDS	1,611,191	971,369	-66,045	905,324	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**3,990,263**	**3,533,815**	**-194,372**	**3,339,443**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	21,855,421	23,460,835	7,944,798	31,405,633	9,581
IT-TELEPHONE	24,329	23,700	-1,700	22,000	0
TRAVEL	67,040	102,029	-12,025	90,004	0
IT-SOFTWARE/SUPPLIES	799,176	737,700	-316,692	421,008	49,424
UTILITIES	550	300	420	720	0
POSTAGE	55	300	298	598	0
IT-CONTRACTUAL SERVICES	884,877	1,124,532	20,918,900	22,043,432	219,020
LEASE/RENT - EQUIPMENT	0	50	-50	0	0
LEASE/RENT - BLDG/LAND	126,075	129,709	7,091	136,800	0
DUES & PROFESSIONAL DEV.	49,108	83,097	-28,797	54,300	0
OPERATING FEES & SERVICES	2,181,560	2,931,904	-1,131,595	1,800,309	0
REPAIRS	10,576	14,799	-6,567	8,232	0
PROFESSIONAL SERVICES	973	300	200	500	0
OFFICE SUPPLIES	7,226	16,843	-12,987	3,856	0
PRINTING	1,593	154,291	108,530	262,821	0
PROFESSIONAL SUPPLIES	5,231	7,200	-7,000	200	0
BLDG,GRNDS,VEHICLE MTCE	75	50	450	500	0
MISCELLANEOUS SUPPLIES	5,649	150	50	200	0
OFFICE EQUIP-UNDER $5000	0	840	-840	0	0
IT-EQUIP UNDER $5000	754,880	499,140	184,090	683,230	376,000
TOTAL	**26,774,394**	**29,287,769**	**27,646,574**	**56,934,343**	**654,025**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DIVISION of INFORMATION TECHNOLOGY

Reporting Level: 00-325-100-20-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
OPERATING EXPENSES					
GENERAL FUND	11,041,510	11,019,298	4,216,152	15,235,450	427,207
FEDERAL FUNDS	14,252,644	16,863,692	23,301,712	40,165,404	226,818
SPECIAL FUNDS	1,480,240	1,404,779	128,710	1,533,489	0
TOTAL	**26,774,394**	**29,287,769**	**27,646,574**	**56,934,343**	**654,025**
CAPITAL ASSETS					
IT-EQUIP-OVER $5000	46,281	292,356	-292,356	0	0
OTHER CAPITAL PAYMENTS	1,308	2,694	56	2,750	0
TOTAL	**47,589**	**295,050**	**-292,300**	**2,750**	**0**
CAPITAL ASSETS					
GENERAL FUND	18,472	1,986	183	2,169	0
FEDERAL FUNDS	27,877	293,064	-292,483	581	0
SPECIAL FUNDS	1,240	0	0	0	0
TOTAL	**47,589**	**295,050**	**-292,300**	**2,750**	**0**
SPECIAL LINES					
HIPAA	5,672,473	0	0	0	0
TOTAL	**5,672,473**	**0**	**0**	**0**	**0**
SPECIAL LINES					
GENERAL FUND	214	0	0	0	0
FEDERAL FUNDS	3,039,486	0	0	0	0
SPECIAL FUNDS	2,632,773	0	0	0	0
TOTAL	**5,672,473**	**0**	**0**	**0**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	13,439,268	13,583,730	4,088,008	17,671,738	427,207
FEDERAL FUNDS	18,931,198	18,128,125	22,943,184	41,071,309	226,818
SPECIAL FUNDS	4,114,253	1,404,779	128,710	1,533,489	0
PROGRAM FUNDING TOTAL	**36,484,719**	**33,116,634**	**27,159,902**	**60,276,536**	**654,025**
FTE EMPLOYEES	**42.00**	**33.00**	**.00**	**33.00**	**.00**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DIVISION of INFORMATION TECHNOLOGY

Reporting Level: 00-325-100-20-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
FUNDING DETAIL					
GENERAL FUND	**13,439,268**	**13,583,730**	**4,088,008**	**17,671,738**	**427,207**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	150,750	281,680	105,541	387,221	3,128
S003 MENTAL HEALTH BLOCK GRANT - 00	21,415	118,486	-118,486	0	0
S006 DEVELOP. DISABILITIES COUNCIL	2,631	1,800	7,168	8,968	0
S008 DDS-INFORMATION TECHNOLOGY SYTMS(IT	16,310	0	0	0	0
S011 MH DATA INFRASTRUCTURE	4,737	0	0	0	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	19,408	28,090	5,338	33,428	2,702
S023 TITLE V - 93.994	41,454	44,498	-11,936	32,562	1,567
S025 FOOD STAMP PROG. 10.561	1,001,760	1,084,003	-142,976	941,027	3,061
S029 PROJ FOR HOMELESS - PATH	0	0	0	0	0
S035 CHILD SUPPORT ENFORCE 93.563	3,947,678	4,103,541	4,250	4,107,791	8,619
S040 VOC. REHAB. BASIC SUPP. 84.126	546,021	776,076	-287,007	489,069	21,136
S041 CLIENT ASSISTANCE 84.161	7,807	7,630	-2,076	5,554	259
S049 IPAT(TEC GRANT) 84.224	7,491	19,520	-14,456	5,064	648
S056 MEDICAL ADMINISTRATION-93.778	9,149,713	8,064,888	23,750,962	31,815,850	109,744
S058 CHIP - MAP & MA ADMIN 93.767	57,277	423,351	-420,936	2,415	307
S059 PAYMENT ACCURACY MEASUREMENT DEMO.	1,490	0	0	0	0
S065 SOC. SER. BLK. GR. - 93.667	0	0	0	0	0
S067 FOSTER CARE IV-E-93.658	157,636	156,436	-13,982	142,454	1,232
S069 VR IL OLDER BLIND 84.177	117	0	0	0	0
S070 FC ADOPTION ASSIST. 93.659	43,446	19,837	55,796	75,633	565
S071 PROMOTING SAFE & STABLE FAMILIES IV	471	0	998	998	50
S072 HEAD START COLLABORATION	0	0	0	0	0
S073 CHILD WELFARE SERVICES-93.645	421	0	9,143	9,143	443
S081 INDEPENDENT LIVING IV-E 93.674	4,599	0	544	544	27
S083 CHILD ABUSE-CHALLENGE GRANT-93.669	1,902	0	0	0	0
S085 PART C-84.181	65,422	107,768	-17,612	90,156	2
S090 AGING ADMINISTRATION - 02	55,120	36,946	141,572	178,518	2,174
S091 TITLE III B - 00	10,853	14,095	-10,851	3,244	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	4,123	1,221	-1,221	0	0
S109 CCDF - DISCRETIONARY FUNDS	34,035	22,343	25,996	48,339	1,739
S114 TANF BLOCK GRANT	3,155,821	2,337,535	-187,661	2,149,874	65,779
S115 CHILD CARE DEVELOPMENT FUND	137,588	125,714	-11,514	114,200	1,056

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DIVISION of INFORMATION TECHNOLOGY

Reporting Level: 00-325-100-20-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S116 LIHEAP - 93.028	249,394	335,535	58,228	393,763	1,748
S142 REFUGEE ASSISTANCE CMA 93.026	30,693	14,852	20,642	35,494	440
S507 STATE SYST.DEVELOPMENT INITATIVE	3,615	2,280	-2,280	0	392
TOTAL	**18,931,198**	**18,128,125**	**22,943,184**	**41,071,309**	**226,818**
SPECIAL FUNDS					
Z125 OTHER FUNDS	4,114,253	1,404,779	128,710	1,533,489	0
TOTAL	**4,114,253**	**1,404,779**	**128,710**	**1,533,489**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: DIVISION of INFORMATION TECHNOLOGY

REPORTING LEVEL: 00-325-100-20-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	-72,202	-339,673	0	-411,875
3 Operating Expenditure Changes	.00	4,160,210	23,282,857	128,710	27,571,777
Agency Total	**.00**	**4,088,008**	**22,943,184**	**128,710**	**27,159,902**
12 PERM (Payment Error Rate Measurement) Regulations	.00	13,349	13,348	0	26,697
28 DoIT Computer 4 Year Replacement Cycle	.00	314,266	48,534	0	362,800
29 DoIT County Staff Assistance for MMIS Rewrite	.00	79,620	139,400	0	219,020
38 DoIT Kronos - Time and Attendance	.00	19,972	25,536	0	45,508
Optional Total	**.00**	**427,207**	**226,818**	**0**	**654,025**

Program: ECONOMIC ASSISTANCE POLICY - GRANTS | **Reporting Level:** 00-325-300-01-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The annual Food Stamp benefit issuance error rate will be less than the national average.
All families who apply and are eligible for child care assistance will receive a benefit.
80 % of System Support calls/letters will be resolved within one working day.
$1,500,000 per year will be collected directly or under DHS supervision from estates of deceased Medicaid recipients and spouses of deceased recipients.

Actual performance for the above performance measures:
Food Stamp benefit issuance error rate
FFY 2001: 5.96% (national average 8.66%)
FFY 2002: 6.14% (national average 8.26%)
FFY 2003: 4.85% (national average 6.64%)
Percentage of families who applied for Child Care Assistance and demonstrated eligibility who received benefits
SFY 2002: 100% (monthly average of 2,910 cases)
SFY 2003: 100% (monthly average of 3,081 cases)
SFY 2004: 100% (monthly average of 3,016 cases)
Percentage of System Support calls/letters resolved within one working day
SFY 2003: 94 %
SFY 2004: 95 %
Amount of Medicaid claims collected from decedent's estates
SFY 2002: $1,743,802
SFY 2003: $1,774,067
SFY 2004: $1,901,546

Benchmarks were established internally. Food Stamps benchmark is set to maintain North Dakota error rate below national average.

PROGRAM STATISTICAL DATA

This area of the budget includes the following programs:

- Basic Care Assistance, supporting benefit eligibility determinations for an average of 468 individuals residing in Basic Care Facilities during each month in FY 2004;
- Child Care Assistance, providing assistance for approximately 4,957 children from 3,187 families in FY 2004; ?
- Foods Stamps, assistance to 18,170 households, including 19,500 children, 7,996 working families and 3,209 individuals age 60 or older, in FFY 2003; ?

Program: ECONOMIC ASSISTANCE POLICY - GRANTS **Reporting Level:** 00-325-300-01-00-00-00-00000000

- Heating Assistance (Low Income Home Energy Assistance Program, or "LIHEAP"), providing heating assistance to more than 15,000 households, including over 3,600 with small children, 7,697 working families, 3,550 persons with disabilities, and 3,675 individuals age 60 or older, and also providing emergency assistance to 2,186 households per year in FFY 2004; and
- TANF and Job Opportunities and Basic Skills (JOBS), providing cash assistance to an average of 3,075 families, and purchasing employment services for an average of 1,284 individuals per month in FY 2004.

These programs, and the Medicaid program, are served by these services, also within this area of the budget:

- Quality Control
- System Support and Development
- Field Services and Training; and
- Medicaid Estate Recovery

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 41.8 FTE along with $22,944 for overtime. The salary costs total $3.9 million and comprise approximately 2% of the budget request in this area.

The operating costs consist primarily of contracts, including $7.9 million for the JOBS programs (TANF work requirements anticipating the reauthorization of TANF); $1.5 million for EBT issuance costs; and $378,000 for Employment and Training contracts for the Food Stamps program.

Other Capital Payments - $1,976 of bond and interest payments for staff person located at Southeast Human Service Center.

The grant costs include payments made to individuals as follows:

- Nutrition Education plan with NDSU - $3 million
- Indian County Allocation - $2.8 million
- Jobs Transportation Contract - $2.5 million

Child Care Assistance

- Average number of children per month receiving assistance: 4,878 children
- Average monthly cost per child: $188
- Total budget: $22.0 million funded with a $2.0 million maintenance of effort and child care grants consisting of discretionary, mandatory and matching funds

Food Stamps

- Average number of households per month receiving assistance: 21,799
- Average monthly cost per household: $202
- Total budget: $105.8 million funded with 100% federal funds

Program: ECONOMIC ASSISTANCE POLICY - GRANTS

Reporting Level: 00-325-300-01-00-00-00-00000000

Low Income Home Energy Assistance Program (LIHEAP)

- Regular Heating Assistance: $27.2 million
- Emergency Heating Assistance: $1.5 million
- Weatherization costs paid to the Division of Community Services: $7.8 million
- Total budget: $36.5 million funded with 100% federal funds

Temporary Assistance for Needy Families (TANF)

- Average number of cases per month: 3,000 cases
- Average monthly cost per case: $340
- Total budget: $24.5 million funded with federal funds and a $16.1 million maintenance of effort

PROGRAM GOALS AND OBJECTIVES

The purpose of Economic Assistance Policy – Grants is to provide a basic standard of living for those individuals and families who do not have the current capacity to support themselves and to assist them to move from poverty to self-sufficiency.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: ECONOMIC ASSISTANCE POLICY - GRANTS

Reporting Level: 00-325-300-01-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	2,872,001	2,895,219	34,330	2,929,549	705,600
TEMP, OVERTIME	55,779	22,944	0	22,944	0
BENEFITS	866,487	964,730	24,584	989,314	252,600
TOTAL	**3,794,267**	**3,882,893**	**58,914**	**3,941,807**	**958,200**
SALARIES AND WAGES					
GENERAL FUND	1,289,105	1,308,877	13,205	1,322,082	479,100
FEDERAL FUNDS	2,505,162	2,574,016	45,709	2,619,725	479,100
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**3,794,267**	**3,882,893**	**58,914**	**3,941,807**	**958,200**
OPERATING EXPENSES					
IT-DATA PROCESSING	4,706	8,950	2,120	11,070	0
IT-TELEPHONE	17,818	19,865	-1,975	17,890	0
TRAVEL	132,378	189,943	-15,899	174,044	17,400
IT-SOFTWARE/SUPPLIES	10,519	5,100	4,388	9,488	0
UTILITIES	790	806	-6	800	0
POSTAGE	24,701	28,980	-15,976	13,004	0
IT-CONTRACTUAL SERVICES	328	0	400	400	0
LEASE/RENT - BLDG/LAND	78,586	78,243	15,053	93,296	38,760
DUES & PROFESSIONAL DEV.	28,483	37,957	-7,375	30,582	3,300
OPERATING FEES & SERVICES	8,187,132	9,450,743	387,948	9,838,691	0
REPAIRS	1,471	3,663	-2,287	1,376	0
PROFESSIONAL SERVICES	1,186	500	-500	0	0
OFFICE SUPPLIES	11,395	42,626	-31,162	11,464	0
PRINTING	144,515	179,628	17,318	196,946	0
PROFESSIONAL SUPPLIES	4,089	50,385	-48,695	1,690	0
BLDG,GRNDS,VEHICLE MTCE	80	40	100	140	0
MISCELLANEOUS SUPPLIES	3,560	800	7,135	7,935	16,700
OFFICE EQUIP-UNDER $5000	0	0	1,500	1,500	0
TOTAL	**8,651,737**	**10,098,229**	**312,087**	**10,410,316**	**76,160**
OPERATING EXPENSES					
GENERAL FUND	428,439	292,687	43,164	335,851	38,080
FEDERAL FUND	7,762,149	9,236,913	206,510	9,443,423	38,080

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES **Bill#: HB1012** **Date:** 12/28/2004
Biennium: 2005-2007 **Time:** 14:16:08

Program: ECONOMIC ASSISTANCE POLICY - GRANTS **Reporting Level:** 00-325-300-01-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS	461,149	568,629	62,413	631,042	0
TOTAL	**8,651,737**	**10,098,229**	**312,087**	**10,410,316**	**76,160**
CAPITAL ASSETS					
OTHER CAPITAL PAYMENTS	2,097	3,872	-1,896	1,976	0
TOTAL	**2,097**	**3,872**	**-1,896**	**1,976**	**0**
CAPITAL ASSETS					
GENERAL FUND	1,431	0	0	0	0
FEDERAL FUNDS	666	2,173	-1,185	988	0
SPECIAL FUNDS	0	1,699	-711	988	0
TOTAL	**2,097**	**3,872**	**-1,896**	**1,976**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	146,279,967	181,551,359	15,721,076	197,272,435	3,794,376
TOTAL	**146,279,967**	**181,551,359**	**15,721,076**	**197,272,435**	**3,794,376**
GRANTS					
GENERAL FUND	4,428,243	4,588,991	186,437	4,775,428	3,794,376
FEDERAL FUNDS	125,273,928	157,347,149	16,778,140	174,125,289	0
SPECIAL FUNDS	16,577,796	19,615,219	-1,243,501	18,371,718	0
TOTAL	**146,279,967**	**181,551,359**	**15,721,076**	**197,272,435**	**3,794,376**
PROGRAM FUNDING SOURCES					
GENERAL FUND	6,147,218	6,190,555	242,806	6,433,361	4,311,556
FEDERAL FUNDS	135,541,905	169,160,251	17,029,174	186,189,425	517,180
SPECIAL FUNDS	17,038,945	20,185,547	-1,181,799	19,003,748	0
PROGRAM FUNDING TOTAL	**158,728,068**	**195,536,353**	**16,090,181**	**211,626,534**	**4,828,736**
FTE EMPLOYEES	**42.80**	**41.80**	**.00**	**41.80**	**11.00**
FUNDING DETAIL					
GENERAL FUND	**6,147,218**	**6,190,555**	**242,806**	**6,433,361**	**4,311,556**
FEDERAL FUNDS					
S025 FOOD STAMP PROG. 10.561	3,786,416	4,243,592	198,101	4,441,693	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: ECONOMIC ASSISTANCE POLICY - GRANTS

Reporting Level: 00-325-300-01-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S027 FOOD STAMP WORK REG. & JOB SEARCH 1	356,087	391,798	207,134	598,932	0
S028 FOOD STAMP - EBT BENEFITS	65,292,131	85,477,890	20,362,769	105,840,659	0
S040 VOC. REHAB. BASIC SUPP. 84.126	8,691	0	0	0	0
S056 MEDICAL ADMINISTRATION-93.778	564,788	557,971	109,870	667,841	517,180
S071 PROMOTING SAFE & STABLE FAMILIES IV	152,822	0	0	0	0
S109 CCDF - DISCRETIONARY FUNDS	6,114,001	8,496,346	-410,940	8,085,406	0
S114 TANF BLOCK GRANT	28,743,041	26,277,184	-4,407,757	21,869,427	0
S115 CHILD CARE DEVELOPMENT FUND	7,957,444	12,352,850	-4,560,611	7,792,239	0
S116 LIHEAP - 93.028	22,566,484	31,362,620	5,530,608	36,893,228	0
TOTAL	**135,541,905**	**169,160,251**	**17,029,174**	**186,189,425**	**517,180**
SPECIAL FUNDS					
Z125 OTHER FUNDS	17,038,945	20,185,547	-1,181,799	19,003,748	0
TOTAL	**17,038,945**	**20,185,547**	**-1,181,799**	**19,003,748**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: ECONOMIC ASSISTANCE POLICY - GRANTS

REPORTING LEVEL: 00-325-300-01-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	13,205	-3,973,488	-1,183,775	-5,144,058
1 Capital Assets	.00	0	988	988	1,976
2 Unfunded Activity	.00	-186,437	0	0	-186,437
3 Operating Expenditure Changes	.00	43,164	206,510	62,413	312,087
4 Caseload Changes / Utilization	.00	0	34,497,299	-61,425	34,435,874
5 Cost Changes	.00	0	-13,702,135	0	-13,702,135
6 Statutory Changes	.00	186,437	0	0	186,437
8 Restoration	.00	186,437	0	0	186,437
Agency Total	**.00**	**242,806**	**17,029,174**	**-1,181,799**	**16,090,181**
OPTIONAL REQUEST					
12 PERM (Payment Error Rate Measurement) Regulations	11.00	517,180	517,180	0	1,034,360
36 EA Child Care Assistance Enhancement	.00	3,794,376	0	0	3,794,376
Optional Total	**11.00**	**4,311,556**	**517,180**	**0**	**4,828,736**

Program: CHILD SUPPORT ENFORCEMENT | **Reporting Level:** 00-325-300-02-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

1) Rank in the top five in the nation overall on federal performance measures.
2) Paternity established or acknowledged for 95% of children in IV-D cases born out of wedlock.
3) Court orders for child support established for 90% of IV-D cases.
4) Collect 73% of current support owed on IV-D cases.
5) Collect $5.00 (IV-D cases) for each $1.00 spent.

Actual performance on the above measurements for FFY 2003:
1) Ranked third overall in the nation on federal performance measures.
2) Paternity established or acknowledged for 95.1% of children in IV-D cases born out of wedlock.
3) Court orders for child support established for 85.7% of IV-D cases.
4) Collected 71.3% of current support owed on IV-D cases.
5) Collected $4.93 (IV-D cases) for each $1.00 spent.

The benchmark for performance measure #1 was established internally and benchmarks #2 through #5 are required by the federal government.

PROGRAM STATISTICAL DATA

-IV-D caseload on June 30, 2004 – 40,989.
-NonIV-D caseload on June 30, 2004 – 10,394.
-At March 31, 2004, the Federal Case Registry included information on 45,541 cases including data on 32,864 noncustodial parents, 3,027 putative fathers, 32,390 custodial parents and 56,663 children. Excluded were nonIV-D cases where reporting was not required.
-Average monthly collections for calendar year 2003 – $7,623,000.
-Total collections for calendar year 2003 – 91.5 million, an increase of 4.93% from the previous year's collection of 87.2 million.
-Average number of calls monthly to the automatic phone system – 35,802.
-Website hits in June 2004 – 78,719 hits, an average of 2,623 per day.
-Accounts receivable at June 30, 2004 – $206.7 million, a 6.73% increase from the previous year.

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 38 FTE along with $30,000 of funding for overtime and $97,384 for 1 full time and 4 part time temporary employees. The salary costs total 3.3 million and comprise approximately 40% of the budget request in this area.

Program: CHILD SUPPORT ENFORCEMENT | **Reporting Level:** 00-325-300-02-00-00-00-00000000

The operating costs consist primarily of the purchase of services, including $900,000 for Clerk of Court services from the Supreme Court, $632,400 for reimbursement to the Lake Region IV-D Regional Child Support Enforcement Unit, and $822,970 for Tribal Operations. Also included is rent paid to the Century Center for $194,160 and other typical office operational costs such as office supplies, printing, and staff travel.

The grant costs are comprised of $1.5 million for incentive payments to counties and $400,000 to subrecipients for providing access and visitation services to parents and children.

PROGRAM GOALS AND OBJECTIVES

The purpose of the Child Support Enforcement program is to secure financial support from legally responsible parents so that families and children receive that support, and to reduce the demand on public treasuries.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: CHILD SUPPORT ENFORCEMENT

Reporting Level: 00-325-300-02-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	1,995,793	2,278,620	4,218	2,282,838	0
TEMP, OVERTIME	109,913	126,468	916	127,384	0
BENEFITS	682,601	845,944	5,062	851,006	0
TOTAL	**2,788,307**	**3,251,032**	**10,196**	**3,261,228**	**0**
SALARIES AND WAGES					
GENERAL FUND	762,448	565,085	139,667	704,752	0
FEDERAL FUNDS	1,735,904	2,060,290	-13,871	2,046,419	0
SPECIAL FUNDS	289,955	625,657	-115,600	510,057	0
TOTAL	**2,788,307**	**3,251,032**	**10,196**	**3,261,228**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	0	2,580	1,040	3,620	0
IT-TELEPHONE	7,064	8,587	-267	8,320	0
TRAVEL	28,785	68,257	-33,801	34,456	0
IT-SOFTWARE/SUPPLIES	13,363	9,584	7,416	17,000	0
POSTAGE	2,086	1,628	4,452	6,080	0
IT-CONTRACTUAL SERVICES	1,047	0	0	0	0
LEASE/RENT - EQUIPMENT	11,936	10,128	14	10,142	0
LEASE/RENT - BLDG/LAND	166,347	195,097	-937	194,160	0
DUES & PROFESSIONAL DEV.	27,366	21,108	-1,260	19,848	0
OPERATING FEES & SERVICES	1,804,008	2,901,866	-230,669	2,671,197	0
REPAIRS	9,429	8,382	6,726	15,108	0
PROFESSIONAL SERVICES	0	17,000	-17,000	0	0
INSURANCE	0	100	-100	0	0
OFFICE SUPPLIES	13,615	18,416	-5,586	12,830	0
PRINTING	30,855	26,536	3,464	30,000	0
PROFESSIONAL SUPPLIES	5,108	5,265	619	5,884	0
MISCELLANEOUS SUPPLIES	98,603	4,749	-1,649	3,100	0
OFFICE EQUIP-UNDER $5000	4,428	0	0	0	0
TOTAL	**2,224,040**	**3,299,283**	**-267,538**	**3,031,745**	**0**
OPERATING EXPENSES					
GENERAL FUND	479,234	433,356	-114,431	318,925	0
FEDERAL FUNDS	1,682,195	2,802,346	-215,651	2,586,695	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: CHILD SUPPORT ENFORCEMENT

Reporting Level: 00-325-300-02-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS	62,611	63,581	62,544	126,125	0
TOTAL	**2,224,040**	**3,299,283**	**-267,538**	**3,031,745**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	1,784,767	1,990,853	-105,853	1,885,000	0
TOTAL	**1,784,767**	**1,990,853**	**-105,853**	**1,885,000**	**0**
GRANTS					
GENERAL FUND	5,042	0	0	0	0
FEDERAL FUNDS	45,378	200,000	200,000	400,000	0
SPECIAL FUNDS	1,734,347	1,790,853	-305,853	1,485,000	0
TOTAL	**1,784,767**	**1,990,853**	**-105,853**	**1,885,000**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	1,246,724	998,441	25,236	1,023,677	0
FEDERAL FUNDS	3,463,477	5,062,636	-29,522	5,033,114	0
SPECIAL FUNDS	2,086,913	2,480,091	-358,909	2,121,182	0
PROGRAM FUNDING TOTAL	**6,797,114**	**8,541,168**	**-363,195**	**8,177,973**	**0**
FTE EMPLOYEES	**38.00**	**38.00**	**.00**	**38.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**1,246,724**	**998,441**	**25,236**	**1,023,677**	**0**
FEDERAL FUNDS					
S035 CHILD SUPPORT ENFORCE 93.563	3,418,099	4,862,636	-229,522	4,633,114	0
S079 ACCESS AND VISITATION PROGRAM 93.59	45,378	200,000	200,000	400,000	0
TOTAL	**3,463,477**	**5,062,636**	**-29,522**	**5,033,114**	**0**
SPECIAL FUNDS					
Z125 OTHER FUNDS	2,086,913	2,480,091	-358,909	2,121,182	0
TOTAL	**2,086,913**	**2,480,091**	**-358,909**	**2,121,182**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: CHILD SUPPORT ENFORCEMENT

REPORTING LEVEL: 00-325-300-02-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	139,667	186,129	-421,453	-95,657
3 Operating Expenditure Changes	.00	-114,431	-215,651	62,544	-267,538
Agency Total	**.00**	**25,236**	**-29,522**	**-358,909**	**-363,195**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:08

Program: MEDICAL SERVICES

Reporting Level: 00-325-300-03-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

1. Process 90% of Medicaid claims within 30 days of receipt and 99% of Medicaid claims within 90 days of receipt. Process claims at a 98% or better accuracy rate.
   a) 2004 - 89.01% within 30 days; 97.72% within 90 days.
   b) Based on the information gathered through participation in the Payment Accuracy Measurement (PAM) project in 2002 and 2003, North Dakota Medical Services processed claims at accuracy rates of 98.71% and 99.35%, respectively.
   c) Benchmark based on federal requirements.

2. Improve the health outcomes and reduce the medical expenses of the recipients in the selected sample group.
   a) No historic information at this point.
   b) Benchmark established internally.

3. 50% of children enrolled in Medicaid will receive a Health Tracks screening.
   a) FFY 2003 – 50% of children were screened
   b) FFY 2002 – 41% of children were screened
   c) Benchmark established internally.

4. 90% of families who respond to the annual SCHIP survey will report overall satisfaction with the Health Steps program.
   a) July 2004 Survey – 96% responded with an 8 or higher. Of these 76% responded with an 11 (very satisfied)
   b) Benchmark established internally.

5. 40% of Children under the age of 8, with continuous coverage, will receive a preventive dental service.
   a) For claims from 1-01-2002 through 12-31-2002, 84% of the 8-year-old children had a dental visit during the year.
   b) Benchmark established internally.

6. 50% of the children who turned two years of age during the preceding year and were continuously enrolled will receive at least 4 office visits with a primary care provider during the first 24 months of life.
   a) For claims from 1-01-2002 through 12-31-2002, 82% of the children turning 2 years of age received at least 4 office visits with a primary care provider from 10-01-1999 through 12-31-2002.
   b) Benchmark established internally.

7. 85 % of individuals/families served by CSHS reporting services received met their needs (result showing improved health status, chronic disease management or access to information and resources).
   a) Historical data not available.

b) Benchmark will be internally established. However, in SFY 2003, 100% of families attending CSHS supported multidisciplinary clinics reported that evaluations and plans of recommended care helped them manage their child's condition and 80% of REQUESTs included in CSHS supported multidisciplinary clinic reports were met.

8. The 90 % of children served through CSHS with a source of health care coverage (financial access).
   a) In FFY 2003, 94% of children served by CSHS had a source of health care coverage, an increase from 86% in 1999.
   b) Benchmark established internally.

PROGRAM STATISTICAL DATA

This area of the budget includes the following services:

- Traditional medicaid program
- Healthy Steps program (often referred to as SCHIP)
- Children Special Health Services program

The Medicaid Management Information System (MMIS) currently processes over 2.5 million claims annually and authorizes payments in excess of $400 million.

The Medicaid program estimates approximately 53,000 eligibles for the 2005 - 2007 biennium.
Healthy Steps estimates serving approximately 2,300 children per month.
Children Special Health Services includes serving approximately 1403 children and provide for 23 individuals on the metabolic food program.

EXPLANATION OF PROGRAM COSTS

The budget for Medical Services includes 61.0 FTEs with salaries and fringes totaling $5.4 million. The breakdown is as follows: Traditional Medicaid – 50.5 at $4,426,000; SCHIP – 2.5 at $222,000; Children's Special Health Services – 8.0 at $693,000. Two temporary positions are included in the budget for Traditional Medicaid. The budget does include the addition of 2 new FTE - 1 for SCHIP area and 1 for traditional medicaid - a pharmacy tech to assist the Pharmacist in efforts to control the drug expenditures paid under the program.

93% of operating costs consist of contracts for ensuring the quality of the Traditional Medicaid program. This includes professional consultants at $865,000, PASAR evaluation at $1,256,000, prescription drug prior authorization (once implemented) at $1,100,000, and other professional services at $1,240,000. The remaining operating costs include travel, printing, data processing, professional development and other customary operating costs. The remainder is other typical office operational costs such as office supplies, printing, and staff travel.

Program: MEDICAL SERVICES | **Reporting Level:** 00-325-300-03-00-00-00-00000000

Grants are broken down as follows:

- Traditional Medicaid - $ 379.9 million based on 52,909 eligibles with providers budgeted to receive a 2% / 2% inflationary increase;
- SCHIP - $10.04 million based in 2,300 children per month at a cost $181.87 per child per month;
- Children's Special Health Services - $1.1 million in payments for services in 3 major areas: the Metabolic food program, Contracted services, and MMIS claims payments.

Metabolic Food Program - budget was based on an average cost of $3,500/year/person x 23 people for a total of $80,500/year or $161,000 for the biennium.

Contracted Services - CSHS currently supports 3 types of contracted services: multidisciplinary clinics, community-based care coordination programs, and family information and support services budgeted at $576,895. The following types of multidisciplinary clinics are expected to be funded: cerebral palsy/disability, myelodysplasia, neurorehabilitation, metabolic disorders, developmental assessment, diabetes, and asthma. We expect to fund two community-based care coordination programs and three family information and support service contracts.

MMIS Payments - Actual claims projected to be paid were budgeted at $319,016. Most children eligible for diagnostic and treatment services are linked to a primary source of health care coverage so CSHS acts as a secondary payer. Gap-filling services are provided for children with a variety of chronic health conditions. The number of eligible children has declined in recent years.

PROGRAM GOALS AND OBJECTIVES

The purpose of the Medicaid program is to

1. Process timely and accurate payments.
2. Coordinate programs to assist recipients with better health outcomes.
3. Ensure children enrolled in Medicaid receive a Health Tracks (EPSDT) screening.

The purpose of the SCHIP program is to:

1. Ensure families and households are satisfied with Healthy Steps (SCHIP) Program.
2. Ensure children enrolled in SCHIP access preventative dental services.
3. Ensure children enrolled in SCHIP access primary medical services.

The purpose of the Children Special Health Services program is to:

1. Provide services for children with special health care needs and their families.
2. Promote family-centered, community-based, coordinated services and systems of health care for children with special health care needs and their families

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: MEDICAL SERVICES

Reporting Level: 00-325-300-03-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	3,517,264	3,725,619	256,502	3,982,121	79,200
TEMP, OVERTIME	98,222	194,994	-134,283	60,711	0
BENEFITS	1,116,196	1,295,965	102,013	1,397,978	25,488
TOTAL	**4,731,682**	**5,216,578**	**224,232**	**5,440,810**	**104,688**
SALARIES AND WAGES					
GENERAL FUND	1,773,250	1,979,882	11,455	1,991,337	52,344
FEDERAL FUNDS	2,950,314	3,205,064	244,409	3,449,473	52,344
SPECIAL FUNDS	8,118	31,632	-31,632	0	0
TOTAL	**4,731,682**	**5,216,578**	**224,232**	**5,440,810**	**104,688**
OPERATING EXPENSES					
IT-DATA PROCESSING	48,986	39,569	2,143	41,712	0
IT-TELEPHONE	2,303	3,601	1,142	4,743	0
TRAVEL	54,366	94,975	-15,421	79,554	0
IT-SOFTWARE/SUPPLIES	12,788	12,307	-1,343	10,964	0
UTILITIES	102	0	0	0	0
POSTAGE	2,805	5,064	806	5,870	0
IT-CONTRACTUAL SERVICES	36	0	0	0	0
LEASE/RENT - BLDG/LAND	7,811	25,898	5,945	31,843	0
DUES & PROFESSIONAL DEV.	22,166	27,060	-2,312	24,748	0
OPERATING FEES & SERVICES	2,069,273	4,262,379	198,391	4,460,770	0
REPAIRS	4,872	6,212	-5,812	400	0
PROFESSIONAL SERVICES	32,324	32,500	0	32,500	0
OFFICE SUPPLIES	16,401	25,216	-9,704	15,512	0
PRINTING	113,885	115,793	-20,193	95,600	0
PROFESSIONAL SUPPLIES	26,601	27,380	-17,613	9,767	0
MEDICAL,DENTAL & OPTICAL	191	48	-48	0	0
BLDG,GRNDS,VEHICLE MTCE	11	24	-24	0	0
MISCELLANEOUS SUPPLIES	10,891	1,130	2,118	3,248	0
OFFICE EQUIP-UNDER $5000	964	6,021	-2,021	4,000	0
TOTAL	**2,426,776**	**4,685,177**	**136,054**	**4,821,231**	**0**
OPERATING EXPENSES					
GENERAL FUND	687,308	1,658,545	143,060	1,801,605	0
FEDERAL FUNDS	1,733,540	2,902,190	117,436	3,019,626	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES **Bill#: HB1012** **Date:** 12/28/2004

Biennium: 2005-2007 **Time:** 14:16:08

Program: MEDICAL SERVICES **Reporting Level:** 00-325-300-03-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS	5,928	124,442	-124,442	0	0
TOTAL	**2,426,776**	**4,685,177**	**136,054**	**4,821,231**	**0**
SPECIAL LINES					
GRANTS-MEDICAL ASSISTANCE	374,227,741	372,882,755	19,839,933	392,722,688	1,262,500
HEALTH CARE TRUST FUND	14,703,244	0	0	0	0
TOTAL	**388,930,985**	**372,882,755**	**19,839,933**	**392,722,688**	**1,262,500**
SPECIAL LINES					
GENERAL FUND	80,828,839	87,067,817	16,883,088	103,950,905	445,915
FEDERAL FUNDS	263,170,290	263,676,521	-827,741	262,848,780	816,585
SPECIAL FUNDS	44,931,856	22,138,417	3,784,586	25,923,003	0
TOTAL	**388,930,985**	**372,882,755**	**19,839,933**	**392,722,688**	**1,262,500**
PROGRAM FUNDING SOURCES					
GENERAL FUND	83,289,397	90,706,244	17,037,603	107,743,847	498,259
FEDERAL FUNDS	267,854,144	269,783,775	-465,896	269,317,879	868,929
SPECIAL FUNDS	44,945,902	22,294,491	3,628,512	25,923,003	0
PROGRAM FUNDING TOTAL	**396,089,443**	**382,784,510**	**20,200,219**	**402,984,729**	**1,367,188**
FTE EMPLOYEES	**59.00**	**59.00**	**2.00**	**61.00**	**1.00**
FUNDING DETAIL					
GENERAL FUND	**83,289,397**	**90,706,244**	**17,037,603**	**107,743,847**	**498,259**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	7,197	6,387	1,757	8,144	0
S023 TITLE V - 93.994	925,636	1,025,462	22,063	1,047,525	0
S040 VOC. REHAB. BASIC SUPP. 84.126	445	697	543	1,240	0
S055 MEDICAL ASSISTANCE-93.778	254,740,113	253,439,831	-87,136	253,352,695	816,585
S056 MEDICAL ADMINISTRATION-93.778	4,909,212	5,496,573	227,036	5,723,609	52,344
S057 MEDICAID SURVEY & CERT. 93.777	1,191,058	1,228,444	0	1,228,444	0
S058 CHIP - MAP & MA ADMIN 93.767	5,735,151	7,442,022	320,943	7,762,965	0
S059 PAYMENT ACCURACY MEASUREMENT DEMO.	8,192	0	0	0	0
S142 REFUGEE ASSISTANCE CMA 93.026	231,176	1,011,152	-956,258	54,894	0
S507 STATE SYST.DEVELOPMENT INITATIVE	105,964	133,207	5,156	138,363	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: MEDICAL SERVICES

Reporting Level: 00-325-300-03-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
TOTAL	**267,854,144**	**269,783,775**	**-465,896**	**269,317,879**	**868,929**
SPECIAL FUNDS					
315 ND HEALTH CARE TRUST FUND 325C	19,844,408	0	0	0	0
316 COMMUNITY HEALTH TRUST FUND	102,843	144,755	139,601	284,356	0
Z125 OTHER FUNDS	24,998,651	22,149,736	3,488,911	25,638,647	0
TOTAL	**44,945,902**	**22,294,491**	**3,628,512**	**25,923,003**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: MEDICAL SERVICES

REPORTING LEVEL: 00-325-300-03-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	2.00	-36,919	246,564	-31,632	178,013
2 Unfunded Activity	.00	-8,616,915	-16,289,370	-3,994	-24,910,279
3 Operating Expenditure Changes	.00	143,060	117,436	-124,442	136,054
4 Caseload Changes / Utilization	.00	10,856,969	28,418,577	199,485	39,475,031
5 Cost Changes	.00	-7,294,468	-22,712,896	3,555,949	-26,451,415
7 FMAP Changes	.00	11,650,012	-11,673,033	23,021	0
8 Restoration	.00	8,616,915	16,289,370	3,994	24,910,279
9 Provider Inflation	.00	2,369,898	4,484,949	7,689	6,862,536
10 FMAP Update	.00	-650,949	652,507	-1,558	0
Agency Total	**2.00**	**17,037,603**	**-465,896**	**3,628,512**	**20,200,219**
OPTIONAL REQUEST					
12 PERM (Payment Error Rate Measurement) Regulations	1.00	52,344	52,344	0	104,688
35 MA Funeral Set-Aside Increase for Medicaid	.00	445,915	816,585	0	1,262,500
Optional Total	**1.00**	**498,259**	**868,929**	**0**	**1,367,188**

Program: LONG TERM CARE

Reporting Level: 00-325-300-10-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Home and Community Based Services

1.9% of the 118,985 individuals age 60 and older will receive Service Payments for the Elderly and Disabled (SPED), Expanded Service Payments for the Elderly and Disabled (EX-SPED), Medicaid Waiver for the Aged and Disabled, or Traumatic Brain Injury Waiver services.

Trend Data:

	Actual	Goal
SFY 2003	2.3%	1.6%
SFY 2002	2.4%	1.5%

The benchmarks are established internally.

Nursing Facilities

Reduce the number of survey deficiencies in nursing homes by 5% during the biennium.

No historic trend data is available at this time.

The benchmark established internally.

PROGRAM STATISTICAL DATA

This area of the budget includes the Long Term Continuum of Care under the following services:

- Home and Community Based Services - SPED, ExSPED, TBI Waiver, Target Case Management Waiver, Traumatic Brain Injury Waiver, Home and Community Based Waiver for the Aged and Disabled.
- Basic Care
- Nursing Facility Care

Program: LONG TERM CARE | **Reporting Level:** 00-325-300-10-00-00-00-00000000

Home and Community Based Services

- SFY 2004: It is projected that 2275 individuals age 60 and older will receive Service Payments for the Elderly and Disabled (SPED), Expanded Service Payments for the Elderly and Disabled (EX-SPED), Medicaid Waiver for the Aged and Disabled, or Traumatic Brain Injury Waiver services.

Nursing Facilities

- During SFY 2004 the average number of nursing home beds was 3,561 per month.

EXPLANATION OF PROGRAM COSTS

This area of the budget includes the costs associated with the Long term care continuum as follows:

Service Payments for the Elderly and Disabled (SPED)
Average recipients - 1,749 per month; Average cost per recipient - $344 per month; Total budgeted - $14.4 million. This service is funded 94% state general funds, 1% federal funds and 5% county funds. Includes provider inflationary increase of 2% / 2%.

Expanded Service Payments for the Elderly and Disabled (EX-SPED)
Average recipients - 272 per month; Average cost per recipient - $182 per month; total budgeted - $1.2 million. This service is funded 100% with state general funds. Includes provider inflationary increase of 2% / 2%. Includes provider inflationary increase of 2% / 2%.

Medicaid Waiver for the Aged and Disabled
Average recipients - 364 per month; Average cost per receipt - $295 per month; Total budgeted - $2.6 million. This service is funded based on the weighted FMAP for the biennium. Includes provider inflationary increase of 2% / 2%.

Targeted Case Management for the Aged and Disabled
Average recipients - 1,931 per month; Average cost per recipient - $82 per month; Total budgeted - $3.8 million. This service is funded based on the weighted FMAP for the biennium. Includes provider inflationary increase of 2% / 2%.

Personal Care Option
Average recipients - 806 per month; Average cost per recipient - $758 per month; Total budgeted - $14.7 million. This service is funded based on the weighted FMAP for the biennium. Includes provider inflationary increase of 2% / 2%.

Traumatic Brain Injury Waiver
Average recipients - 40 per month; Average cost per recipient - $2,428; Total budgeted - $2.3 million. This service is funded based on the weighted FMAP for the biennium. Includes provider inflationary increase of 2% / 2%.

Program: LONG TERM CARE

Reporting Level: 00-325-300-10-00-00-00-00000000

Nursing Home Costs
Average beds - 3,631 per month; Average cost per bed - $4,002; Total budgeted - $348.8 million. This service is funded based on the weighted FMAP for the biennium. Includes statutory increases and rebasing at 20/20/10 based on 6/30/03.

Basic Care Costs
Average beds - 457 per month; Average cost per bed - $1,168; Total budgeted - $12.8 million. Room and Board costs are funded with 100% state general funds and Personal Care services are funded based on the weighted FMAP for the biennium. Includes statutory increases.

PROGRAM GOALS AND OBJECTIVES

Home and Community Based Services

The purpose of the Home and Community Based Services Program is to provide home and community based service options to maintain individuals in their homes and communities.

Goal: Develop a comprehensive and coordinated service system that allows individuals to lead meaningful and dignified lives in the least restrictive environment.

Nursing Facilities

The purpose of the Nursing Facility Care is to provide institutional care at the time the need is present and individuals are no longer able to remain in their homes.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: LONG TERM CARE

Reporting Level: 00-325-300-10-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
GRANTS-MEDICAL ASSISTANCE	324,960,462	358,038,292	42,518,997	400,557,289	1,740,000
TOTAL	**324,960,462**	**358,038,292**	**42,518,997**	**400,557,289**	**1,740,000**
SPECIAL LINES					
GENERAL FUND	90,365,071	122,422,156	28,236,782	150,658,938	1,106,031
FEDERAL FUNDS	214,602,486	232,604,115	14,299,991	246,904,106	596,172
SPECIAL FUNDS	19,992,905	3,012,021	-17,776	2,994,245	37,797
TOTAL	**324,960,462**	**358,038,292**	**42,518,997**	**400,557,289**	**1,740,000**
PROGRAM FUNDING SOURCES					
GENERAL FUND	90,365,071	122,422,156	28,236,782	150,658,938	1,106,031
FEDERAL FUNDS	214,602,486	232,604,115	14,299,991	246,904,106	596,172
SPECIAL FUNDS	19,992,905	3,012,021	-17,776	2,994,245	37,797
PROGRAM FUNDING TOTAL	**324,960,462**	**358,038,292**	**42,518,997**	**400,557,289**	**1,740,000**
FTE EMPLOYEES	**.00**	**.00**	**.00**	**.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**90,365,071**	**122,422,156**	**28,236,782**	**150,658,938**	**1,106,031**
FEDERAL FUNDS					
S055 MEDICAL ASSISTANCE-93.778	214,602,486	232,378,395	14,299,991	246,678,386	596,172
S094 TITLE III E - FAMILY CAREGIVER SUPP	0	225,720	0	225,720	0
TOTAL	**214,602,486**	**232,604,115**	**14,299,991**	**246,904,106**	**596,172**
SPECIAL FUNDS					
315 ND HEALTH CARE TRUST FUND 325C	6,898,302	0	0	0	0
Z125 OTHER FUNDS	13,094,603	3,012,021	-17,776	2,994,245	37,797
TOTAL	**19,992,905**	**3,012,021**	**-17,776**	**2,994,245**	**37,797**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: LONG TERM CARE

REPORTING LEVEL: 00-325-300-10-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	0	0	0	0
2 Unfunded Activity	.00	-12,626,349	-17,280,876	-156,588	-30,063,813
4 Caseload Changes / Utilization	.00	1,502,945	1,308,630	30,463	2,842,038
5 Cost Changes	.00	-790,488	1,122,859	-69,470	262,901
6 Statutory Changes	.00	12,283,174	17,323,848	0	29,607,022
7 FMAP Changes	.00	12,229,117	-12,229,117	0	0
8 Restoration	.00	12,626,349	17,280,876	156,588	30,063,813
9 Provider Inflation	.00	642,489	370,566	21,231	1,034,286
10 FMAP Update	.00	-774,890	774,890	0	0
11 Rebase Nursing Homes and 20/20/10 funding	.00	3,144,435	5,628,315	0	8,772,750
Agency Total	**.00**	**28,236,782**	**14,299,991**	**-17,776**	**42,518,997**
23 LTC QSP Rate increase	.00	1,106,031	596,172	37,797	1,740,000
Optional Total	**.00**	**1,106,031**	**596,172**	**37,797**	**1,740,000**

Program: DD COUNCIL

Reporting Level: 00-325-300-42-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Program performance measures that apply to the State Council on Developmental Disabilities (SCDD) are established under the federal Developmental Disabilities Act Basic State Grant Program administered by the Council. Under its federally approved 2002-2006 State Plan, the SCDD is responsible for tracking and annually reporting performance data on 29 performance outcome measures to the federal Administration on Developmental Disabilities. Actual measures are included in the statistical section.

PROGRAM STATISTICAL DATA

Among other performance outcome data, the State Council on Developmental Disabilities (SCDD) reported the following highlights in FY 2003:

1. 610 people were trained in formal/informal community supports, including 247 self-advocates and family members. (Targets = 300 and 240 respectively)
2. 505 policymakers were educated about issues related to Council initiatives. (Target = 150)
3. 240 self-advocates, family members and other people participated in educating policymakers and legislators about community inclusion and participation. (Target = 30)
4. 606 people received training in quality assurance. (Target = 200)
5. 34 self-advocates and family members were active in systems advocacy about quality assurance. (Target = 30)
6. 13 adults with DD obtained jobs of their choice with 12 employers through Council efforts. (Targets = 13 and 1 respectively)
7. 72 students received the education and support they need to reach their educational goals through Council efforts. (Target = 4)
8. 96 people were trained in inclusive education. (Target = 35)
9. 230 parents were trained regarding their child's educational rights. (Target = 65)
10. 34 schools improved IEP practices. (Target = 2)

EXPLANATION OF PROGRAM COSTS

Under the federal Developmental Disabilities Act, the SCDD must spend no more than 30 percent of its federal funds on administration and operating costs. The SCDD's requested 2005-07 budget includes a combined salary and operating budget of $188,321 or 19 percent of the total budget request of $1,004,609. The salary budget supports a fulltime Council director and a part-time secretary. The operating budget includes costs associated with maintaining operations of a 20 appointed member Council such as travel, office space rental, national association dues, technology costs and professional services.

The remaining total of $816,288 (81 percent) is budgeted for grants in four Council designated areas of emphasis:

Education and Early Intervention
Employment
Community Support
Quality Assurance

Program: DD COUNCIL

Reporting Level: 00-325-300-42-00-00-00-00000000

Private, nonprofit organizations, licensed DD service providers, state and local government agencies and other entities are eligible to apply for grants from the SCDD to support projects addressing these areas of emphasis

PROGRAM GOALS AND OBJECTIVES

The mission of the State Council on Developmental Disabilities (SCDD) is to advocate for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council supports projects and activities that maximize opportunities in these areas for consumers and families.

The purpose of SCDD administration is to provide executive support, management and technical assistance to the Council so that it can initiate programs for and advocate on behalf of North Dakotans with developmental disabilities.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DD COUNCIL

Reporting Level: 00-325-300-42-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	100,898	106,752	-4	106,748	0
BENEFITS	19,898	30,300	-132	30,168	0
TOTAL	**120,796**	**137,052**	**-136**	**136,916**	**0**
SALARIES AND WAGES					
GENERAL FUND	0	0	0	0	0
FEDERAL FUNDS	120,796	137,052	-136	136,916	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**120,796**	**137,052**	**-136**	**136,916**	**0**
OPERATING EXPENSES					
IT-TELEPHONE	0	50	0	50	0
TRAVEL	19,643	25,321	2,944	28,265	0
POSTAGE	55	200	-150	50	0
LEASE/RENT - BLDG/LAND	5,422	6,985	-505	6,480	0
DUES & PROFESSIONAL DEV.	9,271	9,175	125	9,300	0
OPERATING FEES & SERVICES	1,837	4,770	-410	4,360	0
PROFESSIONAL SERVICES	0	3,036	-1,136	1,900	0
OFFICE SUPPLIES	51	900	-800	100	0
PRINTING	602	1,500	-800	700	0
PROFESSIONAL SUPPLIES	84	750	-550	200	0
TOTAL	**36,965**	**52,687**	**-1,282**	**51,405**	**0**
OPERATING EXPENSES					
GENERAL FUND	0	0	0	0	0
FEDERAL FUNDS	36,965	52,687	-1,282	51,405	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**36,965**	**52,687**	**-1,282**	**51,405**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	775,634	758,484	57,804	816,288	0
TOTAL	**775,634**	**758,484**	**57,804**	**816,288**	**0**
GRANTS					
GENERAL FUND	0	0	0	0	0
FEDERAL FUNDS	775,634	758,484	57,804	816,288	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: DD COUNCIL

Reporting Level: 00-325-300-42-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**775,634**	**758,484**	**57,804**	**816,288**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	0	0	0	0	0
FEDERAL FUNDS	933,395	948,223	56,386	1,004,609	0
SPECIAL FUNDS	0	0	0	0	0
PROGRAM FUNDING TOTAL	**933,395**	**948,223**	**56,386**	**1,004,609**	**0**
FTE EMPLOYEES	**1.40**	**1.40**	**.00**	**1.40**	**.00**
FUNDING DETAIL					
GENERAL FUND	**0**	**0**	**0**	**0**	**0**
FEDERAL FUNDS					
S006 DEVELOP. DISABILITIES COUNCIL	933,395	948,223	56,386	1,004,609	0
TOTAL	**933,395**	**948,223**	**56,386**	**1,004,609**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: DD COUNCIL

REPORTING LEVEL: 00-325-300-42-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	0	57,668	0	57,668
3 Operating Expenditure Changes	.00	0	-1,282	0	-1,282
Agency Total	**.00**	**0**	**56,386**	**0**	**56,386**

Program: AGING SERVICES

Reporting Level: 00-325-300-43-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Home and Community Based Services

19.6% of the 118,985 individuals age 60 and older will receive Older Americans Act services.

*Trend Data:

	Actual	Goal
FFY 2003	19.4%	20%
FFY 2002	19%	20%

*Due to a conversion of databases, data are estimates. A new reporting system is currently being implemented.

The benchmarks were established internally, but based in part on federal regulations.

Vulnerable Adult Services

1. 100% of residents in long-term care and assisted living facilities will have access to ombudsman services.

   Trend Data:

	Actual	Goal
FFY 2003	100%	100%
FFY 2002	100%	100%

2. Based on the number of complaints received, 24.7% of the 8,481 residents in long-term care and assisted living facilities will receive ombudsman complaint resolution and/or consultation.

   Trend Data:

   Actual Number of Complaints Resolved/Received Consultation

FFY 2003	1191
FFY 2002	1126

3. Based on the number of referrals received, 41.6% of the 1,266 individuals referred for suspected abuse, neglect or exploitation will receive adult protective services crisis intervention and referral.

Trend Data:

Actual	Number of Cases Opened
FFY 2003	527
FFY 2002	602

The benchmarks are established internally, but the services are required by the Older Americans Act and based on state law.

PROGRAM STATISTICAL DATA

This area of the budget includes the following services:

- Older Americans Act Nutrition and Supportive Services are provided through competitive requests for proposals (congregate and home delivered meals, health services, transportation).
- Ombudsman services for Bismarck, Jamestown and Fargo regions.

Home and Community Based Services

- FFY 2004: It is projected that 23,319 individuals age 60 and older will receive Older Americans Act funded services.

Ombudsman

- It is projected that 1,159 ombudsman complaints will be received from residents in long-term care and assisted living facilities.

EXPLANATION OF PROGRAM COSTS

Salaries - Fund a total of 14 FTEs for a total of $1.4 million. Twelve of the FTEs are professional staff and two of the FTEs are support staff.

FTE were reduced by 1.5 as part of a budget reduction plan put into place in July 2003 and carried forward. The deputy director position and a .5 FTE HSC program specialist were eliminated.

Operating - Budget total of $9.9 million which consists of: Contracts for direct services to clients for older american act services in the amount of $9.4 million; contracts in the amount of $200,000 for the single point of entry into services grant; contracts in the amount of $52,000 for the Alzheimer's demonstration project; contracts in the amount of

$68,000 for the telecommunications equipment distribution program; $47,000 for a contracted worker. Travel costs of $30,000 for staff to provide or take part in technical assistance, program monitoring, education and training; travel costs of $20,000 for Governor's Committee on Aging; travel costs of $16,000 for volunteer community ombudsman. Other operating costs of $67,000 are part of the Division's day-to-day operations, such as telephone, office and professional supplies and printing.

Other Capital Payments - $1,878 of bond and interest payments for staff person located at Southeast Human Service Center.

Grants: Budget total of $2.41 million which consists of: Milly Levy payments of $1.66 million (52.8 cents on the dollar); grants of $470,000 for the Alzheimer's demonstration project; grants of $200,000 for preventive health services; and grants of $80,000 for the telecommunications equipment distribution program.

PROGRAM GOALS AND OBJECTIVES

Home and Community Based Services

The purpose of the Home and Community Based Services Program is to provide home and community based service options to maintain individuals in their homes and communities.

Goal 1: To establish performance measures and accountability.
Goal 2: Develop a comprehensive and coordinated service system that allows individuals to lead meaningful and dignified lives in the least restrictive environment.

Vulnerable Adult Services Program

The purpose of the Vulnerable Adult Services Program is to assist in protecting the health, safety, welfare and rights of residents in long-term care settings and vulnerable adults in the community.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: AGING SERVICES

Reporting Level: 00-325-300-43-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	1,113,321	1,145,705	-129,916	1,015,789	0
TEMP, OVERTIME	426	0	0	0	0
BENEFITS	333,340	372,429	-33,549	338,880	0
TOTAL	**1,447,087**	**1,518,134**	**-163,465**	**1,354,669**	**0**
SALARIES AND WAGES					
GENERAL FUND	763,009	548,250	7,842	556,092	0
FEDERAL FUNDS	684,078	927,225	-128,648	798,577	0
SPECIAL FUNDS	0	42,659	-42,659	0	0
TOTAL	**1,447,087**	**1,518,134**	**-163,465**	**1,354,669**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	0	400	0	400	0
IT-TELEPHONE	4,225	6,300	-1,800	4,500	0
TRAVEL	49,169	58,020	7,387	65,407	0
IT-SOFTWARE/SUPPLIES	3,109	1,200	0	1,200	0
UTILITIES	376	450	0	450	0
POSTAGE	652	800	0	800	0
LEASE/RENT - BLDG/LAND	83,469	88,915	-88,215	700	0
DUES & PROFESSIONAL DEV.	26,473	12,300	6,300	18,600	0
OPERATING FEES & SERVICES	807,948	10,140,304	-377,030	9,763,274	0
REPAIRS	464	1,000	0	1,000	0
PROFESSIONAL SERVICES	99,045	0	0	0	0
OFFICE SUPPLIES	4,224	6,410	-1,410	5,000	0
PRINTING	25,714	25,700	-6,700	19,000	0
PROFESSIONAL SUPPLIES	5,332	5,700	-1,700	4,000	0
MEDICAL,DENTAL & OPTICAL	104,801	0	0	0	0
BLDG,GRNDS,VEHICLE MTCE	38	200	0	200	0
MISCELLANEOUS SUPPLIES	11,598	14,000	-3,500	10,500	0
TOTAL	**1,226,637**	**10,361,699**	**-466,668**	**9,895,031**	**0**
OPERATING EXPENSES					
GENERAL FUND	319,775	840,000	-37,317	802,683	0
FEDERAL FUNDS	838,463	9,453,299	-429,351	9,023,948	0
SPECIAL FUNDS	68,399	68,400	0	68,400	0
TOTAL	**1,226,637**	**10,361,699**	**-466,668**	**9,895,031**	**0**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: AGING SERVICES

Reporting Level: 00-325-300-43-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
CAPITAL ASSETS					
OTHER CAPITAL PAYMENTS	789	600	1,278	1,878	0
TOTAL	**789**	**600**	**1,278**	**1,878**	**0**
CAPITAL ASSETS					
GENERAL FUND	537	0	771	771	0
FEDERAL FUNDS	252	600	507	1,107	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**789**	**600**	**1,278**	**1,878**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	12,025,208	1,881,749	536,984	2,418,733	0
TOTAL	**12,025,208**	**1,881,749**	**536,984**	**2,418,733**	**0**
GRANTS					
GENERAL FUND	2,132,945	1,662,945	0	1,662,945	0
FEDERAL FUNDS	9,618,105	218,804	456,984	675,788	0
SPECIAL FUNDS	274,158	0	80,000	80,000	0
TOTAL	**12,025,208**	**1,881,749**	**536,984**	**2,418,733**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	3,216,266	3,051,195	-28,704	3,022,491	0
FEDERAL FUNDS	11,140,898	10,599,928	-100,508	10,499,420	0
SPECIAL FUNDS	342,557	111,059	37,341	148,400	0
PROGRAM FUNDING TOTAL	**14,699,721**	**13,762,182**	**-91,871**	**13,670,311**	**0**
FTE EMPLOYEES	**15.50**	**15.50**	**-1.50**	**14.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**3,216,266**	**3,051,195**	**-28,704**	**3,022,491**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	28	0	0	0	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	2,595	0	0	0	0
S026 DEPT OF AGRICULTURE NUTRITION PROG	1,411,949	0	0	0	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: AGING SERVICES

Reporting Level: 00-325-300-43-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S056 MEDICAL ADMINISTRATION-93.778	52,220	43,373	16,723	60,096	0
S089 NUTRITION SERVICES INCENTIVE PROG.	285,529	1,668,592	-418,072	1,250,520	0
S090 AGING ADMINISTRATION - 02	613,052	642,391	-127,744	514,647	0
S091 TITLE III B - 00	2,781,354	2,354,923	1,180,404	3,535,327	0
S092 TITLE III C-1	3,431,573	3,861,000	-919,846	2,941,154	0
S093 TITLE III C-2	1,793,945	1,747,350	33,830	1,781,180	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	633,564	30,355	-20,669	9,686	0
S096 ELDER ABUSE PREVENTION	3,789	0	0	0	0
S098 OMBUDSMAN ACTIVITY	9,198	42,826	-1,734	41,092	0
S099 AOA PREVENTIVE HEALTH	122,102	209,118	156,600	365,718	0
TOTAL	**11,140,898**	**10,599,928**	**-100,508**	**10,499,420**	**0**
SPECIAL FUNDS					
315 ND HEALTH CARE TRUST FUND 325C	274,158	0	0	0	0
Z125 OTHER FUNDS	68,399	111,059	37,341	148,400	0
TOTAL	**342,557**	**111,059**	**37,341**	**148,400**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: AGING SERVICES

REPORTING LEVEL: 00-325-300-43-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-1.50	7,842	327,736	37,341	372,919
1 Capital Assets	.00	771	1,107	0	1,878
3 Operating Expenditure Changes	.00	-37,317	-429,351	0	-466,668
Agency Total	**-1.50**	**-28,704**	**-100,508**	**37,341**	**-91,871**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:08

Program: Children and Family Services

Reporting Level: 00-325-300-46-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

8.6% or less, of children who entered foster care will re-enter foster care within 12 months of a prior foster care episode.

This benchmark is a federal requirement. ND has established a goal of 18.15% in our program improvement plan. In FFY 2000 the foster care re-entry rate was 19.4% and in FFY 2003 it had dropped to 15.4%, thus far we are exceeding the state goal and are striving to meet national standards.

Of all children who exited foster care to a finalized adoption 32% or more children exited care in less than 24 months from the time of the latest removal from home.

This benchmark is a federal requirement. In FFY 2002 37.3% of children who had exited foster care to a finalized adoption did so in less than 24 months. In FFY 2003 the rate decreased to 23.1%, at this time are goal is to meet or exceed national standards.

6.1% or less, of children who were victims of child abuse and/or neglect will have a another services required report within a 6-month period.

This benchmark is a federal requirement. ND has established a goal of 8.3 in our program improvement plan. In CY 2001 9.7% of children required another services report and in CY 2003 it had increased to 10.4%, at this time our goal is to meet federal requirements by December 2006.

PROGRAM STATISTICAL DATA

This area of the budget includes the following services:

Foster Care, Subsidized Adoption, Family Preservation, Independent Living for those aging out of Foster Care, Refugee services, Child Protective Services and the Quality aspect of Child Care Development Block Grant.

The Child Welfare programs are state supervised and county administered.

In FFY 2001, FFY 2002, and FFY 2003 we provided services to 1929, 2021 and 2183 foster care children, respectively.

In FFY 2001, FFY 2002, and FFY 2003 we finalized 106, 83, and 97 adoption cases, respectively.

In CY 2001, CY 2002, and CY 2003 we monitored 2505, 2938 and 3076 child abuse/neglect administrative assessments and 4029, 4109 and 3758 full assessments, respectively.

Program: Children and Family Services | **Reporting Level:** 00-325-300-46-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 17 FTE for a total salary request of $1.7 million. The salary budget does includes one COE student to work an average of 93 hours per month.

Operating Budget:

A portion of the operating budget request consists of the travel costs associated with training providers, County and Human Service Center staff, and parents in the various service areas (foster care, adoption, child care, headstart, Independent living.) These costs along with travel expenses for licensure review of foster care facilities and expenses to attend conferences and federally mandated meetings due to our acceptance of federal funding are $288,350.
Operating fees and services of approximately $967,000 includes contracts as follows:
Reimbursement to Counties – 667,000 federal pass through for county wide cost allocation plan fees
Consultation contracts and speaker fees - $233,000
Background checks for foster care and adoptions - $65,000

The remainder of the operating costs include other typical office operational costs such as office supplies, printing, and staff travel.

Grants Budget:

- Grant payments for contracts used for Child Abuse prevention activities for the Nurturing Parent Program, Family Resource Centers, New Parent newsletter (Children's Trust Fund) - $300,000;
- Other Child Abuse prevention and education grants - $780,000;
- Independent living program - $1,100,000 (payments to youth as they age out of foster care;)
- Refugee population payments - $3.8 million;
- Child care licensure payments to the counties - $630,000;
- Child care quality grants to nonprofit entities - $4.5 million;
- Child Abuse and neglect assessments made by counties – 3.5 million;
- Reimbursement to the Counties for administrative costs – $11.5 million;
- AASK (adults adopting special kids) special needs adoption program - $1.9 million;
- Family Preservation grants - $7.9 million;
- Foster Care Training - $2.1 million which includes a $1.2 million contract with UND for Children and Family training; a stipend training program for foster parents and a contract with the Native American Training Institute.

Foster Care grants - Total budgeted - $55.8 million - includes an inflationary increase for providers of 2% / 2% each year.

- Includes Family Home, Residential Treatment Centers (RTCs), Residential Child Care Facilities (RCCFs), Group Homes (GH), Therapeutic Foster Care, and Subsidized Guardianship services.
- Average number of children in family homes - 675 per month; Average cost per child - $712 per month.
- Average number of children in RTC/RCCF/GH - 450 per month; Average cost per child - $2,642 per month.

Program: Children and Family Services **Reporting Level:** 00-325-300-46-00-00-00-00000000

- Average number of children in therapeutic foster care - 230 per month; Average cost per child - $2,392 per month.
- Average number of children in subsidized guardianship - 44 per month; Average cost per child - $505 per month.

Subsidized Adoption grants - Total budgeted - $10.97 million

- Average number of children in subsidized adoption - 782 per month; Average cost per child - $584 per month.

PROGRAM GOALS AND OBJECTIVES

Children and Family Services is primarily focused on the following three areas: Safety, Permanncy and Well-being of Children.

The purpose of the *Foster Care Program* is to provide substitute temporary living environments for children who cannot remain with their family so they can be safe in an alternative living environment

The purpose of the *Adoption Program* is to recruit, approve and support families for children in need of adoption so they can have a permanent home.

The purpose of the *Child Protection Program* is to provide protection for children who have been or are at risk of being neglected and/or abused so they can be free of neglect and/or abuse.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: Children and Family Services

Reporting Level: 00-325-300-46-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	1,324,994	1,332,226	-45,406	1,286,820	0
TEMP, OVERTIME	33,376	26,000	-13,054	12,946	0
BENEFITS	393,135	443,278	-7,127	436,151	0
TOTAL	**1,751,505**	**1,801,504**	**-65,587**	**1,735,917**	**0**
SALARIES AND WAGES					
GENERAL FUND	583,068	539,823	-37,100	502,723	0
FEDERAL FUNDS	1,168,437	1,261,681	-28,487	1,233,194	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**1,751,505**	**1,801,504**	**-65,587**	**1,735,917**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	2,450	3,095	-455	2,640	0
IT-TELEPHONE	3,526	4,760	735	5,495	0
TRAVEL	200,376	233,350	55,000	288,350	0
IT-SOFTWARE/SUPPLIES	1,604	4,050	-74	3,976	0
POSTAGE	744	3,875	48	3,923	0
IT-CONTRACTUAL SERVICES	100	1,250	-50	1,200	0
LEASE/RENT - EQUIPMENT	3,076	7,800	-1,152	6,648	0
LEASE/RENT - BLDG/LAND	4,780	10,685	-605	10,080	0
DUES & PROFESSIONAL DEV.	123,565	132,562	11,126	143,688	0
OPERATING FEES & SERVICES	1,020,579	1,061,023	-94,252	966,771	0
REPAIRS	361	2,775	-1,763	1,012	0
PROFESSIONAL SERVICES	150	3,630	-3,630	0	0
INSURANCE	30	30	0	30	0
OFFICE SUPPLIES	5,679	23,220	-9,124	14,096	0
PRINTING	93,751	138,878	-25,398	113,480	0
PROFESSIONAL SUPPLIES	30,729	43,025	-14,257	28,768	0
MISCELLANEOUS SUPPLIES	1,061	7,250	-5,154	2,096	0
OFFICE EQUIP-UNDER $5000	0	715	-715	0	0
TOTAL	**1,492,561**	**1,681,973**	**-89,720**	**1,592,253**	**0**
OPERATING EXPENSES					
GENERAL FUND	176,492	197,243	-46,529	150,714	0
FEDERAL FUNDS	1,270,721	1,384,730	-23,191	1,361,539	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES **Bill#: HB1012** **Date:** 12/28/2004

Biennium: 2005-2007 **Time:** 14:16:08

Program: Children and Family Services **Reporting Level:** 00-325-300-46-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS	45,348	100,000	-20,000	80,000	0
TOTAL	**1,492,561**	**1,681,973**	**-89,720**	**1,592,253**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	97,565,705	99,678,906	10,069,471	109,748,377	0
TOTAL	**97,565,705**	**99,678,906**	**10,069,471**	**109,748,377**	**0**
GRANTS					
GENERAL FUND	12,753,431	13,825,092	3,697,003	17,522,095	0
FEDERAL FUNDS	73,281,262	73,692,171	3,163,405	76,855,576	0
SPECIAL FUNDS	11,531,012	12,161,643	3,209,063	15,370,706	0
TOTAL	**97,565,705**	**99,678,906**	**10,069,471**	**109,748,377**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	13,512,991	14,562,158	3,613,374	18,175,532	0
FEDERAL FUNDS	75,720,420	76,338,582	3,111,727	79,450,309	0
SPECIAL FUNDS	11,576,360	12,261,643	3,189,063	15,450,706	0
PROGRAM FUNDING TOTAL	**100,809,771**	**103,162,383**	**9,914,164**	**113,076,547**	**0**
FTE EMPLOYEES	**18.00**	**17.00**	**.00**	**17.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**13,512,991**	**14,562,158**	**3,613,374**	**18,175,532**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	0	150,000	0	150,000	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	205	0	0	0	0
S023 TITLE V - 93.994	270,915	251,119	-3,063	248,056	0
S035 CHILD SUPPORT ENFORCE 93.563	816,520	736,157	180,224	916,381	0
S055 MEDICAL ASSISTANCE-93.778	10,372,493	10,766,076	1,063,446	11,829,522	0
S056 MEDICAL ADMINISTRATION-93.778	204,676	302,600	-142,686	159,914	0
S065 SOC. SER. BLK. GR. - 93.667	3,226,962	3,086,168	-112,286	2,973,882	0
S067 FOSTER CARE IV-E-93.658	25,000,676	19,950,315	1,386,680	21,336,995	0
S070 FC ADOPTION ASSIST. 93.659	4,448,193	5,454,428	1,018,927	6,473,355	0
S071 PROMOTING SAFE & STABLE FAMILIES IV	1,006,453	984,935	-106,956	877,979	0
S072 HEAD START COLLABORATION	230,328	277,586	-29,620	247,966	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: Children and Family Services

Reporting Level: 00-325-300-46-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007	
S073 CHILD WELFARE SERVICES-93.645	731,594	1,704,854	293,524	1,998,378		0
S077 CHILD ABUSE-BASIC GRANT-93.669	141,920	293,850	0	293,850		0
S078 CHILD ABUSE-JUSTICE ACT-93.669	133,272	254,950	0	254,950		0
S081 INDEPENDENT LIVING IV-E 93.674	741,771	1,008,021	120,262	1,128,283		0
S083 CHILD ABUSE-CHALLENGE GRANT-93.669	293,559	497,316	-37,974	459,342		0
S106 QUALITY CHILD CARE APPRENTICESHIP I	104,738	225,000	75,000	300,000		0
S108 MCH - CISS PLANNING	222,813	150,000	0	150,000		0
S109 CCDF - DISCRETIONARY FUNDS	2,564,098	2,181,129	-466,166	1,714,963		0
S114 TANF BLOCK GRANT	21,444,411	23,344,253	-142,822	23,201,431		0
S115 CHILD CARE DEVELOPMENT FUND	621,188	630,000	82,500	712,500		0
S140 REFUGEE ASST.-WILSON/FISH ALTERNATI	569,338	1,700,000	-200,000	1,500,000		0
S141 REFUGEE ASSIST PREVENTIVE HEALTH -	164,122	225,000	25,000	250,000		0
S142 REFUGEE ASSISTANCE CMA 93.026	1,997,391	1,614,825	107,737	1,722,562		0
S146 REFUGEE ASST.-TARGT ASST.-IMPOST FU	412,784	550,000	0	550,000		0
TOTAL	**75,720,420**	**76,338,582**	**3,111,727**	**79,450,309**		**0**
SPECIAL FUNDS						
419 CHILDRENS TRUST FUND 325C-120F	0	300,000	0	300,000		0
Z125 OTHER FUNDS	11,576,360	11,961,643	3,189,063	15,150,706		0
TOTAL	**11,576,360**	**12,261,643**	**3,189,063**	**15,450,706**		**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

PROGRAM: Children and Family Services

REPORTING LEVEL: 00-325-300-46-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	298,012	-1,954,280	195,037	-1,461,231
2 Unfunded Activity	.00	-1,444,051	-4,637,738	-1,148,689	-7,230,478
3 Operating Expenditure Changes	.00	-46,529	-23,191	-20,000	-89,720
4 Caseload Changes / Utilization	.00	1,549,079	3,397,357	1,878,384	6,824,820
5 Cost Changes	.00	322,539	1,741,175	663,284	2,726,998
7 FMAP Changes	.00	1,033,028	-1,271,345	238,318	1
8 Restoration	.00	1,444,051	4,637,738	1,148,689	7,230,478
9 Provider Inflation	.00	523,434	1,140,844	249,018	1,913,296
10 FMAP Update	.00	-66,189	81,167	-14,978	0
Agency Total	**.00**	**3,613,374**	**3,111,727**	**3,189,063**	**9,914,164**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:08

Program: MENTAL HEALTH AND SUBSTANCE ABUSE

Reporting Level: 00-325-300-47-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Children's mental health programs
For children receiving Level II SED services: An overall decrease of 50% in psychiatric hospitalizations from one years after intake compared to one year prior to intake.

Adult mental health programs
90% of consumers participating in the mental health statistical improvement program will not be arrested or spend more than one day in jail.

Substance Abuse Treatment Programs
___% of clients participating in the 6 – month follow-up study will show a decrease in their substance use between admission and at 6 months post discharge from AOD treatment.
* This information is currently being studied and analyzed and will be available at a later date.

Substance Abuse Prevention Programs
For youth grades 9 – 12, an overall decrease in binge drinking of 2% will be realized over the next two years.

Historical Information

Children's mental health programs
As of April 2004, for children receiving Level II SED services: An overall decrease of 75% in psychiatric hospitalization days from one year after intake compared to one year prior to intake.

Adult Mental Health Programs
759 consumers out of 812 (93.5%) who completed a mental health statistical improvement program (MHSIP) consumer survey did not spend more than one day in jail during FY 2004.

Substance Abuse Treatment
___% of clients participating in the 6 – month follow-up study will show a decrease in their substance use between admission and at 6 months post discharge from AOD treatment.
* This information is currently being studied and analyzed and will be available at a later date.

Prevention
From 1999 to 2001, North Dakota students, grades 9 – 12 who binge drank in last 30 days, decreased from 46% to 42%, from 2001 to 2003 decreased from 42% to 39.5%.

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:08

Program: MENTAL HEALTH AND SUBSTANCE ABUSE

Reporting Level: 00-325-300-47-00-00-00-00000000

Benchmark

Children's Mental Health
Benchmark established at beginning of Partnerships grant in 1994 through ongoing outcomes collected upon entry, yearly, and at discharge for each child in the program.
Adult Mental Health

Collected through MHSIP outcome program for each client at entry, six months following entry, and at discharge from services.

Substance Abuse Treatment
Collected through substance abuse outcome study currently done at six months and at the one year following discharge from treatment services.
Substance Abuse Prevention

North Dakota Youth Risk Behavior Survey is completed by ND Health Department and North Dakota Public Instruction every two years.

PROGRAM STATISTICAL DATA

This area of the budget includes the following services:

- Policy development and licensing for 80 addiction treatment programs.
- Policy development and licensing for six residential treatment centers.
- Oversee 12 prevention coordinators in each region and tribal reservation.
- Licensing of 8 regional human service centers
- Monitoring of approximately 72 grants and contracts to providers each biennium.
- Policy development and administration of voluntary treatment program
- Quarterly administrative/technical support meetings with regional human service center administrators in each major program area e.g. substance abuse, Partnerships, clinical forum, extended care.
- Facilitate and develops the collection of mental health and substance abuse data from the following sources: a) Regional Office Automation Project (ROAP); b) Drug and Alcohol Services Information System (DASIS); c) Addiction Severity Index (ASI); d) Mental Health Statistical Improvement Project (MHSIP); e) Single Plan of Care (SPOC) for Federal and state reporting and outcome evaluation.
- Apply, monitor, and report on federally funded, noncompetitive grants.
- Provision and support for training and continuing education efforts for providers of services across the state.

Program: MENTAL HEALTH AND SUBSTANCE ABUSE | **Reporting Level:** 00-325-300-47-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

Salaries - Fund a total of 11 FTEs and 2 temporary positions for a total of $1.2 million. Ten of the FTEs and one of the temporary positions are professional staff. One of the FTEs and one of the temporary positions are support staff.

FTE were reduced by 1.0 as part of a budget reduction plan put into place in July 2003 and carried forward. The deputy director position for Mental Health services was eliminated with the Deputy Director for Substance Abuse taking on overall deputy director responsibilities for both program areas.

Operating - Budget total of $2.01million which consists of: Travel of $105,000 which includes technical assistance, program site visits and licensure site visits to the 8 regional human service centers, the North Dakota State Hospital, 73 addiction treatment programs, and 6 residential treatment centers biennially. The majority of operating for the Division includes $1.44 million for contracting for statewide training and conference events; and $195,000 for the purchasing and shipping of materials for the Prevention Resource Center which are distributed to entities throughout the state. Other operating costs of $272,000 are part of the Division's day-to-day operations, such as rent, telephone and office supplies.

Grants - Budget total of $4.08 million which consists of: $772,000 for the purchase of extended services by the human service centers in the eight regions. Retaining the budget centrally allows for the maximum system flexibility to respond to variable demand from region to region each biennium. Also included are contracts for the prevention service system in the amount of $2.83 million; contracts for children's mental health services in the amount of $120,000; contracts for services for persons with compulsive gambling problems in the amount of $150,000; contracts for the Olmstead projects in the amount of $148,000; and $60,000 is designated for grants related to training contracts for the treatment community.

PROGRAM GOALS AND OBJECTIVES

Mental Health Programs

- The purpose of the adult and children's clinical services programs is to provide evaluation and treatment to people with emotional or relationship problems so they can reduce or eliminate the impact of the problem.
- The purpose of the adult and child's mental health systems of care is to provide therapeutic and supportive services so consumers can manage their illness/disorder and productively live in the community in the least restrictive setting.

Substance Abuse Programs

- The purpose of the substance abuse treatment programs is to provide therapeutic and supportive services to individuals who abuse or are dependent upon alcohol and other drugs and allow them to manage their illness and live in the community in the least restrictive setting.

Prevention Programs

- The purpose of the substance abuse prevention programs is to provide services to citizens of North Dakota so they can prevent or reduce the harmful effects of alcohol and drug abuse.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: MENTAL HEALTH AND SUBSTANCE ABUSE

Reporting Level: 00-325-300-47-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	909,190	974,712	-106,776	867,936	0
TEMP, OVERTIME	56,587	150,984	-111,384	39,600	0
BENEFITS	246,071	321,990	-38,414	283,576	0
TOTAL	**1,211,848**	**1,447,686**	**-256,574**	**1,191,112**	**0**
SALARIES AND WAGES					
GENERAL FUND	189,283	316,863	-27	316,836	0
FEDERAL FUNDS	1,022,565	1,001,527	-127,251	874,276	0
SPECIAL FUNDS	0	129,296	-129,296	0	0
TOTAL	**1,211,848**	**1,447,686**	**-256,574**	**1,191,112**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	111	300	0	300	0
IT-TELEPHONE	2,140	3,320	-670	2,650	0
TRAVEL	57,999	82,519	22,227	104,746	0
IT-SOFTWARE/SUPPLIES	2,127	1,700	0	1,700	0
POSTAGE	0	3,900	300	4,200	0
LEASE/RENT - EQUIPMENT	20	0	0	0	0
LEASE/RENT - BLDG/LAND	97,812	102,530	15,054	117,584	0
DUES & PROFESSIONAL DEV.	95,568	110,665	19,170	129,835	0
OPERATING FEES & SERVICES	3,334,569	2,213,463	-775,428	1,438,035	0
REPAIRS	64	750	200	950	0
OFFICE SUPPLIES	1,506	3,650	-1,150	2,500	0
PRINTING	24,278	13,000	-2,600	10,400	0
PROFESSIONAL SUPPLIES	239,925	189,200	5,800	195,000	0
MISCELLANEOUS SUPPLIES	11,078	1,500	200	1,700	0
OFFICE EQUIP-UNDER $5000	0	500	0	500	0
TOTAL	**3,867,197**	**2,726,997**	**-716,897**	**2,010,100**	**0**
OPERATING EXPENSES					
GENERAL FUND	325,532	115,084	27	115,111	0
FEDERAL FUNDS	3,541,665	2,553,377	-687,188	1,866,189	0
SPECIAL FUNDS	0	58,536	-29,736	28,800	0
TOTAL	**3,867,197**	**2,726,997**	**-716,897**	**2,010,100**	**0**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:08

Program: MENTAL HEALTH AND SUBSTANCE ABUSE

Reporting Level: 00-325-300-47-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
GRANTS					
GRANTS, BENEFITS & CLAIMS	2,147,934	3,980,120	98,651	4,078,771	0
TOTAL	**2,147,934**	**3,980,120**	**98,651**	**4,078,771**	**0**
GRANTS					
GENERAL FUND	586,993	781,618	0	781,618	0
FEDERAL FUNDS	1,406,002	2,998,502	298,651	3,297,153	0
SPECIAL FUNDS	154,939	200,000	-200,000	0	0
TOTAL	**2,147,934**	**3,980,120**	**98,651**	**4,078,771**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	1,101,808	1,213,565	0	1,213,565	0
FEDERAL FUNDS	5,970,232	6,553,406	-515,788	6,037,618	0
SPECIAL FUNDS	154,939	387,832	-359,032	28,800	0
PROGRAM FUNDING TOTAL	**7,226,979**	**8,154,803**	**-874,820**	**7,279,983**	**0**
FTE EMPLOYEES	**12.50**	**12.00**	**-1.00**	**11.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**1,101,808**	**1,213,565**	**0**	**1,213,565**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	730,361	755,700	189,974	945,674	0
S010 OLMSTEAD REAL CHOICE SYST CHANGE	52,732	753,900	-567,057	186,843	0
S011 MH DATA INFRASTRUCTURE	1,630	133,333	-53,333	80,000	0
S012 DRUG-FREE SCHOOLS 84.186	788,239	857,174	60,220	917,394	0
S013 COMBATTING UNDER AGE DRINKING	669,068	720,000	0	720,000	0
S018 DASIS	92,000	172,991	24,986	197,977	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	3,630,957	3,150,308	-170,578	2,979,730	0
S029 PROJ FOR HOMELESS - PATH	5,245	10,000	0	10,000	0
TOTAL	**5,970,232**	**6,553,406**	**-515,788**	**6,037,618**	**0**
SPECIAL FUNDS					
Z125 OTHER FUNDS	154,939	387,832	-359,032	28,800	0
TOTAL	**154,939**	**387,832**	**-359,032**	**28,800**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: MENTAL HEALTH AND SUBSTANCE ABUSE

REPORTING LEVEL: 00-325-300-47-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-1.00	-27	171,400	-329,296	-157,923
3 Operating Expenditure Changes	.00	27	-687,188	-29,736	-716,897
Agency Total	**-1.00**	**0**	**-515,788**	**-359,032**	**-874,820**

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

All Performance Measures for Vocational Rehabilitation are for Federal Fiscal Year 2004

A. Employment Services

1. 897 individuals with disabilities will complete training and services and become employed.

   Trend Data:

	Actual	Goal
FFY 2003	860	897
FFY 2002	899	898

2. 80% of the individuals will remain employed 6 months after their VR case is closed.

   Trend Data:

	Actual	Goal
FFY 2003	91%	80%
FFY 2002	88%	80%

3. 6706 individuals with disabilities will receive services and be at various stages of completing their training.

   Trend Data:

	Actual	Goal
FFY 2003	6602	6718
FFY 2002	6636	6687

4. 90% of the individuals will report satisfaction with VR services

   Trend Data:

	Actual	Goal
FFY 2003	94%	90%
FFY 2002	95%	90%

5. The average increased income for every dollar spent for VR services will be $6.50. *(Cost/Benefit – Increased Income)*

   Trend Data:

	Actual	Goal
FFY 2003	$12.30	$6.50
FFY 2002	$16.75	$6.50

6. The average payback in taxes for every dollar spent for VR services will be $1.35. *(Cost/Benefit – Payback in Taxes)*

   Trend Data:

	Actual	Goal
FFY 2003	$2.46	$1.35
FFY 2002	$3.35	$1.35

Benchmarks for Employment Services Performance Measures were established internally, based in part on federal requirements.

B. Business Services

1. 254 previous and new employers who have a contact with VR staff will hire or retain VR clients. *(Additional employers also hire VR clients however VR does not necessarily have an individual contact with each one of them. Many clients prefer to make contact on their own.)*

   Trend Data:

	Actual	Goal
FFY 2003	286	227
FFY 2002	369	284

2. VR will initiate 2160 contacts with area employers and businesses.

   Trend Data:

	Actual	Goal
FFY 2003	2055	1925
FFY 2002	2168	1735

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

Benchmarks for Business Services Performance Measures were established internally.

C. Independent Living Services

1. 85% of consumer-identified goals for independent living will be achieved during the reporting period.

Trend Data:

	Actual	Goal
FFY 2003	96%	75%
FFY 2002	90%	75%

2. 8000 individuals will receive independent living services.

Trend Data:

	Actual	Goal
FFY 2003	10,447	4560
FFY 2002	8778	4560

Benchmarks for Independent Living Services Performance Measures were established internally, based in part on federal requirements.

D. Assistive Technology Services

1. 85% of individuals who receive training will report an increased ability to apply assistive technology (AT) to improve the independence of themselves or others.

Trend Data:

	Actual	Goal
FFY 2003	96%	85%
FFY 2002	100%	85%

2. 2600 individuals will receive assistive technology services.

Trend Data:

	Actual	Goal
FFY 2003	3149	2600
FFY 2002	4085	2600

3. 2000 individuals will receive assistive technology training.

Trend Data:

	Actual	Goal
FFY 2003	5120	2000
FFY 2002	2811	2000

Benchmarks for Assistive Technology Services Performance Measures were established internally.

All Performance Measures for Developmental Disabilities are for State Fiscal Year 2004 and established internally.

E. Day and Residential Services

1. 80% of agreed upon outcomes associated with a Day or Residential Service will show progress is being made or outcome is achieved.

Trend Data:

	Actual	Goal
SFY 2004	88%	80%
SFY 2003	88%	80%
FFY 2002	87%	80%

2. 95% of adults living in the community and receiving DD Case Management will remain in the community.

Trend Data:

	Actual	Goal
SFY 2004	98.8%	95%
SFY 2003	98.9%	95%
SFY 2002	98.7%	95%

3. 50% of people receiving Extended Services will be employed 20 or more hours per week.

Trend Data:

	Actual	Goal
SFY 2004	65%	50%
SFY 2003	63%	50%
SFY 2002	63%	50%

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

F. Family Support Programs

1. 80% of outcomes associated with a Family Support Program will show progress is being made or outcome is achieved.

Trend Data:

	Actual	Goal
SFY 2004	93%	80%
SFY 2003	91%	80%
SFY 2002	93%	80%

2. 94% of children, less than 18 years of age, receiving DD Case Management will be living in a family setting.

Trend Data:

	Actual	Goal
SFY 2004	93.6%	94%
FFY 2003	93.6%	94%
FFY 2002	94.3%	94%

3. 80% of families report that supports are available to them as they need them.

Trend Data:

	Actual	Goal
SFY 2004	83.7%	80%
SFY 2003	84%	80%
SFY 2002	83%	80%

G. Administration

1. 100% of provider budgets will be reviewed and forwarded with REQUESTs for interim rate setting with 45 days of receipt of the completed provider budget. (Goal of 45 days includes clock stoppers).

Trend Data:

	Actual	Goal
SFY 2004	48 days	45 days
SFY 2003	21 days	45 days
SFY 2002	not available	not available

2. 100% of provider budgets will be reviewed and interim rates set within 15 days of receipt from Program Administrator of Adult Services and/or Child and Family Services. (Goal of 15 days includes clock stoppers).

   Trend Data:

	Actual	Goal
SFY 2004	14 days 15 days	
SFY 2003	7 days	15 days
SFY 2002	not available	not available

3. 4213 people will receive Developmental Disabilities Case Management.

   Trend Data:

SFY 2004	4213
SFY 2003	4144
SFY 2002	3995

PROGRAM STATISTICAL DATA

This area of the budget includes the following services:
-Vocational Rehabilitation Employment Services
-Vocational Rehabilitation Business Services
-Vocational Rehabilitation Independent Living Services
-Vocational Rehabilitation Assistive Technology Services
-Developmental Disabilities Day and Residential Services
-Developmental Disabilities Family Support Programs
-Developmental Disabilities Administration

All Statistical Data for Vocational Rehabilitation is for Federal Fiscal Year 2004

A. Employment Services

1. 6706 individuals with disabilities will receive services and be at various stages of completing their training.

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

B. Business Services

1. 254 previous and new employers who have a contact with VR staff will hire or retain VR clients. *(Additional employers also hire VR clients however VR does not necessarily have an individual contact with each one of them. Many clients prefer to make contact on their own.)*

2. VR will initiate 2160 contacts with area employers and businesses.

C. Independent Living Services

1. 8000 individuals will receive independent living services.

D. Assistive Technology Services

1. 2600 individuals will receive assistive technology services.

2. 2000 individuals will receive assistive technology training.

All Developmental Disabilities Program Statistical Data is Projected for 2004/2005

E. DD Case Management

1. 4339 people will receive DD Case Management.

F. Day and Residential Services

1. 2090 people will receive residential services that will assist them in living in the community.

2. 1399 people will receive Day Supports.

3. 418 people will receive Extended Services

G. Family Support Programs

1. 1446 individuals with developmental disabilities will receive services through Family Support Programs.

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

H. Administration

1. 33 providers will have budgets reviewed and interim rates set.
2. 34 providers will receive audit, negotiation and settlement.
3. 38 new/renewal provider license applications will be processed.

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 49.1 FTEs. The budget request for salary and fringe benefits is approximately 4.6 million and comprises about 2% of the budget request.

FTE were reduced by 2.0 as part of a budget reduction plan put into place in July 2003 and carried forward.

The operating costs makes up about 2.4% of the budget request and consists of the following:

- Developmental Disabilities Corporate Guardianship contract at about $976,000
- Part C of the Individuals with Disabilities Education Act funding for Right Track contracts in the amount of about $1.65 million
- other Part C contracts in the amount of about $371,000
- temporary clerical staff for the Interagency Project for Assistive Technology (IPAT) in the amount of $48,000
- Contracts for temporary help for Disability Determination Services in the amount of about $120,000
- Contracts with physicians for Disability Determination Services in the amount of $430,000
- $300,000 for Section 11 contracts for individuals needing supported living services and extended services
- equipment for the IPAT equipment loan library in the amount of about $62,000
- and other typical operating expenses such as rent, travel, supply cost in an estimated amount of about $1.5 million

The grants portion of the budget makes up about 95.6% of the budget request and includes the following:

- About $206.2 million for Developmental Disability Grants for Home and Community Based Services - includes an inflationary increase for providers of 2%/2% each year.
- Grants for direct client services under the VR program in the amount of about $15.6 million
- Grants to purchase medical evidence of record and consultative exams for Disability Determination Services in the amount of $1.3 million
- Grants for Independent Living Services - $1.1 million
- Early Intervention grants in the amount of about $466,000
- IPAT grants in the amount of $25,000

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

PROGRAM GOALS AND OBJECTIVES

A. The purpose of Vocational Rehabilitation's Employment Services is to provide training and employment services to individuals with disabilities so they can become and remain employed.

B. The purpose of Vocational Rehabilitation's Business Services is to provide consultation, technical assistance and information to businesses so they can have an available source of qualified employees and receive solutions to disability-related issues.

C. The purpose of Independent Living Services is to eliminate barriers and provide assistance to individuals with disabilites so they can live and work more independently in their homes and communities.

D. The purpose of the Assistive Technology program is to provide education, consultation and referral to people with disabilities so they can access assistive technology (AT) devices and services.

E. The purpose of Developmental Disabilities Day and Residential Services is to provide training and assistance with daily living activities to eligible persons with developmental disabilities so they can achieve agreed upon personal outcomes.

F. The purpose of Developmental Disabilities Family Support Programs is to provide personal and financial assistance and training to families of eligible individuals so they can help their family member achieve agreed upon outcomes.

G. The purpose of Developmental Disabilities Administration is to develop budget and policy, and provide direction, training and technical assistance to regional humna service center staff and providers so they can achieve agreed upon results.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SALARIES AND WAGES					
SALARIES	3,507,357	3,537,202	-169,116	3,368,086	0
TEMP, OVERTIME	22,136	46,440	-10,072	36,368	0
BENEFITS	1,106,786	1,238,260	-70,033	1,168,227	0
TOTAL	**4,636,279**	**4,821,902**	**-249,221**	**4,572,681**	**0**
SALARIES AND WAGES					
GENERAL FUND	1,304,359	695,181	3,068	698,249	0
FEDERAL FUNDS	3,331,246	4,120,221	-245,789	3,874,432	0
SPECIAL FUNDS	674	6,500	-6,500	0	0
TOTAL	**4,636,279**	**4,821,902**	**-249,221**	**4,572,681**	**0**
OPERATING EXPENSES					
IT-DATA PROCESSING	944	1,074	-30	1,044	0
IT-TELEPHONE	4,468	6,721	-2,160	4,561	0
TRAVEL	219,712	301,892	20,091	321,983	0
IT-SOFTWARE/SUPPLIES	19,505	33,100	-1,554	31,546	0
UTILITIES	225	322	0	322	0
POSTAGE	55,509	83,401	90	83,491	0
IT-CONTRACTUAL SERVICES	7,684	6,330	0	6,330	0
LEASE/RENT - EQUIPMENT	522	2,500	-850	1,650	0
LEASE/RENT - BLDG/LAND	379,968	385,553	9,375	394,928	0
DUES & PROFESSIONAL DEV.	84,433	122,125	31,330	153,455	0
OPERATING FEES & SERVICES	1,380,813	2,719,843	563,368	3,283,211	30,000
REPAIRS	22,918	34,374	-624	33,750	0
PROFESSIONAL SERVICES	419,244	374,300	71,950	446,250	0
OFFICE SUPPLIES	25,472	37,001	-4,593	32,408	0
PRINTING	73,415	104,098	50,610	154,708	0
PROFESSIONAL SUPPLIES	17,530	54,265	32,990	87,255	0
MEDICAL,DENTAL & OPTICAL	2,122	31,000	0	31,000	0
MISCELLANEOUS SUPPLIES	19,699	11,200	-5,665	5,535	0
OFFICE EQUIP-UNDER $5000	1,530	52,965	3,100	56,065	0
OTHER EQUIP-UNDER $5000	10,848	37,000	-1,000	36,000	0
IT-EQUIP UNDER $5000	6,746	26,300	-1,300	25,000	0
TOTAL	**2,753,307**	**4,425,364**	**765,128**	**5,190,492**	**30,000**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
OPERATING EXPENSES					
GENERAL FUND	906,918	1,107,901	4,479	1,112,380	30,000
FEDERAL FUNDS	1,844,452	3,295,159	760,853	4,056,012	0
SPECIAL FUNDS	1,937	22,304	-204	22,100	0
TOTAL	**2,753,307**	**4,425,364**	**765,128**	**5,190,492**	**30,000**
CAPITAL ASSETS					
EQUIP- OVER $5000	0	35,200	-5,200	30,000	0
TOTAL	**0**	**35,200**	**-5,200**	**30,000**	**0**
CAPITAL ASSETS					
GENERAL FUND	0	1,108	-1,108	0	0
FEDERAL FUNDS	0	34,092	-4,092	30,000	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**0**	**35,200**	**-5,200**	**30,000**	**0**
GRANTS					
GRANTS, BENEFITS & CLAIMS	11,666,820	16,121,081	1,715,308	17,836,389	1,027,360
TOTAL	**11,666,820**	**16,121,081**	**1,715,308**	**17,836,389**	**1,027,360**
GRANTS					
GENERAL FUND	1,888,422	2,919,412	568,436	3,487,848	356,553
FEDERAL FUNDS	9,571,745	13,050,169	1,201,372	14,251,541	670,807
SPECIAL FUNDS	206,653	151,500	-54,500	97,000	0
TOTAL	**11,666,820**	**16,121,081**	**1,715,308**	**17,836,389**	**1,027,360**
SPECIAL LINES					
GRANTS-MEDICAL ASSISTANCE	163,537,372	190,756,127	15,476,165	206,232,292	18,558,143
TOTAL	**163,537,372**	**190,756,127**	**15,476,165**	**206,232,292**	**18,558,143**
SPECIAL LINES					
GENERAL FUND	53,389,925	62,052,208	11,162,437	73,214,645	6,565,320
FEDERAL FUNDS	110,104,247	128,703,919	4,313,728	133,017,647	11,992,823
SPECIAL FUNDS	43,200	0	0	0	0
TOTAL	**163,537,372**	**190,756,127**	**15,476,165**	**206,232,292**	**18,558,143**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
PROGRAM FUNDING SOURCES					
GENERAL FUND	57,489,624	66,775,810	11,737,312	78,513,122	6,951,873
FEDERAL FUNDS	124,851,690	149,203,560	6,026,072	155,229,632	12,663,630
SPECIAL FUNDS	252,464	180,304	-61,204	119,100	0
PROGRAM FUNDING TOTAL	**182,593,778**	**216,159,674**	**17,702,180**	**233,861,854**	**19,615,503**
FTE EMPLOYEES	**55.10**	**51.10**	**-2.00**	**49.10**	**.00**
FUNDING DETAIL					
GENERAL FUND	**57,489,624**	**66,775,810**	**11,737,312**	**78,513,122**	**6,951,873**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	3,602,813	3,946,471	254,722	4,201,193	0
S003 MENTAL HEALTH BLOCK GRANT - 00	0	2,919	2,429	5,348	0
S006 DEVELOP. DISABILITIES COUNCIL	4,229	0	0	0	0
S008 DDS-INFORMATION TECHNOLOGY SYTMS(IT	4,174	0	0	0	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	412	0	6,828	6,828	0
S040 VOC. REHAB. BASIC SUPP. 84.126	7,366,915	11,352,896	1,064,914	12,417,810	670,807
S041 CLIENT ASSISTANCE 84.161	236,331	259,399	-33,503	225,896	0
S042 VR IN-SER TRAIN 84.265	38,088	39,950	323	40,273	0
S043 VR INDEP. LIV. B 84.169	423,296	595,162	-3,684	591,478	0
S048 SUPPORTED EMPLOY.VI-C-84.187	384,442	0	-300,000	-300,000	0
S049 IPAT(TEC GRANT) 84.224	811,222	1,036,334	-135,063	901,271	0
S055 MEDICAL ASSISTANCE-93.778	110,089,438	127,983,406	4,751,094	132,734,500	11,992,823
S056 MEDICAL ADMINISTRATION-93.778	473,211	473,169	63,738	536,907	0
S069 VR IL OLDER BLIND 84.177	90,612	155,215	110,946	266,161	0
S072 HEAD START COLLABORATION	1,349	0	0	0	0
S085 PART C-84.181	1,098,407	2,919,542	208,302	3,127,844	0
S090 AGING ADMINISTRATION - 02	4,262	4,080	-4,080	0	0
S091 TITLE III B - 00	1,355	2,843	-2,843	0	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	48	174	-174	0	0
S154 ADA CONSORTIUM	41,602	32,000	48,000	80,000	0
S500 DPI PART B INDIVIDUAL DISAB. ED. AC	1,349	0	0	0	0
S509 SSA REIMBURSEMENT-VR	178,135	400,000	-5,877	394,123	0
TOTAL	**124,851,690**	**149,203,560**	**6,026,072**	**155,229,632**	**12,663,630**

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: DISABILITY SERVICES

Reporting Level: 00-325-300-51-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL FUNDS					
315 ND HEALTH CARE TRUST FUND 325C	143,200	0	0	0	0
360 HUMAN SERVICES DEPARTMENT FUND 325C	0	0	0	0	0
Z125 OTHER FUNDS	109,264	180,304	-61,204	119,100	0
TOTAL	**252,464**	**180,304**	**-61,204**	**119,100**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: DISABILITY SERVICES

REPORTING LEVEL: 00-325-300-51-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-2.00	370,396	921,491	-61,000	1,230,887
1 Capital Assets	.00	0	30,000	0	30,000
2 Unfunded Activity	.00	-3,165,442	-4,176,038	0	-7,341,480
3 Operating Expenditure Changes	.00	4,479	760,853	-204	765,128
4 Caseload Changes / Utilization	.00	2,327,468	4,908,414	0	7,235,882
5 Cost Changes	.00	875,433	1,507,526	0	2,382,959
7 FMAP Changes	.00	6,403,854	-6,406,303	0	-2,449
8 Restoration	.00	3,165,442	4,176,038	0	7,341,480
9 Provider Inflation	.00	2,177,036	3,882,585	0	6,059,621
10 FMAP Update	.00	-421,354	421,506	0	152
Agency Total	**-2.00**	**11,737,312**	**6,026,072**	**-61,204**	**17,702,180**
30 DS Match for VR Grant Inflationary Increase	.00	181,553	670,807	0	852,360
31 DSD ISLA Inflation for Administrative Reimburseme	.00	282,505	573,571	0	856,076
32 DS Administrative Reimbursement Increase for Enha	.00	225,780	458,404	0	684,184
33 DS Guardianship Petitions Additional Funding	.00	30,000	0	0	30,000
34 DS Gen Fnd Independent Living Increase	.00	175,000	0	0	175,000
37 DS DD Grants Wage Increase of $1.05	.00	6,057,035	10,960,848	0	17,017,883
Optional Total	**.00**	**6,951,873**	**12,663,630**	**0**	**19,615,503**

Program: MENTAL HEALTH COMMUNITY SERVICES CONT

Reporting Level: 00-325-410-69-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Program will not be extended into 2005 - 2007 biennium.

PROGRAM STATISTICAL DATA

Program will not be extended into 2005 - 2007 biennium.

EXPLANATION OF PROGRAM COSTS

There have been no funds budgeted for 2005 - 2007

PROGRAM GOALS AND OBJECTIVES

Program will not be extended into 2005 - 2007 biennium.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: MENTAL HEALTH COMMUNITY SERVICES CONT

Reporting Level: 00-325-410-69-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	0	250,000	-250,000	0	0
TOTAL	**0**	**250,000**	**-250,000**	**0**	**0**
SPECIAL LINES					
GENERAL FUND	0	250,000	-250,000	0	0
FEDERAL FUNDS	0	0	0	0	0
SPECIAL FUNDS	0	0	0	0	0
TOTAL	**0**	**250,000**	**-250,000**	**0**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	0	250,000	-250,000	0	0
FEDERAL FUNDS	0	0	0	0	0
SPECIAL FUNDS	0	0	0	0	0
PROGRAM FUNDING TOTAL	**0**	**250,000**	**-250,000**	**0**	**0**
FTE EMPLOYEES	**.00**	**.00**	**.00**	**.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**0**	**250,000**	**-250,000**	**0**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: MENTAL HEALTH COMMUNITY SERVICES CONT

REPORTING LEVEL: 00-325-410-69-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	-250,000	0	0	-250,000
Agency Total	**.00**	**-250,000**	**0**	**0**	**-250,000**

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management
- Extended Services
- Infant Development

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Supported Employment Services
  - Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

Level II Criteria
- o Care Coordination
- o Case Aide Services
- o Crisis Residential/Safe beds
- o Flexible funding
- o Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:
- o Self Harm/Suicide
- o Child Abuse and Neglect
- o Foster Care/ Subsidized Adoption
- o Acute Psychiatric

Services
- o Psychological evaluation and testing
- o Psychiatric evaluation
- o Clinical evaluation
- o Individual Therapy
- o Group Therapy
- o Family Therapy
- o Clinical Case Management
- o Medication Management
- o Crisis Residential
- o Short Term Hospital
- o Lab and Clinical Screening

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

Substance Abuse Services
- Care Coordination/Case Aide
- Evaluation
- Social and Medical Detoxification Services
- Needs based array of primary treatment services
  - o Low intensity outpatient
  - o Intensive outpatient
  - o Day treatment
- Needs validated residential services
- Medication/Medical monitoring/Management

Crisis/Emergency Response Services
- 24-hour a day/7-days a week crisis call response from a designated, trained Center employee
- Regional Intervention Services
  - o Screening
  - o Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

PROGRAM STATISTICAL DATA

SFY 2002 1875 unduplicated clients served (do not have breakdown)

SFY 2003 990 adults served
406 children served

SFY 2004 842 adults served
342 children served

(Does not include VR for SFY 2003 and 2004)

EXPLANATION OF PROGRAM COSTS

The 2005 – 07 budget for the Northwest Human Service Center amounts to $7,075,820 and has 50 FTEs. Salaries and fringe benefits amount to $4,816,405 or 68% of the center's budget. Of this amount $237,590 is for temporary salaries in the VR Supported/Extended Employment program and the SED Partnership program.

Other expenditures that are over 5% of the center's budget include $411,350 for building rent (5.8%) and $1,389,925 for Grants (19.6%).

Salaries, fringe benefits, building rent and grants account for 93.5% of the center's 2005 – 07 biennium budget.

The center's grants budget is used to contract for services in the following areas:

Crisis Care/Safe Beds	$100,000
DD Services	68,656
Psychiatric/Psychological/Medical Services	$135,000
Psych/Social Club	140,000
Residential Services	316,269
Substance Abuse Treatment or Prevention Services	630,000

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	7,843,667	7,174,282	-98,462	7,075,820	0
TOTAL	**7,843,667**	**7,174,282**	**-98,462**	**7,075,820**	**0**
SPECIAL LINES					
GENERAL FUND	3,913,441	3,512,047	-7,719	3,504,328	0
FEDERAL FUNDS	3,354,280	3,319,819	-90,743	3,229,076	0
SPECIAL FUNDS	575,946	342,416	0	342,416	0
TOTAL	**7,843,667**	**7,174,282**	**-98,462**	**7,075,820**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	3,913,441	3,512,047	-7,719	3,504,328	0
FEDERAL FUNDS	3,354,280	3,319,819	-90,743	3,229,076	0
SPECIAL FUNDS	575,946	342,416	0	342,416	0
PROGRAM FUNDING TOTAL	**7,843,667**	**7,174,282**	**-98,462**	**7,075,820**	**0**
FTE EMPLOYEES	**59.50**	**50.00**	**.00**	**50.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**3,913,441**	**3,512,047**	**-7,719**	**3,504,328**	**0**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	9,633	10	-10	0	0
S003 MENTAL HEALTH BLOCK GRANT - 00	37,511	137,335	0	137,335	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	135,808	225,082	76,030	301,112	0
S023 TITLE V - 93.994	0	11	-11	0	0
S025 FOOD STAMP PROG. 10.561	0	29	-29	0	0
S029 PROJ FOR HOMELESS - PATH	73,321	73,750	0	73,750	0
S035 CHILD SUPPORT ENFORCE 93.563	0	45	-45	0	0
S040 VOC. REHAB. BASIC SUPP. 84.126	625,508	598,756	57,784	656,540	0
S048 SUPPORTED EMPLOY.VI-C-84.187	78,421	0	0	0	0
S055 MEDICAL ASSISTANCE-93.778	1,837,742	1,681,567	-201,238	1,480,329	0
S056 MEDICAL ADMINISTRATION-93.778	84,155	27,372	47,964	75,336	0
S065 SOC. SER. BLK. GR. - 93.667	313,695	269,925	-39,980	229,945	0
S067 FOSTER CARE IV-E-93.658	19,624	33,076	-13,850	19,226	0
S070 FC ADOPTION ASSIST. 93.659	0	20	-20	0	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTHWEST HSC

Reporting Level: 00-325-410-71-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007	
S085 PART C-84.181	37,115	78,000	-10,350	67,650		0
S090 AGING ADMINISTRATION - 02	31,250	31,269	-19	31,250		0
S091 TITLE III B - 00	0	10	-10	0		0
S094 TITLE III E - FAMILY CAREGIVER SUPP	0	56,695	39,175	95,870		0
S109 CCDF - DISCRETIONARY FUNDS	42,169	54,437	-26,839	27,598		0
S114 TANF BLOCK GRANT	28,328	52,381	-19,246	33,135		0
S116 LIHEAP - 93.028	0	39	-39	0		0
S142 REFUGEE ASSISTANCE CMA 93.026	0	10	-10	0		0
TOTAL	**3,354,280**	**3,319,819**	**-90,743**	**3,229,076**		**0**
SPECIAL FUNDS						
Z221 NWHSC-OTHER	575,946	342,416	0	342,416		0
TOTAL	**575,946**	**342,416**	**0**	**342,416**		**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: NORTHWEST HSC

REPORTING LEVEL: 00-325-410-71-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	-137,299	-6,513	21,515	-122,297
3 Operating Expenditure Changes	.00	50,406	-17,337	-21,515	11,554
7 FMAP Changes	.00	72,144	-72,144	0	0
9 Provider Inflation	.00	12,281	0	0	12,281
10 FMAP Update	.00	-5,251	5,251	0	0
Agency Total	**.00**	**-7,719**	**-90,743**	**0**	**-98,462**

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination
  - Case Aide Services
  - Crisis Residential/Safe beds

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

- Flexible funding
- Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:

- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services

- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential
- Short Term Hospital
- Lab and Clinical Screening

Substance Abuse Services
Care Coordination/Case Aide
Evaluation
Social and Medical Detoxification Services

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

Needs based array of primary treatment services
- o Low intensity outpatient
- o Intensive outpatient
- o Day treatment

Needs validated residential services
Medication/Medical monitoring/Management

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services
- o Screening
- o Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002	3933 unduplicated clients served (do not have breakdown)
SFY 2003	2320 adults served 728 children served
SFY 2004	2085 adults served 679 children served

(Does not include VR for SFY 2003 and 2004)

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

The 2005 – 07 budget for the North Central Human Service Center amounts to $14,763,614 and has 113.78 FTEs. Salaries and fringe benefits amount to $10,001,623 or 67.8% of the center's budget. Of this amount $118,294 is for temporary salaries, overtime and shift differential.

FTE were reduced by 1.0 (Regional Director) as part of the budget reduction plan in July 2003 and carried forward into this budget request.

Other expenditures that are over 5% of the center's budget include $919,354 for building rent and $2,980,461 for Grants.

Salaries, fringe benefits, building rent and grants account for 94.2% of the center's 2005 – 07 biennium budget.

The center's grants budget is used to contract for services in the following areas:

Case Aide	$130,000
Crisis Care/Safe Beds	30,000
DD Services	120,000
Evaluation Services – VR	5,000
Flex Funds – Partnership	25,000
Psych/Social Club	150,000
Psychiatric/Psychological/Medical Services	774,276
Residential Services	859,945
Substance Abuse Treatment or prevention services	886,240

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	14,366,834	14,673,761	89,853	14,763,614	0
TOTAL	**14,366,834**	**14,673,761**	**89,853**	**14,763,614**	**0**
SPECIAL LINES					
GENERAL FUND	8,013,547	7,791,196	-73,500	7,717,696	0
FEDERAL FUNDS	5,372,104	6,237,862	-35,105	6,202,757	0
SPECIAL FUNDS	981,183	644,703	198,458	843,161	0
TOTAL	**14,366,834**	**14,673,761**	**89,853**	**14,763,614**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	8,013,547	7,791,196	-73,500	7,717,696	0
FEDERAL FUNDS	5,372,104	6,237,862	-35,105	6,202,757	0
SPECIAL FUNDS	981,183	644,703	198,458	843,161	0
PROGRAM FUNDING TOTAL	**14,366,834**	**14,673,761**	**89,853**	**14,763,614**	**0**
FTE EMPLOYEES	**123.03**	**114.78**	**-1.00**	**113.78**	**.00**
FUNDING DETAIL					
GENERAL FUND	**8,013,547**	**7,791,196**	**-73,500**	**7,717,696**	**0**
FEDERAL FUNDS					
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	802,918	1,097,269	302,805	1,400,074	0
S025 FOOD STAMP PROG. 10.561	0	2,227	-2,227	0	0
S029 PROJ FOR HOMELESS - PATH	73,338	73,750	0	73,750	0
S040 VOC. REHAB. BASIC SUPP. 84.126	1,006,121	1,069,724	-31,036	1,038,688	0
S055 MEDICAL ASSISTANCE-93.778	1,849,338	2,527,706	-397,707	2,129,999	0
S056 MEDICAL ADMINISTRATION-93.778	88,535	58,652	8,071	66,723	0
S065 SOC. SER. BLK. GR. - 93.667	750,733	626,036	-28,666	597,370	0
S067 FOSTER CARE IV-E-93.658	325,172	179,496	-120,459	59,037	0
S069 VR IL OLDER BLIND 84.177	34,296	62,096	15,569	77,665	0
S085 PART C-84.181	11,241	55,000	81,500	136,500	0
S090 AGING ADMINISTRATION - 02	31,190	31,250	0	31,250	0
S091 TITLE III B - 00	21,919	2,626	-2,626	0	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	24,931	158,891	9,954	168,845	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTH CENTRAL HSC

Reporting Level: 00-325-410-72-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007	
S096 ELDER ABUSE PREVENTION	21,648	0	13,250	13,250		0
S098 OMBUDSMAN ACTIVITY	37,552	61,000	-13,250	47,750		0
S109 CCDF - DISCRETIONARY FUNDS	115,856	81,275	2,554	83,829		0
S114 TANF BLOCK GRANT	68,840	149,440	128,587	278,027		0
S116 LIHEAP - 93.028	0	678	-678	0		0
S700 RETIRED SENIOR VOLUNTEER PROGRAM	48,999	746	-746	0		0
S702 RETIRED SENIOR VOLUNTEER PROGRAM-NC	59,477	0	0	0		0
TOTAL	**5,372,104**	**6,237,862**	**-35,105**	**6,202,757**		**0**
SPECIAL FUNDS						
Z241 NCHSC-OTHER	981,183	644,703	198,458	843,161		0
TOTAL	**981,183**	**644,703**	**198,458**	**843,161**		**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: NORTH CENTRAL HSC

REPORTING LEVEL: 00-325-410-72-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-1.00	-62,026	-36,711	202,077	103,340
3 Operating Expenditure Changes	.00	-107,724	97,856	-3,619	-13,487
7 FMAP Changes	.00	103,806	-103,806	0	0
10 FMAP Update	.00	-7,556	7,556	0	0
Agency Total	**-1.00**	**-73,500**	**-35,105**	**198,458**	**89,853**

Program: LAKE REGION HSC

Reporting Level: 00-325-410-73-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination
  - Case Aide Services
  - Crisis Residential/Safe beds

- Flexible funding
- Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:

- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services

- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential

Substance Abuse Services
Care Coordination/Case Aide
Evaluation
Social Detoxification Services
Needs based array of primary treatment services

- Low intensity outpatient
- Intensive outpatient
- Day treatment

Program: LAKE REGION HSC

Reporting Level: 00-325-410-73-00-00-00-00000000

Needs validated residential services
Medication/Medical monitoring/Management

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services
- o Screening
- o Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002	2490 Clients served*
SFY 2003	1433 adults served* 637 children served*
SFY 2004	1615 adults served* 669 children served*

* 2003 & 2004 do not include Vocational Rehabilitation clients as the VR & ROAP client management systems are now separate. 2002 includes both adult, children, & VR clients.

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: LAKE REGION HSC

Reporting Level: 00-325-410-73-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

The budget for the Lake Region Human Service Center includes salary and benefit costs of $5,848,862 for 62 fte's. Of this amount, $123,302 consists of salary costs for part-time temporary staff. Salary and benefit costs comprise of approximately 66% of the Center's entire budget.

FTE count does include a statewide ROAP - clinical lead position.

Operating costs total $982,084.00 and comprise approximately 11% of the budget. Major expenses include: Telephone of $91,418 based on ITD charges for these services. Travel of $168,045 which includes travel for outreach services, training, attending meetings, and the Center's motorpool charges. Building rent of $366,519. Operating Fees in the amount of $179,373 includes $85,500 for DD Part C programs with the remainder consisting primarily of funding for the purchase of services for clients in A&D, Family Caregiver Support Program, Mental Health Partnership, and SMI Homeless programs.

Grants funding in the amount of $1,985,689 comprises 23% of the budget and is for the following: $40,000 for respite care providers; $92,556 for contracted psychiatric services; $145,600 for psycho-social rehabilitation; $200,000 to assist the two tribal entities with their alcohol and drug programs; $411,852 for the Center's adult A&D residential program in Rolla; and $1,095,681 for the Center's residential program in Devils Lake. The Devils Lake program provides residential services for adolescents and adults in A&D programs and also residential services for the Center's adult SMI clients who are in crisis.

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: LAKE REGION HSC

Reporting Level: 00-325-410-73-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	7,416,913	8,493,470	323,165	8,816,635	0
TOTAL	**7,416,913**	**8,493,470**	**323,165**	**8,816,635**	**0**
SPECIAL LINES					
GENERAL FUND	4,264,857	4,641,584	74,412	4,715,996	0
FEDERAL FUNDS	2,583,439	3,338,304	283,085	3,621,389	0
SPECIAL FUNDS	568,617	513,582	-34,332	479,250	0
TOTAL	**7,416,913**	**8,493,470**	**323,165**	**8,816,635**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	4,264,857	4,641,584	74,412	4,715,996	0
FEDERAL FUNDS	2,583,439	3,338,304	283,085	3,621,389	0
SPECIAL FUNDS	568,617	513,582	-34,332	479,250	0
PROGRAM FUNDING TOTAL	**7,416,913**	**8,493,470**	**323,165**	**8,816,635**	**0**
FTE EMPLOYEES	**67.00**	**62.00**	**.00**	**62.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**4,264,857**	**4,641,584**	**74,412**	**4,715,996**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	65,627	137,335	0	137,335	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	425,163	710,483	333,320	1,043,803	0
S023 TITLE V - 93.994	0	6	-6	0	0
S025 FOOD STAMP PROG. 10.561	0	2,836	-2,836	0	0
S029 PROJ FOR HOMELESS - PATH	73,525	74,971	-1,221	73,750	0
S035 CHILD SUPPORT ENFORCE 93.563	0	26	-26	0	0
S040 VOC. REHAB. BASIC SUPP. 84.126	422,686	448,357	-27,439	420,918	0
S055 MEDICAL ASSISTANCE-93.778	802,747	1,076,458	1,445	1,077,903	0
S056 MEDICAL ADMINISTRATION-93.778	74,464	56,097	3,273	59,370	0
S065 SOC. SER. BLK. GR. - 93.667	401,722	365,719	-18,120	347,599	0
S067 FOSTER CARE IV-E-93.658	57,734	68,482	-32,149	36,333	0
S069 VR IL OLDER BLIND 84.177	45,935	44,420	18,211	62,631	0
S070 FC ADOPTION ASSIST. 93.659	0	10	-10	0	0
S085 PART C-84.181	2,239	50,000	41,000	91,000	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: LAKE REGION HSC

Reporting Level: 00-325-410-73-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007	
S090 AGING ADMINISTRATION - 02	31,250	31,260	-10	31,250		0
S091 TITLE III B - 00	12,758	142	-142	0		0
S094 TITLE III E - FAMILY CAREGIVER SUPP	9,942	68,913	13,989	82,902		0
S096 ELDER ABUSE PREVENTION	23,246	0	13,250	13,250		0
S098 OMBUDSMAN ACTIVITY	29,074	57,551	-19,901	37,650		0
S109 CCDF - DISCRETIONARY FUNDS	36,188	48,521	-5,179	43,342		0
S114 TANF BLOCK GRANT	69,139	96,697	-34,344	62,353		0
S116 LIHEAP - 93.028	0	20	-20	0		0
TOTAL	**2,583,439**	**3,338,304**	**283,085**	**3,621,389**		**0**
SPECIAL FUNDS						
360 HUMAN SERVICES DEPARTMENT FUND 325C	0	0	0	0		0
Z231 LRHSC-OTHER	568,617	513,582	-34,332	479,250		0
TOTAL	**568,617**	**513,582**	**-34,332**	**479,250**		**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: LAKE REGION HSC

REPORTING LEVEL: 00-325-410-73-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	-215,241	414,510	22,559	221,828
1 Capital Assets	.00	17,910	2,090	0	20,000
3 Operating Expenditure Changes	.00	149,622	-84,806	-56,891	7,925
7 FMAP Changes	.00	52,532	-52,532	0	0
9 Provider Inflation	.00	73,412	0	0	73,412
10 FMAP Update	.00	-3,823	3,823	0	0
Agency Total	**.00**	**74,412**	**283,085**	**-34,332**	**323,165**

Program: NORTHEAST HSC

Reporting Level: 00-325-410-74-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered by the Northeast Human Service Center.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Adult Family Foster Care Licensure
- National Family Caregiver Support Program

Developmental Disabilities
- Case Management
- Infant Development
- Behavioral Intervention

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - o Care Coordination
  - o Acute/Clinical Services as deemed appropriate

Program: NORTHEAST HSC

Reporting Level: 00-325-410-74-00-00-00-00000000

Level II Criteria
- Care Coordination
- Case Aide Services
- Crisis Residential/Safe beds
- Flexible funding
- Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:
- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services
- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential
- Short Term Hospital
- Lab and Clinical Screening

Substance Abuse Services
Care Coordination/Case Aide
Evaluation

Program: NORTHEAST HSC **Reporting Level:** 00-325-410-74-00-00-00-00000000

Social and Medical Detoxification Services
Needs based array of primary treatment services
- o Low intensity outpatient
- o Intensive outpatient
- o Day treatment

Needs validated residential services
Medication/Medical monitoring/Management

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services
- o Screening
- o Gatekeeping/referral

Performance Measures include:
1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002	2,309 adults served 2,313 children served
SFY 2003	1,936 adults served 896 children served
SFY 2004	1,830 adults served 897 children served

(Does not include VR for SFY 2003 and 2004)

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: NORTHEAST HSC

Reporting Level: 00-325-410-74-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

This area of the budget includes 141.9 FTE along with $ 285,116 funding for part time temporary employees. The salary and benefit costs comprise approximately 64% of the budget request.

FTE were increased by 4.0 to make long term temporary position regular with fringe benefits after being employed for 60+ months with the state.

The budget includes $ 2,808,815 for residential services for the adults and children with serious mental illness, emotional disturbances, and chemical dependency. In addition Northeast has budgeted $ 113,020 for contracted inpatient hospitalization costs. Approximately 30% of our budget request is committed to contracted services.

Northeast HSC has $ 1,171,088 budgeted for rental payments for its main office and residential facilities, approximately 6% of its overall budget.

Two programs unique to Northeast, Ruth Meiers Adolescent Treatment Center with a budget request of $ 1,602,911 and the Foster Grandparent Program with a budget request of $ 822,350 constitute a significant component of Northeast's budget request.

General Funds make up approximately 40.5% of Northeast's budget request.

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTHEAST HSC

Reporting Level: 00-325-410-74-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	18,119,388	19,514,728	347,806	19,862,534	280,144
TOTAL	**18,119,388**	**19,514,728**	**347,806**	**19,862,534**	**280,144**
SPECIAL LINES					
GENERAL FUND	6,930,684	7,928,063	112,903	8,040,966	230,144
FEDERAL FUNDS	9,738,440	10,754,962	194,849	10,949,811	50,000
SPECIAL FUNDS	1,450,264	831,703	40,054	871,757	0
TOTAL	**18,119,388**	**19,514,728**	**347,806**	**19,862,534**	**280,144**
PROGRAM FUNDING SOURCES					
GENERAL FUND	6,930,684	7,928,063	112,903	8,040,966	230,144
FEDERAL FUNDS	9,738,440	10,754,962	194,849	10,949,811	50,000
SPECIAL FUNDS	1,450,264	831,703	40,054	871,757	0
PROGRAM FUNDING TOTAL	**18,119,388**	**19,514,728**	**347,806**	**19,862,534**	**280,144**
FTE EMPLOYEES	**144.40**	**137.90**	**4.00**	**141.90**	**.00**
FUNDING DETAIL					
GENERAL FUND	**6,930,684**	**7,928,063**	**112,903**	**8,040,966**	**230,144**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	0	25	-25	0	0
S003 MENTAL HEALTH BLOCK GRANT - 00	137,416	137,335	0	137,335	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	646,133	797,577	528,200	1,325,777	0
S023 TITLE V - 93.994	0	72	-72	0	0
S025 FOOD STAMP PROG. 10.561	0	1,838	-1,838	0	0
S029 PROJ FOR HOMELESS - PATH	71,660	74,840	-1,090	73,750	0
S035 CHILD SUPPORT ENFORCE 93.563	0	234	-234	0	0
S040 VOC. REHAB. BASIC SUPP. 84.126	924,271	1,011,633	-24,063	987,570	0
S055 MEDICAL ASSISTANCE-93.778	5,194,208	4,904,295	879,640	5,783,935	50,000
S056 MEDICAL ADMINISTRATION-93.778	119,200	126,334	-60,662	65,672	0
S065 SOC. SER. BLK. GR. - 93.667	782,568	652,285	-65,359	586,926	0
S067 FOSTER CARE IV-E-93.658	254,047	1,304,830	-862,618	442,212	0
S069 VR IL OLDER BLIND 84.177	53,419	53,617	12,603	66,220	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: NORTHEAST HSC

Reporting Level: 00-325-410-74-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S070 FC ADOPTION ASSIST. 93.659	0	89	-89	0	0
S071 PROMOTING SAFE & STABLE FAMILIES IV	27,489	44,000	0	44,000	0
S073 CHILD WELFARE SERVICES-93.645	12,300	0	0	0	0
S079 ACCESS AND VISITATION PROGRAM 93.59	24,642	0	0	0	0
S085 PART C-84.181	430,845	361,960	-200,945	161,015	0
S090 AGING ADMINISTRATION - 02	32,290	31,250	0	31,250	0
S091 TITLE III B - 00	0	40,686	14	40,700	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	26,249	141,845	14,306	156,151	0
S109 CCDF - DISCRETIONARY FUNDS	104,995	98,350	3,056	101,406	0
S114 TANF BLOCK GRANT	81,357	91,703	-7,842	83,861	0
S115 CHILD CARE DEVELOPMENT FUND	0	304	-304	0	0
S116 LIHEAP - 93.028	0	811	-811	0	0
S142 REFUGEE ASSISTANCE CMA 93.026	0	51	-51	0	0
S516 DPI-NATL SCHOOL LUNCH (NEHSC)	16,082	20,000	-1,168	18,832	0
S700 RETIRED SENIOR VOLUNTEER PROGRAM	139,947	0	0	0	0
Z253 FOSTER GRANDPARENT	659,322	858,998	-15,799	843,199	0
TOTAL	**9,738,440**	**10,754,962**	**194,849**	**10,949,811**	**50,000**
SPECIAL FUNDS					
360 HUMAN SERVICES DEPARTMENT FUND 325C	0	0	0	0	0
Z251 NEHSC-OTHER	1,450,264	831,703	40,054	871,757	0
TOTAL	**1,450,264**	**831,703**	**40,054**	**871,757**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: NORTHEAST HSC

REPORTING LEVEL: 00-325-410-74-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	4.00	-282,049	765,197	130,506	613,654
3 Operating Expenditure Changes	.00	20,684	-308,983	-90,452	-378,751
7 FMAP Changes	.00	281,882	-281,882	0	0
9 Provider Inflation	.00	112,903	0	0	112,903
10 FMAP Update	.00	-20,517	20,517	0	0
Agency Total	**4.00**	**112,903**	**194,849**	**40,054**	**347,806**
13 NE Prairie Harvest SMI Supported Residential Ser	.00	88,899	50,000	0	138,899
14 NE Centre Inc Adolescent Residential Increase	.00	68,013	0	0	68,013
15 NE Centre Inc SMI/CD Adut Residential Increase	.00	63,232	0	0	63,232
16 NE Psych Social Rehabilitation Center	.00	10,000	0	0	10,000
Optional Total	**.00**	**230,144**	**50,000**	**0**	**280,144**

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management
- Day Supports
- Infant Development

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination

- Case Aide Services
- Crisis Residential/Safe beds
- Flexible funding

Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:

- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services

- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential
- Short Term Hospital
- Lab and Clinical Screening

Substance Abuse Services
Care Coordination/Case Aide
Evaluation
Social and Medical Detoxification Services
Needs based array of primary treatment services

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

- Low intensity outpatient
- Intensive outpatient
- Day treatment

Needs validated residential services
Medication/Medical monitoring/Management

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services

- Screening
- Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002 5305 unduplicated clients served (do not have breakdown)

SFY 2003 3425 adults served
934 children served

SFY 2004 3346 adults served
988 children served

(Does not include VR for SFY 2003 and 2004)

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

Total budget $22,692,056

Salaries $17,404,272 76.7%
This part of the budget has funding for 183.60 FTE's along with funding for 3 temporary positions and temporary salaries for 50 clients in a sheltered workshop -(day support services)

Building Operating Costs $688,277
This amount includes the telephone budget, utilities budget, janitorial services, snow removal services, building repairs and building maintenance supplies.

Program Operating costs $310,142
This amount includes all the offices supplies, printing, postage, food, drugs, equipment and building rental costs, equipment under $5000..

Operating Fees: $223,922
This amount includes licenses and taxes(special assessments on building), advertising services, freight and miscellaneous costs.

Travel $348,313
This amount is for emloyee travel. This budget includes the mileage costs for state fleet vehicles. Southeast has a fleet of 26 vans and cars.

Staff and Professional Costs: $83,804
This item includes professional development and supplies and materials.

Capital Payments $ 564,328
This amount is for principal and interest payments for the bond issue on the Southeast Human Service Center Facility. Bonds will be fully paid the year 2011. Initial bond issue was $2,475,000.

Equipment over $5,000: $19,000
This item is for a one large and one small copier

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

Grants: $ 3,232,213 14.2%
The Southeas Human Service center provides a variety of contracted services. This budget item has contracts for

Adults Protective Svc	80,800
Case Aide	211,222
DD Services	164,592
Inpatient Hospitalization	362,192
Psych / Social Club	185,299
Psychiatric / Psychological/ Medical	51,990
Crisis Care / Safe Beds	834,651
Residential Services CD/SMI	1,201,941
Dextoxification	24,559
Flex Funds – Partnership	59,324
Care Coordination	55,643

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	20,294,803	20,896,483	1,795,572	22,692,055	299,974
TOTAL	**20,294,803**	**20,896,483**	**1,795,572**	**22,692,055**	**299,974**
SPECIAL LINES					
GENERAL FUND	8,758,489	9,457,220	62,346	9,519,566	259,729
FEDERAL FUNDS	10,296,231	10,372,181	1,581,483	11,953,664	40,245
SPECIAL FUNDS	1,240,083	1,067,082	151,743	1,218,825	0
TOTAL	**20,294,803**	**20,896,483**	**1,795,572**	**22,692,055**	**299,974**
PROGRAM FUNDING SOURCES					
GENERAL FUND	8,758,489	9,457,220	62,346	9,519,566	259,729
FEDERAL FUNDS	10,296,231	10,372,181	1,581,483	11,953,664	40,245
SPECIAL FUNDS	1,240,083	1,067,082	151,743	1,218,825	0
PROGRAM FUNDING TOTAL	**20,294,803**	**20,896,483**	**1,795,572**	**22,692,055**	**299,974**
FTE EMPLOYEES	**195.75**	**181.20**	**2.40**	**183.60**	**3.00**
FUNDING DETAIL					
GENERAL FUND	**8,758,489**	**9,457,220**	**62,346**	**9,519,566**	**259,729**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	0	19	-19	0	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	654,050	1,125,451	729,905	1,855,356	0
S023 TITLE V - 93.994	0	32	-32	0	0
S025 FOOD STAMP PROG. 10.561	0	3,020	-3,020	0	0
S029 PROJ FOR HOMELESS - PATH	71,250	73,824	-74	73,750	0
S035 CHILD SUPPORT ENFORCE 93.563	0	110	-110	0	0
S040 VOC. REHAB. BASIC SUPP. 84.126	949,345	1,029,126	-3,059	1,026,067	0
S055 MEDICAL ASSISTANCE-93.778	6,308,508	5,848,443	625,054	6,473,497	40,245
S056 MEDICAL ADMINISTRATION-93.778	104,586	104,734	-36,027	68,707	0
S058 CHIP - MAP & MA ADMIN 93.767	0	0	0	0	0
S065 SOC. SER. BLK. GR. - 93.667	1,042,566	976,401	11	976,412	0
S067 FOSTER CARE IV-E-93.658	149,778	257,068	81,493	338,561	0
S069 VR IL OLDER BLIND 84.177	55,368	43,133	2,397	45,530	0
S070 FC ADOPTION ASSIST. 93.659	0	37	-37	0	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: SOUTHEAST HSC

Reporting Level: 00-325-410-75-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S079 ACCESS AND VISITATION PROGRAM 93.59	69,100	0	0	0	0
S085 PART C-84.181	331,997	365,751	-16,607	349,144	0
S090 AGING ADMINISTRATION - 02	31,250	31,287	-37	31,250	0
S091 TITLE III B - 00	14,456	0	53,300	53,300	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	16,138	183,941	18,777	202,718	0
S096 ELDER ABUSE PREVENTION	14,660	80,800	-53,300	27,500	0
S109 CCDF - DISCRETIONARY FUNDS	117,212	114,588	22,864	137,452	0
S114 TANF BLOCK GRANT	212,665	132,260	162,160	294,420	0
S115 CHILD CARE DEVELOPMENT FUND	0	557	-557	0	0
S116 LIHEAP - 93.028	0	1,580	-1,580	0	0
S142 REFUGEE ASSISTANCE CMA 93.026	0	19	-19	0	0
S701 RETIRED SENIOR VOLUNTEER PROGRAM-SE	153,302	0	0	0	0
TOTAL	**10,296,231**	**10,372,181**	**1,581,483**	**11,953,664**	**40,245**
SPECIAL FUNDS					
Z261 SEHSC-OTHER	1,240,083	1,067,082	151,743	1,218,825	0
TOTAL	**1,240,083**	**1,067,082**	**151,743**	**1,218,825**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: SOUTHEAST HSC

REPORTING LEVEL: 00-325-410-75-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	2.40	-623,472	1,543,505	194,642	1,114,675
1 Capital Assets	.00	517,231	66,021	76	583,328
3 Operating Expenditure Changes	.00	-168,557	264,482	-42,975	52,950
7 FMAP Changes	.00	315,488	-315,488	0	0
9 Provider Inflation	.00	44,619	0	0	44,619
10 FMAP Update	.00	-22,963	22,963	0	0
Agency Total	**2.40**	**62,346**	**1,581,483**	**151,743**	**1,795,572**
OPTIONAL REQUEST					
17 SE Mental Health Crises Bed	.00	55,000	0	0	55,000
18 SE Addiction Case Manager Youth Programs	1.00	77,998	0	0	77,998
19 SE Licensed Addiction Counselor Youth	1.00	86,486	0	0	86,486
20 SE Licensed Practical Nurse	1.00	40,245	40,245	0	80,490
Optional Total	**3.00**	**259,729**	**40,245**	**0**	**299,974**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management
- Infant Development

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - o Care Coordination
  - o Acute/Clinical Services as deemed appropriate

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

Level II Criteria
- o Care Coordination
- o Case Aide Services
- o Crisis Residential/Safe beds
- o Flexible funding
- o Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:
- o Self Harm/Suicide
- o Child Abuse and Neglect
- o Foster Care/ Subsidized Adoption
- o Acute Psychiatric

Services
- o Psychological evaluation and testing
- o Psychiatric evaluation
- o Clinical evaluation
- o Individual Therapy
- o Group Therapy
- o Family Therapy
- o Clinical Case Management
- o Medication Management
- o Crisis Residential
- o Short Term Hospital
- o Lab and Clinical Screening

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

Substance Abuse Services
- Care Coordination/Case Aide
- Evaluation
- Social Detoxification Services
- Needs based array of primary treatment services
  - o Low intensity outpatient
  - o Intensive outpatient
  - o Day treatment
- Needs validated residential services
- Medication/Medical monitoring/Management

Crisis/Emergency Response Services
- 24-hour a day/7-days a week crisis call response from a designated, trained Center employee
- Regional Intervention Services
  - o Screening
  - o Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002	3545 adults and children served
SFY 2003	2261 adults served 811 children served

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

SFY 2004

2168 adults served
796 children served

(Does not include VR for SFY 2003 and 2004)

EXPLANATION OF PROGRAM COSTS

The budget includes 88 FTE's along with funding of $137,000 to cover 4 part time temporary employees, on-call coverage for weekends, shift differential, and advisory board members. The salary costs comprise approximately 69% of the budget request.

The building rent is $ 622,000, which is approximately 5.3% of the budget request. Travel is approximately 2.2% of the budget request, or $ 261,000. This amount covers travel throughout the region by case managers and travel to our satellite clinics by the clinical staff. The costs for telephone, including CATS/WATS usage, are $ 109,000 or 1% of the budget request.

The budget includes $ 1,972,728 for grant costs as follows: (16.8% fo the budget request)

Adults Protective Services	37,500
Case Aide	15,000
DD Services	172,124
Psych / Social Club	188,824
Crisis Care / Safe Beds	419,520
Residential Services	630,680
Dextoxification	50,270
Substance Abuse / Treatment	458,810

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	11,049,212	11,473,954	238,909	11,712,863	0
TOTAL	**11,049,212**	**11,473,954**	**238,909**	**11,712,863**	**0**
SPECIAL LINES					
GENERAL FUND	5,362,694	5,531,905	61,189	5,593,094	0
FEDERAL FUNDS	4,666,522	5,095,879	167,293	5,263,172	0
SPECIAL FUNDS	1,019,996	846,170	10,427	856,597	0
TOTAL	**11,049,212**	**11,473,954**	**238,909**	**11,712,863**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	5,362,694	5,531,905	61,189	5,593,094	0
FEDERAL FUNDS	4,666,522	5,095,879	167,293	5,263,172	0
SPECIAL FUNDS	1,019,996	846,170	10,427	856,597	0
PROGRAM FUNDING TOTAL	**11,049,212**	**11,473,954**	**238,909**	**11,712,863**	**0**
FTE EMPLOYEES	**90.00**	**88.00**	**.00**	**88.00**	**.00**
FUNDING DETAIL					
GENERAL FUND	**5,362,694**	**5,531,905**	**61,189**	**5,593,094**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	116,523	155,675	-18,340	137,335	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	441,562	434,736	52,773	487,509	0
S025 FOOD STAMP PROG. 10.561	0	1,679	-1,679	0	0
S029 PROJ FOR HOMELESS - PATH	76,572	74,586	-836	73,750	0
S040 VOC. REHAB. BASIC SUPP. 84.126	676,818	740,801	-7,389	733,412	0
S055 MEDICAL ASSISTANCE-93.778	2,401,055	2,563,494	216,043	2,779,537	0
S056 MEDICAL ADMINISTRATION-93.778	99,641	57,274	8,322	65,596	0
S065 SOC. SER. BLK. GR. - 93.667	622,563	509,200	5,170	514,370	0
S067 FOSTER CARE IV-E-93.658	39,429	33,088	387	33,475	0
S069 VR IL OLDER BLIND 84.177	24,670	48,655	8,233	56,888	0
S085 PART C-84.181	54,602	202,759	-111,721	91,038	0
S090 AGING ADMINISTRATION - 02	31,250	31,250	0	31,250	0
S091 TITLE III B - 00	13,568	38,292	-792	37,500	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	20,237	149,422	14,704	164,126	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: SOUTH CENTRAL HSC

Reporting Level: 00-325-410-76-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007	
S109 CCDF - DISCRETIONARY FUNDS	0	15	-15	0		0
S114 TANF BLOCK GRANT	48,032	54,923	2,463	57,386		0
S116 LIHEAP - 93.028	0	30	-30	0		0
TOTAL	**4,666,522**	**5,095,879**	**167,293**	**5,263,172**		**0**
SPECIAL FUNDS						
Z271 SCHSC-OTHER	1,019,996	846,170	10,427	856,597		0
TOTAL	**1,019,996**	**846,170**	**10,427**	**856,597**		**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: SOUTH CENTRAL HSC

REPORTING LEVEL: 00-325-410-76-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.00	-200,122	232,293	78,653	110,824
3 Operating Expenditure Changes	.00	74,520	60,602	-68,226	66,896
7 FMAP Changes	.00	135,462	-135,462	0	0
9 Provider Inflation	.00	61,189	0	0	61,189
10 FMAP Update	.00	-9,860	9,860	0	0
Agency Total	**.00**	**61,189**	**167,293**	**10,427**	**238,909**

Program: WEST CENTRAL HSC

Reporting Level: 00-325-410-77-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Rehabilitation Technology Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination
  - Case Aide Services

- Crisis Residential/Safe beds
- Flexible funding
- Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services
Core Populations:

- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services

- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential
- Short Term Hospital
- Lab and Clinical Screening

Substance Abuse Services
Care Coordination/Case Aide
Evaluation
Social and Medical Detoxification Services
Needs based array of primary treatment services

- Low intensity outpatient

- Intensive outpatient
- Day treatment

Needs validated residential services
Medication/Medical monitoring/Management

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services

- Screening
- Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

Unduplicated Number of Clients Served (Does not include VR for SFY 2003 and 2004)

SFY 2002	5,260 clients served
SFY 2003	3,001 adults served 1,215 children served
SFY 2004	2,690 adults served 1,050 children served

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: WEST CENTRAL HSC

Reporting Level: 00-325-410-77-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

Salaries and benefits account for 63% of the budget request and include funding for 124.5 regular employees, per diem for 15 Advisory Council members, overtime used in supporting the Regional Office Automation Project (ROAP) and four part time temporary employees - $11.4 million. The temporary staff include a half-time clerical trainee, a half-time aide who assists in transporting our Vision Specialist on client visits, a .4 fte equivalent that provides outreach services through our Beulah office and a half-time Research Analyst who assists the chairperson of the DHS Institutional Review Board.

FTE has been increased by .5 FTE for a child care licensing position which was previously funded at BLHSC and the individual served both regions. That individual resigned and the position was split .5 for WC and .5 for BL.

Operating expenses account for 11% of the budget request with Building Rent accounting for 53% of operating costs. The vast majority of building rent is tied to our main office building, which is based on approximately 38,555 square feet at a cost of $13 per square foot ($1,002,419 for the biennium). Other building rent is associated with our Beulah office and supported living apartments for Substance Abuse, Developmentally Disabled and Seriously Mentally Ill clients ($65,178 for the biennium). Travel cost make up 18% of the operating request of which 90% is used for motor pool ($277,262) and personal vehicle mileage reimbursement ($57,111). Operating fees account for 8% of the operating request with 68% of the operating fees being tied to Respite Care services provided through our National Family Caregiver Support Program ($115,171). Other operating fees are tied to Wrap Around services, staff license renewal, research fees, recruitment advertising services and the DHS service award program. IT-Telephone accounts for 6% of the operating request and is based on historical usage and projected rates from the Information Technology Department ($127,769). The remaining operating costs are tied primarily to Office Supplies, Postage, Professional Development, Repairs, Printing, Professional Supplies and Client Medications.

Equipment over $5000 includes the replacement of one existing copier.

Grants account for 25.5% of the budget request and include funding for approximately 45 contracts\grants. The majority of contracted services are provided in the following areas.

Psychiatric\Psychological\Medical Services -- $432,240
Respite Care -- $60,000
Residential services for Chemically Dependent (CD), Seriously Mentally Ill (SMI) and Emotionally Disturbed (ED) clients -- $2,056,901
Case Aide services for CD, SMI and ED clients -- $1,189,421 -- 26% of total grants
Short Term Inpatient Hospitalization for CD and SMI clients -- $125,000 -- 3% of total grants
Development Disabilities - Experienced Parent services -- $130,000 -- 3% of total grants
SMI Psych-Social Club -- $180,976 -- 4% of total grants
Detoxification service for CD clients -- $63,000 -- 1% of total grants
Substance Abuse Treatment or Prevention services -- $184,200 -- 4% of total grants
Flex Funds and Care Coordination tied to the Partnership Program -- $103,600 -- 2% of total grants

Program: WEST CENTRAL HSC **Reporting Level:** 00-325-410-77-00-00-00-00000000

The West Central Human Service Center budget request is funded with approximately 48% general funds, 48% federal funds and 4% special funds.

The Federal Funding comes from four major sources: Medical Assistance; Substance Abuse Prevention & Treatment; Vocational Rehabilitation; and Social Service Block Grant

The Special Funding primarily consists of client collection fees.

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: WEST CENTRAL HSC

Reporting Level: 00-325-410-77-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	17,616,102	17,783,656	163,715	17,947,371	17,400
TOTAL	**17,616,102**	**17,783,656**	**163,715**	**17,947,371**	**17,400**
SPECIAL LINES					
GENERAL FUND	8,357,388	8,463,209	90,958	8,554,167	17,400
FEDERAL FUNDS	8,035,427	8,559,317	71,647	8,630,964	0
SPECIAL FUNDS	1,223,287	761,130	1,110	762,240	0
TOTAL	**17,616,102**	**17,783,656**	**163,715**	**17,947,371**	**17,400**
PROGRAM FUNDING SOURCES					
GENERAL FUND	8,357,388	8,463,209	90,958	8,554,167	17,400
FEDERAL FUNDS	8,035,427	8,559,317	71,647	8,630,964	0
SPECIAL FUNDS	1,223,287	761,130	1,110	762,240	0
PROGRAM FUNDING TOTAL	**17,616,102**	**17,783,656**	**163,715**	**17,947,371**	**17,400**
FTE EMPLOYEES	**142.65**	**124.00**	**.50**	**124.50**	**.00**
FUNDING DETAIL					
GENERAL FUND	**8,357,388**	**8,463,209**	**90,958**	**8,554,167**	**17,400**
FEDERAL FUNDS					
S002 DISABILITY DETERMINATION SERVICES-9	274	0	0	0	0
S003 MENTAL HEALTH BLOCK GRANT - 00	38,293	0	35,044	35,044	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	582,758	1,530,850	159,923	1,690,773	0
S029 PROJ FOR HOMELESS - PATH	70,335	73,750	0	73,750	0
S040 VOC. REHAB. BASIC SUPP. 84.126	1,143,306	1,197,359	-25,061	1,172,298	0
S055 MEDICAL ASSISTANCE-93.778	4,619,969	4,025,286	-97,456	3,927,830	0
S056 MEDICAL ADMINISTRATION-93.778	113,676	63,488	12,019	75,507	0
S065 SOC. SER. BLK. GR. - 93.667	968,684	875,672	-29,332	846,340	0
S067 FOSTER CARE IV-E-93.658	224,742	222,577	-60,012	162,565	0
S069 VR IL OLDER BLIND 84.177	46,967	56,276	5,982	62,258	0
S073 CHILD WELFARE SERVICES-93.645	10,822	0	0	0	0
S085 PART C-84.181	25,607	92,000	50,000	142,000	0
S090 AGING ADMINISTRATION - 02	31,250	31,250	0	31,250	0
S091 TITLE III B - 00	14,091	71,879	-13,779	58,100	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: WEST CENTRAL HSC

Reporting Level: 00-325-410-77-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S094 TITLE III E - FAMILY CAREGIVER SUPP	31,174	198,812	4,359	203,171	0
S109 CCDF - DISCRETIONARY FUNDS	0	0	47,446	47,446	0
S114 TANF BLOCK GRANT	99,769	120,118	-17,486	102,632	0
S515 DPI-NATL SCHOOL LUNCH (WCHSC)	13,710	0	0	0	0
TOTAL	**8,035,427**	**8,559,317**	**71,647**	**8,630,964**	**0**
SPECIAL FUNDS					
Z201 WCHSC-OTHER	1,223,287	761,130	1,110	762,240	0
TOTAL	**1,223,287**	**761,130**	**1,110**	**762,240**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: WEST CENTRAL HSC

REPORTING LEVEL: 00-325-410-77-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	.50	-35,811	69,173	79,503	112,865
1 Capital Assets	.00	9,756	1,244	0	11,000
3 Operating Expenditure Changes	.00	-136,424	178,721	-78,393	-36,096
7 FMAP Changes	.00	191,424	-191,424	0	0
9 Provider Inflation	.00	75,946	0	0	75,946
10 FMAP Update	.00	-13,933	13,933	0	0
Agency Total	**.50**	**90,958**	**71,647**	**1,110**	**163,715**
20 SE Licensed Practical Nurse	.00	17,400	0	0	17,400
Optional Total	**.00**	**17,400**	**0**	**0**	**17,400**

Program: BADLANDS HSC

Reporting Level: 00-325-410-78-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

The following are the core services delivered at the HSC.

Aging Services:
- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities
- Case Management
- Extended Services

Vocational Rehabilitation
- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Supported Employment Services
- Rehabilitation Technology Services
- Business Services including ADA Consultation and Assessment

Child Welfare Services
- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health
- Level I Criteria
  - o Care Coordination
  - o Acute/Clinical Services as deemed appropriate

Program: BADLANDS HSC

Reporting Level: 00-325-410-78-00-00-00-00000000

Level II Criteria
- Care Coordination
- Case Aide Services
- Flexible funding
- Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)
Care Coordination
Case Aide Services
Needs-based array of residential services
Community Support Services
Medical Management
Acute/Clinical Services as deemed clinically appropriate
Homeless Casemangment

Acute Clinical Services
Core Populations:
- Self Harm/Suicide
- Child Abuse and Neglect
- Foster Care/ Subsidized Adoption
- Acute Psychiatric

Services
- Psychological evaluation and testing
- Psychiatric evaluation
- Clinical evaluation
- Individual Therapy
- Group Therapy
- Family Therapy
- Clinical Case Management
- Medication Management
- Crisis Residential
- Short Term Hospital

Substance Abuse Services
Care Coordination/Case Aide
Evaluation
Social and Medical Detoxification Services

Program: BADLANDS HSC | **Reporting Level:** 00-325-410-78-00-00-00-00000000

Needs based array of primary treatment services
- o Low intensity outpatient
- o Intensive outpatient
- o Day treatment

Needs validated residential services

Crisis/Emergency Response Services
24-hour a day/7-days a week crisis call response from a designated, trained Center employee
Regional Intervention Services
- o Screening
- o Gatekeeping/referral

Performance Measures include:

1. Human Service Centers will provide for the delivery of core services at a level that meets the needs of their region.
2. Human Service Centers will meet the program goals established through the Department's strategic planning process.
3. Human Service Centers will maintain an overall client satisfaction rating of 80%.

At this time the Department is working on trend data for the above program measures.

Benchmarks were established internally based on best practice information available in program literature when available.

PROGRAM STATISTICAL DATA

SFY 2002 2,670

SFY 2003 1707 adults served
701 children served

SFY 2004 1384 adults served
565 children served

(Does not include VR for SFY 2003 and 2004)

Program: BADLANDS HSC

Reporting Level: 00-325-410-78-00-00-00-00000000

EXPLANATION OF PROGRAM COSTS

Salary and Wages amount to $6,704,368. This includes funding for 76.7 FTE's. Also included in this amount is funding for part-time and temporary employees, this amounts to $162,000. Temporary, shift differential, and overtime salaries are necessary for such programs as SMI residential, partnership case aide services and support services. The salary costs comprise approximately 75% of the budget.

FTE were reduced by 1.3. FTE of .8 is related to the retirement of the VR supervisor at BL. The remaining .5 is a child care licensing position which was previously funded as a 1.0 FTE at BLHSC and the individual served both WC and BL regions. That individual resigned and the position was split .5 for WC and .5 for BL.

The operating costs of $1,064,036 comprise approximately 12% of our budget. Major operating costs include telephone service - $84,528; travel - $155,500; lease of space - $423,361; operating fees - $149,219 (which includes primarily Part C funding for services, Respite for National Family caregiver funds and staff licenses); and supplies (office, psychological, medications, food for our SMI residential program and miscellaneous supplies) $155,075.

Our contracts amount to $1,178,840, approximately 13% of our budget. The table below details our contracts.

Psychiatry	$460,800
Residential A/D Adult	$246,740
Residential A/D Adolescent	$36,000
Short Term Inpatient	$94,500
Care Coordination	$47,800
Adult Protective Services	$45,000
Psycho / Social Club	$170,000
Job Coach	$72,000
VR Medical Consultation	$6,000

PROGRAM GOALS AND OBJECTIVES

To provide for community-based evaluation and treatment services that improve the safety and well-being of people whose functioning is affected by mental illness, developmental disabilities, substance abuse, physical disabilities, or who are vulnerable due to abuse or neglect.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: BADLANDS HSC

Reporting Level: 00-325-410-78-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	9,364,087	8,980,522	-33,278	8,947,244	0
TOTAL	**9,364,087**	**8,980,522**	**-33,278**	**8,947,244**	**0**
SPECIAL LINES					
GENERAL FUND	4,453,859	4,365,904	-70,000	4,295,904	0
FEDERAL FUNDS	3,712,870	3,798,114	47,039	3,845,153	0
SPECIAL FUNDS	1,197,358	816,504	-10,317	806,187	0
TOTAL	**9,364,087**	**8,980,522**	**-33,278**	**8,947,244**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	4,453,859	4,365,904	-70,000	4,295,904	0
FEDERAL FUNDS	3,712,870	3,798,114	47,039	3,845,153	0
SPECIAL FUNDS	1,197,358	816,504	-10,317	806,187	0
PROGRAM FUNDING TOTAL	**9,364,087**	**8,980,522**	**-33,278**	**8,947,244**	**0**
FTE EMPLOYEES	**89.50**	**78.00**	**-1.30**	**76.70**	**.00**
FUNDING DETAIL					
GENERAL FUND	**4,453,859**	**4,365,904**	**-70,000**	**4,295,904**	**0**
FEDERAL FUNDS					
S003 MENTAL HEALTH BLOCK GRANT - 00	218,897	137,335	0	137,335	0
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	217,570	253,160	84,562	337,722	0
S025 FOOD STAMP PROG. 10.561	0	499	-499	0	0
S029 PROJ FOR HOMELESS - PATH	69,995	75,338	-1,588	73,750	0
S040 VOC. REHAB. BASIC SUPP. 84.126	729,814	847,792	-50,728	797,064	0
S048 SUPPORTED EMPLOY.VI-C-84.187	105,036	0	0	0	0
S055 MEDICAL ASSISTANCE-93.778	1,581,476	1,747,424	-45,380	1,702,044	0
S056 MEDICAL ADMINISTRATION-93.778	33,939	5,732	-1,423	4,309	0
S065 SOC. SER. BLK. GR. - 93.667	437,581	354,014	7,846	361,860	0
S067 FOSTER CARE IV-E-93.658	31,572	32,889	17,057	49,946	0
S069 VR IL OLDER BLIND 84.177	54,662	42,145	3,683	45,828	0
S073 CHILD WELFARE SERVICES-93.645	6	0	0	0	0
S085 PART C-84.181	16,527	35,000	41,500	76,500	0
S090 AGING ADMINISTRATION - 02	31,250	31,250	0	31,250	0

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: BADLANDS HSC

Reporting Level: 00-325-410-78-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
S091 TITLE III B - 00	6,599	77	20,323	20,400	0
S094 TITLE III E - FAMILY CAREGIVER SUPP	14,969	55,895	28,714	84,609	0
S098 OMBUDSMAN ACTIVITY	0	32,400	-20,400	12,000	0
S109 CCDF - DISCRETIONARY FUNDS	113,676	100,969	-54,110	46,859	0
S114 TANF BLOCK GRANT	49,301	46,195	17,482	63,677	0
TOTAL	**3,712,870**	**3,798,114**	**47,039**	**3,845,153**	**0**
SPECIAL FUNDS					
Z211 BLHSC - OTHER	1,197,358	816,504	-10,317	806,187	0
TOTAL	**1,197,358**	**816,504**	**-10,317**	**806,187**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: BADLANDS HSC

REPORTING LEVEL: 00-325-410-78-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-1.30	-331,699	259,790	-25,334	-97,243
3 Operating Expenditure Changes	.00	184,561	-135,613	15,017	63,965
7 FMAP Changes	.00	83,193	-83,193	0	0
10 FMAP Update	.00	-6,055	6,055	0	0
Agency Total	**-1.30**	**-70,000**	**47,039**	**-10,317**	**-33,278**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: STATE HOSPITAL - TRADITIONAL

Reporting Level: 00-325-420-00-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

All benchmarks were internally established.

Result #1:

The North Dakota State Hospital in collaboration with the Human Service Centers to discharge 10 chronic individuals to non acute settings by June of 2007.
No interim reports available on this measure.

Result #2:

62% of substance abuse clients reviewed on a quarterly basis will show improved functioning in at least four (4) life areas between admission and six months from treatment discharge.
No data available for this performance measure because the wording of the measure may be changed and consideration of a change in the intrument used to measure results.

Result #3:

90% of individuals with serious mental illness reviewed on a quarterly basis will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment of Functioning Scale.
83% of individuals discharged from the Adult Psychiatric Service from January 1, 2004 to March 31, 2004 showed improved GAF scores.

Result #4:

90% of children and youth reviewed on a quarterly basis will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment Functioning Scale.
This standard has been met, with an average 20 point increase in GAF scores during the January 1, 2004 to March 31, 2004 quarter.

Result #5:

Individuals in the traditional programs will have available to them 32 hours of treatment services per week per patient.
This standard has been met, with over 32 hours of treatment available to individuals in the State Hospital's traditional services per week.

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: STATE HOSPITAL - TRADITIONAL | **Reporting Level:** 00-325-420-00-00-00-00-00000000

One Center:

Result #1:

90% of individuals will report satisfaction with treatment as indicated by approval scores of "3" or above on a 5 point scale in the consumer survey.
This standard has been met, with over 90% of individuals reporting approval scores of 3+.

PROGRAM STATISTICAL DATA

Services

The North Dakota State Hospital provides psychiatric and chemical dependency treatment to North Dakotans who require in-patient or specialized residential care.

Programs and services are delivered by a wide variety of clinical and support staff. Clinical disciplines include: psychiatry, psychology, nursing, social work, addiction counseling, chaplaincy, education, occupational therapy, therapeutic recreation, and vocational rehabilitation.

Support services include: adult and adolescent education, plant services, housekeeping, library, chaplaincy, and barber and hairdressing services.

Ancillary services include: dental, pharmacy, lab, x-ray, and medical services for physical problems.

Patient Census

Estimated patient daily census by treatment program: Adult Psychiatric Services - 64, Child and Adolescent Services - 8, Chemical Dependency Inpatient Services - 16, Tompkins Rehabilitation Center(contracted services for Department of Corrections) - 80, and Transitional Living residential services - 12 Total Budgeted Daily Patient Census - 180

During fiscal year 2004, the North Dakota State Hospital served 1,337 patients.

Transitional Living - 55

Prairie Rose (Adolescent Inpatient) - 81

Chemical Dependency Services - 285

Tompkins Program - 409

Adult Psychiatric Services (including Secure Services) - 507

EXPLANATION OF PROGRAM COSTS

This budget includes 369.625 FTEs. Salaries comprise 82.6% of the total budget - $33.1 million.

- The budget for the patient Work Activity program is $316,004 and shift differential for staff working nights and weekends is $626,418.

Program: STATE HOSPITAL - TRADITIONAL | **Reporting Level:** 00-325-420-00-00-00-00-00000000

- The utilities budget includes payments of $632,000 to GE Public Finance for an energy project, which will be paid with utilities cost savings.
- Professional Services includes legal services for patient commitment hearings, consultants for pharmacy and lab, contracted physician services in radiology, family practice, podiatry and neurology, contracted physical therapy services, contracted chaplaincy services and contracted work activity services for patients.
- Food costs are based on a contract with DOCR to provide meals and snacks for patients at a rate of $2.53 per meal for the first year of the biennium and $2.68 per meal in the second year, plus $2,600 per month for paper products.
- Medical, Dental and Optical supplies are budgeted at $1,784,026, most of which are pharmaceuticals.
- Bond payments for the biennium are budgeted at $497,533. The bonds will be paid off in the 2009-2011 biennium.
- Risk Management contribution was budgeted at $54,419.

PROGRAM GOALS AND OBJECTIVES

Goal:

To assist people with serious and persistent mental illness, substance abuse and addiction disorder, serious emotional disorders, acute mental health needs to receive services in the least restrictive appropriate setting.

Objective:
Develop a long-range plan that considers community service options and a financing mechanism for the transition of individuals from the State Hospital to the community.

Goal:
Determine who should serve the Chronic Serious and Persistent Mentally ill and Co-occurring population on a long-term basis – Community or Institution?

Objectives:
Study the issue of housing and services for individuals with Chronic Serious and Persistent Mental illness.
Study the issue of housing and services for individuals with Chronic Co-occurring Disorders.

Goal:
Determine if the State Hospital has a role beyond that of a short-term inpatient unit for youth.
To assure that the most vulnerable of youth have a safe and structured environment.

Objectives:
Determine the role and responsibilities of the State Hospital in treatment of youth populations.

Program: STATE HOSPITAL - TRADITIONAL | **Reporting Level:** 00-325-420-00-00-00-00-00000000

Goal:
The goal is to retain and recruit quality staff.

Objective:
Develop recruitment, retention and human development strategies in order to retain and recruit quality staff.

Goal:
To maintain an institutional environment where consumers are comfortable with expressing their concerns, ideas and recommendations to staff and senior leadership.

Objective:
To have organized meetings and forums for consumers.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004 **Time:** 14:16:09

Program: STATE HOSPITAL - TRADITIONAL

Reporting Level: 00-325-420-00-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	46,940,514	39,926,351	160,882	40,087,233	948,550
TOTAL	**46,940,514**	**39,926,351**	**160,882**	**40,087,233**	**948,550**
SPECIAL LINES					
GENERAL FUND	32,024,948	23,481,355	1,401,392	24,882,747	948,550
FEDERAL FUNDS	5,430,067	4,093,801	85,921	4,179,722	0
SPECIAL FUNDS	9,485,499	12,351,195	-1,326,431	11,024,764	0
TOTAL	**46,940,514**	**39,926,351**	**160,882**	**40,087,233**	**948,550**
PROGRAM FUNDING SOURCES					
GENERAL FUND	32,024,948	23,481,355	1,401,392	24,882,747	948,550
FEDERAL FUNDS	5,430,067	4,093,801	85,921	4,179,722	0
SPECIAL FUNDS	9,485,499	12,351,195	-1,326,431	11,024,764	0
PROGRAM FUNDING TOTAL	**46,940,514**	**39,926,351**	**160,882**	**40,087,233**	**948,550**
FTE EMPLOYEES	**481.10**	**390.36**	**-20.74**	**369.63**	**.00**
FUNDING DETAIL					
GENERAL FUND	**32,024,948**	**23,481,355**	**1,401,392**	**24,882,747**	**948,550**
FEDERAL FUNDS					
S019 SUBSTANCE ABUSE PREVENTION TREATMEN	342	0	0	0	0
S055 MEDICAL ASSISTANCE-93.778	5,423,438	4,091,801	85,921	4,177,722	0
S065 SOC. SER. BLK. GR. - 93.667	141	0	0	0	0
S802 HIV-TESTING (STATE LAB)	1,371	2,000	0	2,000	0
S804 INDIAN HEALTH SER.-ST. HOSP.	775	0	0	0	0
S805 COMMERCE DEPT-PASS THROUGH	4,000	0	0	0	0
TOTAL	**5,430,067**	**4,093,801**	**85,921**	**4,179,722**	**0**
SPECIAL FUNDS					
Z095 STATE HOSPITAL- OTHER FUNDS	9,485,499	12,351,195	-1,326,431	11,024,764	0
TOTAL	**9,485,499**	**12,351,195**	**-1,326,431**	**11,024,764**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: STATE HOSPITAL - TRADITIONAL

REPORTING LEVEL: 00-325-420-00-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-20.74	-37,193	155,265	-671,610	-553,538
1 Capital Assets	.00	497,533	0	0	497,533
3 Operating Expenditure Changes	.00	752,268	119,440	-654,821	216,887
7 FMAP Changes	.00	203,603	-203,603	0	0
10 FMAP Update	.00	-14,819	14,819	0	0
Agency Total	**-20.74**	**1,401,392**	**85,921**	**-1,326,431**	**160,882**
22 SH Equity Increase for Mental Health Care Special	.00	240,000	0	0	240,000
24 SH Extraordinary Repairs	.00	558,550	0	0	558,550
25 SH Equipment Over $5000	.00	150,000	0	0	150,000
Optional Total	**.00**	**948,550**	**0**	**0**	**948,550**

PROGRAM NARRATIVE

325 DEPARTMENT OF HUMAN SERVICES

Date: 12/28/2004
Time: 14:16:09

Program: STATE HOSPITAL - SECURE SERVICES

Reporting Level: 00-325-421-00-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

Individuals in the sex offender treatment programs will have available to them 32 hours of treatment services per week per patient.
This standard has been met, with over 32 hours of treatment and program services available to each Secure Services patient per week.

90% of individuals will report satisfaction with treatment as indicated by approval scores of "3" or above on a 5 point scale in the consumer survey.
This standard has been met, with over 90% of individuals reporting approval scores of 3+.

Benchmarks established internally.

PROGRAM STATISTICAL DATA

Services

Due to increased demand for treatment services for civilly committed individuals, this program has recently been expanded from 22 beds to 32 beds and the 2005-07 budget request includes further expansion of the program to 42 beds.

Patient Census

During the 2003 - 2005 biennium the Secure Services estimated a daily patient census of 30, but more recent data suggests the average daily census for Secure Services will be closer to 40 patients during 2005- 2007. Beds are included in the budget request for 42 beds.

EXPLANATION OF PROGRAM COSTS

There are 54.375 FTEs in this budget. 83.3% of the requested budget is for salaries and benefits - $4.3 million. Shift Differential for night and weekend staff is budgeted at $101,120.

The following expenses are allocated to Secure Services based on average patient census: postage, professional development, operating fees and services, printing, professional supplies and materials and miscellaneous supplies.

The following expenses are allocated to Secure Services based on square footage (6.73% of total): utilities, repairs, insurance and building, grounds, vehicle maintenance.

Program: STATE HOSPITAL - SECURE SERVICES | **Reporting Level:** 00-325-421-00-00-00-00-00000000

Meal costs are calculated at 43,800 meals per year (40 patients) and a rate of $2.53 per meal for the first year and $2.68 per meal for the second year of the biennium.

Medical, Dental and Optical expenses are budgeted to be $362,385, which is primarily pharmaceuticals.

PROGRAM GOALS AND OBJECTIVES

Goal:
Plan for the increase in admissions of sex offenders, jail transfers and individuals that are mentally ill and dangerous.

Objective:
Facilitate discussion about additional patient care units; step down services, transitional discharge plans and appropriate placement on specified care units for these patients.

Goal:
To retain and recruit quality staff.

Objective:
Develop recruitment, retention and human development strategies in order to retain and recruit quality staff.

Goal:
To maintain an institutional environment where consumers are comfortable with expressing their concerns, ideas and recommendations to staff and senior leadership.

Objective:
To have organized meetings and forums for consumers at the two sites.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES

Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004

Time: 14:16:09

Program: STATE HOSPITAL - SECURE SERVICES

Reporting Level: 00-325-421-00-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	1,698,502	2,443,180	2,724,938	5,168,118	0
TOTAL	**1,698,502**	**2,443,180**	**2,724,938**	**5,168,118**	**0**
SPECIAL LINES					
GENERAL FUND	1,146,940	2,382,816	2,785,302	5,168,118	0
FEDERAL FUNDS	200,798	60,364	-60,364	0	0
SPECIAL FUNDS	350,764	0	0	0	0
TOTAL	**1,698,502**	**2,443,180**	**2,724,938**	**5,168,118**	**0**
PROGRAM FUNDING SOURCES					
GENERAL FUND	1,146,940	2,382,816	2,785,302	5,168,118	0
FEDERAL FUNDS	200,798	60,364	-60,364	0	0
SPECIAL FUNDS	350,764	0	0	0	0
PROGRAM FUNDING TOTAL	**1,698,502**	**2,443,180**	**2,724,938**	**5,168,118**	**0**
FTE EMPLOYEES	**19.40**	**24.54**	**29.84**	**54.38**	**.00**
FUNDING DETAIL					
GENERAL FUND	**1,146,940**	**2,382,816**	**2,785,302**	**5,168,118**	**0**
FEDERAL FUNDS					
S055 MEDICAL ASSISTANCE-93.778	200,798	60,364	-60,364	0	0
TOTAL	**200,798**	**60,364**	**-60,364**	**0**	**0**
SPECIAL FUNDS					
Z095 STATE HOSPITAL- OTHER FUNDS	350,764	0	0	0	0
TOTAL	**350,764**	**0**	**0**	**0**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: STATE HOSPITAL - SECURE SERVICES

REPORTING LEVEL: 00-325-421-00-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	29.84	2,219,264	-60,364	0	2,158,900
3 Operating Expenditure Changes	.00	566,038	0	0	566,038
Agency Total	**29.84**	**2,785,302**	**-60,364**	**0**	**2,724,938**

Program: DEVELOPMENTAL CENTER

Reporting Level: 00-325-430-00-00-00-00-00000000

PROGRAM PERFORMANCE MEASURES

All benchmarks were internally established based on National accreditation and North Dakota data.

Result #1:

The North Dakota Developmental Center, Human Services Centers, and DD Division to collaborate on the discharge of a net 10 individuals from the DC to the community in 2005 – 2007.
No interim reports available on this measure.

Result #2:

To review the Developmental Center's overall performance relative to all 25 Personal Outcomes on a quarterly basis and achieve a 10% increase.

	Base line	Jul-Sep 03	Oct-Dec 03	Jan-Mar 04	Apr-Jun 04	Target
NDDC-%Outcomes	70.04%	70.70%	64.00%	69%	68.1%	80
NDDC-%Supports	81.76%	79.20%	74.30%	78%	78.4%	91

**Personal Outcomes are a Quality of Life Measure for People served. There are 25 Outcomes and 25 Supports. A measure of 100% would mean all Outcomes and Supports are in place. By increasing the percentages of achievement, a person's quality of life should increase correspondingly.

Result #3:

80% of all individuals who reside at the Developmental Center will attend a minimum of 20 hours per week in out of home services.

	Base line	Jul-Sep 03	Oct-Dec 03	Jan-Mar 04	Apr-Jun 04	Target
Dakota East Schedule	94	94	94	94	94	120
Dakota East Wages (>19.9 hrs)	39	69	69	69	70	120

Program: DEVELOPMENTAL CENTER | **Reporting Level:** 00-325-430-00-00-00-00-00000000

One Center:

Result #1:

90% of individuals will report satisfaction with treatment as indicated by approval scores of "3" or above on a 5 point scale in the consumer survey.
This standard has been met, with over 90% of individuals reporting approval scores of 3+.

PROGRAM STATISTICAL DATA

Operations within the Developmental Center include Administration, Plant Services, Resident Services, and Dakota East (vocational training program).

The 2005-2007 budget is based on serving a population of 148.

Clinical and Health Services:
Available to residents include: audiology, dentistry, laboratory, medical services, nursing, nutrition services, occupational therapy, pharmacy, physical therapy, program coordination, psychiatry consultation, psychology, recreation, social services, and speech-language therapy. Other specialized services may be available through contracts.

Dual Sensory Impairment Services:
Provide a residential setting and coordinated pre-vocational opportunities for people with significant hearing and vision loss. Consultation from program staff is available to prevent admission.

Residential Services:
Include 24-hour comprehensive services, which are modeled after the outcome-based approach distributed by The Council (The Council on Quality and Leadership in Supports for People with Disabilities). Supports for people residing at the Developmental Center are based on each person's preferences. People live alone or with a roommate. Residents can express their interests and community membership by attending church, shopping, dining out, attending local and regional cultural and sporting events, or taking vacations. Participation in city, regional, state, and national clubs and associations is encouraged and facilitated. Individuals interested in advocating for themselves and others can become involved in committees within the agency, and at regional, state and national levels. Social opportunities are also available on the campus. The facility's Collette Fitness Center is available to all Grafton area residents and offers a wide range of health activities and adaptive equipment for all to enjoy. Transportation is available through shuttle or vehicle scheduling.

Speciailized Treatment of Offender Program (STOP):
Provides clinical services for people with developmental disabilities who display socially offending behaviors (sexual or physical assault, or other criminal acts). This includes people who are not able to participate in criminal proceedings (found not fit to proceed) or who voluntarily accept training. There is a specific emphasis on treatment for sexual offenders.

Program: DEVELOPMENTAL CENTER

Reporting Level: 00-325-430-00-00-00-00-00000000

Dakota East Vocational Services:
Provides productive and meaningful work to enable people to reach their work potential. This is accomplished through evaluation trials at various work sites to determine interests, abilities, and training needs. Services are provided in conjunction with physical and occupational therapy, adaptive equipment, and psychological and medical services, as appropriate. Employment training opportunities range from direct employment with a range of support, to enclave and sheltered workshop assignments. Production line rooms, mobile work crews, and community job sites are available for employment experience. Items produced by the employees of Dakota East are available through a variety of retail outlets, including the privately owned and operated gift shop. Wholesale products are distributed to many local and regional retailers for value-added processing.

EXPLANATION OF PROGRAM COSTS

The Developmental Center budget includes 451.54 FTE with funding of $309,000 for shift differential. The salary costs comprise approximately 78% of the budget request at $31.8 million.

- The budget includes $1,384,448 for utilities. The utilities budget reflects savings resulting from the work completed by General electric. Included within that budget are payments to GE Financing of $519,192 for the project which is paid from the utilities savings.
- Food and clothing for the clients is budgeted at $1,261,979.
- Risk management contribution is budgeted at $52,531.
- $593,231 is budgeted for bond payments which are scheduled to be paid in the 2009 - 2011 biennium.
- Operating fees & services includes the rate assessment (bed fee) of $2,606,800.
- Medical, dental and optical is budgeted at $974,828, which is primarily for pharmaceuticals.

The anticipated daily rate used in preparing the budget was $397.57 per day.

PROGRAM GOALS AND OBJECTIVES

Goal:
To assist people with developmental disabilities to receive services in the least restrictive appropriate setting.

Objective:
Develop a long-range plan that considers community service options and a financing mechanism for the transition of individuals from the Developmental Center to the community.

Program: DEVELOPMENTAL CENTER | **Reporting Level:** 00-325-430-00-00-00-00-00000000

Goal:
Determine who should serve the Co-occurring population on a long-term basis – Community or Institution?

Objectives:
Study the issue of housing and services for individuals with Chronic Co-occurring Disorders.

Goal:
Determine the Developmental Center's role in treating youth with mental health and developmental disabilities needs.
Determine whether the Developmental Center is a feasible option for DD infants and babies.
To assure that the most vulnerable of youth have a safe and structured environment.
Provide a safety net option for very complicated DD infants and babies.

Objectives:
Determine the role and responsibilities of the Developmental Center in treatment of youth populations.
Complete a study on the treatment and care services for infants and babies at the DC.

Goal:
The goal is to retain and recruit quality staff.

Objective:
Develop recruitment, retention and human development strategies in order to retain and recruit quality staff.

Goal:
To maintain an institutional environment where consumers are comfortable with expressing their concerns, ideas and recommendations to staff and senior leadership.

Objective:
To have organized meetings and forums for consumers at the two sites.

REQUEST DETAIL BY PROGRAM

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

Program: DEVELOPMENTAL CENTER

Reporting Level: 00-325-430-00-00-00-00-00000000

Description	Expenditures 2001-2003 Biennium	Present Budget 2003-2005	Budget Request Change	Requested Budget 2005-2007 Biennium	Optional Request 2005-2007
SPECIAL LINES					
HUMAN SERVICE CENTERS / INSTITUTIONS	38,856,481	40,661,057	130,123	40,791,180	792,341
TOTAL	**38,856,481**	**40,661,057**	**130,123**	**40,791,180**	**792,341**
SPECIAL LINES					
GENERAL FUND	10,656,923	8,811,229	2,197,064	11,008,293	792,341
FEDERAL FUNDS	25,840,798	29,179,564	-2,287,862	26,891,702	0
SPECIAL FUNDS	2,358,760	2,670,264	220,921	2,891,185	0
TOTAL	**38,856,481**	**40,661,057**	**130,123**	**40,791,180**	**792,341**
PROGRAM FUNDING SOURCES					
GENERAL FUND	10,656,923	8,811,229	2,197,064	11,008,293	792,341
FEDERAL FUNDS	25,840,798	29,179,564	-2,287,862	26,891,702	0
SPECIAL FUNDS	2,358,760	2,670,264	220,921	2,891,185	0
PROGRAM FUNDING TOTAL	**38,856,481**	**40,661,057**	**130,123**	**40,791,180**	**792,341**
FTE EMPLOYEES	**473.14**	**458.04**	**-6.50**	**451.54**	**.00**
FUNDING DETAIL					
GENERAL FUND	**10,656,923**	**8,811,229**	**2,197,064**	**11,008,293**	**792,341**
FEDERAL FUNDS					
S049 IPAT(TEC GRANT) 84.224	12,265	0	0	0	0
S055 MEDICAL ASSISTANCE-93.778	25,824,533	29,179,564	-2,287,862	26,891,702	0
S091 TITLE III B - 00	4,000	0	0	0	0
TOTAL	**25,840,798**	**29,179,564**	**-2,287,862**	**26,891,702**	**0**
SPECIAL FUNDS					
Z097 DEVELOP. CENTER - OTHER FUNDS	2,358,760	2,670,264	220,921	2,891,185	0
TOTAL	**2,358,760**	**2,670,264**	**220,921**	**2,891,185**	**0**

CHANGE PACKAGE DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Biennium: 2005-2007

Bill#: HB1012

Date: 12/28/2004
Time: 14:16:09

PROGRAM: DEVELOPMENTAL CENTER

REPORTING LEVEL: 00-325-430-00-00-00-00-00000000

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	-6.50	484,787	-2,088,599	199,714	-1,404,098
1 Capital Assets	.00	593,231	0	0	593,231
3 Operating Expenditure Changes	.00	-96,141	1,015,924	21,207	940,990
7 FMAP Changes	.00	1,310,577	-1,310,577	0	0
10 FMAP Update	.00	-95,390	95,390	0	0
Agency Total	**-6.50**	**2,197,064**	**-2,287,862**	**220,921**	**130,123**
26 DC Equipment	.00	388,341	0	0	388,341
27 DC Extraordinary Repairs	.00	404,000	0	0	404,000
Optional Total	**.00**	**792,341**	**0**	**0**	**792,341**

LEASE PURCHASE AGREEMENTS

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-B-01-00325

Date: 12/29/2004
Time: 14:18:10

Number	Description	Start Date	End Date	Original Value	Monthly Payment
Adm	Xerox 5892 Copier	01-JUL-05	30-JUN-07	55,695	717
Adm	Inserters (2) and software	24-MAY-04	24-MAY-07	104,000	3,187
Adm	Xerox 5892 F Copier	01-JUL-05	30-JUN-07	55,695	633

GRANTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/29/2004
Time: 14:18:10

Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
SPED	General Fund	13,749,819	13,487,627	718,055	13,487,627
	Federal Funds	225,720	225,720	0	225,720
	Special Funds	727,659	709,883	37,797	709,883
		14,703,198	14,423,230	755,852	14,423,230
Medicaid	General Fund	84,437,809	101,029,625	445,915	101,029,625
	Federal Funds	254,450,087	253,406,997	816,585	253,406,997
	Special Funds	21,645,505	25,430,091	0	25,430,091
		360,533,401	379,866,713	1,262,500	379,866,713
Case Aide	General Fund	597,483	592,687	0	592,687
	Federal Funds	810,325	794,045	0	794,045
	Special Funds	146,004	158,911	0	158,911
		1,553,812	1,545,643	0	1,545,643
Basic Care	General Fund	747,857	5,188,369	0	5,188,369
	Federal Funds	5,363,506	5,339,991	0	5,339,991
	Special Funds	2,284,362	2,284,362	0	2,284,362
		8,395,725	12,812,722	0	12,812,722
Child Care	General Fund	0	0	3,794,376	0
	Federal Funds	17,415,210	17,736,229	0	17,736,229
	Special Funds	4,226,895	4,226,895	0	4,226,895
		21,642,105	21,963,124	3,794,376	21,963,124
TBI Waiver	General Fund	728,514	818,187	43,109	818,187
	Federal Funds	1,545,558	1,512,170	78,935	1,512,170
	Special Funds	0	0	0	0
		2,274,072	2,330,357	122,044	2,330,357
DD Services	General Fund	20,308	63,547	0	63,547
	Federal Funds	301,636	594,282	0	594,282
	Special Funds	15	15	0	15
		321,959	657,844	0	657,844
Job Coaching	General Fund	35,741	35,741	0	35,741
	Federal Funds	36,259	36,259	0	36,259
	Special Funds	0	0	0	0

GRANTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/29/2004
Time: 14:18:10

Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
		72,000	72,000	0	72,000
Other Grants	General Fund	80,269	71,968	0	71,968
	Federal Funds	59,743	105,244	0	105,244
	Special Funds	0	0	0	0
		140,012	177,212	0	177,212
Respite Care	General Fund	80,000	100,000	0	100,000
	Federal Funds	20,000	0	0	0
	Special Funds	0	0	0	0
		100,000	100,000	0	100,000
TANF Benefit	General Fund	3,939,432	3,939,432	0	3,939,432
	Federal Funds	13,341,867	8,375,352	0	8,375,352
	Special Funds	12,226,641	12,165,216	0	12,165,216
		29,507,940	24,480,000	0	24,480,000
Expanded SPED	General Fund	834,541	1,188,889	62,270	1,188,889
	Federal Funds	0	0	0	0
	Special Funds	0	0	0	0
		834,541	1,188,889	62,270	1,188,889
Healthy Steps	General Fund	2,127,162	2,466,808	0	2,466,808
	Federal Funds	7,359,222	7,572,416	0	7,572,416
	Special Funds	0	0	0	0
		9,486,384	10,039,224	0	10,039,224
Nursing Homes	General Fund	102,073,218	122,590,332	0	122,590,332
	Federal Funds	216,371,403	226,187,191	0	226,187,191
	Special Funds	0	0	0	0
		318,444,621	348,777,523	0	348,777,523
Detoxification	General Fund	133,638	92,683	0	92,683
	Federal Funds	3,220	86,220	0	86,220
	Special Funds	0	0	0	0
		136,858	178,903	0	178,903
Remedial Blind	General Fund	0	0	0	0
	Federal Funds	0	0	0	0

GRANTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/29/2004
Time: 14:18:10

Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
	Special Funds	44,948	44,948	0	44,948
		44,948	44,948	0	44,948
IV-D Incentives	General Fund	0	0	0	0
	Federal Funds	0	0	0	0
	Special Funds	1,790,853	1,485,000	0	1,485,000
		1,790,853	1,485,000	0	1,485,000
Mill Levy Match	General Fund	1,662,945	1,662,945	0	1,662,945
	Federal Funds	0	0	0	0
	Special Funds	0	0	0	0
		1,662,945	1,662,945	0	1,662,945
Refugee Services	General Fund	0	0	0	0
	Federal Funds	3,825,000	3,800,000	0	3,800,000
	Special Funds	0	0	0	0
		3,825,000	3,800,000	0	3,800,000
Adoption Services	General Fund	4,521,961	5,418,939	0	5,418,939
	Federal Funds	5,244,690	6,068,580	0	6,068,580
	Special Funds	1,099,089	1,388,983	0	1,388,983
		10,865,740	12,876,502	0	12,876,502
Care Coordination	General Fund	49,738	61,156	0	61,156
	Federal Funds	118,003	230,501	0	230,501
	Special Funds	20,118	20,809	0	20,809
		187,859	312,466	0	312,466
DD Council Grants	General Fund	0	0	0	0
	Federal Funds	758,484	816,288	0	816,288
	Special Funds	0	0	0	0
		758,484	816,288	0	816,288
Extended Services	General Fund	631,618	631,618	0	631,618
	Federal Funds	140,000	140,000	0	140,000
	Special Funds	0	0	0	0
		771,618	771,618	0	771,618

GRANTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/29/2004
Time: 14:18:10

Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
Food Stamps - EBT	General Fund	0	0	0	0
	Federal Funds	85,477,890	105,840,659	0	105,840,659
	Special Funds	0	0	0	0
		85,477,890	105,840,659	0	105,840,659
Olmstead Projects	General Fund	0	0	0	0
	Federal Funds	261,900	147,640	0	147,640
	Special Funds	0	0	0	0
		261,900	147,640	0	147,640
Psych / Social Club	General Fund	1,320,930	1,345,686	0	1,345,686
	Federal Funds	12,360	0	0	0
	Special Funds	0	0	0	0
		1,333,290	1,345,686	0	1,345,686
County Reimbursement	General Fund	56,958	36,436	0	36,436
	Federal Funds	11,921,661	11,317,863	0	11,317,863
	Special Funds	174,026	164,373	0	164,373
		12,152,645	11,518,672	0	11,518,672
Foster Care Services	General Fund	8,003,458	10,436,024	0	10,436,024
	Federal Funds	36,317,963	41,256,783	0	41,256,783
	Special Funds	7,891,193	10,615,325	0	10,615,325
		52,212,614	62,308,132	0	62,308,132
Miscellaneous Grants	General Fund	0	0	0	0
	Federal Funds	4,387,024	45,000	0	45,000
	Special Funds	1,197,076	15,000	0	15,000
		5,584,100	60,000	0	60,000
Personal Care Option	General Fund	897,208	5,152,114	234,977	5,152,114
	Federal Funds	1,903,065	9,508,994	429,969	9,508,994
	Special Funds	0	0	0	0
		2,800,273	14,661,108	664,946	14,661,108
Residential Services	General Fund	4,300,228	4,819,050	230,144	4,819,050
	Federal Funds	4,208,530	4,350,587	50,000	4,350,587
	Special Funds	102,577	113,308	0	113,308

GRANTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/29/2004
Time: 14:18:10

Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
		8,611,335	9,282,945	280,144	9,282,945
Access and Visitation	General Fund	0	0	0	0
	Federal Funds	200,000	400,000	0	400,000
	Special Funds	0	0	0	0
		200,000	400,000	0	400,000
JOBS - Transportation	General Fund	0	0	0	0
	Federal Funds	3,236,370	2,646,480	0	2,646,480
	Special Funds	0	0	0	0
		3,236,370	2,646,480	0	2,646,480
Aged & Disabled Waiver	General Fund	3,036,121	903,520	47,620	903,520
	Federal Funds	6,441,991	1,670,116	87,268	1,670,116
	Special Funds	0	0	0	0
		9,478,112	2,573,636	134,888	2,573,636
Collaboration Services	General Fund	0	0	0	0
	Federal Funds	3,300,225	1,275,000	0	1,275,000
	Special Funds	14,975	0	0	0
		3,315,200	1,275,000	0	1,275,000
Direct Client Services	General Fund	3,039,143	3,415,880	356,553	3,415,880
	Federal Funds	11,607,185	12,355,047	670,807	12,355,047
	Special Funds	151,500	97,000	0	97,000
		14,797,828	15,867,927	1,027,360	15,867,927
Crisis Care / Safe Beds	General Fund	718,834	572,074	55,000	572,074
	Federal Funds	498,991	816,113	0	816,113
	Special Funds	53,856	43,063	0	43,063
		1,271,681	1,431,250	55,000	1,431,250
Early Childhood Services	General Fund	0	0	0	0
	Federal Funds	3,006,375	2,712,500	0	2,712,500
	Special Funds	2,380,335	2,600,000	0	2,600,000
		5,386,710	5,312,500	0	5,312,500
Evaluation Services - VR	General Fund	4,579	3,325	0	3,325
	Federal Funds	16,921	19,675	0	19,675

GRANTS SUMMARY

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Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
	Special Funds	0	0	0	0
		21,500	23,000	0	23,000
Flex Funds - Partnership	General Fund	98,500	105,558	0	105,558
	Federal Funds	43,283	40,353	0	40,353
	Special Funds	12,541	8,413	0	8,413
		154,324	154,324	0	154,324
Indian County Allocation	General Fund	649,559	835,996	0	835,996
	Federal Funds	0	0	0	0
	Special Funds	1,964,607	1,964,607	0	1,964,607
		2,614,166	2,800,603	0	2,800,603
Nutrition Education Plan	General Fund	0	0	0	0
	Federal Funds	2,650,000	2,975,000	0	2,975,000
	Special Funds	0	0	0	0
		2,650,000	2,975,000	0	2,975,000
Targeted Case Management	General Fund	354,878	1,329,900	0	1,329,900
	Federal Funds	752,872	2,459,924	0	2,459,924
	Special Funds	0	0	0	0
		1,107,750	3,789,824	0	3,789,824
Adult Protective Services	General Fund	0	13,826	0	13,826
	Federal Funds	158,700	196,300	0	196,300
	Special Funds	0	0	0	0
		158,700	210,126	0	210,126
Child Protective Services	General Fund	396,068	784,049	0	784,049
	Federal Funds	4,115,532	3,714,125	0	3,714,125
	Special Funds	300,000	300,000	0	300,000
		4,811,600	4,798,174	0	4,798,174
Early Intervention Grants	General Fund	0	0	0	0
	Federal Funds	273,241	466,250	0	466,250
	Special Funds	0	0	0	0
		273,241	466,250	0	466,250

GRANTS SUMMARY

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Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
Inpatient Hospitalization	General Fund	640,773	564,293	17,400	564,293
	Federal Funds	130,419	130,419	0	130,419
	Special Funds	0	0	0	0
		771,192	694,712	17,400	694,712
Mental Health Contingency	General Fund	250,000	0	0	0
	Federal Funds	0	0	0	0
	Special Funds	0	0	0	0
		250,000	0	0	0
Preventive Health Services	General Fund	0	0	0	0
	Federal Funds	59,118	205,718	0	205,718
	Special Funds	0	0	0	0
		59,118	205,718	0	205,718
Substance Abuse Prevention	General Fund	0	0	0	0
	Federal Funds	2,353,292	2,829,513	0	2,829,513
	Special Funds	200,000	0	0	0
		2,553,292	2,829,513	0	2,829,513
Sect 2 Health Center Grants	General Fund	50,000	0	0	0
	Federal Funds	0	0	0	0
	Special Funds	0	0	0	0
		50,000	0	0	0
Compulsive Gambling services	General Fund	150,000	150,000	0	150,000
	Federal Funds	0	0	0	0
	Special Funds	0	0	0	0
		150,000	150,000	0	150,000
Family Preservation Services	General Fund	846,647	846,647	0	846,647
	Federal Funds	5,960,725	6,710,725	0	6,710,725
	Special Funds	302,025	302,025	0	302,025
		7,109,397	7,859,397	0	7,859,397
Telecommunications Equipment	General Fund	0	0	0	0
	Federal Funds	0	0	0	0
	Special Funds	0	80,000	0	80,000

GRANTS SUMMARY

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Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
		0	80,000	0	80,000
Supportive Community Services	General Fund	0	0	0	0
	Federal Funds	159,686	470,070	0	470,070
	Special Funds	0	0	0	0
		159,686	470,070	0	470,070
Mental Health Consumer Services	General Fund	0	0	0	0
	Federal Funds	243,310	180,000	0	180,000
	Special Funds	0	0	0	0
		243,310	180,000	0	180,000
Developmental Disabilities Grants	General Fund	61,852,208	73,214,645	6,565,320	73,214,645
	Federal Funds	128,703,919	133,017,647	11,992,823	133,017,647
	Special Funds	0	0	0	0
		190,556,127	206,232,292	18,558,143	206,232,292
Nursing Home Survey & Certification	General Fund	0	0	0	0
	Federal Funds	1,266,928	1,266,928	0	1,266,928
	Special Funds	447,964	447,964	0	447,964
		1,714,892	1,714,892	0	1,714,892
Disability Determination Services Grants	General Fund	0	0	0	0
	Federal Funds	1,085,000	1,300,000	0	1,300,000
	Special Funds	0	0	0	0
		1,085,000	1,300,000	0	1,300,000
Low Income Home Energy Assistance Program	General Fund	0	0	0	0
	Federal Funds	30,838,788	36,506,569	0	36,506,569
	Special Funds	0	0	0	0
		30,838,788	36,506,569	0	36,506,569
Direct Care, Clinics & Metabolic Needs of Chi	General Fund	452,846	454,472	0	454,472
	Federal Funds	600,284	602,439	0	602,439
	Special Funds	0	0	0	0
		1,053,130	1,056,911	0	1,056,911
Interagency Program for Assistive Tech Grants	General Fund	0	0	0	0
	Federal Funds	25,000	25,000	0	25,000

GRANTS SUMMARY

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Description	Funding	2003-2005 Biennium Appropriation	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
	Special Funds	0	0	0	0
		25,000	25,000	0	25,000
Psychiatric / Psychological / Medical Service	General Fund	1,555,566	1,455,310	0	1,455,310
	Federal Funds	1,234,307	1,548,881	0	1,548,881
	Special Funds	401,148	479,636	0	479,636
		3,191,021	3,483,827	0	3,483,827
Substance Abuse Treatment or Prevention Servi	General Fund	863,728	791,581	0	791,581
	Federal Funds	662,882	913,900	0	913,900
	Special Funds	0	0	0	0
		1,526,610	1,705,481	0	1,705,481
	General Fund	305,990,285	366,670,939	12,570,739	366,670,939
	Federal Funds	881,505,670	922,949,703	14,126,387	922,949,703
	Special Funds	59,805,912	65,145,827	37,797	65,145,827
	Agency Total	1,247,301,867	1,354,766,469	26,734,923	1,354,766,469

EQUIPMENT OVER $5,000

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
Lift	General Fund	0	5,400	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	5,400	0
Hoist	General Fund	0	8,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	8,000	0
Copier	General Fund	23,947	0	23,947
	Federal Funds	2,484	0	2,484
	Special Funds	68	0	68
		26,499	0	26,499
Forklift	General Fund	0	15,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	15,000	0
Lift Ramp	General Fund	0	6,500	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	6,500	0
Alarm System	General Fund	0	20,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	20,000	0
Digital Copier	General Fund	9,756	0	9,756
	Federal Funds	1,244	0	1,244
	Special Funds	0	0	0
		11,000	0	11,000
Floor Scrubber	General Fund	0	6,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0

EQUIPMENT OVER $5,000

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
		0	6,000	0
Bladder Scanner	General Fund	0	10,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	10,000	0
Riding Scrubber	General Fund	0	13,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	13,000	0
Microform Scanner	General Fund	0	8,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	8,000	0
Sunset Fire Alarm	General Fund	0	12,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	12,000	0
Chemistry Analyzer	General Fund	0	40,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	40,000	0
Copier/Printer/Fax	General Fund	11,194	0	11,194
	Federal Funds	1,307	0	1,307
	Special Funds	0	0	0
		12,501	0	12,501
High Volume Copier	General Fund	0	12,500	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	12,500	0
Large Paper Cutter	General Fund	0	6,000	0
	Federal Funds	0	0	0

EQUIPMENT OVER $5,000

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
	Special Funds	0	0	0
		0	6,000	0
Hematology Analyzer	General Fund	0	80,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	80,000	0
Skid Steer w/Sweeper	General Fund	0	25,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	25,000	0
Electric Scissor Lift	General Fund	0	10,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	10,000	0
Sunset Address Device	General Fund	0	6,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	6,000	0
Cedar Grove Fire Alarm	General Fund	0	6,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	6,000	0
Snow Scoop for Skid Steer	General Fund	0	8,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	8,000	0
Copier for Patient Library	General Fund	0	6,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	6,000	0

EQUIPMENT OVER $5,000

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
Copier for Basement of Lahaug Building	General Fund	0	8,500	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	8,500	0
Equipment for IPAT equipment loan library	General Fund	0	0	0
	Federal Funds	30,000	0	30,000
	Special Funds	0	0	0
		30,000	0	30,000
	General Fund	44,897	311,900	44,897
	Federal Funds	35,035	0	35,035
	Special Funds	68	0	68
	Agency Total	80,000	311,900	80,000

EXTRAORDINARY REPAIRS

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
Flooring	General Fund	0	120,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	120,000	0
Greenhouse	General Fund	0	70,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	70,000	0
Roof Repairs	General Fund	0	65,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	65,000	0
Paint Ash Tower	General Fund	0	22,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	22,000	0
Cedar Grove Roofing	General Fund	0	135,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	135,000	0
#2 Boiler Refractory	General Fund	0	26,500	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	26,500	0
Replace Two Manholes	General Fund	0	36,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	36,000	0
Collette Pool Filtration	General Fund	0	55,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0

EXTRAORDINARY REPAIRS

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
		0	55,000	0
Basement Stairwell Covers	General Fund	0	11,200	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	11,200	0
Replace Two Fire Hydrants	General Fund	0	18,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	18,000	0
Ash Tower Unloading System	General Fund	0	157,150	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	157,150	0
Parking Lots, Roads & Sidewalks	General Fund	0	24,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	24,000	0
Water Tower Repairs and Painting	General Fund	0	110,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	110,000	0
Electrical Transformer Replacements	General Fund	0	40,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	40,000	0
Resurface/Repair State Hospital Streets	General Fund	0	30,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	30,000	0
Fix Water Line from Heating Plant to JRCC	General Fund	0	6,500	0
	Federal Funds	0	0	0

EXTRAORDINARY REPAIRS

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Description	Funding	2005-2007 Request	2005-2007 Optional Request	2005-2007 Recommendation
	Special Funds	0	0	0
		0	6,500	0
Secure Learning Resource Center Fire Escapes	General Fund	0	6,200	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	6,200	0
Storm Sewer Repair Near Transitional Living H	General Fund	0	30,000	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
		0	30,000	0
	General Fund	0	962,550	0
	Federal Funds	0	0	0
	Special Funds	0	0	0
	Agency Total	0	962,550	0

SPECIAL FUND BALANCE
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STATE HOSPITAL- OTHER FUNDS

	2003-2005		2005-2007	
Beginning Balance		1		1
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	12,351,195		11,024,764	
Total Revenue and Net Transfers		12,351,195		11,024,764
Total Expenditures		12,351,195		11,312,673
Ending Balance		1		-287,908

DEVELOP. CENTER - OTHER FUNDS

	2003-2005		2005-2007	
Beginning Balance		1		1
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	2,670,264		2,891,185	
Total Revenue and Net Transfers		2,670,264		2,891,185
Total Expenditures		2,670,264		2,949,523
Ending Balance		1		-58,337

SPECIAL FUND BALANCE

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OTHER FUNDS

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
INTERFUND TRANSFER	5,382,180		7,339,756	
TSFR FM HUMAN SEVICE FUND	60,374,581		59,591,447	
Total Revenue and Net Transfers		65,756,761		66,931,203
Total Expenditures		65,756,761		66,944,449
Ending Balance		0		-13,246

WCHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	761,130		762,240	
Total Revenue and Net Transfers		761,130		762,240
Total Expenditures		761,130		772,101
Ending Balance		0		-9,861

SPECIAL FUND BALANCE

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BLHSC - OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	816,504		806,187	
Total Revenue and Net Transfers		816,504		806,187
Total Expenditures		816,504		818,039
Ending Balance		0		-11,852

NWHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	342,416		342,416	
Total Revenue and Net Transfers		342,416		342,416
Total Expenditures		342,416		346,837
Ending Balance		0		-4,421

SPECIAL FUND BALANCE

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LRHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	513,582		479,250	
Total Revenue and Net Transfers		513,582		479,250
Total Expenditures		513,582		485,982
Ending Balance		0		-6,732

NCHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	644,703		843,161	
Total Revenue and Net Transfers		644,703		843,161
Total Expenditures		644,703		854,651
Ending Balance		0		-11,490

SPECIAL FUND BALANCE

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NEHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	831,703		871,757	
Total Revenue and Net Transfers		831,703		871,757
Total Expenditures		831,703		884,629
Ending Balance		0		-12,872

SEHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	1,067,082		1,218,825	
Total Revenue and Net Transfers		1,067,082		1,218,825
Total Expenditures		1,067,082		1,237,090
Ending Balance		0		-18,265

SPECIAL FUND BALANCE

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SCHSC-OTHER

	2003-2005		2005-2007	
Beginning Balance		0		0
Revenue and Net Transfers:				
TSFR FM HUMAN SEVICE FUND	846,170		856,597	
Total Revenue and Net Transfers		846,170		856,597
Total Expenditures		846,170		868,755
Ending Balance		0		-12,158

HUMAN SERVICE OPERATING FUND

	2003-2005		2005-2007	
Beginning Balance		11,906,367		7,126,795
Revenue and Net Transfers:				
Reimbursement from Counties	9,887,610		11,745,646	
Reimbursement from Other State Agencies	69,979		148,400	
Care and Treament Medical	9,428,834		10,769,614	
Care and Treatment not Classified	2,511,240		2,891,185	
Patient fees	5,308,350		6,327,487	
Grants and Contributions – non-profit/private	2,672,710		2,575,000	
Miscellaneous sales -	106,938		8,600	
Comprehensive Planning	159,500		117,000	
Med Assist. Collections	3,791,414		154,500	
Retained Earning Transfer In	27,617,594		4,003,032	
Transfer from Health	87,800		28,449,673	
Transfer from Child Support Disb	8,536,233		130,000	
Transfer from Land and Minerals Trust	3,261,556		9,022,843	
Transfers to Human Services Centers and Institutions	(78,219,330)		(76,692,818)	
Total Revenue and Net Transfers		(4,779,572)		(3,349,838)
Ending Balance		7,126,795		3,776,957

SPECIAL FUND BALANCE
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CHILDRENS TRUST FUND 325C-120F

	2003-2005		2005-2007	
Beginning Balance		1,012,299		1,012,299
Revenue and Net Transfers:				
VITAL RECORDS - SERVICE F	300,000		300,000	
Total Revenue and Net Transfers		300,000		300,000
Total Expenditures		300,000		300,000
Ending Balance		1,012,299		1,012,299

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 12/21/2004

Time: 10:18 AM

Capital Project

Roof Repairs

	Request/Optional	Recommendation
Total Project Cost	65,000	65,000
General Fund	65,000	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	65,000

Is this a multibiennium project? Yes **No of Biens:** 3 **Est. Costs** 265,000

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

With 28 hospital buildings(includes houses and smaller building), there are variety of roof styles and designs. Each roof is inspected annually to determine appropriate repairs or replacement. All the roofs of the old Child Adolescent Bldg have been repaired or replaced except the 600 wing, which is showing deterioration, and some leaking. This unit presently houses the Juvenile Services program. The roof needs repair to prevent further deterioration of the roof structure.

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 12/21/2004

Time: 10:18 AM

Capital Project

Electrical Transformer Replacements

	Request/Optional	Recommendation
Total Project Cost	40,000	40,000
General Fund	40,000	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	40,000

Is this a multibiennium project? Yes **No of Biens:** 3 **Est. Costs** 120,000

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

The hospital has 48 electrical transformers(includes JRCC area) A transformer has a life span of 15-30 years. Electrical transformers change electricity from high voltage to useable low voltage. They are inspected annually. End of lifespan is usually determined by infrared testing(higher heat levels inside) and/ oil leakage. Presently we have 3 that are in immediate need of replacement and other that are 10-25 years old. This is the first in a series of replacing them over 3 bienniums.

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 12/21/2004

Time: 10:18 AM

Capital Project

Water Tower Repairs and Painting

	Request/Optional	Recommendation
Total Project Cost	110,000	110,000
General Fund	110,000	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	110,000

Is this a multibiennium project? No **No of Biens:** **Est. Costs** 0

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

The State Hospital water tower is a 250,000-gallon water tank similar to that used by small municipalities. It provides water storage and gravity feed pressure to all the NDSH and JRCC buildings. This tower is 51 years old and a recent inspection revealed some structural deterioration along the center re-enforcing ring and interior tank surface. This will require repair and repainting. Life span of repairs is estimated at 40 years.

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES
Version: 2005-R-02-00325

Date: 12/21/2004
Time: 10:18 AM

Capital Project
Cedar Grove Roofing

	Request/Optional	Recommendation
Total Project Cost	135,000	135,000
General Fund	135,000	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	135,000

Is this a multibiennium project? No **No of Biens:** **Est. Costs**

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

Cedar Grove building has a roof leak in the office area, attempts to patch have failed ann there still are times when this roof leaks. To alleviate the problem the entire roof should be replaced on the commons area now and the living areas. Other roof projects will be requested after this is completed.

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 12/21/2004

Time: 10:18 AM

Capital Project

Flooring

	Request/Optional	Recommendation
Total Project Cost	120,000	0
General Fund	120,000	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	0

Is this a multibiennium project? Yes **No of Biens:** 3 **Est. Costs** $305,000

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

There are many ares of campus that need flooring replacement, carpeting and linoleum. This would provide funding for phase 1 of floor replacement.

CAPITAL PROJECTS DETAIL

325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 12/21/2004

Time: 10:18 AM

Capital Project

Collette Pool Filtration/ Roof

	Request/Optional	Recommendation
Total Project Cost	0	105,000
General Fund	0	0
Federal Funds	0	0
Special Funds	0	0
Bonding	0	105,000

Is this a multibiennium project? No **No of Biens:** **Est. Costs**

Future Increased Costs Associated with Project Approval

	2005-2007	2007-2009	2009-2011
Salaries and Wages	0	0	0
Operating Expenses	0	0	0
Equipment > $5,000	0	0	0
IT Equipment > $5000	0	0	0
Special Lines	0	0	0
Total	**0**	**0**	**0**

	2005-2007	2007-2009	2009-2011
FTE	.00	.00	.00
General Fund	0	0	0
Federal Funds	0	0	0
Special Funds	0	0	0
Total	**0**	**0**	**0**

Project Specifics and Justification

The Collette pool filtration system is in need of repair. The underground tanks are leaking. We did a temporary patch on them 10 years ago. The walls of the tank are so thin that we are using wood blocks to prop up the filers. Includes a roof for the building also.

North Dakota Department of Human Services
Glossary of Terms
January 10, 2005 DRAFT

AASK - Adults Adopting Special Kids is a collaboration involving the department's Children and Family Services Division, Catholic Charities North Dakota, Lutheran Social Services, and the Village Family Service Center. They work together to promote and facilitate the adoption of children with special needs from the foster care system.

Abuse - Any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation of a vulnerable adult.

Abused Child - An individual under the age if 18 who is suffering from serious physical harm or traumatic abuse caused by other then accidental means by a person responsible for the child's welfare.

Access Services - Services such as transportation, escort/shopping assistance, outreach, and information and assistance which helps people to identify, obtain, and use existing services.

Acute Care Unit - Service unit in the Human Service Centers providing general out–patient mental health services.

ADA - Americans with Disabilities Act

ADLs - Activities of Daily Living are usually identified as self–care activities performed daily which would include: bathing, dressing, toileting, transferring to and from a bed or chair, continence, eating/feeding.

Adoption Assistance - A form of monetary assistance to families adopting children from foster care who have special needs. This assistance can take the form of a monthly payment, Medicaid as a backup to a family's private health insurance, or reimbursement of nonrecurring expenses related to adoption.

Adoption Search/ Disclosure - The process whereby an adopted individual, a birth parent or birth sibling of an adopted individual, or an adult child of a deceased adopted individual can request and receive identifying information related to the adoption.

Adoption Subsidy - See Adoption Assistance.

Adult Day Care - a program of non-residential activities for individuals age 18 and older provided on a regular scheduled basis one or more days per week, which encompasses activities needed to insure the optimal functioning of the individual.

Adult Family (Foster) Care - Provision of a 24–hour room, board, supervision, and extra care to adults who are unable to function independently or who may benefit from a family home environment. Care is provided by a licensed home.

Arrearages - Past-due, unpaid child support owed by the non-custodial parent. Also may be referred to as "arrears."

ASAM - American Society of Addiction Medicine, Patient Placement Criteria, Second Edition-Revised. These are the clinical guidelines used for matching clients in the appropriate level of care for the treatment of substance-related disorders.

ASFA - The Adoption and Safe Families Act of 1997 is federal legislation to shorten the length of time in foster care, and to ensure safety and permanency for children.

Assisted Living - An environment which helps people maintain as much independence as possible by providing apartment–like units and 24 hour services which accommodate individual needs and abilities.

Assistive Technology Device - Any item or piece of equipment that is used to maintain or improve the functional capabilities of individuals with disabilities.

Basic Care Facility - A licensed basic care facility for aged, blind or disabled individuals who do not require extensive medical care.

BEST - Basic Employment and Skills Training program provides motivation and job–seeking skills to Food Stamp recipients who are required to register for work.

Business Services - Part of Vocational Rehabilitation, *Business Services* provides consultation, technical assistance and information to businesses so they can resolve disability-related issues and have an available source of qualified employees.

CA/N - Child Abuse and Neglect program provides protection to children and offers services to strengthen and preserve the family structure whenever possible. Assessments are conducted by County Social Service Boards and are supervised and directed by the eight Regional Human Service Centers.

Care Coordinator - Describes the comprehensive case manager in a child and family case involving severe emotional disturbance.

CARF- Commission for Accreditation for Rehabilitation Facilities

Case Management - A process in which a professional case manager assesses the needs of the client and arranges, coordinates, monitors and evaluates services and advocates to meet the specific client's needs in the least restrictive environment.

CCAP - Child Care Assistance Program increases the availability, affordability, and quality of child care services by providing partial payment for child care for children from qualifying families.

CCWIPS - The Comprehensive Child Welfare, Information, and Payment System is a computerized case management and payment system.

CFS - Children and Family Services

CFSR - Children and Family Services Review is a federal child welfare review that has been conducted in all states. North Dakota uses this same review process and conducts Child Welfare Reviews in each region of the state once each year.

Child Fatality Review Panel - a multi-professional group that meets to review the deaths of all minors in the state and identifies trends or patterns in the deaths of minors.

CIL - Center for Independent Living. The four CIL's serving North Dakota provide services to individuals with disabilities so that the individuals can live and work more independently in their homes and communities.

Client Assistance Program (CAP) - Designed to inform and advise all Vocational Rehabilitation clients and applicants regarding the benefits available under the Federal Rehabilitation Act of 1973, and to assist clients in securing those services.

CMHS Block Grant - Community Mental Health Service Block Grant

Congregate Care - Refers to a specialized group residential facility that provides programming for elderly individuals with mental retardation to help them maintain their current level of functioning. The health and medical conditions of the individuals served are stable and do not require continued nursing or medical care.

Continuum of Care - A functional philosophy that seeks to assure that clients receive the right service in the right place, at the right time.

Corporate Guardianship - A service purchased on behalf of individuals eligible for developmental disabilities case management services when a district court has determined that the individual requires a guardian and no one else is available to serve as guardian.

The Council - This organization accredits providers of services for mentally retarded/ developmentally disabled persons.

CP - For child support purposes, the Custodial Parent is the person (generally a parent) who has primary care, custody, and control of the child(ren) or, if a court has made a custody determination, the person who has legal custody of the child(ren).

CPS - Child Protection Services protects the health and welfare of children by encouraging the reporting of children known to be or suspected of being abused or neglected; provides adequate services for the protection and treatment of abused and neglected children and protects them from further harm.

CPS Assessment - A fact finding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child. Assessments are completed by County Social Service Board social workers.

CRU - Crisis Residential Units provide generally short-term stabilization and support to individuals diagnosed with mental illness and/or chemical dependence who are experiencing crisis as a result of exacerbation of symptoms.

CSCC - Children Services Coordinating Committee

CSHCNs - Children with Special Health Care Needs. As defined at the federal level, this population of children has or is at increased risk for chronic physical, developmental, behavioral, or emotional conditions requiring health and related services of a type or amount beyond that required by children generally.

CSHS - Children's Special Health Services (formerly Crippled Children's Services)

Day Supports - This is a single day program, which encompasses services previously known as Developmental Day Activity, Developmental Work Activity, Prevocational Work Activity and Adult Day Care. Day supports may include assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills; provision of social, recreational, and therapeutic activities to maintain physical, recreational, personal care, and community integration skills; development of non-job task oriented prevocational skills such as compliance, attendance, task completion, problem solving and safety; and supervision for health and safety. Services are provided in settings appropriate to an individual's needs.

Day Supports (AETS) - This refers to Day Supports Adult Education Transition Services, which are available to students age 18-21 years of age. This is a joint initiative between the Department of Public Instruction and the Department of Human Services. Individuals must meet eligibility requirements. Funding is provided by education agencies and Medicaid.

DDS - Disability Determination Services makes eligibility decisions for Social Security Disability Insurance and Supplemental Security Income so that eligible individuals can receive disability benefits.

Debit Card - For child support purposes, a card onto which support payments are loaded electronically in the same manner as a direct deposit. The card can be used by the custodial parent to withdraw cash at an Automated Teller Machine (ATM) or at a point-of-sale (POS) machine for goods, services, or cash. Custodial parents may also choose an alternative – "direct deposit." The TANF program also used debit cards.

Developmental Disability - Refers to a severe chronic condition that constitutes a lifelong mental or physical impairment which became apparent during childhood and has hampered an individual's ability to participate in mainstream society, either socially or vocationally.

Direct Deposit - For child support purposes, it is a process involving the electronic funds transfer of support payments from the State Disbursement Unit (SDU) into a custodial parent's bank account. This is done only upon the request of the custodial parent. Custodial parents may also choose an alternative method of receiving payments via a debit card.

DJS - Division of Juvenile Services is a division of the North Dakota Department of Corrections and Rehabilitation. DJS is responsible for the custody of delinquent and unruly children placed in its care by the courts.

Dual Diagnosed - Diagnosed with two disorders such as those individuals diagnosed with mental illness and chemical dependence or individuals diagnosed with mental illness and developmental disabilities.

EAP - Economic Assistance Policy is a division of the department that administers policy for and includes the following programs: Child Care Assistance Program, Basic Care Assistance Program, Energy Assistance (also referred to as Low Income Home Energy Assistance, or LIHEAP), Food Stamps, Medicaid Estate Recovery, Quality Control, System Support and Development, and Temporary Assistance for Needy Families (TANF), including Job Opportunities and Basic Skills (JOBS).

EFT - Electronic Funds Transfer is a process by which money is transmitted electronically from one bank to another.

Emergency Services - Intended to assist with the needs of eligible individuals who have mental retardation/developmental disabilities, emergency service funds are primarily used to support guardianship establishment and ISLA/SLA startup costs.

Expanded SPED Program - This is a companion program to the Basic Care Assistance Program. It pays for services that can be provided in the home and community so that institutionalization in a basic care facility is avoided. The Expanded SPED Program is funded with state general funds.

Extended Services - This refers to long-term supports provided by a job coach for individuals with disabilities employed in the community.

FACSES - The Fully Automated Child Support Enforcement System is the statewide automated system that supports the case processing of 50,000+ child support cases in North Dakota and supports the State Disbursement Unit (SDU) in processing child support payments.

Family Caregiver Support Program - Federally funded under the Older Americans Act, this Aging Services program offers help to caregivers who are caring for an adult age 60 or older, or who are themselves age 60 years or older and are caring for grandchildren or other young relatives who are age 18 or younger. Services include information and referrals, assistance from a trained caregiver coordinator to help caregivers assess needs and access support services, individual and family counseling, support groups, training, and respite care for caregivers.

Family Group Decision Making - Relating to the provision of child welfare services, this is defined as a strengths-based collaborative, coordinated decision making process using family, agency and support service resources to ensure the safety, permanency and well-being of children and families.

Family Home Care - the provision of room, board, supervisory care, and personal service to an eligible elderly or disabled individual by the spouse or by one the following relatives, or the current or former spouse of one of the following relatives of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. The family home care provider does not need to be present in the home on a 24-hour basis if the welfare and safety of the client is maintained.

Family Support Services - Refers to services, which are provided for eligible individuals with developmental disabilities to enable them to remain in appropriate home environments. Services are based on the primary caregiver's need for support in meeting the health, safety, developmental and personal care needs of their family member. Personal care needs include eating, bathing, dressing, personal hygiene and activities of daily living. When the eligible client is a minor, out-of-home support may also be provided in a licensed family home. This Family Care Option may be appropriate for children who cannot remain in their family home on a full-time basis. It is available only if the child is not considered deprived within the definition of NDCC 27-20-02 (5), and is not considered boarding care according to the definition of the North Dakota Department of Public Instruction.

Family Subsidy - A program that may reimburse a family for excess expenses related to their child's disability. This offers support to enable families to keep their children in their homes when lack of financial support would make it very difficult for families to care for their children at home. A child may be eligible for this through age 21.

FIDM - The Financial Institution Data Match process is operated by the Child Support Enforcement program, in coordination with financial institutions and pursuant to federal and state laws. The process provides for a data match system in which account records are matched with child support cases.

FMAP - Federal Medical Assistance Percentage is the federal matching rate for the Medicaid program. FMAP changes annually on October 1.

FFY - Federal Fiscal Years run from October 1 to September 30.

GA - General Assistance is a county administered program designed to cover emergency needs of low–income individuals or families. The covered needs may include rent, fuel and utilities, medical, and burial expenses.

Health Tracks - See North Dakota Health Tracks.

Healthy Steps - Is North Dakota's children's health insurance program that offers affordable, comprehensive health coverage for children 18 years of age and younger. To qualify, a child's family must have a net income that is greater than the Medicaid eligibility level, but not exceeding 140% of poverty level. (Deductions for child care, child support, and taxes are allowed when determining eligible income.)

Health Care Trust Fund - This trust fund was established by the 1999 North Dakota Legislature as a source of funding for grants and loans to pay for approved projects that create alternatives to nursing homes.

HIPAA - Federal Health Insurance Portability and Accountability Act that among other things standardizes the format of certain health care information that is transmitted electronically and regulates the release of health care information. This impacts entities that handle individual health care information and their computer systems.

Home and Community–Based Services - An array of services that are essential and appropriate to sustain individuals in their homes and communities, and to delay or prevent institutional care.

Homemaker Service - Provides non–personal care tasks such as housekeeping, laundry, and shopping. This allows an individual to maintain or develop the independence needed to remain in the home.

IADL - Instrumental Activities of Daily Living are considered more complex tasks than those comprised by activities of daily living (ADLs). Performance of tasks such as these requires mental/cognitive (memory, judgement, intellectual ability) and/or physical ability. IADL are usually identified as preparing meals, shopping, managing money, doing housework and laundry, taking medication, self–transportation, and using the telephone.

ICF–MR - Intermediate Care Facility for the Mentally Retarded. A residential facility operated pursuant to federal regulations and serving people with mental retardation and related conditions. The programming provided in this type of residence is for individuals with extensive needs. Each client must receive a continuous active treatment program, which includes an aggressive and consistent program of training, health services, and related services so that the client acquires the ability to function with as much self determination and independence as possible.

IEP/IOP - Intensive Evening Program/Intensive Outpatient Program - an intensive six–week program serving people with severe addictions. Programs provide a minimum of eight hours per week of program contact time.

Indian Child Welfare Act (ICWA) - Passed by Congress in 1978, this law recognizes the importance of allowing tribal courts to assume full responsibility for the placement of Indian children in foster care and adoptive homes, by granting Indian tribes exclusive jurisdiction over such proceedings.

Individualized Supported Living Arrangement (ISLA) - This residential service is provided to people with disabilities in their own homes or apartments. These individuals typically need a higher level of support (i.e. training and assistance with personal care, laundry, etc.) than people in Supported Living Arrangements (SLA).

Infant Development - a home-based, family focused service that provides information, support and training for families to assist them in meeting their eligible child's needs. A child may receive Infant Development until he or she is three years of age.

Institutional Child Protection Services - Situations of known or suspected child abuse or neglect where the person responsible for the child's welfare is an employee of a residential child care facility, a treatment or care center for the mentally retarded, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state.

Intensive In–Home Services - Services provided through a limited number of county social service boards under contract with a private agency to families from which at least one child is about to be placed into foster care. The program's purpose is to preserve the family and prevent foster care.

Intergovernmental Transfer (IGT) - A complex funding process used by North Dakota and about 20 other states to access extra federal Medicaid dollars. The Health Care Financing Administration has approved the IGT as part of North Dakota's Medicaid State Plan Amendment. 1999 SB 2168 earmarked this money to develop alternatives to nursing home care. Funds generated by the IGT are deposited into the Health Care Trust Fund. In a compromise worked out in Congress, this source of extra federal Medicaid funding will be phased out in the coming years.

IPAT - Refers to the Interagency Program for Assistive Technology. IPAT's mission is to increase access to assistive technology devices and services for individuals with disabilities regardless of their type of disability, age, or income level in order to positively impact work, independent living, learning, community involvement and recreation.

IV–D - (Refers to Title IV-D of the Social Security Act) Child Support Enforcement program that provides services to locate parents, to establish paternity, to establish child support and medical support obligations, to enforce child support and medical support obligations, and to review and adjust obligations. Services are provided to families receiving public assistance (through Temporary Assistance for Needy Families (TANF) or Medicaid); in cases in which a child has been placed in foster care; or upon application for services from either parent.

IPE - Is an Individualized Plan for Employment. It describes the nature and scope of rehabilitation, employment and training services provided to an individual with a disability to

help that individual reach his or her employment goal. A Vocational Rehabilitation counselor and the client write the client's IPE.

JCAHO - Joint Commission on Accreditation of Healthcare Organizations

JOBS - Job Opportunities and Basic Skills program provides vocational training and employment for eligible individuals through TANF for the purpose of entering or reentering the job market. Program services are administered by Job Service North Dakota under contract with the Department of Human Services.

Kinship Care - A Temporary Assistance for Needy Families (TANF) program that allows relatives to provide care and protection to children who are under the care, custody, and control of County Social Services and who would otherwise be in foster care.

LIHEAP - Low Income Home Energy Assistance Program. Commonly referred to as the energy assistance program, LIHEAP provides heating assistance grants and services for qualifying low-income households. Benefits equal each household's estimated cost of heat minus a percentage of the household's income and are usually paid directly to a heating fuel supplier.

Long–Term Care Facility - (As defined by North Dakota law) A nursing facility, basic care facility or swing bed hospital unit.

Long-Term Care Ombudsman - A person who identifies, investigates, and resolves complaints made by or on behalf of residents of long-term care facilities and works in other ways to protect the health, safety, welfare, and rights of residents.

MA - Medical Assistance, commonly referred to as "Medicaid," provides medical assistance to certain specified groups of needy low-income individuals as defined by federal law.

Medicaid - See MA above.

Medicaid Waiver for Aged and Disabled - A program authorized by federal law that funds in–home and community–based services to individuals who meet Medicaid eligibility standards and require the level of care provided in a nursing facility.

Medicaid Waiver for Traumatic Brain Injury - A program authorized by federal law that funds in–home and community–based services for individuals with traumatic brain injury who meet Medicaid eligibility standards and require the level of care provided in a nursing facility.

Medicare Savings Programs - Medicaid coverages that pay all or part of the Medicare premiums, deductibles, and co-insurance for Qualified Medicare Beneficiaries, Specified Low-income Medicare Beneficiaries and Qualifying Individuals.

MHSIP - Mental Health Statistical Improvement Project is the statistical and outcome measurement system for the Department's community-based mental health system of care at the regional human service centers.

MMIS - Medicaid Management Information System is the computer system that processes all Medicaid claims. Developed in 1978, it is also used to monitor utilization and to manage the Medicaid program.

MSLA - Minimally Supervised Living Arrangement is a community waiver group home or community complex setting, which provides training in community integration, social, leisure, and daily living skills.

NCP - For child support purposes, the Non-Custodial Parent is the parent who does not have primary care, custody, and control of the child(ren) or, if a court has made a custody determination, the parent who does not have legal custody of the child(ren).

Neglect - The failure of a caregiver to provide essential services necessary to maintain the physical and mental health of another person in the caregiver's care.

New Hire Reporting - Under this reporting process mandated by federal and state law, employers must submit new hire information within 20 days of hiring to the State Directory of New Hires, a component of the Child Support Enforcement Division.

North Dakota Health Tracks - Also known as EPSDT, this program provides preventive health care to Medicaid–eligible youth up to age 21. Services include physical exams and screenings, immunizations, and referrals.

Obligee - The person to whom a child support obligation is owed, generally the custodial parent (CP). It may also be an entity to which a child support obligation is owed.

Obligor - The person who is obliged to pay child support. See also non-custodial parent (NCP).

Older Americans Act - The Older Americans Act provides federal funding for services to older persons, especially those who are low–income, socially needy, frail, or minority persons. Among the services offered are nutrition services, support services, Long–Term Care Ombudsman program, and information and referral.

Outreach - Actions and communication initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.

PAAP - Pre–admission Assessment Program is a state program applied to any individual planning to enter a nursing facility. It is intended to identify and explain community alternatives to inpatient nursing facility care.

PAC - Partnership Advisory Committee

Parent Aides - Individuals who, through training and support, work with parents who are at risk of abusing or neglecting their children. County social service boards employ parent aides.

Partnerships Program - Integrated comprehensive services for children with serious emotional disorders.

PASARR - Pre–admission Screening and Annual Resident Review is a federal law requiring that every person who seeks admission to a nursing facility be screened by the state for evidence of mental retardation or mental illness. If either exists, the screening is intended to determine if nursing facility care is necessary, and if so, to determine if specialized services are needed.

Personal Attendant Care - Care provided to individuals who live in their homes. The purpose of this care is to help individuals with activities of daily living so they can remain living at home.

Personal Care Service - A service which provides assistance with bathing, dressing, toileting, continence, transferring, mobility in the home, eating, and personal hygiene, passive range of motion exercises and simple bandage changes. When specified within the plan of care, this service may also include supervision, cueing or prompting; housekeeping tasks such as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family.

Pharmacy Point of Sale - This is a computerized point of sale (POS) system that allows pharmacists to enter claims on a real time basis into the payment system. Within a matter of seconds, providers receive confirmation that the claim has been processed for payment or denied. If the claim is denied, providers receive immediate information regarding the reason for the denial. The system also prevents payment of duplicate claims, audits claims to ensure that the health of our recipients is maintained by preventing inappropriate drug dispensing, reduces administrative costs and streamlines identification of recipient liability for pharmacy providers.

Prime Time Day Care - A prevention program designed to provide temporary day care to families at risk of neglecting or abusing their children.

QMB - Qualified Medicare Beneficiaries are persons for whom Medicaid pays the Medicare premiums, deductibles, and co-insurance. Income cannot exceed 100% of the poverty level. See Medicare Savings Programs.

QI - Qualifying Individuals consists of two groups whose participants cannot be on other Medicaid to receive benefits. Qualifying Individuals 1 is a group for whom Medicaid pays the Medicare Part B premium. Income must be between 120% and 135% of poverty level. Qualifying Individuals 2 is a group for which Medicaid pays a portion of the Medicare Part B premium. Income must be between 135% and 175% of poverty level. See Medicare Savings Programs.

Qualified Service Provider - an agency or independent contractor that agrees to meet standards for services and operations established by the Department of Human Services.

RCCF - Residential Child Care Facility (foster care facility).

RCSEU - There are eight Regional Child Support Enforcement Units in North Dakota. These county-administered offices provide child support enforcement services pursuant to cooperative agreements with the Department of Human Services.

Refugee Cash Assistance - A benefit program available for the first eight months refugees are in the United States.

Recipient liability - This is the amount an individual participating in the Medically Needy Medicaid program is expected to contribute toward his or her monthly medical expenses.

Rehabilitation Services - Medical, psychological, social, and vocational services, including physical items, which are necessary to assist persons with disabilities to engage in gainful activity.

Respite Care - Provides temporary relief to a primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care.

Right Track - This Developmental Disabilities program works to identify infants or toddlers who may be at-risk for developmental delays. The program provides developmental screenings in environments natural and familiar to the child, referrs families to appropriate supports and shares child development information with families. For purposes of this program, at-risk infants and toddlers are defined as children younger than three years of age who have environmental or biological risk factors for developmental delays or parental concern regarding development.

RIS - Regional Intervention Services provides community–based intervention for individuals to determine appropriate level of care.

ROAP - The Regional Office Automation Project is a system that provides a comprehensive and integrated electronic medical records system to manage and support the business functions and requirements of the eight regional Human Service Centers and the Central Office.

RTC - Refers to a Residential Treatment Center for children and adolescents with serious emotional disorders.

SAPT - Substance Abuse Prevention and Treatment block grant

SCHIP - State Children's Health Insurance Program. See Healthy Steps.

SDU - The State Disbursement Unit is the unit within the Department of Human Services' Child Support Enforcement Division that receives, records, and distributes all child support payments in North Dakota.

SED - Serious Emotional Disorder

SFY - State Fiscal Year is the period of time in the state budget cycle from July 1 to June 30.

SLA - Supported Living Arrangement is a residential service that provides support to people living in their own homes or apartments. Supportive services include help with budgeting, shopping, laundry, etc. and are provided on an intermittent basis, generally less than 20 hours per month. There is a fixed staff to client ratio. People receiving this service generally need less support than people receiving services through an Individualized Supported Living Arrangement.

SLMB - Specified Low-Income Medicare Beneficiaries are persons for whom Medicaid pays the Medicare Part B premium. Income must be between 100% and 120% of poverty level. See Medicare Savings Programs.

SMI - Seriously Mentally Ill

Special Needs Adoption - The classification of adoption for children who have a physical, emotional, and/or psychological disability (or are at risk for such a disability), are older than age seven, part of a sibling group, or are children whose race/ethnicity is a barrier to placement.

Specialized Placement - Refers to a residence for people who are diagnosed as mentally retarded AND mentally ill and whose individualized programs address residential, psychosocial and psychiatric development prior to entry into less restrictive settings.

SPED - Service Payments for Elderly and Disabled is a program authorized by state law that provides a number of in–home and community–based services to functionally impaired older individuals and people with physical disabilities who require assistance to continue to live in a home-like setting.

SSA - Social Security Administration

SSI - Supplemental Security Income

Supported Employment - Competitive work, in an integrated work environment, with ongoing support services for individuals with the most severe disabilities.

TANF - Temporary Assistance for Needy Families is a block grant program established under Title IV-A of the Social Security Act. It serves many needs, such as meeting some of the costs of Foster Care and Child Care Assistance programs. TANF also provides temporary cash assistance to needy families primarily to facilitate the return to or preparation for the world of work.

TBI - Traumatic Brain Injury

TCC - Transitional Child Care provides partial payment of child care to families who lose TANF assistance eligibility.

TCLF - Transitional Community Living Facility is a community waiver group home that provides training for individuals in community integration, social, leisure, and daily living skills in a group living environment. It is preliminary to entry into a lesser restrictive setting.

TECS - Technical Eligibility Computer System is the computer system currently used by county social service boards to manage Food Stamps and some Medicaid cases.

TPL - Third–Party Liability describes potential resources that may be available to offset claims against the Medicaid program. They include health insurance, accident insurance, court settlements, and decrees stemming from accidents of various kinds.

Transition Services - Services provided to assist students with disabilities as they move from school to adult services and/or employment.

Transitional Medicaid Benefits - Provides up to 12 months of Medicaid coverage for families who lose eligibility under the Family Coverage group due to earnings.

Tribal NEW - Tribal Native Employment Works program is the tribal equivalent of the former Job Opportunities and Basic Skills (JOBS) program. The job placement and education program is available to Native American TANF recipients.

Tribal TANF - Tribal governments have the option of direct administration of TANF programs.

Uniform Interstate Family Support Act (UIFSA) - is a model Act, enacted at the state level, to provide mechanisms for establishing and enforcing child support obligations in interstate cases (cases in which a non-custodial parent lives in a different state than the custodial parent and child(ren).

UPA - Either the Uniform Parentage Act or Unreimbursed Public Assistance. The **Uniform Parentage Act** refers to laws, based on model legislation that was drafted by the National Conference of Commissioners on Uniform State Laws (NCCUSL), enacted at the state level to provide mechanisms for establishing paternity. **Unreimbursed Public Assistance** refers to money paid in the form of public assistance (for example, Temporary Assistance for Needy Families (TANF) expenditures), which has not yet been recovered by retaining assigned child support.

VIPR -The Very Intelligent Payment Recognition System is a computerized check processing system used by state's Child Support Enforcement Division to process child support payments quickly and accurately. It interfaces with the FACSES system.

Vision - The computer system currently used by county social services to administer TANF benefits and some Medicaid cases.

Vocational Development - A program of vocational preparation prior to competitive or extended employment.

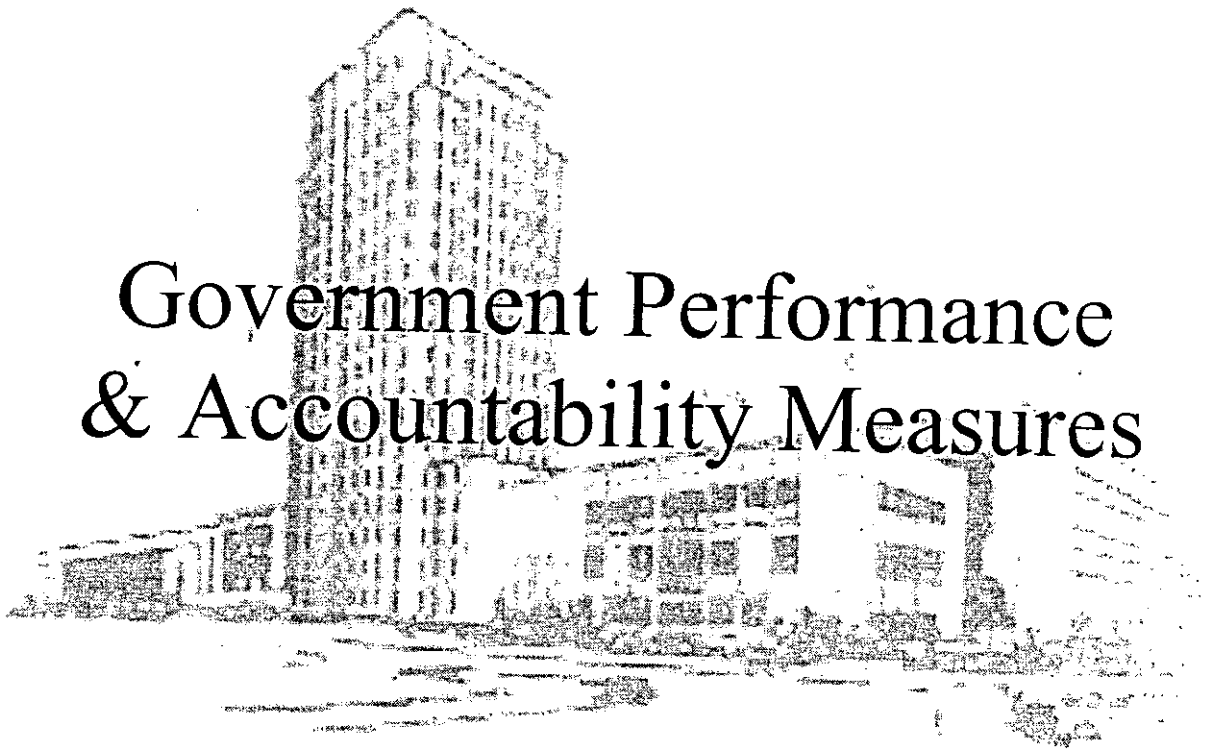
VR - Vocational Rehabilitation provides training and employment services to individuals with disabilities so they can become and/or remain employed.

Vulnerable Adult Services - Refers to remedial social, legal, health, mental health, and referral services provided for prevention, correction, or discontinuation of abuse or neglect which are necessary and appropriate under the circumstances to protect an abused or neglected vulnerable adult, and ensures that the least restrictive alternatives provided, prevent further abuse or neglect, and promotes self care and independent living. (Reference: North Dakota Century Code Chapter 50-25)

WIA - Workforce Investment Act provides vocational training and employment–related services to individuals for the purpose of helping enter or reenter the labor market. Administration of this program is through North Dakota Job Service.

Wraparound - This is a strength-based philosophy of care that includes a definable process involving the child and family that results in a unique set of community services and supports individualized for that child and family. Wraparound is a process. It is not a program. It does not create new programs or services, but is the method of meeting the needs of families through the coordination and identification of natural supports and formal services. This process is team driven, focuses on least restrictive methods of care, and uses the family's strengths, preferences, and choices whenever possible. It is a continuum of intensity, which is driven by family needs, complexity, and level of risk.

north dakota
department of
human services



Government Performance & Accountability Measures

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
State Capitol, Judicial Wing
600 East Boulevard Avenue, Dept 325
Bismarck, N.D. 58505-0250

JOHN HOEVEN
GOVERNOR

CAROL K. OLSON
EXECUTIVE DIRECTOR

Introduction

The North Dakota Department of Human Services (DHS) performance and accountability measurements have been created to provide the governor, the legislative assembly, division managers, program leadership, and the public with the information necessary to evaluate and assess agency performance and accountability. One of the ultimate goals of these measures is to ensure that state government services are effective and state resources are used efficiently.

Our performance measures contain three basic types of information: 1) program trend information, 2) program outcomes, and 3) reference data from other states or entities. This information is not available for all measures. Program trend information is a measure of "how much" we are doing or spending, such as how many clients we served in a program. These types of statistics can be used as a gauge of program demand in the future. The second type of information, the program outcomes, is a measure of how well our programs are delivering the service. Are the programs doing what they intend to do in an efficient manner? The third type of measure is the reference data. This data is used to reference how we are doing compared to our counterparts throughout the nation. Our planning process is improved by utilizing each of these pieces of information.

Although these measures are reported for the Department of Human Services, they are not the departments' alone. The department works towards its goals in connection with its many partners. For example, many of the programs reported in this document are county-administered programs. We would like to thank everyone involved, notably department staff and the staff of our numerous partners, for helping move these measurements forward.

Executive Office

North Dakota Department of Human Services Performance Measurements

Mission/Client Focus

Goal 1: To focus attention on the department's mission to provide quality, efficient, and effective human services which improve the lives of people.

Interdepartmental Cooperation and Communication

Goal 1: To improve teamwork

Goal 2: To improve innovation/creativity within the department

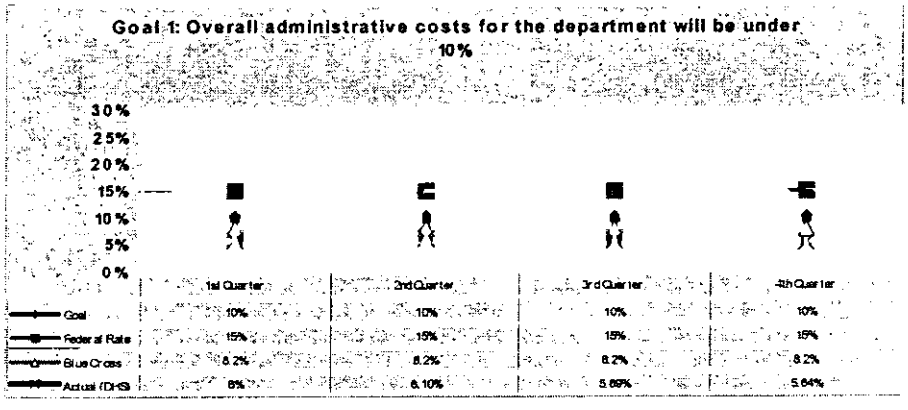
Performance and Accountability

Goal 1: To establish performance measures and accountability

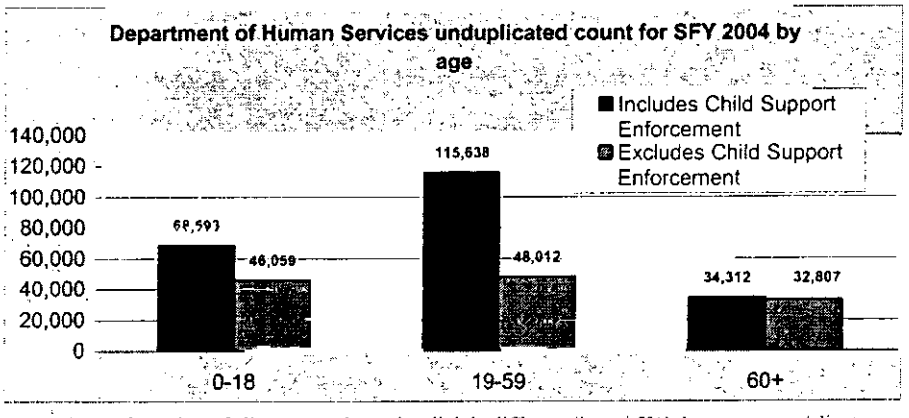
Legislative Issues

Goal 1: To develop a proactive legislative agenda

Executive Goals/Trends

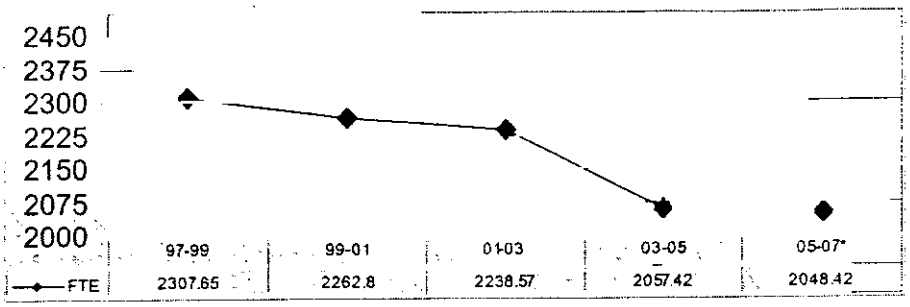


SFY 2004



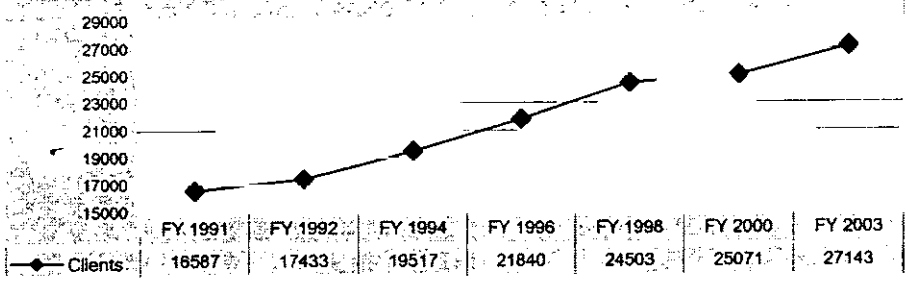
*Actual number of clients served may be slightly different (i.e. +/-5%) due to systems/clients not containing SSN and/or birth dates. **The data set containing the CSE data had 9598 clients with missing birth dates and the data set excluding the CSE data had 2017 clients with missing birth dates.

DHS legislatively approvded full time equivalents



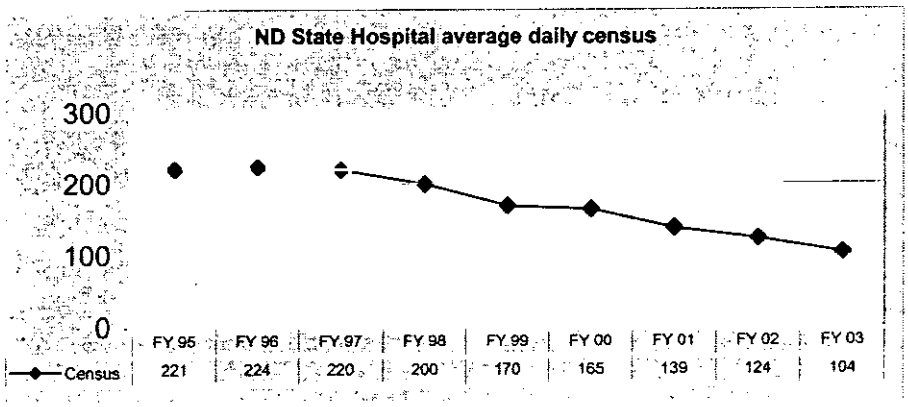
*Requested FTE's

13 year trend of clients served at the human service centers

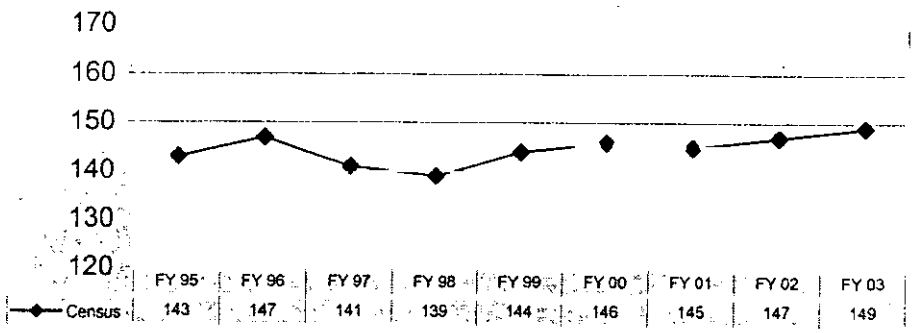


Data is from the ARIS Report HC2-220-AA

ND State Hospital average daily census



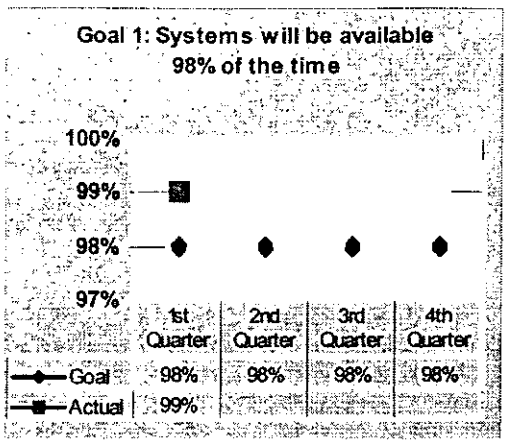
ND Developmental Center average daily census trend



	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
Census	143	147	141	139	144	146	145	147	149

Division of Information Technology

North Dakota Department of Human Service Performance Measurements



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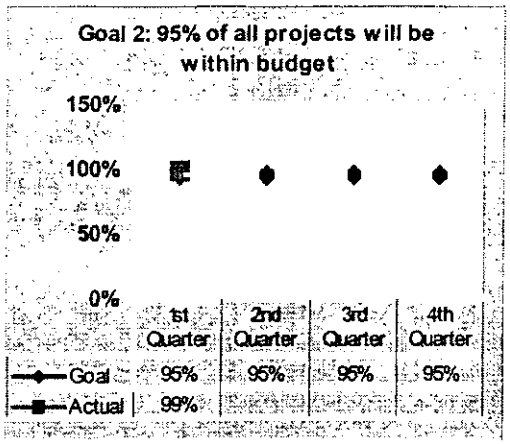

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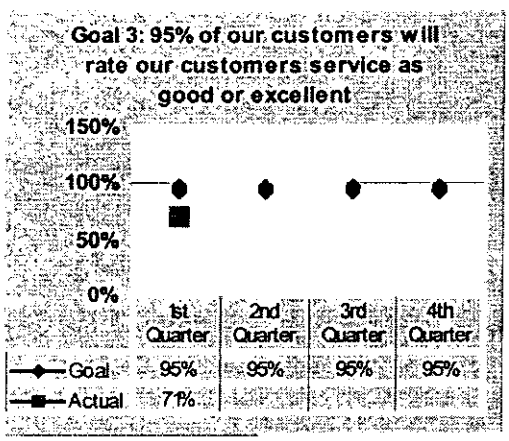

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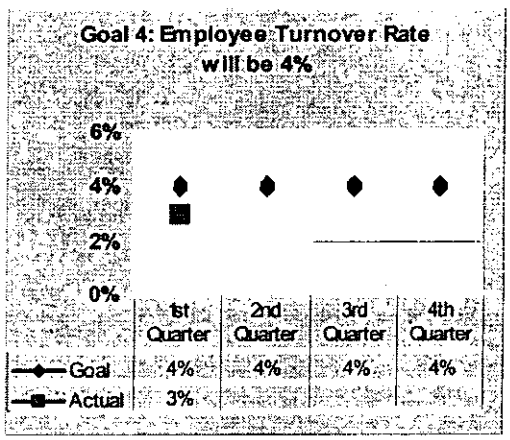


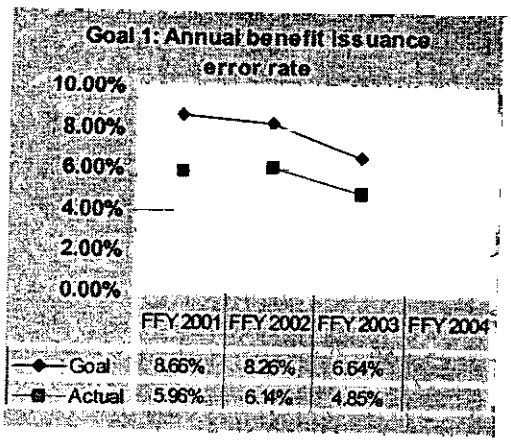
SFY 2005

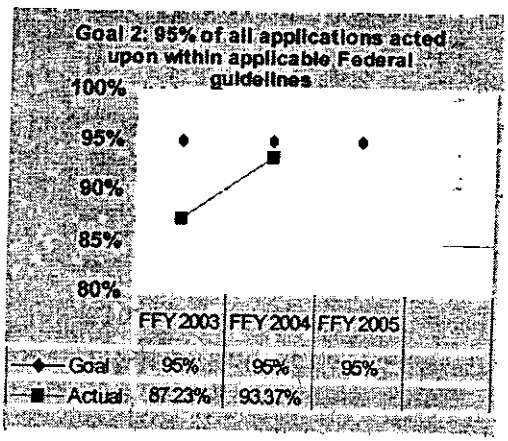
Economic Assistance Policy

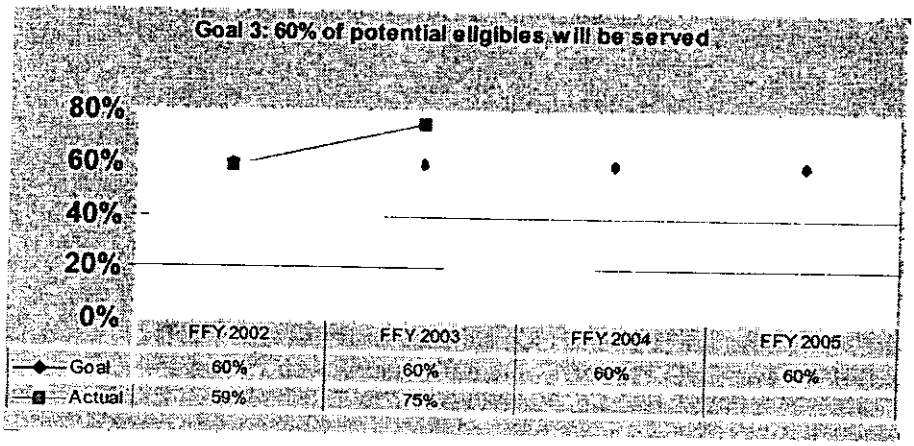
North Dakota Department of Human Service Performance Measurements

Program	Purpose
1. Food Stamps	Provides purchasing power to eligible individuals and families so they can buy additional food and raise nutrition levels in their households
2. Energy Assistance (LIHEAP)	Helps low income individuals and families pay for heating and energy conservation costs
3. Temporary Assistance for Needy Families (TANF)	Provides temporary cash assistance and employment training services to eligible families so adult family members can achieve self-sufficiency
4. JOBS	Provides employment, education, and training opportunities to participating TANF households so they can attain and retain employment
5. Child Care Assistance	Provides financial assistance for child care costs so that eligible parents and guardians can remain employed or in training

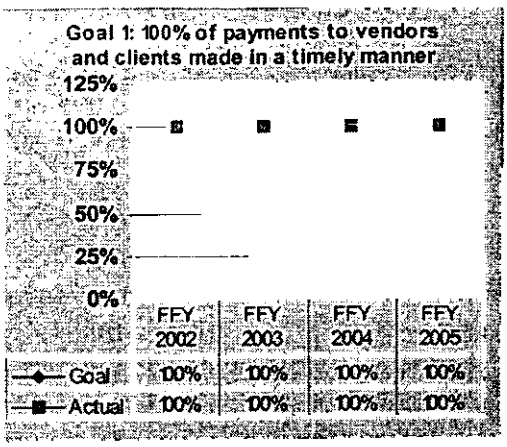
1. Food Stamp Unit

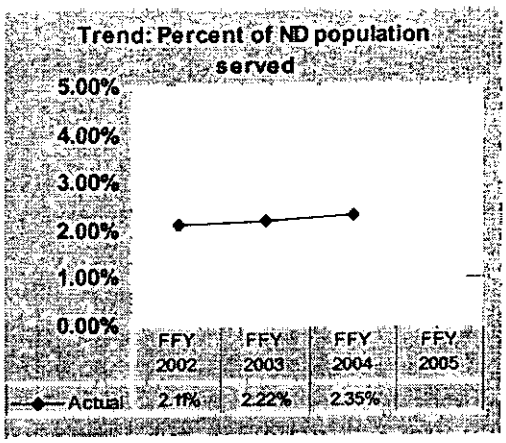


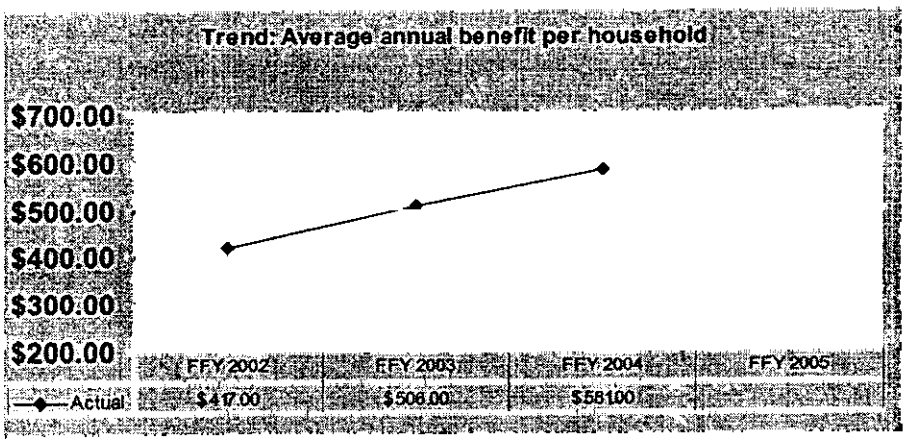




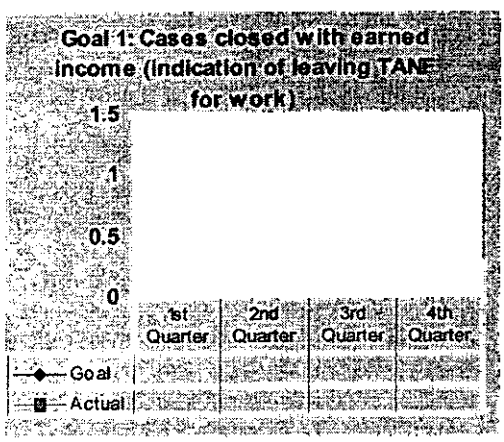
2. Energy Assistance Unit



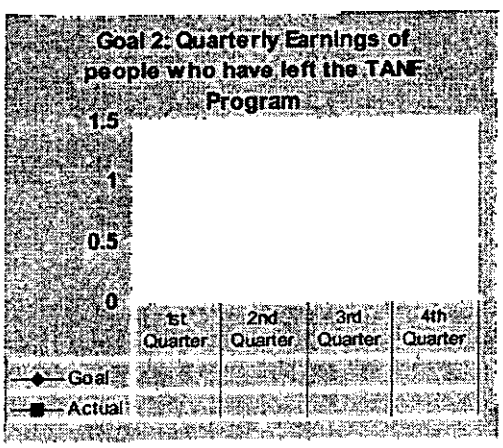




3. Temporary Aid for Needy Families (TANF)

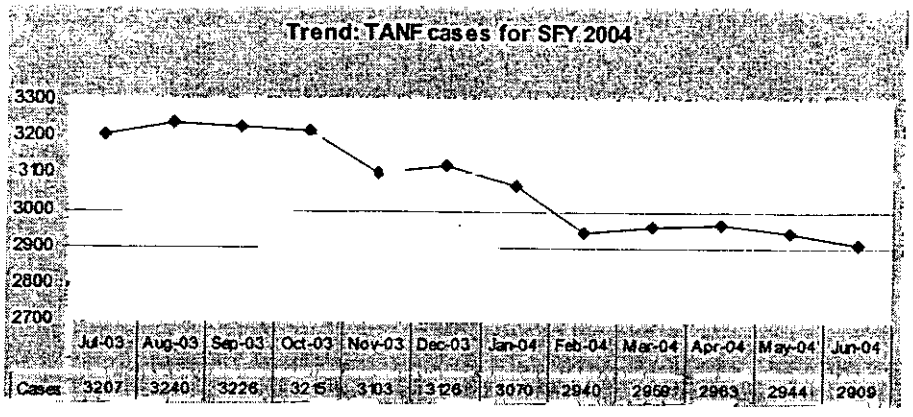


Pending – under development

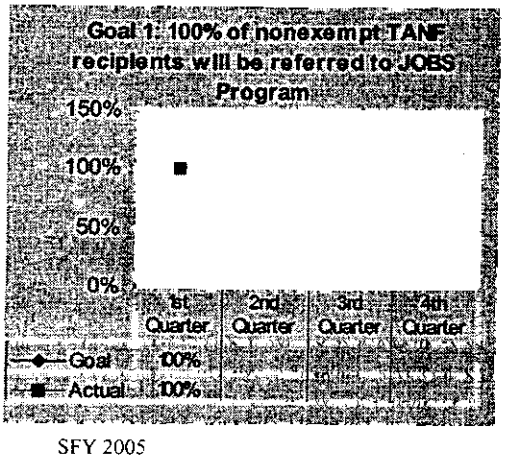


Results will be available December 31, 2004

3. Temporary Aid for Needy Families (TANF) Continued



4. JOBS



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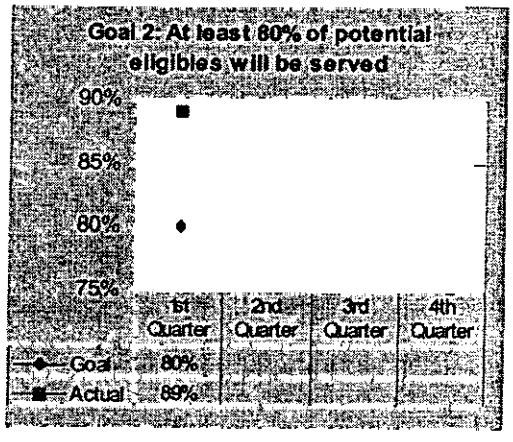
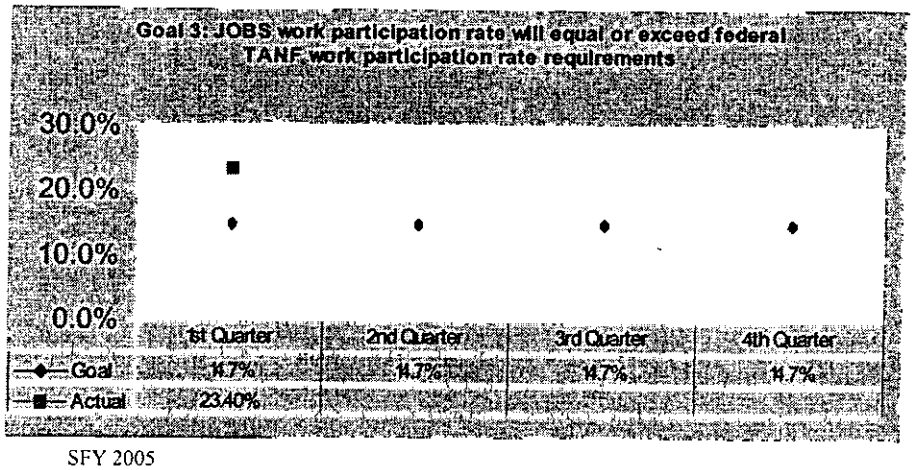


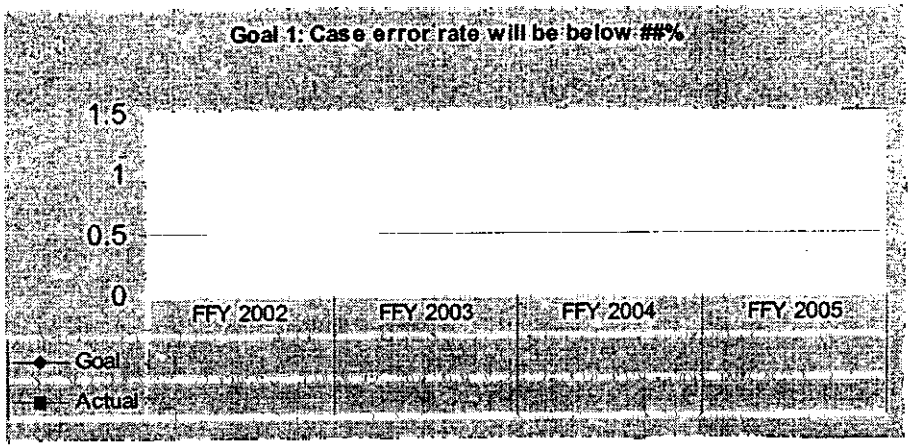
SFY 2005



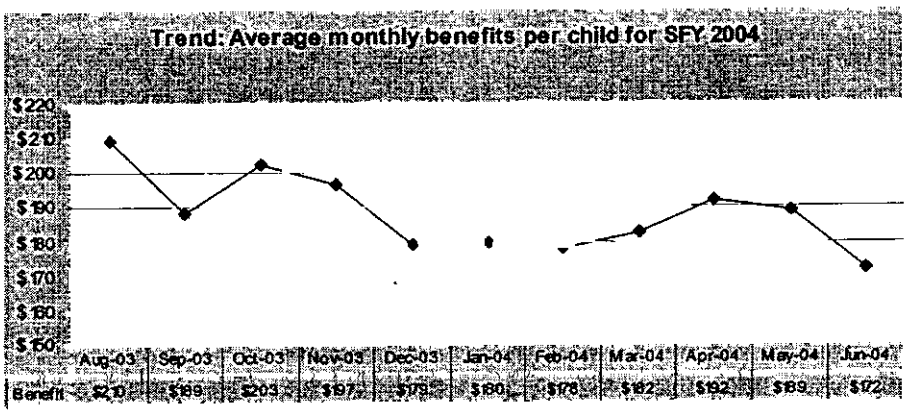
SFY 2005

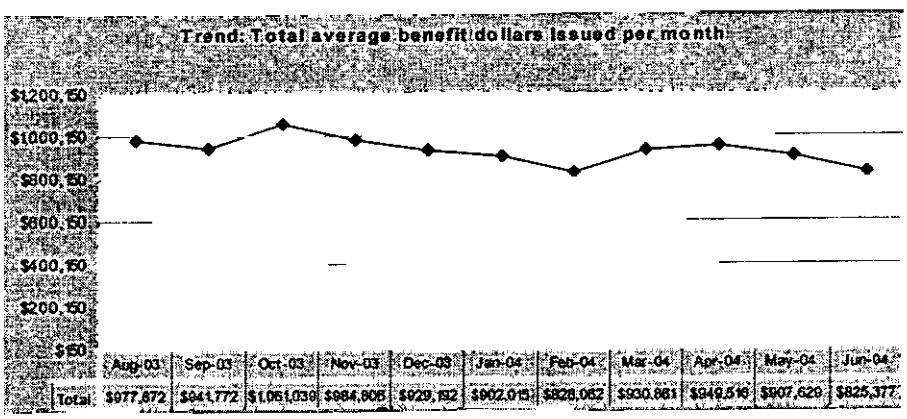
*This figure does not include Tribal New

5. Child Care Assistance Program



Data is based on a federal report not available at this time





Latest data available at the time of this report

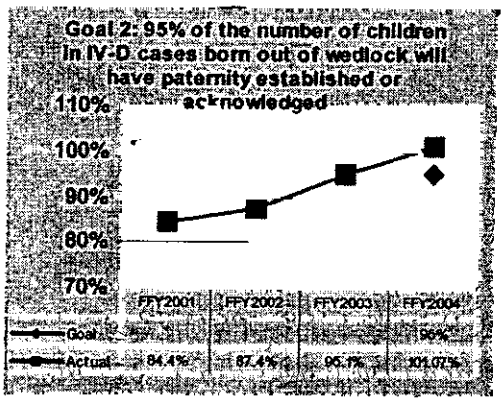
Child Support Enforcement

North Dakota Department of Human Services Performance Measures

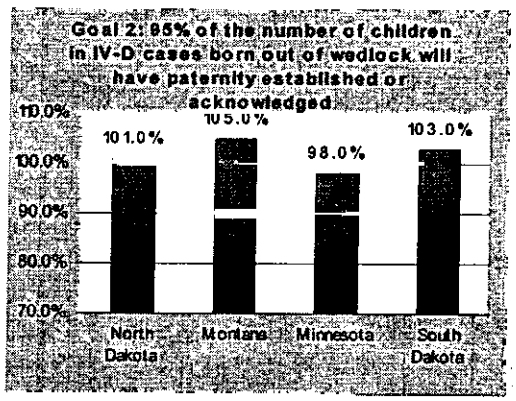
Program	Purpose
Child Support Enforcement	Enhance the well-being of children and reduce the demand on public treasuries by securing financial support from legally responsible parents and encouraging positive relationships between children and their parents

Goal 1	To rank in the top five in the nation for performance			
	FFY 2001	FFY 2002	FFY 2003	FFY 2004
	12th	4th	3rd	TBD

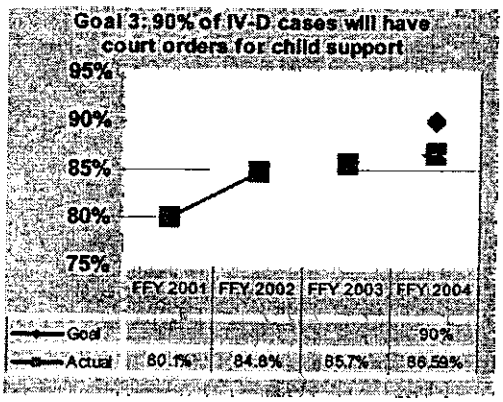
FFY 2004 results will be available March 2005
(Goals 2-5 are used in determining our national ranking)



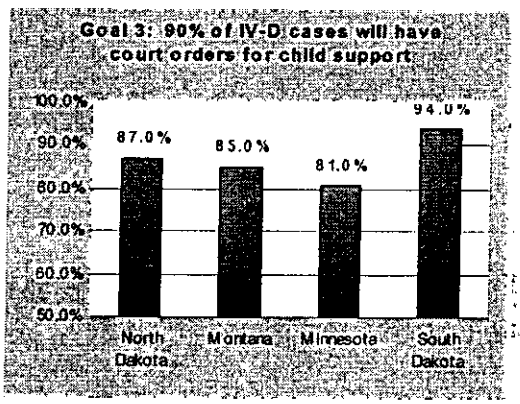
Data from FFY 2004 – preliminary
Calculated using a required federal formula which can result in over 100% goal attainment



Data from FFY 2004 – preliminary
Calculated using a required federal formula which can result in over 100% goal attainment
Reference data

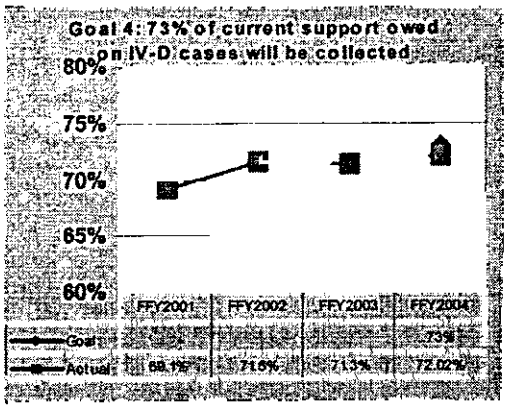


Data from FFY 2004 – preliminary

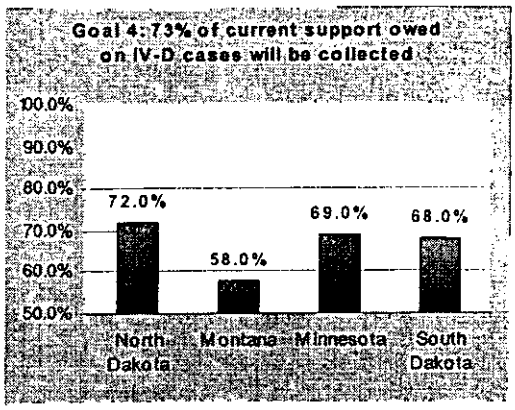


Data from FFY 2004 – preliminary
Reference data

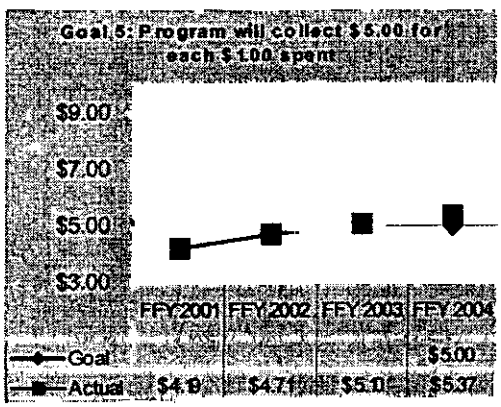
Child Support Enforcement Continued



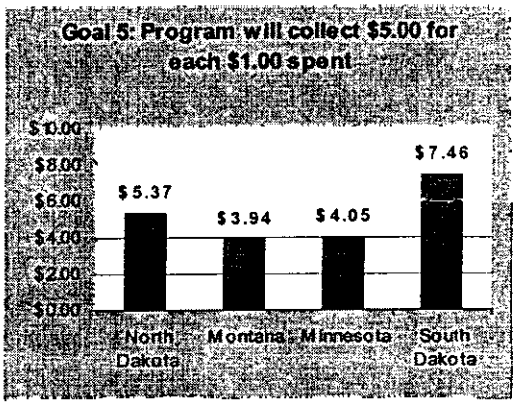
Data from FFY 2004 – preliminary



Data from FFY2004 - preliminary
Reference data



Data from FFY 2004 – preliminary



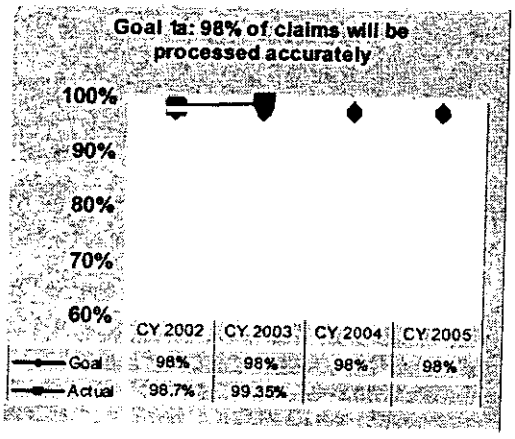
Data from FFY2004 - preliminary
Reference data

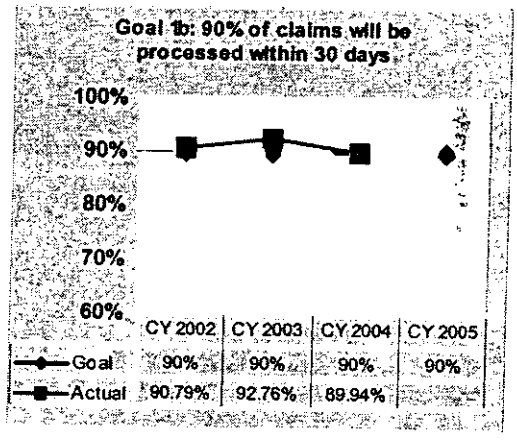
Medical Services

North Dakota Department of Human Service Performance Measurements

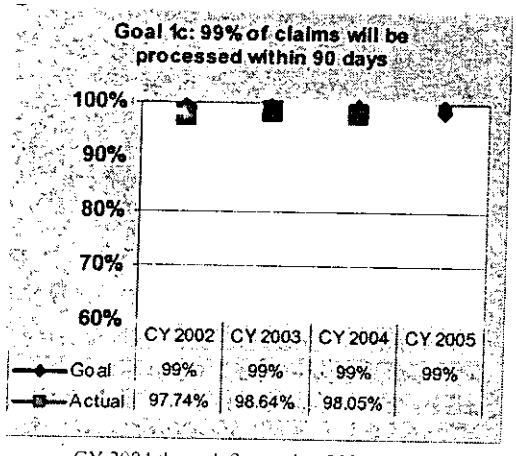
Program	Purpose
1. Medical Services	To ensure delivery of medical services in the most efficient and economical manner so that recipients can improve or maintain their health
2. North Dakota Health Tracks	Provides free preventative health screenings and services to children age 0 to 21 who are eligible for Medicaid
3. Children's Health Insurance Program (CHIP)	Provides health insurance to children who do not qualify for North Dakota's Medicaid Program
4. Children's Special Health Services (CSHS)	Provides services for children with special health care needs and their families and promotes family-centered, community-based, coordinated services and systems of health care

1. Medical Services

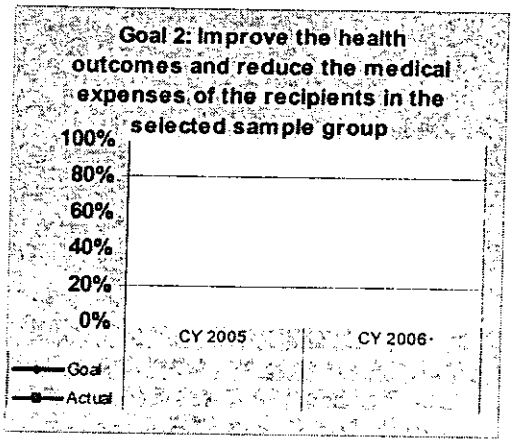




CY 2004 through September 2004

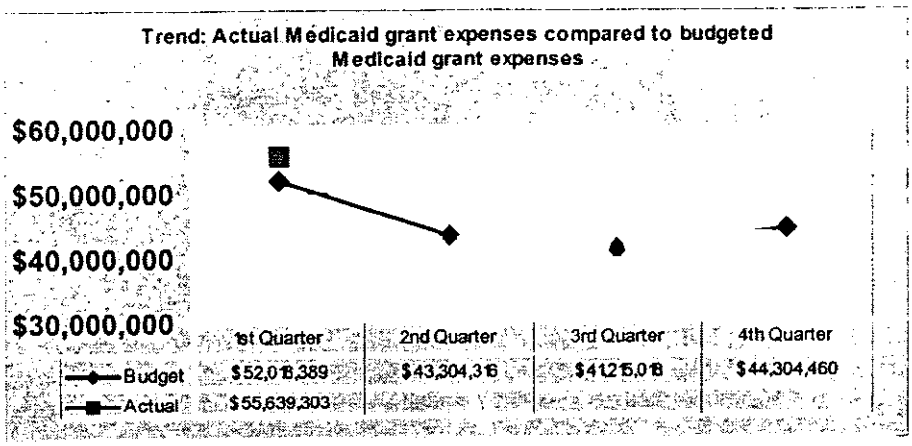


CY 2004 through September 2004



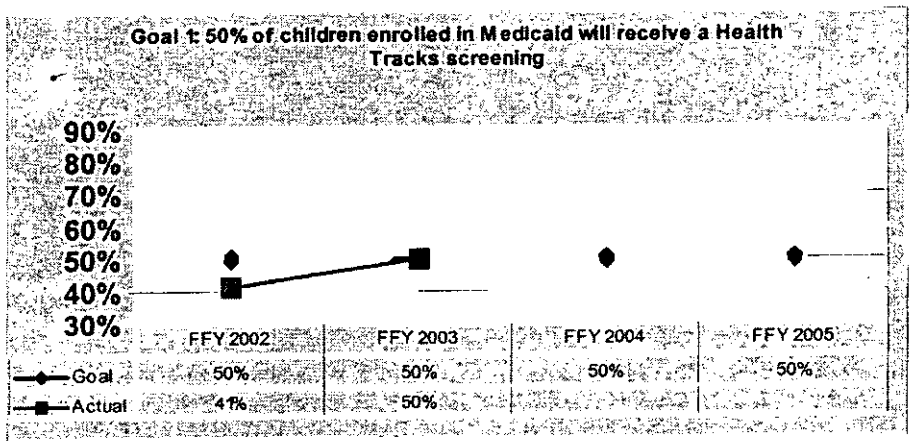
Pending – under development

1. Medical Services Continued

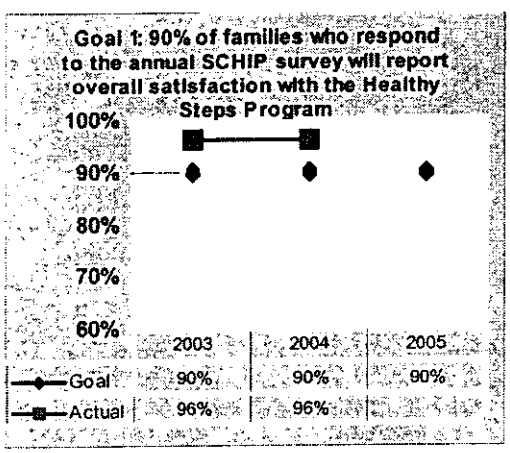


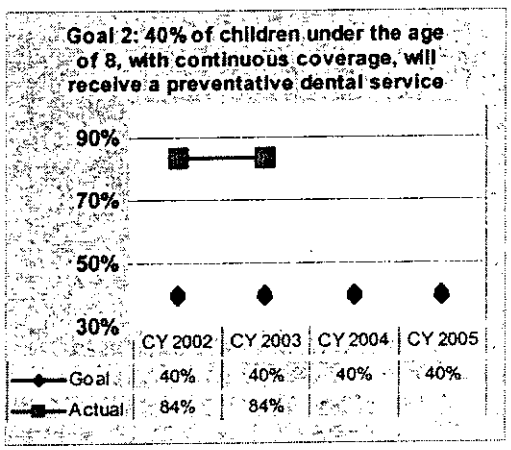
SFY 2005

2. North Dakota Health Tracks



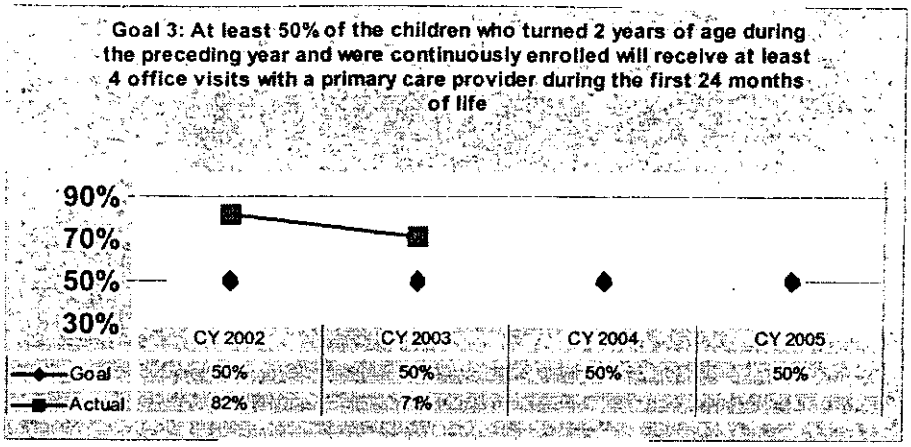
3. Children's Health Insurance Program (CHIP)



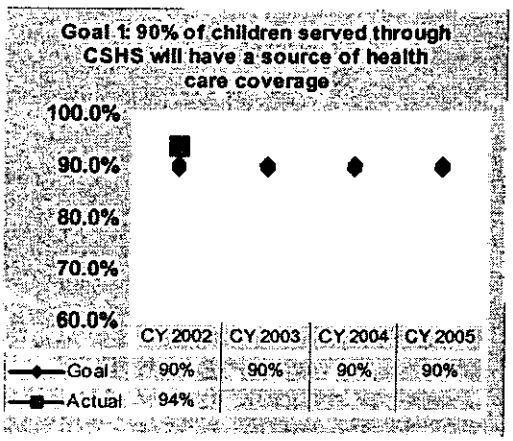


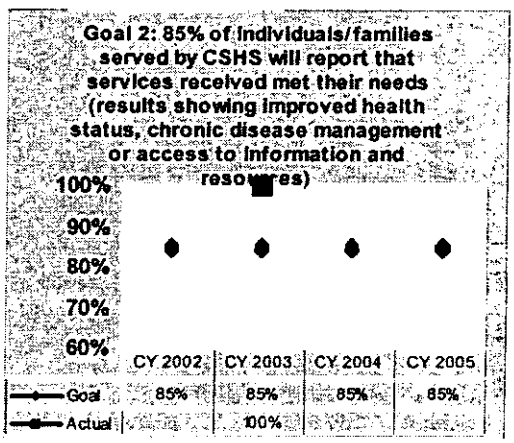
*Conducted yearly (based on point in time data)

3. Children's Health Insurance Program (CHIP) Continued



4. Children's Special Health Services (CSHS)



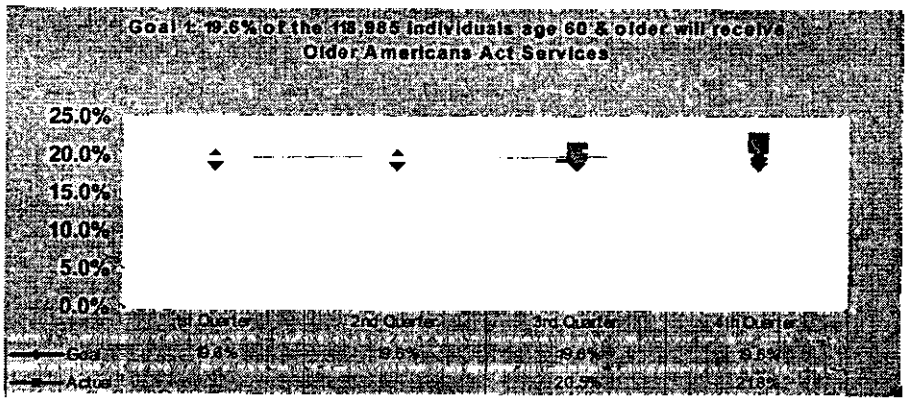


Aging Services Division

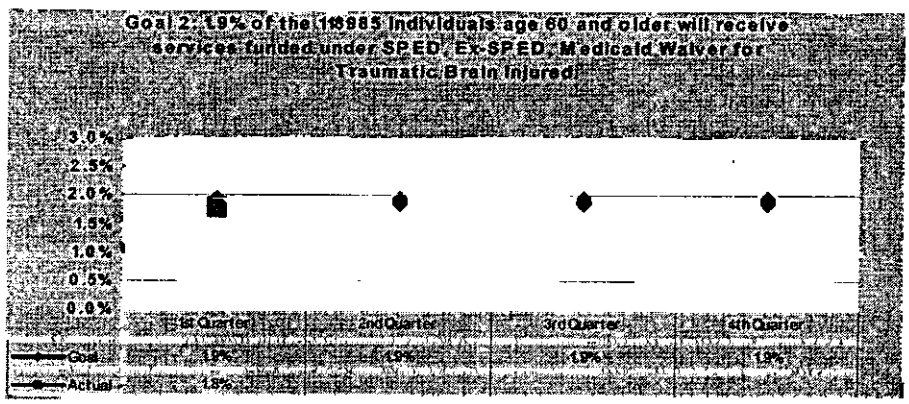
North Dakota Department of Human Services Performance Measurements

Program	Purpose
1. Home &Community Based Services	Provides support to older adults and persons with physical disabilities so they can remain in their own homes
2. Vulnerable Adults Services Program	Provides information, education and intervention to vulnerable adults so they can exercise their rights

1. Home &Community Based Services

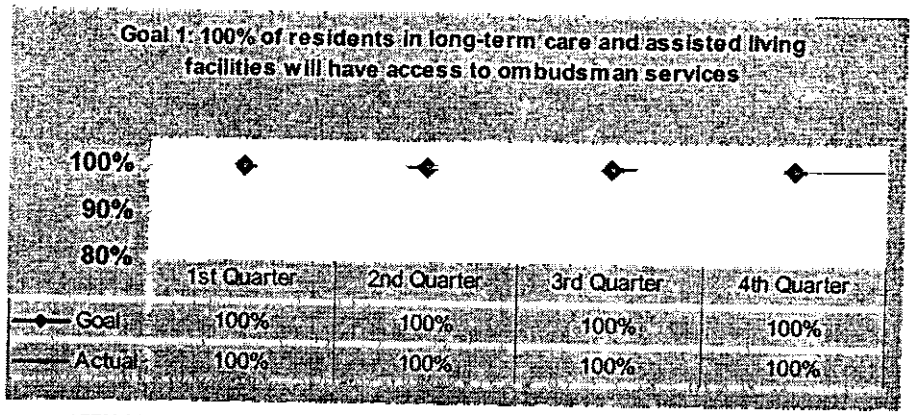


Data Based on Federal Fiscal Year (FFY 2004)
1st & 2nd Quarter not available because a new data system was implemented

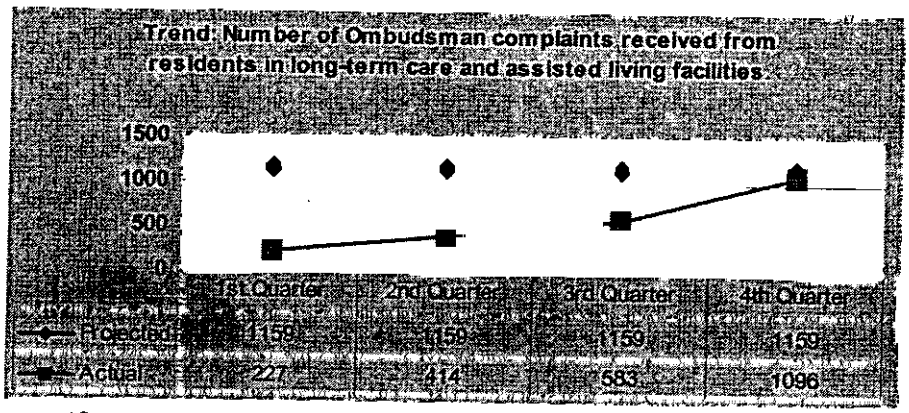


SFY 2005

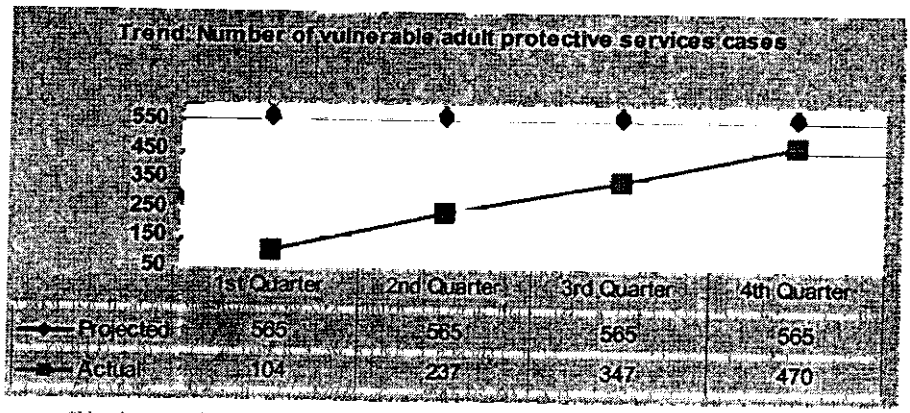
2. Vulnerable Adults Services Program



*FFY 2004



*Quarters are based on FFY 2004 and the data is cumulative



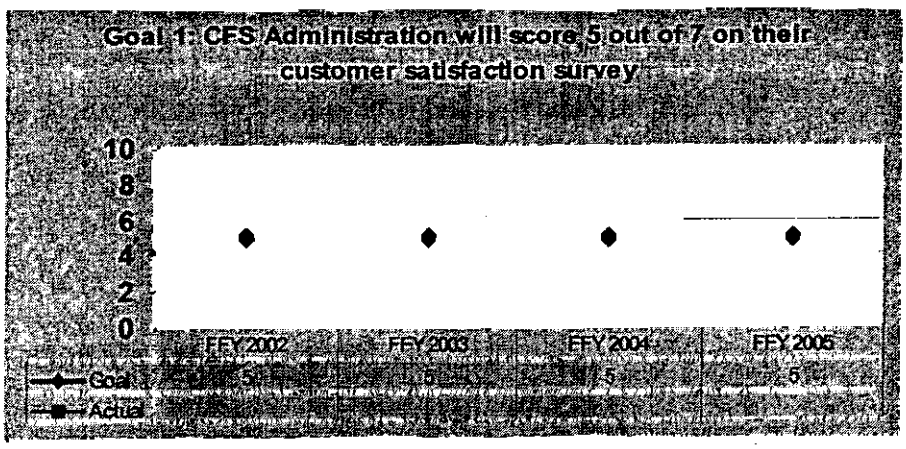
*Numbers are decreased due to a change in reporting requirements
** Quarters are based on FFY 2004 and the data is cumulative

Children and Family Services

North Dakota Department of Human Services Performance Measures

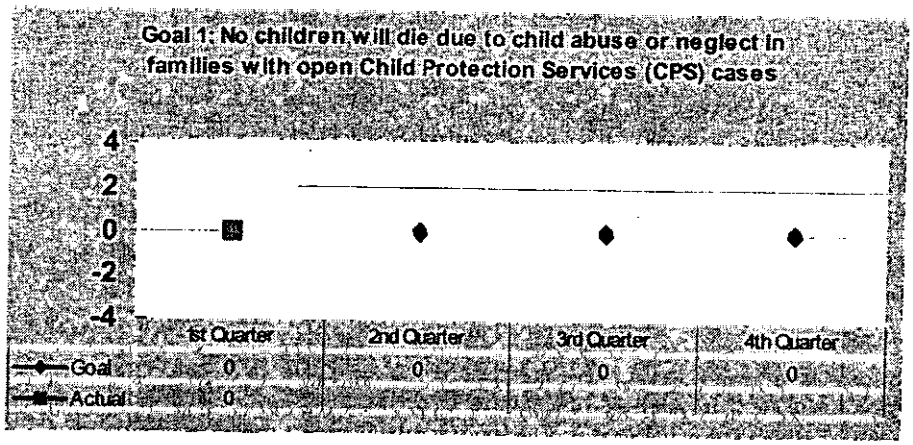
Program	Purpose
1. Children and Family Services Administration	Develop rules, policy, procedures, and budgets and provide leadership, direction, training, and technical assistance to various entities so they can attain efficient and effective child welfare services
2. Child protection Services	Provide protection for children who have been or are at risk of being neglected and/or abused so they can be free of neglect and/or abuse
3. Foster Care Services	Provide substitute temporary living environments for children who cannot remain with their families so they can be safe in an alternative living environment
4. Adoption Services	Recruit, approve, and support families for children in need of adoption so children can have permanent home
5. Family Preservation Services	Provide therapeutic intervention to families whose children have been or are at risk of abuse, neglect, and out-of-home placement so children can be safe

1. Children and Family Services (CFS) Administration

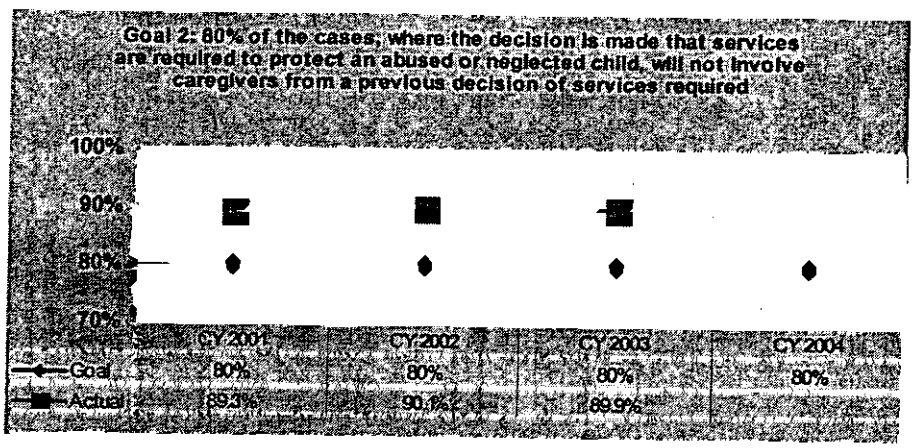


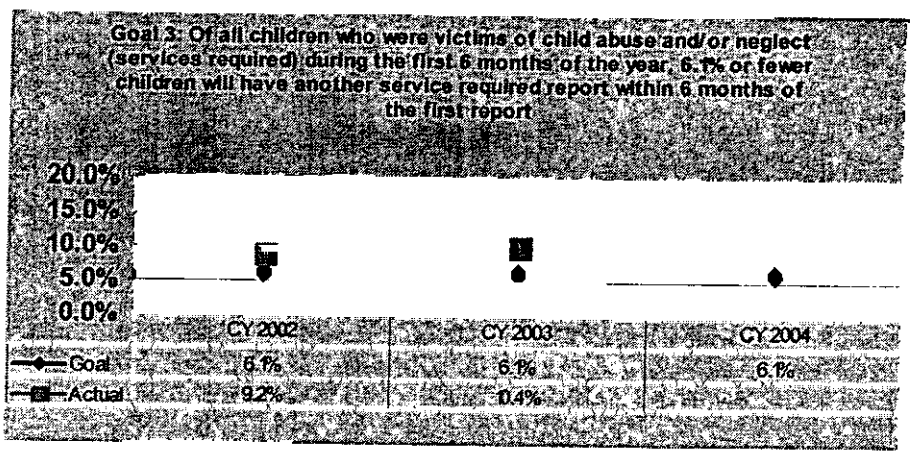
*Results will be available March 31, 2005

2. Child Protection Services

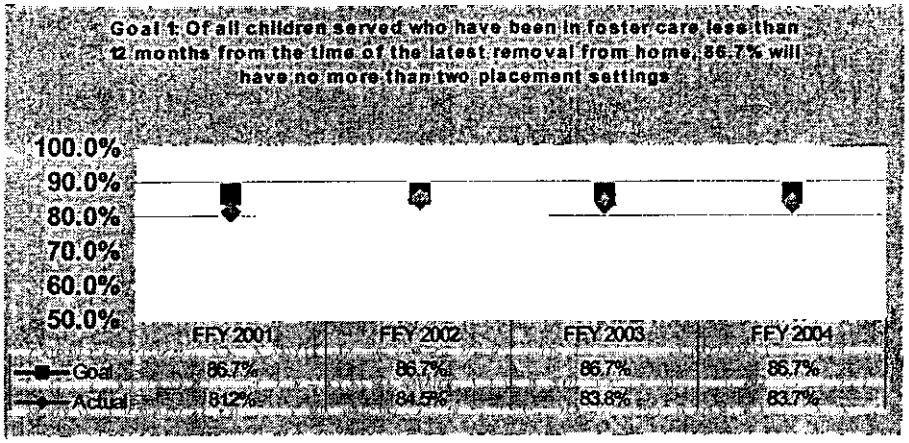


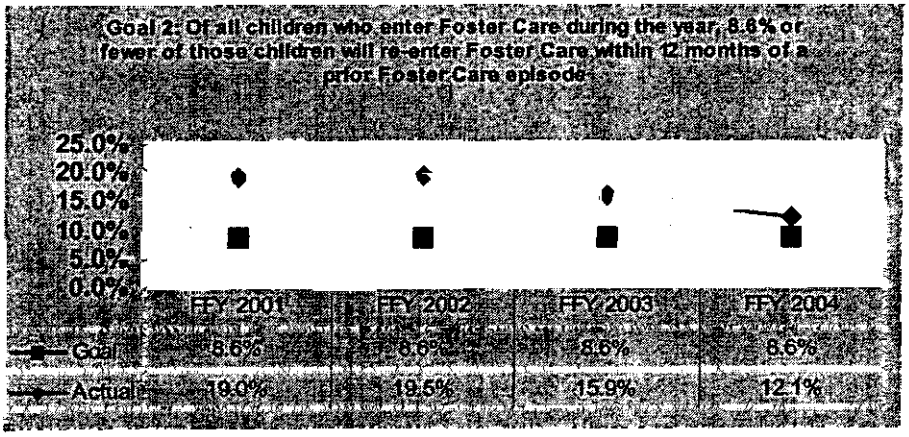
*SFY 2005

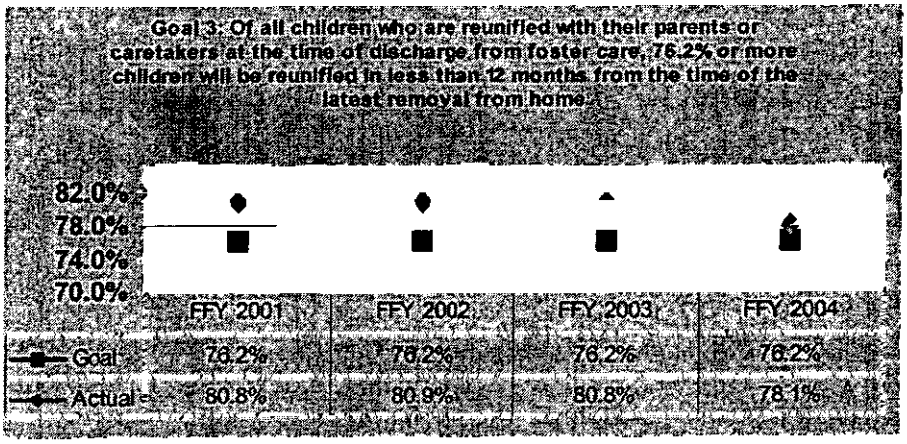




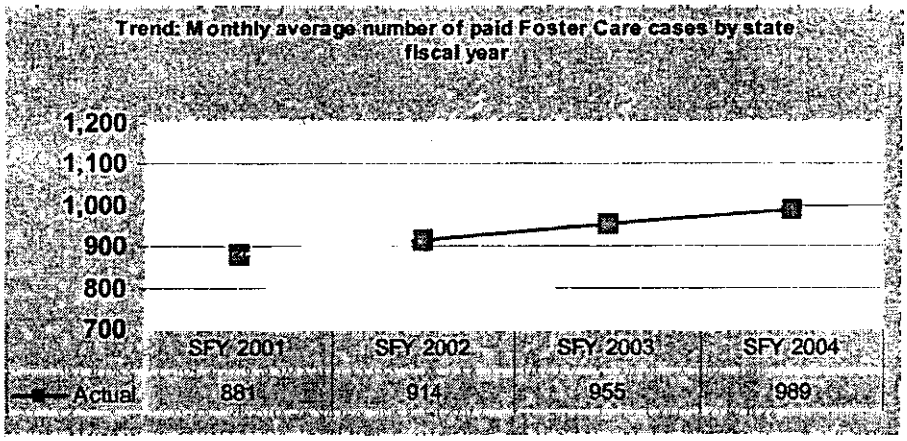
3. Foster Care Services

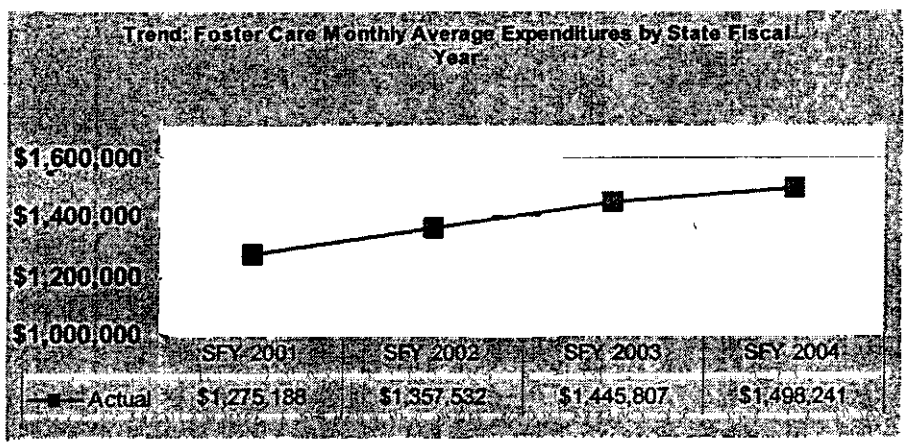




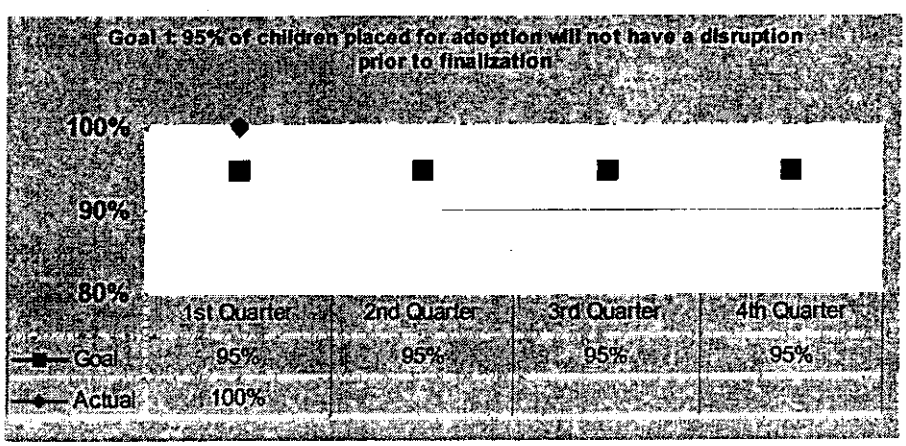


3. Foster Care Services Continued



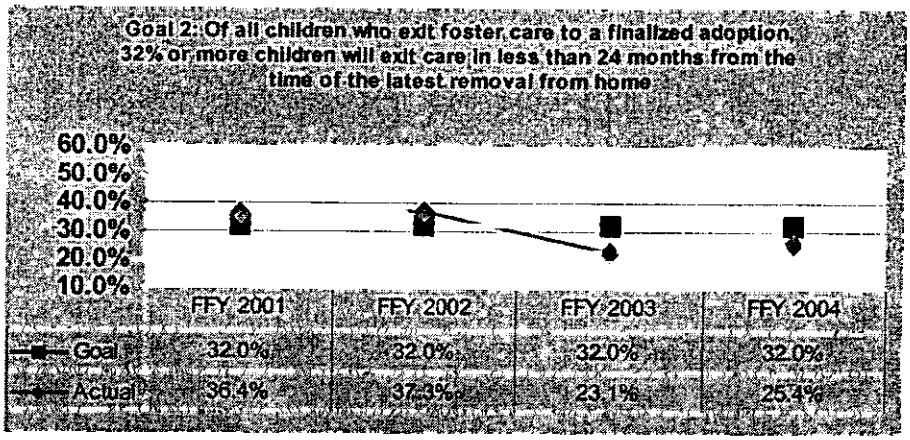


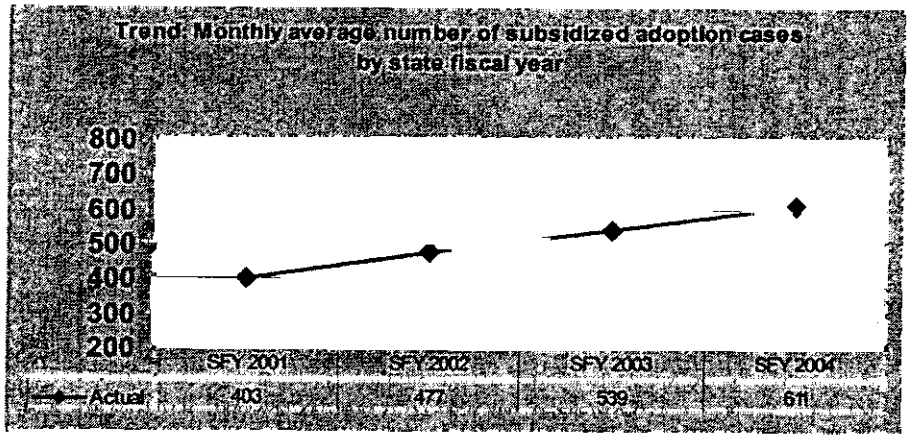
4. Adoption Services

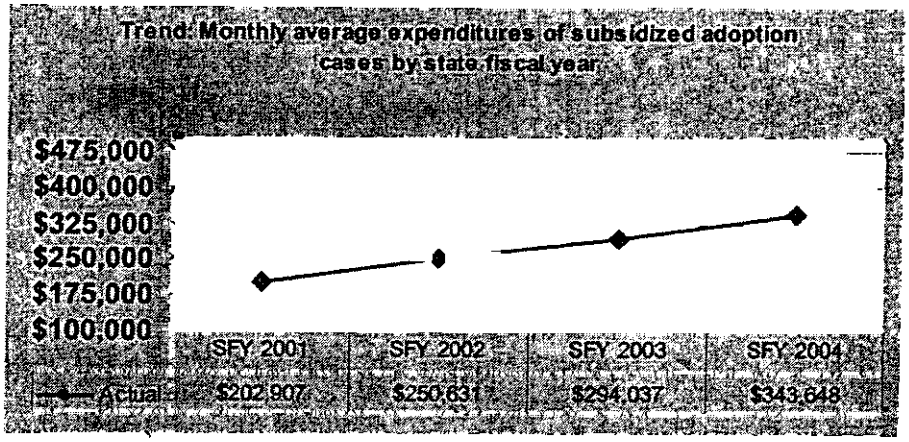


SFY 2005

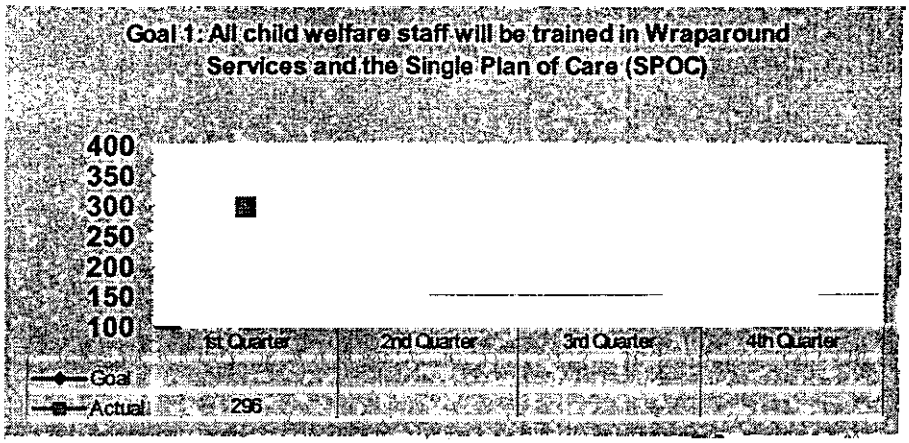
4. Adoption Services Continued



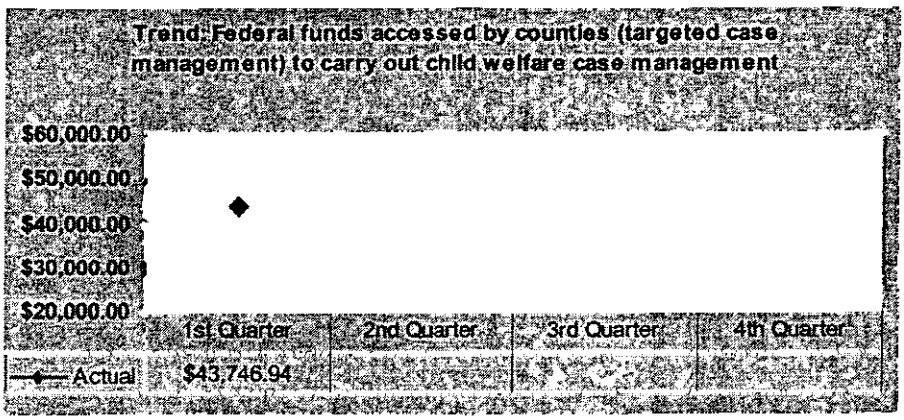




5. Family Preservation Services



Pending – under development



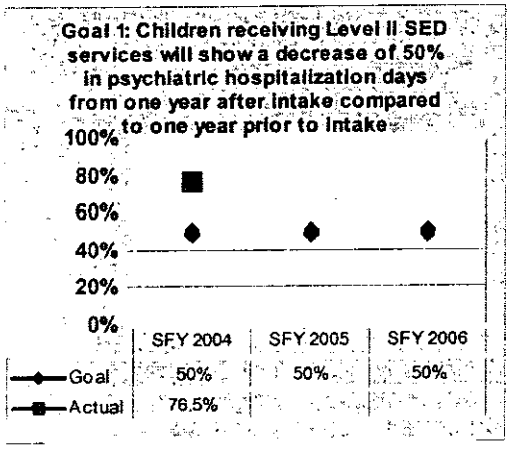
FY 2005

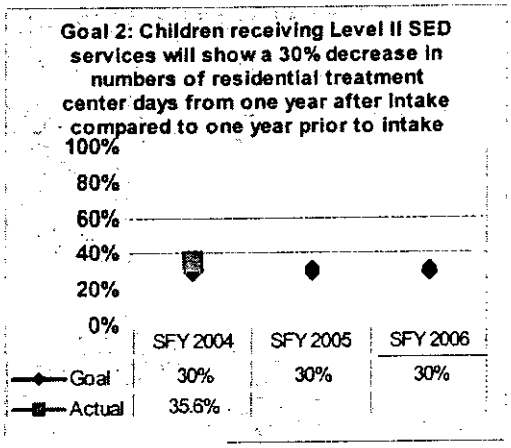
Mental Health and Substance Abuse

North Dakota Department of Human Service Performance Measurements

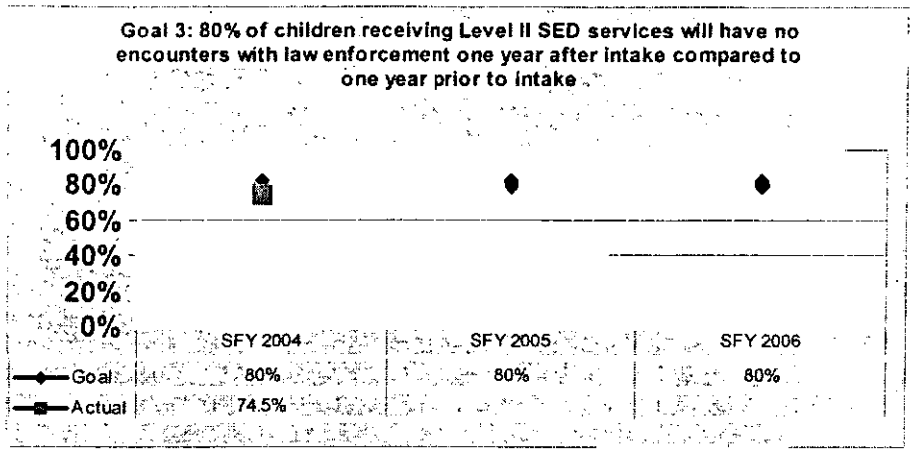
Program	Purpose
1. Children's Mental Health System of Care	Provide therapeutic and supportive services to children with serious emotional disorders (SED) and their families so they can manage their disorders and live in communities in the least restrictive settings
2. Substance Abuse Prevention Services Program	Provide resources and services to communities in order to prevent substance abuse
3. Substance Abuse System of Care	Provide therapeutic and supportive services to individuals who abuse or are dependent upon alcohol or other drugs so they can manage their illnesses and live in communities in the least restrictive setting
4. Clinical Services Program	Provide evaluation and treatment to people with emotional or relationship problems so they can reduce or eliminate the impact of the problem
5. Serious Mental Illness System of Care	Provide therapeutic and supportive services to adults with serious mental illnesses so they can manage their illnesses and productively live in communities in the least restrictive setting

1. Children's Mental Health System of Care

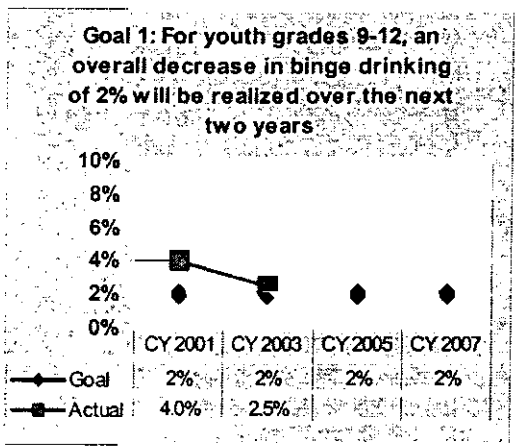


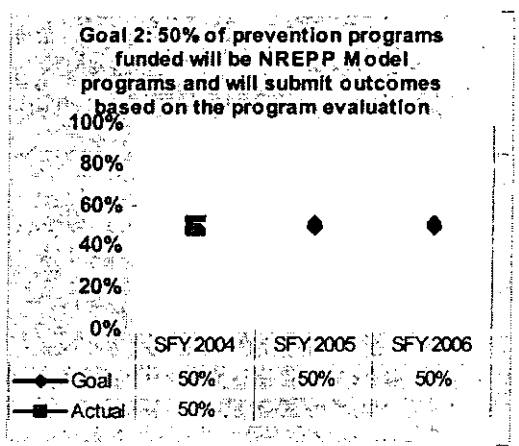


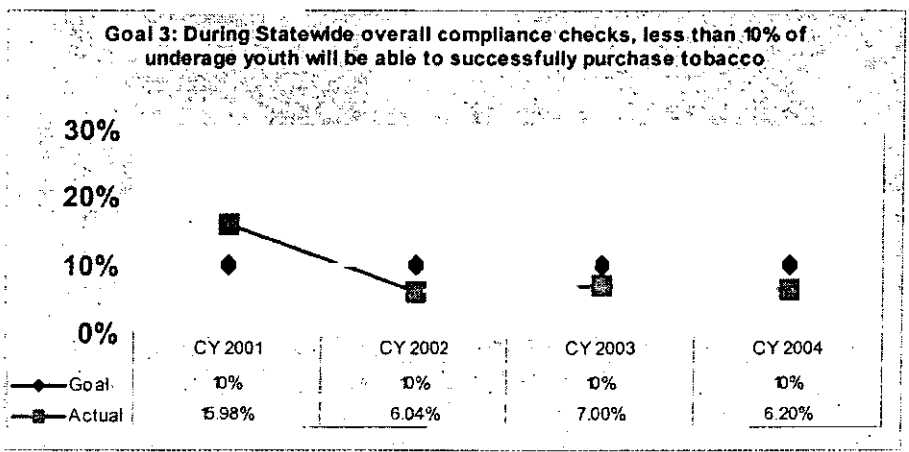
1. Children's Mental Health System of Care Continued



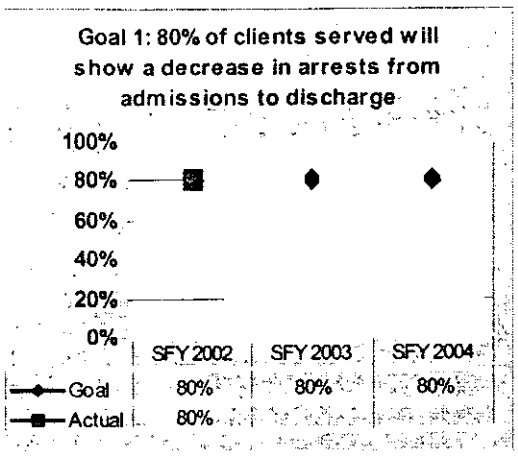
2. Substance Abuse Prevention Services Program

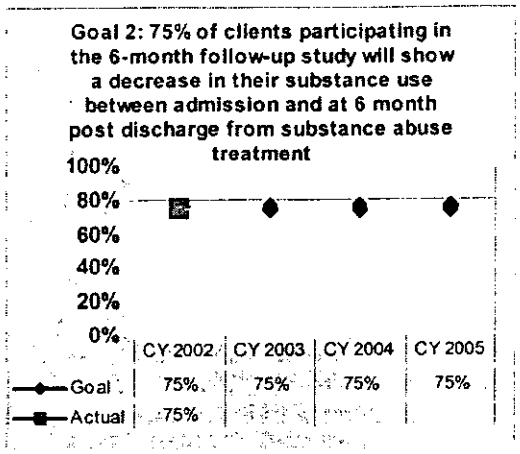


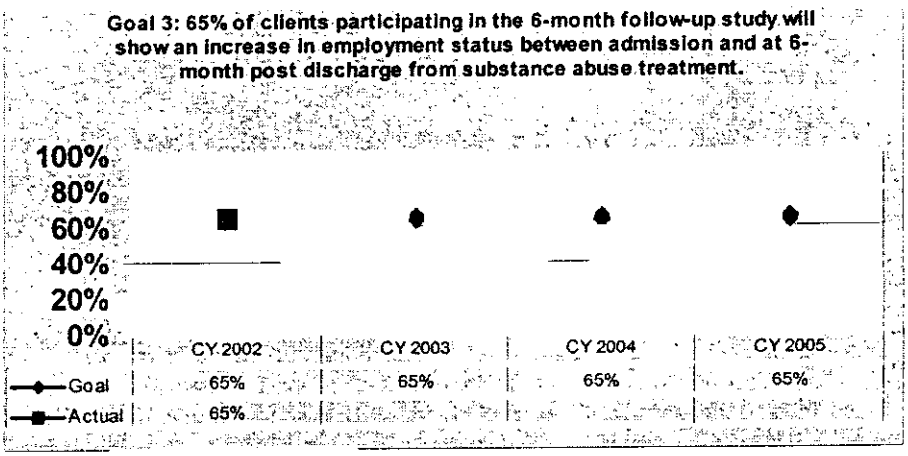




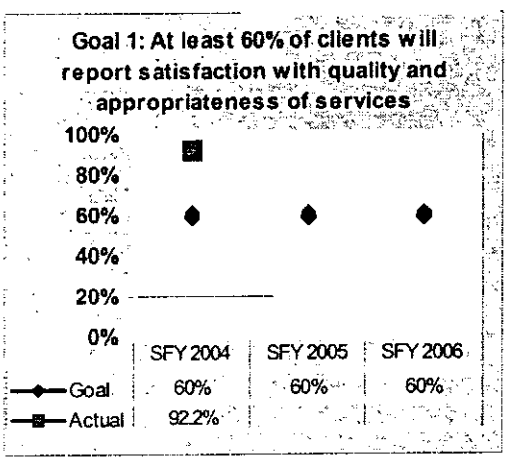
3. Substance Abuse Treatment System of Care

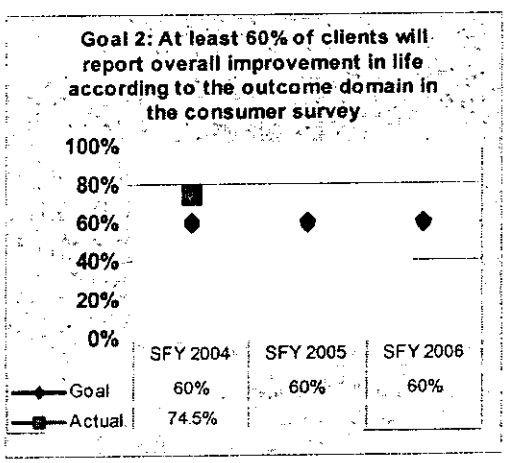




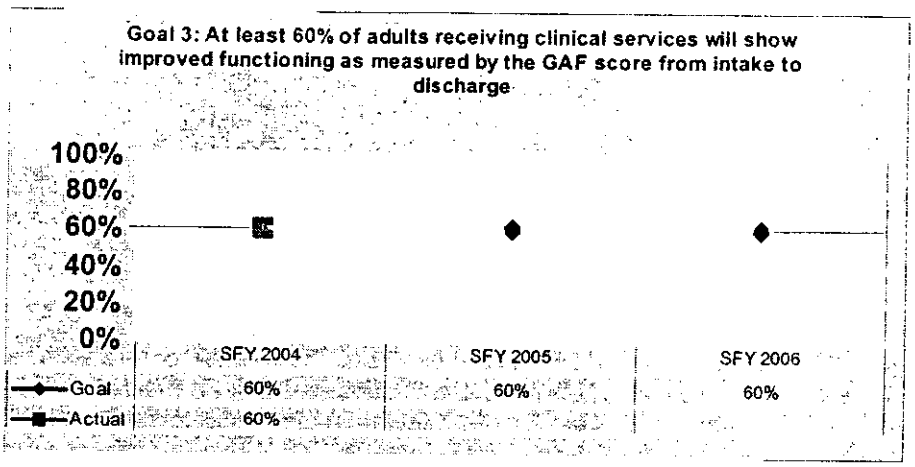


4. Clinical Services Program

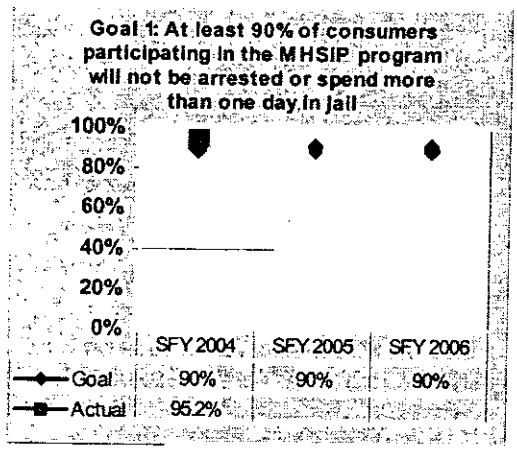


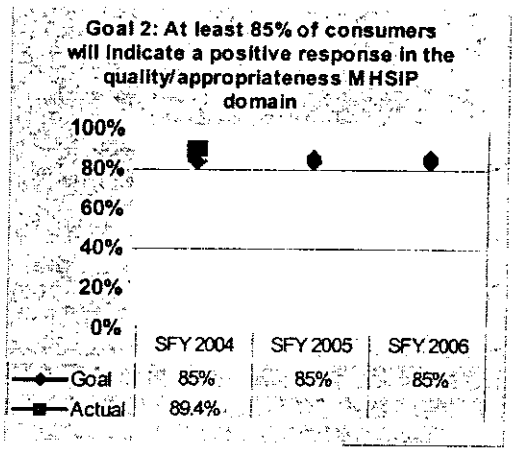


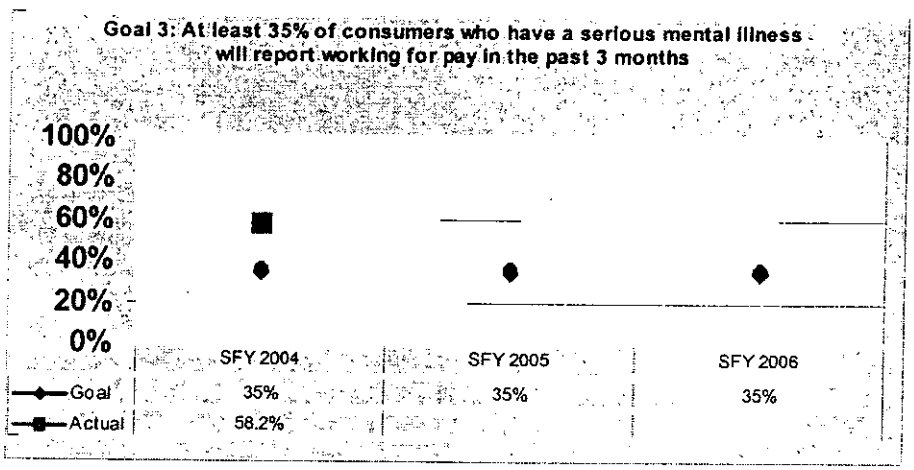
4. Clinical Services Program Continued



5. Serious Mental Illness System of Care







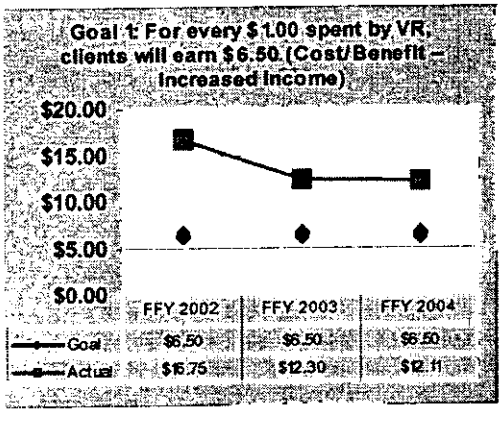
Disability Services

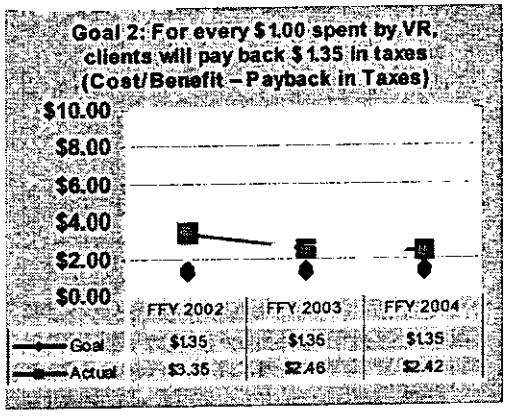
North Dakota Department of Human Service Performance Measurements

Vocational Rehabilitation Services

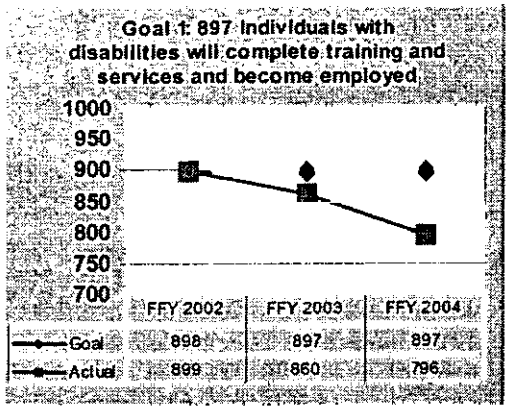
Programs	Purpose
1. Vocational Rehabilitation Administration	Provides program and policy initiatives to the array of Developmental Disability Services offered throughout North Dakota
2. Employment Services	Provides training and employment services to individuals with disabilities so they can become and remain employed
3. Business Services	Provides consultation, technical assistance, and information to businesses so they can have an available source of qualified employees and receive solutions to disability related issues
4. Independent Living	Eliminates barriers and provide assistance to individuals with disabilities so they can live and work more independently in their homes and communities
5. Assistive Technology Program	Provides education, consultation, and referral to people with disabilities so they can access assistive technology (AT) devices and services

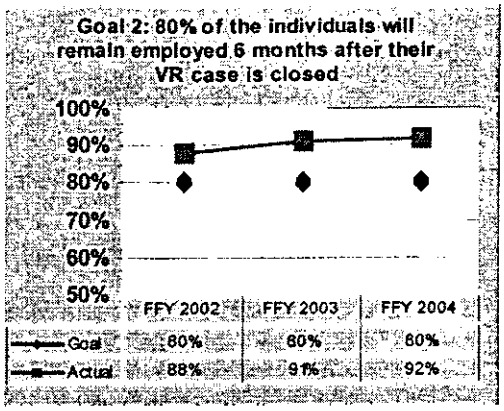
1. VR Administration

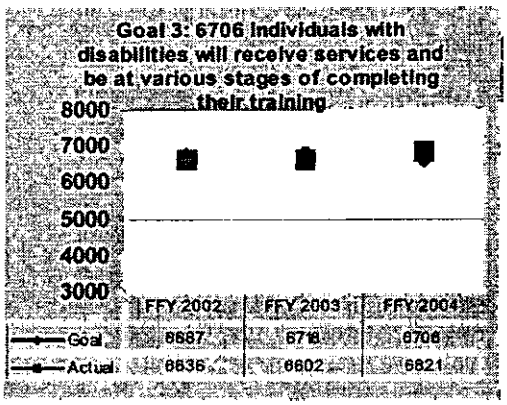


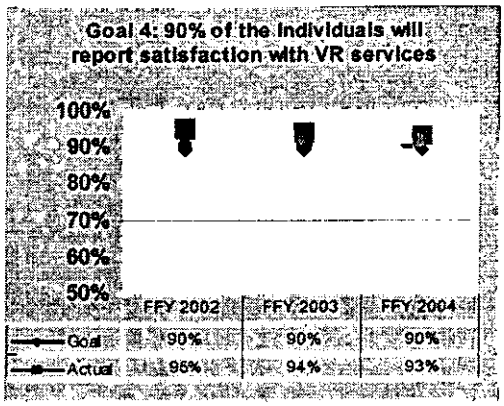


2. Employment Services









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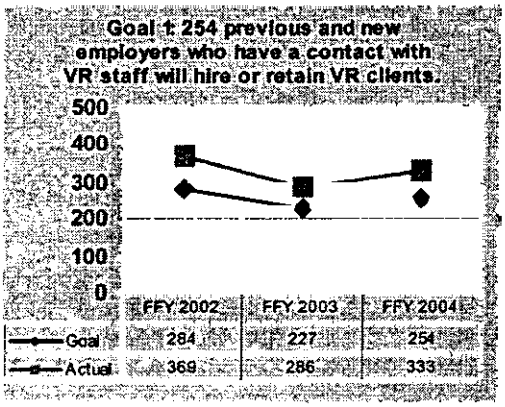

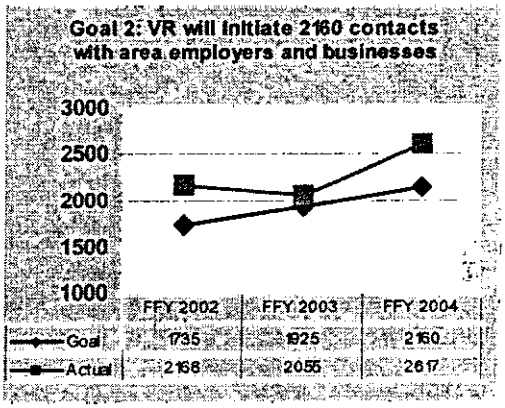

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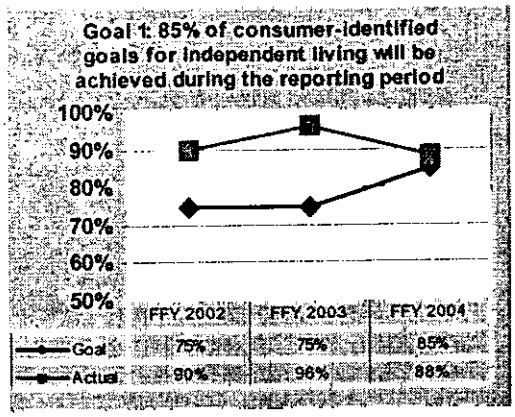

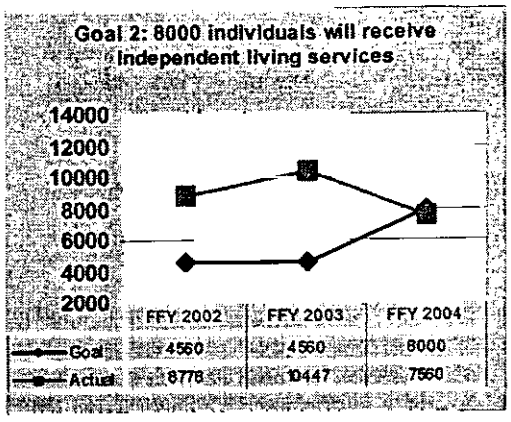

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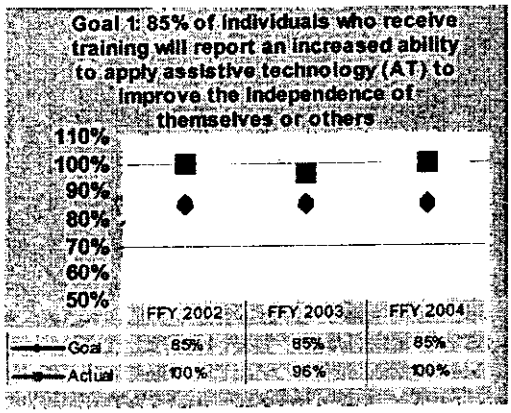
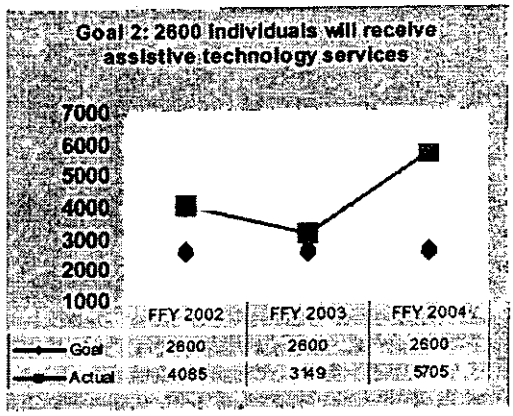
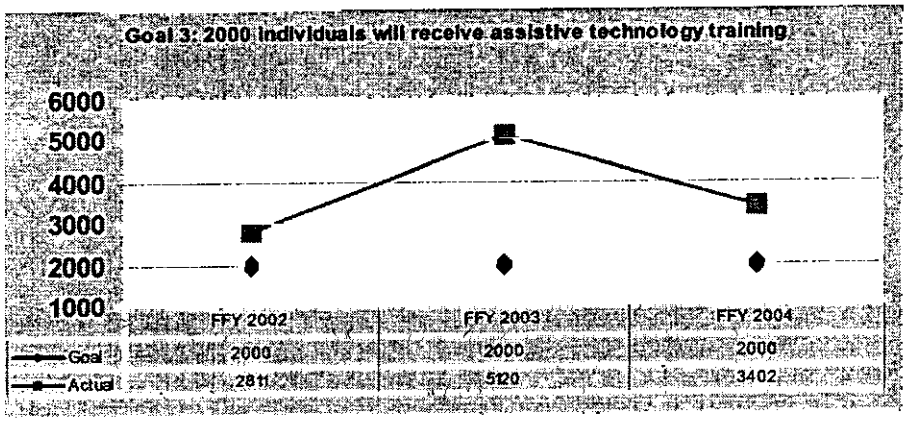






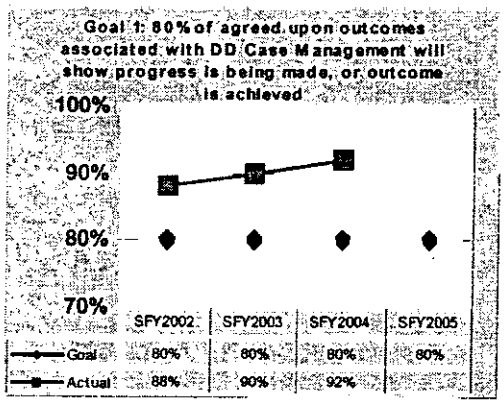
Disability Services

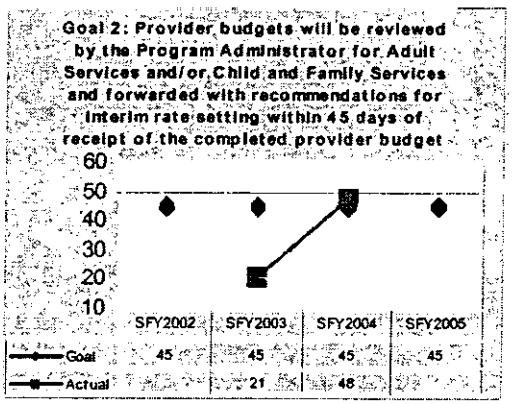
North Dakota Department of Human Service Performance Measurements

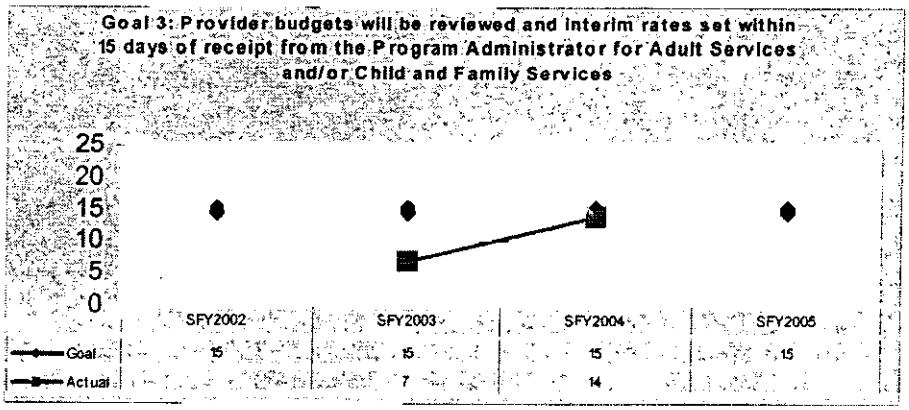
Developmental Disabilities Services

Program	Purpose
1. Developmental Disabilities Administration	Develops budgets and policy, and provides direction, training, and technical assistance to regional human service center staff and providers so they can achieve agreed upon results
2. Family Support Programs	Provides personal and financial assistance and training to families of eligible individuals with developmental disabilities so they can help their family members achieve agreed upon outcomes
3. Day and Residential Services	Provides training and assistance with daily living activities to eligible individuals with developmental disabilities so they can achieve agreed upon personal outcomes

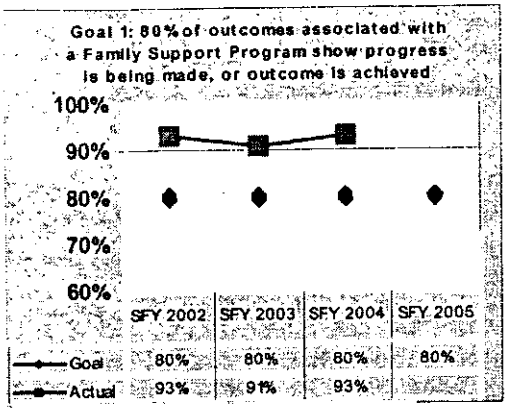
1. Developmental Disabilities Administration

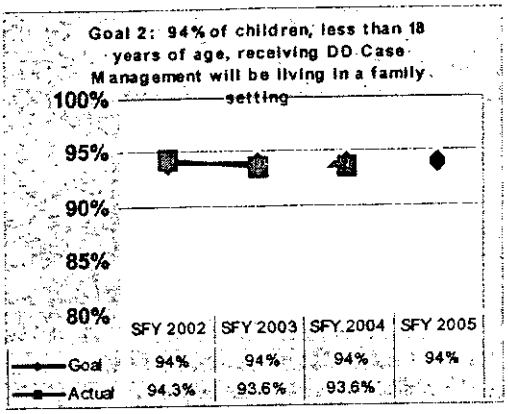


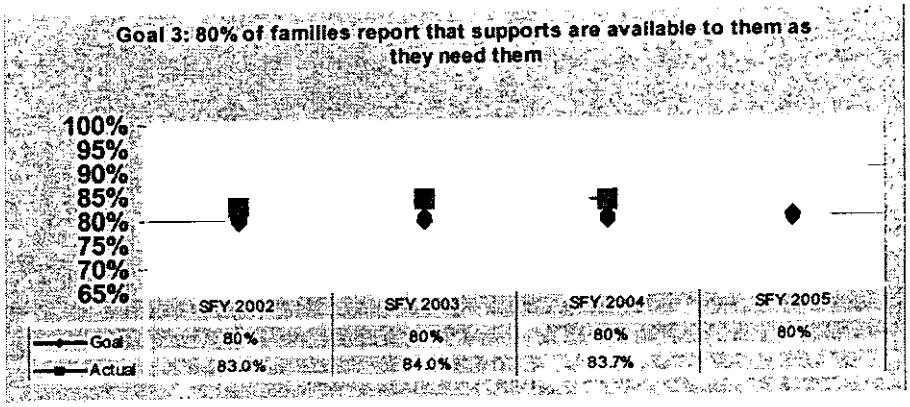




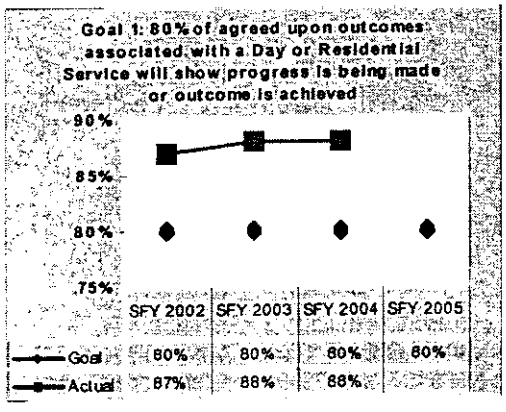
2. Family Support Programs

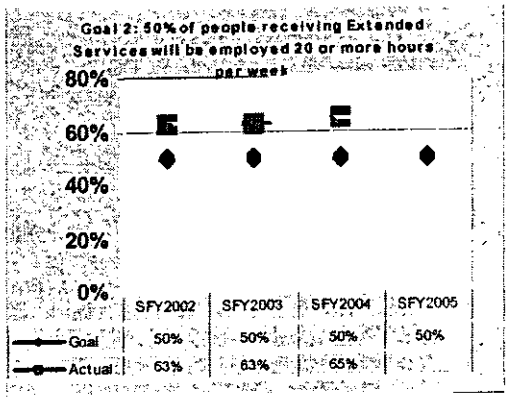




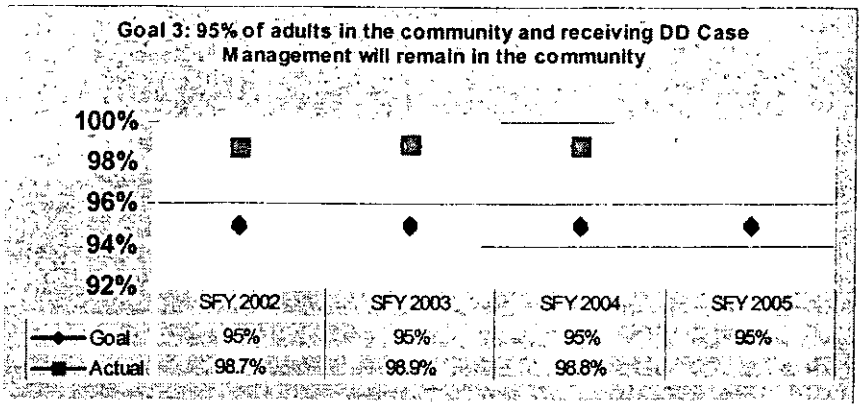


3. Day and Residential Services





3. Day and Residential Services Continued

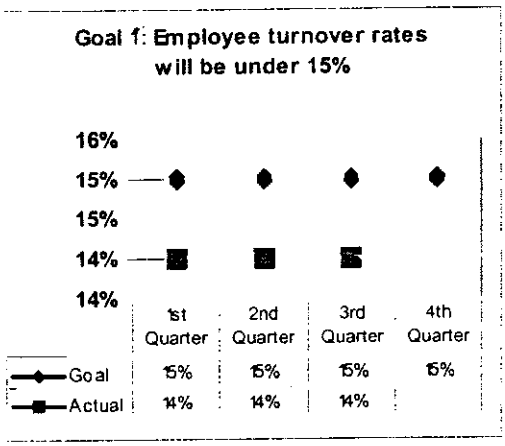


North Dakota State Hospital
North Dakota Developmental Center

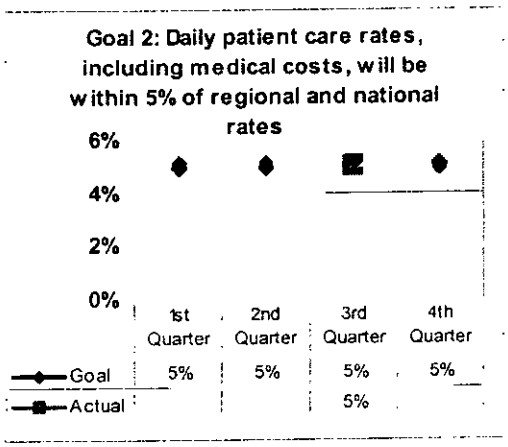
North Dakota Department of Human Service Performance Measurements

Program	Purpose
1. Administration	Provides administration and supportive services to the State Hospital and the Developmental Center
2. State Hospital Clinical	Provides specialized psychiatric and substance abuse services for individuals whose needs exceed the resources and capacity of other community services
3. Developmental Center Clinical	Provides programming and supports for people with disabilities so they can be viable members of their communities when their needs exceed community resources

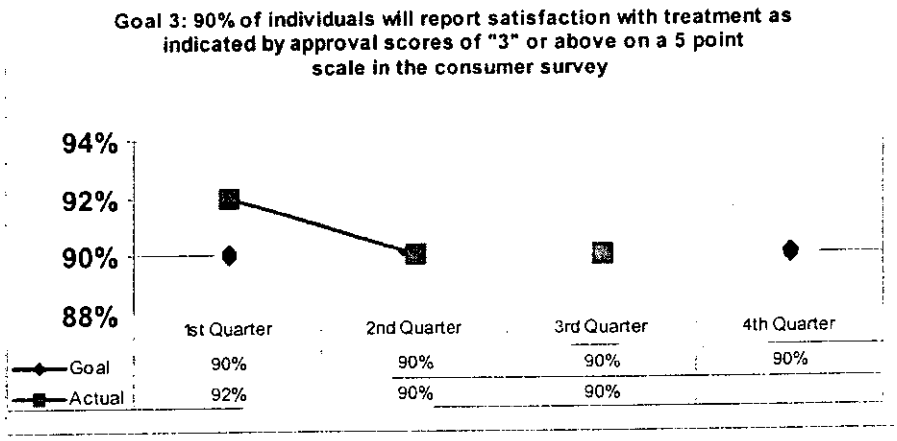
1. Administration



FY 2004



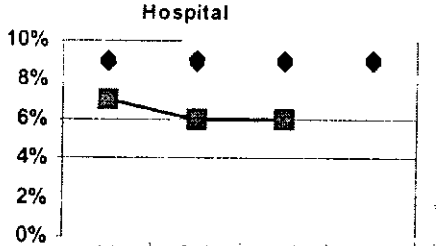
SFY 2004



SFY 2004

2. North Dakota State Hospital Clinical

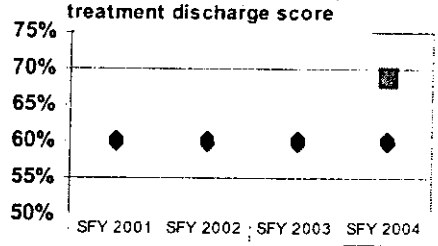
Goal 1: The 30 day readmission rate will stay below 9% at the State Hospital



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Goal	9%	9%	9%	9%
Actual	7%	6%	6%	

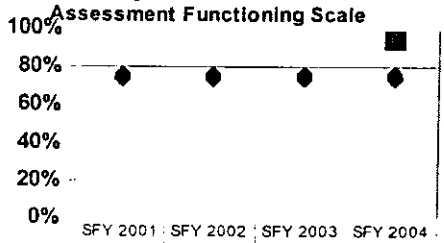
SFY 2004

Goal 2: 60% of the patients in the DOCR/State Hospital addiction program will show improvement in the 15 domains as measured by pre-treatment admission score and post-treatment discharge score



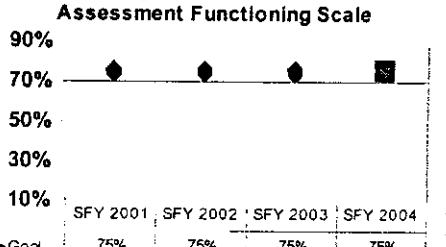
	SFY 2001	SFY 2002	SFY 2003	SFY 2004
Goal	60%	60%	60%	60%
Actual				69%

Goal 3a: 75% of children and youth will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment Functioning Scale



	SFY 2001	SFY 2002	SFY 2003	SFY 2004
Goal	75%	75%	75%	75%
Actual				95%

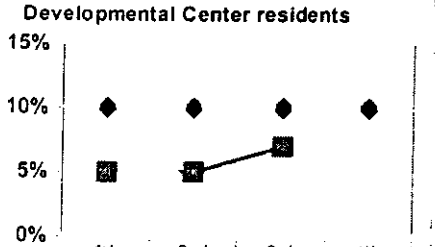
Goal 3b: 75% of individuals with serious mental illness will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment Functioning Scale



	SFY 2001	SFY 2002	SFY 2003	SFY 2004
Goal	75%	75%	75%	75%
Actual				76%

3. Developmental Center Clinical

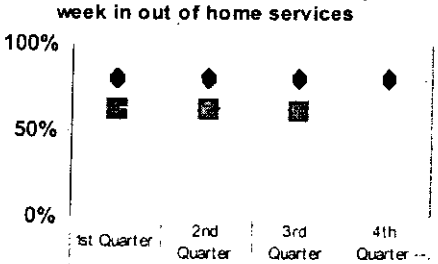
Goal 1: There will be a 10% increase in all 25 personal outcome measures for Developmental Center residents



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Goal	10%	10%	10%	10%
Actual	5%	5%	7%	

SFY 2004

Goal 2: 80% of all individuals whom reside at the Developmental Center will attend a minimum of 20 hours per week in out of home services

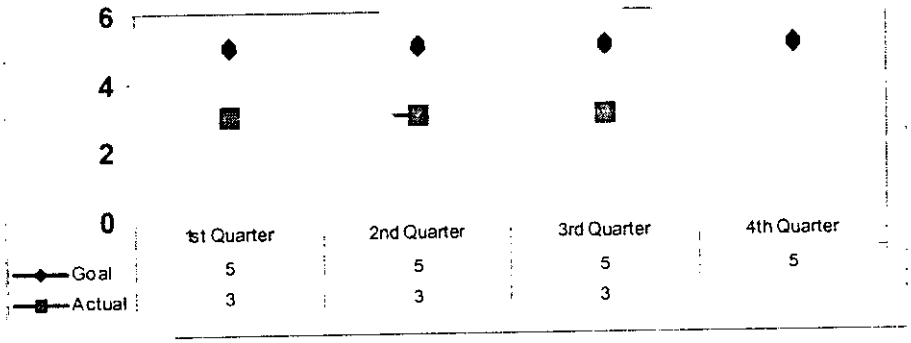


	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Goal	80%	80%	80%	80%
Actual	63%	63%	62%	

SFY 2004

3. Developmental Center Clinical Continued

Goal 3: Trends in 5 of 6 positive behavior supports data markers will move in less restrictive direction as measured on a quarterly basis



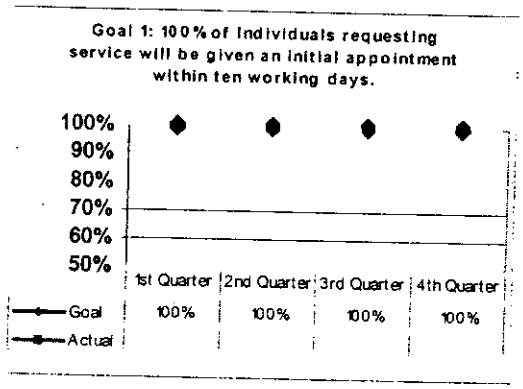
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Goal	5	5	5	5
Actual	3	3	3	

SFY 2004

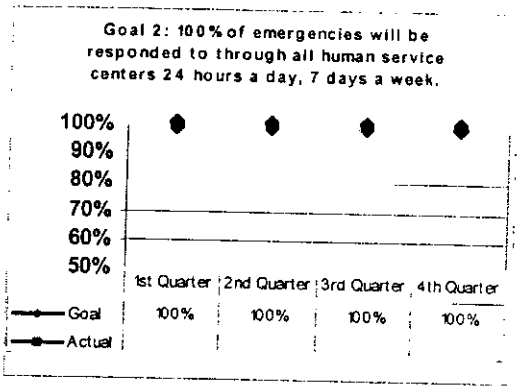
Human Service Centers

North Dakota Department of Human Services Performance Measures

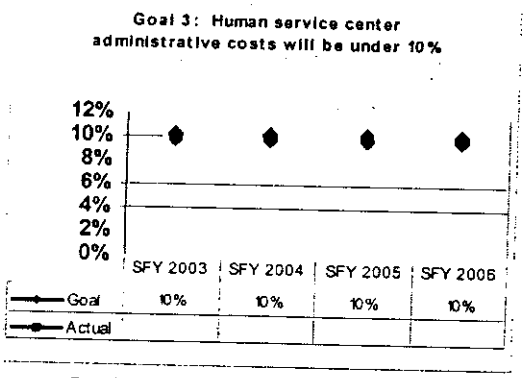
Program	Purpose
Client Services	Provides, contracts for, or supervises many programs and services for the Department of Human Services throughout North Dakota



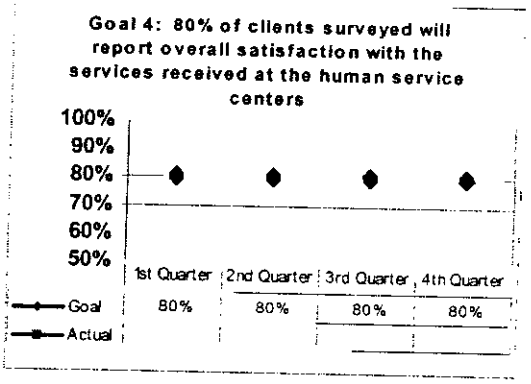
Pending – under development



Pending – under development



Pending – under development



Pending – under development

In addition to these measures the Human Service Centers are directly linked to the following divisional/program goals:

- Aging Services Division:
  - Home & Community Based Services; Goals 1 and 2
  - Vulnerable Adults: Goal 3
- Mental Health and Substance Abuse:
  - Children's Mental Health System of Care: Goals 1, 2, and 3
  - Substance Abuse System of Care: Goals 1, 2, and 3
  - Clinical Services Program: Goals 1, 2, and 3
  - Serious Mental Illness System of Care: Goals 1, 2, and 3
- Disability Services
  - VR Employment Programs: Goals 1, 2, 3, and 4
  - Business Services: Goals 1 and 2
  - Older Blind Services: Goal 1

- DD Administration: Goal 1
- Family Support Programs: Goals 1, 2, and 3
- Day and Residential Services: Goal 1, 2, and 3

- State Hospital
  - Clinical: Goal 1
- Children and Family Services
  - Child Protection Services: Goals 1, 2, and 3
  - Foster Care Services: Goals 1, 2, and 3.
  - Family Preservation: Goal 2

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS COMMITTEE
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
January 6, 2005

Chairman Svedjan and members of the House Appropriations Committee, I am Carol Olson, Executive Director of the Department of Human Services.

The total budget request for the 2005-2007 biennium is $1.68 billion, representing an overall increase of 9.7% from the 2003-2005 biennium budget. The general fund request is $490.4 million, an increase of 19.3% or $79.3 million over the 2003-2005 biennium budget. This is necessary in order to maintain the current services, given rising caseloads, rising costs, and diminishing federal reimbursement in Medicaid, and to include the salary and health benefit package for state employees as recommended by the Governor.

- Nearly half of the increase is due to the FMAP change. The decrease in the federal reimbursement for Medicaid accounts for $32.0 million of the requested general fund increase.
- Of the remaining $47.3 million:
    - $14.3 million goes to Nursing Homes and Basic Care. Despite the fact that these facilities are being utilized less, statutory requirements for reimbursement create the need for a $12.5 million general fund increase. Another $3.2 million is needed for re-basing and the proposed 20/20/10 rate-setting method.
    - $10.5 million goes to pay other providers of care, including DD providers, Medicaid providers, Home and Community Based Care providers, Foster Care for Children, and Subsidized Adoption for increases due to higher caseloads, higher utilization in Medicaid and cost changes.
    - $6.1 million goes to providers of service who have no statutory inflation allowance (excludes nursing homes and basic care). This budget includes a 2% inflation each year of the biennium,

in recognition of the hardship under which they have provided services without an inflation allowance for the past three years.

- $3.7 million goes to the re-write of the antiquated Medicaid Management Information System (MMIS) that is necessary in order to pay Medicaid claims to providers of services.
- $2.8 million goes to the State Hospital to maintain an increasing number of civilly committed dangerous sex offenders.
- $1.4 million goes to offset the decrease in third party payments the State Hospital receives for patients that are treated at the Institution.
- $600,000 goes to match federal funds to implement new federal regulations, referred to as the Payment Error Rate Measurement (PERM), issued for the Medicaid program. These regulations require states to review a higher number of eligibility determinations along with estimating over and under payments made through Medicaid.
- $400,000 goes to increase the amount allowed under the Medicaid program for funeral set-aside from its current level of $3,000 to $5,500.
- $200,000 goes to increase the Indian County allocation in order to comply with state statutory requirements.
- $6.8 million funds the salary and health benefit package recommended by the Governor.

- This leaves $500,000 to cover all other net operating increases for the Department. This amounts to less than one-third of 1% of the increase. This is a budget driven by state and federal requirements, federal reductions, and the payments to providers for services.

WHO GETS THE MONEY?

Over 80 percent of the total budget of the Department goes to the providers of goods and services to benefit our clients in the communities of our state.

During State Fiscal Year (SFY) 2004:

- We paid hospitals $59.7 million for 10,677 hospital admissions and 71,045 outpatient visits.
- We paid nursing homes $149.5 million to care for an average of 3,572 residents per month.
- We paid home healthcare agencies and Qualified Service Providers (QSPs) $7 million to care for several thousand people in their homes.
- We paid pharmacies $46 million (includes rebates) for 1,121,549 prescriptions.
- We paid clinics, doctors, and dentists $38 million.

The economic impact of payments to medical providers in each of your communities can be overlooked or underestimated. For example, in Cass County alone, the Department paid medical providers approximately $62 million in SFY 2004. Medical providers in Grand Forks County received just over $28 million in reimbursement. Burleigh County providers received close to $52 million and Ward County providers received just over $33 million. Even in the more rural McLean County, providers received approximately $6 million in reimbursement through the Medicaid program.

In addition to the traditional medical services, during SFY 2004,

- We paid DD providers $88 million for an average monthly caseload of 2,531 individuals.

- Residential treatment facilities, residential childcare facilities, and other foster care providers received $24.9 million to serve an average of 989 children per month.

While the numbers are not as large, the local community providers of non-medical and non-residential support and care also receive funding through this budget.

- During SFY 2004, local providers of services to older persons statewide, received funding in the amount of $4 million to provide meals, outreach, and supportive services for just over 25,000 frail and elderly people.
- During SFY 2004, we paid childcare providers $11.2 million to care for an average of 4,927 children per month.

Again, this money goes into the communities, supporting local providers of services and improving the lives of North Dakota's citizens. In SFY 2004, local providers in Region V (Fargo) were paid over $3 million for these services. In Region II (Minot) $2 million in provider payments were issued, and Region III (Devils Lake) providers received $2.5 million. Again, the impact on the local economies is substantial.

Two of the Department's programs that are 100% federally funded, Food Stamps and the Low Income Home Energy Assistance Program (LIHEAP), pay local community grocery stores and the energy companies for food and heating needs of people in our state. Without any requirement for general fund participation, these programs are expected to pay $113.2 million in the current biennium.

- For 424 local North Dakota grocery stores, this amounted to a combined $3.7 million in food stamp revenue in November 2004.

- Energy providers, ranging from Xcel Energy, MDU and Ottertail Power to Farmer's Union and Cenex as well as small rural oil companies, received LIHEAP payments amounting to $8.8 million last winter.

In total, for the current biennium, of the $1.5 billion you appropriated to the Department, almost $1.3 billion goes "out the door" and directly into the local communities. In our request of $1.68 billion for the upcoming biennium, almost $1.4 billion will go out the door.

WHAT DOES THE MONEY DO?

The Department's mission is to provide quality, efficient and effective human services, which improve the lives of people. This mission is the foundation of our strategic plan and defines the work we do every day.

The basic components of this statement are quality, efficient and effective services that form a safety net for the state's most vulnerable citizens.

The Department provides quality services.

- In 2003 North Dakota's Child Support Enforcement program, overall, ranked number three in the nation.
- The Child and Family Service Review, conducted by the federal government in 2001, measured the safety, permanency, and well-being of children in the foster care system. The federal review gave North Dakota an overall rating of 80%. In 2003 and 2004, North Dakota's internal reviews rated these three areas at 90%.
- Both the Developmental Center and the State Hospital are nationally accredited.

- In 2003 North Dakota ranked first in the number of people with mental retardation or developmental disabilities receiving residential services in settings serving 15 or fewer people.
- In 2003 North Dakota ranked eighth in the nation for accuracy in food stamp determinations. The Food Stamp error rate for FFY 2003 was 4.85%, compared to a national average of 6.64%.

The Department provides efficient services.

- Leveraging of federal dollars for local needs: In 1993 and again in 2002, the national consulting firm, Maximus, determined that the Department was accessing all the federal dollars available, and that they would be unable to improve our system in this regard.

  For example:

  - For every 16 cents of general fund, the Division of Children and Family Services is able to capture 84 cents in federal/other dollars that are then invested directly into North Dakota's economy.
  - Regional human service centers are able to generate considerable federal Medicaid reimbursement for services provided to eligible clients, particularly individuals who received services because of a severe and persistent mental illness or a developmental disability. In the 2005-2007 budget request, the centers project generating $26.1 million in federal Medicaid reimbursement.
- In April 2000 upon the resignation of the Superintendent of the Developmental Center, the Department appointed Alex Schweitzer as Superintendent of the State Hospital and Developmental Center. Subsequently, upon the retirement of four regional human service center directors in 2002-2003, shared directorships were established, reducing the number of regional directors from the previous eight to four. This has created efficiencies not only in the cost of

administration, but also in the core service alignment among centers and in the sharing of resources between centers.

- Low administrative overhead: The Department is very proud of our overall administrative cost, calculated at 5.76%. Our administrative rate is well within the allowable government rate for most grants of 10% - 15%, and compares favorably with the published rate of Blue Cross/ Blue Shield of 8.2%.
- The overall cost to administer medical services, including the administrative costs incurred by the counties, is 4.1%. This is under private industry norms.
- FTEs have decreased by over 250 since the 1997 – 1999 legislatively approved level of employees.
- North Dakota was awarded a $1,319,990 TANF high performance bonus on September 30, 2004, for success in client job entry in 2003, improvements in job entry over 2002, and for improvements in Food Stamp participation over 2002.
- The cost effectiveness in Child Support continues to increase, rising to $5.37 collected to every dollar spent in FFY 2004, up from $5.10 the previous year.
- Pharmacy Services have implemented a variety of cost saving measures including co-pays for brand name medications, maximum allowable costs for over a thousand drugs, quantity limits for certain medications, and prior authorization. These programs save an estimated $250,000 per month.

The Department provides effective services.

- In SFY 2004, children receiving services for serious emotional disturbance showed a 76.5% decrease in the annual number of psychiatric hospitalizations in the year following admission to services as compared to the year before admission.

- Child Support ranked second in the nation in federal fiscal year 2003 at collecting current support due each month with over 71% collected. In calendar year 2004, the program collected about $96 million, an increase of about 5% over the previous year.
- 90% (12 month average) of all Medicaid claims are paid to providers within 30 days and 98% (12 month average) are paid within 90 days.
- The Medicaid claims division had an average accuracy rate of 99.35% during FFY 2003.
- From 2001 to 2004, the Division of Children and Family Services, through contracts with the Adults Adopting Special Kids (Catholic Charities, Lutheran Social Services, and the Village Family Service Center) increased the number of children in special needs adoptions by 150%.
- The Department has received two major federal grants – an Alzheimer's Demonstration grant and a Real Choice Systems Change-Rebalancing Initiative grant which will support home and community based services, thereby reducing the reliance on institutional care and enhancing home and community based systems.

While the Department strives to ensure that the clients we serve become self sufficient members of the state of North Dakota, there will always be clients for whom self sufficiency is not possible, the elderly in nursing homes, some people with severe disabilities, and vulnerable children. It is important to note that as a society we will always need to provide a safety net to ensure their well-being. It has been said that a society is measured by the way it treats its young, old, helpless and ill. The Department lives by this standard and believes that through this budget North Dakota can say it truly measures up.

Thank you.

ND Department of Human Services
Summary by Subdivision
2005 - 2007 Budget

SubDivision	Fund	Prior Biennium Expenditures 2001 - 2003	Current Biennium Budget 2003 - 2005	Total Budget Changes	To OMB 2005 - 2007	Salary n' Health Ins Increases	Executive Budget Recommendations	To House 2005 - 2007
100-15 ADMINISTRATION - SUPPORT		$13,193,695	$14,708,089	($4,090,406)	$10,617,683	$432,142		$11,049,825
100-20 DIVISION OF INFORMATION TECHNOLOGY		$36,484,719	$33,116,634	$27,159,902	$60,276,536	$212,847	$6	$60,489,389
300-01 ECONOMIC ASSISTANCE POLICY - GRANTS		$158,728,068	$195,536,353	$16,090,181	$211,626,534	$258,732	$1,230,005	$213,115,271
300-02 CHILD SUPPORT ENFORCEMENT		$6,797,114	$8,541,168	($363,195)	$8,177,973	$212,348		$8,390,321
300-03 MEDICAL SERVICES		$396,089,443	$382,784,510	$20,200,219	$402,984,729	$358,962	$1,262,500	$404,606,191
300-10 LONG TERM CARE		$324,960,462	$358,038,292	$42,518,997	$400,557,289			$400,557,289
300-42 DD COUNCIL		$933,395	$948,223	$56,386	$1,004,609	$8,627		$1,013,236
300-43 AGING SERVICES		$14,699,721	$13,762,182	($91,871)	$13,670,311	$88,918	$5	$13,759,234
300-46 CHILDREN AND FAMILY SERVICES		$100,809,771	$103,162,383	$9,914,164	$113,076,547	$114,052		$113,190,599
300-47 MENTAL HEALTH AND SUBSTANCE ABUSE		$7,226,979	$8,154,803	($874,820)	$7,279,983	$74,979		$7,354,962
300-51 DISABILITY SERVICES		$182,593,778	$216,159,674	$17,702,180	$233,861,854	$302,582		$234,164,436
410-69 MH COMMUNITY SERVICES CONT			$250,000	($250,000)				
410-70 UNALLOCATED - HSCs								
410-71 NORTHWEST HSC		$7,843,667	$7,174,282	($98,462)	$7,075,820	$303,936		$7,379,756
410-72 NORTH CENTRAL HSC		$14,366,834	$14,673,761	$89,853	$14,763,614	$669,604		$15,433,218
410-73 LAKE REGION HSC		$7,416,913	$8,493,470	$323,165	$8,816,635	$379,745		$9,196,380
410-74 NORTHEAST HSC		$18,119,388	$19,514,728	$347,806	$19,862,534	$833,608		$20,696,142
410-75 SOUTHEAST HSC		$20,294,803	$20,896,483	$1,795,572	$22,692,055	$1,129,408	$783	$23,822,246
410-76 SOUTH CENTRAL HSC		$11,049,212	$11,473,954	$238,909	$11,712,863	$526,129		$12,238,992
410-77 WEST CENTRAL HSC		$17,616,102	$17,783,656	$163,715	$17,947,371	$753,248		$18,700,619
410-78 BADLANDS HSC		$9,364,087	$8,980,522	($33,278)	$8,947,244	$441,547		$9,388,791
420-00 STATE HOSPITAL		$46,940,514	$39,926,351	$160,882	$40,087,233	$2,165,644	$235,101	$42,487,978
421-00 STATE HOSPITAL SECURED SERVICES		$1,698,502	$2,443,180	$2,724,938	$5,168,118	$287,442		$5,455,560
430-00 DEVELOPMENTAL CENTER		$38,856,481	$40,661,057	$130,123	$40,791,180	$2,255,197	$240,000	$43,286,377
		$1,436,083,648	**$1,527,183,755**	**$133,814,960**	**$1,660,998,715**	**$11,809,697**	**$2,968,400**	**$1,675,776,812**
DEPARTMENT TOTALS	1 General	$368,771,227	$411,081,823	$71,438,223	$482,520,046	$6,771,971	$1,081,024	$490,373,041
DEPARTMENT TOTALS	2 Federal	$943,386,100	$1,029,055,667	$61,811,061	$1,090,866,728	$4,700,584	$1,432,374	$1,096,999,686
DEPARTMENT TOTALS	3 Other	$123,926,321	$87,046,265	$565,676	$87,611,941	$337,142	$455,002	$88,404,085
		$1,436,083,648	**$1,527,183,755**	**$133,814,960**	**$1,660,998,715**	**$11,809,697**	**$2,968,400**	**$1,675,776,812**

I

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS COMMITTEE
SENATOR RAY HOLMBERG
March 1, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Carol Olson, Executive Director of the Department of Human Services.

The Executive Budget request for the 2005-2007 biennium is $1.68 billion, representing an overall increase of 9.7% from the 2003-2005 biennium budget. The general fund request is $490.4 million, an increase of 19.3% or $79.3 million over the 2003-2005 biennium budget. This is necessary in order to maintain the current services, given rising caseloads, rising costs, and diminishing federal reimbursement in Medicaid, and to include the salary and health benefit package for state employees as recommended by the Governor.

- Nearly half of the increase is due to the FMAP change. The decrease in the federal reimbursement for Medicaid accounts for $32.0 million of the requested general fund increase.
- Of the remaining $47.3 million:
    - $14.3 million goes to Nursing Homes and Basic Care. Despite the fact that these facilities are being utilized less, statutory requirements for reimbursement create the need for a $12.5 million general fund increase. Another $3.2 million is needed for re-basing and the proposed 20/20/10 rate-setting method.
    - $10.5 million goes to pay other providers of care, including DD providers, Medicaid providers, Home and Community Based Care providers, Foster Care for Children, and Subsidized Adoption for increases due to higher caseloads, higher utilization in Medicaid and cost changes.
    - $6.1 million goes to providers of services who have no statutory inflation allowance (excludes nursing homes and basic care). This budget includes a 2% inflation each year of the biennium, in

recognition of the hardship under which they have provided services without an inflation allowance for the past three years.

- $3.7 million goes to the re-write of the antiquated Medicaid Management Information System (MMIS) that is necessary in order to pay Medicaid claims to providers of services.
- $2.8 million goes to the State Hospital to maintain an increasing number of civilly committed dangerous sex offenders.
- $1.4 million goes to offset the decrease in third party payments the State Hospital receives for patients that are treated at the Institution.
- $600,000 goes to match federal funds to implement new federal regulations, referred to as the Payment Error Rate Measurement (PERM), issued for the Medicaid program. These regulations require states to review a higher number of eligibility determinations along with estimating over and under payments made through Medicaid.
- $400,000 goes to increase the amount allowed under the Medicaid program for funeral set-aside from its current level of $3,000 to $5,500.
- $200,000 goes to increase the Indian County allocation in order to comply with state statutory requirements.
- $6.8 million funds the salary and health benefit package recommended by the Governor.

- This leaves $500,000 to cover all other net operating increases for the Department. This amounts to less than one-third of 1% of the increase. This is a budget driven by state and federal requirements, federal reductions, and the payments to providers for services.

WHO GETS THE MONEY?

Over 80 percent of the total budget of the Department goes to the providers of goods and services to benefit our clients in the communities of our state. During State Fiscal Year (SFY) 2004:

- **We paid hospitals $59.7 million for 10,677 hospital admissions and 71,045 outpatient visits.**
- **We paid nursing homes $149.5 million to care for an average of 3,572 residents per month.**
- **We paid home healthcare agencies and Qualified Service Providers (QSPs) $7 million to care for several thousand people in their homes.**
- **We paid pharmacies $46 million (includes rebates) for 1,121,549 prescriptions.**
- **We paid clinics, doctors, and dentists $38 million.**

The economic impact of payments to medical providers in each of your communities can be overlooked or underestimated. For example, in Cass County alone, the Department paid medical providers approximately $62 million in SFY 2004. Medical providers in Grand Forks County received just over $28 million in reimbursement. Burleigh County providers received close to $52 million and Ward County providers received just over $33 million. Even in the more rural McLean County, providers received approximately $6 million in reimbursement through the Medicaid program.

In addition to the traditional medical services, during SFY 2004,

- **We paid DD providers $88 million for an average monthly caseload of 2,531 individuals.**
- **Residential treatment facilities, residential childcare facilities, and other foster care providers received $24.9 million to serve an average of 989 children per month.**

While the numbers are not as large, the local community providers of non-medical and non-residential support and care also receive funding through this budget.

- During SFY 2004, local providers of services to older persons statewide, received funding in the amount of $4 million to provide meals, outreach, and supportive services for just over 25,000 frail and elderly people.
- During SFY 2004, we paid childcare providers $11.2 million to care for an average of 4,927 children per month.

Again, this money goes into the communities, supporting local providers of services and improving the lives of North Dakota's citizens. In SFY 2004, local providers in Region V (Fargo) were paid over $3 million for these services. In Region II (Minot) $2 million in provider payments were issued, and Region III (Devils Lake) providers received $2.5 million. Again, the impact on the local economies is substantial.

Two of the Department's programs that are 100% federally funded, Food Stamps and the Low Income Home Energy Assistance Program (LIHEAP), pay local community grocery stores and the energy companies for food and heating needs of people in our state. Without any requirement for general fund participation, these programs are expected to pay $113.2 million in the current biennium.

- For 424 local North Dakota grocery stores, this amounted to a combined $3.7 million in food stamp revenue in November 2004.
- Energy providers, ranging from Xcel Energy, MDU and Ottertail Power to Farmer's Union and Cenex as well as small rural oil companies, received LIHEAP payments amounting to $8.8 million last winter.

In total, for the current biennium, of the $1.5 billion you appropriated to the Department, almost $1.3 billion goes "out the door" and directly into the local communities. In our request of $1.68 billion for the upcoming biennium, almost $1.4 billion will go out the door.

WHAT DOES THE MONEY DO?

The Department's mission is to provide quality, efficient and effective human services, which improve the lives of people. This mission is the foundation of our strategic plan and defines the work we do every day.

The basic components of this statement are quality, efficient and effective services that form a safety net for the state's most vulnerable citizens.

The Department provides quality services.

- In 2003 North Dakota's Child Support Enforcement program, overall, ranked number three in the nation.
- The Child and Family Service Review, conducted by the federal government in 2001, measured the safety, permanency, and well-being of children in the foster care system. The federal review gave North Dakota an overall rating of 80%. In 2003 and 2004, North Dakota's internal reviews rated these three areas at 90%.
- Both the Developmental Center and the State Hospital are nationally accredited.
- In 2003 North Dakota ranked first in the number of people with mental retardation or developmental disabilities receiving residential services in settings serving 15 or fewer people.
- In 2003 North Dakota ranked eighth in the nation for accuracy in food stamp determinations. The Food Stamp error rate for FFY 2003 was 4.85%, compared to a national average of 6.64%.

The Department provides efficient services.

- Leveraging of federal dollars for local needs: In 1993 and again in 2002, the national consulting firm, Maximus, determined that the Department was accessing all the federal dollars available, and that they would be unable to improve our system in this regard.

  For example:

  - For every 16 cents of general fund, the Division of Children and Family Services is able to capture 84 cents in federal/other dollars that are then invested directly into North Dakota's economy.
  - Regional human service centers are able to generate considerable federal Medicaid reimbursement for services provided to eligible clients, particularly individuals who received services because of a severe and persistent mental illness or a developmental disability. In the 2005-2007 budget request, the centers project generating $26.1 million in federal Medicaid reimbursement.

- In April 2000 upon the resignation of the Superintendent of the Developmental Center, the Department appointed Alex Schweitzer as Superintendent of the State Hospital and Developmental Center. Subsequently, upon the retirement of four regional human service center directors in 2002-2003, shared directorships were established, reducing the number of regional directors from the previous eight to four. This has created efficiencies not only in the cost of administration, but also in the core service alignment among centers and in the sharing of resources between centers.
- Low administrative overhead: The Department is very proud of our overall administrative cost, calculated at 5.8%. Our administrative rate is well within the allowable government rate for most grants of 10% - 15%,

and compares favorably with the published rate of Blue Cross/ Blue Shield of 8.2%.

- The overall cost to administer medical services, including the administrative costs incurred by the counties, is 4.1%. This is under private industry norms.
- FTEs have decreased by over 250 since the 1997 – 1999 legislatively approved level of employees.
- North Dakota was awarded a $1,319,990 TANF high performance bonus on September 30, 2004, for success in client job entry in 2003, improvements in job entry over 2002, and for improvements in Food Stamp participation over 2002.
- The cost effectiveness in Child Support continues to increase, rising to $5.37 collected to every dollar spent in FFY 2004, up from $5.10 the previous year.
- Pharmacy Services have implemented a variety of cost saving measures including co-pays for brand name medications, maximum allowable costs for over a thousand drugs, quantity limits for certain medications, and prior authorization. These program changes have saved an estimated $600,000 for the three years of implementation.

The Department provides effective services.

- In SFY 2004, children receiving services for serious emotional disturbance showed a 76.5% decrease in the annual number of psychiatric hospitalizations in the year following admission to services as compared to the year before admission.
- Child Support ranked second in the nation in FFY 2003 at collecting current support due each month with over 71% collected. In calendar year 2004, the program collected about $96 million, an increase of about 5% over the previous year.

- 90% (12 month average) of all Medicaid claims are paid to providers within 30 days and 98% (12 month average) are paid within 90 days.
- The Medicaid claims division had an average accuracy rate of 99.35% during FFY 2003.
- From 2001 to 2004, the Division of Children and Family Services, through contracts with the Adults Adopting Special Kids (Catholic Charities, Lutheran Social Services, and the Village Family Service Center) increased the number of children in special needs adoptions by 150%.
- The Department has received two major federal grants – an Alzheimer's Demonstration grant and a Real Choice Systems Change-Rebalancing Initiative grant which will support home and community based services, thereby reducing the reliance on institutional care and enhancing home and community based systems.

While the Department strives to ensure that the clients we serve become self sufficient members of the state of North Dakota, there will always be clients for whom self sufficiency is not possible, the elderly in nursing homes, some people with severe disabilities, and vulnerable children. It is important to note that as a society we will always need to provide a safety net to ensure their well-being. It has been said that a society is measured by the way it treats its young, old, helpless and ill. The Department lives by this standard and believes that through this budget North Dakota can say it truly measures up.

HIGHLIGHTS OF SIGNIFICANT CHANGES TO THE EXECUTIVE BUDGET MADE IN THE HOUSE

Medicaid Management Information System (MMIS)

- The removal of the entire funding for a new MMIS system compromises the processing of payments for medical services. This action could negatively impact the payment of claims to providers in a timely and accurate manner. It also potentially jeopardizes the 90/10 match from the federal government to develop the system.
- The current MMIS system is more than 26 years old, outdated, and no longer is capable of meeting the needs of our providers and clients (nursing homes, hospitals, clinics, physicians, pharmacists, dentists, ambulance providers, DD providers, QSPs, etc.).
- The federal government has 90/10 matching funds to help procure this system and CMS approved the 90 percent funding for North Dakota on January 5, 2005. The President's proposed budget eliminates this enhanced funding and would replace it to a 75/25 match. If we postpone this process for two years, it could possibly cost approximately $5.2 million more in general funds.
- Major program enhancements such as the federally required Health Insurance Portability and Accountability Act (HIPAA) have caused major processing problems and were the direct cause of the claims backlog during the current biennium.
- If not replaced in time, new federal modifications that are coming could overwhelm our current system and could cause new delays in payments to our providers.
- The last legislature appropriated $1.6 million ($160,000 general fund) to contract with an independent vendor to help plan for the procurement of a new system. The vendor evaluated different alternatives and based on numbers from other states, determined that a turn-key or in-house system would save the state about $13.5 million in total funds or $3.5 million in general funds for the first eight years of operations. Although

36 other states use a Fiscal Agent (outsourcing with a vendor), no one to date disputes that an in-house system would be more cost effective.

- There is no guarantee that a fiscal agent operation would keep the entire system within the state of North Dakota. It could be built into the RFP but we would probably pay more since we are a very small program.
- A fiscal agent diminishes the control of the Governor, the Legislature, and the state for future cost operations, as potential change orders could increase the costs above the existing numbers.

Medicaid Grants – Drugs

- There was a $1 million general fund reduction to prescription drugs. This reduction is a concern because of the ever-present inflationary increases for medication.
- Also eliminated was $476,000 ($236,000 general funds) for a generic prescription drug detailing service and a reduction of an FTE to assist in the scrutiny of this program area.

Long Term Care

- HB 1252 changed the statutory requirement relating to inflation rates for nursing facilities. The House Appropriations Committee reduced the inflation factor to 2% per year, which is the same as all other Medicaid providers. An additional $4.9 million ($1.8 million general funds) would be necessary to restore to the Executive Budget level.
- The House Appropriations Committee reduced the number of nursing facility beds to 3,600 per month resulting in a reduction of $2.9 million ($1 million general funds). For the first five months of the 2005 SFY, the monthly average of fully occupied beds was 3,646.

Children and Family Services

- Reductions in Foster Care/Subsidized Adoption totaled $594,106, ($250,000 general funds). However, the trend in foster care and subsidized adoption caseloads is increasing not decreasing.

DD Grants

- Reductions of $1.4 million ($700,000 general funds) in DD grants were made by the House.
- If reductions remain, this could force families to seek a higher level of care for their children rather than keeping them at home.

Developmental Center

- The Executive budget recognized the potential vacancies that may occur in the upcoming biennium and reduced the salary request by $725,000 from the general fund.
- Absorbing another $250,000 general fund reduction could not be sustained while still being expected to provide the same level of care.
- This reduction would result in a loss of $462,000 of federal funds.

Human Service Centers

- The operating reductions and salary underfunding in the human service centers seriously impacts their ability to retain sufficient staff and provide for adequate payment to providers. Since the centers serve as the safety net for the people with serious mental disorders and chronic chemical dependency, this will also impact the referrals to the State Hospital.

Thank you.

Full House Apps 1-6-05 Handout 3-9

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS COMMITTEE
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
JANUARY 6, 2005

Chairman Svedjan and members of the House Appropriations Committee, I am Brenda Weisz, Chief Financial Officer for the Department of Human Services. I will be providing you with an overview of the Department's 2005 – 2007 budget request.

Legislatively Approved Budget / Current Budget / Projected Expenditures

Below is the comparison of our Legislatively Approved Budget to the 2003 – 2005 current budget. The current budget is then the basis we use in preparing the budget request for the 2005 – 2007 biennium. I have also reflected the anticipated expenditures through the remainder of the biennium.

Description	Legislatively Approved Budget	Changes	Current Budget 2003 - 2005	Projected Expenditures 2003 - 2005	Difference
Salaries and Wages	33,070,066	(228,525)	32,841,541	30,606,835	2,234,706
Operating Expenses	71,098,597	(263,831)	70,834,766	61,775,845	9,058,921
Capital Assets	42,366	292,356	334,722	236,104	98,618
Grants	288,537,725	17,424,827	305,962,552	287,563,302	18,399,250
HSCs and Institutions	191,196,271	1,075,173	192,271,444	189,997,690	2,273,754
Loan Fund - DD	3,261,556	-	3,261,556	2,682,264	579,292
Grants-Medical Assistance	921,677,174	-	921,677,174	948,791,119	(27,113,945)
	1,508,883,755	**18,300,000**	**1,527,183,755**	**1,521,653,159**	**5,530,596**
General Funds	411,081,823	-	411,081,823	405,843,071	5,238,752
Federal Funds	1,010,936,167	18,119,500	1,029,055,667	1,028,999,338	56,329
Other Funds	86,865,765	180,500	87,046,265	86,810,750	235,515
	1,508,883,755	**18,300,000**	**1,527,183,755**	**1,521,653,159**	**5,530,596**
FTE	2,057.42	(6.00)	2,051.42	2,010.42	41.00

Our current budget displayed above differs from the Legislatively Approved Budget due to three emergency commission actions approved in March 2004 for an increase of $18.3 million which is comprised of Food Stamps – $13.4 million; LIHEAP (Fuel Assistance program) - $2.6 million; and Child Welfare - $13.4 million. The activity among the different line items can be explained as follows:

	Salary & Wages	Operating	Capital Assets	Grants	HSCs/ Inst.
Emergency Commission				18,300,000	
Functional Consolidation - HB 1505	(251,525)	251,525			
Offset MMIS temp salary costs	23,000	(23,000)			
Provide for teleconference equipment department-wide		(292,356)	292,356		
To grants prior to moving to HSCs		(200,000)		200,000	
To HSC for Family Caregiver Program				(1,014,414)	1,014,414
To HSC for DD contract				(60,759)	60,759
Total changes	(228,525)	(263,831)	292,356	17,424,827	1,075,173

The FTE change from the Legislatively Approved Budget number indicates a reduction of six. Functional consolidation removed three FTE from the Division of Information Technology within the Department, however, in our budget workpapers, we inadvertently made the reduction twice. Therefore, 2,051.42 is the FTE count you will see in all BARS documents and in the analysis work completed by Legislative Council.

When comparing the current budget to the projected expenditures you can see that for the line item "Grants - Medical Assistance" we are currently short of authority. Closer to the end of the biennium, the Department will move the excess authority from the other applicable line items in order to offset that shortfall as permitted by section 7 of our current appropriation bill SB 2012. The majority of the excess authority in the other line items is attributed to the match

dollars remaining after the general funds were adjusted during the previous legislative session.

The projected FTE is based on our past experience with vacant positions at a given point in time.

Current Budget / Budget Request

The Executive Budget request for the 2005 – 2007 biennium as it compares to the current 2003 – 2005 biennial budget is as follows:

Description	Current Budget 2003 - 2005	Changes	To the House 2005 - 2007
Salaries and Wages	32,841,541	780,549	33,622,090
Operating Expenses	70,834,766	28,366,515	99,201,281
Capital Assets	334,722	(298,102)	36,620
Grants	305,962,552	28,093,441	334,055,993
HSCs and Institutions	192,271,444	15,814,615	208,086,059
Loan Fund - DD	3,261,556	(3,261,556)	0
Grants-Medical Assistance	921,677,174	79,097,595	1,000,774,769
	1,527,183,755	**148,593,057**	**1,675,776,812**
General Funds	411,081,823	79,291,218	490,373,041
Federal Funds	1,029,055,667	67,944,019	1,096,999,686
Other Funds	87,046,265	1,357,820	88,404,085
	1,527,183,755	**148,593,057**	**1,675,776,812**
FTE	(2,051.42)	(2.99)	2,048.43

The budget as requested reflects three policy changes from the current policies in place. Those changes are as follows:

- Rebasing of Nursing Facilities using 2003 as the base year - $8.1 million total funds; $2.9 million general funds;

- Implementing payments to Nursing Facilities based on the Median Plus methodology as recommended in the Nursing Facility Payment Study

completed in the fall of 2002. The recommended levels of payment are provided at 20/20/10. (Median cost plus 20 percent for direct expenses – nursing care and therapies; median cost plus 20 percent for other direct expenses – food, laundry, social service, activities; and median cost plus 10 percent for indirect – support / administration.) - $634,000 total funds; $228,000 general funds; and

- Increasing the amount allowed under the Medicaid program for funeral set-aside. In the current budget, that level is set at $3,000. The proposed budget would raise that level to $5,500. The estimated impact on the Medicaid budget is $1.3 million total funds; $.5 million general funds.

Major Budget Changes

As mentioned in Carol Olson's testimony and displayed above, the increase in the general fund is $79.3 million. Forty percent of this increase, **$32 million,** is attributed to the decrease in the Federal Medicaid Matching Percentage (FMAP). The FMAP for the upcoming biennium is as follows:

- FFY 2005 - 67.49% Final
- FFY 2006 - 65.85% Final
- FFY 2007 - 63.23% Estimated (preliminary number usually issued in April)

Bottom line - North Dakota's increase in per capita income was higher than the increase in other states, which is good news. The downside is this results in a decline in the percentage the federal government will contribute toward a Medicaid eligible expenditure and thus requires the state to contribute a greater share toward the costs just to keep services level.

At this point I would like to discuss major funding changes. The funding changes take into account the FMAP change, caseload changes, cost changes, etc. Please refer to **Attachment A,** which breaks down each change by category.

Traditional Medicaid payments – increase of $48.1 million total funds; $25.7 million general funds when excluding the IGT payments that are in the current budget but are not included in the upcoming biennium due to changes in the federal regulations. IGT payments are currently budgeted at $27.5 million total funds; $8.6 million general funds. This brings the net increase to $20.6 million total funds; $17.1 million general fund. Caseload is based on approximately 53,000 eligibles. Includes the increase in the amount allowed for funeral set-aside funds and along with a provider increase of 2% for each year of the biennium. Drugs, however, are included in the budget with estimated increases of 13.8% each year of the biennium.

The Children's Health Insurance Program (CHIP) includes an increase of $500,000 total funds; $300,000 general fund. This incorporates a 17.9% premium increase passed on by Blue Cross / Blue Shield. Funding is proposed for 2300 children each month.

DD grants – increase of $15.7 million total funds; $11.4 million general funds. Includes a provider increase of 2% for each year of the biennium.

The Long Term Care Continuum, which includes Home and Community Based Services, Basic Care and Nursing Facilities incorporates the following changes:

Nursing Homes – increase of $30.3 million total; $20.5 million general funds. Includes the statutory increases of CPI / DRI of 3.52% year one and 3.92% year two, rebasing and the new payment methodology. Based on a budget of 3631 beds per month.

Basic Care – increase of $4.4 million which is all general funds. Includes the statutory increases of average CPI of 1.5% both years of the biennium with rebasing every year and changes made by the federal government in what expenditures they would allow in the federal reimbursement. Based on a budget of 457 beds per month.

Home and Community Based Care – increase of $7.8 million total funds; $3.2 million general funds. Includes a provider increase of 2% each year of the biennium and continues the increased case management fee approved during the last legislative session. The main increase in this area includes the Personal Care option which was a service approved last biennium by the Legislature. The Medicaid plan amendment has not yet been approved by the federal government but approval is expected in the near future.

Attachment B displays the share of the budget for each of the three categories under the continuum.

Attachment C provides the amount proposed in this budget request for each individual program for Home and Community Based Services.

Foster Care grants – increase of $9.5 million total funds; $2.5 million general funds. Includes funding for family homes, Residential Treatment Centers (RTCs), Residential Child Care Facilities (RCCFs), Group Homes (GHs), Foster Care Services, Subsidized Guardianship and Therapeutic Foster Care. Also included is a provider increase of 2% each year of the biennium. The proposed funding is based on monthly averages as follows:

- Family foster homes - 675 children with an average cost of $712 per child
- RTC / RCCF / GH - 450 children with an average cost of $2,928 per child
- Foster care services – 250 children with average cost of $378 per child
- Subsidized Guardianship - 44 children with an average cost of $505 per child

- Therapeutic foster care – 230 children with average cost of $2,392 per child

Subsidized Adoption grants – increase of $2.0 million total funds; $.9 million in general funds. The budget was developed based on an average of 782 subsidized adoption payments each month with an average monthly cost of $584 per child.

Indian County Allocation was increased by $186,000 in order to comply with the NDCC requirement of reimbursing Indian counties at 90% of their costs based on the average mills statewide.

HSCs overall - the general fund request is held even before considering the recommended salary and health insurance package, however, there has been an increase of $2.3 million in the Substance Abuse Prevention and Treatment Block funds to address targeted populations across the state.

State Hospital Traditional Services includes an increase in the general fund request of $1.4 million before incorporating the salary package due to the reduction of collection dollars seen for the services provided to individuals being treated at that facility. The budget is based on a population of 214 individuals when you consider the Tompkins program.

State Hospital – Secure Services includes an increase in the general fund request of $2.8 million due to the increase in referrals of sexual offenders. Again this is before incorporating the recommended salary package. The budget is based on 42 beds for this service.

The technology budget proposes to replace the current MMIS, which processes claims and provides payments of over $950 million to providers in a given biennium. The estimated cost to replace this system is $29.2 million total funds;

$3.7 million general funds. David Zentner, Director of Medical Services, will provide testimony specific to the project following my presentation.

Also included in the budget request is the addition of $1.2 million; 50 percent of that coming from the state general fund to implement proposed federal legislation known as Payment Error Rate Measurement (PERM) regulations. These proposed regulations require state Medicaid agencies to expand their review of eligibility determinations and review actual claims data to estimate over and under payments processed by MMIS.

Lastly, department-wide, the proposed budget includes an additional $11.8 million of which $6.8 million is from the general fund to support the salary and health insurance package recommended by the Governor.

Other Areas of Interest

Administration for the Department including the subdivisions of Administration / Support, DoIT, Central Office salaries and operating costs, HSC administration and Institution business office operations is **5.76%** of the total budget request. The Department took seriously the budget adjustments regarding administration which were reflected in SB 2012 of the previous legislative session. Overall the Department reduced administrative FTE in response to that budget change. Granted the general funds were removed during the last legislative session, the Department did not replace these general funds from other areas of the budget but instead left the positions vacant in the following areas:

- 7.7 FTE in Administration / Support
- 3 FTE in DoIT
- 2 Deputy Director positions - Mental Health and Substance Abuse and Aging Services
- 1 HSC Regional Director position

The Child Support area of the budget continues to fund the Devils Lake Child Support Enforcement Unit – $215,000 general funds along with the federal match dollars as intended by section 4 of SB 2012.

Mill Levy funding is held even at $1.7 million – with the budget being built on 52.8 cents on the dollar.

Section 8 of our current appropriation bill SB 2012 includes legislative intent to stay within the grant award and any performance bonuses received under the TANF grant. The proposed budget follows that intent.

At this time I would like to direct your attention to **Attachment D**. Just as we did last session this attachment displays "Where the Money Goes" in the Department. As you can see over 80% of this budget goes directly "out the door" as Carol Olson previously mentioned in her testimony. Another 11% is used to provide direct services to clients through the regional HSCs or the Institutions.

There are times that we, in the Department, hear the words "with a budget that size surely you can find a way to pay this particular expenditure or provide a small increase to this provider group." The reality is that our $1.68 billion budget is really 22 individual budgets that serve a unique client base or serve individuals under various programs housed by the Department. Either way, each area of the budget is developed at the division level based on the client need for that area of service. The funds are clearly defined in regard to their purpose.

The final area I would like to touch on is the performance measures of the Department. The Department's work with performance measures dates back to SFY 2000. We continue to work in this area and improve and update our measures as we learn. Also, we have identified areas in which we would like to measure results but at this time have no system to accumulate the data or track

the progress toward the goal. These are areas in which we are focusing our attention. This effort is a continuous work in progress. At the end of today's testimony we will distribute a document that contains the Department's main performance measures and trends.

This concludes my testimony. I do realize that what I have provided you in this document is truly an overview of our budget request. As we move through the subcommittee, we will be providing more specific detail. At this time I would be willing to address any of your questions. I am also available to respond to your budget questions that may arise during the upcoming months.

Thank you.

SUMMARY OF CHANGES - MAJOR PROGRAMS

Program Detail of Changes (expressed in millions)	Caseload / Utilization Change	Cost Change	Statutory Changes	Rebasing & 20/20/10	FMAP Changes	Provider Inflation	Increase in Funeral Setaside	Total Changes
Medicaid Payments - Total	**40.5**	**(28.1)**				**6.9**	**1.3**	**20.6**
General Funds	11.1	(7.7)			10.8	2.4	0.5	17.1
Federal / Other Funds	29.4	(20.4)			(10.8)	4.5	0.8	3.5
Children's Health Insurance Program (CHIP)								
General Funds	**(1.1)**	**1.6**						**0.5**
Federal / Other Funds	(0.3)	0.4			**0.2**			0.3
	(0.8)	1.2			**(0.2)**			0.2
Developmentally Disabled Community Care - Total	**7.2**	**2.4**				**6.1**		**15.7**
General Funds	2.3	0.9			**6.0**	2.2		11.4
Federal / Other Funds	4.9	1.5			(6.0)	3.9		4.3
Nursing Homes	**(3.0)**		**24.5**	**8.8**				**30.3**
General Funds	(1.0)		7.8	3.2	10.5			20.5
Federal / Other Funds	(2.0)		16.7	5.6	(10.5)			9.8
Basic Care	**(0.7)**		**5.1**					**4.4**
General Funds	(0.3)		4.4		0.3			4.4
Federal / Other Funds	(0.4)		0.7		(0.3)			-
Home & Community Based Care *	**6.5**	**0.3**				1.0		**7.8**
General Funds	2.7	(0.8)			0.7	0.6		3.2
Federal / Other Funds	3.8	1.1			(0.7)	0.4		4.6
Foster Care	**5.8**	**1.8**				**1.9**		**9.5**
General Funds	1.0	0.2			0.8	0.5		2.5
Federal / Other Funds	4.8	1.6			(0.8)	1.4		7.0
Subsidized Adoption	**1.0**	**1.0**						**2.0**
General Funds	0.5	0.2			0.2			0.9
Federal / Other Funds	0.5	0.8			(0.2)			1.1

* Includes SPED, Expanded SPED, Targeted Case Management, TBI (Traumatic Brain Injury) Waiver, Aged & Disabled Waiver and Personal Care.

Attachment A

Department of Human Services
2005 - 2007 Budget to House
Where Does the Money Go?
Long Term Care Continuum
Total Funds $400,557,289

.03
Basic
Care

.10
Home &
Community
Based
Services

.87
Nursing Homes

Attachment B

FA-1/05/05-cj\0507legis\house dollar

Department of Human Services
2005 - 2007 Budget to House
Where Does the Money Go?
Department-Wide
Total Funds $1,675,776,812

For attachment C see Senate record by Brenda "C"

.02 MMIS / Capital Projects

.05 Institutions

.06 Administration

.06 Human Service Centers

.12 Developmental Disabilities Grants

.21 Nursing Homes

.22 Direct Client Services *

.23 Traditional Medical Grants & CHIP

.03 Other Long Term Care

* Includes TANF, JOBS, Child Care, Food Stamps, Heating Assistance, IV-D Tribal, IV-D Judicial, Child Welfare, Aging, Mental Health, Substance Abuse, Vocational Rehabilitation, and Non-Medicaid Developmental Disability grants and services.

FA-1/05/05-cj\0507legis\house dollar

Attachment D

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS COMMITTEE
SENATOR HOLMBERG, CHAIRMAN
MARCH 1, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Brenda Weisz, Chief Financial Officer for the Department of Human Services. I will be providing you with an overview of the Department's 2005 – 2007 budget request along with the changes made by the House.

Current Budget / Budget Request / House Changes / Budget to Senate:

Description	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	Increase / Decrease	Request to Senate
Salary and Wages	32,841,541	780,549	33,622,090	(338,856)	33,283,234
Operating	70,834,766	28,366,515	99,201,281	(30,149,218)	69,052,063
Capital Assets	334,722	(298,102)	36,620	-	36,620
Grants	305,962,552	28,093,441	334,055,993	(795,850)	333,260,143
HSCs / Institutions	192,271,444	15,814,615	208,086,059	(2,635,702)	205,450,357
Loan Fund - DD	3,261,556	(3,261,556)	-	-	-
Grants - Medical Assistance	921,677,174	79,097,595	1,000,774,769	(7,737,495)	993,037,274
Total	1,527,183,755	148,593,057	1,675,776,812	(41,657,121)	1,634,119,691
General Funds	411,081,823	79,291,218	490,373,041	(9,924,722)	480,448,319
Federal Funds	1,029,055,667	67,944,019	1,096,999,686	(31,490,924)	1,065,508,762
Other Funds	87,046,265	1,357,820	88,404,085	(241,475)	88,162,610
Total	1,527,183,755	148,593,057	1,675,776,812	(41,657,121)	1,634,119,691
FTE	2,051.42	(2.99)	2,048.43	(1.00)	2,047.43

Beginning first with the Executive Budget: As requested the budget reflects three policy changes from the current policies in place. Those changes are as follows:

- Rebasing of Nursing Facilities using 2003 as the base year - $8.1 million total funds; $2.9 million general funds;

- Implementing payments to Nursing Facilities based on the Median Plus methodology as recommended in the Nursing Facility Payment Study completed in the fall of 2002. The recommended levels of payment are provided at 20/20/10. (Median cost plus 20 percent for direct expenses – nursing care and therapies; median cost plus 20 percent for other direct expenses – food, laundry, social service, activities; and median cost plus 10 percent for indirect – support / administration.) - $634,000 total funds; $228,000 general funds; and

- Increasing the amount allowed under the Medicaid program for funeral set-aside. In the current budget, that level is set at $3,000. The proposed budget would raise that level to $5,500. The estimated impact on the Medicaid budget is $1.3 million total funds; $.5 million general funds.

Major Budget Changes

As mentioned in Carol Olson's testimony and displayed above, the increase in the general fund of the Executive Budget is $79.3 million. Forty percent of this increase, **$32 million,** is attributed to the decrease in the Federal Medical Assistance Percentage (FMAP). The FMAP for the upcoming biennium is as follows:

- FFY 2005 - 67.49% Final
- FFY 2006 - 65.85% Final
- FFY 2007 - 63.23% Estimated (preliminary number usually issued in April)

Bottom line - North Dakota's increase in per capita income was higher than the increase in other states, which is good news. The downside is this results in a decline in the percentage the federal government will contribute toward a Medicaid eligible expenditure and thus requires the state to contribute a greater share toward the costs just to keep services level.

At this point I would like to discuss major funding changes reflected in the Executive Budget. The funding changes take into account the FMAP change, caseload changes, cost changes, etc. Please refer to **Attachment A,** which breaks down each change by category.

Traditional Medicaid payments – increase of $48.1 million total funds; $25.7 million general funds when excluding the IGT payments that are in the current budget but are not included in the upcoming biennium due to changes in the federal regulations. IGT payments are currently budgeted at $27.5 million total funds; $8.6 million general funds. This brings the net increase to $20.6 million total funds; $17.1 million general fund. Caseload is based on approximately 53,000 eligibles. Includes the increase in the amount allowed for funeral set-aside funds along with a provider increase of 2% for each year of the biennium. It was our intent to include an inflationary increase to the Prescription Drug budget with 13.8% inflation for both years of the biennium. During our work with the House Appropriations Subcommittee we noted that year one inflation had inadvertently been excluded which could result in our budget request being short as much as $5.7 million in general funds for this Medicaid category.

The Children's Health Insurance Program (CHIP) includes an increase of $500,000 total funds; $300,000 general fund. This incorporates a 17.9% premium increase passed on by Blue Cross / Blue Shield. Funding is proposed for 2300 children each month.

DD grants – increase of $15.7 million total funds; $11.4 million general funds. Includes a provider increase of 2% for each year of the biennium.

The Long Term Care Continuum, which includes Home and Community Based Services, Basic Care and Nursing Facilities incorporates the following changes:

Nursing Homes – increase of $30.3 million total; $20.5 million general funds. The Executive Budget includes the statutory increases of CPI / DRI of 3.52% year one and 3.92% year two, rebasing and the new payment methodology. Based on a budget of 3631 beds per month.

Basic Care – increase of $4.4 million, which is all general funds. Includes the statutory increases of average CPI of 1.5% both years of the biennium with rebasing every year and changes made by the federal government in what expenditures they would allow in the federal reimbursement. Based on a budget of 457 beds per month.

Home and Community Based Care – reflects an increase of $7.8 million total funds; $3.2 million general funds. Includes a provider increase of 2% each year of the biennium and continues the increased case management fee approved during the last legislative session. The main increase in this area includes the Personal Care option, which was a service approved last biennium by the Legislature. In ~~January~~ February the Department finally received approval from the federal government for the Medicaid plan amendment to include personal care as one of the optional services offered by the Medicaid program.

Attachment B displays the share of the budget for each of the three categories under the continuum.

Attachment C provides the amount proposed in the Executive Budget request for each individual program for Home and Community Based Services along with the House changes.

Foster Care grants – reflects an increase of $9.5 million total funds; $2.5 million general funds. Includes funding for family homes, Residential Treatment Centers (RTCs), Residential Child Care Facilities (RCCFs), Group Homes (GHs), Foster Care Services, Subsidized Guardianship and Therapeutic Foster Care. Also

included is a provider increase of 2% each year of the biennium. The proposed funding is based on monthly averages as follows:

- Family foster homes - 675 children with an average cost of $712 per child
- RTC / RCCF / GH - 450 children with an average cost of $2,928 per child
- Foster care services – 250 children with average cost of $378 per child
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- Therapeutic foster care – 230 children with average cost of $2,392 per child

Subsidized Adoption grants – increase of $2.0 million total funds; $.9 million in general funds. The budget was developed based on an average of 782 subsidized adoption payments each month with an average monthly cost of $584 per child.

Indian County Allocation was increased by $186,000 in order to comply with the NDCC requirement of reimbursing Indian counties at 90% of their costs based on the average mills statewide.

HSCs overall - the general fund request is held even before considering the recommended salary and health insurance package, however, the Executive Budget includes an increase of $2.3 million in the Substance Abuse Prevention and Treatment Block funds to address targeted populations across the state.

State Hospital Traditional Services includes an increase in the general fund request of $1.4 million before incorporating the salary package due to the reduction of collection dollars seen for the services provided to individuals being treated at that facility. The budget is based on a population of 214 individuals when you consider the Tompkins program.

State Hospital – Secure Services includes an increase in the general fund request of $2.8 million due to the increase in referrals of sexual offenders. Again

this is before incorporating the recommended salary package. The budget is based on 42 beds for this service.

The Executive Budget request for technology proposes to replace the current MMIS, which processes claims and provides payments of over $950 million to providers in a given biennium. The estimated cost to replace this system is $29.2 million total funds; $3.7 million general funds. David Zentner, Director of Medical Services, will provide testimony specific to the project following my presentation.

Also included in the Executive Budget request is the addition of $1.2 million; 50 percent of that coming from the state general fund to implement proposed federal legislation known as Payment Error Rate Measurement (PERM) regulations. These proposed regulations require state Medicaid agencies to expand their review of eligibility determinations and review actual claims data to estimate over and under payments processed by MMIS.

Lastly, department-wide, the proposed Executive Budget includes an additional $11.8 million of which $6.8 million is from the general fund to support the salary and health insurance package recommended by the Governor.

Other Areas of Interest

Administration costs for the Department including the subdivisions of Administration / Support, DoIT, Central Office salaries and operating costs, HSC administration and Institution business office operations is **5.8%** of the total budget. The Department took seriously the budget adjustments regarding administration, which were reflected in SB 2012 of the previous legislative session. Overall the Department reduced administrative FTE in response to that budget change. Granted the general funds were removed during the last legislative session, the Department did not replace these general funds from

other areas of the budget but instead left the positions vacant in the following areas:

- 7.7 FTE in Administration / Support
- 3 FTE in DoIT
- 2 Deputy Director positions - Mental Health and Substance Abuse and Aging Services
- 1 HSC Regional Director position

The Child Support area of the Executive Budget continues to fund the Devils Lake Regional Child Support Enforcement Unit – $215,000 general funds along with the federal match dollars as intended by section 4 of SB 2012. The House did reduce this area by a $65,000 due to performance in that region.

Mill Levy funding is held even at $1.7 million – with the budget being built on and an estimated 52.8 cents on the dollar.

House Changes

Attachment D summarizes the changes made by the House Appropriations Committee.

Other Bills and Legislation

The following bills, while not inclusive of all legislation would have an impact on the DHS budget:

SB 2213 – Provides for increase in dental fees without an appropriation

SB 2301 – Provides for state administration of Child Support

SB 2373 – Commitment law for individuals addicted to meth and other controlled substances.

The President's FFY 2006 budget proposal contains a few areas that could significantly impact DHS and these areas are as follows:

Food Stamp program –

- Proposes to restrict categorical eligibility to those receiving TANF cash grant or SSI. (Currently includes recipients of all TANF-funded programs.) Asset testing would need to be reinstated if change becomes law. Estimated 1320 households per month would no longer be eligible.

Medicaid program –

- Proposes to establish a cap for Medicaid Administrative funding. This could be a hardship for DHS if the MMIS rewrite project is required to be completed within that allotment. The project (and any future projects) would need to be funded within the cap – no 90/10 or 75/25 funding. **If costs are in excess of cap then funding will need to come from the general fund.**
- Targeted Case Management – reduces reimbursement to 50% instead of FMAP reimbursement. May also be considered in the administrative cost containment proposal. Impact on DHS - $1.7 million increased general fund need in 2005 – 2007 biennium.
- Phase down of Provider Tax – currently 6% of revenues – 3-year phase down to 3% of revenues. Impact on DHS - $1.5 million increased general fund need in 2005 – 2007 biennium.

Conclusion

Lastly, I would like to direct your attention to **Attachment E**. Just as we did last session this attachment displays "Where the Money Goes" in the Department. As you can see over 80% of this budget goes directly "out the door" as Carol Olson previously mentioned in her testimony. Another 11% is used to provide direct services to clients through the regional HSCs or the Institutions.

There are times that we, in the Department, hear the words "with a budget that size surely you can find a way to pay this particular expenditure or provide a small increase to this provider group." The reality is that our $1.6 billion budget is really 21 individual budgets that serve a unique client base or serve individuals under various programs housed by the Department. Either way, each area of the budget is developed at the division level based on the client need for that area of service. The funds are clearly defined in regard to their purpose.

This concludes my testimony. I do realize that what I have provided you in this document is truly an overview of our Executive Budget request along with the House changes. The Division Directors within the Department will present to you an overview of their area of specific responsibility by first covering the Executive Budget proposal and then the changes made through House action. At this time I would be willing to address any of your questions. I am also available to respond to your budget questions that may arise during the review of the DHS budget.

Thank you.

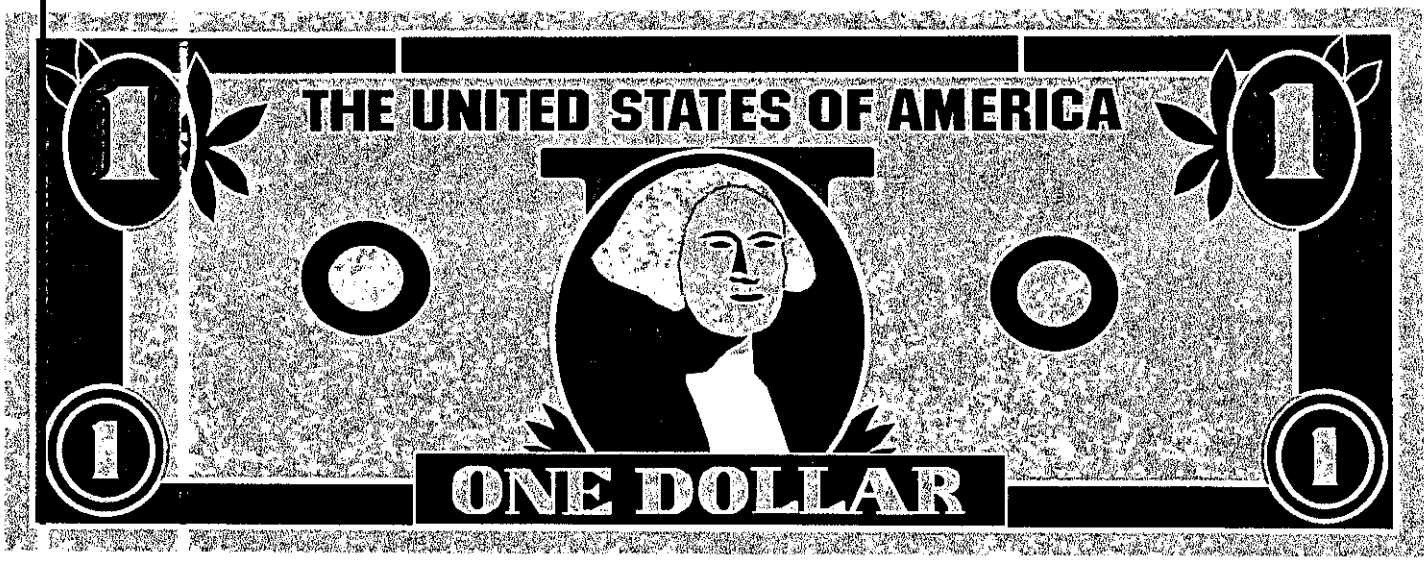
SUMMARY OF CHANGES - MAJOR PROGRAMS

Program Detail of Changes (expressed in millions)	Caseload / Utilization Change	Cost Change	Statutory Changes	Rebasing & 20/20/10	FMAP Changes	Provider Inflation	Increase in Funeral Setaside	Total Changes to House	House Changes	Total Changes to Senate
Medicaid Payments - Total	**40.5**	**(28.1)**				**6.9**	**1.3**	**20.6**	**1.2**	**21.8**
General Funds	11.1	(7.7)			10.8	2.4	0.5	17.1	**0.5**	17.6
Federal / Other Funds	29.4	(20.4)			(10.8)	4.5	0.8	3.5	**0.7**	4.2
Children's Health Insurance Program (CHIP)	**(1.1)**	**1.6**						**0.5**	-	**0.5**
General Funds	(0.3)	0.4			**0.2**			0.3		0.3
Federal / Other Funds	(0.8)	1.2			**(0.2)**			0.2		0.2
Developmentally Disabled Community Care - Total	**7.2**	**2.4**				**6.1**		**15.7**	**0.4**	**16.1**
General Funds	2.3	0.9			**6.0**	2.2		11.4	0.1	11.5
Federal / Other Funds	4.9	1.5			(6.0)	3.9		4.3	0.3	4.6
Nursing Homes	**(3.0)**		**24.5**	**8.8**				**30.3**	(7.8)	**22.5**
General Funds	(1.0)		7.8	3.2	10.5			20.5	(2.8)	17.7
Federal / Other Funds	(2.0)		16.7	5.6	(10.5)			9.8	(5.0)	4.8
Basic Care	**(0.7)**		**5.1**					**4.4**	0.2	**4.6**
General Funds	(0.3)		4.4		0.3			4.4	0.2	4.6
Federal / Other Funds	(0.4)		0.7		(0.3)			-		-
Home & Community Based Care *	**6.5**	**0.3**				1.0		**7.8**	(1.8)	**6.0**
General Funds	2.7	(0.8)			0.7	0.6		3.2	(1.7)	1.5
Federal / Other Funds	3.8	1.1			(0.7)	0.4		4.6	(0.1)	4.5
Foster Care	**5.8**	**1.8**				**1.9**		**9.5**	(0.2)	**9.3**
General Funds	1.0	0.2			0.8	0.5		2.5	(0.2)	2.3
Federal / Other Funds	4.8	1.6			(0.8)	1.4		7.0	-	7.0
Subsidized Adoption	**1.0**	**1.0**						**2.0**	-	**2.0**
General Funds	0.5	0.2			0.2			0.9		0.9
Federal / Other Funds	0.5	0.8			(0.2)			1.1		1.1

ATTACHMENT A

* Includes SPED, Expanded SPED, Targeted Case Management, TBI (Traumatic Brain Injury) Waiver, Aged & Disabled Waiver and Personal Care.

Department of Human Services
2005 - 2007 Budget to Senate
Where Does the Money Go?
Long Term Care Continuum
Total Funds $391,198,353



.03
Basic
Care

.10
Home &
Community
Based
Services

.87
Nursing Homes

Attachment B

FA-2/28/05-cj\0507legis\house dollar sb

Long Term Care Continuum

2005 - 2007 Budget to House

Service	Total	State	Federal	County	Other
Nursing Homes	348,777,523	122,590,332	226,187,191	0	0
Basic Care	12,812,722	5,188,369	5,339,991	0	2,284,362
SPED	14,423,230	13,487,627	225,720	709,883	0
Expanded SPED	1,188,889	1,188,889	0	0	0
TBI - Waiver	2,330,357	818,187	1,512,170	0	0
Aged & Disabled - Waiver	2,573,636	903,520	1,670,116	0	0
TCM - Aged & Disabled	3,789,824	1,329,900	2,459,924	0	0
Personal Care Services	14,661,108	5,152,114	9,508,994	0	0
TOTAL	400,557,289	150,658,938	246,904,106	709,883	2,284,362

House Changes

Service	Total	State	Federal	County	Other
Nursing Homes	(7,839,235)	(2,781,221)	(5,058,014)	0	0
Basic Care	235,459	162,051	73,408	0	0
SPED	(1,549,792)	(1,472,295)	0	(77,497)	0
Expanded SPED	(365,052)	(365,052)	0	0	0
TBI - Waiver	507,439	181,085	326,354	0	0
Aged & Disabled - Waiver	698,374	248,144	450,230	0	0
TCM - Aged & Disabled	(1,744,991)	(610,834)	(1,134,157)	0	0
Personal Care Services	698,862	248,528	450,334	0	0
TOTAL	(9,358,936)	(4,389,594)	(4,891,845)	(77,497)	0

2005 - 2007 Budget to Senate

Service	Total	State	Federal	County	Other
Nursing Homes	340,938,288	119,809,111	221,129,177	0	0
Basic Care	13,048,181	5,350,420	5,413,399	0	2,284,362
SPED	12,873,438	12,015,332	225,720	632,386	0
Expanded SPED	823,837	823,837	0	0	0
TBI - Waiver	2,837,796	999,272	1,838,524	0	0
Aged & Disabled - Waiver	3,272,010	1,151,664	2,120,346	0	0
TCM - Aged & Disabled	2,044,833	719,066	1,325,767	0	0
Personal Care Services	15,359,970	5,400,642	9,959,328	0	0
TOTAL	391,198,353	146,269,344	242,012,261	632,386	2,284,362

ATTACHMENT C

ATTACHMENT D

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUMMARY OF HOUSE ACTION
HB 1012

Description	Total	General Funds	Other Funds
Salary package change to 3% and 4%	(718,769)	(450,744)	(268,025)
Salary underfunding	(600,000)	(600,000)	
Remove MMIS project	(29,188,859)	(3,667,820)	(25,521,039)
Operating expense reduction - Program / Policy	(50,000)	(50,000)	-
Economic Assistance			
Removes funding for outreach services in Food Stamp program	(50,000)	(25,000)	(25,000)
Child Support	-		
Removes funds for Lake Region CSEU	(65,000)	(65,000)	-
Remove federal authority / HB 1172 continuing approp.	(822,970)		(822,970)
Medical Services	-		
Removes pharmacy assistant - reduces FTE by 1.0	(88,538)	(22,135)	(66,403)
Removes Global insight contract	(11,839)	(5,920)	(5,919)
Removes funding for dept. to contract for generic prescription drug detailing services	(475,550)	(237,775)	(237,775)
Reduces prescription drugs	(2,849,003)	(1,000,000)	(1,849,003)
Reduces home health services	(284,900)	(100,000)	(184,900)
Reduces optometry	(142,450)	(50,000)	(92,450)
Increase inpatient / outpatient / physician services	6,267,806	2,200,000	4,067,806
Reduces tobacco $ for breast and cervical cancer	(139,601)	-	(139,601)
Adds funding for disease management HB 1459	565,000	282,500	282,500
Reduces medicaid grants due to disease management HB 1459	(1,530,000)	(537,030)	(992,970)
Reduces funeral set aside from $5,500 to $5,000	(252,500)	(91,405)	(161,095)
Adds funding for ambulance	170,940	60,000	110,940
Long Term Care			
Reduces HCBS based on SPED caseload	(1,981,960)	(1,987,684)	5,724
Increases the service cap from $135 to $185	226,800	217,260	9,540
Reduces Nursing Facilities to 2% / 2% - HB 1252	(4,919,972)	(1,755,456)	(3,164,516)
Reduces nursing home beds from 3631 to 3600	(2,919,263)	(1,025,765)	(1,893,498)
Funds Basic care at 2% / 2% instead of 1.5% / 1.5%	235,459	162,051	73,408
CFS	-		
Reduces excess federal authority	(750,000)		(750,000)
Adds funding for treatment services payments - freeze at current level or $14.15 per day max.	398,256	50,008	348,248
Reduces Foster Care / Subsidized Adoption	(594,106)	(250,000)	(344,106)
MH / SA	-		
Removes funding for compulsive gambling from general fund / adds authority to expend from compulsive gambling fund.	250,000	(150,000)	400,000
Reduces operating	(50,000)	(50,000)	

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUMMARY OF HOUSE ACTION
HB 1012

Description	Total	General Funds	Other Funds
DSD	-		
Adds funding for $.10 per hour DD providers	1,620,750	575,193	1,045,557
Adds funding for increases to those fitting criteria of 17 in Anne Carlson	284,900	100,000	184,900
Reduces funding for Family Subsidy	(100,000)	(100,000)	
Reduces section 11 grants	(100,000)	(100,000)	
Reduces funding for DD grants	(1,424,501)	(500,000)	(924,501)
State Hospital			
Replaces general funds with collections	-	(100,000)	100,000
Developmental Center			
Reduces funding for operating costs	(712,251)	(250,000)	(462,251)
Human Service Centers	-		
Overall reduction	(400,000)	(400,000)	-
Overall House changes	**(41,202,121)**	**(9,924,722)**	**(31,277,399)**
SB 2023 Eliminated Extraordinary repairs			
State Hosptial	(215,000)		(215,000)
Developmental Center	(240,000)		(240,000)
Overall changes to HB 1012	**(41,657,121)**	**(9,924,722)**	**(31,732,399)**

Department of Human Services
2005 - 2007 Budget to Senate
Where Does the Money Go?
Department-Wide
Total Funds $1,634,119,691

.03	.05	.06	.06	.13	.21	.22	.24
Other Long Term Care	Insti-tutions	Admin-istration	Human Service Centers	Developmental Disabilities Grants	Nursing Homes	Direct Client Services *	Traditional Medical Grants & CHIP

* Includes TANF, JOBS, Child Care, Food Stamps, Heating Assistance, IV-D Tribal, IV-D Judicial, Child Welfare, Aging, Mental Health, Substance Abuse, Vocational Rehabilitation, and Non-Medicaid Developmental Disability grants and services.

FA-2/28/05-cj\0507legis\house dollar sb

Attachment E

*Department of Human Services * OARs * 2005 - 2007 Biennium*

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status
01A	Adm PERM (Payment Error Rate Measurement) Regulations							
	100-15 ADMINISTRATION - SUPPORT	30		64,248	32,124	32,124	0	Funded
01B	DoIT PERM (Payment Error Rate Measurement) Regulations							
	100-20 DIVISION OF INFORMATION TECHNOLOGY	30		26,697	13,349	13,348	0	Funded
01C	EA PERM (Payment Error Rate Measurement) Regulations							
	300-01 ECONOMIC ASSISTANCE POLICY - GRANTS	10	11.000	958,200	479,100	479,100	0	Funded
	300-01 ECONOMIC ASSISTANCE POLICY - GRANTS	30		76,160	38,080	38,080	0	Funded
01D	MS PERM (Payment Error Rate Measurement) Regulations							
	300-03 MEDICAL SERVICES	10	1.000	104,688	52,344	52,344	0	Funded

Category: 1 Federally Required

This is a request for a Human Service Program Administrator IV that will be responsible for implementation and management of Payment Error Rate Measurement (PERM) eligibility reviews and ten (10) Quality Control Reviewers responsible to conduct approximately 2000 Medicaid and SCHIP eligibility reviews annually. This request conforms to the requirements of proposed rules, Medicaid Program and State Children's Health Insurance Program (SCHIP): Payment Error Rate Measurement, published in Federal Register/Volume 69, No. 166, August 27, 2004. Agency: Centers for Medicare and Medicaid Services (CMS), HHS.

NOTE: This OAR was funded in Budget Level 300-01 Economic Assistance Policy - Grants ACC 3121 - Quality Control - State Office as follows:

$1,230,000 Object: 3018 - PROFESSIONAL SERVICES - BUDGET

$ 615,000 Object: 3991 - GENERAL FUNDS
$ 615,000 Object: 3992 - FEDERAL FUNDS

02	NE Prairie Harvest SMI Supported Residential Services increase							
	410-74 NORTHEAST HSC	70		138,899	88,899	50,000	0	Not Funded

Category: 5 Needs Based Enhancement

In order to maintain the SMI Supported Residential Services at the same level as we are currently serving, we need $ 138,899 in additional funding.

03	NE Centre Inc Adolescent Residential Increase							
	410-74 NORTHEAST HSC	70		68,013	68,013	0	0	Not Funded

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status
	Category: 5 Needs Based Enhancement							
	Centre, Inc. provides adolescent CD residential services and is licensed as a foster care group home. The rates for the facility are determined by Provider Audit and based on the costs of the facility. Northeast HSC pays Centre, Inc. for all of the beds in the facility at the rate established by Provider Audit. We then deduct the amount of foster care reimbursement that Centre receives during a month. Based on the most current rate for the facility, we anticipate a need for about $ 68,013 more funding during the 05-07 biennium than what we currently have budgeted.							
04	NE Centre Inc SMI/CD Adut Residential Increase							
	410-74 NORTHEAST HSC	70		63,232	63,232	0	0	Not Funded
	Category: 5 Needs Based Enhancement							
	Centre, Inc. provides adult CD/SMI residential services. Wages and operating costs have increased over the past few bienniums to the point where the rate we pay for the service does not cover Centre's costs. Centre, Inc. has indicated that they will need an additional $ 63,232 in funding to cover these costs and maintain current operations.							
05	NE Psych Social Rehabilitation Center							
	410-74 NORTHEAST HSC	70		10,000	10,000	0	0	Not Funded
	Category: 3 Restoration of a Program / Service							
	Due to budget reductions leading into the 03-05 biennium, the Mental Health Association reduced the hours that the psych-social club was open and reduced the number of days per week that the club was open from 7 to 6 days per week. Licensure requires that the program be available 7 days per week. In order to accommodate this, this request would increase the funding available to the Mental Health Association by $ 10,000.							
06	SE Mental Health Crises Bed							
	410-75 SOUTHEAST HSC	70		55,000	55,000	0	0	Not Funded
	Category: 5 Needs Based Enhancement							
	This request is for children's mental health services to enhance our crisis bed services that serve as a point of deescalation, crisis stabilization and rapid reentry into the family setting. This will allow for a crisis to be resolved in the most efficient manner and to avoid higher level out of home placement.							
07	SE Addiction Case Manager Youth Programs							
	410-75 SOUTHEAST HSC	70	1.000	77,998	77,998	0	0	Not Funded
	Category: 5 Needs Based Enhancement							
	Demand for rural outreach services continues to increase for the adolescent population. This FTE would serve the Wahpeton catchment area, Western Cass/Steele/Northwest Ransom county areas.							
08	SE Licensed Addiction Counselor Youth							
	410-75 SOUTHEAST HSC	70	1.000	86,486	86,486	0	0	Not Funded

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status
	Category: 5 Needs Based Enhancement							
	Demand for rural outreach services continues to increase for adolescents. This position would serve the Wahpeton catchment area, Western Cass/Steele/Northwest Ransom county areas.							
09	SE Licensed Practical Nurse							
	410-75 SOUTHEAST HSC	70	1.000	80,490	40,245	40,245	0	Not Funded
	Category: 5 Needs Based Enhancement							
	This position is needed due to increased demand for nursing assessment and monitored medications for community based clients. SEHSC continues to serve an increasing number of clients that have more complex medical needs that need to be addressed in conjunction with the psychotropic medications prescribed. This position would assist in meeting the needs of these persons to insure that appropriate levels of care are provided to those we are serving.							
10	WC Contracted Short Term Inpatient							
	410-77 WEST CENTRAL HSC	70		17,400	17,400	0	0	Not Funded
	Category: 5 Needs Based Enhancement							
	This is a contracted service with the local hospitals. The anticipated rate increase will be $200 per hospitalization. The current rate is $1,400 per three day hospitalization. The increase would alllow us to continue providing the same level of service to clients.							
11	SH Equity Increase for Mental Health Care Specialists							
	420-00 STATE HOSPITAL	70		240,000	240,000	0	0	Not Funded

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status

Category: 5 Needs Based Enhancement

The following trends have been identified that negatively impacts the North Dakota State Hospital's ability to recruit and retain competent Certified Nursing Assistant staff at the North Dakota State Hospital.

PROBLEM:

1. The 2003 turnover rate for the North Dakota State Hospital was 13.65%.
2. The largest percent of turnover of North Dakota State Hospital employees is from the Mental Health Care Specialist (MHCS) classification and it is expected with no action taken, the turnover rate for MHCSs will increase.
3. North Dakota State Hospital MHCSs are noting a disparity with their salary from Certified Nursing Assistants in other institutions with similar experience.
4. The increase required for an employee to meet the minimum salary requirements of being 5% into the salary range upon attaining the required qualifications for a delegated reclassification within the MHCS classification, has become too large as a result of depressed starting salaries.
5. The North Dakota State Hospital is moving towards a larger percentage of our population being at a residential level of care, which will require a higher percentage of our work force to be MHCSs.
6. Early signs point towards the pool of applicants for MHCS positions diminishing, due to the demographics of the North Dakota population and the exodus of our youth from North Dakota.
7. Local employers are utilizing sign-on bonuses based on experience for recruiting Certified Nursing Assistants. The more experience, the larger the sign-on bonus.

FACTS /CONCERNS:

1. Data reported in human resource department telephone survey audits in June of 2002 with local nursing facilities utilizing Certified Nursing Assistants indicated a lag of $.55 to $1.32 per hour in NDSH salaries for employees with 10 years of experience. In those with 15 years of experience, the lag in salary was anywhere from $1.09 to $2.39 per hour.
2. The North Dakota Healthcare Foundation survey as of January 2003 identifies the weighted average salary of certified nursing assistant staff from hospitals in the NDSH custom peer group as $9.11 per hour.
3. A number of MHCSs work second jobs with local nursing facilities.
4. The MHCS classification comprises those employees most vulnerable to take other opportunities within the community for positions paying in the $8 - $10+ range.
5. The State Hospital has lost MHCSs to the James River Correctional Center and Parole and Probations Office on campus, where they have opportunities to become Correctional/Parole Officers.
6. The distance between the benefit package provided by the State and what private facilities are offering has closed ranks significantly.

PROPOSAL:

The State Hospital proposes to adjust salaries for MHCS positions as follows:

Increase the starting salary of MHCS by $.72 per hour. Award a market adjustment increase of $.40 per hour for all MHCS staff with satisfactory work performance, who are employed at the State Hospital on July 1, 2005.

This proposal would cost $240,000 for the 2005-07 biennium.

12	LTC QSP Rate increase							
	300-10 LONG TERM CARE	73		1,740,000	1,106,031	596,172	37,797	Not Funded

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status

Category: 5 Needs Based Enhancement

This proposed OAR would allow the inequity of QSPs providing care for a number of years to receive a rate of payment equal to the new enrollees. Because it has not been possible to increase the long term QSPs rates in amounts great enough to close the gap between new enrollees and long term QSPs, there are a number of long term QSPs that are paid much less than an individual enrolling for the first time. QSPs like the majority of other Department providers have not received a rate increase for a minimum of three years. QSPs, as independent contractors, are responsible for paying for their own fringe benefits and taxes. The current average rate paid to intermittent individual QSPs is $2.41/unit (or $9.64/hr).

For agency QSPs, a rate increase is required in order to maintain enrollment of current agency providers and potential agency providers. Agency rate increases are based on actual budget costs. Agencies have contacted DHS regarding their inability to continue to provide HCBS unless they receive an increase in rates.

13 SH Extraordinary Repairs

420-00 STATE HOSPITAL — 70 — 558,550 — 558,550 — 0 — 0 — **Partially Funded**

Category: 5 Needs Based Enhancement

$110,000	-	Repair and Paint Water Tower
65,000	-	Repair and Maintenance of Building Roofs
40,000	-	Replace Electrical Transformers
11,200	-	Construct Covers for Basement Stairwells
6,200	-	Secure Learning Resource Center Fire Escapes
22,000	-	Paint Heating Plant Ash Tower
18,000	-	Replace Two Fire Hydrants
6,500	-	Repair Water Line Between Heating Plant and James River Correctional Center
36,000	-	Replace Two Manholes
26,500	-	#2 Boiler Refractory
30,000	-	Resurface/Repair Campus Streets
30,000	-	Repair Storm Sewer
157,150	-	Ash Tower Unloading System

NOTE: This OAR was Partially Funded in
ACC 9535 - Capital Improvements to include:

$110,000 - Repair and Paint Water Tower
65,000 - Repair and Maintenance of Building Roofs
40,000 - Replace Electrical Transformers

$215,000 Object: 5005 - LAND & BUILDINGS - BUDGET

$215,000 Object: 7093 - OTHER FUNDS

14 SH Equipment Over $5,000

420-00 STATE HOSPITAL — 70 — 150,000 — 150,000 — 0 — 0 — **Not Funded**

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status

Category: 5 Needs Based Enhancement

```
$   8,000  -  Microform Scanner for Health Information Systems
   10,000  -  Electric Scissor Lift for Plant Services
   25,000  -  Skid Steer with Sweeper to Clear Sidewalks
    8,000  -  Snow Scoop Attachment
    6,000  -  Riding Floor Scrubber to Clean Corridors
    6,000  -  Paper Cutter for Print Shop
   60,000  -  Hematology Analyzer for Laboratory
   12,500  -  High Volume Copy Machine for Lahaug Building
    8,500  -  Medium Volume Copy Machine for Health Information Services
    6,000  -  Low Volume Copy Machine for Library
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15 DC Equipment

430-00 DEVELOPMENTAL CENTER	70	388,341	388,341	0	0	Not Funded

Category: 5 Needs Based Enhancement

Medical Equipment ($85,400); Safety/Security Equipment ($44,000); Dakota East (Voc) ($11,000); Dietary Equpment ($14,000); Forklift ($15,000); Lift ($9,000); Plant Services: Hoist ($8,000), Lift ramp ($6,500), Air Compressor ($3,500), Pro press ($3,200), Power lift ($3,200), Power washer ($2,600), Control air dryer ($2,500), Sander ($1,700), Pro press ($1,600) & Drain auger ($1,200).
Residential/Facility ($175,941).

16 DC Extraordinary Repairs

430-00 DEVELOPMENTAL CENTER	70	404,000	404,000	0	0	Partially Funded

Category: 5 Needs Based Enhancement

Cedar Grove Roofing ($135,000); Flooring ($120,000); Collette pool filtration ($55,000); Parking lots, roads & sidewalks ($24,000), Greenhouse ($70,000).

NOTE: This OAR was Partially Funded in
ACC 9719 - Major Improvements to include:

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$135,000 - Cedar Grove Roofing
 105,000 - Colletted Pool Filtration
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$240,000 Object: 5005 - LAND & BUILDINGS - BUDGET

$240,000 Object: 7093 - OTHER FUNDS
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17 DoIT Computer 4 Year Replacement Cycle

100-20 DIVISION OF INFORMATION TECHNOLOGY	30	362,800	314,266	48,534	0	Not Funded

Priority OARD	Line	FTEs	Total	General	Federal	Other	Status
Category: 5 Needs Based Enhancement							

EA (Enterprise Architecture) has set a standard that all desktop PCs are replaced every 4 years and all laptops are replaced every 3 years. To meet this requirement DHS must replace half of its PC inventory every biennium. Moving to a 4 year replacement cycle will also help reduce overall support costs. To get all of DHS on the standard 4 year computer replacement cycle.

18 DoIT County Staff Assistance for MMIS Rewrite

100-20 DIVISION OF INFORMATION TECHNOLOGY	30		219,020	79,620	139,400	0	Not Funded
Category: 5 Needs Based Enhancement							

The Department is planning on moving the remaining Medicaid TECS cases to the VISION system. By doing so, we will eliminate the need for the new MMIS system from having to interface the TECS system and at the same time we will have all the TECS cases reside in VISION. By making these changes, we will need county workers to help in the Analysis/Design and testing of these changes.

19 DS Match for VR Grant Inflationary Increase

300-51 DISABILITY SERVICES	60		852,360	181,553	670,807	0	Not Funded
Category: 4 Inflation							

The federal legislation governing the Vocational Rehabilitation Basic Support grants requires an annual cost of living inflationary increase in the grants to States. The President's budget for federal fiscal year 2005 includes a 4.4% inflationary increase. Based on this, and past history, an inflationary increase of 3% per year in the 05-07 biennium was estimated. The requested additional $97,174 in general funds will enable VR to draw down an additional $359,042 in federal revenue. The VR budget will be stressed by other reductions in the Department of Human Services budget, particularly the Medicaid budget. Currently, if a VR client is eligible for Medicaid, and requires medical services that are allowable under Medicaid, for employment purposes, those services are covered by Medicaid. However, due to reductions in the Medicaid budget, some of those services may not be covered by Medicaid in the future, and VR will be expected to cover those medical services necessary to allow the client to be employed. Currently, VR's average cost per case for people who achieved employment is $3,515, so this additional revenue would allow VR to serve up to130 additional clients.

20 DSD ISLA Inflation for Administrative Reimbursement

300-51 DISABILITY SERVICES	73		856,076	282,505	573,571	0	Not Funded
Category: 4 Inflation							

Administrative reimbursements to providers for the ISLA program historically have not been increased by inflatores as other programs have been. Inflators accumulated since 1987 would result in a base level ISLA administrative reimbursement rate of $290.87 per month per client as compared to the currently budgeted amount of $230 per month per clinet. This applies to 585 clients per month. At this time, some providers's administrative costs may not be completely reimbursed under the current administrative reimbursement level. Increasing the administrative reimbursement level would cover the administrative costs of more of the providers.

21 DS Administrative Reimbursement Increase for Enhanced ISLA Authorizations

300-51 DISABILITY SERVICES	73		684,184	225,780	458,404	0	Not Funded

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status

Category: 5 Needs Based Enhancement

Some of the ISLA authorizations for clients with greater support needs (for example, 24 ISLA authorizations) result in a greater amount of the provider's administrative costs being prorated to the ISLA program. As a result, the current administrative reimbursement level of $350 per month per client for these higher need ISLA authorizations is not always sufficient to cover the total administrative costs the provider must allocate to the ISLA program. This OAR would increase the administrative reimbursement for the enhanced ISLA authorizations as needed for each provider to cover the admin costs allocated to their enhanced ISLA authorizations.

22 DS Guardianship Petitions Additional Funding

300-51 DISABILITY SERVICES	30	30,000	30,000	0	0	Not Funded

Category: 5 Needs Based Enhancement

Currently, the DD operating budget includes funds for corporate guardianship services for up to 341 individuals. However, due to the lack of funds available to pay for the costs of petitioning for guardianship, there continues to be a waiting list for guardianship services. These funds would allow the provider of guardianship services, under contract with the Department, to petition for guardianship services in cases where the Department staff is in agreement that guardianship services are needed.

23 DS Gen Fnd Independent Living Increase

300-51 DISABILITY SERVICES	60	175,000	175,000	0	0	Not Funded

Category: 5 Needs Based Enhancement

The Independent Living State Plan includes a goal to secure enough funding at each of the four Centers for Independent Living to allow them to all have at least one branch office to enable them to better serve the entire state. Currently, there is an IL center in Minot, Grand Forks, Fargo, and Bismarck, which are expected to serve the entire state. There are also two branch offices, one in Jamestown (operated by Freedom Center for IL in Fargo) and one in Dickinson (operated by Dakota Center for IL in Bismarck). These additional funds will move the Centers for IL closer to their goal of setting up branch offices in Williston (operated by Independence, Inc. in Minot) and Devils Lake (operated by Options in Grand Forks) to enable IL services to be provided statewide more efficiently and effectively. Currently, ther Williston and Devils Lake regions are receiving minimal IL services, and the Jamestown branch office is only partially staffed. Although these additional funds won't meet the entire need of the IL centers, it will enable them to more fully staff the current branch offices and begin work towards establishing the two additional branch offices that are needed.

24 MA Funeral Set-Aside Increase for Medicaid

300-03 MEDICAL SERVICES	73	1,262,500	445,915	816,585	0	Funded

Category: 5 Needs Based Enhancement

Increase the funeral exclusion amount for determining Medicaid eligibility from $3,000 to $5,500.

25 EA Child Care Assistance Enhancement

300-01 ECONOMIC ASSISTANCE POLICY - GRANTS	60	3,794,376	3,794,376	0	0	Not Funded

Category: 3 Restoration of a Program / Service

This is a request to restore child care services for undergraduate college students.

Priority	OARD	Line	FTEs	Total	General	Federal	Other	Status
26	DS DD Grants Wage Increase of $1.05							
	300-51 DISABILITY SERVICES	73		17,017,883	6,057,035	10,960,848	0	Not Funded
	Category: 5 Needs Based Enhancement							
	DD Providers are requesting $1.05 per hour wage increase for all staff. This wage increase would allow DD providers to increase staff wages, which would be expected to reduce staff turnover and improve the quality of services provided to DD consumers.							
27	DoIT Kronos - Time and Attendance							
	100-20 DIVISION OF INFORMATION TECHNOLOGY	30		45,508	19,972	25,536	0	Not Funded
	Category: 5 Needs Based Enhancement							
	To make leave slips and time sheets immediately accessible from any workstation in the agency.							
	Grand Total		15.000	30,608,109	15,575,214	14,995,098	37,797	

Grants Summary

00325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Date: 1/13/2005

Time: 12:23:47

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Child Care		60	ECONOMIC ASSISTANCE POLICY - GRANTS	General Fund	0	0	0
				Federal Funds	17,415,210	17,736,229	321,019
				Special Funds	4,226,895	4,226,895	0
					21,642,105	21,963,124	321,019
Food Stamps - EBT		60	ECONOMIC ASSISTANCE POLICY - GRANTS	Federal Funds	85,477,890	105,840,659	20,362,769
					85,477,890	105,840,659	20,362,769
Indian County Allocation		60	ECONOMIC ASSISTANCE POLICY - GRANTS	General Fund	649,559	835,996	186,437
				Special Funds	1,964,607	1,964,607	0
					2,614,166	2,800,603	186,437
JOBS - Transportation		60	ECONOMIC ASSISTANCE POLICY - GRANTS	Federal Funds	3,236,370	2,646,480	-589,890
					3,236,370	2,646,480	-589,890
Low Income Home Energy Assistance Program		60	ECONOMIC ASSISTANCE POLICY - GRANTS	Federal Funds	30,838,788	36,506,569	5,667,781
					30,838,788	36,506,569	5,667,781
Miscellaneous Grants		60	ECONOMIC ASSISTANCE POLICY - GRANTS	Federal Funds	4,387,024	45,000	-4,342,024
				Special Funds	1,197,076	15,000	-1,182,076
					5,584,100	60,000	-5,524,100
Nutrition Education Plan		60	ECONOMIC ASSISTANCE POLICY - GRANTS	Federal Funds	2,650,000	2,975,000	325,000
					2,650,000	2,975,000	325,000
TANF Benefit		60	ECONOMIC ASSISTANCE POLICY - GRANTS	General Fund	3,939,432	3,939,432	0
				Federal Funds	13,341,867	8,375,352	-4,966,515
				Special Funds	12,226,641	12,165,216	-61,425
					29,507,940	24,480,000	-5,027,940
			Total for Reporting Level		**181,551,359**	**197,272,435**	**15,721,076**

Grants Summary

00325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Access and Visitation		60	CHILD SUPPORT ENFORCEMENT	Federal Funds	200,000	400,000	200,000
					200,000	400,000	200,000
IV-D Incentives		60	CHILD SUPPORT ENFORCEMENT	Special Funds	1,790,853	1,485,000	-305,853
					1,790,853	1,485,000	-305,853
			Total for Reporting Level		**1,990,853**	**1,885,000**	**-105,853**
Direct Care, Clinics & Metabolic Needs of Chi		73	MEDICAL SERVICES	General Fund	452,846	454,472	1,626
				Federal Funds	600,284	602,439	2,155
					1,053,130	1,056,911	3,781
Healthy Steps		73	MEDICAL SERVICES	General Fund	2,127,162	2,466,808	339,646
				Federal Funds	7,359,222	7,572,416	213,194
					9,486,384	10,039,224	552,840
Medicaid		73	MEDICAL SERVICES	General Fund	84,437,809	101,029,625	16,591,816
				Federal Funds	254,450,087	253,406,997	-1,043,090
				Special Funds	21,645,505	25,430,091	3,784,586
					360,533,401	379,866,713	19,333,312
Nursing Home Survey & Certification		73	MEDICAL SERVICES	Federal Funds	1,266,928	1,266,928	0
				Special Funds	447,964	447,964	0
					1,714,892	1,714,892	0
Remedial Blind		73	MEDICAL SERVICES	Special Funds	44,948	44,948	0
					44,948	44,948	0
Sect 2 Health Center Grants		73	MEDICAL SERVICES	General Fund	50,000	0	-50,000
					50,000	0	-50,000
			Total for Reporting Level		**372,882,755**	**392,722,688**	**19,839,933**
Aged & Disabled Waiver		73	LONG TERM CARE	General Fund	3,036,121	903,520	-2,132,601

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Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Aged & Disabled Waiver		73	LONG TERM CARE	Federal Funds	6,441,991	1,670,116	-4,771,875
					9,478,112	2,573,636	-6,904,476
Basic Care		73	LONG TERM CARE	General Fund	747,857	5,188,369	4,440,512
				Federal Funds	5,363,506	5,339,991	-23,515
				Special Funds	2,284,362	2,284,362	0
					8,395,725	12,812,722	4,416,997
Expanded SPED		73	LONG TERM CARE	General Fund	834,541	1,188,889	354,348
					834,541	1,188,889	354,348
Nursing Homes		73	LONG TERM CARE	General Fund	102,073,218	122,590,332	20,517,114
				Federal Funds	216,371,403	226,187,191	9,815,788
					318,444,621	348,777,523	30,332,902
Personal Care Option		73	LONG TERM CARE	General Fund	897,208	5,152,114	4,254,906
				Federal Funds	1,903,065	9,508,994	7,605,929
					2,800,273	14,661,108	11,860,835
SPED		73	LONG TERM CARE	General Fund	13,749,819	13,487,627	-262,192
				Federal Funds	225,720	225,720	0
				Special Funds	727,659	709,883	-17,776
					14,703,198	14,423,230	-279,968
TBI Waiver		73	LONG TERM CARE	General Fund	728,514	818,187	89,673
				Federal Funds	1,545,558	1,512,170	-33,388
					2,274,072	2,330,357	56,285
Targeted Case Management		73	LONG TERM CARE	General Fund	354,878	1,329,900	975,022
				Federal Funds	752,872	2,459,924	1,707,052
					1,107,750	3,789,824	2,682,074
			Total for Reporting Level		**358,038,292**	**400,557,289**	**42,518,997**

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Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
DD Council Grants		60	DD COUNCIL	Federal Funds	758,484	816,288	57,804
					758,484	816,288	57,804
	Total for Reporting Level				**758,484**	**816,288**	**57,804**
Mill Levy Match		60	AGING SERVICES	General Fund	1,662,945	1,662,945	0
					1,662,945	1,662,945	0
Preventive Health Services		60	AGING SERVICES	Federal Funds	59,118	205,718	146,600
					59,118	205,718	146,600
Supportive Community Services		60	AGING SERVICES	Federal Funds	159,686	470,070	310,384
					159,686	470,070	310,384
Telecommunications Equipment		60	AGING SERVICES	Special Funds	0	80,000	80,000
					0	80,000	80,000
	Total for Reporting Level				**1,881,749**	**2,418,733**	**536,984**
Adoption Services		60	Children and Family Services	General Fund	4,521,961	5,418,939	896,978
				Special Funds	1,099,089	1,388,983	289,894
				Federal Funds	5,244,690	6,068,580	823,890
					10,865,740	12,876,502	2,010,762
Child Protective Services		60	Children and Family Services	General Fund	396,068	784,049	387,981
				Federal Funds	4,115,532	3,714,125	-401,407
				Special Funds	300,000	300,000	0
					4,811,600	4,798,174	-13,426
Collaboration Services		60	Children and Family Services	General Fund	0	0	0
				Federal Funds	3,300,225	1,275,000	-2,025,225
				Special Funds	14,975	0	-14,975
					3,315,200	1,275,000	-2,040,200

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Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
County Reimbursement		60	Children and Family Services	General Fund	56,958	36,436	-20,522
				Federal Funds	11,921,661	11,317,863	-603,798
				Special Funds	174,026	164,373	-9,653
					12,152,645	11,518,672	-633,973
Early Childhood Services		60	Children and Family Services	General Fund	0	0	0
				Federal Funds	3,006,375	2,712,500	-293,875
				Special Funds	2,380,335	2,600,000	219,665
					5,386,710	5,312,500	-74,210
Family Preservation Services		60	Children and Family Services	General Fund	846,647	846,647	0
				Federal Funds	5,960,725	6,710,725	750,000
				Special Funds	302,025	302,025	0
					7,109,397	7,859,397	750,000
Foster Care Services		60	Children and Family Services	General Fund	8,003,458	10,436,024	2,432,566
				Federal Funds	36,317,963	41,256,783	4,938,820
				Special Funds	7,891,193	10,615,325	2,724,132
					52,212,614	62,308,132	10,095,518
Refugee Services		60	Children and Family Services	General Fund	0	0	0
				Federal Funds	3,825,000	3,800,000	-25,000
					3,825,000	3,800,000	-25,000
		Total for Reporting Level			**99,678,906**	**109,748,377**	**10,069,471**
Compulsive Gambling services		60	MENTAL HEALTH AND SUBSTANCE ABUSE	General Fund	150,000	150,000	0
					150,000	150,000	0
Extended Services		60	MENTAL HEALTH AND SUBSTANCE ABUSE	General Fund	631,618	631,618	0
				Federal Funds	140,000	140,000	0
					771,618	771,618	0

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Mental Health Consumer Services		60	MENTAL HEALTH AND SUBSTANCE ABUSE	Federal Funds	243,310	180,000	-63,310
					243,310	180,000	-63,310
Olmstead Projects		60	MENTAL HEALTH AND SUBSTANCE ABUSE	Federal Funds	261,900	147,640	-114,260
					261,900	147,640	-114,260
Substance Abuse Prevention		60	MENTAL HEALTH AND SUBSTANCE ABUSE	Federal Funds	2,353,292	2,829,513	476,221
				Special Funds	200,000	0	-200,000
					2,553,292	2,829,513	276,221
			Total for Reporting Level		**3,980,120**	**4,078,771**	**98,651**
Developmental Disabilities Grants		60	DISABILITY SERVICES	General Fund	0	0	0
				Federal Funds	0	0	0
					0	0	0
Direct Client Services		60	DISABILITY SERVICES	General Fund	2,839,143	3,415,880	576,737
				Federal Funds	11,607,185	12,355,047	747,862
				Special Funds	151,500	97,000	-54,500
					14,597,828	15,867,927	1,270,099
Disability Determination Services Grants		60	DISABILITY SERVICES	Federal Funds	1,085,000	1,300,000	215,000
					1,085,000	1,300,000	215,000
Early Intervention Grants		60	DISABILITY SERVICES	Federal Funds	273,241	466,250	193,009
					273,241	466,250	193,009
Interagency Program for Assistive Tech Grants		60	DISABILITY SERVICES	Federal Funds	25,000	25,000	0
					25,000	25,000	0
Other Grants		60	DISABILITY SERVICES	General Fund	80,269	71,968	-8,301
				Federal Funds	59,743	105,244	45,501
					140,012	177,212	37,200

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Developmental Disabilities Grants		73	DISABILITY SERVICES	General Fund	61,852,208	73,214,645	11,362,437
				Federal Funds	128,703,919	133,017,647	4,313,728
					190,556,127	206,232,292	15,676,165
Direct Client Services		73	DISABILITY SERVICES	General Fund	200,000	0	-200,000
					200,000	0	-200,000
	Total for Reporting Level				**206,877,208**	**224,068,681**	**17,191,473**
Mental Health Contingency		70	MENTAL HEALTH COMMUNITY SERVICES CONT	General Fund	250,000	0	-250,000
					250,000	0	-250,000
	Total for Reporting Level				**250,000**	**0**	**-250,000**
Crisis Care / Safe Beds		70	NORTHWEST HSC	General Fund	94,778	100,000	5,222
					94,778	100,000	5,222
DD Services		70	NORTHWEST HSC	General Fund	17,663	16,881	-782
				Federal Funds	44,853	51,775	6,922
					62,516	68,656	6,140
Psych / Social Club		70	NORTHWEST HSC	General Fund	140,000	140,000	0
					140,000	140,000	0
Psychiatric / Psychological / Medical Service		70	NORTHWEST HSC	General Fund	133,638	115,862	-17,776
				Federal Funds	292,928	289,766	-3,162
				Special Funds	40,778	45,641	4,863
					467,344	451,269	-16,075
Substance Abuse Treatment or Prevention Servi		70	NORTHWEST HSC	General Fund	404,918	328,888	-76,030
				Federal Funds	225,082	301,112	76,030
					630,000	630,000	0
	Total for Reporting Level				**1,394,638**	**1,389,925**	**-4,713**

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Case Aide		70	NORTH CENTRAL HSC	General Fund	221	754	533
				Special Funds	81,445	96,265	14,820
				Federal Funds	48,334	32,981	-15,353
					130,000	130,000	0
Crisis Care / Safe Beds		70	NORTH CENTRAL HSC	General Fund	18,795	22,215	3,420
				Federal Funds	11,154	7,611	-3,543
				Special Funds	51	174	123
					30,000	30,000	0
DD Services		70	NORTH CENTRAL HSC	Federal Funds	45,000	120,000	75,000
					45,000	120,000	75,000
Evaluation Services - VR		70	NORTH CENTRAL HSC	General Fund	532	1,065	533
				Federal Funds	1,968	3,935	1,967
					2,500	5,000	2,500
Flex Funds - Partnership		70	NORTH CENTRAL HSC	General Fund	15,663	18,513	2,850
				Federal Funds	9,296	6,343	-2,953
				Special Funds	41	144	103
					25,000	25,000	0
Psych / Social Club		70	NORTH CENTRAL HSC	General Fund	150,000	150,000	0
					150,000	150,000	0
Psychiatric / Psychological / Medical Service		70	NORTH CENTRAL HSC	General Fund	724,136	712,220	-11,916
				Special Funds	107,930	170,096	62,166
				Federal Funds	562,381	678,200	115,819
					1,394,447	1,560,516	166,069
Residential Services		70	NORTH CENTRAL HSC	General Fund	440,849	440,849	0

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Residential Services		70	NORTH CENTRAL HSC	Federal Funds	419,096	419,096	0
					859,945	859,945	0
Substance Abuse Treatment or Prevention Servi		70	NORTH CENTRAL HSC	Federal Funds	100,000	100,000	0
					100,000	100,000	0
	Total for Reporting Level				**2,736,892**	**2,980,461**	**243,569**
Psych / Social Club		70	LAKE REGION HSC	General Fund	140,000	140,000	0
					140,000	140,000	0
Psychiatric / Psychological / Medical Service		70	LAKE REGION HSC	General Fund	39,619	47,127	7,508
				Special Funds	26,196	29,471	3,275
				Federal Funds	14,185	15,958	1,773
					80,000	92,556	12,556
Residential Services		70	LAKE REGION HSC	General Fund	919,071	1,006,029	86,958
				Special Funds	9,982	13,394	3,412
				Federal Funds	244,360	493,710	249,350
					1,173,413	1,513,133	339,720
Respite Care		70	LAKE REGION HSC	General Fund	20,000	40,000	20,000
				Federal Funds	20,000	0	-20,000
					40,000	40,000	0
Substance Abuse Treatment or Prevention Servi		70	LAKE REGION HSC	Federal Funds	200,000	200,000	0
					200,000	200,000	0
	Total for Reporting Level				**1,633,413**	**1,985,689**	**352,276**
Adult Protective Services		70	NORTHEAST HSC	General Fund	0	1,226	1,226
				Federal Funds	0	40,600	40,600
					0	41,826	41,826

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Care Coordination		70	NORTHEAST HSC	General Fund	2,774	18,437	15,663
				Federal Funds	30,434	148,257	117,823
				Special Funds	1,792	8,729	6,937
					35,000	175,423	140,423
DD Services		70	NORTHEAST HSC	General Fund	0	2,472	2,472
					0	2,472	2,472
Detoxification		70	NORTHEAST HSC	General Fund	19,870	21,074	1,204
				Federal Funds	0	20,000	20,000
					19,870	41,074	21,204
Evaluation Services - VR		70	NORTHEAST HSC	General Fund	2,130	130	-2,000
				Federal Funds	7,870	7,870	0
					10,000	8,000	-2,000
Inpatient Hospitalization		70	NORTHEAST HSC	General Fund	200,000	113,020	-86,980
					200,000	113,020	-86,980
Psych / Social Club		70	NORTHEAST HSC	General Fund	175,000	190,587	15,587
				Federal Funds	12,360	0	-12,360
					187,360	190,587	3,227
Psychiatric / Psychological / Medical Service		70	NORTHEAST HSC	General Fund	173,159	235,295	62,136
				Special Funds	39,467	39,467	0
				Federal Funds	159,694	159,694	0
					372,320	434,456	62,136
Residential Services		70	NORTHEAST HSC	General Fund	1,399,694	1,408,736	9,042
				Special Funds	7,586	7,586	0
				Federal Funds	1,321,283	1,321,283	0
					2,728,563	2,737,605	9,042

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Substance Abuse Treatment or Prevention Servi		70	NORTHEAST HSC	General Fund	0	3,883	3,883
				Federal Funds	0	128,588	128,588
					0	132,471	132,471
			Total for Reporting Level		**3,553,113**	**3,876,934**	**323,821**
Adult Protective Services		70	SOUTHEAST HSC	Federal Funds	80,800	80,800	0
					80,800	80,800	0
Care Coordination		70	SOUTHEAST HSC	General Fund	16,825	23,432	6,607
				Special Funds	16,383	10,837	-5,546
				Federal Funds	21,344	21,374	30
					54,552	55,643	1,091
Case Aide		70	SOUTHEAST HSC	General Fund	73,494	79,617	6,123
				Federal Funds	83,150	96,886	13,736
				Special Funds	33,818	34,719	901
					190,462	211,222	20,760
Crisis Care / Safe Beds		70	SOUTHEAST HSC	General Fund	260,854	109,999	-150,855
				Federal Funds	378,469	702,215	323,746
				Special Funds	33,060	22,437	-10,623
					672,383	834,651	162,268
DD Services		70	SOUTHEAST HSC	General Fund	2,645	2,645	0
				Special Funds	15	15	0
				Federal Funds	42,883	161,932	119,049
					45,543	164,592	119,049
Detoxification		70	SOUTHEAST HSC	General Fund	14,101	21,339	7,238
				Federal Funds	3,220	3,220	0
					17,321	24,559	7,238

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Flex Funds - Partnership		70	SOUTHEAST HSC	General Fund	12,837	17,045	4,208
				Special Funds	12,500	8,269	-4,231
				Federal Funds	33,987	34,010	23
					59,324	59,324	0
Inpatient Hospitalization		70	SOUTHEAST HSC	General Fund	231,773	231,773	0
				Federal Funds	130,419	130,419	0
					362,192	362,192	0
Psych / Social Club		70	SOUTHEAST HSC	General Fund	181,666	185,299	3,633
					181,666	185,299	3,633
Psychiatric / Psychological / Medical Service		70	SOUTHEAST HSC	General Fund	29,553	8,288	-21,265
				Federal Funds	16,610	36,105	19,495
				Special Funds	5,827	7,597	1,770
					51,990	51,990	0
Residential Services		70	SOUTHEAST HSC	General Fund	271,643	546,312	274,669
				Federal Funds	637,144	643,221	6,077
				Special Funds	12,408	12,408	0
					921,195	1,201,941	280,746
			Total for Reporting Level		**2,637,428**	**3,232,213**	**594,785**
Adult Protective Services		70	SOUTH CENTRAL HSC	Federal Funds	37,500	37,500	0
					37,500	37,500	0
Case Aide		70	SOUTH CENTRAL HSC	General Fund	0	150	150
				Federal Funds	0	14,850	14,850
					0	15,000	15,000
Crisis Care / Safe Beds		70	SOUTH CENTRAL HSC	General Fund	311,062	311,062	0
				Special Funds	18,895	18,895	0

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Crisis Care / Safe Beds		70	SOUTH CENTRAL HSC	Federal Funds	89,563	89,563	0
					419,520	419,520	0
DD Services		70	SOUTH CENTRAL HSC	General Fund	0	41,549	41,549
				Federal Funds	118,900	130,575	11,675
					118,900	172,124	53,224
Detoxification		70	SOUTH CENTRAL HSC	General Fund	50,270	50,270	0
					50,270	50,270	0
Psych / Social Club		70	SOUTH CENTRAL HSC	General Fund	183,288	188,824	5,536
					183,288	188,824	5,536
Residential Services		70	SOUTH CENTRAL HSC	General Fund	199,186	241,761	42,575
				Federal Funds	345,719	345,719	0
				Special Funds	38,400	43,200	4,800
					583,305	630,680	47,375
Substance Abuse Treatment or Prevention Servi		70	SOUTH CENTRAL HSC	General Fund	458,810	458,810	0
					458,810	458,810	0
	Total for Reporting Level				**1,851,593**	**1,972,728**	**121,135**
Adult Protective Services		70	WEST CENTRAL HSC	Federal Funds	5,000	5,000	0
					5,000	5,000	0
Care Coordination		70	WEST CENTRAL HSC	General Fund	30,139	19,287	-10,852
				Special Funds	1,943	1,243	-700
				Federal Funds	20,425	13,070	-7,355
					52,507	33,600	-18,907
Case Aide		70	WEST CENTRAL HSC	General Fund	523,768	512,166	-11,602
				Special Funds	30,741	27,927	-2,814

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Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget Recommendatio	Total Changes from 2003-2005
Case Aide		70	WEST CENTRAL HSC	Federal Funds	678,841	649,328	-29,513
					1,233,350	1,189,421	-43,929
Crisis Care / Safe Beds		70	WEST CENTRAL HSC	General Fund	33,345	28,798	-4,547
				Special Funds	1,850	1,557	-293
				Federal Funds	19,805	16,724	-3,081
					55,000	47,079	-7,921
DD Services		70	WEST CENTRAL HSC	Federal Funds	50,000	130,000	80,000
					50,000	130,000	80,000
Detoxification		70	WEST CENTRAL HSC	General Fund	49,397	0	-49,397
				Federal Funds	0	63,000	63,000
					49,397	63,000	13,603
Evaluation Services - VR		70	WEST CENTRAL HSC	General Fund	852	852	0
				Federal Funds	3,148	3,148	0
					4,000	4,000	0
Flex Funds - Partnership		70	WEST CENTRAL HSC	General Fund	70,000	70,000	0
					70,000	70,000	0
Inpatient Hospitalization		70	WEST CENTRAL HSC	General Fund	125,000	125,000	0
					125,000	125,000	0
Psych / Social Club		70	WEST CENTRAL HSC	General Fund	180,976	180,976	0
					180,976	180,976	0
Psychiatric / Psychological / Medical Service		70	WEST CENTRAL HSC	General Fund	207,151	214,134	6,983
				Federal Funds	134,529	140,158	5,629
				Special Funds	75,840	77,948	2,108
					417,520	432,240	14,720
Residential Services		70	WEST CENTRAL HSC	General Fund	881,385	928,623	47,238

Grants Summary

00325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Residential Services		70	WEST CENTRAL HSC	Special Funds	34,201	36,720	2,519
				Federal Funds	1,208,928	1,091,558	-117,370
					2,124,514	2,056,901	-67,613
Respite Care		70	WEST CENTRAL HSC	General Fund	60,000	60,000	0
					60,000	60,000	0
Substance Abuse Treatment or Prevention Servi		70	WEST CENTRAL HSC	Federal Funds	137,800	184,200	46,400
					137,800	184,200	46,400
		Total for Reporting Level			**4,565,064**	**4,581,417**	**16,353**
Adult Protective Services		70	BADLANDS HSC	General Fund	0	12,600	12,600
				Federal Funds	35,400	32,400	-3,000
					35,400	45,000	9,600
Care Coordination		70	BADLANDS HSC	Federal Funds	45,800	47,800	2,000
					45,800	47,800	2,000
Evaluation Services - VR		70	BADLANDS HSC	General Fund	1,065	1,278	213
				Federal Funds	3,935	4,722	787
					5,000	6,000	1,000
Inpatient Hospitalization		70	BADLANDS HSC	General Fund	84,000	94,500	10,500
					84,000	94,500	10,500
Job Coaching		70	BADLANDS HSC	General Fund	35,741	35,741	0
				Federal Funds	36,259	36,259	0
					72,000	72,000	0
Psych / Social Club		70	BADLANDS HSC	General Fund	170,000	170,000	0
					170,000	170,000	0
Psychiatric / Psychological / Medical Service		70	BADLANDS HSC	General Fund	248,310	122,384	-125,926

Grants Summary

00325 DEPARTMENT OF HUMAN SERVICES

Version: 2005-R-02-00325

Description	Priority	Line		Funding	2003-05 Biennium Appropriation	2005-07 Budget ecommendatio	Total Changes from 2003-2005
Psychiatric / Psychological / Medical Service		70	BADLANDS HSC	Federal Funds	53,980	229,000	175,020
				Special Funds	105,110	109,416	4,306
					407,400	460,800	53,400
Residential Services		70	BADLANDS HSC	General Fund	188,400	246,740	58,340
				Federal Funds	32,000	36,000	4,000
					220,400	282,740	62,340
	Total for Reporting Level				**1,040,000**	**1,178,840**	**138,840**
	Total for DEPARTMENT OF HUMAN SERVICES				**1,247,301,867**	**1,354,766,469**	**107,464,602**

Department of Human Services
Federal Grant Programs
Human Resources Subcommittee

	Grant Title	Federal %	Match %
S002	Disability Determination Services	100.00%	0.00%
S003	Community Mental Health Services	100.00%	0.00%
S006	Admin of Developmental Disabilities (DD Council)	100.00%	0.00%
S010	Olmstead Grant	100.00%	0.00%
S011	Mental Health Data Infrastructure	100.00%	0.00%
S012	Drug Free Schools And Communities	100.00%	0.00%
S013	Combatting Under Age Drinking	100.00%	0.00%
S018	DASIS	100.00%	0.00%
S019	Substance Abuse Prevention & Treat	100.00%	0.00%
S023	Maternal and Child Health Care	57.00%	43.00%
S025	Food Stamp Program - Admn	50.00%	50.00%
S027	Food Stamps - Employment & Training	100.00%	0.00%
S027	Food Stamps - Employment & Training Participant Payments	50.00%	50.00%
S028	Food Stamps - EBT Benefits	100.00%	0.00%
S029	PATH - (Homeless Grant)	100.00%	0.00%
S035	Child Support Enforcement	66.00%	34.00%
S040	V.R. Basic Support	78.70%	21.30%
S041	V.R. Client Assistance	100.00%	0.00%
S042	V.R. In-Service Training	90.00%	10.00%
S043	V.R. Independent Living Part A	90.00%	10.00%
S049	Tech Assistance for Inividuals w/ Disabilities	100.00%	0.00%
S055	Medicaid Grants	FMAP	
S056	Medical Administration - Administration	50.00%	50.00%
S056	Medical Administration - Professional Staff	75.00%	25.00%
S056	Medical Administration - Systems Development	90.00%	10.00%
S057	Medicaid Survey And Certification	75.00%	25.00%
S058	CHIPS (Healthy Steps)	Enhanced FMAP	
S065	Social Service Block Grant	100.00%	0.00%
S067	Foster Care IV-E - Administration	50.00%	50.00%
S067	Foster Care IV-E - Training - (after applying IV - E eleg. %)	75.00%	25.00%
S067	Foster Care IV-E - Grants	FMAP	
S069	V.R. Older Blind	90.00%	10.00%
S070	Adoption Assistance - Administration	50.00%	50.00%
S070	Adoption Assistance - Training	75.00%	25.00%
S070	Adoption Assistance - Grants	FMAP	
S071	CWS Title IV-B Sub-Part 2	75.00%	25.00%
S072	Head Start	100.00%	0.00%
S073	Child Welfare Services	75.00%	25.00%
S077	Child Abuse Basic	100.00%	0.00%
S078	Child Abuse Childrens Justice Act	100.00%	0.00%
S079	Title IV-D Access & Visitation Program	100.00%	0.00%
S081	Independent Living IV-E	80.00%	20.00%
S083	Child Abuse Comm-Based Family Resource & Supp.	100.00%	0.00%
S085	Infants & Toddlers W/Disabilities (Part C)	100.00%	0.00%
S089	Nutrition Services Incentive Program	100.00%	0.00%
S090	Title III Administration	75.00%	25.00%
S091	Title III-B Supportive Services	100.00%	0.00%

Department of Human Services
Federal Grant Programs
Human Resources Subcommittee

	Grant Title	Federal %	Match %
S092	Title III-C1 Congregate Meals	100.00%	0.00%
S093	Title III-C2 Home Meals	100.00%	0.00%
S094	Title III-E NFCSP	100.00%	0.00%
S096	Title VII Elder Abuse	100.00%	0.00%
S098	Title VII Ombudsman	100.00%	0.00%
S099	Title III-D Preventive Health	100.00%	0.00%
S100	Alzheimer's Demonstration Project	100.00%	0.00%
S106	Quality Child Care Apprenticeship Initiative	100.00%	0.00%
S108	MCH - CISS Planning	100.00%	0.00%
S109	Child Care Development Fund - Discretionary	100.00%	0.00%
S114	TANF Block Grant	100.00%	0.00%
S115	Child Care Development Fund - Mandatory	100.00%	0.00%
S115	Child Care Development Fund - Matching	FMAP	
S116	LIHEAP	100.00%	0.00%
S140	Refugee Assistance Wilson/Fish Alternative	100.00%	0.00%
S141	Refugee Assistance Preventive Health	100.00%	0.00%
S142	Refugee Assistance CMA	100.00%	0.00%
S146	Refugee Targeted Assist - Impost Funds	100.00%	0.00%
S147	Refugee Asst. Discretionary - Alternative Projects	100.00%	0.00%
S154	ADA Consortium	100.00%	0.00%
S501	Foster Care IV-E Funds Retained	100.00%	0.00%
S507	State System Development Initiative	100.00%	0.00%
S509	SSA Reimbursement - VR	100.00%	0.00%
S515	DPI - National School Lunch Program	100.00%	0.00%
S802	HIV Testing (State Lab)	100.00%	0.00%
Z253	Foster Grandparent Program	100.00%	0.00%

Department of Human Services
Revenue Schedule
2005-2007 Biennium

Description		MOE Requirement	Federal Grant Award
Child Care Development Fund		2,034,072	10,780,488
S115 Child Care - Mandatory Provider Payments	2,034,072		
MOE Over/(Under) MOE Requirement - 0			
TANF / Welfare Reform		18,364,095	52,799,618
S114 Nonfederal funds	16,330,023		
MOE of Child Care Development Fund	2,034,072		
	18,364,095		
MOE Over/(Under) MOE Requirement - 0			
Mental Health Block Grant		25,547,909	1,705,948
S003 Mental Health - General Fund	425,269		
S003 Mental Health - Other Funds	50,000		
State Program - Mental Health	781,918		
State Program - HSC	23,187,027		
State Program - HSC - Other Collections	4,434,812		
	28,879,026		
MOE Over/(Under) MOE Requirement - 3,331,117			
Substance Abuse Prevention & Treatment		13,519,630	9,968,186
S019 Substance Abuse Prevention & Treatment	195,338		
State Programs - HSCs	7,018,636		
State Programs - HSCs - Other Collections	684,532		
State Programs - State Hospital	2,553,778		
State Programs - State Hospital - Other Collections	4,824,079		
	15,276,363		
MOE Over/(Under) MOE Requirement - 1,756,733			
Aging Services (Older Americans Funding)		3,152,639	9,237,572
Title III Programs for the Aging	1,031,910		
State Programs - Aging Services - Funds to Providers	720,000		
State Programs - Aging Services - Mill Levy	1,662,945		
	3,414,855		
MOE Over/(Under) MOE Requirement - 262,216			
Vocational Rehabilitation		4,789,632	19,066,523
S040 - Vocational Rehabilitation	5,155,186		
MOE Over/(Under) MOE Requirement - 365,554			

Restaurant gets makeover as it goes smoke-free

TOWNER (AP) — Julie Bachmeier spent a nervous 24 hours waiting out an "extreme makeover" of her restaurant.

"I am still nervous," she said at the unveiling of the Ranch House Restaurant's new look. But she was impressed with the sprucing up provided by the McHenry County Tobacco Prevention Coalition to help the restaurant become smoke-free.

The Towner School Tobacco Prevention Coalition and another group, called the Family, Career and Community Leaders of America, contributed many of the more than 200 hours that went into the project.

"The kids did an excellent job," Bachmeier said. "It looks really good."

The coalition met its 24-hour deadline to make over the restaurant, finishing early Monday afternoon — in plenty of time for a 3 p.m. open house. The only task remaining was that of placing a decorative border on the walls of a back meeting room. Workers needed more time for paint to dry.

County health nurse Nikki Medalen, a member of the coalition, said the group originally planned to simply clean wallpaper in the main part of the restaurant. But group members changed course once they realized the poor condition of the wallpaper.

They tried three different glues before finding one that would seal the wallpaper seams, and the hardware store opened after hours so they could buy paint to cover the wallpaper.

Grant money provided by a federal tobacco lawsuit paid for the makeover. Medalen said it involved a lot of cleaning — from scrubbing walls and restrooms to sanitizing and shampooing carpet. The makeover crew consisted of 16 people, including nine younger members.

Bachmeier said she initially turned down the coalition's offer of a makeover, although she favors the smoke-free environment.

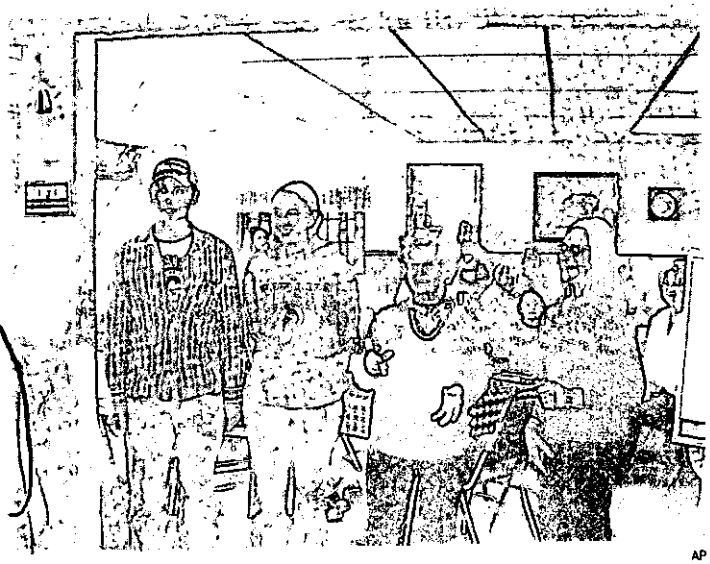
"I think going smoke-free is going to benefit the business, eventually," she said.

Her hesitancy came because she was not sure she was ready for a radical change, especially a change supplied by other people. Once the coalition agreed to let her be part of the design team, she gave the project the go-ahead.

"It's different," she said after seeing the results Monday. "It will take a little getting used to."

The red-and-white curtains made by Merry Green of the coalition complement the red-checkered and blue-checkered tablecloths.

Bachmeier did get sneak previews during the 24-hour makeover because she and her husband were replacing ceiling tile during part of that time.



AP

Alice Miller, president of the Towner Chamber of Commerce, snips the ribbon on a restaurant makeover as Ranch House Restaurant owner Julie Bachmeier, right, watches on Monday. Left, Sloan Lawrence and Heather Hartley, employees who helped with the makeover, also take part.

The bright white ceiling tiles made a drastic change, said students Heather Hartley and Sloan Lawrence, restaurant employees who also helped with the makeover.

They also noticed a fresh smell to the place, and they expect they'll enjoy working in a smoke-free environment. When large groups of smokers gathered, they found the smoke bothersome.

Student Emma Rognlien, a close friend of Bachmeier's, said she comes to the restaurant a lot. Although the smoke never bothered her, she knows the smoke-free environment will be better for her, she said.

"And I keep telling myself when I turn 14, I am going to work here," she said. "But that's two more years."

She worked in the restaurant over the weekend by painting and vacuuming.

"I am really, really proud of how hard the kids worked," Medalen said. "We had people from the community come, members of the tobacco coalition and then the students. We worked really hard to get things done in 24 hours, so I am really proud of their efforts."

Alice Miller, president of the Towner Commercial Club, said the makeover will benefit people in the community with respiratory problems. The Ranch House was the only one of Towner's three eating places that still had a smoking section.

Lori Brierley, a tobacco prevention officer for First District Health Unit in Minot, said food-service workers have a higher risk of lung cancer.

"Little baby steps like this are the way we are going to address that," she said at the open house. "The time will come — and it probably isn't too far down the road, when businesses will be mandated to provide a smoke-free environment for their workers. I am really proud that you took that step now rather than wait for that to happen."

Department of Human Services
Breakdown of "Other" Funds
House Human Resources Subcommittee
2005 - 2007

Description		*Amount* *expressed in millions*
Total Request Before the House	**$**	**88.4**
Retained Funds (SWAP)		31.5
County Funds		12.0
Remaining Other Funds	$	44.9
Client / Insurance / Other Collections		21.1
Provider Assessment (DD facilities)		7.1
Child Support Collections		6.9
Estate Collections		4.0
Bush Foundation Funds		2.6
Incentive dollars - Child Support		2.1
IGT - Breast / Cervical		0.3
Children's Trust Fund		0.3
Refinancing dollars from Tribes		0.2
Randolph Sheppard grant		0.1
Medstat Payment from Health Dept		0.1
Telecommunications assessment		0.1

Department of Human Services
FTE Reconciliation
03 - 05 Legislatively Approved vs 05 - 07 Request

Budget Level		FTE	Current Budget
Administration / Support			
	Legislatively Authorized	74.80	
	To Medicaid	(1.00)	73.80
	Reduction in Request	(7.70)	
	Current Request BARS	**66.10**	
DoIT			
	Legislatively Authorized	39.00	
	Functional Consolidation	(3.00)	
	Reduction in Request	(3.00)	
	Current Request BARS	**33.00**	33.00
Economic Assistance Policy Grants			
	Legislatively Authorized	46.80	
	Move "Policy" FTE back to Medicaid	(5.00)	
	Current Request BARS	**41.80**	41.80
Child Suppport			
	Legislatively Authorized	38.00	
		-	
	Current Request BARS	**38.00**	38.00
Medical Services			
	Legislatively Authorized	53.00	
	"Policy" FTE from Economic Assistance	5.00	
	From Admn Support - backfill position for MMIS	1.00	59.00
	Increase in Request	2.00	
	Current Request BARS	**61.00**	
DD Council			
	Legislatively Authorized	1.40	
	Current Request BARS	**1.40**	1.40
Aging Services			
	Legislatively Authorized	15.50	15.50
	Reduction in request	(1.50)	
	Current Request BARS	**14.00**	
CFS			
	Legislatively Authorized	17.00	
		-	
	Current Request BARS	**17.00**	17.00

Department of Human Services
FTE Reconciliation
03 - 05 Legislatively Approved vs 05 - 07 Request

Budget Level		FTE	Current Budget
Mental Health & Substance Abuse			
	Legislatively Authorized	12.00	**12.00**
	Reduction in request	(1.00)	
	Current Request BARS	**11.00**	
Disability Services			
	Legislatively Authorized	51.10	**51.10**
	Reduction in request	(2.00)	
	Current Request BARS	**49.10**	
NWHSC			
	Legislatively Authorized	51.00	
	Move to SE - DD Case Mgr	(1.00)	
	Current Request BARS	**50.00**	**50.00**
NCHSC			
	Legislatively Authorized	114.78	**114.78**
	Reduction in request	(1.00)	
	Current Request BARS	**113.78**	
LRHSC			
	Legislatively Authorized	63.00	
	To SCHSC	(1.00)	
	Current Request BARS	**62.00**	**62.00**
NEHSC			
	Legislatively Authorized	136.90	
	To SCHSC	(1.00)	
	From SEHSC	2.00	**137.90**
	Increae in Request	4.00	
	Current Request BARS	**141.90**	
SEHSC			
	Legislatively Authorized	184.20	
	DD case manager from NWHSC	1.00	
	To NEHSC	(2.00)	
	To WCHSC	(2.00)	**181.20**
	Increase in Request	2.40	
	Current Request BARS	**183.60**	
SCHSC			
	Legislatively Authorized	86.00	
	From LRHSC	1.00	
	From NEHSC	1.00	
	Current Request BARS	**88.00**	**88.00**

Department of Human Services
FTE Reconciliation
03 - 05 Legislatively Approved vs 05 - 07 Request

Budget Level		FTE	Current Budget
WCHSC			
	Legislatively Authorized	120.00	
	From SEHSC	2.00	
	From State Hospital	2.00	124.00
	Child Care position from BLHSC	0.50	
	Current Request BARS	**124.50**	
BLHSC			
	Legislatively Authorized	78.00	78.00
	Reduction in request	(0.80)	
	Child Care position to WCHSC	(0.50)	
	Current Request BARS	**76.70**	
State Hospital - Traditional			
	Legislatively Authorized	416.90	
	To WCHSC	(2.00)	
	To Secure Services	(24.54)	390.36
	Reduction in Request	(20.73)	
	Current Request SIBR	**369.63**	
State Hospital - Secure Services			
	Legislatively Authorized	-	
	From Traditional	24.54	24.54
	New staff (20.73 from Traditional; 6.5 DC; 2.61 Central Office)	29.84	
	Current Request SIBR	**54.38**	
Developmental Center			
	Legislatively Authorized	458.04	458.04
	Reduction in Request	(6.50)	
	Current Request BARS	**451.54**	
TOTAL CURRENT BUDGET		**2,048.43**	**2,051.42**

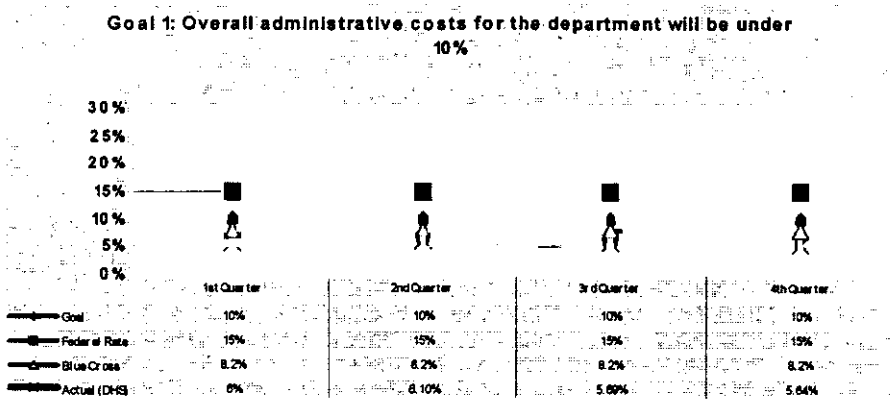
TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
HUMAN RESOURCES SUBCOMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
JANUARY 12, 2005

Chairman Delzer, members of the House Human Resources Subcommittee, I am Brenda Weisz, Chief Financial Officer for the Department of Human Services. I am here today to provide you with an overview of **ADMINISTRATION / SUPPORT.**

- Includes: Executive Office, Legal Advisory Unit, Human Resources, Office of Applied Research, and Fiscal Administration. This area of the budget provides for the support needed for the divisions within the Department to carry out their programs.

The Legal Services Unit processes over 540 requests for administrative appeals in a biennium, along with processing over 300 intential program violations. Additionally, they review and draft over 1,100 contracts during a biennium. The Human Resources Division reviews approximately 5500 applications for qualifications, provides a rating, and makes referrals to the employing unit, along with maintaining position classifications, processes personnel related changes, and conducts background checks on potential new hires. Fiscal Administration processes over 250 federal reports each biennium, maintains the financial status of over 800 department ID numbers (formally accounting cost centers), processes approximately 240,000 disbursement and payroll checks a biennium, processes over 3 million pieces of mail primarily in the form of client notices or other client related information, reviews approximately 170 cost reports per biennium while setting over 180 rates for providers / facilities for the same timeframe.

Performance Measures



Overview of Budget Changes

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	7,230,945	7,015,460	(215,485)
Operating	4,215,588	4,034,365	(181,223)
Loan Fund - DD	3,261,556	-	(3,261,556)
Total	14,708,089	11,049,825	(3,658,264)
General	4,961,441	5,331,401	369,960
Federal	5,862,899	5,522,360	(340,539)
Other	3,883,749	196,064	(3,687,685)
			-
FTEs	73.80	66.10	(7.70)

Salaries / FTE

- Reflects a reduction of 7.7 FTE - 2.0 from Legal Advisory; 0.7 from Human Resources; 3.0 from the Office of Applied Research; and 2.0 from Fiscal Administration.

- Initial reduction - $647,627 total funds of which $123,802 is general funds. A majority of the general funds were removed during the prior legislative session as part of the $1.5 million budget adjustment to Administration.

- The salary and health insurance package adds $432,142 total funds of which $268,501 is general funds.

- Net decrease of $215,485 total funds, however, there is a $144,699 increase in general funds.

Operating Expenses:

- Although there is a reduction of $181,223, the general fund request in this area increased by $225,261. The funding of the expenditures in this area of the budget are based on the Department's cost allocation plan. A portion of the reduction is a result of the excess funding that remained after the general funds were removed from Administration during the prior legislative session.

Loan Fund – DD:

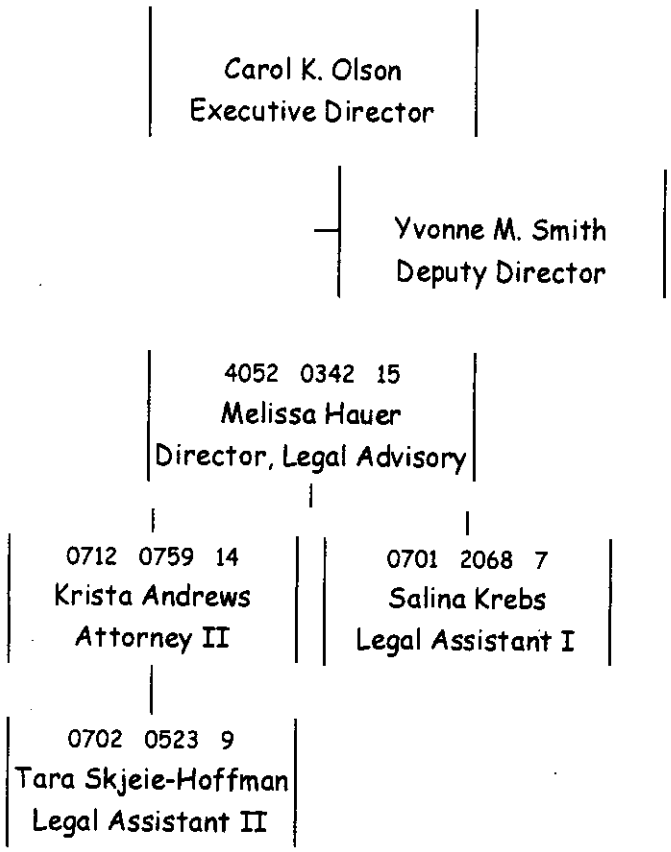
- This area of the budget is reduced, however, the repayment of these loans is continued in the budget request of the Land Department. Currently, this repayment process includes three steps. First repayments are received by the Land Department then transferred to the Department of Human Services. We immediately transfer those funds right back to the Land Department using a different fund number on the system. This change to reflect the repayments only in the Land Department's budget is an effort to make government more efficient. The reduction is comprised of Other funds.

This concludes my testimony.

Administration / Support
Detail for 2005 - 2007 Budget
House Human Resources Appropriations Subcommittee

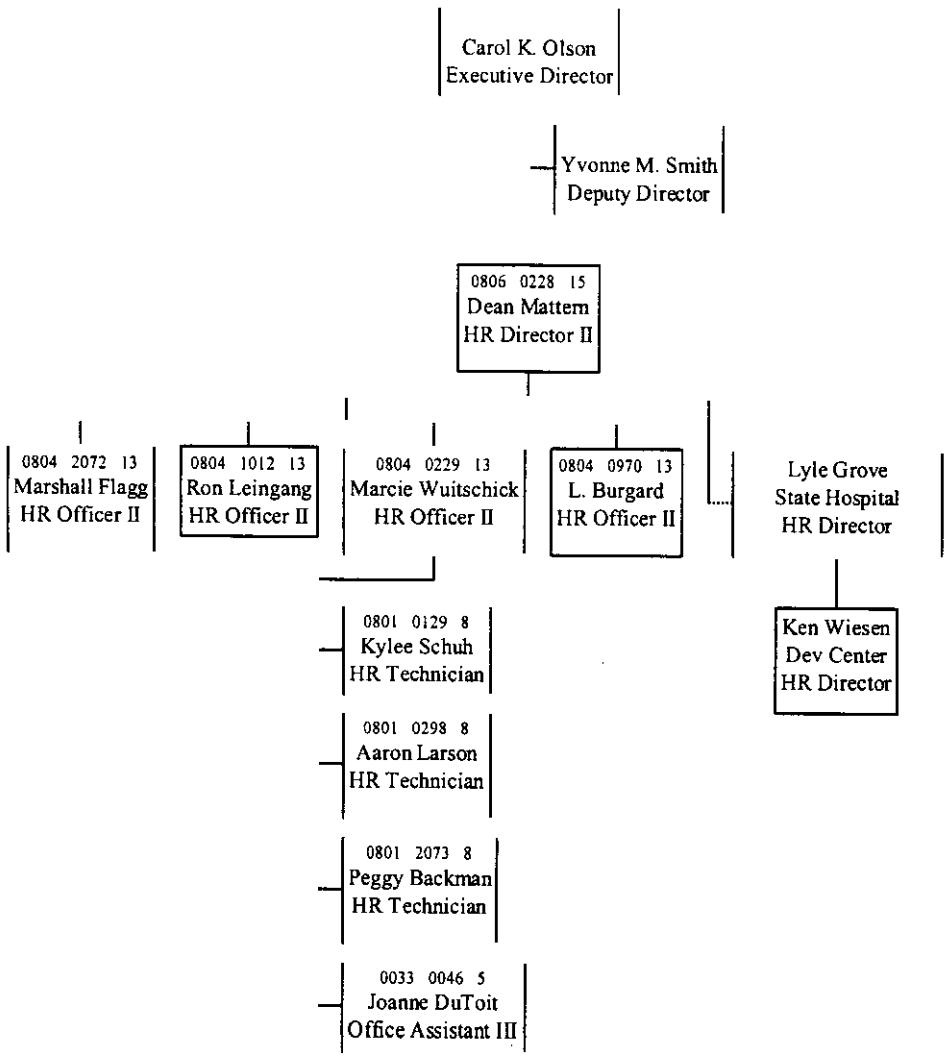
BOC	Expenditure Detail	Amount
3003	***IT - Telephone***	
	ITD - central office divisions - 99.6%	607,422
	Multi - 2 cell phones (60/mo)	1,440
	Legal	90
	Executive Office - 2 cell	690
	Provider Audit	100
		609,742
3004	***Travel***	
	Motor Pool - central office - 81%	303,303
	Executive Office	15,850
	Legal	7,170
	HR	9,235
	Applied Research	5,670
	Fiscal	16,462
	Provider Audit	14,712
		372,402
3011	***Lease/Rent - Equipment***	
	7 central office copiers - 62%	130,302
	Provider audit copier	2,400
	Inserters and mail machine	77,808
		210,510
3012	***Lease/Rent - Bldg/Land***	
	Records storage	2,950
	Capitol ($8.98 / sq ft - Judicial Wing)	156,432
	Provider Audit ($13/sq ft)	41,090
	Fiscal staff outstationed ($13/sq ft)	13,268
		213,740
3014	***Operating Fees & Services***	
	Statewide Indirect costs 76%	173,800
	Years of service awards	7,375
	Transcription fees	8,000
	Contracts with psychologist/addiction professionals - licensure	25,000
	Review of county reports	9,000
	Miscellaneous license fees / other fees	4,660
		227,835
3018	***Professional Services***	
	AG's Office	248,107
	Office of Admn. Hearings	335,128
	State Auditor's Office audit fees	150,000
		733,235
3019	***Insurance***	
	Risk Management contribution ($108,680 less disc. 7%)	101,074
	Other insurance - property, etc	39,200
		140,274

North Dakota Department of Human Services
Legal Advisory Division



Revised 6/1/04

Department of Human Services
Human Resource Division



Revised 8/6/04

North Dakota Department of Human Services
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Research Analyst III

0903 0156 12
R. Getsman
Research Analyst III

Revised 8/9/04

Department of Human Services
Executive Office

Carol K. Olson
Executive Director

Tove Mandigo
Special Assistant to Executive Director

Yvonne Smith
Deputy Director

4034 3847 12
Theresa Snyder
HSPA IV

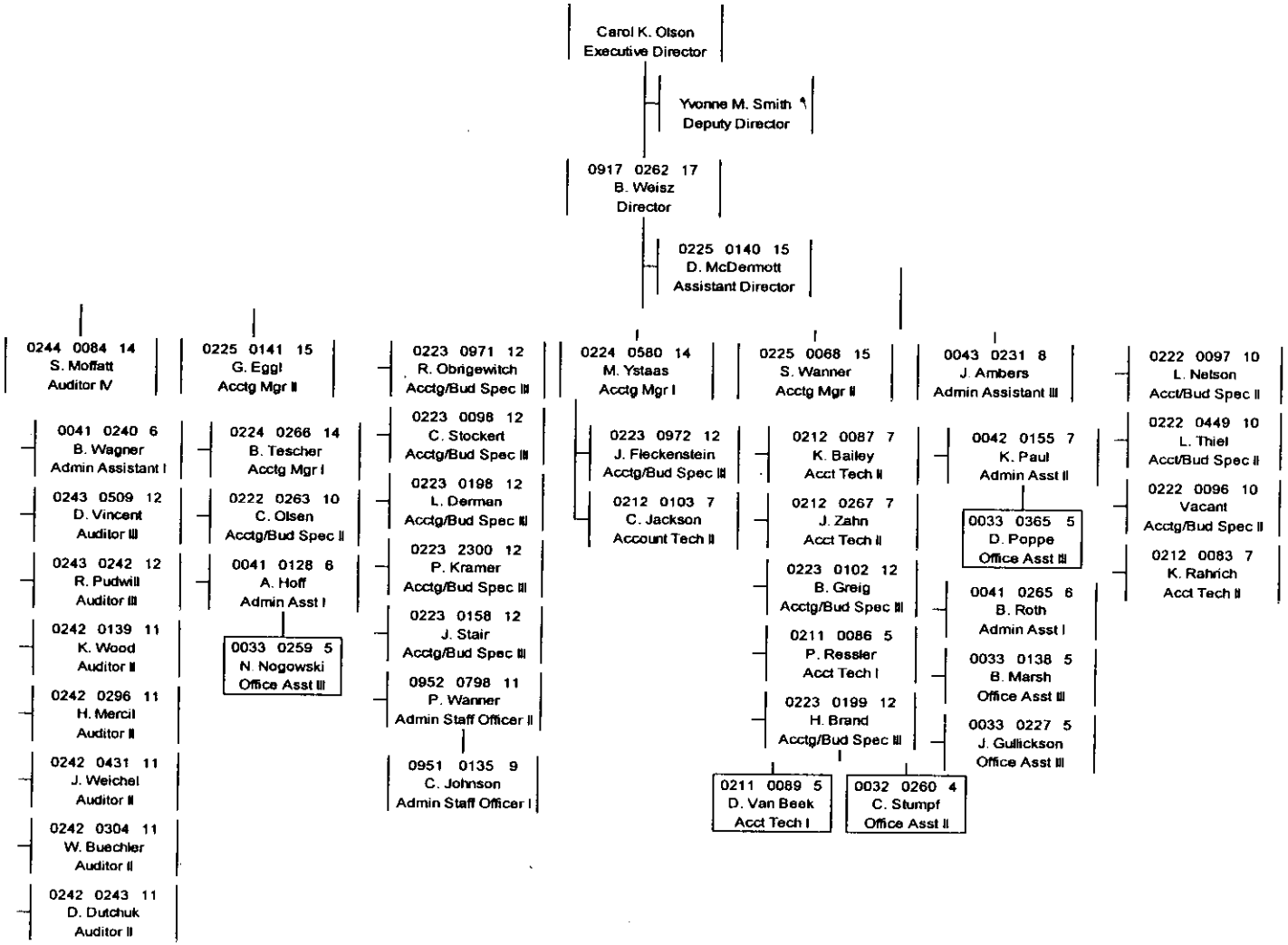
0822 4053 10
Heather Steffl
Public Info Specialist II

0951 3187 9
Twyla Lee
Administrative Staff Officer I

0041 3185 6
Carrie Platt
Administrative Assistant I

Revised 1/12/05

North Dakota Department of Human Services
Fiscal Administration Division



Revised 1/2/05

VI

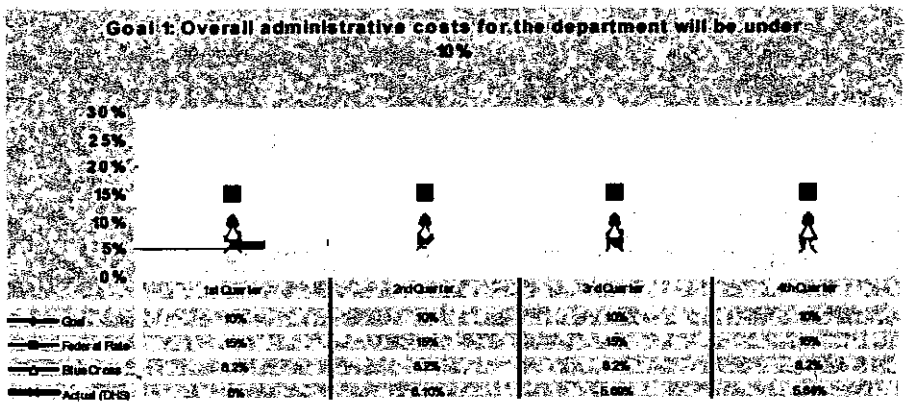
TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
MARCH 1, 2005

Chairman Holmberg, members of the Senate Appropriations committee, I am Brenda Weisz, Chief Financial Officer for the Department of Human Services. I am here today to provide you with an overview of ADMINISTRATION / SUPPORT.

- Includes: Executive Office, Legal Advisory Unit, Human Resources, Office of Applied Research, and Fiscal Administration. This area of the budget provides for the support needed for the divisions within the Department to carry out their programs.

The Legal Services Unit processes over 540 requests for administrative appeals in a biennium, along with processing over 300 intentional program violations. Additionally, they review and draft over 1,100 contracts during a biennium. The Human Resources Division reviews approximately 5500 applications for qualifications, provides a rating, and makes referrals to the employing unit, along with maintaining position classifications, processes personnel related changes, and conducts background checks on potential new hires. Fiscal Administration processes over 250 federal reports each biennium, maintains the financial status of over 800 department ID numbers (formally accounting cost centers), processes approximately 240,000 disbursement and payroll checks a biennium, processes over 3 million pieces of mail primarily in the form of client notices or other client related information, reviews approximately 170 cost reports per biennium while setting over 180 rates for providers / facilities for the same timeframe.

Performance Measures



Overview of Budget Changes

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	Increase / Decrease	Request to Senate
Salaries	7,230,945	(215,485)	7,015,460	(25,323)	6,990,137
Operating	4,215,588	(181,223)	4,034,365	-	4,034,365
Loan Fund - DD	3,261,556	(3,261,556)	-	-	-
Total	14,708,089	(3,658,264)	11,049,825	(25,323)	11,024,502
General	4,961,441	369,960	5,331,401	(17,337)	5,314,064
Federal	5,862,899	(340,539)	5,522,360	(7,986)	5,514,374
Other	3,883,749	(3,687,685)	196,064	-	196,064
				-	
FTEs	73.80	(7.70)	66.10	-	66.10

GOVERNOR'S BUDGET REQUEST:

Salaries / FTE

- **Reflects a reduction of 7.7 FTE - 2.0 from Legal Advisory; 0.7 from Human Resources; 3.0 from the Office of Applied Research; and 2.0 from Fiscal Administration.**

- Initial reduction - $647,627 total funds of which $123,802 is general funds. A majority of the general funds were removed during the prior legislative session as part of the $1.5 million budget adjustment to Administration.
- The salary and health insurance package adds $432,142 total funds of which $268,501 is general funds.
- Net decrease of $215,485 total funds, however, there is a $144,699 increase in general funds.

Operating Expenses:

- Although there is a reduction of $181,223, the general fund request in this area increased by $225,261. The funding of the expenditures in this area of the budget are based on the Department's cost allocation plan. A portion of the reduction is a result of the excess funding that remained after the general funds were removed from Administration during the prior legislative session.

Loan Fund – DD:

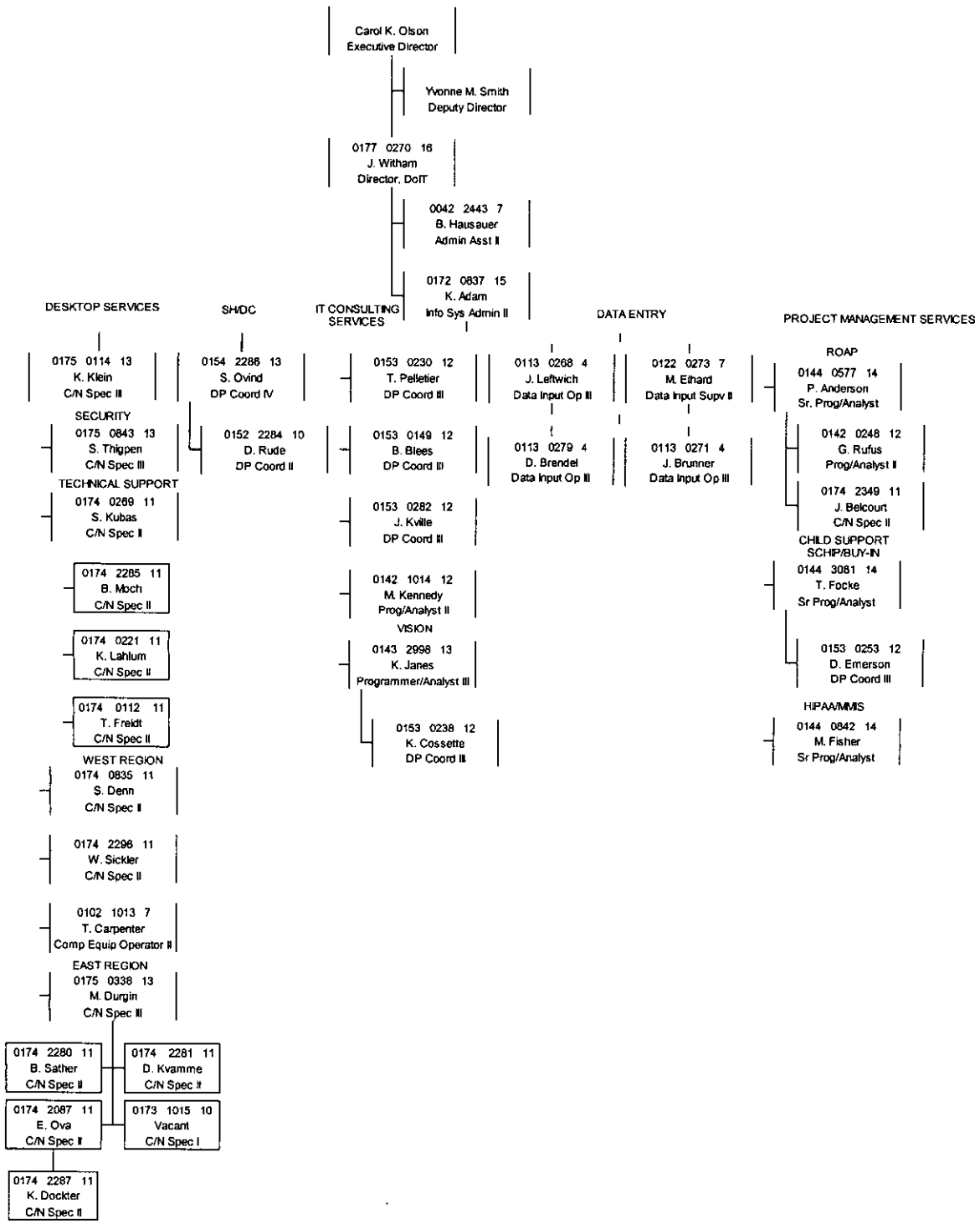
- This area of the budget is reduced, however, the repayment of these loans is continued in the budget request of the Land Department. Currently, this repayment process includes three steps. First repayments are received by the Land Department then transferred to the Department of Human Services. We immediately transfer those funds right back to the Land Department using a different fund number on the system. This change to reflect the repayments only in the Land Department's budget is an effort to make government more efficient. The reduction is comprised of Other funds.

HOUSE CHANGES:

- Includes a reduction of $25,323 in salaries to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.

This concludes my testimony.

North Dakota Department of Human Services
Division of Information Technology



Revised 9/16/04

TESTIMONY

HB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 12, 2005

Chairman Delzer, members of the House Appropriations Human Resources Committee, I am Jennifer Witham, Director of Information Technology for the Department of Human Services. I am here today to provide you an overview of the budget for the Division of Information Technology.

The Department's Division of Information Technology (DoIT) provides services to support the business needs of the central office divisions, the eight Human Service Centers, the State Hospital, the Developmental Center, and to the county social service boards across North Dakota, including regional child support enforcement offices.

The following table represents the division's 2005 – 2007 budget request with comparisons to the division's current biennium's budget. This information is also graphed on Attachments A and B.

	Current Budget 2003-2005	Executive Recommendation 2005-2007	Increase / (Decrease)
Salaries and Wages	**$3,533,815**	**$3,552,290**	**$18,475**
Operating Expenses	**$29,287,769**	**$56,934,343**	**$27,646,574**
MMIS Replacement	*$1,600,000*	*$29,188,859*	*$27,588,859*
Other Operating	*$27,687,769*	*$27,745,484*	*$57,715*
Capital Assets	**$295,050**	**$2,756**	**($292,294)**
Total Budget	**$33,116,634**	**$60,489,389**	**$27,372,755**
FTEs	**33**	**33**	**0**

	Current Budget 2003-2005	Executive Recommendation 2005-2007	Increase / (Decrease)
General Funds	**$13,583,730**	**$17,833,238**	**$4,249,508**
MMIS Replacement	*$160,000*	*$3,667,820*	*$3,507,820*
Base Operations	*$13,423,730*	*$14,165,418*	*$741,688*
Federal Funds	**$18,128,125**	**$41,122,662**	**$22,994,537**
MMIS Replacement	*$1,440,000*	*$25,521,039*	*$24,081,039*
Base Operations	*$16,688,125*	*$15,601,623*	*($1,086,502)*
Special Funds	**$1,404,779**	**$1,533,489**	**$128,710**
Total Budget	**$33,116,634**	**$60,489,389**	**$27,372,755**
MMIS Replacement	*$1,600,000*	*$29,188,859*	*$27,588,859*
Base Operations	*$31,516,634*	*$31,300,530*	*($216,104)*

The division's 2005-2007 budget request, excluding the Medicaid Management Information System (MMIS) replacement project, represents a decrease of $216,104 over the current biennium's budget.

Salaries and Wages

- **Salaries and wages increased by $18,475, however, this figure includes a salary and health adjustment of $212,847, of which $160,463 is general funds. Prior to the application of this adjustment, the net reduction in salary and wages was $194,372.**

- **In the table above, the 2003-2005 FTE count is thirty-three. However, in our budget work papers, we inadvertently made the reduction twice for the three FTEs that were reduced due to functional consolidation. Although the correct FTE count for 2003-2005 is thirty-six, thirty-three is the FTE count you will see in all the Budget and Reporting System (BARS) documents and in the analysis work completed by the Legislative Council.**

- **In addition to the thirty-three FTEs, the division's budget also includes three temporary staff of which two are part-time desktop**

support and one is full-time MMIS support. The staff responsibilities are assigned as follows:

Management	**3**	**Division Director** **System Support Services Manager** **Administrative Assistant**

System Support Services
(12 FTEs, 2 part-time temporary positions)

Desktop Support	**.5**	**Northwest HSC, Williston (*PT Temp*)**
	1	**North Central HSC, Minot**
	.5	**Lake Region HSC, Devils Lake (*PT Temp*)**
	1	**Northeast HSC, Grand Forks**
	1	**Southeast HSC, Fargo**
	.5	**South Central HSC, Jamestown**
	1	**West Central HSC, Bismarck**
	1	**Badlands HSC, Dickinson**
	1.5	**State Hospital, Jamestown**
	1	**Developmental Center, Grafton**
	2	**Central Office**
EDMS Support	**1**	**Central Office**
Security Officer	**1**	**Central Office**

Program Support Services
(18 FTEs, 1 full-time temporary position)

Functional Area	**4**	**Medical Services (*1 FT Temp*)**
	2	**Economic Assistance**
	2	**Child Support**
	3	**Regional HSCs**
	2	**State Hospital / Developmental Center**
	.5	**Administration**
	1.5	**Other Central Office Programs**
Data Entry	**4**	

Operating Expenses – MMIS Replacement Project

- **Included in the 2005-2007 budget is a request for $29.2 million to replace the Medicaid Management Information System (MMIS). MMIS processes medical claims for payment and generates utilization**

information for the Medicaid program. The current MMIS is over 26 years old and is built on outdated system architecture.

- The State Information Technology Advisory Committee (SITAC), which reviews and prioritizes technology projects, ranked this project as the second most critical in its recommendation to the Legislative IT Committee regarding all major projects proposed for this biennium.

- On January 5, 2005 the Department received notice of approval for the enhanced federal match of 90% for the design, development and implementation of a new MMIS.

- Currently Medicaid eligibility is determined and managed in two separate eligibility systems, TECS and Vision. A portion of the MMIS project includes incorporating the Medicaid eligibility functions from the TECS system into Vision. This portion of the project is expected to be funded at a 50% federal match, therefore the general fund requirement for this project is estimated to be $3.7 million.

Other Operating Expenses

- The remaining operating expenses included in the 2005-2007 budget request, i.e. expenses exclusive of the MMIS replacement, represent an increase of $57,715 over the current biennium, or approximately 0.2%. Attachment C outlines the division's 2005-2007 budget request by major program area.

- Eighty-four percent, or $23.3 million, of the funding requested to support DHS business operations are paid to the Department of Information Technology (ITD). These ITD services reflect the costs associated with software development and support, mainframe and

server processing, network access and disk storage. Attachment D provides a breakdown of each major program's operating budget by ITD and non-ITD operating expenses.

- Although the operating budget only increased by 0.2%, there are several significant changes included in this budget worth noting:

    - $863,000 ($665,000 in general funds) for ConnectND operating expenses
    - $670,000 ($227,800 general funds) for modifications to the child support system in order to continue to meet federal requirements
    - $171,400 (all general funds) for the Regional Office Automation Program (ROAP) to convert to a relational database
    - $230,000 ($91,577 general funds) to make the necessary changes to the MMIS system to accommodate Medicaid Part D changes
    - Due to the projected savings in desktop and laptop equipment purchases through the new statewide contract, the department can move from a six year replacement cycle to a four year replacement cycle with no increase in funding required

The remaining budget request represents costs associated with third party service agreements, hardware/software purchases and other operating expenses such as office supplies, travel and regular office expenses.

Capital Assets

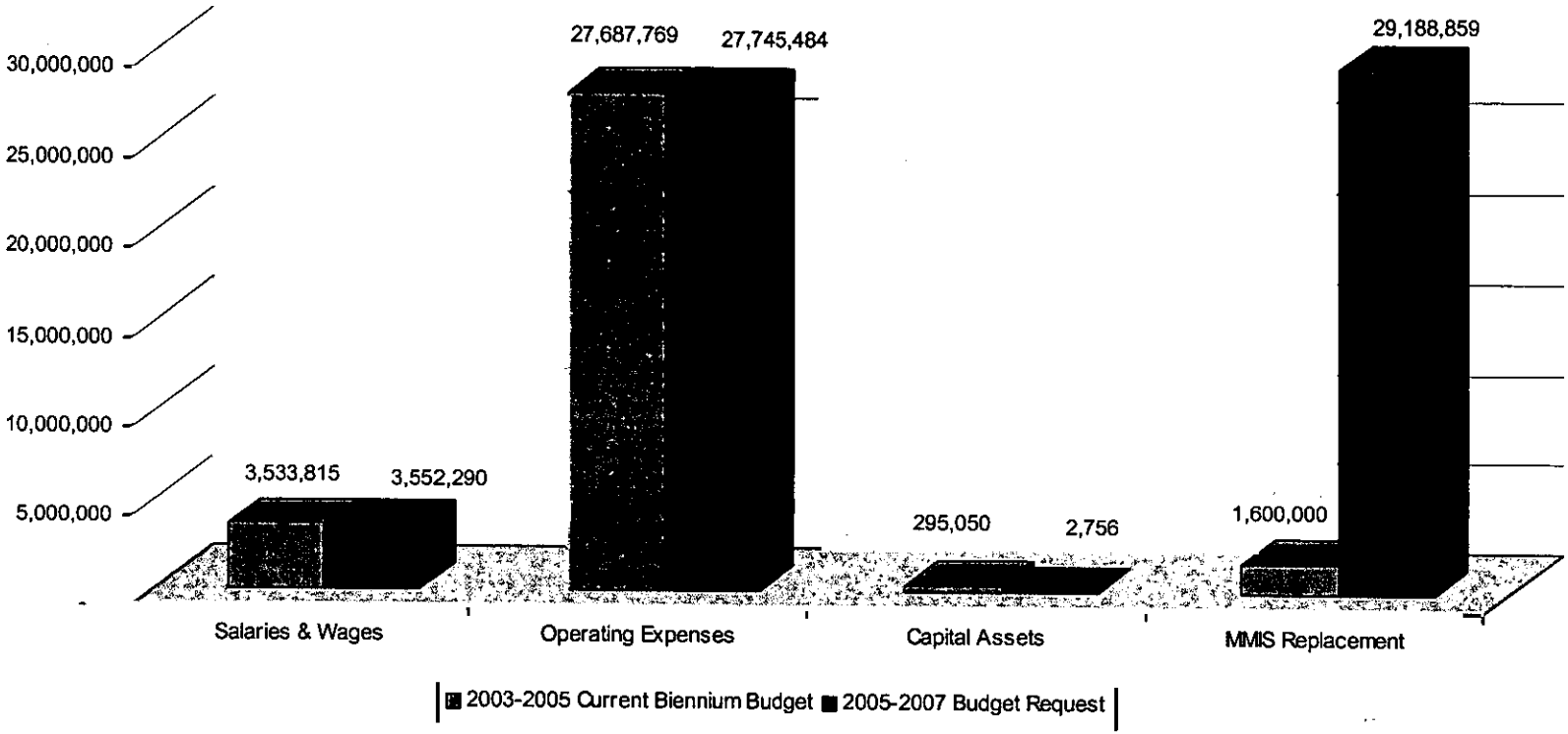
$2,756 of bond and interest payments for a staff person located at the Southeast Human Service Center.

Overall, the Division of Information Technology's requested budget represents 3.6% of the Department's Executive budget request for the 2005-2007 biennium, inclusive of the MMIS replacement project.

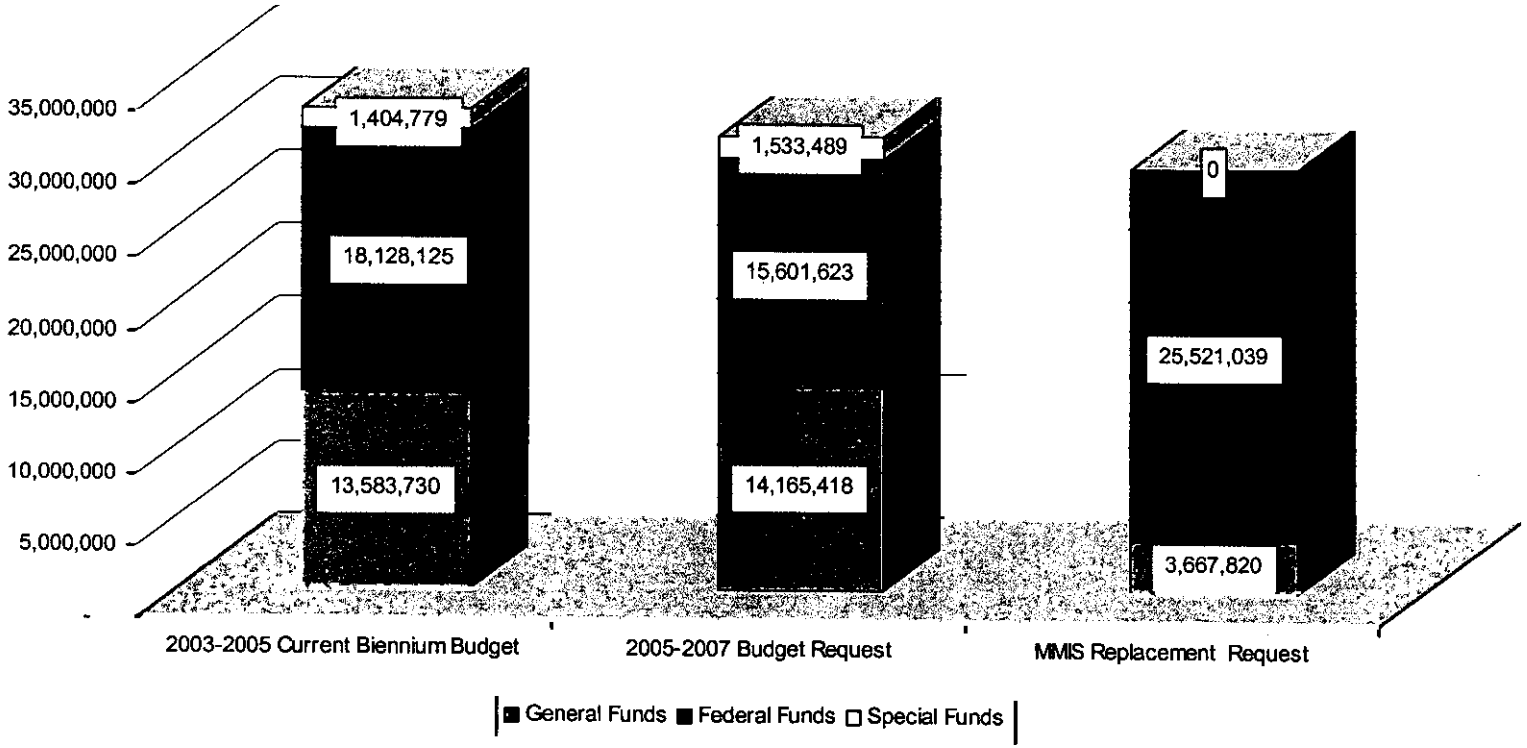
Thank you. If you have any questions, I would be happy to answer them now.

Attachment A

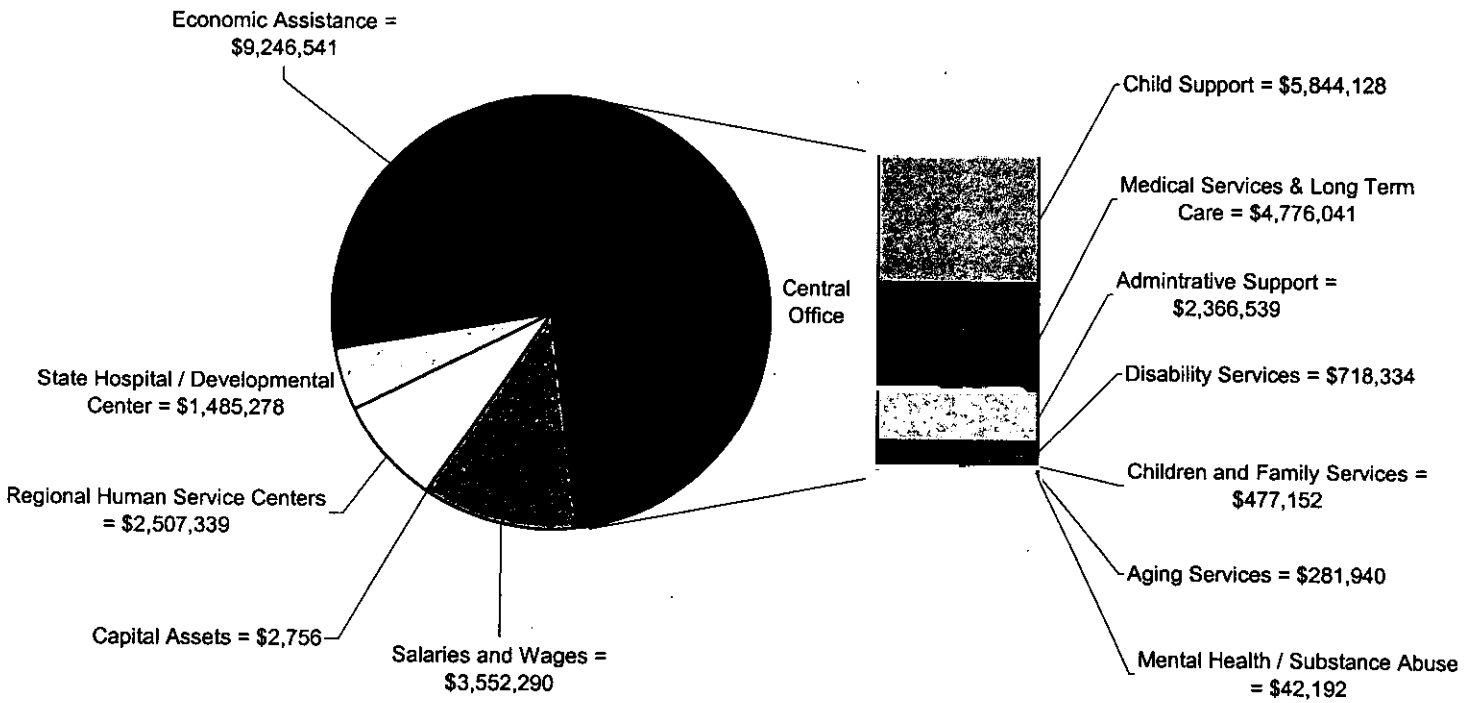
DHS Division of Information Technology
Budget Comparison



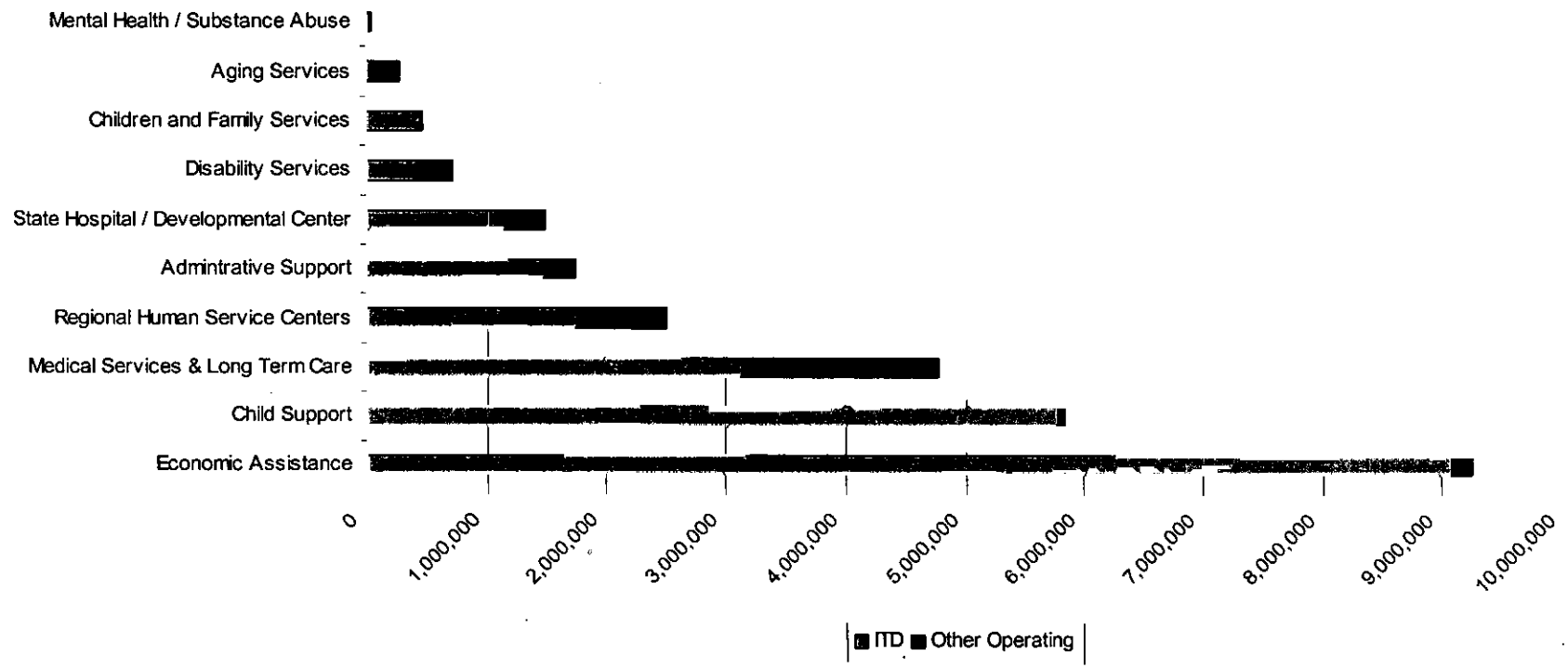
DHS Division of Information Technology
Funding Comparison



DHS Division of Information Technology
2005-2007 Budget Request by Major Program



DHS Division of Information Systems
Percent of Operations Budget Allocated to ITD



Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DIVISION of INFORMATION TECHNOLOGY
Reporting Level: 00-325-100-20-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	2,884,613	1,299,643	1,306,318	2,605,961	2,405,713	(200,248)
TEMP, OVERTIME & SHIFT	1002	244,864	74,638	250	74,888	137,793	62,905
BENEFITS	1008	860,786	401,197	451,769	852,966	848,457	(4,509)
SALARY INCREASE	1010	0	0	0	0	137,517	137,517
BENEFIT INCREASE	1011	0	0	0	0	22,810	22,810
SALARIES AND WAGES	10	3,990,263	1,775,478	1,758,337	3,533,815	3,552,290	18,475
IT-DATA PROCESSING	3002	21,855,421	10,130,565	13,330,270	23,460,835	31,405,633	7,944,798
IT-TELEPHONE	3003	24,329	12,870	10,830	23,700	22,000	(1,700)
TRAVEL	3004	67,040	17,110	84,919	102,029	90,004	(12,025)
IT-SOFTWARE/SUPPLIES	3005	799,176	221,509	516,191	737,700	421,008	(316,692)
UTILITIES	3006	550	295	5	300	720	420
POSTAGE	3007	55	205	95	300	598	298
IT-CONTRACTUAL SERVICES	3008	884,877	689,598	434,934	1,124,532	22,043,432	20,918,900
LEASE/RENT - EQUIPMENT	3011	0	39	11	50	0	(50)
LEASE/RENT - BLDG/LAND	3012	126,075	63,709	66,000	129,709	136,800	7,091
DUES & PROFESSIONAL DEV.	3013	49,108	6,011	77,086	83,097	54,300	(28,797)
OPERATING FEES & SERVICES	3014	2,181,560	872,302	2,059,602	2,931,904	1,800,309	(1,131,595)
REPAIRS	3016	10,576	9,867	4,932	14,799	8,232	(6,567)
PROFESSIONAL SERVICES	3018	973	227	73	300	500	200
OFFICE SUPPLIES	3021	7,226	1,875	14,968	16,843	3,856	(12,987)
PRINTING	3024	1,593	134,809	19,482	154,291	262,821	108,530
PROFESSIONAL SUPPLIES	3025	5,231	96	7,104	7,200	200	(7,000)
BLDG,GRNDS,VEHICLE MTCE	3030	75	22	28	50	500	450
MISCELLANEOUS SUPPLIES	3033	5,649	106	44	150	200	50
OFFICE EQUIP-UNDER $5000	3034	0	0	840	840	0	(840)
IT-EQUIP UNDER $5000	3038	754,880	137,164	361,976	499,140	683,230	184,090
OPERATING EXPENSES	30	26,774,394	12,298,379	16,989,390	29,287,769	56,934,343	27,646,574

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DIVISION of INFORMATION TECHNOLOGY
Reporting Level: 00-325-100-20-00-00-00-00000000

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EXPENDITURES							
IT-EQUIP-OVER $5000	5016	46,281	292,011	345	292,356	0	(292,356)
OTHER CAPITAL PAYMENTS	5020	1,308	0	2,694	2,694	2,756	62
CAPITAL ASSETS	50	47,589	292,011	3,039	295,050	2,756	(292,294)
SALARIES	1001	57,288	0	0	0	0	0
TEMP, OVERTIME & SHIFT	1002	125,944	0	0	0	0	0
BENEFITS	1008	30,999	0	0	0	0	0
IT-DATA PROCESSING	3002	3,057,398	0	0	0	0	0
IT-TELEPHONE	3003	1	0	0	0	0	0
TRAVEL	3004	9,257	0	0	0	0	0
IT-SOFTWARE/SUPPLIES	3005	5,873	0	0	0	0	0
POSTAGE	3007	958	0	0	0	0	0
IT-CONTRACTUAL SERVICES	3008	727	0	0	0	0	0
LEASE/RENT - BLDG/LAND	3012	30	0	0	0	0	0
DUES & PROFESSIONAL DEV.	3013	11,609	0	0	0	0	0
OPERATING FEES & SERVICES	3014	2,095,162	0	0	0	0	0
PROFESSIONAL SERVICES	3018	105,997	0	0	0	0	0
OFFICE SUPPLIES	3021	3,843	0	0	0	0	0
PRINTING	3024	15,547	0	0	0	0	0
PROFESSIONAL SUPPLIES	3025	11,414	0	0	0	0	0
BLDG,GRNDS,VEHICLE MTCE	3030	1,064	0	0	0	0	0
MISCELLANEOUS SUPPLIES	3033	898	0	0	0	0	0
IT-EQUIP UNDER $5000	3038	138,464	0	0	0	0	0
HIPAA	79	5,672,473	0	0	0	0	0
EXPENDITURE TOTALS		36,484,719	14,365,868	18,750,766	33,116,634	60,489,389	27,372,755
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	150,750	119,519	162,161	281,680	387,563	105,883

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DIVISION of INFORMATION TECHNOLOGY
Reporting Level: 00-325-100-20-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	21,415	48,114	70,372	118,486	0	(118,486)
DEVELOP. DISABILITIES COUNCIL	S006	2,631	714	1,086	1,800	8,968	7,168
DDS-INFORMATION TECHNOLOGY SYTMS(IT	S008	16,310	0	0	0	0	0
MH DATA INFRASTRUCTURE	S011	4,737	0	0	0	0	0
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	19,408	12,187	15,903	28,090	33,438	5,348
TITLE V - 93.994	S023	41,454	19,118	25,380	44,498	32,562	(11,936)
FOOD STAMP PROG. 10.561	S025	1,001,760	440,172	643,831	1,084,003	943,752	(140,251)
PROJ FOR HOMELESS - PATH	S029	0	0	0	0	0	0
CHILD SUPPORT ENFORCE 93.563	S035	3,947,678	1,651,266	2,452,275	4,103,541	4,122,669	19,128
VOC. REHAB. BASIC SUPP. 84.126	S040	546,021	552,476	223,600	776,076	494,538	(281,538)
CLIENT ASSISTANCE 84.161	S041	7,807	3,505	4,125	7,630	5,554	(2,076)
IPAT(TEC GRANT) 84.224	S049	7,491	9,391	10,129	19,520	5,064	(14,456)
MEDICAL ADMINISTRATION-93.778	S056	9,149,713	3,256,334	4,808,554	8,064,888	31,835,819	23,770,931
CHIP - MAP & MA ADMIN 93.767	S058	57,277	168,714	254,637	423,351	2,415	(420,936)
PAYMENT ACCURACY MEASUREMENT DEMO.	S059	1,490	0	0	0	0	0
SOC. SER. BLK. GR. - 93.667	S065	0	0	0	0	0	0
FOSTER CARE IV-E-93.658	S067	157,636	65,202	91,234	156,436	143,220	(13,216)
VR IL OLDER BLIND 84.177	S069	117	0	0	0	0	0
FC ADOPTION ASSIST. 93.659	S070	43,446	8,561	11,276	19,837	76,188	56,351
PROMOTING SAFE & STABLE FAMILIES IV	S071	471	0	0	0	998	998
HEAD START COLLABORATION	S072	0	0	0	0	0	0
CHILD WELFARE SERVICES-93.645	S073	421	0	0	0	9,153	9,153
INDEPENDENT LIVING IV-E 93.674	S081	4,599	0	0	0	544	544
CHILD ABUSE-CHALLENGE GRANT-93.669	S083	1,902	0	0	0	0	0
PART C-84.181	S085	65,422	116,658	(8,890)	107,768	90,241	(17,527)
AGING ADMINISTRATION - 02	S090	55,120	16,408	20,538	36,946	178,533	141,587
TITLE III B - 00	S091	10,853	5,799	8,296	14,095	3,244	(10,851)
TITLE III E - FAMILY CAREGIVER SUPP	S094	4,123	538	683	1,221	0	(1,221)
CCDF - DISCRETIONARY FUNDS	S109	34,035	10,090	12,253	22,343	48,565	26,222

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DIVISION of INFORMATION TECHNOLOGY
Reporting Level: 00-325-100-20-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
TANF BLOCK GRANT	S114	3,155,821	948,626	1,388,909	2,337,535	2,154,280	(183,255)
CHILD CARE DEVELOPMENT FUND	S115	137,588	52,759	72,955	125,714	114,426	(11,288)
LIHEAP - 93.028	S116	249,394	140,555	194,980	335,535	395,349	59,814
REFUGEE ASSISTANCE CMA 93.026	S142	30,693	6,300	8,552	14,852	35,579	20,727
STATE SYST.DEVELOPMENT INITATIVE	S507	3,615	1,343	937	2,280	0	(2,280)
Federal Funds	FED	18,931,198	7,654,349	10,473,776	18,128,125	41,122,662	22,994,537
STATE GENERAL FUND	001	13,439,268	5,984,455	7,599,275	13,583,730	17,833,238	4,249,508
General Fund	GEN	13,439,268	5,984,455	7,599,275	13,583,730	17,833,238	4,249,508
OTHER FUNDS	Z125	4,114,253	727,064	677,715	1,404,779	1,533,489	128,710
Special Funds	SPEC	4,114,253	727,064	677,715	1,404,779	1,533,489	128,710
TOTAL FUNDING		36,484,719	14,365,868	18,750,766	33,116,634	60,489,389	27,372,755
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		42	35	(2)	33	33	0
TOTAL AUTHORIZED EMPLOYEES		42	35	(2)	33	33	0
FTE		42	35	(2)	33	33	0
VACANT		0	0	0	0	0	0

3002 – IT Data Processing

Program	2005-2007 Budget Request	Increase/(Decrease) from Current Biennium Budget
Economic Assistance	$9,070,233	($85,073)
Child Support	$5,775,058	($251,805)
Medical Services & Long Term Care	$3,145,776	($270,404)
Regional Human Service Centers	$1,761,915	$604,425
Administrative Support**	$1,492,541	$280,669
State Hospital / Developmental Center	$1,162,342	$529,051
Disability Services	$424,750	($211,992)
Children and Family Services	$458,108	$214,686
Aging Services	$28,575	($12,017)
Mental Health / Substance Abuse	$35,441	($88,964)
MMIS Replacement Project	$8,050,894	$8,050,894
2003 MMIS, SCHIP and Working Disabled Projects		($814,672)
Total for Object Code 3002	**$23,354,739**	**$7,944,798**

** Administrative support includes the ITD costs for the Division Information Technology (DoIT)

Net change without MMIS = ($106,096)

Child Support

Fully Automated Child Support Enforcement System (FACSES)

- Funding for program enhancements in response to federal legislation. Specifically these enhancements would include:
  - rewrite distribution rules;
  - charge fees for services (Bush budget proposal);
  - levy accounts at the federal level for obligations owed;
  - modifications to the method for addressing out of state child support cases;
  - implementation of a web-based application for the exposure of obligors with contempt findings;
  - and an electronic interface to the Comprehensive Child Welfare Information Payment System (CCWIPS).
- $670,000 ($227,800 in general funds)

Regional Human Service Centers

Regional Office Automation Program (ROAP)

- New ITD hosting costs as a result of 2003 functional consolidation initiative ($297,760, $289,100 approximately in general funds)
- Migration to a relational database ($171,400, all general funds)
- Increase in networking charges of due to upgrade to T-1 video lines ($92,160, approximately $89,395 in general funds)

Administrative Support

- New ConnectND operational costs ($863,000 - $665,000 in general funds)

State Hospital / Developmental Center
Advanced Institution Management Software (AIMS)

- The majority of the increase in this area is due to increased utilization of ITD software development for the AIMS system

Children and Family Services

- An increase in software development for the support of the Single Plan of Care System (SPOC) and the Comprehensive Child Welfare Information Payment System (CCWIPS)

Management Information Systems Project

- Represents development and hosting costs during the design, development and implementation ($8,050,894 - $1,481,270 in general funds)

3008 – IT Contractual Services

Program	2005-2007 Budget Request	Increase/(Decrease) from Current Biennium Budget
Economic Assistance	$17,670	$(5,776)
Child Support	$4,860	$(12,201)
Medical Services & Long Term Care	$71,112	$(81,904)
Regional Human Service Centers	$305,280	$84,074
Administrative Support**	$82,760	$(19,083)
State Hospital / Developmental Center	$188,969	$(262,419)
Disability Services	$233,856	$78,628
Children and Family Services	$600	0
Aging Services	0	0
Mental Health / Substance Abuse	$360	$(384)
MMIS Replacement Project	$21,137,965	$21,137,965
Total for Object Code 3008	**$22,043,432**	**$20,918,900**

** Administrative support includes the contractual services costs for the Division Information Technology (DoIT)
Budget request without MMIS = $905,467, net change = ($219,065)

This is the object code from which that the storage and server leases were removed due to functional consolidation.

Regional Human Service Centers

- ROAP (integrated clinic management, case management, electronic client record system) $289,500 – all general funds

State Hospital / Developmental Center

- Kronos (time & attendance) $26,000
- Dictaphone (digital dictation system $25,000
- ANSOS (scheduling software) $70,000
- Computrition ($16,000)
- 100% general funds

Disability Determination

- VERSA $$27,000, all federal funds
- Third party programming contract $140,000 ($100,00 for one time effort in 2005-2007 to enable data transfer from the Social Security Administration

Aging Services

- Synergy (single point of entry, case management and data management) $250,000, mostly federal funds
- This contract is budgeted in object code 3005

3014 – Operating Fees & Services

Medical Services and Long Term Care

- Noridian (claim transfer charges) $141,873
- Medstat (decision support system) $1,085,000
- Health Information Designs, $103,000
- P &M Consulting (pharmacy point of sale)

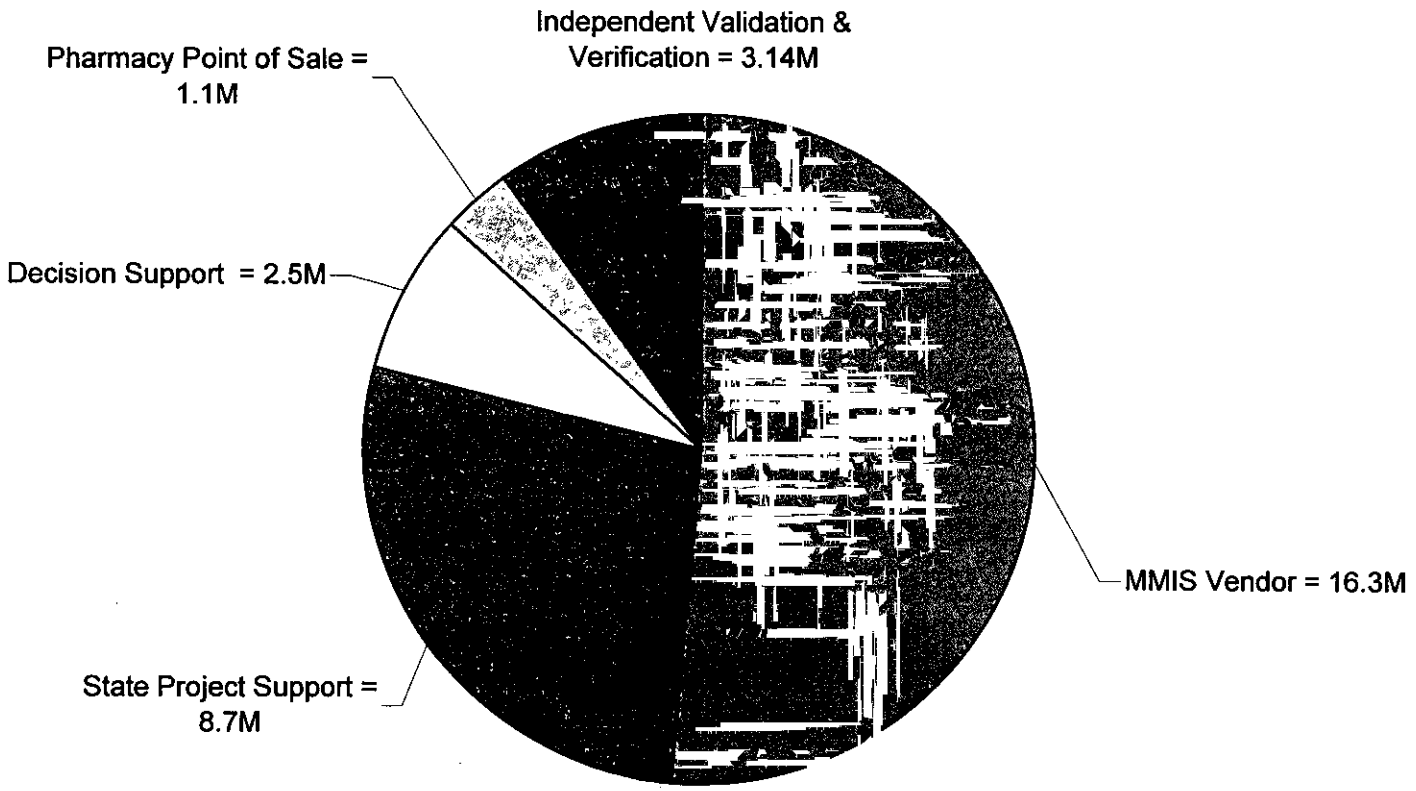
Division of Information Technology

- Temporary data entry staff, $277,056

Department of Human Services
Summary by ACC and BOC with Funding Sources
For the 2005 - 2007 Biennium Budget

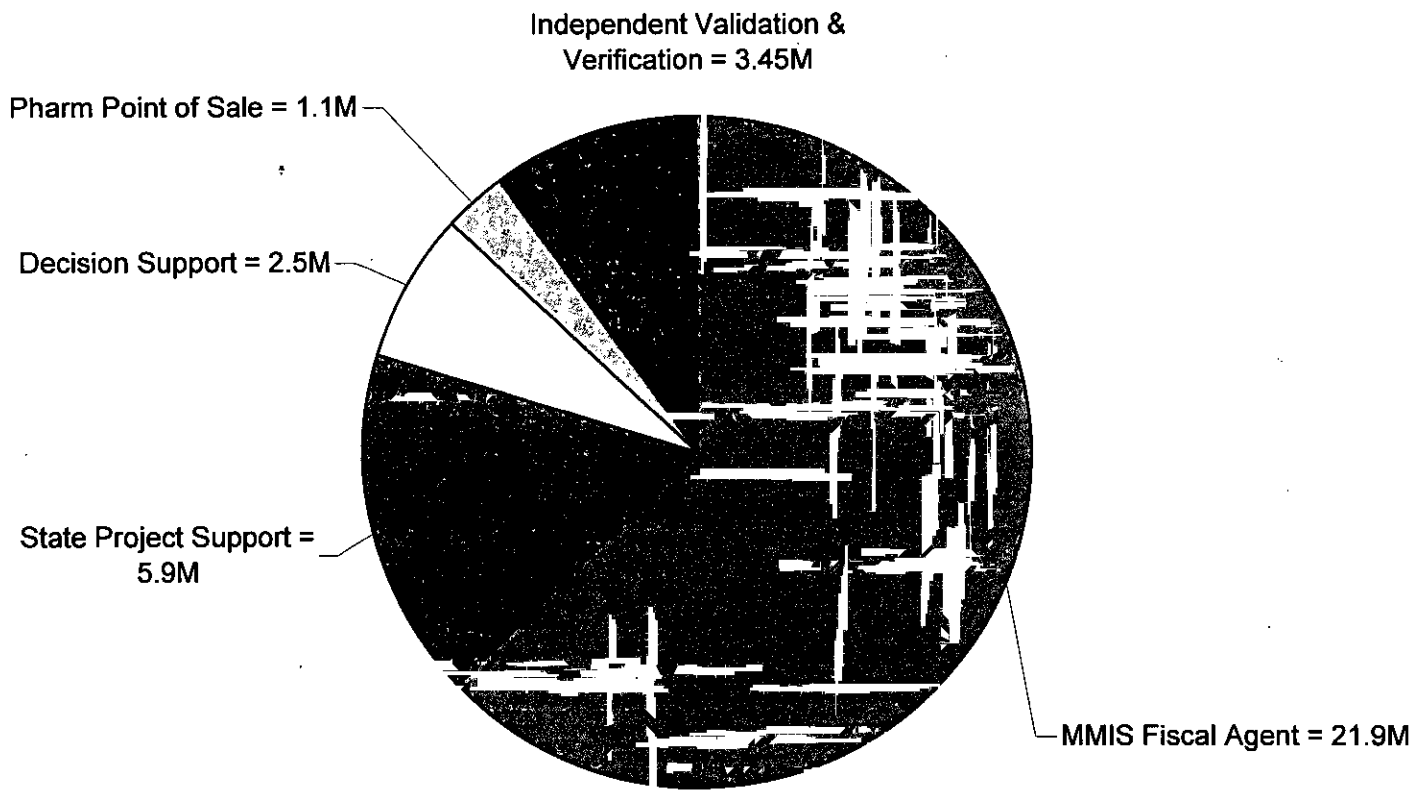
LINE	FB	Budget Object Code	Prior Biennium Expenditures	Current Biennium Budget	Total Budget Changes	Request to OMB	Optional Adjtmnt Requests	Exec Bdgt Recomm	Salary and Health	To the House
ACC: 0672		MMIS CHECK REWRITE			Budget Level: 100-20	DIVISION OF INFORMATION TECHNOLOGY				
30	B 3002	IT-DATA PROCESSING	0	30,000	8,020,894	8,050,894	0	0	0	8,050,894
30	B 3008	IT CONTRACTUAL SERVICES & REPAIRS	0	0	21,137,965	21,137,965	0	0	0	21,137,965
30	B 3014	OPERATING FEES & SERVICES	0	1,570,000	(1,570,000)	0	0	0	0	0
		Subtotal:	0	1,600,000	27,588,859	29,188,859	0	0	0	29,188,859
30	F 3991	OPERATING - GENERAL FUNDS	0	160,000	3,507,820	3,667,820	0	0	0	3,667,820
30	F 3992	OPERATING - FEDERAL FUNDS	0	1,440,000	24,081,039	25,521,039	0	0	0	25,521,039
		Subtotal:	0	1,600,000	27,588,859	29,188,859	0	0	0	29,188,859
		ACC Budget Total:	0	1,600,000	27,588,859	29,188,859	0	0	0	29,188,859
		General Funds:	0	160,000	3,507,820	3,667,820	0	0	0	3,667,820
		Federal Funds:	0	1,440,000	24,081,039	25,521,039	0	0	0	25,521,039
		Other Funds:	0	0	0	0	0	0	0	0
		SWAP Funds:	0	0	0	0	0	0	0	0
		County Funds:	0	0	0	0	0	0	0	0
		IGT Funds:	0	0	0	0	0	0	0	0
		ACC Funding Total:	0	1,600,000	27,588,859	29,188,859	0	0	0	29,188,859

MMIS Design, Development and Implementation
Estimated Turnkey Costs



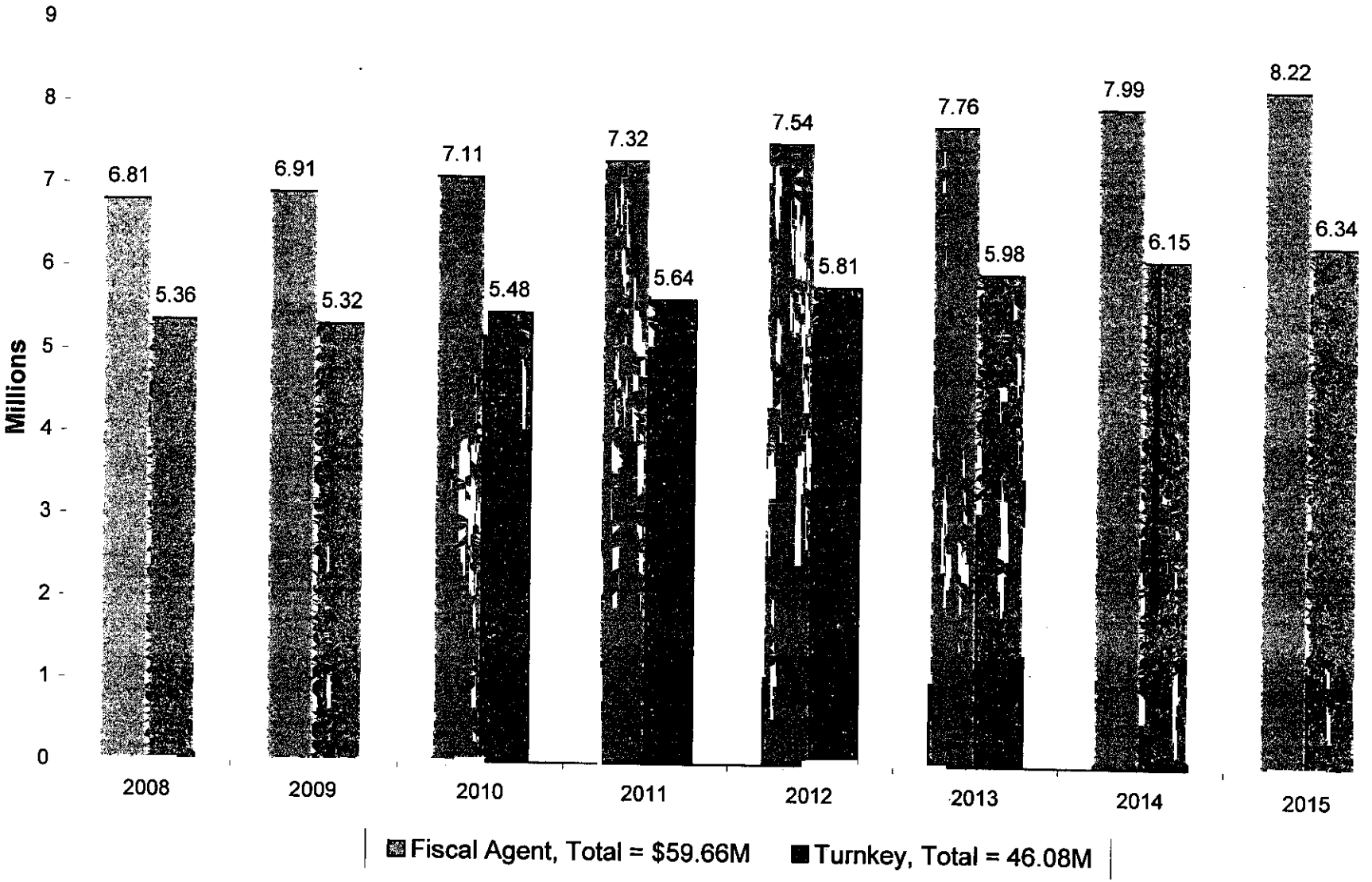
Estimated cost - $34.9 million, 31.43 federal, 3.49 state

MMIS Design, Development and Implementation
Estimated Fiscal Agent Costs

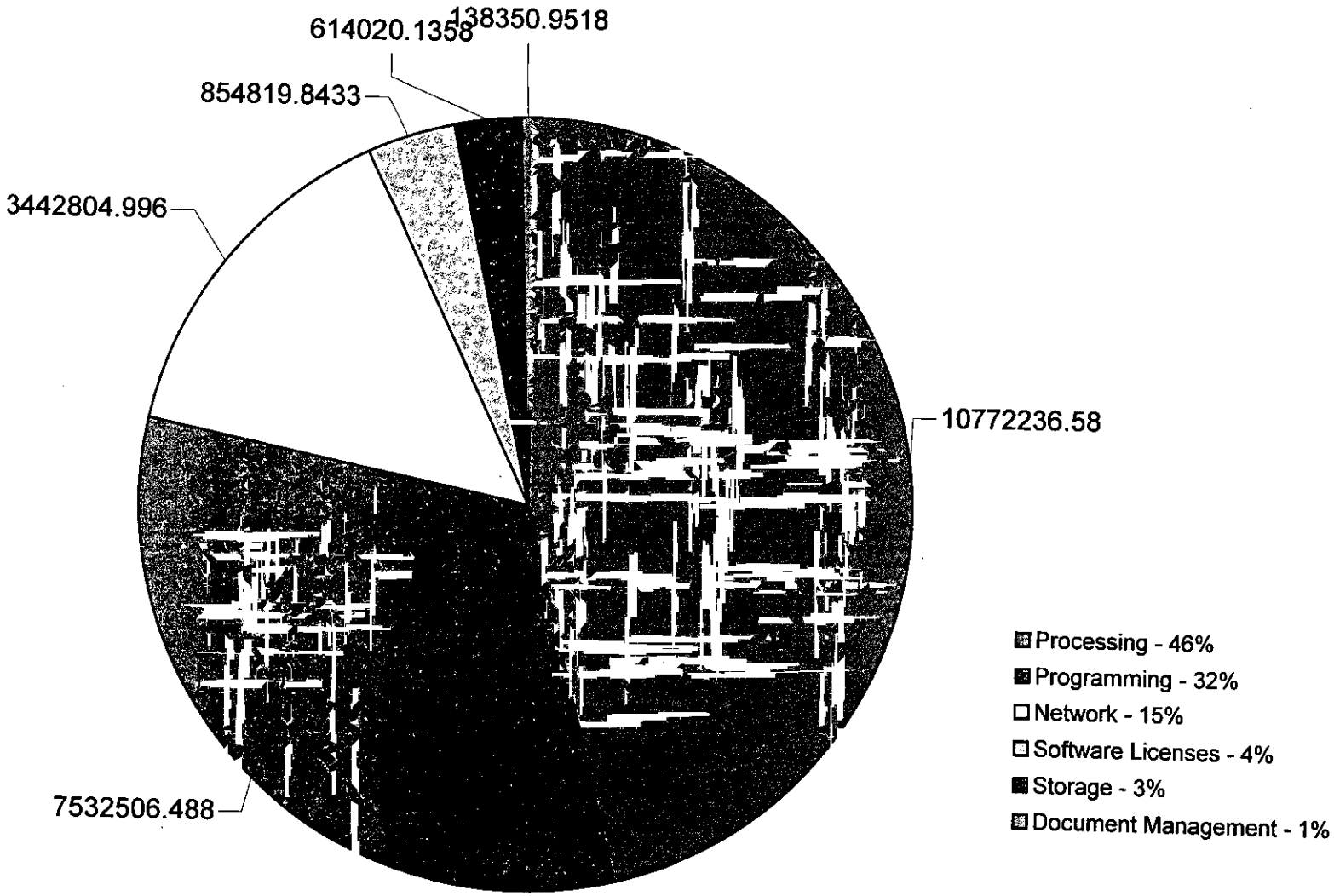


Estimated cost - $31.8 million, 28.6 federal, 3.2 state

MMIS Ongoing Operational Costs



2003 Actual % thru Sept applied to Budget Request for BOC 3002



Total Budget for 3002: $31,405633 - $8,050,894 (MMIS Project) = $23,354,739

Department of Human S[redacted]es 2005-2007 Hardware

[redacted]ware	Price	Total $	Total #	IMD	SH	DC	[redacted]LHSC	NCHSC	NEHSC	NWHSC	LRHSC	SCHSC	WCHSC	SEHSC	FIS[redacted]	LEGAL	E&N
Desktops																	
Compaq DC5000 3.0Ghz/ No monitor	$800	$422,400	528	2	67	5	62	32	89	44	16	16	88	27	11	3	
Compaq D5000 3.0Ghz / 17" Monitor	$900	$0	0														
Laptops																	
Compaq Armada N8000C	$1,900	$3,800	2			1											
Compaq Armada N8000C /W Docking Station	$2,200	$99,000	45	5	5			4	5	3		5		5	2		1
Network Printer																	
HP LJ4300 - Duplex, Network, Envelopes	$2,400	$72,000	30		5	3	1	1	3	1	1	1	2	4	1		
HP LJ 4600 - Color, Duplex, Network, Env	$3,100	$18,600	6		1	1			1		1	1					
Desktop Printers																	
HP 6122C	$200	$2,600	13				3										
HP 1300	$500	$4,000	8														
Monitors																	
Compaq 17"	$154	$30,800	200		100	100											
Compaq 19"	$245	$0	0														
Compaq 21"	$501	$0	0														
Compaq TFT1730 flat panel 17"	$410	$0	0														
Compaq Palmtops																	
Compaq ipaq H5150	$490	$490	1													1	
Scanner																	
HP Scanjet 5550C	$260	$1,300	5		1				1							1	
HP Scanjet 8250C	$750	$3,000	4			1					1	1					
Kodak i260 Scanner	$8,000	$8,000	1														
PC Screen Projector																	
Compaq MP3130	$2,458	$17,206	7	2		1											
TOTAL		**$683,196**		$19,916	$95,360	$34,808	$52,600	$36,800	$92,760	$44,200	$19,050	$30,050	$75,200	$42,200	$15,600	$3,150	$2,200

733Mhz and below & 1/8 printers

Central Office	$160,168
Regions	$392,860
Institutions	$130,168

Department of Human S[redacted]es 2005-2007 Hardware

[redacted]ware	Price	Total $	Total #	R & S	EXEC	CFS	[redacted]S	PUB INFO	HR	EA	AGING	MEDICAL	VR	MH	QC	[redacted]ILD	DDS
Desktops																	
Compaq DC5000 3.0Ghz/ No monitor	$800	$422,400	528		1		2		6	5	1	15	7	3	1	5	20
Compaq D5000 3.0Ghz / 17" Monitor	$900	$0	0														
Laptops																	
Compaq Armada N8000C	$1,900	$3,800	2												1		
Compaq Armada N8000C /W Docking Station	$2,200	$99,000	45			4				1	1		2			2	
Network Printer																	
HP LJ4300 - Duplex, Network, Envelopes	$2,400	$72,000	30				1		1	1			1			2	
HP LJ 4600 - Color, Duplex, Network, Env	$3,100	$18,600	6													1	
Desktop Printers																	
HP 6122C	$200	$2,600	13												7	3	
HP 1300	$500	$4,000	8														
Monitors																	
Compaq 17"	$154	$30,800	200														
Compaq 19"	$245	$0	0														
Compaq 21"	$501	$0	0														
Compaq TFT1730 flat panel 17"	$410	$0	0														
Compaq Palmtops																	
Compaq ipaq H5150	$490	$490	1														
Scanner																	
HP Scanjet 5550C	$260	$1,300	5							1						1	
HP Scanjet 8250C	$750	$3,000	4			1											
Kodak I260 Scanner	$8,000	$8,000	1													1	
PC Screen Projector																	
Compaq MP3130	$2,458	$17,206	7							2					1	1	
TOTAL		**$683,196**		$0	$800	$9,550	$4,000	$0	$7,200	$13,776	$3,000	$12,000	$12,400	$2,400	$6,558	$27,618	$20,000

733Mhz and below & 1/8 printers

Central Office	$160,168
Regions	$392,860
Institutions	$130,168

Department of Human Services 2003-2[redacted] Hardware - Optional request (removed)

[redacted]ware	Price	Total $	Total #	IMD	SH	DC	[redacted]LHSC	NCHSC	NEHSC	NWHSC	LRHSC	SCHSC	WCHSC	SEHSC	FIS[redacted]	LEGAL	E&N
Desktops																	
Compaq DC5000 3.0Ghz/ No monitor	$800	$217,600	272	10	30	25		25			17	28		63	4		3
Compaq D5000 3.0Ghz / 17" Monitor	$900	$0	0														
Laptops																	
Compaq Armada N8000C	$1,900	$0	0														
Compaq Armada N8000C /W Docking Station	$2,200	$145,200	66	8		4	5	4	5	2	5	3	8	5	1	1	2
Network Printer																	
HP LJ4300 - Duplex, Network, Envelopes	$2,400	$0	0														
HP LJ 4600 - Color, Duplex, Network, Env	$3,100	$0	0														
Desktop Printers																	
HP 6122C	$200	$0	0														
HP 1300	$500	$0	0														
Monitors																	
Compaq 17"	$154	$0	0														
Compaq 19"	$245	$0	0														
Compaq 21"	$501	$0	0														
Compaq TFT1730 flat panel 17"	$410	$0	0														
Compaq Palmtops																	
Compaq ipaq H5150	$490	$0	0														
Scanner																	
HP Scanjet 5550C	$260	$0	0														
HP Scanjet 8250C	$750	$0	0														
Kodak I260 Scanner	$8,000	$0	0														
PC Screen Projector																	
Compaq MP3130	$2,458	$0	0														
TOTAL		**$362,800**		$25,600	$24,000	$28,800	$11,000	$28,800	$11,000	$4,400	$24,600	$29,000	$17,600	$61,400	$5,400	$2,200	$6,800

733Mhz and below & 1/8 printers

Central Office	$122,200
Regions	$187,800
Institutions	$52,800

Department of Human Services 2003-2[redacted] Hardware - Optional request (removed)

[redacted]ware	Price	Total $	Total #	R & S	EXEC	CFS	[redacted]OV	CSHS	HR	EA	AGING	MEDICAL	VR	MH	QC	CH[redacted]	DDS
Desktops																	
Compaq DC5000 3.0Ghz/ No monitor	$800	$217,600	272	2	3	10	1	3		5	7	10		2	4	20	
Compaq D5000 3.0Ghz / 17" Monitor	$900	$0	0														
Laptops																	
Compaq Armada N8000C	$1,900	$0	0														
Compaq Armada N8000C /W Docking Station	$2,200	$145,200	66	1	1		4		1		1	2	1	1		1	
Network Printer																	
HP LJ4300 - Duplex, Network, Envelopes	$2,400	$0	0														
HP LJ 4600 - Color, Duplex, Network, Env	$3,100	$0	0														
Desktop Printers																	
HP 6122C	$200	$0	0														
HP 1300	$500	$0	0														
Monitors																	
Compaq 17"	$154	$0	0														
Compaq 19"	$245	$0	0														
Compaq 21"	$501	$0	0														
Compaq TFT1730 flat panel 17"	$410	$0	0														
Compaq Palmtops																	
Compaq ipaq H5150	$490	$0	0														
Scanner																	
HP Scanjet 5550C	$260	$0	0														
HP Scanjet 8250C	$750	$0	0														
Kodak I260 Scanner	$8,000	$0	0														
PC Screen Projector																	
Compaq MP3130	$2,458	$0	0														
TOTAL		**$362,800**		$3,800	$4,600	$8,000	$9,600	$2,400	$2,200	$4,000	$7,800	$12,400	$2,200	$3,800	$3,200	$18,200	$0
733Mhz and below & 1/8 printers																	
Central Office		$122,200															
Regions		$187,800															
Institutions		$52,800															

VII

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
MARCH 1, 2005

Chairman Holmberg, members of the Senate Appropriations Committee, I am Jennifer Witham, Director of Information Technology for the Department of Human Services. I am here today to provide you an overview of the budget for the Division of Information Technology.

The Department's Division of Information Technology (DoIT) provides services to support the business needs of the central office divisions, the eight Human Service Centers, the State Hospital, the Developmental Center, and to the county social service boards across North Dakota, including regional child support enforcement offices.

The following table represents the division's 2005 – 2007 budget request with comparisons to the division's current biennium's budget.

	2003-2005 Budget	Increase / (Decrease)	2005-2007 Request	House Changes	Request to Senate
Salaries and Wages	**$3,533,815**	**$18,475**	**$3,552,290**	**($12,775)**	**$3,539,515**
Operating Expenses	**$29,287,769**	**$27,646,574**	**$56,934,343**	**($29,188,859)**	**$27,745,484**
Capital Assets	**$295,050**	**($292,294)**	**$2,756**	**-**	**$2,756**
Total Budget	**$33,116,634**	**$27,372,755**	**$60,489,389**	**($29,201,634)**	**$31,287,755**
MMIS Replacement	$1,600,000	$27,588,859	$29,188,859	($29,188,859)	-
Base Operations	$31,516,634	($216,104)	$31,300,530	($12,775)	$31,287,755
General	**$13,583,730**	**$4,249,508**	**$17,833,238**	**($3,676,566)**	**$14,156,672**
Federal	**$18,128,125**	**$22,994,537**	**$41,122,662**	**($25,525,068)**	**$15,597,594**
Other	**$1,404,779**	**$128,710**	**$1,533,489**	**-**	**$1,533,489**
FTEs	**33**		**33**		**33**

The division's 2005-2007 budget request, excluding the Medicaid Management Information System (MMIS) replacement project, represents a decrease of $216,104 over the current biennium's budget.

Salaries and Wages

- **Salaries and wages increased by $18,475, however, this figure includes a salary and health adjustment of $212,847, of which $160,463 is general funds. Prior to the application of this adjustment, the net reduction in salary and wages was $194,372.**

- **In the table above, the 2003-2005 FTE count is thirty-three. However, in our budget work papers, we inadvertently made the reduction twice for the three FTEs that were reduced due to functional consolidation. Although the correct FTE count for 2003-2005 is thirty-six, thirty-three is the FTE count you will see in all the Budget and Reporting System (BARS) documents and in the analysis work completed by the Legislative Council.**

- **In addition to the thirty-three FTEs, the division's budget also includes three temporary staff of which two are part-time desktop support and one is full-time MMIS support. The staff responsibilities are assigned as follows:**

Management	**3**	**Division Director** **System Support Services Manager** **Administrative Assistant**

System Support Services
(12 FTEs, 2 part-time temporary positions)

Desktop Support	**.5**	**Northwest HSC, Williston (*PT Temp*)**
	1	**North Central HSC, Minot**
	.5	**Lake Region HSC, Devils Lake (*PT Temp*)**
	1	**Northeast HSC, Grand Forks**
	1	**Southeast HSC, Fargo**
	.5	**South Central HSC, Jamestown**
	1	**West Central HSC, Bismarck**
	1	**Badlands HSC, Dickinson**
	1.5	**State Hospital, Jamestown**
	1	**Developmental Center, Grafton**
	2	**Central Office**
EDMS Support	**1**	**Central Office**
Security Officer	**1**	**Central Office**

Program Support Services
(18 FTEs, 1 full-time temporary position)

Functional Area	**4**	**Medical Services (*1 FT Temp*)**
	2	**Economic Assistance**
	2	**Child Support**
	3	**Regional HSCs**
	2	**State Hospital / Developmental Center**
	.5	**Administration**
	1.5	**Other Central Office Programs**
Data Entry	**4**	

Operating Expenses – MMIS Replacement Project

- **Included in the 2005-2007 budget request was $29.2 million to replace the Medicaid Management Information System (MMIS). MMIS processes medical claims for payment and generates utilization information for the Medicaid program. The current MMIS is over 26 years old and is built on outdated system architecture.**

- The State Information Technology Advisory Committee (SITAC), which reviews and prioritizes technology projects, ranked this project as the second most critical in its recommendation to the Legislative IT Committee regarding all major projects proposed for this biennium.

- On January 5, 2005 the Department received notice of approval for the enhanced federal match of 90% for the design, development and implementation of a new MMIS.

- Currently Medicaid eligibility is determined and managed in two separate eligibility systems, TECS and Vision. A portion of the MMIS project includes incorporating the Medicaid eligibility functions from the TECS system into Vision. This portion of the project is expected to be funded at a 50% federal match, therefore the general fund requirement for this project is estimated to be $3.7 million.

Other Operating Expenses

- The remaining operating expenses included in the 2005-2007 budget request, i.e. expenses exclusive of the MMIS replacement, represent an increase of $57,715 over the current biennium, or approximately 0.2%.

- Eighty-four percent, or $23.3 million, of the funding requested to support DHS business operations are paid to the Information Technology Department (ITD). These ITD services reflect the costs associated with software development and support, mainframe and server processing, network access and disk storage.

- Although the operating budget only increased by 0.2%, there are several significant changes included in this budget worth noting:

- $863,000 ($665,000 in general funds) for ConnectND operating expenses
- $670,000 ($227,800 general funds) for modifications to the child support system in order to continue to meet federal requirements
- $171,400 (all general funds) for the Regional Office Automation Program (ROAP) to convert to a relational database
- $230,000 ($91,577 general funds) to make the necessary changes to the MMIS system to accommodate Medicaid Part D changes
- Due to the projected savings in desktop and laptop equipment purchases through the new statewide contract, the department can move from a six year replacement cycle to a four year replacement cycle with no increase in funding required

The remaining budget request represents costs associated with third party service agreements, hardware/software purchases and other operating expenses such as office supplies, travel and regular office expenses.

Capital Assets

$2,756 of bond and interest payments for a staff person located at the Southeast Human Service Center.

Overall, the Division of Information Technology's requested budget represents 3.6% of the Department's Executive budget request for the 2005-2007 biennium, inclusive of the MMIS replacement project.

House Changes

- The salary line was reduced by the change in the proposed salary package for all employees. The overall reduction was $12,775.

- As David Zentner presented earlier today, the House removed the funding for the Medicaid Management Information System (MMIS) replacement project. If this project is not funded, consideration will need to be given regarding required HIPAA modifications to the current MMIS system in 2005-2007. Anticipated modifications include the incorporation of the national provider identifier and acceptance of claims attachments. These modifications have been estimated to cost $3.2 million. If enhanced federal match is allowed, this project would require approximately 10% or $320,000 in state general funds.

Thank you. If you have any questions, I would be happy to answer them now.

Full House Apps 1-6-05

Handout 3-10 Human Services

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS COMMITTEE

REGARDING THE REPLACEMENT OF THE

MEDICAID MANAGEMENT INFORMATION SYSTEM

JANUARY 6, 2005

Chairman Svedjan, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide information regarding the replacement of the current Medicaid Management Information System (MMIS).

The federal government requires each state to operate a certified MMIS. If states fail to implement an MMIS or a system fails to meet certification guidelines the federal government will reduce the 75% administrative match that is permitted for the operation of a certified system. Federal funding at 90% is available to design, develop and implement a new system. In order to receive certification, each system must be reviewed by the federal government to ensure that the system will meet the specifications required in the federal regulations. North Dakota is one of 13 states that process their own claims.

The MMIS is a complicated set of software programs that work together to ensure that payments for medical services are processed in a timely and accurate manner. Through a system of program edits and audits, it performs a vast array of checks such as ensuring the recipient is eligible, ensuring the provider is eligible and ensuring the service is within program guidelines. It prices claims, accounts for all payments and maintains a history file of all claims. It is designed to detect problems such as duplicate services, services beyond program limits and ensuring that prior authorization requirements have been met. It ensures that Medicaid payments are not made until medically needy recipients

have incurred their monthly recipient liability. If the system detects a problem it will either automatically deny the claim or suspend it for review by a claims auditor. If the auditor can fix the problem, the suspended claim can be reentered and paid. It produces a variety of reports that are used to manage the program and identifies potential fraud and abuse issues.

Since each Medicaid program has unique requirements, it is necessary to modify any existing system to meet the individual needs of each state.

North Dakota implemented the current MMIS in the fall of 1978. At that time it was a state of the art system. Electronic Data Systems (EDS) took their system that was operating in Indiana and modified it to meet the unique needs of the North Dakota Medicaid program.

The system is now more than 26 years old. It has been modified and enhanced countless times and operates in a batch process. The software architecture is not flexible and no longer is capable of meeting our business needs. For example, the state auditors office noted in a recent audit report that the system is no longer capable of properly detecting potential duplicate billings in all instances. Minor policy changes often involve prolonged and complicated "hard coding" that requires extensive resources and often leads to additional problems because of all the patches that have previously been made to the system. Major program enhancements such as the conversion to the HIPAA compliant coding requirements caused major processing problems and were the direct cause of the claims backlog the Department experienced during the last half of 2003 and the first few months of 2004. We know that more required HIPAA modifications are coming and we are concerned that the MMIS could be overwhelmed if another major modification is required before the system can be replaced. In addition, the fraud and abuse detection tools are not sophisticated and manual review is often required because of system limitations. Those are some, but by no means not all, of the problems we face with the current system.

In order to begin the process of replacing the outdated system, the Legislature appropriated $1.6 million of which $160,000 is general funds during the current biennium. The funds are being used for the planning phase for the project. We obtained approval from the Center for Medicare and Medicaid Services (CMS) for 90% federal funding for this phase of the project. In order to assist us in the initial planning and design phase of the project, we issued a Request for Proposals (RFP). A total of five vendors responded, and we selected FOX Systems Inc. They began work in the spring of 2004 and they conducted a series of meetings with staff to document the business needs for the new system. They are in the process of completing a series of documents that will be used as a basis for moving ahead with the implementation of the MMIS if the Legislature agrees to proceed with this project. It is estimated that their work will be completed within the next month.

CMS does provide 90% funding for the design, development and installation of a new system. In order to receive the enhanced funding we are required to submit for approval an implementation advanced planning document (IAPD). The IAPD provides information about the current system, why a new system is necessary, the activities we expect the system to perform, the alternatives we may use to procure and operate a new system, cost information and information on how we would manage the project. This document was submitted to CMS on December 3, 2004, and the Department received a notice of approval of the 90% funding for the MMIS on January 5, 2005.

The next step entails the release of a Request for Proposal (RFP). The RFP is the document that describes the business needs that includes detailed specific requirements for the new system. In order to obtain federal funds, it is necessary to have an open bid process. The RFP also outlines the bid process including timeframes for submitting a response and evaluation criteria. The RFP will also

detail how we will operate the system after it is implemented. FOX Systems Inc. is assisting us in the preparation of this document.

Before we release the RFP, a decision must be made as to what direction we will take in procuring a new system including who will operate it after the system is implemented. FOX has completed a cost benefit analysis of seven options that are available for consideration. See Attachment A for a list of those options. After careful analysis of costs and risks we concluded that two options were the most feasible to consider at this time. The two options include retaining all aspects of the MMIS within state government referred to as a turnkey operation or contracting out most of the activities including data center/technical support, claims processing and provider relations to a fiscal agent. Attachment B outlines some of the benefits and risks of each of the two options.

While we realize the ultimate decision rests with the Legislature, we recommend that the system remain within the Department of Human Services and the Information Technology Department.

We base our recommendation on the following.

1. Cost: Over the first ten years of the project, it is estimated that a fiscal agent contract would cost at least $13.6 million more of which about $3.4 million would be state funds than if the system was operated within state government. Attachment C details the estimated costs for each of the options based on information prepared by FOX Systems.

2. Cost Comparison: The Department's current operating expenses relating to the MMIS is efficient when compared to other states. We have the second lowest percentage of administrative costs to payments in the country at 1.12 percent. Attachment D shows a comparison of the 10 most efficient systems based on costs submitted to the federal government.

3. Accountability: Currently, the buck stops at the door of the Medicaid Director's office when issues arise regarding payment for services. If I have a problem or a crisis, I can deal directly with staff I supervise or other Department staff who are readily available to resolve the issue. If we contract for those services we will deal with contractor staff that may or may not be responsive to the specific crisis. I don't mind the responsibility and the blame that comes with it; but I also want the immediate authority to resolve the issue.

4. Timeliness: Providers have criticized the Department over the past year because of our claims backlog. This backlog was the direct result of the problems with the MMIS because of the addition of the transaction code sets required by HIPAA. In the years when the system was operating efficiently, we paid 95 to 98 percent of our claims within 30 days of receipt in our office. We are confident that when a new MMIS is implemented our staff will return to processing claims at that level again. We have been able to dramatically reduce the backlog of claims by 47,000 since October 2003 and are now processing about 94% of our claims within 30 days of receipt. You have excellent employees working for you, and if given the ability to work with a state of the art system, they will again be processing 98% of claims within 30 days.

5. Job Loss: If we use a fiscal agent the state will lose about 40 full time jobs many of who have been hard working and loyal employees for the citizens of North Dakota. At the present time there are about six vendors with an MMIS in production. It is likely that all may bid on the contract if we opt to use a fiscal agent. Depending on who submits the best proposal, many of these lost jobs could be outsourced to other areas of the country.

6. System Maintenance: The new MMIS will likely not be implemented until late 2007. It will be necessary to maintain the current MMIS and also process claims during that period of time. If a decision is made to use a fiscal agent, it is

likely that the 40 affected people will look for other employment and will leave before the new system is implemented. If this occurs we will lose the valuable knowledge necessary to ensure the new system will meet expectations in accordance with our policies and will substantially affect our ability to maintain the current system and pay claims through 2007 in an efficient manner. It would be very difficult to replace lost workers because the new employees would know their jobs would disappear in 2007.

7. Ease of Changes: One of the super aspects of a new system will be the ability to effect changes in the system in a short period of time without involving technical staff. We anticipate using our business analysts to make these changes. If we utilize a fiscal agent, it will be necessary to prioritize and report those changes to the contractor who in turn will update the system causing possible delays and miscommunication.

8. Hidden Costs: System changes are inevitable. While a contract with a fiscal agent will have a certain amount of system maintenance built into the price, it is likely that any major system changes will require additional costs and time. Contractor time for this service is generally at least three times the cost of using state staff to accomplish the same job. Once state staff are no longer available we will be required to rely on outside contractors to provide both claims processing and technical services that will likely be expensive. For example, the increase in Healthy Steps premiums for the current and next biennium will average 10% per year and we are charged thirty-five cents a claim by Nordian Mutual Health Insurance Company for them to send Medicaid claims to our office that they simply strip off of their system and forward to our office for processing.

The Department built the budget for the MMIS based on the assumption that the state would continue to operate the system. The costs were estimated prior to the completion of the cost benefit analysis by FOX systems. The cost estimate which is included in the Governor's Executive Budget is $29.2 million of which

$3.7 is general funds. At the present time the MMIS must access two different eligibility systems in order to verify eligibility for the program. The Technical Eligibility Computer System (TECS) is also a very old system and is still used to determine Medicaid eligibility for most of the aged, blind and disabled individuals on the program. The newer more sophisticated Vision system determines eligibility for the remainder of the Medicaid population. It will be possible to access eligibility information from both systems that will allow real time claims processing through the use of cutting edge architecture in the new MMIS. However, reliance on an eligibility system nearly as old as the existing MMIS is risky. This part of the project will reduce the workload for county eligibility staff and consolidate the entire eligibility process for Medicaid and Healthy Steps into one computer system. Because of the anticipated delay in the start of the new MMIS, it is likely that the final implementation of the TECS to Vision project will also be delayed until the next biennium. However, most of the design and development work can be completed in the 2005-2007 biennium. The cost of making this change is estimated at $1.9 million of which $.9 million is general funds. Eligibility system matching rates are limited to 50% federal funding.

We had originally anticipated implementing the MMIS by the end of the next biennium. This original timetable was predicated on having a contractor ready to start work in July 2005. It is anticipated it will take at least 24 months to complete the project. We understand that the Legislature wishes to have input to determine if the state should use a fiscal agent or retain the operation within state government. It will be necessary to make a final decision on which road to follow prior to releasing the RFP to potential vendors. Since we will be unable to release the RFP until we receive direction from you, it will not be possible to select a contractor by July 1, 2005. We request that you provide us with guidance on this issue at the earliest possible date so that we can begin the RFP process as soon as possible if the decision is made to fund the new MMIS. The estimated timeframe for implementation is detailed in Attachment E. We would appreciate your final determination prior to March 14, 2005 so the RFP may be issued.

Attachments with exception of E+D The same as with Senate testimony

Attachment E

Medicaid Systems Replacement Project Activity Schedule

Task	Duration (Work Days)	Start	Finish
MMIS Replacement Project	955 days	10/11/2004	6/6/2008
APD	63 days	10/11/2004	1/5/2005
Develop APD	15 days	10/11/2004	10/29/2004
Route APD for Internal Review	5 days	11/1/2004	11/5/2004
Modify per Comments	6 days	11/8/2004	11/15/2004
Internal APD Review and Approval	6 days	11/16/2004	11/23/2004
Submit Final APD to CMS	1 day	12/3/2004	12/3/2004
CMS APD Review & Approval	22 days	12/6/2004	1/5/2005
MMIS RFP	93 days	1/6/2005	5/16/2005
Submit RFP to CMS	1 day	1/10/2005	1/10/2005
Obtain CMS Comments	10 days	1/11/2005	1/24/2005
Modify RFP per CMS Comments	5 days	1/25/2005	1/31/2005
Submit Final RFP to CMS for Approval	1 day	2/1/2005	2/1/2005
CMS RFP Approval	5 days	2/2/2005	2/8/2005
Receive Legislative Approval	42 days	1/6/2005	3/4/2005
Modify RFP as Needed	5 days	3/7/2005	3/11/2005
Release RFP	1 day	3/14/2005	3/14/2005
Letters of Intent Due	15 days	3/15/2005	4/4/2005
Questions Due from Vendors	16 days	3/14/2005	4/4/2005
Respond to Questions	14 days	4/5/2005	4/22/2005
Vendors Prepare Proposals	45 days	3/15/2005	5/16/2005
IV&V Services			
Develop RFP for IV&V Services	20 Days	1/3/2005	1/31/2005
CMS RFP Approval	19 Days	2/1/2005	2/28/2005
Release RFP	1 Day	3/1/2005	3/1/2005
Letters of Intent Due	10 Days	3/2/2005	3/15/2005
Questions Due from Vendors	11 Days	3/2/2005	3/16/2005
Respond to Questions	13 Days	3/17/2005	4/4/2005
Proposals Due	10 Days	3/1/2005	4/18/2005
Evaluation of Proposals	10 Days	5/2/2005	5/13/2005
Notice of Intent to Award	1 Day	5/18/2005	5/18/2005
Contract Negotiations	9 Days	5/19/2005	6/1/2005
Contract Signing	5 Days	6/6/2005	6/10/2005
MMIS			
MMIS Evaluation & Offers	48 days	5/17/2005	7/21/2005
Proposals Due	1 day	5/17/2005	5/17/2005
Evaluation of Proposals	31 days	5/18/2005	6/29/2005

Task	Duration (Work Days)	Start	Finish
Prepare Agenda for Oral Presentations	5 days	6/2/2005	6/8/2005
Send Oral Presentation Agendas to Vendors	1 day	6/8/2005	6/8/2005
Oral Presentations	5 days	6/14/2005	6/20/2005
Request Best and Final Offers	2 days	6/30/2005	7/1/2005
Receive Best and Final Offers	5 days	7/4/2005	7/11/2005
Vendor Selection	2 days	7/11/2005	7/13/2005
Internal Review & Approval	6 days	7/14/2005	7/21/2005
Notice of Intent to Award	1 day	7/21/2005	7/21/2005
Contract Negotiations	21 days	7/22/2005	8/19/2005
CMS Contract Approval	5 days	8/22/2005	8/26/2005
Contract Signing	1 day	8/29/2005	8/29/2005
DDI	588 days	8/30/2005	11/29/2007
Startup	15 days	8/30/2005	9/19/2005
Planning	30 days	8/30/2005	10/10/2005
Requirements Definition	70 days	9/19/2005	12/23/2005
System Design Activities	90 days	10/24/2005	2/24/2006
System Development Activities	190 days	1/9/2006	9/29/2006
Additional Enhancement Activities	134 days	10/2/2006	4/5/2007
Data Conversion Activities	549 days	10/24/2005	11/29/2006
Integrated System Test	70 days	3/9/2007	6/14/2007
Acceptance Test Activities	85 days	6/15/2007	10/11/2007
Operational Readiness Test Activities	55 days	6/15/2007	8/30/2007
Pilot Test Planning	30 days	7/20/2007	8/30/2007
Pilot Test	30 days	8/31/2007	10/11/2007
Provider Training and Outreach	90 days	7/20/2007	11/20/2007
Implementation Activities and Startup	35 days	10/12/2007	11/29/2007
Go Live	1 day	11/30/2007	11/30/2007
Prepare Certification Materials	130 days	12/3/2007	5/30/2008
Certification	5 days	6/2/2008	6/6/2008

Attachment D

Comparison of Benefits to Administrative Expenditures Reported By States for FFY 2002

State	Administration Expense	Benefits	Administration Expense as a Percent of Benefits
South Dakota	$3,302,446	$558,630,606	0.59%
North Dakota	$5,161,041	$462,368,161	1.12%
Nevada	$11,484,431	$808,198,344	1.42%
Montana	$9,136,250	$571,456,455	1.60%
Alaska	$11,618,111	$713,121,234	1.63%
Vermont	$13,608,380	$ 660,731,979	2.06%
Utah	$21,082,549	$984,160,785	2.14%
Idaho	$20,894,202	$790,306,786	2.64%
Hawaii	$21,815,863	$745,603,899	2.93%
Delaware	$22,219,797	$634,046,351	3.50%
Wyoming	$10,061,660	$274,565,128	3.66%

Source: HCFA 64 Data (FMR2002) from CMS Web Site

III

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE

REGARDING THE REPLACEMENT OF THE

MEDICAID MANAGEMENT INFORMATION SYSTEM

MARCH 1, 2005

Chairman Holmberg, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide information regarding the replacement of the current Medicaid Management Information System (MMIS).

The federal government requires each state to operate a certified MMIS. If states fail to implement an MMIS or a system fails to meet certification guidelines, the federal government will reduce the 75% administrative match that is permitted for the operation of a certified system. Currently, federal funding at 90% is available to design, develop and implement a new system. In order to receive certification, each system must be reviewed by the federal government to ensure that the system will meet the specifications required in the federal regulations. North Dakota is one of 14 states that process their own claims.

The MMIS is a complicated set of software programs that work together to ensure that payments for medical services are processed in a timely and accurate manner. Through a system of program edits and audits, it performs a vast array of checks such as ensuring the recipient is eligible, ensuring the provider is eligible and ensuring the service is within program guidelines. It prices claims, accounts for all payments, and maintains a history file of all claims. It is designed to detect problems such as duplicate services, services beyond program limits, and ensuring that prior authorization requirements have been met. It ensures that Medicaid payments are not made until medically needy recipients have incurred their monthly recipient liability. If the system detects a problem, it will either automatically deny the claim, or suspend it for review by a

claims auditor. If the auditor can fix the problem, the suspended claim can be reentered and paid. The MMIS also produces a variety of reports that are used to manage the program and identifies potential fraud and abuse issues.

Since each Medicaid program has unique requirements, it is necessary to modify any existing system to meet the individual needs of each state. North Dakota will incur the cost of developing an MMIS that meets our unique needs regardless of where the operations will occur.

North Dakota implemented the current MMIS in the fall of 1978. At that time it was a state of the art system. Electronic Data Systems (EDS) took their system that was operating in Indiana and modified it to meet the unique needs of the North Dakota Medicaid program.

The system is now more than 26 years old. It has been modified and enhanced countless times, and operates in a batch process. The current software architecture is not flexible and is no longer capable of meeting our business needs. For example, the state auditors office noted in a recent audit report that the system is no longer capable of properly detecting potential duplicate billings in all instances. Minor policy changes often involve prolonged and complicated "hard coding" that requires extensive resources, and often leads to additional problems because of all the patches that have previously been made to the system. Major program enhancements such as the conversion to the HIPAA compliant coding requirements caused major processing problems, and were the direct cause of the claims backlog the Department experienced during the last half of 2003 and the first few months of 2004. We know that additional HIPAA required modifications are coming, and we are concerned that the MMIS could be overwhelmed if another major modification needs to be done before the system can be replaced. In addition, the fraud and abuse detection tools are not sophisticated and manual review is often required because of system limitations.

Those are some, but by no means not all, of the problems we face with the current system.

In order to begin the process of replacing the outdated system, the Legislature appropriated $1.6 million of which $160,000 is general funds during the current biennium. The funds are being used for the planning phase for the project. We obtained approval from the Center for Medicare and Medicaid Services (CMS) for 90% federal funding for this phase of the project. In order to assist us in the initial planning and design phase of the project, we issued a Request for Proposals (RFP). A total of five vendors responded, and we selected FOX Systems Inc. They began work in the spring of 2004 and they conducted a series of meetings with staff to document the business needs for the new system. They have completed a series of documents that will be used as a basis for moving ahead with the implementation of the MMIS if the Legislature agrees to proceed with this project. It is estimated that their work will be completed before the end of the current biennium. FOX Systems Inc. is prohibited from bidding on the actual development and implementation of the MMIS because they assisted the Department in this phase of the procurement process.

Currently, CMS does provide 90% funding for the design, development and installation of a new system. In order to receive the enhanced funding, we are required to submit for approval an Implementation Advance Planning Document (IAPD). The IAPD provides information about the current system, why a new system is necessary, the activities we expect the system to perform, the alternatives we may use to procure and operate a new system, cost information, and information on how we would manage the project. This document was submitted to CMS on December 3, 2004, and the Department received a notice of approval of the 90% funding for the MMIS on January 5, 2005.

The Governor's budget included funding for the design and implementation of a new MMIS. The House removed all funding for the new MMIS from the

Department's Appropriation Bill. The Department is very concerned that if we do not proceed with a replacement system in the next biennium we will be faced with a potential system failure and the potential missed opportunity to receive 90% federal funding for the project. The following points illustrate the need for the Senate to reinstate the funding for this project.

- The State Information Technology Advisory Committee rated this project as the second highest priority of all major Information Technology projects proposed for the next biennium. This is an indication that there is justification to proceed with this project.

- The Bush administration is proposing to place a cap on administrative costs that can be claimed for the Medicaid program including the elimination of 90% federal funding. Any delay in approval of this project could result in the loss of a large portion of the federal funding and could put the entire project in jeopardy.

- The federal government provided 90% federal funding for the planning phase of the project. If we do not proceed with the MMIS project the federal government can request return of funds expended for the planning process. The federal share of the planning process will total more than $1 million. In addition, no planning funds would be available in the future if we determined at a later date to proceed with a new MMIS.

- At least 11 other states are planning to release RFP's during this calendar year. If we delay the issuance of our RFP, we will be competing with a number of large states for a limited number of vendors that are capable of meeting our business needs. As a result we may have a limited number of vendors interested in bidding on our project if we delay the issuance of the RFP for any extended period of time. Attachment A shows the other states that are interested in procuring a new MMIS in the near future.

- The system is relied on by thousands of providers of service including those who receive the bulk of their income through this payment process. More than 2.5 million claims are processed yearly and more than $500 million flow through the system each year. It is imperative that we have the most sophisticated system available to ensure that providers are paid in a timely and accurate manner. I doubt that any health insurance company would rely on a 26-year-old system to process and pay claims.

If funding is restored, the next step entails the release of a Request for Proposal (RFP). The RFP is the document that describes the business needs that includes detailed specific requirements for the new system. In order to obtain federal funds, it is necessary to have an open bid process. The RFP also outlines the bid process including timeframes for submitting a response and evaluation criteria. The RFP will also detail how we will operate the system after it is implemented.

Before we release the RFP, a decision must be made as to what direction we will take in procuring a new system including who will operate it after the system is implemented. FOX Systems, Inc. has completed a cost benefit analysis of seven options that are available for consideration. The MMIS replacement project handout contains a list of those options, the estimated costs associated with those options and the return on investment for each option. After careful analysis of costs and risks, we concluded that two options were the most feasible to consider at this time. The two options include retaining all aspects of the MMIS within state government referred to as a turnkey operation or contracting out most of the activities including data center/technical support, claims processing and provider relations to a fiscal agent. The handout outlines some of the benefits and risks of each option and was prepared by FOX Systems Inc.

We recommend that the system remain within the Department of Human Services and the Information Technology Department.

We base our recommendation on the following.

1. Cost: Over the first eight years of operations, it is estimated that a fiscal agent contract would cost at least $13.6 million more, of which about $3.4 million would be state funds, than if the system was operated within state government. The handout details the estimated costs for each of the options based on information prepared by FOX Systems, Inc.

2. Cost Comparison: The Department's current MMIS operating expenses are efficient when compared to other states. We have the second lowest percentage of administrative costs to payments in the country at 1.12% for those states that have less than $1 billion in annual expenditures. The handout shows a comparison of the 10 states with less than $1 billion in expenditures based on costs submitted to the federal government.

3. Accountability: Currently, the buck stops at the door of the Medicaid Director's office when issues arise regarding payment for services. If a problem or crisis arises, it can be dealt directly with the staff I supervise or other Department staff who are readily available to resolve the issue. If we contract for those services we will deal with contractor staff that may or may not be responsive to the specific crisis. I don't mind the responsibility and the blame that comes with it; but it is also important to have the immediate authority to resolve the issue.

4. Timeliness: Providers have criticized the Department over the past year because of our claims backlog. This backlog was the direct result of the problems with the MMIS because of the addition of the transaction code sets required by HIPAA. In the years when the system was operating efficiently, we paid 95% to 98% of our claims within 30 days of receipt in our office. We are confident that when a new MMIS is implemented our staff will return to

processing claims at that level again. We have been able to dramatically reduce the backlog of claims by 47,000 since October 2003 and are now processing about 94% of our claims within 30 days of receipt. You have excellent employees working for you, and if given the ability to work with a state of the art system, they will again be processing 98% of claims within 30 days. In addition we are able to respond to specific requests from providers in order to avert a crisis such as agreeing to provide funds in order that a nursing facility can make payroll because a billing problem on their end delayed the submittal of claims to our office.

5. Job Loss: If we use a fiscal agent the state will lose about 40 full time jobs, many of whom have been hard working and loyal employees for the citizens of North Dakota. At the present time there are about six vendors with an MMIS in production. It is likely that all may bid on the contract if we opt to use a fiscal agent. Depending on who submits the best proposal, many of these lost jobs could be outsourced to other areas of the country.

6. System Maintenance: If funding is restored, the new MMIS will likely not be implemented until late 2007. It will be necessary to maintain the current MMIS and also process claims during that period of time. If a decision is made to use a fiscal agent, it is likely that the 40 affected people will look for other employment and will leave before the new system is implemented. If this occurs we will lose the valuable knowledge necessary to ensure the new system will meet expectations in accordance with our policies and will substantially affect our ability to maintain the current system and pay claims through 2007 in an efficient manner. It would be very difficult to replace lost workers because the new employees would know their jobs would disappear in 2007.

7. Ease of Changes: One of the super aspects of a new system will be the ability to effect changes in the system in a short period of time without involving technical staff. We anticipate using our business analysts to make these

changes. If we utilize a fiscal agent, it will be necessary to prioritize and report those changes to the contractor who in turn will update the system resulting in possible delays and miscommunication.

8. Hidden Costs: System changes and change orders are inevitable. While a contract with a fiscal agent will have a certain amount of system maintenance built into the price, it is likely that any major system changes will require additional costs and time. Contractor time for this service is generally at least three times the cost of using state staff to accomplish the same job. Once state staff are no longer available, we will be required to rely on outside contractors to provide both claims processing and technical services that will likely be expensive. For example, the increase in Healthy Steps premiums for the current and next biennium will average 10% per year and we are charged thirty-five cents a claim by Nordlan Mutual Health Insurance Company for them to send Medicaid claims to our office that they simply strip off of their system and forward to our office for processing.

9. Fiscal Agent Costs: A review of fiscal agent costs from two comparable states indicates that a fiscal agent contract including necessary state staff would exceed the cost of maintaining the system within state government. Detailed information is included in your handout. In addition, we examined the cost of implementing HIPAA in North Dakota with surrounding states many of which contract with a fiscal agent. The handout indicates that North Dakota spent the least amount of any of the states in this review.

10. Other state comparisons: The regional office of CMS in Denver has indicated to us verbally that the states that use a fiscal agent in the six state region have costs that are higher than those states that use their own staff to process claims.

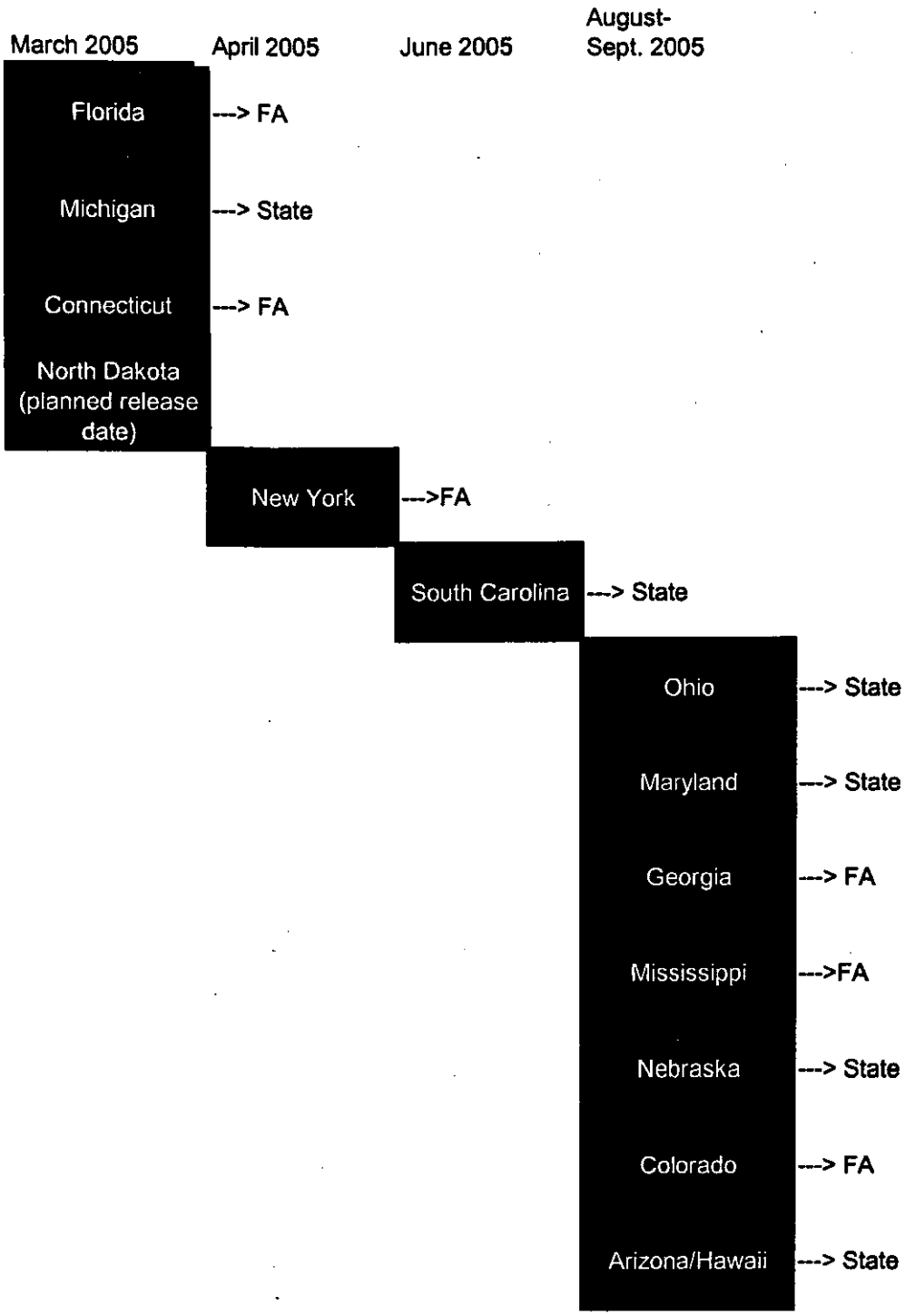
The Department built the budget for the MMIS based on the assumption that the state would continue to operate the system. The costs were estimated prior to the completion of the cost benefit analysis by FOX Systems, Inc. The cost estimate, which is included in the Governor's Executive Budget, is $29.2 million, of which $3.7 million is general funds. At the present time the MMIS must access two different eligibility systems in order to verify eligibility for the program. The Technical Eligibility Computer System (TECS) is also a very old system and is still used to determine Medicaid eligibility for most of the aged, blind and disabled individuals on the program. The newer more sophisticated Vision system determines eligibility for the remainder of the Medicaid population. It will be possible to access eligibility information from both systems that will allow real time claims processing through the use of cutting edge architecture in the new MMIS. However, reliance on an eligibility system nearly as old as the existing MMIS is risky. This part of the project will reduce the workload for county eligibility staff and consolidate the entire eligibility process for Medicaid and Healthy Steps into one computer system. Because of the anticipated delay in the start of the new MMIS, it is likely that the final implementation of the TECS to Vision project will also be delayed until the next biennium. However, most of the design and development work can be completed in the 2005-2007 biennium. The cost of making this change is estimated at $1.9 million of which $.9 million is general funds. Eligibility system matching rates are limited to 50% federal funding.

We had originally anticipated implementing the MMIS by the end of the next biennium. This original timetable would have required a release of the RFP in January 2005 and selection a contractor by July 2005. It is anticipated it will take at least 24 months to complete the project. We were informed that the Legislature wished to have input to determine if the state should use a fiscal agent or retain the operation within state government. For this reason we delayed release of the RFP and established a new timetable as it was no longer possible to select a contractor in July 2005. We were hoping that the Legislature would provide

guidance early in the session because the timetable anticipated the RFP would be released by March 14, 2005. Since the funding was stripped from the Department's budget it will not be possible to meet the timeframe that is detailed in Attachment B. If the Legislature decides to reinstate funding for this project, the timeframe would need to be adjusted based on the timing of the final decision and the direction selected for ongoing operations.

I would be happy to respond to any questions you may have.

MMIS RFP Schedule



Attachment B

MMIS Replacement Project Schedule

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MMIS Replacement Project	955 days	10/11/2004	6/6/2008
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Develop APD	15 days	10/11/2004	10/29/2004
Route APD for Internal Review	5 days	11/1/2004	11/5/2004
Modify per Comments	6 days	11/8/2004	11/15/2004
Internal APD Review and Approval	6 days	11/16/2004	11/23/2004
Submit Final APD to CMS	1 day	12/3/2004	12/3/2004
CMS APD Review & Approval	22 days	12/6/2004	1/5/2005
MMIS RFP	93 days	1/6/2005	5/16/2005
Submit RFP to CMS	1 day	1/10/2005	1/10/2005
Obtain CMS Comments	10 days	1/11/2005	1/24/2005
Modify RFP per CMS Comments	5 days	1/25/2005	1/31/2005
Submit Final RFP to CMS for Approval	1 day	2/1/2005	2/1/2005
CMS RFP Approval	5 days	2/2/2005	2/8/2005
Receive Legislative Approval	42 days	1/6/2005	3/4/2005
Modify RFP as Needed	5 days	3/7/2005	3/11/2005
Release RFP	1 day	3/14/2005	3/14/2005
Letters of Intent Due	15 days	3/15/2005	4/4/2005
Questions Due from Vendors	16 days	3/14/2005	4/4/2005
Respond to Questions	14 days	4/5/2005	4/22/2005
Vendors Prepare Proposals	45 days	3/15/2005	5/16/2005
IV&V Services			
Develop RFP for IV&V Services	20 Days	1/3/2005	2/28/2005
CMS RFP Approval	19 Days	3/4/2005	4/1/2005
Release RFP	1 Day	4/8/2005	4/8/2005
Letters of Intent Due	10 Days	4/11/2005	4/26/2005
Questions Due from Vendors	11 Days	4/11/2005	4/27/2005
Respond to Questions	13 Days	4/28/2005	5/16/2005
Proposals Due	10 Days	4/8/2005	5/30/2005
Evaluation of Proposals	10 Days	6/1/2005	6/24/2005
Notice of Intent to Award	1 Day	6/30/2005	6/30/2005
Contract Negotiations	9 Days	7/1/2005	7/15/2005
Contract Signing	5 Days	7/22/2005	7/27/2005
MMIS			
MMIS Evaluation & Offers	48 days	5/17/2005	7/21/2005
Proposals Due	1 day	5/17/2005	5/17/2005
Evaluation of Proposals	31 days	5/18/2005	6/29/2005
Prepare Agenda for Oral Presentations	5 days	6/2/2005	6/8/2005
Send Oral Presentation Agendas to Vendors	1 day	6/8/2005	6/8/2005

Task	Duration (Work Days)	Start	Finish
Oral Presentations	5 days	6/14/2005	6/20/2005
Request Best and Final Offers	2 days	6/30/2005	7/1/2005
Receive Best and Final Offers	5 days	7/4/2005	7/11/2005
Vendor Selection	2 days	7/11/2005	7/13/2005
Internal Review & Approval	6 days	7/14/2005	7/21/2005
Notice of Intent to Award	1 day	7/21/2005	7/21/2005
Contract Negotiations	21 days	7/22/2005	8/19/2005
CMS Contract Approval	5 days	8/22/2005	8/26/2005
Contract Signing	1 day	8/29/2005	8/29/2005
DDI	588 days	8/30/2005	11/29/2007
Startup	15 days	8/30/2005	9/19/2005
Planning	30 days	8/30/2005	10/10/2005
Requirements Definition	70 days	9/19/2005	12/23/2005
System Design Activities	90 days	10/24/2005	2/24/2006
System Development Activities	190 days	1/9/2006	9/29/2006
Additional Enhancement Activities	134 days	10/2/2006	4/5/2007
Data Conversion Activities	549 days	10/24/2005	11/29/2006
Integrated System Test	70 days	3/9/2007	6/14/2007
Acceptance Test Activities	85 days	6/15/2007	10/11/2007
Operational Readiness Test Activities	55 days	6/15/2007	8/30/2007
Pilot Test Planning	30 days	7/20/2007	8/30/2007
Pilot Test	30 days	8/31/2007	10/11/2007
Provider Training and Outreach	90 days	7/20/2007	11/20/2007
Implementation Activities and Startup	35 days	10/12/2007	11/29/2007
Go Live	1 day	11/30/2007	11/30/2007
Prepare Certification Materials	130 days	12/3/2007	5/30/2008
Certification	5 days	6/2/2008	6/6/2008

north dakota department of human services

fact sheet

January 2005

Medicaid Management Information System (MMIS)

The Medicaid Management Information System (MMIS) is the computer system that processes medical claims for payment and generates utilization information for the Medicaid program, which provides health coverage to an average of 53,000 North Dakotans per month.

Implemented in 1978, the system has a significant impact on Medicaid recipients and providers. DHS has serious concerns about being able to maintain the current system over the next biennium.

The State Information Technology Advisory Committee (SITAC), which reviews and prioritizes technology requests from state agencies, has given MMIS replacement the second highest ranking of the information technology projects for the 2005 session.

MMIS Impact:

- Medicaid payments comprise appoximately 17.7% of the proposed 2005 - 2007 state budget and about 58.5% of the proposed 2005 - 2007 N.D. Department of Human Services' budget.
- North Dakota's MMIS processes about 2.4 million claims per year representing $458 million in payments to providers.
- Implementing system changes to meet federal requirements of the Health Insurance Portability and Accountability Act (HIPAA) severely strained the MMIS. After HIPAA-related changes were implemented, an unprecedented claims backlog developed. Additional programming and overtime work by claims processing staff reduced the backlog from 61,000 claims (Oct. 2003) to 17,000 (Nov. 2004).
- Federal regulations require states to process 90% of Medicaid claims within 30 days. Due to the efforts of dedicated staff, North Dakota's claims processing rate averaged 90.30% during 2004.
- Maintaining the system is difficult because the underlying system architecture is fragile and based upon old technology.
- In addition to Medicaid, MMIS processes claims for Vocational Rehabilitation, Children's Special Health Services, and the Department of Corrections and Rehabilitation.

MMIS Replacement Costs:

- While final cost of replacing North Dakota's MMIS can only be estimated, the cost is projected to be around $30 million. The N.D. Department of Human Services has received approval from the Centers for Medicare and Medicaid Services (CMS) for 90% federal funding for costs associated with the design, development and implementation of the MMIS.

Benefits Of A New MMIS:

- Timely payments to health care providers in North Dakota
- Ability to adapt to ever changing Medicaid program requirements while assuring system integrity
- Improved and consistent internal controls
- Reliable data for decision making and program management
- Improved customer service and business processes

Replacement Project Goal:

- Ensure state-of-the-art design and a system that meets the needs of the program for many years to come in a fiscally responsible manner

OVER →

Replacement Project Update:

- The 2003 Legislature appropriated $1.6 million to DHS to complete the planning phase for replacing the current MMIS. Ten percent or $160,000 of the funds were state general funds.
- DHS contracted with Fox Systems Inc., to provide an initial analysis of system requirements, a cost-benefit analysis, and to prepare the request for proposal (RFP) for a new MMIS.
- Replacement project team members made site visits to states with certified systems representing the newest technology, and also hosted demonstrations from five MMIS vendors with systems in production.
- DHS held a webcast September 21, 2004, to update stakeholders. The web-cast is accessible on-line at *www.state.nd.us/humanservices.*

MMIS Requirements:

- Meets federal Center for Medicare and Medicaid Services (CMS) certification requirements and current and future MMIS and HIPAA requirements
- Fully HIPAA compliant
  - o National provider identification
  - o Claims attachment
  - o Transaction code sets
- On-line, real-time adjudication and inquiry capabilities
- Flexible, modularly designed system that is user-friendly, easy to maintain, and easy to enhance
- Web-based services
  - o On-line provider enrollment, eligibility verification, member services, benefits administration, service authorization, claims submission and processing, and utilization management

Replacement Options:

- DHS has considered several replacement options by analyzing costs, benefits, risks, and technology architecture.
- Options have been narrowed to two alternatives: a system operated and maintained by the state or the outsourcing of claims processing and data center operations.
- After reviewing the costs, benefits, and risks, DHS is recommending that MMIS operations be kept within state government.

Next Steps:

- If funding is approved by the 2005 Legislature, the Department of Human Services plans to release the RFP in the spring of 2005.

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Information about the efficiency of a state operated Turn - Key system:

- Based on information received from the CMS Denver Regional Office, no one disputes the fact that a state operated **Turn–Key operation is less expensive than a Fiscal Agent operation.**

- The N.D. Department of Human Services **successfully implemented HIPAA internally (without procuring a contractor) at a lower cost than other states in our region.** Three of those states used the same fiscal agent for payment of claims and HIPAA implementation without any efficiencies due to economies of scale.

- Thirty-six states operate with Fiscal Agents and must re-contract every eight years. However some states re-contract more frequently due to unmet state needs. **Once a state uses a Fiscal Agent, it is extremely difficult to change back to a state operated Turn–Key operation because the infrastructure and expertise are gone.**

- The Department's administrative costs for paying Medicaid claims are about 4% versus about 8% for Blue Cross Blue Shield. **The state operates without a built-in profit margin, so it should be more cost effective.**

- The Department has skilled and dedicated staff with established performance and outcome measurements. **The Department is currently processing over 90% of claims within 30 days with an accuracy rate of about 99%.** The staff has proven their dedication by working hundreds of hours of overtime when claim payments were late due to system problems generated by HIPAA implementation.

- The Department is flexible and **can process a check "on a dime"** and does if a provider needs it.

- State operated **Turn-Key would ensure that operations would not be out-sourced** to another state.

A state operated Turn-Key system would allow the state to retain North Dakota's well trained staff and allow for longitudinal and ongoing expertise to stay in North Dakota.

It would also allow the N.D. Department of Human Services to reengineer its business processes to improve its service levels and adapt to the new system. The cost of a state operated Turn-Key system is less than a Fiscal Agent operation.

Cost/Benefit and Recommendations Report
Fox Systems Inc.

HB 1012 – Appropriation for the N.D. Department of Human Services
Medicaid Management Information System (MMIS)

March 2005

Prepared for the Senate Appropriations Subcommittee by the N.D. Department of Human Services

The Medicaid Management Information System (MMIS) pays medical claims to providers (hospitals, physicians, nursing homes, qualified service providers, dentists, pharmacists, etc.) and generates utilization information for the Medicaid program, which provides health coverage to an average of 53,000 North Dakotans per month.

Why do we need a new MMIS System now?

- **Delayed implementation of the project could result in the loss of the 90% federal match** that has currently been approved by Centers for Medicare and Medicaid Services (CMS). Current cost estimates total about $29.2 million including about $3.7 million in general funds. **Delay could result in the loss of millions of federal matching dollars.**
- The current system is 26 years old. After implementing mandated federal requirements (HIPAA), this old system experienced major problems causing delays in payments to providers. **Because new HIPAA mandates will be required of the system, there is concern that the current system would be unsustainable and this will negatively impact provider payments.**
- The State Information Technology Advisory Committee (SITAC) ranked the MMIS replacement second among all projects submitted.

Fiscal Agent (*private contractor modified/contractor operated*) versus Turn-Key (*private contractor modified/state operated*):

- The 58th legislature appropriated $1.6 million to hire a consultant through the Request for Proposal (RFP) process to evaluate MMIS replacement options.
- Fox Systems Inc., the consultant, developed a cost benefit analysis of several options that the Department narrowed to two: Fiscal Agent or state operated Turn-Key.
- **Both options would require a private contractor to modify another state's system to meet North Dakota's specific Medicaid needs.** (We could not just buy another state's system.) **This modification would cost an estimated $30 million** whether a Fiscal Agent or state operated Turn-Key option is selected.

The Big Question: What will it cost to <u>operate</u> the system <u>after</u> development?

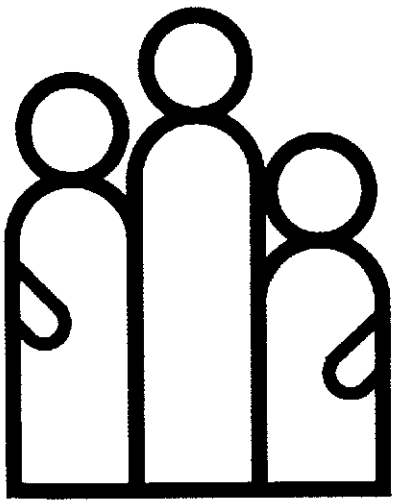
- After analysis of operations in other states, the consultant estimated the following costs for eight years of operations:

Fiscal Agent:	**$60 million ($15 million general fund)**
State Operated Turn–Key:	**$46 million ($11.5 million general fund)**

- System changes and change orders are inevitable. However, **contractor time for this service is generally three times the cost of using state staff.**

Philosophical Question: Should the state taxpayers subsidize the Fiscal Agent's profits, when the state has staff and expertise to do the same work for less cost and no loss of excellence?

Over →



north dakota
department of
human services

Medical Services
MMIS Replacement Project

Information Prepared by DHS
MMIS Replacement Information
Comparison of Montana and Wyoming Operations
Comparison of HIPAA Costs
General Fund Estimates if MMIS Project is Postponed Until 07-09
Information Provided by Fox Systems, Inc.
Alternatives Considered
Advantages and Disadvantages of Seven Alternatives
Funding Distribution of Seven Alternatives
Return on Investment of Seven Alternatives
Overall Cost Comparison of Alternatives 3 and 5 for Design and Operations
Comparison of Administrative Expenditures
Comparison of Alternatives 3 and 5 for Eight Years of Operating Costs

Information Prepared by the Department of Human Services

Medical Services
MMIS Replacement Information

MMIS Operations and Impact:
Medicaid payments comprise appoximately 17.7% of the proposed 2005 - 2007 state budget and about 58.5% of the proposed 2005 - 2007 N.D. Department of Human Services' budget. North Dakota's MMIS processes about 2.4 million claims per year representing $458 million in payments to providers.
Implementing system changes to meet federal requirements of the Health Insurance Portability and Accountability Act (HIPAA) severely strained the MMIS. After HIPAA-related changes were implemented, an unprecedented claims backlog developed. Additional programming and overtime work by claims processing staff reduced the backlog from 61,000 claims (Oct. 2003) to 17,000 (Nov. 2004). Federal regulations require states to process 90% of Medicaid claims within 30 days. Due to the efforts of dedicated staff, North Dakota's claims processing rate averaged 90.30% during 2004.

Replacement Project Update:
The 2003 Legislature appropriated $1.6 million to DHS to complete the planning phase for replacing the current MMIS. Ten percent or $160,000 of the funds were state general funds. Through a competitive procurement process, DHS contracted with Fox Systems Inc., to provide an initial analysis of system requirements, develop a cost-benefit analysis, and to prepare the request for proposal (RFP) for a new MMIS.

Replacement Options:
Through documents and information provided by Fox Systems, Inc., DHS has considered seven replacement options by analyzing costs, benefits, risks, and technology architecture. Options have been narrowed to two alternatives: a system operated and maintained by the state or the outsourcing of claims processing and data center operations. After reviewing the costs, benefits, and risks, DHS is recommending that MMIS operations be kept within state government.

Internal Impact
DHS anticipates the loss of staff starting in 2005, if it is decided to procure fiscal agent services. Maintaining the current MMIS during the design of a new MMIS (05-07) will already be problematic because of its age and fragile nature. **If we do not have the long-term, experienced staff available to maintain the system and process claims, DHS anticipates serious problems with providing timely and accurate payments.** This includes DHS as well as ITD staff. The expertise and business knowledge of these people cannot be replaced with temporary staff.

Consider the claims backlog during the fall of 2003. Without experienced staff processing claims and maintaining the MMIS operations, it would not have been possible to bring the backlog down as quickly as our staff was able to do.

This loss of staff will also affect the outcome of the project. There are up to 10 full-time staff assigned to the project and many other Subject Matter Experts that would potentially lose their positions if the new operations were through a fiscal agent. It is reasonable to believe that these staff would also be looking for another position. **If these people are not available for the**

manderson
2/17/2005

design, testing and implementation of a new MMIS, we can plan on a longer process (perhaps up to 36 months) with more resource issues throughout the project.

Control of Operations

The Department of Human Services administrative rate is **5.76%.** Based on the final FFY 2002 Federal Reports, the MMIS Administration Expense as a Percentage of Benefits Paid is **1.12%**. The published administrative cost rate for BC/BS rate is **8.2%.**

The Legislature controls the salaries and benefits paid to state employees. The administrative rate of any fiscal agent will be passed on to the state of North Dakota in a fiscal agent contract.

With operation control with the state, we have immediacy of results (ex: RVU implementation, claims processed, issue resolution, payouts, cash flow issues (for helping facilities meet payroll), etc). If situations arise, Medical Services administrative staff work directly with the claims staff to ensure the needs of the providers/recipients are met.

Comparison of Montana and Wyoming Operations to North Dakota

	Costs Based on CMS 64 Report FFY 2002			Costs Based on QBA Estimates
	North Dakota	Montana	Wyoming	North Dakota - Fiscal Agent
Eligibles (2004)	52,300	88,615	55,984	52,300
Annual Volume of Claims	2,700,000	6,600,000	2,500,000	2,700,000
Cost of MMIS Base FA Contract*	$0	$5,576,033	$5,801,410	$4,182,025
State and Other MMIS Costs**	$5,161,041	$3,560,217	$4,260,250	$2,625,159
Total MMIS costs	$5,161,041	$9,136,250	$10,061,660	$6,807,184

Both Montana and Wyoming have ACS as their Fiscal Agent Contractor

* Base contract generally includes claim entry and processing, provider enrollment, provider relations, technology staff support

** State and Other Costs include State staff charged to 75% MMIS match codes and additional Fiscal Agent Services above the base contract amount

North Dakota Department of Human Services
Medical Services
Comparison of HIPAA Costs - State Operated vs. Fiscal Agent
July 1, 2001 - December 30, 2003

		Total	
North Dakota	State	$4,593,949	
South Dakota	State	$5,420,931	
Nebraska	State	$15,537,075	
Montana	FA	$4,964,500	**
Wyoming	FA	$10,862,209	
Colorado	FA	$7,241,365	
Iowa	FA	$6,044,440	

** Called Montana and they indicated HIPAA costs were 4,964,500 but was paid later so it does not show on the CMS 64 report

North Dakota Depa[redacted]t of Human Services
Medical Services
General Fund Estimates if MMIS Project is Postponed until 07-09

	Estimates for 05-07	General Funds Needed - Funded at 90%	Estimates for 07-09 (Inflated 2.94% for two years)	General Funds Needed - Funded at 75%	Expected Difference in GF if decision is postponed
Alternative 3 - Fiscal Agent					
Year 1	$17,336,147	$1,733,615	$18,370,497	$4,592,624	
Year 2	$17,587,503	$1,758,750	$18,636,850	$4,659,213	
		$3,492,365		$9,251,837	$5,759,472
Alternative 5 - State Operated					
Year 1	$15,034,451	$1,503,445	$15,931,472	$3,982,868	
Year 2	$16,771,101	$1,677,110	$17,771,738	$4,442,935	
		$3,180,555		$8,425,802	$5,245,247

Other issues: have to do HIPAA
NPI and Claim Attachment
Risk with Current System
Provider Community

Information Prepared by Fox Systems, Inc.

1. Alternative	2. Name	3. System Source	4. Design, Development & Implementation Responsibility	5. On-going System Maintenance and Operation Responsibility	6. Claims Processing Operations Responsibility	7. Utilization Review Responsibility	8. Federal Certification Responsibility
1	Custom System	Ground Up Development	Information Technology Department (ITD) – Lead / Contractor	ITD	DHS	DHS	DHS/ ITD
2	Transfer a Certifiable System from Another State	North Dakota (ND) Chooses the System to Transfer	ITD – Lead / Contractor	ITD	DHS	DHS	DHS/ ITD/ Contractor
3	Outsource the Claims Processing and the Operations of the MMIS (Fiscal Agent)	DHS Selects a Contractor's Proposed System	Contractor – Lead / ITD*	Contractor	Contractor	DHS	Contractor – Lead / DHS
4	Outsource Systems Maintenance and Operations	DHS Selects a Contractor's Proposed System	Contractor – Lead / ITD*	Contractor	DHS	DHS	Contractor – Lead / DHS
5	Procure a Vendor Certifiable MMIS and Outsource Nothing (Turn Key)	DHS Selects a Contractor's Proposed System	Contractor – Lead / ITD	ITD	DHS	DHS	DHS/ ITD/ Contractor
6	Partner with Another State	Partner State (PS) Dictates Environment	PS – Lead / Contractor / ITD*	PS	DHS	DHS	DHS – Lead / PS
7	Workforce Safety and Insurance (WSI) Commission	WSI Dictates Environment	WSI – Lead / ITD / Contractor	WSI	DHS	DHS	DHS – Lead / WSI / Contractor

* ITD is only involved with Interfaces and Conversion of Old Data

INTANGIBLE FACTORS EVALUATION

Based on a FOX evaluation of the alternatives, a matrix has been prepared for each alternative that lists the Advantages and Disadvantages of each alternative.

4.1 ALTERNATIVE 1 – CUSTOM SYSTEM

Advantages	Disadvantages
Ability to manage flexibility and immediacy to react to changes (e.g., legislature, program changes, ability to reallocate/defer staffing)	Will take longer than other solutions (three years DDI instead of two)
The solution will be designed to meet all MMIS requirements through direct functionality	ITD, as the prime contractor to develop the system, has limited experience managing a project of this magnitude, nor does ITD have experience with developing or maintaining the system.
Designed to have the ability to implement and support appropriate security	May not attract development personnel or a contractor with a proven track record with MMIS experience
Designed to have the ability of the system to support continuous processing requirements (24x7 operations)	May require the State to buy new hardware/software in order to support the development activity and the operations of the new system
Designed to implement with the least impact on payments	May require the State to have a level of knowledge and capabilities sufficient to manage such a complex system implementation
Is expected to keep all ongoing operations work in North Dakota	The perception that operational performance levels will not improve
The ability of the system to maintain user access availability while other processing is being completed, without performance degradation	
The system will have durability over time	
The degree to which the system meets DHS and ITD standards	

4.3 Alternative 3 – Outsource the Claims Processing and the Operations of the MMIS (Fiscal Agent)

Advantages	Disadvantages
The solution meets all MMIS requirements through direct functionality or demonstrated functional equivalency	Less flexibility and immediacy in reacting to changes (e.g., legislature, program changes, ability to reallocate/defer staffing)
The perception that operational performance levels will improve	The difficulty in integrating the solution with other external systems and providing a seamless interface to end users
The maturity and provability of the technology, and the likelihood of support over the planned lifecycle (10 years)	Unknown ability to accommodate future/current DHS projects and meet other performance requirements
The ability of the system to maintain user access availability while other processing is being completed, without performance degradation	Limited system integration with other applications through adapters and enterprise integration tools
The ability of the system to support continuous processing requirements (24x7 operations)	Less control of system business rules (configuration)
The system will have durability over time	The project/system could have a considerable impact on DHS operations
	State will have limited control over level of customer service
	Loss of Medicaid business knowledge of North Dakota State employees
	The degree to which the system is dependent on hardware elements
	The project/system could have a negative effect on State employee morale
	DHS would lose ability to make simple table changes in system
	The degree to which the system may not meet DHS and ITD standards
	Complexity of process to prioritize and implement system changes
	Lack of control over potential price escalation

4.5 ALTERNATIVE 5 – PROCURE A VENDOR CERTIFIABLE MMIS AND OUTSOURCE NOTHING (TURN KEY)

Advantages	Disadvantages
Ability to manage flexibility and immediacy to react to changes (e.g., legislature, program changes, ability to reallocate/defer staffing)	The system and system components lack of fit with the organizational model for DHS
The maturity and provability of the technology, and the likelihood of support over the planned lifecycle (10 years)	The perception that operational performance levels will not improve
The solution meets all MMIS requirements through direct functionality or demonstrated functional equivalency	The degree to which the system is dependent on hardware elements
Ability to implement and support appropriate security	May not attract development personnel or a contractor with a proven track record with MMIS experience
The ability of the system to support continuous processing requirements (24x7 operations)	May require the State to buy new hardware/software in order to support the development activity and the operations of the new system
Ability to implement with the least impact on payments	May require the State to have a level of knowledge and capabilities sufficient to manage such a complex system implementation
The ability of the system to maintain user access availability while other processing is being completed, without performance degradation	Because of price and other factors, may not select the solution that best meets DHS/ITD needs.
The system will have durability over time	
The degree to which the system meets DHS and ITD standards	
Past investment in DHS/ITD staff can be fully used for new system and Medicaid business operations knowledge is maintained	

4.7 ALTERNATIVE 7 – WSI COMMISSION

Advantages	Disadvantages
Is expected to keep all on-going work in North Dakota	DHS will lack the ability to manage flexibility and immediacy to react to changes (e.g., legislature, program changes, ability to reallocate/defer staffing)
Will consolidate health care processing of different entities	The system and system components lack of fit with the organizational model for DHS
	The perception that operational performance levels will not improve
	Less control of system business rules (configuration)
	Complexity of process to prioritize and implement system changes
	The degree to which the system is dependent on hardware elements
	Limited system integration with other applications through adapters and enterprise integration tools
	DHS will have limited control over level of customer service
	The questionable ability of the solution to meet the requirements and scale required for current processing and future growth
	Unknown capability to support HIPAA transaction, code sets and privacy requirements and degree to which these modifications integrate into the system
	Unknown whether the system will meet all MMIS requirements through direct functionality or demonstrated functional equivalency
	Unknown ability to implement and support appropriate security
	Unknown ability of the system to support continuous processing requirements (24x7 operations)
	Will take longer than other solutions (three years DDI instead of two)
	May not attract development personnel or a contractor with a proven track record with MMIS experience
	Is dependent on the expertise of the contracted assistance
	May require the WSI Commission to buy new hardware/software in order to support the development activity and the operations of the new system
	May require the WSI Commission to have a level of knowledge and capabilities sufficient to manage such a complex system implementation
	The degree to which the system may not meet DHS and ITD standards
	The system may not have durability over time

FUNDING DISTRIBUTION

Development Cost Analysis

	Alternative 1 - Custom System (3 Year DDI)	Alternative 2 - Transfer a Certifiable System from Another State (2 Year DDI)	Alternative 3 - Outsource the Claims Processing and the Operations of the MMIS (Fiscal Agent) (2 Year DDI)	Alternative 4 - Outsource Systems Maintenance and Operations (2 Year DDI)	Alternative 5 - Procure a Vendor Certifiable MMIS and Outsource Nothing (Turn Key) (2 Year DDI)	Alternative 6 - Partner with Another State (2 Year DDI)	Alternative 7 - WSI Commission (3 Year DDI)
North Dakota Costs	$13,090,418	$8,651,901	$4,706,748	$4,706,748	$7,336,850	$4,706,748	$7,085,276
Contract Costs	$37,690,842	$20,884,557	$29,004,902	$29,004,902	$23,433,503	$19,862,054	$45,456,991
Total	**$52,281,260**	**$30,956,458**	**$34,923,650**	**$34,923,650**	**$31,805,553**	**$25,780,802**	**$54,042,267**
90% Federal Share	$47,053,134	$27,860,813	$31,431,285	$31,431,285	$28,624,997	$23,202,722	$48,638,040
10% State Share	$5,228,126	$3,095,646	$3,492,365	$3,492,365	$3,180,555	$2,578,080	$5,404,227

FUNDING DISTRIBUTION

Operations Cost Analysis

	Alternative 1 - Custom System (7 Years Operations)	Alternative 2 - Transfer a Certifiable System from Another State (8 Years Operations)	Alternative 3 - Outsource the Claims Processing and the Operations of the MMIS (Fiscal Agent) (8 Years Operations)	Alternative 4 - Outsource Systems Maintenance and Operations (8 Year Operations)	Alternative 5 - Procure a Vendor Certifiable MMIS and Outsource Nothing (Turn Key) (8 Years Operations)	Alternative 6 - Partner with Another State (8 Years Operations)	Alternative 7 - WSI Commission (7 Years Operations)
North Dakota Costs	$35,052,633	$36,663,390	$14,119,598	$22,145,267	$36,663,390	$27,584,267	$25,255,415
Contract or Other State or WSI Costs	$7,479,754	$8,429,754	$45,538,641	$26,984,198	$8,429,754	$26,984,198	$23,943,185
Total	**$43,409,665**	**$46,080,084**	**$59,658,239**	**$50,116,404**	**$46,080,084**	**$55,555,404**	**$50,075,878**
75% Federal Share	$32,557,249	$34,560,063	$44,743,680	$37,587,303	$34,560,063	$41,666,553	$37,556,908
25% State Share	$10,852,416	$11,520,021	$14,914,560	$12,529,101	$11,520,021	$13,888,851	$12,518,969

		Alternative 1 Custom System	Alternative 2 Transfer a Certifiable System from Another State	Alternative 3 Outsource the Claims Processing and the Operations of the MMIS (Fiscal Agent)	Alternative 4 Outsource Systems Maintenance and Operations
	Costs	$17,247,764	$14,599,331	$17,336,147	$17,336,147
	Benefits	$0	$0	$0	$0
Year 1:	**Net Return $**	($17,247,764)	($14,599,331)	($17,336,147)	($17,336,147)
	Net Return %	-100%	-100%	-100%	-100%
	Costs	$17,370,778	$16,357,127	$17,587,503	$17,587,503
	Benefits	$0	$0	$0	$0
Year 2:	**Net Return $**	($17,370,778)	($16,357,127)	($17,587,503)	($17,587,503)
	Net Return %	-100%	-100%	-100%	-100%
	Costs	$17,662,717	$5,357,108	$6,807,183	$5,816,865
	Benefits	$0	$10,962,036	$10,962,036	$10,962,036
Year 3:	**Net Return $**	($17,662,717)	$5,604,928	$4,154,853	$5,145,171
	Net Return %	-100%	105%	61%	88%
	Costs	$5,839,680	$5,324,268	$6,909,937	$5,791,881
	Benefits	$11,144,128	$7,725,013	$7,725,013	$7,725,013
Year 4:	**Net Return $**	$5,304,448	$2,400,745	$815,076	$1,933,132
	Net Return %	91%	45%	12%	33%
	Costs	$5,816,982	$5,480,802	$7,113,090	$5,962,163
	Benefits	$7,918,492	$7,918,493	$7,918,493	$7,918,493
Year 5:	**Net Return $**	$2,101,510	$2,437,691	$805,403	$1,956,330
	Net Return %	36%	44%	11%	33%
	Costs	$5,988,002	$5,641,938	$7,322,214	$6,137,450
	Benefits	$8,124,124	$8,124,124	$8,124,124	$8,124,124
Year 6:	**Net Return $**	$2,136,123	$2,482,187	$801,910	$1,986,674
	Net Return %	36%	44%	11%	32%
	Costs	$6,164,049	$5,807,811	$7,537,488	$6,317,891
	Benefits	$8,342,728	$8,342,728	$8,342,728	$8,342,728
Year 7:	**Net Return $**	$2,178,679	$2,534,917	$805,240	$2,024,837
	Net Return %	35%	44%	11%	32%
	Costs	$6,345,272	$5,978,560	$7,759,090	$6,503,637
	Benefits	$8,575,180	$8,575,180	$8,575,180	$8,575,180
Year 8:	**Net Return $**	$2,229,908	$2,596,620	$816,090	$2,071,543
	Net Return %	35%	43%	11%	32%
	Costs	$6,531,823	$6,154,330	$7,987,207	$6,694,844
	Benefits	$8,822,421	$8,822,421	$8,822,421	$8,822,421
Year 9:	**Net Return $**	$2,290,598	$2,668,091	$835,214	$2,127,577
	Net Return %	35%	43%	10%	32%
	Costs	$6,723,858	$6,335,267	$8,222,031	$6,891,672
	Benefits	$9,085,458	$9,085,458	$9,085,458	$9,085,458
Year 10:	**Net Return $**	$2,361,599	$2,750,191	$863,427	$2,193,785
	Net Return %	35%	43%	11%	32%
	Costs	$95,690,925	$77,036,542	$94,581,889	$85,040,054
	Benefits	$62,012,531	$69,555,453	$69,555,453	$69,555,453
Project Total:	**Net Return $**	($33,678,393)	($7,481,090)	($25,026,437)	($15,484,601)
	Net Return %	-35%	-10%	-26%	-18%
	Net Present Value	($33,907,234)	($10,604,514)	($24,865,548)	($17,496,246)
	Payback Period	Year 22	Year 13	Year 31	Year 17

		Alternative 5 Procure a Vendor Certifiable MMIS and Outsource Nothing (Turn Key)	Alternative 6 Partner with Another State	Alternative 7 WSI Commission
	Costs	$15,034,451	$12,764,723	$17,881,536
	Benefits	$0	$0	$0
Year 1:	Net Return $	($15,034,451)	($12,764,723)	($17,881,536)
	Net Return %	-100%	-100%	-100%
	Costs	$16,771,101	$13,016,079	$17,953,324
	Benefits	$0	$0	$0
Year 2:	Net Return $	($16,771,101)	($13,016,079)	($17,953,324)
	Net Return %	-100%	-100%	-100%
	Costs	$5,357,108	$6,429,819	$18,207,407
	Benefits	$10,962,036	$10,962,036	$0
Year 3:	Net Return $	$5,604,928	$4,532,217	($18,207,407)
	Net Return %	105%	70%	-100%
	Costs	$5,324,268	$6,422,856	$6,716,165
	Benefits	$7,725,013	$7,725,013	$11,144,128
Year 4:	Net Return $	$2,400,745	$1,302,157	$4,427,963
	Net Return %	45%	20%	66%
	Costs	$5,480,802	$6,611,688	$6,713,409
	Benefits	$7,918,493	$7,918,493	$7,918,492
Year 5:	Net Return $	$2,437,691	$1,306,805	$1,205,083
	Net Return %	44%	20%	18%
	Costs	$5,641,938	$6,806,071	$6,910,783
	Benefits	$8,124,124	$8,124,124	$8,124,124
Year 6:	Net Return $	$2,482,187	$1,318,053	$1,213,341
	Net Return %	44%	19%	18%
	Costs	$5,807,811	$7,006,170	$7,113,960
	Benefits	$8,342,728	$8,342,728	$8,342,728
Year 7:	Net Return $	$2,534,917	$1,336,558	$1,228,767
	Net Return %	44%	19%	17%
	Costs	$5,978,560	$7,212,151	$7,323,111
	Benefits	$8,575,180	$8,575,180	$8,575,180
Year 8:	Net Return $	$2,596,620	$1,363,029	$1,252,069
	Net Return %	43%	19%	17%
	Costs	$6,154,330	$7,424,189	$7,538,410
	Benefits	$8,822,421	$8,822,421	$8,822,421
Year 9:	Net Return $	$2,668,091	$1,398,233	$1,284,011
	Net Return %	43%	19%	17%
	Costs	$6,335,267	$7,642,460	$7,760,039
	Benefits	$9,085,458	$9,085,458	$9,085,458
Year 10:	Net Return $	$2,750,191	$1,442,998	$1,325,418
	Net Return %	43%	19%	17%
	Costs	$77,885,637	$81,336,206	$104,118,145
	Benefits	$69,555,453	$69,555,453	$62,012,531
Project Total:	Net Return $	($8,330,184)	($11,780,753)	($42,105,613)
	Net Return %	-11%	-14%	-40%
	Net Present Value	($11,405,641)	($13,081,037)	($40,598,336)
	Payback Period	Year 13	Year 18	Year 32

Cost Comparison for Alternatives 3 and 5

	Alternative 3 - Outsourcing the Claims Processing and Operations of the MMIS (Fiscal Agent)	Alternative 5 - Procure a Vendor Certifiable MMIS and Outsource Nothing (Turnkey)
Development Costs	$34,923,650	$31,805,552
90% Federal Share	$31,431,285	$28,624,996
10% State Share	$3,492,365	$3,180,555
8 years Operating Costs	$59,658,239	$46,080,084
75% Federal Share	$44,743,680	$34,560,063
25% State Share	$14,914,560	$11,520,021
Total Development/Operating	$94,581,889	$77,885,636
Total Federal Share	$76,174,965	$63,185,059
[redacted]	[redacted]	[redacted]

Testimony Before the House Appropriations Sub-Committee

Regarding House Bill 1012

January 19, 2005

Chairman Delzer and members of the Committee, I am Larry Bernhardt, Director of Stark County Social Services in Dickinson, ND and I am here representing the North Dakota County Social Service Directors Association.

The County Social Service Boards are the major partner with the Department of Human Services in providing quality human services to the people of North Dakota. All of the Economic Assistance Programs (Medicaid, TANF, Food Stamps, Child Care Assistance, Low Income Home Energy Assistance Program, Foster Care Payments and Basic Care) are administered by County Social Services. All of the Child Welfare Services (Child Abuse/Neglect Assessments, Child and Family Case Management, Foster Care Custody and Case Management, Foster Care Licensing, Child Care Licensing, Prime Time Day Care, Family Social Work, Parent Aid Services, and Crossroads Services) are administered by County Social Services. All of the Adult Services (Home and Community Based Services, Adult Foster Home Licensing, and HCBS Case Management) are administered by County Social Services. Program supervision of all of these programs is provided by the Department of Human Services. County Social Services depends on the Department of Human Services to provide some of the funding for these programs and services and the Department of Human Services depends upon County Social Services for the administration of these programs and services.

The Department of Human Services, when building their budget, was limited in their ability to include everything they determined to be needed or necessary for the provision of quality services. The Department could only produce a budget at 100% of last biennium plus adjustments only for case load growth, FMAP changes, or mandatory inflationary increases.

I would like to address several areas within the budget of the Department of Human Services which I believe warrant consideration by this sub-committee and I have broken these into three (3) major areas – Economic Assistance, Child Welfare Services, and Adult Services:

Economic Assistance:

- We believe that three (3) additional policy staff need to be added to Economic Assistance – one in Medicaid, one in TANF, and one in Food Stamps. The policy staff in these programs must interpret federal regulations and state law in to program policy, maintain a program manual, train the 300+ County Social Service Eligibility Workers on that policy, and be available to answer any and all policy questions which arise while those eligibility workers are taking applications and determining eligibility for the Programs. Existing staff are insufficient to meet all of those needs.
- We know that this Committee is deliberating over the need to rewrite the MMIS system and we whole-heartedly support that desperately needed rewrite. There are problems existing today in the delivery of medical services through the Medicaid Program because of this antiquated system. We also urge your Committee to provide the needed funding to assure that if and when this rewrite takes place that the remaining Medicaid cases in the TECS system today are also converted into the Vision system. Maintaining the Medicaid Program in two different computer systems is costly and complicates the work of County Eligibility workers having to work in two different computer systems for the Medicaid Program. I believe the projected cost for the conversion of these cases from TECS to Vision is about $ 900,000 and only 10% ($90,000) would be state general funds.
- We know the Committee understands that there are four (4) different computer systems that our 300+ Eligibility Workers need to work in to deliver the Medicaid, TANF, Food Stamps, Child Care Assistance, and Fuel Assistance Programs. Given that the eligibility worker on many occasions must enter the same data into several different systems to access programs for clients, you can

understand the complexity and labor intensity needed to administer these Programs. We have been hopeful for the last three bienniums that funds would be available to transfer the Food Stamp Program from TECS into Vision, however that has not occurred and until such time as that does occur, Eligibility Workers will continue to struggle with all of these different systems. We ask the Committee to provide the funding to accomplish this conversion.

- We also know that the Department has built an increase into their budget for the Indian County funding, however we would ask the Committee to revisit this item as we are unsure that the amount built into the budget is sufficient to meet the need.

Child Welfare Services:

- The Department of Human Services provides a monthly fee for each Child Care License maintained by each County Social Service Agency and that amount was reduced in July, 2004 to accommodate budget shortfalls and has not been reinstated. The amount budget for the 2005-2007 biennium is premised on those reduced rates. We would ask the Committee to consider reinstating that fee to the amount paid in July, 2003 or higher.

# of County Licenses	July, 2003	July, 2004.
Small (0-19)	$20.00	$18.75
Medium (20-99)	$17.50	$16.25
Large (100 +)	$15.00	$13.75
Multi-County Projects	$26.04	$26.04

- The Family Preservation Grants (Family Focus Services and Parent Aid Services) have been frozen at the same amount for at least the last 2 bienniums and since the costs to provide those services through these grants continue to rise, there is a definite need to raise the level of those grants. I believe that these grants are funded with TANF and IV-E dollars; however the Department would have the specifics on the funding. We would appreciate consideration be given to increasing the level of funding for these grants.

- The Department of Human Services provides a flat fee to County Social Services for conducting a Child Abuse and Neglect Assessment. The following shows those rates and the dates of change:

Year	CPS Assessment:	Out of County	Term. In Progress	Admin. Refer.
1988	$316	0	0	0
1991	$364	$455	$125	$25
1995	$400	$500	$150	$35

This rate is supposed to be premised on the mid-point of the salary range for a Social Worker III, plus fringe and indirect, and based on the established caseload guideline. If this formula were applied today, the rate should be at $502/assessment and $628 for out of county. I believe the Department projected 6,818 assessments to be completed in the next biennium and if these new rates were implemented, it would be an additional $709,004. I am uncertain as to the funding used for these assessments, but I think some of the funds are TANF dollars, some of the funds are Title XX Block Grant, and some of the funds are general funds. We urge the Committee to consider providing the long overdue increase in this fee.

- The Department of Human Services has about $14.6 million in general funds for child welfare services in the current biennium, of which $13.8 is for grants and the remainder is for salary and operating. In the next biennium they have $18.2 million in general funds for child welfare, of which $17.5 is for grants and the remainder is for salary and operating. The Department passes through to counties for child abuse/neglect assessments, and foster care administration some of the Block Grant dollars and the Title IV-E match. However there are no state dollars in the provision of child welfare services at the county level. NDCC 50-25.1-06.1 states "The department shall adopt caseload standards establishing minimum staff to client rations for the assessment of reports of child abuse or neglect and the provision of protective services. Within the limits of legislative appropriation, the department shall reimburse each county, upon claim being made by the county,

for seventy-five percent of additional staff costs caused by the imposition of such caseload standards." To my knowledge, the department has never had an appropriation for this responsibility and we feel it is time for the department and the state to provide an appropriation and begin to have some financial responsibility for the provision of child welfare services in North Dakota. We would appreciate your consideration.

Adult Services:

- The Department of Human Services has developed the SAMS computer system which is used to gather data relative to Adult services in North Dakota. That system was and is paid for with Title III – Older Americans Act – monies and county funds. Since the lion's share of utilization of the data derived from this system is used by the Department of Human Services and the legislature, it would seem that the cost to maintain that system should be borne by the state and not counties. We recognize that the cost is about $36,000 per year, after Title III and Medicaid have paid a share, and we would request that this $ 36,000 be appropriated from the general fund and not from counties.
- We ask the Committee to take notice of the Department's OAR, numbered priority # 12, LTC QSP Rate Increase, and make every effort to fund this OAR. The QSP's (Qualified Service Providers) are an integral part of the delivery of Home and Community Based Services and it is getting more difficult to retain the QSP's currently providing service and nearly impossible to recruit new QSP's because of the low rates. The OAR states a total need of $1,740,000 for this increase, which would be about $1,106,031 general funds.
- In July, 2002, the Department reduced the monthly amount of Homemaker Services which could be provided to an individual from $185.00/month to $135.00/month as a means to curtail spending as part of the "freeze" that was implemented. This cap has not been reinstated to the level of $ 185/month and is indeed creating a hardship for our elderly and disabled clients who need this service. We would ask that the Committee consider providing the funds to raise

the cap to its previous amount of $ 185.00/month. The Division of Aging Services can provide more detail on this issue at the request of the Committee.

- During the last Legislative Session, changes were made to the fee schedules and the resource levels for SPED and EX-SPED Programs effective August 1, 2003. We have found that the large majority of people receiving Home and Community Based Services are truly the low income with minimal assets and these changes impacted a very small number of clients. However the amount of work that was created for the Home and Community Based case managers has been significant. We question if the amount of administrative work necessary to accomplish these changes has proven to accomplish what the Legislature intended and if these changes should possibly be rescinded. The Aging Services Division has statistics they have gathered on the impact of these changes on the caseload and would share that information if requested.

Mr. Chairman, thank you for the opportunity to provide testimony today and I would attempt to answer any questions you may have.

Testimony
HB 1012 – Department of Human Services
Senate Appropriations Committee
March 2, 2005

Chairman Holmberg, members of the Committee, my name is Kathy Hogan, I am the Director of Cass County Social Services and I am here today representing the ND County Social Service Director's Association.

As reflected in Ms. Olson's overview testimony yesterday, the counties are proud to an integral part of the overall success of the ND Human Service System. All aspects of the human service budget, impact the citizens of our counties, therefore, we attempt to look at the needs of the whole system. However, today, I would like to make comments on the four service areas that are directly administered through the counties: Children and Family Services; Home and Community based services for low income elderly/disabled; Economic Assistance, Medicaid and Regional Child Support.

The public child welfare system in North Dakota is facing a number of challenges. The families that are being impacted by the increase in methanphedamine use require significant resources both from the county, private treatment providers and from the human service centers. From a fiscal point of view we are very concerned about the house reduction of almost $600,000 from the governor's budget from the foster care/ sub adoption programs. Counties are concerned about the overall increased federal standards that are not fully funded, but we continue to work with the Department to provide high quality service as cost effectively as possible.

Home and Community Based Services are a critical piece of the overall long-term care continuum. Over the past two years, there has been a reduction in the numbers of clients served through HCBS in the community and that the House reduced available funds based on the most recent projections. Hopefully, over the next several years, increased numbers of clients will be served through HCBS thus lowering the overall costs for long term care.

We strongly urge the Appropriation committee to support rate increases

for Qualified Service Providers of at least 2% each year. There is a concern that without adequate reimbursements, service providers will not be available to meet the needs of the elderly in our communities.

We support the 2% annual increase for all types of providers from foster care, Developmental Disabilities, medical providers, QSP's, treatment providers. If providers were all increased in a consistent manner the overall system would benefit.

Although the counties are not directly impacted by the MMIS system, we recognize the challenges faced by both the Department and medical providers. We know that the current system has major problems and that it needs to be replaced. A new MMIS system would provide significantly more management information that could be helpful to both policy makers and administrators in improving serves to the most vulnerable.

Finally, let me make a few comments regarding Indian County funding. We appreciate the Departments funding of the extraordinary costs of economic assistance programming in targeted Native American at 90%, which is the current statutory requirements. We are concerned about the house reduction of $65,000 for the Lake Regional Child Support unit that directly impacts Benson and Rollette Counties. Those counties will not be able to secure additional local funds; therefore significant program reductions may be necessary.

Thank you for your time. I am willing to answer any questions.

Memorandum

To: Vice-Chairman Bowman
Members of the Senate Appropriations Committee
From: Kathy Hogan, ND County Social Service Director's Association
Re: 2% provider adjustments
Date: March 2, 2005

In follow-up to the hearing this morning, I met with representatives from the ND Department of Human Services to identify program areas that either received or did not receive the 2%/2% inflationary adjustments. The Department reported that in the original Governor's budget, they did use the 2% and 2% inflationary approach for the majority of grants and contracts. This includes Medical Services, Developmental Disabilities Services, QSP's and foster care-residential treatment services.

There are five areas of the budget that we did identify that did not get annual inflationary increases in the budget:

1. DD Corporate Guardianship Services through Catholic Charities
2. Family Preservation Services provided through the counties
3. Child Abuse/Neglect Services provided through the counties
4. HCBS Case management provided through the counties although the rate increase that was implemented in the 2003-2005 biennium was maintained.
5. Child Care licensing reimbursements for the counties were reduced effective January 2005 because of a Department short fall. Those reductions were not reinstated in the Governor's budget and no inflationary increases were given.

Thank you for the opportunity to provide this information. If I can answer any questions, please contact me at 799-2103.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE JEFF DELZER, CHAIRMAN

JANUARY 28, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Yvonne Smith, Deputy Director of the Department of Human Services. Today you will receive testimony from each of the regional human service center directors in regard to the regional demographics and trends that affect service delivery, and the changes in their regional budgets in response to those factors.

Over the past several years, human service centers have taken on the role of "safety net" for individuals whose mental illness, addiction, or disability place them at risk for harming themselves or others, as well as children and adults whose conditions cause them to be at risk of out-of-home or institutional placement. In this capacity, human service centers deliver a wide array of community based services, including the following:

- Evaluation, treatment, and care coordination services for people who have serious mental illnesses, developmental disabilities, and substance abuse issues.

- Evaluation and treatment services for children who are abused or neglected, attending to the needs of not only the children but also their families.

- Assessment and intervention services for elderly people whose well-being is endangered by abuse, neglect, or exploitation.

- In addition to the direct service responsibilities, the human service centers are responsible for program supervision and regulatory oversight of the child welfare services provided by county social services and oversight of the Aging Services programs in their regions.

One focus of our management team during the past two biennia has been to create greater alignment of services among the regions. To this end, core services have been established and continue to be examined and refined among the regions. (See Attachment A)

During State Fiscal Year 2004, human service centers served a total of 22,738 people, including 17,528 adults and 5,171 children. (39 people did not have birth dates recorded in our system.) This compares with a total of 23,086 clients served in SFY 2003 including 17,800 adults and 5,280 children. (6 people did not have birth dates recorded in our system.)

- Individuals received a total of nearly 773,000 hours of direct service.
    - Because of the variation in client service needs, actual direct "billable" service hours per client range from a low of less than one hour to a high of 59 hours during the year.
    - 9% (2,046) of the clients served were seen only one time in the year.
- Client fees are paid by third party insurance including Medicaid, or by the client subject to a sliding fee scale.
    - 43% of the clients seen have no third party payer at all.
    - 26% have Medicaid coverage only.
    - 17% have Medicaid coverage plus another third party payer.

- 14% have no Medicaid coverage, but have another third party payer.

During the same time period, 6,815 individuals received services at the human service centers through Vocational Rehabilitation. Of these, approximately 30% also received another service through the human service center.

The charts on Attachment B show the percentage of the state's population living in each region, and the percentage of the total human service center clients served by each region. You will note that there is considerable consistency between these two sets of data.

Statewide there are general trends that affect the demands placed upon the human service centers:

- Centers face increasing referrals from the courts, law enforcement, and the corrections system, particularly in regard to the need for addiction evaluations and parental capacity evaluations. While we attempt to meet the expectations and timelines imposed, we are not always successful, particularly when we have staff vacancies.

- Centers face increasing referrals of young children with developmental delays. This appears to be related to earlier identification by hospitals and clinics, the survival of more at-risk infants, and the federal requirements for screening/assessment of young children who are victims of abuse or neglect.

- The treatment needs of methamphetamine users have affected the centers, creating a need for longer treatment programs, increased residential capacity, and increased medical detoxification services.

Data indicates that overall the number of human service center clients involved with methamphetamine has doubled in the past year and a half. Alcohol addiction, however, is still by far the most common.

- The complexity of the problems presented by clients continues to increase. Most individuals exhibit more than one presenting problem. Many clients are diagnosed with both an addiction and a mental illness. The design of the human service centers as multi-disciplinary teams is critical in comprehensively addressing the complex needs of the clients we serve.

- Human service centers are falling behind in our ability to compete in the marketplace for salaries for professionals. Because the demand for the skills of certain professionals exceeds the supply, there is considerable competition for licensed addiction counselors, clinical psychologists, psychiatrists, and experienced social workers.

PERFORMANCE INDICATORS

- Since the human service centers are the direct service arm of the Department of Human Services, the performance outcomes of the human service centers are tied to the client services measures of the following divisions: Mental Health and Substance Abuse; Disability Services; Children and Family Services; and Aging Services.

- In addition, the following performance goals have been established:

    - 100% of the individuals requesting service will be given an initial appointment within 10 working days.

- 100% of emergencies will be responded to through all human service centers 24 hours a day, seven days a week.

- Human service center administrative costs will be under 10%.

- 80% of clients surveyed will report overall satisfaction with the services received at the human service centers.

MAJOR BUDGET HIGHLIGHTS

- Human service centers receive a lump sum budget, in order to allow the needed flexibility in managing resources to meet the client needs. This flexibility has allowed centers to adjust their resources by choosing between purchasing and providing services, based on cost-efficiency, service demand and availability within the regions, and staff recruitment factors.

- The total budget request for the human service centers is $116,856,144, of which $54,970,793 are general funds. When compared to the overall budget of the Department of Human Services, the human service center budgets comprise just under 7% of the total budget request. This request compares with a 2003-2005 budget of $109,240,856, of which $51,941,128 are general funds.

    - The Governor's salary and health insurance package accounts for $5,037,225 of the total increase, and $3,029,076 of the general fund increase.

    - Prior to adding in the Governor's salary and health insurance package, along with a slight increase in bond payment ($783), the human service center budgets had increased by only

$2,577,280 in total including $589 in general fund, an increase of 2.4 % total, or one one-thousandth of one percent in general funds.

- Federal funding enhancements were received by the centers from the Substance Abuse Prevention and Treatment Block Grant ($2.3 million), and Vocational Rehabilitation ($200,000). Each of these funding sources is tied to specific service requirements, and cannot be used to supplant other funding.

This concludes our statewide overview. Unless you have questions, the human service center directors and business managers will proceed with the region-specific overviews and the budget details.

SUMMARY OF CORE SERVICES
DEPARTMENT OF HUMAN SERVICES
REGIONAL HUMAN SERVICE CENTERS

Aging Services:

- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities

- Case Management
- Day Supports (Southeast)
- Extended Services (Northwest and Badlands)
- Infant Development (Northwest, Northeast, Southeast, South Central)

Vocational Rehabilitation

- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Supported Employment Services (Badlands and Northwest)
- Rehabilitation Technology Services (Badlands and West Central)
- Business Services including ADA Consultation and Assessment

Child Welfare Services

- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health

- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination
  - Case Aide Services
  - Crisis Residential/Safe beds
  - Flexible funding
  - Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)

- Care Coordination
- Case Aide Services
- Needs-based array of residential services
- Community Support Services
- Medical Management
- Acute/Clinical Services as deemed clinically appropriate

Acute Clinical Services

- Core Populations:
  - Self Harm/Suicide
  - Child Abuse and Neglect
  - Foster Care/ Subsidized Adoption
  - Acute Psychiatric
- Services
  - Psychological evaluation and testing
  - Psychiatric evaluation
  - Clinical evaluation
  - Individual Therapy
  - Group Therapy
  - Family Therapy
  - Clinical Case Management
  - Medication Management
  - Crisis Residential
  - Short Term Hospital
  - Lab and Clinical Screening

Substance Abuse Services

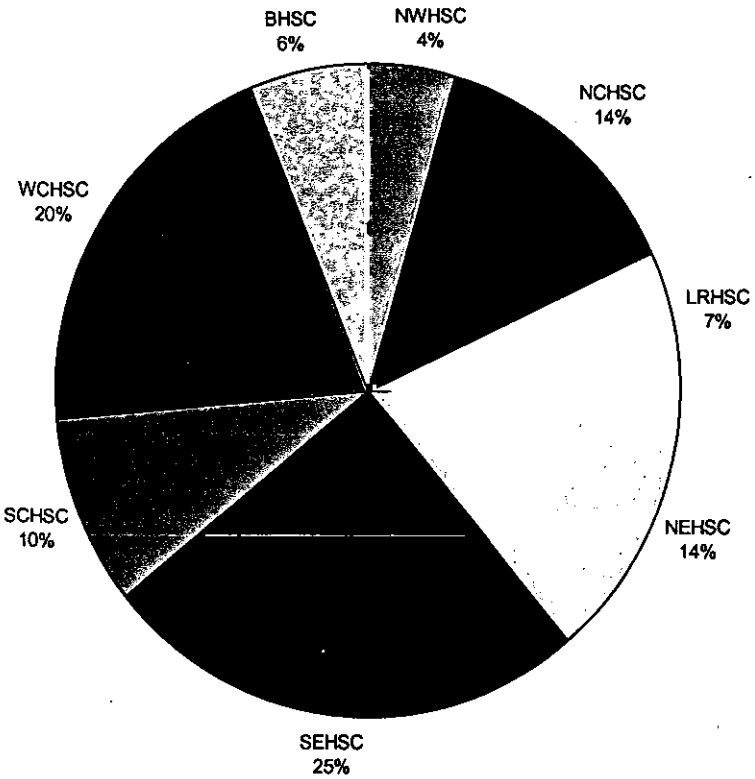
- Care Coordination/Case Aide
- Evaluation
- Social and Medical Detoxification Services
- Needs based array of primary treatment services
  - Low intensity outpatient
  - Intensive outpatient
  - Day treatment
- Needs validated residential services
- Medication/Medical monitoring/Management

Crisis/Emergency Response Services

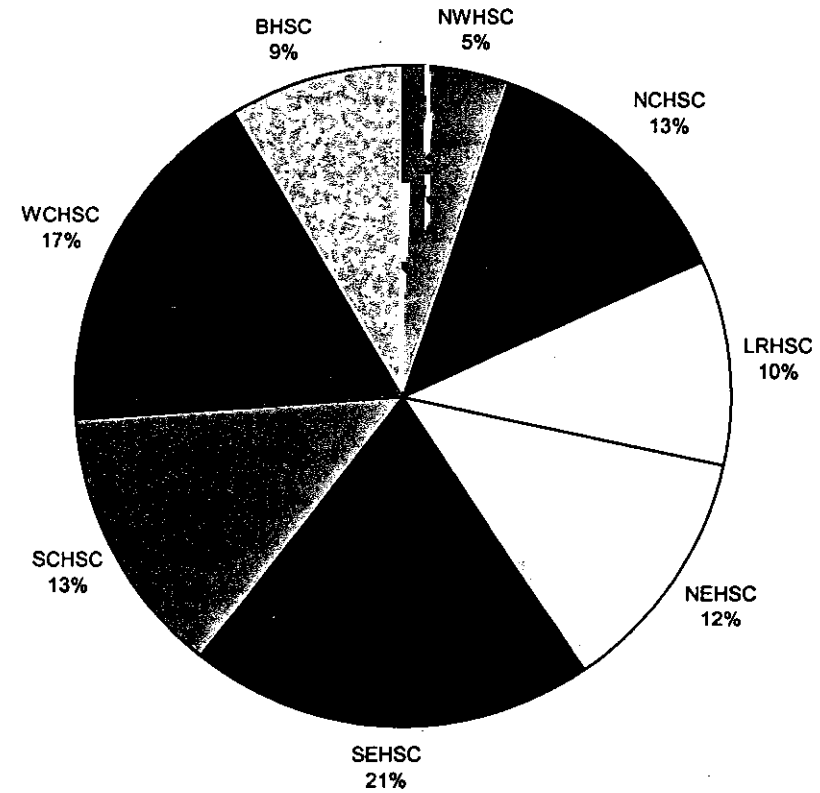
- 24-hour a day/7-days a week crisis call response from a designated, trained Center employee
- Regional Intervention Services
  - Screening
  - Gatekeeping/referral

Note: Funding varies depending upon the service and the financial status of the client for a combination of federal funding sources, general funds, and third party collections including private pay and insurance.

ND Population by Region



Percent of Total HSC Clients by Region



north dakota
department of
human services

John Hoeven, Governor
Carol K. Olson, Executive Director

Fiscal Administration

(701) 328-1980
Fax (701) 328-2359
Toll Free 1-800-472-2622
TTY (701) 328-3480

TO: Chairman Delzer, Human Resources
Appropriations Subcommittee
Members of the Subcommittee

FR: Brenda M. Welsz, CFO

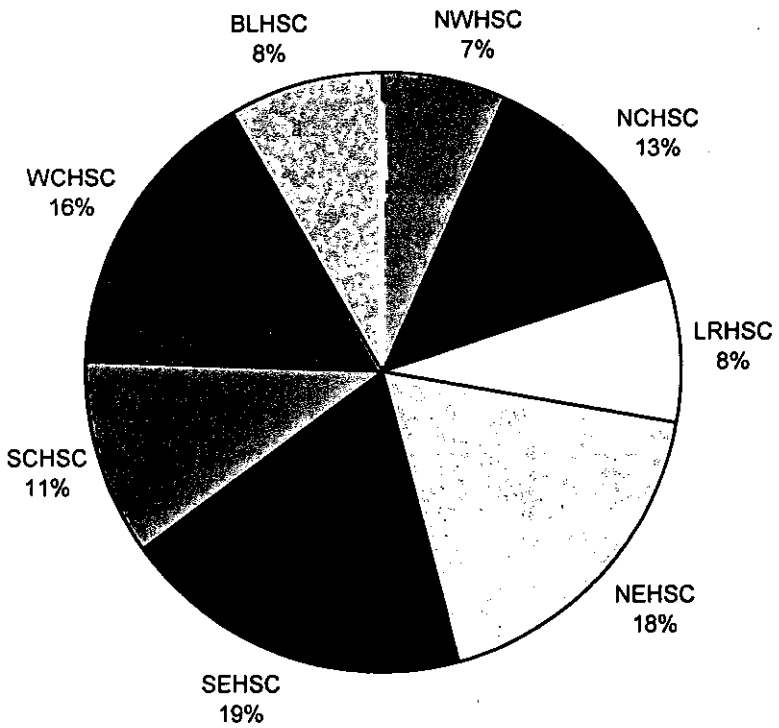
DATE : February 3, 2005

RE : Additional information requested during Yvonne Smith's overview of Human Service Centers

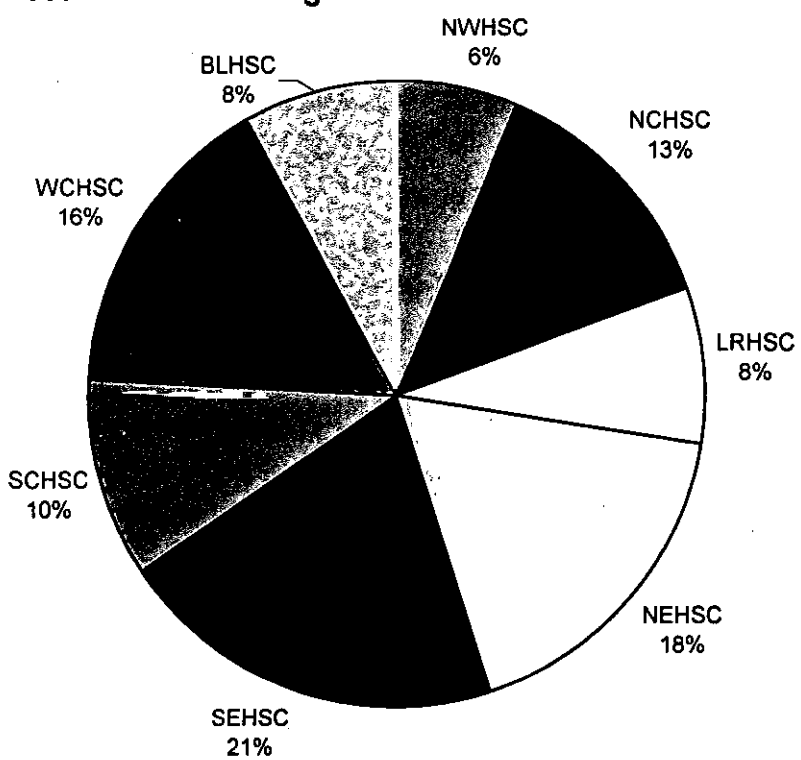
The following items are attached:

1. Suggested Provision to fund Teen Challenge
2. Pie charts comparing HSCs percentage funding for 2003-05 and 2005-07
3. HSC sliding fee schedule
4. Payment rates for Family Foster Care

2003 - 2005 Current Budget



2005 - 2007 Executive Budget



01-10-30. Monthly Income Billing Rate Schedule

The current monthly income billing rate schedule is included in **Section 01-77** of this chapter. This schedule is to be used in determining the client's fee based on the income and family size for services provided with a sliding fee.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MONTHLY INCOME BILLING RATE SCHEDULE
EFFECTIVE JULY 1, 2004*

FAMILY SIZE	100% DISCNT. OR NO FEE	90% DISCNT. OR 10% FEE	80% DISCNT. OR 20% FEE	70% DISCNT. OR 30% FEE	60% DISCNT. OR 40% FEE	50% DISCNT. OR 50% FEE
1	0 - 950	951-1026	1027-1102	1103-1177	1178-1253	1254-1328
2	0-1242	1243-1341	1342-1439	1440-1538	1539-1636	1637-1735
3	0-1535	1536-1657	1658-1779	1780-1901	1902-2023	2024-2145
4	0-1827	1828-1973	1974-2118	2119-2263	2264-2408	2409-2553
5	0-2120	2121-2289	2290-2457	2458-2625	2626-2793	2794-2962
6	0-2413	2414-2605	2606-2796	2797-2988	2989-3180	3181-3372
7	0-2467	2468-2663	2664-2859	2860-3055	3056-3251	3252-3447
8	0-2523	2524-2723	2724-2924	2925-3124	3125-3325	3326-3525
9	0-2577	2578-2781	2782-2986	2987-3191	3192-3396	3397-3601
10	0-2632	2633-2841	2842-3050	3051-3259	3260-3468	3469-3677
11	0-2687	2688-2901	2902-3114	3115-3327	3328-3541	3542-3754
12	0-2742	2743-2959	2960-3177	3178-3395	3396-3613	3614-3831

* NOTE: The sliding fee scale was again reviewed and determined that no changes would be made based on the status of our budget.

(Continued on next page)

FAMILY SIZE	40% DISCNT. OR 60% FEE	30% DISCNT. OR 70% FEE	20% DISCNT. OR 80% FEE	10% DISCNT. OR 90% FEE	0% DISCNT. OR 100% FEE
1	1329-1404	1405-1479	1480-1555	1556-1630	1631+
2	1736-1834	1835-1932	1933-2031	2032-2130	2131+
3	2146-2267	2268-2389	2390-2511	2512-2633	2634+
4	2554-2699	2700-2844	2845-2989	2990-3134	3135+
5	2963-3130	3131-3298	3299-3467	3468-3636	3637+
6	3373-3563	3564-3755	3756-3946	3947-4138	4139+
7	3448-3643	3644-3839	3840-4035	4036-4231	4232+
8	3526-3725	3726-3925	3926-4126	4127-4326	4327+
9	3602-3806	3807-4011	4012-4216	4217-4420	4421+
10	3678-3886	3887-4095	4096-4304	4305-4513	4514+
11	3755-3968	3969-4181	4182-4394	4395-4608	4609+
12	3832-4049	4050-4267	4268-4485	4486-4702	4703+

Testimony
House Appropriations Committee
Human Resources Division
January 31, 2005

Chairman Delzer and members of the House Appropriations Committee – Human Resources Division. I am Paul Ronningen, Director, Children and Family Services Division with the North Dakota Department of Human Services. I am providing information regarding the payment rates for family foster care, by age (See Attachment A). This information was requested during Yvonne Smith's overview presentation on the Human Service Centers.

05-10-18. Payment Rates

The standard family foster care maintenance rate includes the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation.

The family foster care maintenance rate is computed by month and includes an amount for clothing and incidentals. The rate effective July 1, 2001, is as follows:

AGE	BASIC RATE	CLOTHING AND INCIDENTALS	COMPUTED MONTHLY
0 - 4 Years	$314.00	$37.00	$351.00
5 - 12 Years	$354.00	$43.00	$397.00
13+	$459.00	$58.00	$517.00

Personal needs are included as a part of the basic need.

Payments are made using the daily rate times the number of days in care.

AGE	COMPUTED MONTHLY	PAID DAILY
0 – 4 Years	$351.00	$11.54
5 – 12 Years	$397.00	$13.05
13+	$517.00	$17.00

To the above rates the county social service board may, on the basis of individualized need, add the cost of irregular items allowed in foster care maintenance.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS COMMITTEE

SENATOR HOLMBERG, CHAIRMAN

MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Yvonne Smith, Deputy Director of the Department of Human Services. Today I will provide an overview of the human service centers, highlighting key trends and overall budget impact. You will receive written testimony from each of the human service center directors, containing greater detail on the needs, trends, and budget issues affecting each center.

Over the past several years, human service centers have taken on the role of "safety net" for individuals whose mental illness, addiction, or disability place them at risk for harming themselves or others, as well as children and adults whose conditions cause them to be at risk of out-of-home or institutional placement. In this capacity, human service centers deliver a wide array of community based services, including the following:

- Evaluation, treatment, and care coordination services for people who have serious mental illnesses, developmental disabilities, and substance abuse issues.

- Evaluation and treatment services for children who are abused or neglected, attending to the needs of not only the children but also their families.

- Assessment and intervention services for elderly people whose well-being is endangered by abuse, neglect, or exploitation.

Pages 2-4 same as those given to House

- 100% of emergencies will be responded to through all human service centers 24 hours a day, seven days a week.

- Human service center administrative costs will be under 10%.

- 80% of clients surveyed will report overall satisfaction with the services received at the human service centers.

MAJOR BUDGET HIGHLIGHTS

- Human service centers receive a lump sum budget, in order to allow the needed flexibility in managing resources to meet the client needs. This flexibility has allowed centers to adjust their resources by choosing between purchasing and providing services, based on cost-efficiency, service demand and availability within the regions, and staff recruitment factors.

- The budgets are funded with a mix of general and federal funds, along with third party collections.
  - The general funds are necessary either to draw down the federal match, as in Medicaid reimbursement, or to provide the maintenance of effort for the Substance Abuse Prevention and Treatment Block Grant and the Mental Health and Substance Abuse Block Grant
  - Federal funding enhancements were received by the centers from the Substance Abuse Prevention and Treatment Block Grant ($2.3 million), and Vocational Rehabilitation ($200,000). Each of these funding sources is tied to specific service requirements, and cannot be used to supplant other funding or substitute for lost general funds.

- The total executive budget request for the human service centers is $116,856,144, of which $54,970,793 are general funds. When compared to the overall budget of the Department of Human Services, the human service center budgets comprise just under 7% of the total budget request. This request compares with a 2003-2005 budget of $109,240,856, of which $51,941,128 are general funds.

    - The Governor's salary and health insurance package accounts for $5,037,225 of the total increase, and $3,029,076 of the general fund increase.

    - Prior to the Governor's salary and health insurance package, along with a slight increase in bond payment ($783), the human service center request in the executive budget had increased by only $589 in general fund.

- With the action taken in the House, the human service center budgets were reduced by $1,066,739 in general funds, including:
    - $206,739 reflecting the change to a 3% and 4% increase
    - $460,000 in salary underfunding
    - $400,000 in operating reductions

  This results in a net general fund reduction from the 2003-2005 biennium to the 2005-2007 biennium (excluding the Governor's salary and health insurance package and the bond payment increase) of $859,411.

- The House reduction is complicated by the fact that when the health insurance increase was allocated through the BARS system, the system did not recognize "closed end" grants that had already been fully used in the budget. Therefore, the health insurance increase

was allocated in part to federal funding that does not exist. The effect of this "system allocation" is a funding shortfall in the amount of $858,519. When added to the House action, the human service center budgets are $1,717,930 short of the projected general fund needed to maintain services.

- The decision in the House to reduce the human service center budget was based upon two assumptions: 1) that salary roll-up will occur due to vacancies; and 2) that there are further efficiencies that can be found in operating the centers.

    - The human service centers are the safety net for people with serious mental illness and chronic addictions. Qualified staff are the key ingredient, without which we cannot fulfill our responsibilities. Since we have fallen behind the marketplace in salaries for several key professionals, we must from time to time allow "marketplace adjustments" to recruit and retain qualified staff. Without the use of salary rollup, we cannot compete in the marketplace for qualified professionals. Without adequate professional staff, clients will not be served in a timely fashion, the quality of service will degenerate, and we can expect more referrals to the State Hospital.

    - The budgets of the centers include inflationary increases for providers. These inflationary increases cannot be honored without adequate funding. Other increases are not negotiable, such as increases in rent. Meeting those increases without adequate funding will reduce the dollars available for direct client services.

- In the 1999-2001 and 2001-2003 biennia, we shifted funding from the State Hospital to the community, in order to place emphasis on community-based services. We have reduced the average daily "traditional service" population of the State Hospital from 228 in 1997 to an average of 123 in 2004. However, as you will hear later today, the Hospital is currently operating at or above capacity, with the numbers of first time admissions and poly-substance abuse referrals increasing over the past few months. The regions are facing challenges in meeting the demand for mental health and substance abuse treatment service in a timely fashion, due to the difficulty in recruiting and retaining qualified professionals and the increasing need for longer stays in the crisis and residential beds. As a system, we are at a point where we truly have no excess capacity in the Hospital or in the regions. Again, resources are stretched thin because of the complexity of problems, the increasing referrals especially from law enforcement and the courts, and the impact of methamphetamine on length of treatment episodes.

- In the executive budget, the human service centers managed, with no increase, to address the inflationary needs of providers and adjusted to reductions in FMAP. We have made concerted efforts to streamline operations, focus on core services, and cut administrative costs statewide. If funding is not restored, the Department will need to determine what changes in service availability would be the least detrimental to the populations we serve. Preliminarily, we have discussed:
    - further restrictions to core services which would allow us to eliminate more staff positions or reduce contracts

- reducing outreach services

Neither of these options is without negative impact on client services and all will affect the reliance placed on the centers by the courts, medical community, schools, counties, and other referral sources. We ask that you consider restoring the funding to our requested level.

This concludes our statewide overview of the human service center budgets. Please refer to the written testimony for specific information on each center's budget. I would be happy to answer questions.

NDACF
AGENCY TURNOVER (Without Temporary Employees)
JULY 1, 2003 - JUNE 30, 2004

2% inflation
roughly 18 ¢/yr

		ADMINISTRATION			GENERAL CLIENT			DIRECT SERVICES		
ORGANIZATION	REGION	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %
Organization #1	Far West	8.00	0.00	0.00%	11.00	1.00	9.09%	114.00	51.00	44.74%
Organization #2	East Central	6.00	0.00	0.00%	9.00	1.00	11.11%	118.50	46.00	38.82%
Organization #3	East Central	4.00	0.00	0.00%	142.00	14.00	9.86%	146.00	46.00	31.51%
Organizatino #4	West Central	8.00	1.00	12.50%	12.00	2.00	16.67%	184.50	72.00	39.02%
Organization #5	Far East	9.00	1.00	11.11%	11.00	2.00	18.18%	86.00	48.00	55.81%
Organization #6	Far East	17.50	1.00	5.71%	10.00	0.00	0.00%	256.50	101.00	39.38%
Organization #7	East Central	5.00	0.00	0.00%	4.00	0.00	0.00%	56.50	4.00	7.08%
Organization #8	West Central	12.00	0.00	0.00%	16.00	2.00	12.50%	173.50	98.00	56.48%
Organizaton #9	East Central	6.50	0.00	0.00%	4.70	0.00	0.00%	51.29	25.00	48.74%
Organization #10	Central	11.50	0.00	0.00%	11.00	0.00	0.00%	229.50	82.00	35.73%
Organization #11	West Central	10.00	2.00	20.00%	19.50	0.00	0.00%	251.00	158.00	62.95%
Organization #12	West Central	4.00	0.00	0.00%	5.50	1.00	18.18%	52.50	1.00	1.90%
Organization #13	West Central	5.00	0.00	0.00%	0.50	0.00	0.00%	25.60	4.00	15.63%
TOTAL		106.50	5.00		256.20	23.00		1745.39	736.00	
AVERAGE		8.19	0.38	3.79%	19.71	1.77	7.35%	134.26	56.62	36.75%

NDACF
AGENCY TURNOVER
JULY 1, 2001 - JUNE 30, 2002

		ADMINISTRATION			GENERAL CLIENT			DIRECT SERVICES		
ORGANIZATION	REGION	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %	AVERAGE NUMBER EMPLOYED	LEFT	TURNOVER %
Organization #1	Far West	7.50	0.00	0.00%	11.00	2.00	18.18%	113.50	80.00	70.48%
Organization #2	East Central	9.00	0.00	0.00%	5.50	2.00	36.36%	129.00	37.00	28.68%
Organization #3	East Central	8.00	0.00	0.00%	95.00	10.00	10.53%	127.00	49.00	38.58%
Organization #4	West Central	8.00	0.00	0.00%	15.50	2.00	12.90%	167.00	65.00	38.92%
Organization #5	Far East	10.00	1.00	10.00%	13.00	5.00	38.46%	74.00	41.00	55.41%
Organization #6	Far East	15.00	0.00	0.00%	15.00	1.00	6.67%	239.00	120.00	50.21%
Organization #7	East Central	6.00	0.00	0.00%	3.00	0.00	0.00%	54.00	14.00	25.93%
Organization #8	West Central	12.00	1.00	8.33%	14.50	3.00	20.69%	150.00	128.00	85.33%
Organization #9	East Central	6.50	2.00	30.77%	5.00	1.00	20.00%	69.50	27.00	38.85%
Organization #10	Central	12.00	1.00	8.33%	13.00	0.00	0.00%	214.50	105.00	48.95%
Organization #11	West Central	11.00	0.00	0.00%	25.00	0.00	0.00%	227.00	139.00	61.23%
Organization #12	West Central	5.00	1.00	20.00%	5.00	0.00	0.00%	33.50	2.00	5.97%
Organization #13	West Central	5.00	0.00	0.00%	1.00	0.00	0.00%	23.00	5.00	21.74%
TOTAL		115.00	6.00		221.50	26.00		1621.00	812.00	
AVERAGE		8.85	0.46	5.22%	17.04	2.00	12.60%	124.69	62.46	50.09%

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICE
HOUSE APPROPRIATIONS
HUMAN RESOURCES SUBCOMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
JANUARY 28, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Lynn Nelson of the Department of Human Services. I am here today to provide you an overview of the budget for the Lake Region and South Central Human Service Centers.

Lake Region Human Service Center

I would like to discuss some recent trends and characteristics that are affecting the operations of the Lake Region Human Service Center, serving Ramsey, Cavalier, Rolette, Towner, Benson and Eddy counties. In the year 2000, there were 43,168 residents in Region III.

Characteristics of Region:

- Racial diversity continues to increase in the Lake Region. A gain of 2,122 Native Americans since the 1990 census. As of year 2000, there were 14,129 Native Americans in the region, which is 45% of all the Indian people in the state.
- Unemployment rates remain high, approximately twice the state average.
- Poverty Rates: One in every four Lake Region residents live in poverty, which is twice the poverty rate of any other region.
- TANF Recipients: The Lake Region recently had 38% of all TANF recipients in the state. Rolette County alone has over 700 families on TANF.
- We are experiencing difficulties in both recruiting and retaining Licensed Addiction Counselors and Psychologists.

- All of our counties are designated mental health professional shortage areas by the National Health Service Corp.

Service Trends:

The Lake Region Human Service Center provided services to 2,347 individuals in fiscal year 2004. (1,773 adults and 574 children received services). In addition, 310 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 29% also received some other services from Lake Region Human Service Center.

Substance Abuse Services for Adolescents:

- Increase for high intensity residential A/D services for young children (ages 8-12); 22 children evaluated to need this level of care in fiscal year 2004. Major placement challenges due to age of the children, with no identified programs in North Dakota. Most referrals are coming from the Spirit Lake Nation and to a less degree from Turtle Mountain Band of Chippewa.
- Inhalant use as a secondary diagnosis with adolescents is up 20%.
- Methamphetamine use for adolescents on the two reservations in Region III seems to be increasing.
- An increase in adolescent consultations at Mercy Hospital in Devils Lake for ETOH poisoning.

Substance Abuse Services for Adults:

- Continued growth of clients presenting with methamphetamine as their drug of choice.

Clinical Services:

- Referrals coming through our Fort Totten Four Winds School outreach site continue to grow, including adolescent alcohol and drug services.

Regional Intervention Services:

- Continued increases in the number and complexity of crisis line calls (first 11 calendar months of 2004, there were 629 calls).
- An increase in the number of calls that reflect dual diagnosis problems, and an increase in substance abuse callers.

Psychiatry:

- Our physicians indicate the increasing complexity of clients with dual diagnosis and increasingly challenging substance abuse presentations with complications.

Vocational Rehabilitation Services:

- Statistics indicate that our clientele are becoming more significantly disabled, i.e., presenting with more than one disability or with several functional limitations.
- Vocational Rehabilitation outcomes are negatively affected by the region's high unemployment and poverty rates.
- Lake Region is anticipating an increase in Vocational Rehabilitation referrals from Rolette County. The cooperative agreement resulting in a clinical staff member to work with the TANF Program and the fact that the on-reservation tribal VR project presently has a waiting list for applications.

County Supervision:

- A significant increase in use of foster care in Region III. In the fall of 2003, there were 41 children in foster care. In December 2004, there were 95 children in foster care. (These numbers do not include the

two reservations where 150 children were placed in tribal affidavit homes).

During the past year, we have worked with several community providers to improve the services available to individuals in Region III.

- **TANF Clinical Position: In a collaborative effort involving the Division of Economic Assistance, Lake Region Human Service Center, Rolette County Social Services, Job Service of North Dakota and a number of tribal agencies from the Turtle Mountain Band of Chippewa, Lake Region Human Service Center will be placing a clinical staff member at the Rolette County Social Services office to assist in assessing the mental health and substance abuse needs of TANF recipients in Rolette County.**
- **Extended Care staff will be providing treatment service on site to up to 22 seriously mentally ill residents at the new Prairie Heights Residential Program in Devils Lake. This is a single room occupancy home with 24-hour supervision that is being funded and operated by the local Odd Fellows Lodge.**

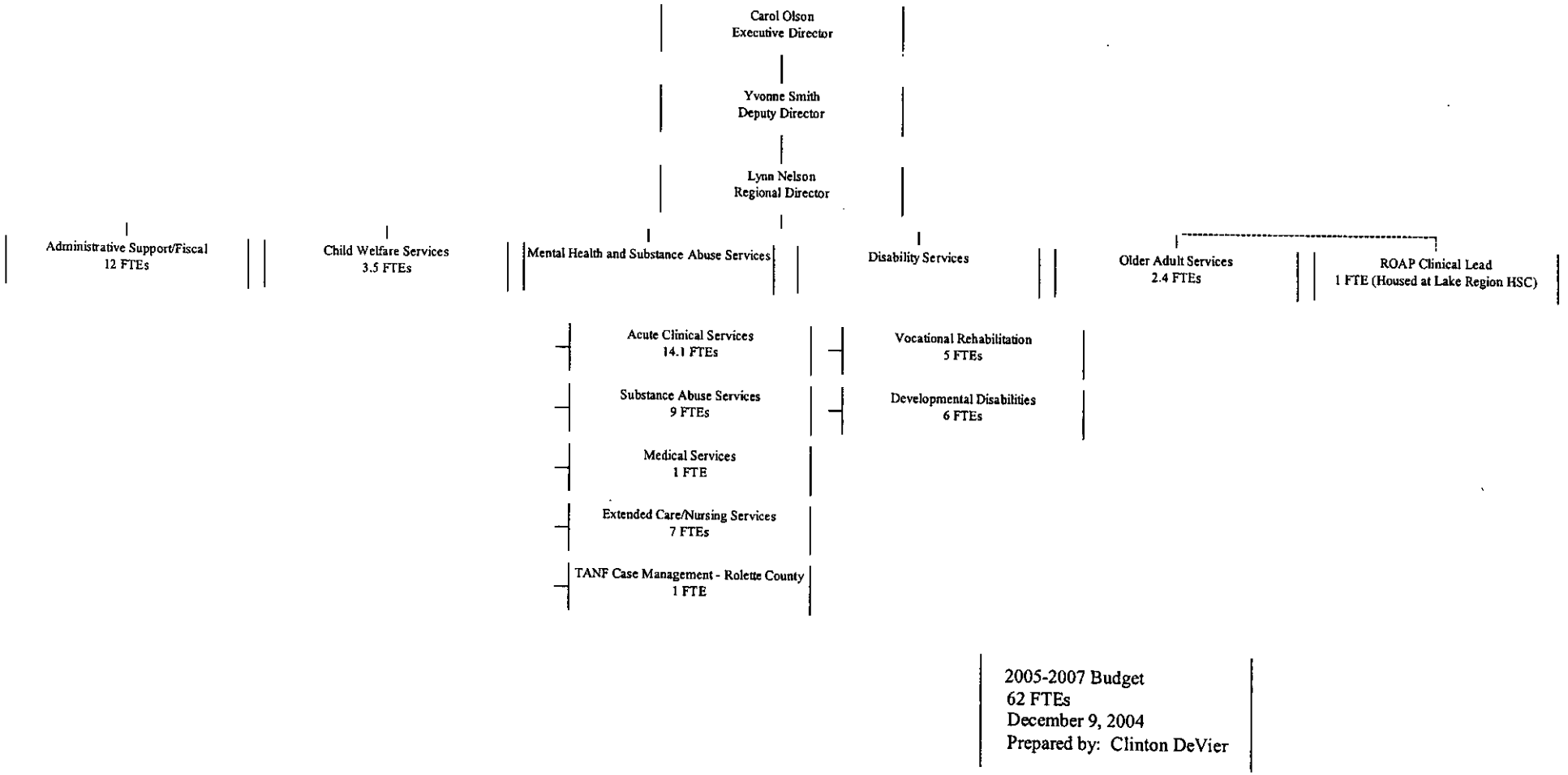
OVERVIEW OF BUDGET CHANGES

Lake Region Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	**$8,493,470**	**$9,196,380**	**$702,910**
General	**$4,641,584**	**$4,974,499**	**$332,915**
Federal	**$3,338,304**	**$3,735,899**	**$397,595**
Other	**$513,582**	**$485,982**	**($27,600)**
TOTAL	**$8,493,470**	**$9,196,380**	**$702,910**
FTEs	**62**	**62**	**0**

- $379,745 increase due to Governor's recommended salary and benefit package. This increase includes $258,503 in General Funds.
- Prior to the Governor's salary package, the Center had a decrease of $105,978 in salaries and benefits. This was largely the result of a transfer of an FTE to South Central Human Service Center without transferring the funding and the filling of some vacancies at lower than their predecessor's salary.
- Statewide Regional Office Automation Project (ROAP) lead position located at Lake Region Human Service Center and included in the administration cost center.
- Inflationary increase for contracted providers of $73,412.
- Increase of $10,000 for contracted psychiatric services.
- Travel decreases of $45,689.
- Increase of $13,989 in National Family Caregiver Grant funds.
- Federal Infant and Toddlers Grant increase of $41,000.
- Federal Substance Abuse Prevention and Treatment Block Grant increase of $333,320 for contracting addiction services with both reservations, increase case aide services and transportation needs.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LAKE REGION HUMAN SERVICE CENTER



2005-2007 Budget
62 FTEs
December 9, 2004
Prepared by: Clinton DeVier

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: LAKE REGION HSC
Reporting Level: 00-325-410-73-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	4,164,610	2,049,869	2,266,059	4,315,928	4,254,591	(61,337)
TEMP, OVERTIME & SHIFT	1002	24,536	11,802	42,558	54,360	123,303	68,943
BENEFITS	1008	1,264,860	681,135	834,475	1,515,610	1,576,000	60,390
SALARY INCREASE	1010	0	0	0	0	236,208	236,208
BENEFIT INCREASE	1011	0	0	0	0	38,505	38,505
IT-TELEPHONE	3003	74,471	43,857	52,762	96,619	91,418	(5,201)
TRAVEL	3004	157,975	93,448	120,286	213,734	168,045	(45,689)
IT-SOFTWARE/SUPPLIES	3005	7,647	2,168	1,632	3,800	4,500	700
UTILITIES	3006	4	0	0	0	0	0
POSTAGE	3007	29,963	13,005	12,447	25,452	25,952	500
LEASE/RENT - BLDG/LAND	3012	339,759	173,468	179,282	352,750	366,519	13,769
DUES & PROFESSIONAL DEV.	3013	11,120	2,062	7,577	9,639	6,200	(3,439)
OPERATING FEES & SERVICES	3014	28,913	34,220	74,778	108,998	179,373	70,375
REPAIRS	3016	16,721	8,601	11,499	20,100	17,600	(2,500)
PROFESSIONAL SERVICES	3018	1,537	463	1,982	2,445	3,520	1,075
INSURANCE	3019	1,871	2,012	1,688	3,700	4,500	800
OFFICE SUPPLIES	3021	27,460	12,789	17,546	30,335	32,550	2,215
PRINTING	3024	11,431	4,487	10,763	15,250	10,000	(5,250)
PROFESSIONAL SUPPLIES	3025	31,974	27,752	23,328	51,080	37,650	(13,430)
MEDICAL,DENTAL & OPTICAL	3029	361	35	4,165	4,200	4,200	0
BLDG,GRNDS,VEHICLE MTCE	3030	125	0	0	0	0	0
MISCELLANEOUS SUPPLIES	3033	5,982	4,042	7,015	11,057	10,057	(1,000)
OFFICE EQUIP-UNDER $5000	3034	7,005	1,400	3,600	5,000	0	(5,000)
OTHER EQUIP-UNDER $5000	3036	1,539	0	0	0	0	0
EQUIP- OVER $5000	5030	0	20,000	0	20,000	20,000	0
GRANTS, BENEFITS & CLAIMS	6006	1,207,049	761,331	872,082	1,633,413	1,985,689	352,276
HUMAN SERVICE CENTERS / INSTITUTIONS	70	7,416,913	3,947,946	4,545,524	8,493,470	9,196,380	702,910

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: LAKE REGION HSC
Reporting Level: 00-325-410-73-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
EXPENDITURE TOTALS		7,416,913	3,947,946	4,545,524	8,493,470	9,196,380	702,910
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	65,627	60,894	76,441	137,335	139,457	2,122
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	425,163	315,028	395,455	710,483	1,050,178	339,695
TITLE V - 93.994	S023	0	3	3	6	0	(6)
FOOD STAMP PROG. 10.561	S025	0	1,257	1,579	2,836	0	(2,836)
PROJ FOR HOMELESS - PATH	S029	73,525	33,242	41,729	74,971	74,885	(86)
CHILD SUPPORT ENFORCE 93.563	S035	0	12	14	26	0	(26)
VOC. REHAB. BASIC SUPP. 84.126	S040	422,686	198,801	249,556	448,357	444,272	(4,085)
MEDICAL ASSISTANCE-93.778	S055	802,747	477,158	599,300	1,076,458	1,136,953	60,495
MEDICAL ADMINISTRATION-93.778	S056	74,464	24,873	31,224	56,097	62,674	6,577
SOC. SER. BLK. GR. - 93.667	S065	401,722	162,160	203,559	365,719	352,032	(13,687)
FOSTER CARE IV-E-93.658	S067	57,734	30,365	38,117	68,482	38,346	(30,136)
VR IL OLDER BLIND 84.177	S069	45,935	19,696	24,724	44,420	63,597	19,177
FC ADOPTION ASSIST. 93.659	S070	0	4	6	10	0	(10)
PART C-84.181	S085	2,239	22,170	27,830	50,000	96,088	46,088
AGING ADMINISTRATION - 02	S090	31,250	13,861	17,399	31,260	31,732	472
TITLE III B - 00	S091	12,758	63	79	142	0	(142)
TITLE III E - FAMILY CAREGIVER SUPP	S094	9,942	30,556	38,357	68,913	84,184	15,271
ELDER ABUSE PREVENTION	S096	23,246	0	0	0	13,450	13,450
OMBUDSMAN ACTIVITY	S098	29,074	25,518	32,033	57,551	38,227	(19,324)
CCDF - DISCRETIONARY FUNDS	S109	36,188	21,514	27,007	48,521	44,015	(4,506)
TANF BLOCK GRANT	S114	69,139	42,875	53,822	96,697	65,809	(30,888)
LIHEAP - 93.028	S116	0	9	11	20	0	(20)
Federal Funds	FED	2,583,439	1,480,059	1,858,245	3,338,304	3,735,899	397,595
STATE GENERAL FUND	001	4,264,857	2,226,544	2,415,040	4,641,584	4,974,499	332,915
General Fund	GEN	4,264,857	2,226,544	2,415,040	4,641,584	4,974,499	332,915

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: LAKE REGION HSC
Reporting Level: 00-325-410-73-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
HUMAN SERVICES DEPARTMENT FUND 325C	360	0	0	0	0	0	0
LRHSC-OTHER	Z231	568,617	241,343	272,239	513,582	485,982	(27,600)
Special Funds	SPEC	568,617	241,343	272,239	513,582	485,982	(27,600)
TOTAL FUNDING		7,416,913	3,947,946	4,545,524	8,493,470	9,196,380	702,910
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		67	0	62	62	62	0
TOTAL AUTHORIZED EMPLOYEES		67	0	62	62	62	0
VACANT		0	0	2	2	1	(1)
FTE		67	0	60	60	61	1

South Central Human Service Center

I would like to discuss some recent trends and characteristics that are affecting the operations of the South Central Human Service Center, serving Foster, Wells, Griggs, Barnes, Stutsman, LaMoure, Dickey, McIntosh and Logan counties. In the year 2000, there were 61,454 residents in Region VI.

Characteristics of Region:

- Citizens (age 60+) comprised of 26.2% of the total population in Region VI, making the South Central region the oldest in the state.
- It is anticipated that between the years 2010 and 2015, the number of older residents in Region VI will have grown approximately 17%. This will mean that in less than 10 years, 34.9% of the region's residents will be age 60 and over.
- The poverty rate for seniors exceeds the statewide average of 11.1% in five Region VI counties.
- Five of the nine counties located in Region VI are projected to have more dependents than workers by the year 2020.
- Region VI, like Region III, has no private inpatient mental health treatment facility. Region III and VI utilize the North Dakota State Hospital for acute inpatient needs. Individuals from Region VI also access out-of-region private psychiatric hospitals.

Service Trends:

The South Central Human Service Center provided services to 3,148 individuals in fiscal year 2004. (2,448 adults and 700 children received services). In addition, 743 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 25% also received some other services from South Central Human Service Center.

- The Infant Development Program in Region VI has grown from 24 cases in the year 2002 to 44 cases in the year 2004.
- The Right Track Program has been successful in identifying children with special needs birth through age 2. As a result, the demand for developmental evaluations and case management services has increased significantly.
    - Infant Development staff are seeing more children with significant medical needs. The survival rate for these children has increased and many are now living to adulthood. We are seeing them both as infants and again when they are pre-teens because families are no longer able to manage the health needs of the children in their home.
- Region VI, like Region III, is experiencing difficulty recruiting and retaining Licensed Addiction Counselors and Psychologists.

Some areas we are experiencing change are as follows:

Substance Abuse Services for Adults:

- The length of stay for treatment is increasing as a result of the methamphetamine usage.
- Many alcohol and drug referrals have no means of financial support.

Substance Abuse Services for Children:

- More time is required to work with family members to meet the needs of the children in treatment.

Clinical Services:

- Many children have multiple agency involvement.
- Multiple admissions from the same family are increasing. Simply sorting out the problems of the family system vs. the individual needs of the children is a difficult task.

County Supervision:

- **Increase in the number of children in foster placement (in October 2003, 38 children were placed in Region VI foster homes; in October 2004, 75 children were placed in foster homes).**
- **Substance abuse usage by parents is attributed to approximately 25% of the increase in foster home placements in Region VI.**

Extended Care:

- **The length of stay in our Crisis Residential Unit has increased.**
- **Additional coordination with private inpatient psychiatric units in other regions is increasing.**

OVERVIEW OF BUDGET CHANGES

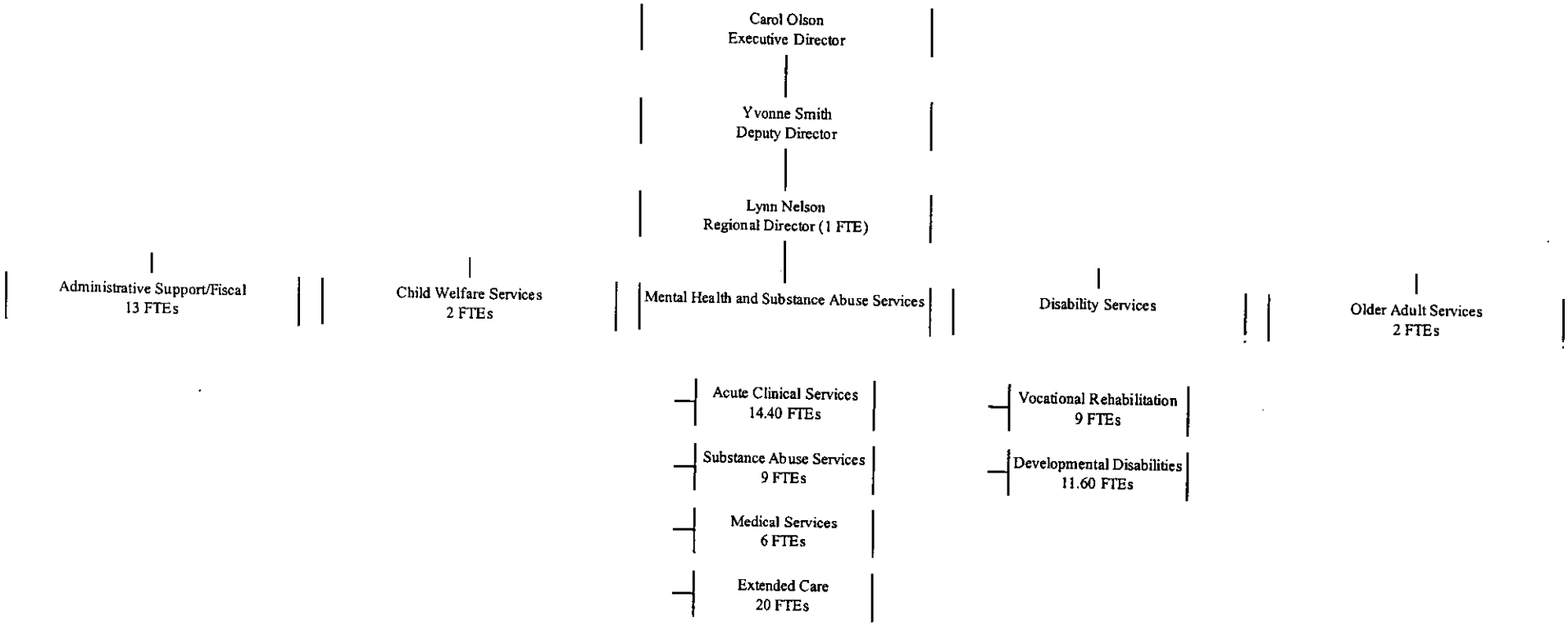
South Central Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	**$11,473,954**	**$12,238,992**	**$765,038**
General	**$5,531,905**	**$5,916,635**	**$384,730**
Federal	**$5,095,879**	**$5,453,602**	**$357,723**
Other	**$846,170**	**$868,755**	**$22,585**
TOTAL	**$11,473,954**	**$12,238,992**	**$765,038**
FTEs	**88**	**88**	**0**

- **$526,129 increase due to Governor's recommended salary and benefit package. This increase includes $323,541 in General Funds.**
- **Inflationary increase for contracted providers of $61,189.**
- **Infant Development Services increase of $50,088 due to increased consumer demand.**
- **Increase in the need for contracted psychiatric coverage of $32,132.**
- **Decrease in travel of $42,371.**
- **Decrease in telephone usage of $25,214.**

- **Federal Substance Abuse Prevention and Treatment Block Grant increase of $52,773 for addiction case aides and flexible funding for clients.**
- **Increase of $14,704 in National Family Caregiver Grant funds.**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SOUTH CENTRAL HUMAN SERVICE CENTER



2005-2007 Budget
88 FTEs
January 24, 2005
Prepared by: Lori Vesel

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTH CENTRAL HSC [redacted]
Reporting Level: 00-325-410-76-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	5,950,337	2,803,509	3,036,301	5,839,810	5,865,651	25,841
TEMP, OVERTIME & SHIFT	1002	219,522	30,616	82,235	112,851	137,239	24,388
BENEFITS	1008	1,856,374	958,674	1,095,780	2,054,454	2,192,680	138,226
SALARY INCREASE	1010	0	0	0	0	325,335	325,335
BENEFIT INCREASE	1011	0	0	0	0	53,425	53,425
IT-TELEPHONE	3003	109,481	55,748	78,840	134,588	109,374	(25,214)
TRAVEL	3004	289,530	101,265	202,557	303,822	261,451	(42,371)
IT-SOFTWARE/SUPPLIES	3005	7,428	4,603	3,276	7,879	7,864	(15)
POSTAGE	3007	27,781	16,586	18,808	35,394	35,394	0
LEASE/RENT - EQUIPMENT	3011	16,368	8,187	9,213	17,400	16,000	(1,400)
LEASE/RENT - BLDG/LAND	3012	652,290	312,845	323,723	636,568	622,776	(13,792)
DUES & PROFESSIONAL DEV.	3013	19,713	3,050	18,050	21,100	13,950	(7,150)
OPERATING FEES & SERVICES	3014	35,487	163,047	157,205	320,252	490,422	170,170
REPAIRS	3016	9,296	4,870	6,209	11,079	10,379	(700)
PROFESSIONAL SERVICES	3018	1,045	0	0	0	0	0
INSURANCE	3019	50	0	0	0	0	0
OFFICE SUPPLIES	3021	20,905	5,902	13,602	19,504	18,604	(900)
PRINTING	3024	9,468	4,541	4,209	8,750	8,750	0
PROFESSIONAL SUPPLIES	3025	26,706	11,428	18,361	29,789	32,189	2,400
FOOD & CLOTHING	3027	18,456	8,840	23,956	32,796	29,796	(3,000)
MEDICAL,DENTAL & OPTICAL	3029	9,688	1,657	7,093	8,750	8,750	0
BLDG,GRNDS,VEHICLE MTCE	3030	8,422	5,706	5,829	11,535	10,735	(800)
MISCELLANEOUS SUPPLIES	3033	11,332	6,826	9,214	16,040	15,500	(540)
GRANTS, BENEFITS & CLAIMS	6006	1,749,533	866,785	984,808	1,851,593	1,972,728	121,135
HUMAN SERVICE CENTERS / INSTITUTIONS	70	11,049,212	5,374,685	6,099,269	11,473,954	12,238,992	765,038
EXPENDITURE TOTALS		11,049,212	5,374,685	6,099,269	11,473,954	12,238,992	765,038

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTH CENTRAL HSC
Reporting Level: 00-325-410-76-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	116,523	70,394	85,281	155,675	139,517	(16,158)
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	441,562	196,581	238,155	434,736	494,259	59,523
FOOD STAMP PROG. 10.561	S025	0	759	920	1,679	29	(1,650)
PROJ FOR HOMELESS - PATH	S029	76,572	33,727	40,859	74,586	74,914	328
VOC. REHAB. BASIC SUPP. 84.126	S040	676,818	334,980	405,821	740,801	774,451	33,650
MEDICAL ASSISTANCE-93.778	S055	2,401,055	1,159,175	1,404,319	2,563,494	2,897,393	333,899
MEDICAL ADMINISTRATION-93.778	S056	99,641	25,898	31,376	57,274	68,753	11,479
SOC. SER. BLK. GR. - 93.667	S065	622,563	230,253	278,947	509,200	522,270	13,070
FOSTER CARE IV-E-93.658	S067	39,429	14,962	18,126	33,088	35,316	2,228
VR IL OLDER BLIND 84.177	S069	24,670	22,001	26,654	48,655	57,640	8,985
PART C-84.181	S085	54,602	91,685	111,074	202,759	92,931	(109,828)
AGING ADMINISTRATION - 02	S090	31,250	14,131	17,119	31,250	31,736	486
TITLE III B - 00	S091	13,568	17,315	20,977	38,292	37,515	(777)
TITLE III E - FAMILY CAREGIVER SUPP	S094	20,237	67,566	81,856	149,422	166,439	17,017
CCDF - DISCRETIONARY FUNDS	S109	0	7	8	15	0	(15)
TANF BLOCK GRANT	S114	48,032	24,835	30,088	54,923	60,439	5,516
LIHEAP - 93.028	S116	0	14	16	30	0	(30)
Federal Funds	FED	4,666,522	2,304,283	2,791,596	5,095,879	5,453,602	357,723
STATE GENERAL FUND	001	5,362,694	2,678,952	2,852,953	5,531,905	5,916,635	384,730
General Fund	GEN	5,362,694	2,678,952	2,852,953	5,531,905	5,916,635	384,730
SCHSC-OTHER	Z271	1,019,996	391,450	454,720	846,170	868,755	22,585
Special Funds	SPEC	1,019,996	391,450	454,720	846,170	868,755	22,585
TOTAL FUNDING		11,049,212	5,374,685	6,099,269	11,473,954	12,238,992	765,038
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		90	0	88	88	88	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTH CENTRAL HSC
Reporting Level: 00-325-410-76-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
AUTHORIZED EMPLOYEES							
TOTAL AUTHORIZED EMPLOYEES		90	0	88	88	88	0
VACANT							
FTE		0	0	8	8	3	(5)
		90	0	80	80	85	5

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICE

SENATE APPROPRIATIONS

SENATOR HOLMBERG, CHAIRMAN

MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Lynn Nelson of the Department of Human Services. I am submitting this written testimony to provide you an overview of the budget for the Lake Region and South Central Human Service Centers.

Lake Region Human Service Center

Recent trends and characteristics that are affecting the operations of the Lake Region Human Service Center, serving Ramsey, Cavalier, Rolette, Towner, Benson and Eddy counties. In the year 2000, there were 43,168 residents in Region III.

Characteristics of Region:

- Racial diversity continues to increase in the Lake Region. A gain of 2,122 Native Americans since the 1990 census. As of year 2000, there were 14,129 Native Americans in the region, which is 45% of all the Indian people in the state.
- Unemployment rates remain high, approximately twice the state average.
- Poverty Rates: One in every four Lake Region residents live in poverty, which is twice the poverty rate of any other region.
- TANF Recipients: The Lake Region recently had 38% of all TANF recipients in the state. Rolette County alone has over 700 families on TANF.
- We are experiencing difficulties in both recruiting and retaining Licensed Addiction Counselors and Psychologists.

- All of our counties are designated mental health professional shortage areas by the National Health Service Corp.

Service Trends:

The Lake Region Human Service Center provided services to 2,347 individuals in fiscal year 2004 (1,773 adults and 574 children received services). In addition, 310 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 29% also received some other services from Lake Region Human Service Center.

Substance Abuse Services for Adolescents:

- Increase for high intensity residential alcohol and drug treatment services for young children (ages 8-12); 22 children evaluated to need this level of care in fiscal year 2004. Major placement challenges due to age of the children, with no identified programs in North Dakota. Most referrals are coming from the Spirit Lake Nation and to a less degree from Turtle Mountain Band of Chippewa.
- Inhalant use as a secondary diagnosis with adolescents is up 20%.
- Methamphetamine use for adolescents on the two reservations in Region III seems to be increasing.
- An increase in adolescent consultations at Mercy Hospital in Devils Lake for alcohol poisoning.

Substance Abuse Services for Adults:

- Continued growth of clients presenting with methamphetamine as their drug of choice.

Clinical Services:

- Referrals coming through our Fort Totten Four Winds School outreach site continue to grow, including adolescent alcohol and drug services.

Regional Intervention Services:

- Continued increases in the number and complexity of crisis line calls (first 11 calendar months of 2004, there were 629 calls).
- An increase in the number of calls that reflect dual diagnosis problems, and an increase in substance abuse callers.

Psychiatry:

- Our physicians indicate the increasing complexity of clients with dual diagnosis and increasingly challenging substance abuse presentations with complications.

Vocational Rehabilitation Services:

- Statistics indicate that our clientele are becoming more significantly disabled, i.e., presenting with more than one disability or with several functional limitations.
- Vocational Rehabilitation outcomes are negatively affected by the region's high unemployment and poverty rates.
- Lake Region is anticipating an increase in Vocational Rehabilitation referrals from Rolette County. The cooperative agreement resulting in a clinical staff member to work with the TANF Program and the fact that the on-reservation tribal VR project presently has a waiting list for applications.

County Supervision:

- A significant increase in use of foster care in Region III. In the fall of 2003, there were 41 children in foster care. In December 2004, there

were 95 children in foster care. (These numbers do not include the two reservations where 150 children were placed in tribal affidavit homes).

During the past year, we have worked with several community providers to improve the services available to individuals in Region III.

- TANF Clinical Position: In a collaborative effort involving the Division of Economic Assistance, Lake Region Human Service Center, Rolette County Social Services, Job Service of North Dakota and a number of tribal agencies from the Turtle Mountain Band of Chippewa, Lake Region Human Service Center will be placing a clinical staff member at the Rolette County Social Services office to assist in assessing the mental health and substance abuse needs of TANF recipients in Rolette County.
- Extended Care staff will be providing treatment service on site to up to 22 seriously mentally ill residents at the new Prairie Heights Residential Program in Devils Lake. This is a single room occupancy home with 24-hour supervision that is being funded and operated by the local Odd Fellows Lodge.

OVERVIEW OF BUDGET CHANGES

Lake Region Human Service Center

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC Total	$8,493,470	$702,910	$9,196,380	(94,791)	9,101,589
General	$4,641,584	$332,915	$4,974,499	(86,966)	4,887,533
Federal	$3,338,304	$397,595	$3,735,899	(7,825)	3,728,074
Other	$513,582	($27,600)	$485,982	0	485,982
FTEs	62	0	62	0	62

- $379,745 increase due to Governor's recommended salary and benefit package. This increase includes $258,503 in General Funds.
- Prior to the Governor's salary package, the Center had a decrease of $105,978 in salaries and benefits. This was largely the result of a transfer of an FTE to South Central Human Service Center without transferring the funding and the filling of some vacancies at lower than their predecessor's salary.
- Statewide Regional Office Automation Project (ROAP) lead position located at Lake Region Human Service Center and included in the administration cost center.
- Inflationary increase for contracted providers of $73,412.
- Increase of $10,000 for contracted psychiatric services.
- Travel decreases of $45,689.
- Increase of $13,989 in National Family Caregiver Grant funds.
- Federal Infant and Toddlers Grant increase of $41,000.
- Federal Substance Abuse Prevention and Treatment Block Grant increase of $333,320 for contracting addiction services with both reservations, increase case aide services and transportation needs.

HOUSE CHANGES

- Reduction of $25,570 in salaries of which $17,745 is General Funds to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $38,052 in salaries as part of the overall salary underfunding department-wide.
- Reduction of $31,169 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

South Central Human Service Center

Recent trends and characteristics that are affecting the operations of the South Central Human Service Center, serving Foster, Wells, Griggs, Barnes, Stutsman, LaMoure, Dickey, McIntosh and Logan counties. In the year 2000, there were 61,454 residents in Region VI.

Characteristics of Region:

- Citizens (age 60+) comprised of 26.2% of the total population in Region VI, making the South Central region the oldest in the state.
- It is anticipated that between the years 2010 and 2015, the number of older residents in Region VI will have grown approximately 17%. This will mean that in less than 10 years, 34.9% of the region's residents will be age 60 and over.
- The poverty rate for seniors exceeds the statewide average of 11.1% in five Region VI counties.
- Five of the nine counties located in Region VI are projected to have more dependents than workers by the year 2020.
- Region VI, like Region III, has no private inpatient mental health treatment facility. Region III and VI utilize the North Dakota State Hospital for acute inpatient needs. Individuals from Region VI also access out-of-region private psychiatric hospitals.

Service Trends:

The South Central Human Service Center provided services to 3,148 individuals in fiscal year 2004 (2,448 adults and 700 children received services). In addition, 743 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 25% also received some other services from South Central Human Service Center.

- The Infant Development Program in Region VI has grown from 24 cases in the year 2002 to 44 cases in the year 2004.
- The Right Track Program has been successful in identifying children with special needs birth through age 2. As a result, the demand for developmental evaluations and case management services has increased significantly.
    - Infant Development staff are seeing more children with significant medical needs. The survival rate for these children has increased and many are now living to adulthood. We are seeing them both as infants and again when they are pre-teens because families are no longer able to manage the health needs of the children in their home.
- Region VI, like Region III, is experiencing difficulty recruiting and retaining Licensed Addiction Counselors and Psychologists.

Some areas we are experiencing change are as follows:

Substance Abuse Services for Adults:

- The length of stay for treatment is increasing as a result of the methamphetamine usage.
- Many alcohol and drug referrals have no means of financial support.

Substance Abuse Services for Children:

- More time is required to work with family members to meet the needs of the children in treatment.

Clinical Services:

- Many children have multiple agency involvement.
- Multiple admissions from the same family are increasing. Simply sorting out the problems of the family system vs. the individual needs of the children is a difficult task.

County Supervision:

- Increase in the number of children in foster placement (in October 2003, 38 children were placed in Region VI foster homes; in October 2004, 75 children were placed in foster homes).
- Substance abuse usage by parents is attributed to approximately 25% of the increase in foster home placements in Region VI.

Extended Care:

- The length of stay in our Crisis Residential Unit has increased.
- Additional coordination with private inpatient psychiatric units in other regions is increasing.

OVERVIEW OF BUDGET CHANGES

South Central Human Service Center

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC Total	$11,473,954	$765,038	$12,238,992	(99,846)	12,139,146
General	$5,531,905	$384,730	$5,916,635	(87,770)	5,828,865
Federal	$5,095,879	$357,723	$5,453,602	(12,076)	5,441,526
Other	$846,170	$22,585	$868,755	0	868,755
FTEs	88	0	88	0	88

- $526,129 increase due to Governor's recommended salary and benefit package. This increase includes $323,541 in General Funds.
- Inflationary increase for contracted providers of $61,189.
- Infant Development Services increase of $50,088 due to increased consumer demand.
- Increase in the need for contracted psychiatric coverage of $32,132.
- Decrease in travel of $42,371.
- Decrease in telephone usage of $25,214.

- Federal Substance Abuse Prevention and Treatment Block Grant increase of $52,773 for addiction case aides and flexible funding for clients.
- Increase of $14,704 in National Family Caregiver Grant funds.

HOUSE CHANGES

- Reduction of $33,723 in salaries of which $21,647 is General Funds to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $20,000 in salaries as part of the overall salary underfunding department-wide.
- Reduction of $46,123 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

FEBRUARY 2, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Nancy McKenzie of the Department of Human Services. I am here today to provide you an overview of the budget for the Northeast and Southeast Human Service Centers.

REGION IV – NORTHEAST HUMAN SERVICE CENTER

I would like to first discuss the recent trends and characteristics that impact services provided by Northeast Human Service Center, serving Grand Forks, Nelson, Walsh and Pembina counties.

Characteristics of Region:

- The region's population of approximately 91,000 comprises 14% of the state's population.
- 15% of the state's children, approximately 23,500, reside in this region.

Service Trends:

Northeast Human Service Center provided services to 2865 individuals in FY2004 (2080 adults and 785 children received services). In addition, 1189 individuals received Vocational Rehabilitation services. Of the total number of VR clients, 29% also received some other service from NEHSC. 40% of the clients seen by NEHSC have a diagnosis of serious mental illness; 47% have a more acute diagnosis. We place priority on serving those most vulnerable, who cannot access services from other local providers.

- In the last two years, NEHSC has seen an increase in the number of clients impaired by methamphetamine use. Because longer or more intensive treatment is needed for many, this in turn impacts the workload for addiction services.
- We have been impacted by growth in the numbers of children screened for infant development and DD case management services. The unduplicated cumulative number of infants and toddlers served in FY 02 was 108; in FY 04 this was 151.
- Within the child welfare system, child abuse and neglect reports continue to result in need for parental capacity evaluations and children/family mental health services. A slight increase was also seen in the average number of children in foster care.

Substance Abuse Services for Adults and Adolescents:

- Established contract to expand evaluation and intensive outpatient treatment for rural areas of the region, using federal block grant funds;
- Enhanced access to care for adult and adolescent treatment services with federal block grant funds;
- Will use block grant funds to establish new contracts for detoxification and long-term residential services to fill gaps in the service continuum.

Services for Individuals with Developmental Disabilities:

- Utilized a part-time temporary DD case manager to manage increased caseload demand.

Services for individuals with Serious Mental Illness (SMI):

- Prioritized resource use for the medication budget to improve access to needed medications unavailable through other funding sources;
- Improved service access for TANF clients by expanding regional case management services, utilizing federal funds.

Family Caregiver Services:

- Utilized additional federal funds to expand stipends available for volunteers in the program.

OVERVIEW OF BUDGET CHANGES

Northeast Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	19,514,728	20,696,142	1,181,414
General	7,928,063	8,484,532	556,469
Federal	10,754,962	11,326,981	572,019
Other	831,703	884,629	52,926
FTEs	137.9	141.9	4.0

Changes to the NEHSC budget are needed to maintain the current level of service.

- Salaries and fringe benefits cost to fund the Governor's salary increase plan is $833,608, of which $443,566 is General Funds.
- The increased FTEs were to convert long-term temporary Community Home Counselors at our Ruth Meiers Adolescent Treatment program (RMAC) and an Activity Assistant to regular employees, in order to enhance recruitment and retention of qualified staff. There was a small increase in general funds to cover the cost of benefits as a result of this change.
- Inflationary increase for contracted providers of $112,903.
- Federal Substance Abuse Prevention and Treatment Block Grant (SAPT) increase of $528,200 for enhancement of adult and adolescent addiction services.
- Increase of $14,306 in National Family Caregiver Grant funds.

SOUTHEAST HUMAN SERVICE CENTER

I would like to discuss the trends and characteristics that are affecting the operations of the Southeast Human Service Center, serving Steele, Traill, Cass, Ransom, Sargent and Richland counties.

Characteristics of Region:

- The regional census of approximately 162,000 individuals comprises just over 25% of the state's population.
- Within this total population, over 41,000 are children under age 18; this is 24% of the children in North Dakota.
- The Fargo area has a strong job market with a low unemployment rate. This has created challenges in terms of placing us in a very competitive market for healthcare professionals, including physicians, psychologists and addiction counselors.
- Because this urban area has more available private providers, SEHSC prioritizes serving the most vulnerable who cannot access services elsewhere in the community.

Service Trends:

Southeast Human Service Center provided services to 4,708 individuals in fiscal year 2004. 3,814 adults were served (6% increase over FY2003); children served totaled 894 (11% increase from the prior year). In addition, 1435 individuals received Vocational Rehabilitation services; of the total number of VR clients, 34% also received other services from SEHSC.

- In the last two years, SEHSC has seen an increase in the number of clients impaired by methamphetamine use. Because longer and/or more intensive treatment is often needed, this in turn has impacted demand and wait time for addiction services.
- Over 50% of SEHSC clients have a diagnosis of serious mental illness, so require a broad array of services over longer periods of time to be able to stay in the community.

- With many of the state's children residing in this region, we have seen an increase in the numbers screened for infant development and DD case management services. The unduplicated number of infants and toddlers served in FY2002 was 130; that increased to 210 in FY2004.
- Within the child welfare system, 1761 child abuse and neglect reports were completed in FY2003. This results in demand for parental capacity evaluations and other child/family mental health or addiction referrals.
- Service coordination and referrals from law enforcement have also increased. We work closely with Parole and Probation as well as the Cass County jail, providing evaluations and case management follow-up for incarcerated clients.

Adolescent Substance Abuse Services:

- Intensive outpatient level of care is now provided in Fargo schools; this was initiated with federal block grant funds received.
- Youth addiction services to rural outreach were expanded; we established a contract with PATH to provide social detox and crisis care for adolescents in the region; both of these enhancements were funded with federal block grant monies.

Adult Substance Abuse Services:

- 8 crisis/social detox beds were funded with federal block grant dollars to provide alternatives/step-down from inpatient treatment.
- Contracted to provide transitional living therapeutic services for individuals requiring residential supports to stay in the community, with substance abuse block grant funds.
- Block grant funds are also being used to add an addiction counselor to the admissions staff, to improve access to emergency services.
- Day treatment and intensive outpatient services were enhanced to reduce client wait times, using federal block grant dollars.

Services for individuals with Serious Mental Illness (SMI):

- Prioritized existing resources to improve access to case management services for individuals with serious mental illness.
- Prioritized resource use for the medication budget to improve access to needed medications unavailable through other funding sources.
- Improved rural access to TANF pilot project by expanding regional case management services with federal TANF funds.

Services for Individuals with Developmental Disabilities:

- Utilized a temporary DD Case Manager to meet increased caseload demand.

Services for high-risk infants/children:

- Numbers of high-risk children referred for infant development and DD case management services increased early in the current biennium, and has since remained fairly steady.

Family Caregiver Services:

- Utilized federal funds to expand stipends for volunteers.

OVERVIEW OF BUDGET CHANGES

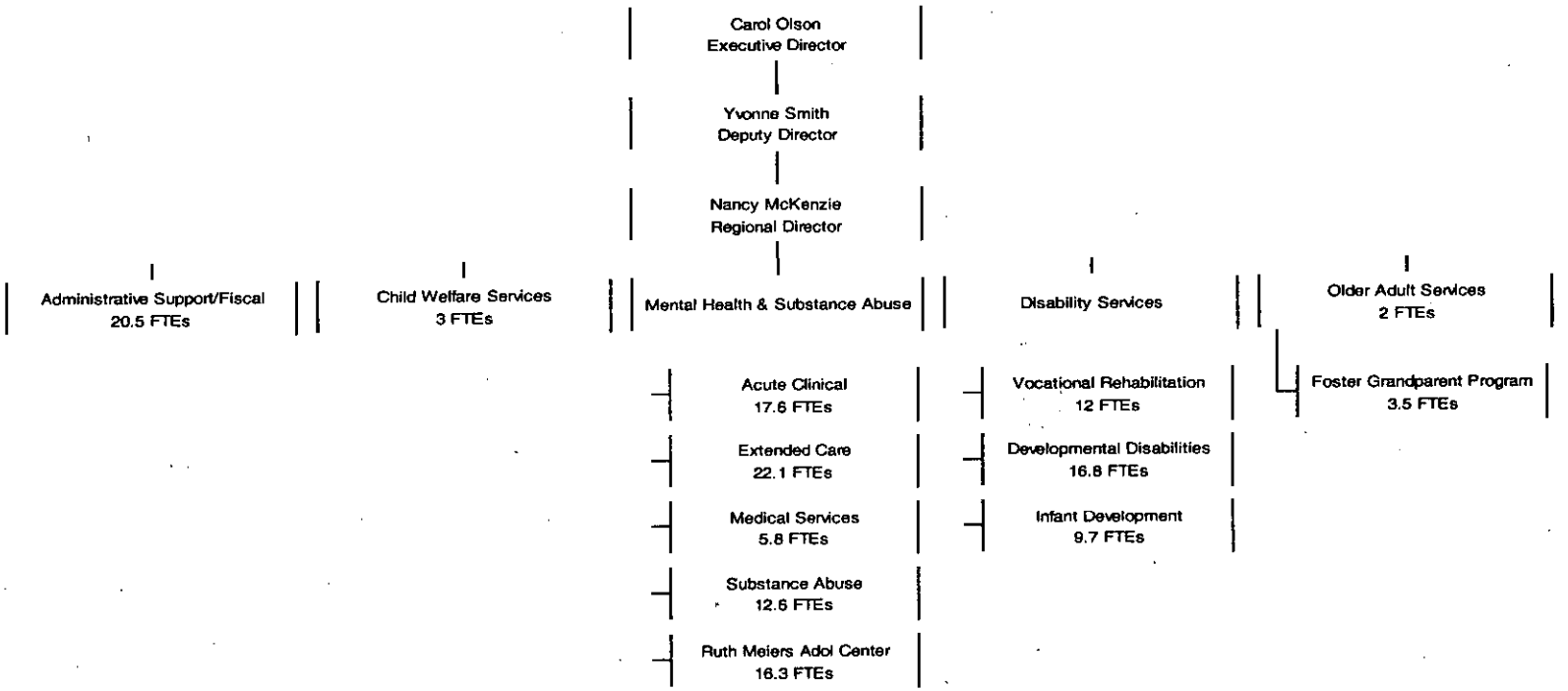
Southeast Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	20,896,483	23,822,246	2,925,763
General	9,457,220	10,148,529	691,309
Federal	10,372,181	12,436,627	2,064,446
Other	1,067,082	1,237,090	170,008
FTEs	181.20	183.60	2.40

Changes to the SEHSC budget are needed to provide access to current level of services with continued growing demand in the region.

- Salaries and fringe benefits cost to fund the Governor's salary increase plan is $1,129,408, of which $628,963 is General Funds.
- $1,147,837 increased salary cost is to fund: 2.4 FTEs for the SAPT block grant service expansion; needed staff resources to manage increased client volume at SEHSC; and, market equity or workload adjustment increases needed to retain staff in hard-to-fill classifications.
- Inflationary increase for contracted providers of $44,619.
- Federal Substance Abuse Prevention and Treatment Block Grant (SAPT) increase of $729,905 to improve access to adult and adolescent addiction services.
- Increase of $18,777 in National Family Caregiver Grant funds.
- $162,160 increase in TANF block grant.
- Foster care IV-E funding increase of $81,493.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTHEAST HUMAN SERVICE CENTER



2003-2005 Budget
Authorized: 141.9 FTEs
Filled: 135.8 FTEs
Vacant: 6.1 FTEs

Effective 12/04

Northeast Human Service Center * BARS Payplan (before raises) by ACC * 2005 - 2007 Budget

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00003308	HUMAN SVC PRGM ADMIN V	0.200	8001	CENTER DIRECTOR ADMINISTRATION	$4,322.00	$10,372.80	$2,956.20
00004340	REG HSC FISCAL MGR - DHS	1.000	8001	CENTER DIRECTOR ADMINISTRATION	$3,906.00	$46,872.00	$13,944.00
00004341	ADMIN STAFF OFFICER I	1.000	8001	CENTER DIRECTOR ADMINISTRATION	$2,794.00	$33,528.00	$11,706.00
BOARD MEMBERS	BRD/COMM-NOT CLASSIFIED		8001	CENTER DIRECTOR ADMINISTRATION	$4,680.00	**$4,680.00**	**$468.00**
		2.200	**8001 Total**			**$95,452.80**	**$29,074.20**
00003252	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,999.00	$23,988.00	$10,106.00
00003274	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,629.00	$19,548.00	$9,361.00
00003278	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,615.00	$19,380.00	$9,333.00
00003487	ADMIN OFR I	1.000	8002	SUPPORT SERVICES	$2,105.00	$25,260.00	$10,319.00
00003844	OFFICE ASSISTANT III	0.500	8002	SUPPORT SERVICES	$8.72	$9,069.00	$7,536.00
00003930	OFFICE ASSISTANT III	1.000	8002	SUPPORT SERVICES	$1,418.00	$17,016.00	$8,930.00
00003931	OFFICE ASSISTANT III	1.000	8002	SUPPORT SERVICES	$1,471.00	$17,652.00	$9,041.00
00003933	ADMINISTRATIVE ASSISTANT II	1.000	8002	SUPPORT SERVICES	$1,981.00	$23,772.00	$10,070.00
00004083	OFFICE ASSISTANT III	1.000	8002	SUPPORT SERVICES	$1,350.00	$16,200.00	$8,785.00
00004293	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,721.00	$20,652.00	$9,545.00
00004294	ACCOUNT TECHNICIAN II	1.000	8002	SUPPORT SERVICES	$1,996.00	$23,952.00	$10,099.00
00004295	ADMINISTRATIVE ASSISTANT I	0.700	8002	SUPPORT SERVICES	$1,850.00	$15,540.00	$8,669.00
00004342	OFFICE ASSISTANT II	1.000	8002	SUPPORT SERVICES	$1,534.00	$18,408.00	$9,170.00
00004343	OFFICE ASSISTANT III	0.800	8002	SUPPORT SERVICES	$1,577.00	$15,139.00	$8,601.00
00004344	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,955.00	$23,460.00	$10,018.00
00004345	OFFICE ASSISTANT III	1.000	8002	SUPPORT SERVICES	$1,575.00	$18,900.00	$9,253.00
00004357	ADMINISTRATIVE ASSISTANT I	1.000	8002	SUPPORT SERVICES	$1,844.00	$22,128.00	$9,794.00
00004371	HUMAN SVC PRGM ADMIN III	1.000	8002	SUPPORT SERVICES	$3,219.00	$38,628.00	$12,561.00
00004402	OFFICE ASSISTANT III	1.000	8002	SUPPORT SERVICES	$1,743.00	$20,916.00	$9,591.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8002	SUPPORT SERVICES	$78,912.00		**$7,891.00**
		18.000	**8002 Total**			**$389,608.00**	**$188,673.00**
00004082	SOCIAL WORKER II	0.500	8027	SHELTER CARE	$2,425.00	$14,550.00	$8,496.00
		0.500	**8027 Total**			**$14,550.00**	**$8,496.00**
00003513	HUMAN SVC PRGM ADMIN IV	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$3,551.00	$42,612.00	$13,229.00
00003515	VOC REHAB COUNS II	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,524.00	$30,288.00	$11,162.00
00003517	VOC REHAB COUNS III	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,627.00	$31,524.00	$11,369.00
00003518	VOC REHAB COUNS III	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$3,079.00	$36,948.00	$12,280.00
00003519	VOC REHAB COUNS II	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,432.00	$29,184.00	$10,977.00
00003520	VOC REHAB COUNS II	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,352.00	$28,224.00	$10,816.00
00003522	ADMINISTRATIVE ASSISTANT I	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$1,907.00	$22,884.00	$9,921.00
00003523	HUMAN SERVICE AIDE II	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$1,674.00	$20,088.00	$9,451.00
00003525	OFFICE ASSISTANT III	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$1,761.00	$21,132.00	$9,626.00
00003600	VOC REHAB COUNS III	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,867.00	$34,404.00	$11,853.00
00003607	VOC REHAB COUNS II	1.000	8030	REHABILITATION EMPLOYMENT SERVICES	$2,640.00	$31,680.00	$11,395.00
		11.000	**8030 Total**			**$328,968.00**	**$122,079.00**
00003569	VISION REHAB SPECIALIST	1.000	8032	REHAB SERVICES - VISION SPECIALISTS	$3,144.00	$37,728.00	$12,410.00
		1.000	**8032 Total**			**$37,728.00**	**$12,410.00**

Northeast Human Service Center * BARS Payplan (before raises) by ACC * 2005 - 2007 Budget

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00003309	PSYCH CLINICAL NURSE SPEC	0.800	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$5,460.00	$52,416.00	$14,873.00
00003352	REGISTERED NURSE II	1.000	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$2,678.00	$32,136.00	$11,472.00
00003474	REGISTERED NURSE II	1.000	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$2,891.00	$34,692.00	$11,901.00
00003827	PSYCH CLINICAL NURSE SPEC	1.000	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$5,717.00	$68,604.00	$17,588.00
00003838	PHYSICIAN-NOT CLASSIFIED	1.000	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$11,917.00	$143,004.00	$26,717.00
00004096	ACTIVITY ASSISTANT II	0.620	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$1,912.00	$14,225.28	$6,157.22
00004362	REGISTERED NURSE III	1.000	8040	MEDICAL DIRECTOR & PSYCHIATRISTS	$3,059.00	$36,708.00	$12,239.00
		6.420	**8040 Total**			**$381,785.28**	**$100,947.22**
00003171	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,940.00	$35,280.00	$12,000.00
00003615	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$3,127.00	$37,524.00	$12,375.00
00003693	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,910.00	$34,920.00	$11,939.00
00003740	LICENSED PSYCHOLOGIST I	1.000	8050	CLINICAL POPULATION SERVICES	$3,756.00	$45,072.00	$13,642.00
00003976	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,891.00	$34,692.00	$11,901.00
00003992	SOCIAL WORKER III	1.000	8050	CLINICAL POPULATION SERVICES	$2,844.00	$34,128.00	$11,806.00
00004008	LICENSED PSYCHOLOGIST I	1.000	8050	CLINICAL POPULATION SERVICES	$4,000.00	$48,000.00	$14,133.00
00004349	LICENSED PSYCHOLOGIST II	1.000	8050	CLINICAL POPULATION SERVICES	$5,136.00	$61,632.00	$16,419.00
00004350	HUMAN SVC PRGM ADMIN VI	1.000	8050	CLINICAL POPULATION SERVICES	$4,300.00	$51,600.00	$14,736.00
00004352	SOCIAL WORKER III	0.600	8050	CLINICAL POPULATION SERVICES	$2,643.00	$19,030.00	$9,275.00
00004353	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,900.00	$34,800.00	$11,920.00
00004355	LIC EXEMPT PSYCH I	1.000	8050	CLINICAL POPULATION SERVICES	$3,105.00	$37,260.00	$12,331.00
00004356	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,754.00	$33,048.00	$11,625.00
00004360	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,883.00	$34,596.00	$11,885.00
00004372	ADVANCED CLINICAL SPECIALIST	1.000	8050	CLINICAL POPULATION SERVICES	$2,883.00	$34,596.00	$11,885.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8050	CLINICAL POPULATION SERVICES	$16,100.00		**$1,610.00**
		14.600	**8050 Total**			**$576,178.00**	**$189,482.00**
00003422	OFFICE ASSISTANT III	0.500	8053	FOSTER GRANDPARENT	$1,654.00	$9,924.00	$4,765.50
00004346	ADMINISTRATIVE ASSISTANT II	1.000	8053	FOSTER GRANDPARENT	$2,025.00	$24,300.00	$10,158.00
00004358	HUMAN SERVICE AIDE I	1.000	8053	FOSTER GRANDPARENT	$1,584.00	$19,008.00	$9,271.00
00004370	HUMAN SVC PRGM ADMIN III	1.000	8053	FOSTER GRANDPARENT	$2,694.00	$32,328.00	$11,504.00
		3.500	**8053 Total**			**$85,560.00**	**$35,698.50**
00003253	ADMINISTRATIVE ASSISTANT II	1.000	8104	COUNTY SUPERVISORS	$2,017.00	$24,204.00	$10,142.00
00003308	HUMAN SVC PRGM ADMIN V	0.800	8104	COUNTY SUPERVISORS	$4,322.00	$41,491.20	$11,824.80
00004022	HUMAN SVC PRGM ADMIN III	1.000	8104	COUNTY SUPERVISORS	$2,941.00	$35,292.00	$12,002.00
		2.800	**8104 Total**			**$100,987.20**	**$33,968.80**
00003845	ECC LICENSING SPEC II	0.500	8105	CHILD CARE LICENSING	$2,840.00	$17,040.00	$8,933.00
00004385	OFFICE ASSISTANT III	0.500	8105	CHILD CARE LICENSING	$8.76	$9,110.00	$7,543.00
		1.000	**8105 Total**			**$26,150.00**	**$16,476.00**
00003134	HUMAN SVC PRGM ADMIN III	1.000	8112	AGING SERVICES ADMINISTRATION	$2,840.00	$34,080.00	$11,798.00
		1.000	**8112 Total**			**$34,080.00**	**$11,798.00**

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00004329	ACTIVITY THERAPIST II	1.000	8113	FAMILY CAREGIVER SUPPORT PROGRAM	$2,604.00	$31,248.00	$11,323.00
		1.000	**8113 Total**			**$31,248.00**	**$11,323.00**
00003332	SOCIAL WORKER II	1.000	8120	RM ATC REHABILITATION SERVICES	$2,371.00	$28,452.00	$10,974.00
00004269	ACTIVITY THERAPIST II	1.000	8120	RM ATC REHABILITATION SERVICES	$2,397.00	$28,764.00	$11,025.00
00004274	HUMAN SVC PRGM ADMIN IV	1.000	8120	RM ATC REHABILITATION SERVICES	$3,349.00	$40,188.00	$12,942.00
00004428	L P NURSE II	1.000	8120	RM ATC REHABILITATION SERVICES	$2,003.00	$24,036.00	$10,233.00
OVERTIME	OTHER-NOT CLASSIFIED		8120	RM ATC REHABILITATION SERVICES	$8,100.00		$810.00
		4.000	**8120 Total**			**$121,440.00**	**$45,984.00**
00003458	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
00004268	COMMUNITY HOME COUNS II	0.800	8122	RM ATC ROOM & BOARD	$1,547.00	$14,851.00	$8,647.00
00004270	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,583.00	$18,996.00	$9,387.00
00004271	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,669.00	$20,028.00	$9,561.00
00004272	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
00004273	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,560.00	$18,720.00	$9,341.00
00004411	COOK II	1.000	8122	RM ATC ROOM & BOARD	$1,715.00	$20,580.00	$9,653.00
00004412	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
00099995	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
00099996	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
00099997	COMMUNITY HOME COUNS II	1.000	8122	RM ATC ROOM & BOARD	$1,547.00	$18,564.00	$9,315.00
OVERTIME	OTHER-NOT CLASSIFIED		8122	RM ATC ROOM & BOARD	$20,000.00		$2,000.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8122	RM ATC ROOM & BOARD	$94,508.00		$9,451.00
		10.800	**8122 Total**			**$204,559.00**	**$113,930.00**
00003422	OFFICE ASSISTANT III	0.500	8123	RM ATC ADMINISTRATION	$1,654.00	$9,924.00	$4,765.50
00004267	HUMAN SVC PRGM ADMIN IV	1.000	8123	RM ATC ADMINISTRATION	$3,416.00	$40,992.00	$13,076.00
		1.500	**8123 Total**			**$50,916.00**	**$17,841.50**
00003310	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,608.00	$31,296.00	$11,331.00
00003748	ADDICTION COUNSELOR II	0.500	8128	CD ALCOHOL & DRUG SERVICES	$2,703.00	$16,218.00	$5,761.00
00003819	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,880.00	$34,560.00	$11,879.00
00004091	MI CASEMANAGER II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,461.00	$29,532.00	$11,035.00
00004092	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,717.00	$32,604.00	$11,550.00
00004351	MI CASEMANAGER II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,980.00	$35,760.00	$12,080.00
00004403	ADDICTION COUNSELOR III	1.000	8128	CD ALCOHOL & DRUG SERVICES	$3,859.00	$46,308.00	$13,848.00
00004407	ADDICTION COUNSELOR II	0.600	8128	CD ALCOHOL & DRUG SERVICES	$2,986.00	$21,499.00	$9,689.00
00004408	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,811.00	$33,732.00	$11,739.00
00004409	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,624.00	$31,488.00	$11,364.00
00004410	ADDICTION COUNSELOR II	1.000	8128	CD ALCOHOL & DRUG SERVICES	$2,505.00	$30,060.00	$11,124.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8128	CD ALCOHOL & DRUG SERVICES	$13,300.00		$1,330.00
		10.100	**8128 Total**			**$343,057.00**	**$122,730.00**

Northeast Human Service Center * BARS Payplan (before raises) by ACC * 2005 - 2007 Budget

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00003949	ADDICTION COUNSELOR II	1.000	8132	CD ATC - THERAPEUTIC	$3,215.00	$38,580.00	$12,671.00
00004027	ADDICTION COUNSELOR I	1.000	8132	CD ATC - THERAPEUTIC	$2,157.00	$25,884.00	$10,543.00
		2.000	**8132 Total**			**$64,464.00**	**$23,214.00**
00003820	MI CASEMANAGER II	0.870	8149	MH PARTNERSHIP PROGRAM	$2,409.00	$25,149.96	$9,509.10
00004081	SOCIAL WORKER III	1.000	8149	MH PARTNERSHIP PROGRAM	$2,907.00	$34,884.00	$11,933.00
00004354	HUMAN SVC PRGM ADMIN III	1.000	8149	MH PARTNERSHIP PROGRAM	$3,231.00	$38,772.00	$12,585.00
00004419	MI CASEMANAGER II	1.000	8149	MH PARTNERSHIP PROGRAM	$2,662.00	$31,944.00	$11,440.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8149	MH PARTNERSHIP PROGRAM	$3,700.00		**$370.00**
		3.870	**8149 Total**			**$130,749.96**	**$45,837.10**
00003142	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$3,039.00	$36,468.00	$12,199.00
00003156	DEV DISABIL CASEMGR III	1.000	8203	DD CASE MANAGEMENT	$3,219.00	$38,628.00	$12,561.00
00003169	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$3,001.00	$36,012.00	$12,122.00
00003330	DEV DISABIL CASEMGR III	1.000	8203	DD CASE MANAGEMENT	$2,982.00	$35,784.00	$12,085.00
00003464	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$2,548.00	$30,576.00	$11,211.00
00003733	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$2,401.00	$28,812.00	$10,915.00
00003787	DEV DISABIL CASEMGR III	1.000	8203	DD CASE MANAGEMENT	$3,076.00	$36,912.00	$12,273.00
00003788	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$2,703.00	$32,436.00	$11,522.00
00003804	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$2,703.00	$32,436.00	$11,522.00
00003996	DEV DISABIL CASEMGR II	0.500	8203	DD CASE MANAGEMENT	$2,546.00	$15,276.00	$8,624.00
00004084	DEV DISABIL CASEMGR II	1.000	8203	DD CASE MANAGEMENT	$2,649.00	$31,788.00	$11,414.00
00004085	DEV DISABIL CASEMGR II	0.500	8203	DD CASE MANAGEMENT	$2,540.00	$15,240.00	$8,618.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8203	DD CASE MANAGEMENT	$30,456.00		**$3,046.00**
		11.000	**8203 Total**			**$370,368.00**	**$138,112.00**
00004363	REG DEV DISABIL PRGM ADMN	1.000	8205	DD COORDINATORS	$3,416.00	$40,992.00	$12,957.00
		1.000	**8205 Total**			**$40,992.00**	**$12,957.00**
00003825	HUMAN SVC PRGM ADMIN IV	0.900	8206	DD INFNTS & TODDLRS - HEALTHY FAMILIES	$3,809.00	$41,137.00	$12,981.00
		0.900	**8206 Total**			**$41,137.00**	**$12,981.00**
00003220	BEHAVIOR MOD SPEC II	1.000	8207	DD BEHAVIORAL ANALYST	$2,785.00	$33,420.00	$11,688.00
00003321	LIC EXEMPT PSYCH I	1.000	8207	DD BEHAVIORAL ANALYST	$2,773.00	$33,276.00	$11,664.00
00003801	LIC EXEMPT PSYCH I	1.000	8207	DD BEHAVIORAL ANALYST	$3,586.00	$43,032.00	$13,300.00
00003821	LIC EXEMPT PSYCH I	0.800	8207	DD BEHAVIORAL ANALYST	$3,066.00	$29,434.00	$11,019.00
		3.800	**8207 Total**			**$139,162.00**	**$47,671.00**

Northeast Human Service Center * BARS Payplan (before raises) by ACC * 2005 - 2007 Budget

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00003146	HUMAN SERVICE AIDE I	0.500	8211	SMI CASE MANAGEMENT	$1,435.00	$8,610.00	$7,454.00
00003166	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,524.00	$30,288.00	$11,162.00
00003491	HUMAN SERVICE AIDE II	1.000	8211	SMI CASE MANAGEMENT	$1,584.00	$19,008.00	$9,271.00
00003575	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,238.00	$26,856.00	$10,586.00
00003586	MI EXT T AND C COORD II	1.000	8211	SMI CASE MANAGEMENT	$2,862.00	$34,344.00	$11,842.00
00003643	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,343.00	$28,116.00	$10,798.00
00003754	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,343.00	$28,116.00	$10,798.00
00003820	MI CASEMANAGER II	0.130	8211	SMI CASE MANAGEMENT	$2,409.00	$3,758.04	$1,420.90
00003823	ACTIVITY THERAPIST II	1.000	8211	SMI CASE MANAGEMENT	$2,594.00	$31,128.00	$11,303.00
00004096	ACTIVITY ASSISTANT II	0.380	8211	SMI CASE MANAGEMENT	$1,912.00	$8,718.72	$3,773.78
00004266	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,745.00	$32,940.00	$11,607.00
00004359	OCCUPATIONAL THERAPIST	1.000	8211	SMI CASE MANAGEMENT	$3,343.00	$40,116.00	$12,811.00
00004369	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,439.00	$29,268.00	$10,991.00
00004386	HUMAN SERVICE AIDE II	1.000	8211	SMI CASE MANAGEMENT	$1,717.00	$20,604.00	$9,538.00
00004425	MI CASEMANAGER II	1.000	8211	SMI CASE MANAGEMENT	$2,343.00	$28,116.00	$10,798.00
00099998	ACTIVITY ASSISTANT II	1.000	8211	SMI CASE MANAGEMENT	$1,835.00	$22,020.00	$9,894.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8211	SMI CASE MANAGEMENT	$36,408.00		$3,641.00
		14.010	**8211 Total**			**$392,006.76**	**$157,688.68**
00003510	ACTIVITY THERAPIST II	1.000	8239	DD INFANT DEVELOPMENT	$2,415.00	$28,980.00	$10,943.00
00003749	ACTIVITY THERAPIST II	0.600	8239	DD INFANT DEVELOPMENT	$2,490.00	$17,928.00	$9,090.00
00003897	ACTIVITY THERAPIST II	1.000	8239	DD INFANT DEVELOPMENT	$2,835.00	$34,020.00	$11,788.00
00004106	ACTIVITY THERAPIST II	1.000	8239	DD INFANT DEVELOPMENT	$3,255.00	$39,060.00	$12,633.00
00004347	ACTIVITY THERAPIST III	1.000	8239	DD INFANT DEVELOPMENT	$2,781.00	$33,372.00	$11,680.00
00004364	AUD/SPEECH LANG PATH III	1.000	8239	DD INFANT DEVELOPMENT	$3,382.00	$40,584.00	$12,888.00
00004366	ACTIVITY THERAPIST II	1.000	8239	DD INFANT DEVELOPMENT	$2,500.00	$30,000.00	$11,114.00
00004367	AUD/SPEECH LANG PATH II	0.800	8239	DD INFANT DEVELOPMENT	$2,483.00	$23,837.00	$10,081.00
00004368	OCCUPATIONAL THERAPIST	0.800	8239	DD INFANT DEVELOPMENT	$3,299.00	$31,670.00	$11,394.00
00099990	ACTIVITY THERAPIST II	0.600	8239	DD INFANT DEVELOPMENT	$2,350.00	$16,920.00	$8,912.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8239	DD INFANT DEVELOPMENT	$41,568.00		$4,157.00
		8.800	**8239 Total**			**$296,371.00**	**$114,680.00**
00003748	ADDICTION COUNSELOR II	0.500	8264	SMI CRISIS RESIDENTIAL - THERAPEUTIC	$2,703.00	$16,218.00	$5,761.00
		0.500	**8264 Total**			**$16,218.00**	**$5,761.00**
00003507	COMMUNITY HOME COUNS II	0.600	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$10.03	$12,517.00	$8,223.00
00004265	COMMUNITY HOME COUNS II	1.000	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$1,737.00	$20,844.00	$9,697.00
00004348	COMMUNITY HOME COUNS II	1.000	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$1,928.00	$23,136.00	$10,081.00
00004361	MI EXT T AND C COORD I	1.000	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$2,919.00	$35,028.00	$12,077.00
00004373	COMMUNITY HOME COUNS I	1.000	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$1,722.00	$20,664.00	$9,668.00
00004413	COMMUNITY HOME COUNS II	1.000	8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$1,700.00	$20,400.00	$9,623.00
OVERTIME	OTHER-NOT CLASSIFIED		8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$3,500.00		$350.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8265	SMI RESIDENTIAL THERAPEUTIC SERV.-GROUP	$18,164.00		$1,816.00
		5.600	**8265 Total**			**$132,589.00**	**$61,535.00**

Northeast Human Service Center * BARS Payplan (before raises) by ACC * 2005 - 2007 Budget

POS_NO	TITLE	FTE_YR1	ACC	RPTNG_LVL_DESCR	RATE	Salary	Benefits
00004287	MI CASEMANAGER II	1.000	8279	SMI SERVICES FOR THE HOMELESS (MHSH)	$2,508.00	$30,096.00	$11,130.00
TEMPORARY	TEMPORARY-NOT CLASSIFIED		8279	SMI SERVICES FOR THE HOMELESS (MHSH)	$3,100.00		$310.00
		1.000	8279 Total			$30,096.00	$11,440.00
		141.900		Grand Total		$4,476,421.00	$1,692,788.00
				Exclude Board Members, Overtime & Temporary Included in Grand Total that are shown below		($4,680.00)	($37,250.00)
				TOTAL FOR FTE POSITIONS		$4,471,741.00	$1,655,538.00
				BIENNIUM TOTAL FOR FTE POSITIONS		$8,943,482.00	$3,311,076.00
				BOARD MEMBERS		$4,680.00	$468.00
				OVERTIME		$31,600.00	$3,160.00
				TEMPORARY		$336,216.00	$33,622.00

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHEAST HSC
Reporting Level: 00-325-410-74-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
GRANTS, BENEFITS & CLAIMS	6006	0	0	0	0	0	0
GRANTS	60	0	0	0	0	0	0
SALARIES	1001	8,479,542	4,164,733	4,536,895	8,701,628	8,980,130	278,502
TEMP, OVERTIME & SHIFT	1002	342,553	143,878	225,098	368,976	367,815	(1,161)
BENEFITS	1008	2,849,241	1,536,068	1,686,868	3,222,936	3,600,726	377,790
SALARY INCREASE	1010	0	0	0	0	498,519	498,519
BENEFIT INCREASE	1011	0	0	0	0	82,694	82,694
IT-TELEPHONE	3003	185,502	87,851	88,865	176,716	177,474	758
TRAVEL	3004	396,804	173,259	217,886	391,145	389,000	(2,145)
IT-SOFTWARE/SUPPLIES	3005	14,047	3,813	8,187	12,000	14,200	2,200
UTILITIES	3006	31,238	18,215	11,135	29,350	29,350	0
POSTAGE	3007	41,426	16,887	32,370	49,257	47,824	(1,433)
LEASE/RENT - EQUIPMENT	3011	2,649	0	6,868	6,868	1,036	(5,832)
LEASE/RENT - BLDG/LAND	3012	1,142,403	582,281	563,311	1,145,592	1,171,088	25,496
DUES & PROFESSIONAL DEV.	3013	20,668	3,736	16,837	20,573	29,573	9,000
OPERATING FEES & SERVICES	3014	418,130	106,977	405,762	512,739	481,927	(30,812)
REPAIRS	3016	122,666	62,867	43,608	106,475	102,900	(3,575)
PROFESSIONAL SERVICES	3018	368,738	192,566	337,445	530,011	522,845	(7,166)
INSURANCE	3019	2,269	1,429	1,349	2,778	2,778	0
OFFICE SUPPLIES	3021	71,864	19,983	29,836	49,819	47,398	(2,421)
PRINTING	3024	26,087	3,024	18,510	21,534	19,034	(2,500)
PROFESSIONAL SUPPLIES	3025	57,705	9,221	22,610	31,831	38,480	6,649
FOOD & CLOTHING	3027	97,898	46,794	48,190	94,984	109,684	14,700
MEDICAL,DENTAL & OPTICAL	3029	15,601	6,992	10,865	17,857	18,257	400
BLDG,GRNDS,VEHICLE MTCE	3030	13,442	6,747	9,345	16,092	18,592	2,500
MISCELLANEOUS SUPPLIES	3033	34,228	14,561	437,893	452,454	67,884	(384,570)
OFFICE EQUIP-UNDER $5000	3034	12,874	0	0	0	0	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHEAST HSC
Reporting Level: 00-325-410-74-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
IT-EQUIP UNDER $5000	3038	886	0	0	0	0	0
EQUIP- OVER $5000	5030	19,677	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	6006	3,351,250	1,819,008	1,734,105	3,553,113	3,876,934	323,821
HUMAN SERVICE CENTERS / INSTITUTIONS	70	18,119,388	9,020,890	10,493,838	19,514,728	20,696,142	1,181,414
EXPENDITURE TOTALS		18,119,388	9,020,890	10,493,838	19,514,728	20,696,142	1,181,414
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	0	12	13	25	0	(25)
MENTAL HEALTH BLOCK GRANT - 00	S003	137,416	63,485	73,850	137,335	138,446	1,111
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	646,133	368,688	428,889	797,577	1,337,135	539,558
TITLE V - 93.994	S023	0	33	39	72	0	(72)
FOOD STAMP PROG. 10.561	S025	0	850	988	1,838	0	(1,838)
PROJ FOR HOMELESS - PATH	S029	71,660	34,596	40,244	74,840	74,911	71
CHILD SUPPORT ENFORCE 93.563	S035	0	108	126	234	0	(234)
VOC. REHAB. BASIC SUPP. 84.126	S040	924,271	467,638	543,995	1,011,633	1,038,670	27,037
MEDICAL ASSISTANCE-93.778	S055	5,194,208	2,267,062	2,637,233	4,904,295	6,028,016	1,123,721
MEDICAL ADMINISTRATION-93.778	S056	119,200	58,399	67,935	126,334	69,089	(57,245)
SOC. SER. BLK. GR. - 93.667	S065	782,568	301,526	350,759	652,285	596,188	(56,097)
FOSTER CARE IV-E-93.658	S067	254,047	603,171	701,659	1,304,830	465,220	(839,610)
VR IL OLDER BLIND 84.177	S069	53,419	24,785	28,832	53,617	67,256	13,639
FC ADOPTION ASSIST. 93.659	S070	0	41	48	89	0	(89)
PROMOTING SAFE & STABLE FAMILIES IV	S071	27,489	20,339	23,661	44,000	44,706	706
CHILD WELFARE SERVICES-93.645	S073	12,300	0	0	0	0	0
ACCESS AND VISITATION PROGRAM 93.59	S079	24,642	0	0	0	0	0
PART C-84.181	S085	430,845	167,320	194,640	361,960	169,436	(192,524)
AGING ADMINISTRATION - 02	S090	32,290	14,446	16,804	31,250	31,754	504
TITLE III B - 00	S091	0	18,808	21,878	40,686	40,700	14
TITLE III E - FAMILY CAREGIVER SUPP	S094	26,249	65,569	76,276	141,845	158,625	16,780

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHEAST HSC
Reporting Level: 00-325-410-74-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
CCDF - DISCRETIONARY FUNDS	S109	104,995	45,463	52,887	98,350	102,996	4,646
TANF BLOCK GRANT	S114	81,357	42,391	49,312	91,703	88,197	(3,506)
CHILD CARE DEVELOPMENT FUND	S115	0	141	163	304	0	(304)
LIHEAP - 93.028	S116	0	375	436	811	0	(811)
REFUGEE ASSISTANCE CMA 93.026	S142	0	24	27	51	0	(51)
DPI-NATL SCHOOL LUNCH (NEHSC)	S516	16,082	9,245	10,755	20,000	19,136	(864)
RETIRED SENIOR VOLUNTEER PROGRAM	S700	139,947	0	0	0	0	0
FOSTER GRANDPARENT	Z253	659,322	397,081	461,917	858,998	856,500	(2,498)
Federal Funds	FED	9,738,440	4,971,596	5,783,366	10,754,962	11,326,981	572,019
STATE GENERAL FUND	001	6,930,684	3,664,831	4,263,232	7,928,063	8,484,532	556,469
General Fund	GEN	6,930,684	3,664,831	4,263,232	7,928,063	8,484,532	556,469
HUMAN SERVICES DEPARTMENT FUND 325C	360	0	0	0	0	0	0
NEHSC-OTHER	Z251	1,450,264	384,463	447,240	831,703	884,629	52,926
Special Funds	SPEC	1,450,264	384,463	447,240	831,703	884,629	52,926
TOTAL FUNDING		18,119,388	9,020,890	10,493,838	19,514,728	20,696,142	1,181,414
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		144	0	138	138	142	4
TOTAL AUTHORIZED EMPLOYEES		144	0	138	138	142	4
VACANT		0	0	8	8	6	(2)
FTE		144	0	130	130	136	6

Grants Summary

Department of Human Services
Northeast Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Adult Protective Services	General Funds	0	1,226	1,226
Case Workers - 40,600	Federal Funds	0	40,600	40,600
Provider Inflation - 1,226		0	41,826	41,826
Care Coordination	General Funds	2,774	18,437	15,663
School Social Workers - 120,000	Federal Funds	30,434	148,257	117,823
Tracking and Attendant Care - 35,000	Special Funds	1,792	8,729	6,937
Rural Outreach Partnership Care Coordinator - 7,500		35,000	175,423	140,423
Nurturing Program - 8,000				
Provider Inflation - 4,923				
DD Services	General Funds	0	2,472	2,472
Audiological Evaluations - 2,400		0	2,472	2,472
Provider Inflation - 72				
Detoxification	General Funds	19,870	21,074	1,204
Detox - 39,870	Federal Funds	0	20,000	20,000
Provider Inflation - 1,204		19,870	41,074	21,204
Evaluation Services - VR	General Funds	2,130	130	-2,000
Medical Consultation - 8,000	Federal Funds	7,870	7,870	0
		10,000	8,000	-2,000

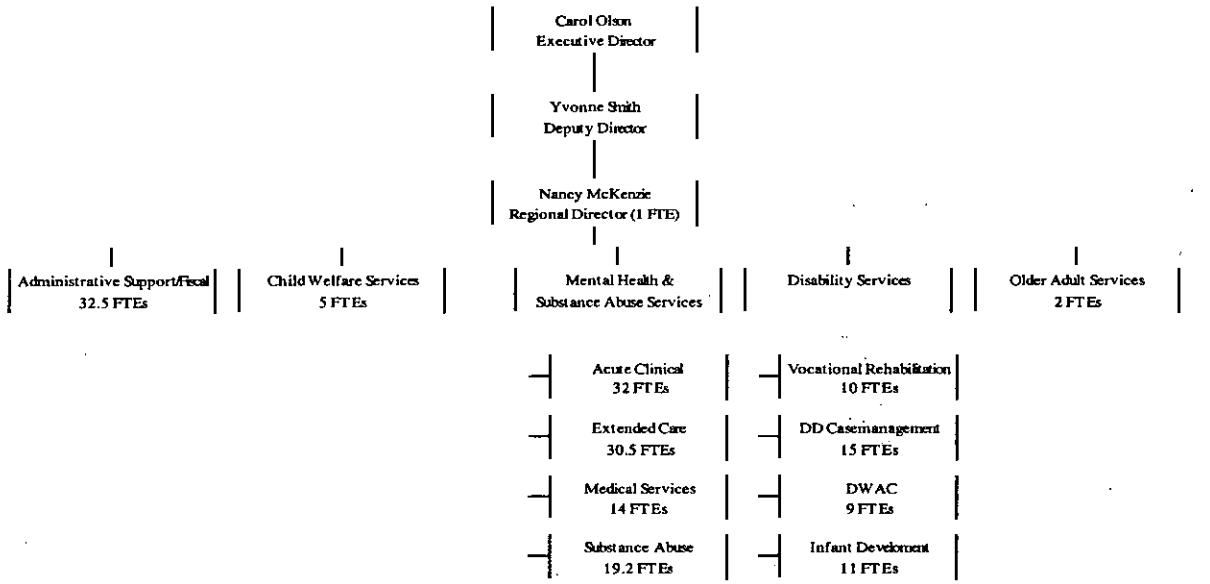
Grants Summary

Department of Human Services

Northeast Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Inpatient Hospitalization	General Funds	200,000	113,020	-86,980
SMI/CD Inpatient Hospitalization - 110,000		200,000	113,020	-86,980
Provider Inflation - 3,020				
Psych Social Club	General Funds	175,000	190,587	15,587
Psych Social Club - 185,000	Federal Funds	12,360	0	-12,360
Provider Inflation - 5,587		187,360	190,587	3,227
Psychiatric / Psychological / Medical Services	General Funds	173,159	235,295	62,136
Psychiatric Services - 330,720	Special Funds	39,467	39,467	0
Nursing Services - 91,000	Federal Funds	159,694	159,694	0
Provider Inflation - 12,736		372,320	434,456	62,136
Residential Services	General Funds	1,399,694	1,408,736	9,042
SMI Supported Residential - 1,082,456	Special Funds	7,586	7,586	0
CD Long Term - 65,700	Federal Funds	1,321,283	1,321,283	0
SMI/CD Crisis Residential - 663,841		2,728,563	2,737,605	9,042
CD Women & Children's - 245,000				
CD Adolescent Residential Treatment - 600,356				
Provider Inflation - 80,252				
Substance Abuse Treatment and Prevention	General Funds	0	3,883	3,883
Outreach CD Eval and Treatment - 95,736	Federal Funds	0	128,588	128,588
Case Aide - 24,152		0	132,471	132,471
Outreach Adolescent Evals and Early Intervention 8,700				
Provider Inflation - 3,883				
TOTAL GRANTS		**3,553,113**	**3,876,934**	**323,821**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SOUTHEAST HUMAN SERVICE CENTER



2003-2005 Budget
Authorized: 181.2 FTEs
Filled: 168.27 FTEs
Vacant: 12.93 FTEs

Effective 1/04

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTHEAST HSC
Reporting Level: 00-325-410-75-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	12,036,746	5,940,919	5,910,667	11,851,586	12,782,553	930,967
TEMP, OVERTIME & SHIFT	1002	327,184	169,559	153,977	323,536	289,369	(34,167)
BENEFITS	1008	3,837,213	2,033,886	2,047,426	4,081,312	4,637,265	555,953
SALARY INCREASE	1010	0	0	0	0	709,558	709,558
BENEFIT INCREASE	1011	0	0	0	0	114,934	114,934
IT-DATA PROCESSING	3002	0	0	120	120	0	(120)
IT-TELEPHONE	3003	194,806	89,907	97,900	187,807	187,807	0
TRAVEL	3004	303,406	135,343	189,562	324,905	348,313	23,408
IT-SOFTWARE/SUPPLIES	3005	17,895	8,779	9,370	18,149	18,269	120
UTILITIES	3006	115,279	61,413	51,920	113,333	113,333	0
POSTAGE	3007	52,937	28,353	33,615	61,968	64,130	2,162
LEASE/RENT - EQUIPMENT	3011	7,455	9,374	9,607	18,981	18,981	0
LEASE/RENT - BLDG/LAND	3012	91,872	32,478	27,409	59,887	59,887	0
DUES & PROFESSIONAL DEV.	3013	31,644	7,523	33,072	40,595	47,878	7,283
OPERATING FEES & SERVICES	3014	68,148	90,188	78,968	169,156	183,917	14,761
REPAIRS	3016	180,921	103,108	78,395	181,503	181,918	415
PROFESSIONAL SERVICES	3018	8,412	0	1,102	1,102	1,102	0
INSURANCE	3019	1,864	0	600	600	600	0
OFFICE SUPPLIES	3021	42,582	22,656	22,340	44,996	44,996	0
PRINTING	3024	42,890	8,770	31,811	40,581	40,581	0
PROFESSIONAL SUPPLIES	3025	24,287	14,770	20,028	34,798	35,926	1,128
FOOD & CLOTHING	3027	18,951	4,325	8,252	12,577	12,577	0
MEDICAL,DENTAL & OPTICAL	3029	18,593	15,219	16,722	31,941	35,734	3,793
BLDG,GRNDS,VEHICLE MTCE	3030	19,707	9,507	11,795	21,302	21,302	0
MISCELLANEOUS SUPPLIES	3033	50,017	11,566	28,439	40,005	40,005	0
OFFICE EQUIP-UNDER $5000	3034	42,530	5,737	3,827	9,564	9,564	0
OTHER EQUIP-UNDER $5000	3036	649	675	4,748	5,423	5,423	0
EXTRAORDINARY REPAIRS	5010	0	0	0	0	0	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTHEAST HSC
Reporting Level: 00-325-410-75-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
OTHER CAPITAL PAYMENTS	5020	580,639	0	564,328	564,328	565,111	783
EQUIP- OVER $5000	5030	0	0	19,000	19,000	19,000	0
GRANTS, BENEFITS & CLAIMS	6006	2,178,176	1,573,754	1,063,674	2,637,428	3,232,213	594,785
HUMAN SERVICE CENTERS / INSTITUTIONS	70	20,294,803	10,377,809	10,518,674	20,896,483	23,822,246	2,925,763
EXPENDITURE TOTALS		20,294,803	10,377,809	10,518,674	20,896,483	23,822,246	2,925,763
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	0	9	10	19	0	(19)
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	654,050	558,932	566,519	1,125,451	1,874,841	749,390
TITLE V - 93.994	S023	0	16	16	32	0	(32)
FOOD STAMP PROG. 10.561	S025	0	1,500	1,520	3,020	0	(3,020)
PROJ FOR HOMELESS - PATH	S029	71,250	36,663	37,161	73,824	74,939	1,115
CHILD SUPPORT ENFORCE 93.563	S035	0	55	55	110	0	(110)
VOC. REHAB. BASIC SUPP. 84.126	S040	949,345	511,094	518,032	1,029,126	1,087,395	58,269
MEDICAL ASSISTANCE-93.778	S055	6,308,508	2,904,509	2,943,934	5,848,443	6,814,812	966,369
MEDICAL ADMINISTRATION-93.778	S056	104,586	52,014	52,720	104,734	72,774	(31,960)
CHIP - MAP & MA ADMIN 93.767	S058	0	0	0	0	0	0
SOC. SER. BLK. GR. - 93.667	S065	1,042,566	484,910	491,491	976,401	991,902	15,501
FOSTER CARE IV-E-93.658	S067	149,778	127,667	129,401	257,068	343,111	86,043
VR IL OLDER BLIND 84.177	S069	55,368	21,421	21,712	43,133	46,262	3,129
FC ADOPTION ASSIST. 93.659	S070	0	18	19	37	0	(37)
ACCESS AND VISITATION PROGRAM 93.59	S079	69,100	0	0	0	0	0
PART C-84.181	S085	331,997	181,643	184,108	365,751	360,439	(5,312)
AGING ADMINISTRATION - 02	S090	31,250	15,538	15,749	31,287	31,769	482
TITLE III B - 00	S091	14,456	0	0	0	53,300	53,300
TITLE III E - FAMILY CAREGIVER SUPP	S094	16,138	91,351	92,590	183,941	205,980	22,039
ELDER ABUSE PREVENTION	S096	14,660	40,128	40,672	80,800	27,500	(53,300)
CCDF - DISCRETIONARY FUNDS	S109	117,212	56,908	57,680	114,588	139,678	25,090

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: SOUTHEAST HSC
Reporting Level: 00-325-410-75-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
TANF BLOCK GRANT	S114	212,665	65,684	66,576	132,260	311,925	179,665
CHILD CARE DEVELOPMENT FUND	S115	0	277	280	557	0	(557)
LIHEAP - 93.028	S116	0	785	795	1,580	0	(1,580)
REFUGEE ASSISTANCE CMA 93.026	S142	0	9	10	19	0	(19)
RETIRED SENIOR VOLUNTEER PROGRAM-SE	S701	153,302	0	0	0	0	0
Federal Funds	FED	10,296,231	5,151,131	5,221,050	10,372,181	12,436,627	2,064,446
STATE GENERAL FUND	001	8,758,489	4,696,734	4,760,486	9,457,220	10,148,529	691,309
General Fund	GEN	8,758,489	4,696,734	4,760,486	9,457,220	10,148,529	691,309
SEHSC-OTHER	Z261	1,240,083	529,944	537,138	1,067,082	1,237,090	170,008
Special Funds	SPEC	1,240,083	529,944	537,138	1,067,082	1,237,090	170,008
TOTAL FUNDING		20,294,803	10,377,809	10,518,674	20,896,483	23,822,246	2,925,763
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		196	0	181	181	184	2
TOTAL AUTHORIZED EMPLOYEES		196	0	181	181	184	2
VACANT		0	0	21	21	7	(14)
FTE		196	0	160	160	176	16

Grants Summary

Department of Human Services
Southeast Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Adult Protective Services	Federal Funds	80,800	80,800	0
		80,800	80,800	0
Care Coordination	General Funds	16,825	23,432	6,607
West Fargo Schools - 54,552	Federal Funds	16,383	10,837	-5,546
Inflatiion Increase - 1,091	Special Funds	21,344	21,374	30
		54,552	55,643	1,091
Case Aide	General Funds	73,494	79,617	6,123
SMI adult--40,970	Federal Funds	83,150	96,886	13,736
Partnership--164,000	Special Funds	33,818	34,719	901
Provider Inflation-- 6,252		190,462	211,222	20,760
Crisis Care / Safe Beds	General Funds	260,854	109,999	-150,855
Partnership Safe Beds--366,393	Federal Funds	378,469	702,215	323,746
Crisis Beds Adult--468,258	Special Funds	33,060	22,437	-10,623
		672,383	834,651	162,268
DD Services	General Funds	2,645	2,645	0
Interpretors--5,543	Special Funds	15	15	0
Experienced Parent--159,049	Federal Funds	42,883	161,932	119,049
		45,543	164,592	119,049

Grants Summary

Department of Human Services
Southeast Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Detoxification	General Funds	14,101	14,101	0
Crisis Detox.--24,559	Federal Funds	3,220	3,220	0
Hospital Detox.--		17,321	17,321	0
Evaluation Services - VR	General Funds			0
Medical Consultation-	Federal Funds			0
Psychological Consultation--		0	0	0
Flex Funds - Partnership	General Funds	12,837	17,045	4,208
	Special Funds	12,500	8,269	-4,231
	Federal Funds	33,987	34,010	23
		59,324	59,324	0
Inpatient Hospitalization	General Funds	231,773	239,011	7,238
SMI--128.553	Federal Funds	130,419	130,419	0
Addiction--233,639		362,192	369,430	7,238
Provider Inflation--				
Psych Social Club	General Funds	181,666	185,299	3,633
		181,666	185,299	3,633

Grants Summary

Department of Human Services

Southeast Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Psychiatric / Psychological / Medical Services	General Funds	29,553	8,288	-21,265
Psychiatric Services-50,000	Federal Funds	16,610	36,105	19,495
Interpretors--1,990	Special Funds	5,827	7,597	1,770
Case consult. & emergency assess.		51,990	51,990	0
Title XIX evaluations--				
CD medical assessments--				
CD acupuncture-				
Residential Services	General Funds	271,643	546,312	274,669
CD Short Term--133,358	Federal Funds	637,144	643,221	6,077
CD Long Term--	Special Funds	12,408	12,408	0
SMI Crisis Residential--		921,195	1,201,941	280,746
SMI Transitional Living-- 831,541				
SMI Supportive Living -- 208,627				
Provider Inflation-- 28,415				
Respite Care	General Funds			0
		0	0	0
Substance Abuse Treatment and Prevention	Federal Funds			
Native American Access--100,000		0	0	0
CD Adolescent Recreational/Occupation Therapy--84,200				
TOTAL GRANTS		**2,637,428**	**3,232,213**	**594,785**

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS COMMITTEE

SENATOR HOLMBERG, CHAIRMAN

MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Nancy McKenzie of the Department of Human Services. I am submitting this written testimony to provide you an overview of the budget for the Northeast and Southeast Human Service Centers.

REGION IV – NORTHEAST HUMAN SERVICE CENTER

Recent trends and characteristics that impact services provided by Northeast Human Service Center, serving Grand Forks, Nelson, Walsh and Pembina counties.

Characteristics of Region:

- The region's population of approximately 91,000 comprises 14% of the state's population.
- 15% of the state's children, approximately 23,500, reside in this region.

Service Trends:

Northeast Human Service Center provided services to 2865 individuals in FY 2004 (2080 adults and 785 children received services). In addition, 1189 individuals received Vocational Rehabilitation services. Of the total number of VR clients, 29% also received some other service from NEHSC. 40% of the clients seen by NEHSC have a diagnosis of serious mental illness; 47% have a more acute diagnosis. We place priority on serving those most vulnerable, who cannot access services from other local providers.

- In the last two years, NEHSC has seen an increase in the number of clients impaired by methamphetamine use. Because longer or more intensive treatment is needed for many, this in turn impacts the workload for addiction services.
- We have been impacted by growth in the numbers of children screened for infant development and DD case management services. The unduplicated cumulative number of infants and toddlers served in FY 2002 was 108; in FY 2004 this was 151.
- Within the child welfare system, child abuse and neglect reports continue to result in need for parental capacity evaluations and children/family mental health services. A slight increase was also seen in the average number of children in foster care.

Substance Abuse Services for Adults and Adolescents:

- Established contract to expand evaluation and intensive outpatient treatment for rural areas of the region, using federal block grant funds;
- Enhanced access to care for adult and adolescent treatment services with federal block grant funds;
- Will use block grant funds to establish new contracts for detoxification and long-term residential services to fill gaps in the service continuum.

Services for Individuals with Developmental Disabilities:

- Utilized a part-time temporary DD case manager to manage increased caseload demand.

Services for individuals with Serious Mental Illness (SMI):

- Prioritized resource use for the medication budget to improve access to needed medications unavailable through other funding sources;
- Improved service access for TANF clients by expanding regional case management services, utilizing federal funds.

Family Caregiver Services:

- **Utilized additional federal funds to expand stipends available for volunteers in the program.**

OVERVIEW OF BUDGET CHANGES

Northeast Human Service Center

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	Increase / Decrease	Request to Senate
HSCs / Institutions	19,514,728	1,181,414	20,696,142	(199,190)	20,496,952
General	7,928,063	556,469	8,484,532	(178,240)	8,306,292
Federal	10,754,962	572,019	11,326,981	(20,950)	11,306,031
Other	831,703	52,926	884,629	-	884,629
FTEs	137.90	4.00	141.90	-	141.90

Changes to the NEHSC budget are requested to maintain the current level of service.

- **Salaries and fringe benefits cost to fund the Governor's salary increase plan is $833,608, of which $443,566 is general funds.**
- **The increased FTEs were to convert long-term temporary Community Home Counselors at our Ruth Meiers Adolescent Treatment program (RMAC) and an Activity Assistant to regular employees, in order to enhance recruitment and retention of qualified staff. There was a small increase in general funds to cover the cost of benefits as a result of this change.**
- **Inflationary increase for contracted providers of $112,903.**
- **Federal Substance Abuse Prevention and Treatment Block Grant (SAPT) increase of $528,200 for enhancement of adult and adolescent addiction services.**
- **Increase of $14,306 in National Family Caregiver Grant funds.**

House Changes:

- Reduction of $48,869 in salaries, of which 27,919 is general funds, to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $97,692 in salaries as part of the overall salary underfunding department-wide.
- Reduction of $52,629 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

REGION V SOUTHEAST HUMAN SERVICE CENTER

Trends and characteristics that are affecting the operations of the Southeast Human Service Center, serving Steele, Traill, Cass, Ransom, Sargent and Richland counties.

Characteristics of Region:

- The regional census of approximately 162,000 individuals comprises just over 25% of the state's population.
- Within this total population, over 41,000 are children under age 18; this is 24% of the children in North Dakota.
- The Fargo area has a strong job market with a low unemployment rate. This has created challenges in terms of placing us in a very competitive market for healthcare professionals, including physicians, psychologists and addiction counselors.
- Because this urban area has more available private providers, SEHSC prioritizes serving the most vulnerable who cannot access services elsewhere in the community.

Service Trends:

Southeast Human Service Center provided services to 4,708 individuals in FY 2004. 3,814 adults were served (6% increase over FY 2003); children served totaled 894 (11% increase from the prior year). In addition, 1435 individuals received Vocational Rehabilitation services; of the total number of VR clients, 34% also received other services from SEHSC.

- **In the last two years, SEHSC has seen an increase in the number of clients impaired by methamphetamine use. Because longer and/or more intensive treatment is often needed, this in turn has impacted demand and wait time for addiction services.**
- **Over 50% of SEHSC clients have a diagnosis of serious mental illness, so require a broad array of services over longer periods of time to be able to stay in the community.**
- **With many of the state's children residing in this region, we have seen an increase in the numbers screened for infant development and DD case management services. The unduplicated number of infants and toddlers served in FY 2002 was 130; that increased to 210 in FY 2004.**
- **Within the child welfare system, 1761 child abuse and neglect reports were completed in FY 2003. This results in demand for parental capacity evaluations and other child/family mental health or addiction referrals.**
- **Service coordination and referrals from law enforcement have also increased. We work closely with Parole and Probation as well as the Cass County jail, providing evaluations and case management follow-up for incarcerated clients.**

Adolescent Substance Abuse Services:

- **Intensive outpatient level of care is now provided in Fargo schools; this was initiated with federal block grant funds received.**
- **Youth addiction services to rural outreach were expanded; we established a contract with PATH to provide social detox and crisis**

care for adolescents in the region; both of these enhancements were funded with federal block grant monies.

Adult Substance Abuse Services:

- 8 crisis/social detox beds were funded with federal block grant dollars to provide alternatives/step-down from inpatient treatment.
- Contracted to provide transitional living therapeutic services for individuals requiring residential supports to stay in the community, with substance abuse block grant funds.
- Block grant funds are also being used to add an addiction counselor to the admissions staff, to improve access to emergency services.
- Day treatment and intensive outpatient services were enhanced to reduce client wait times, using federal block grant dollars.

Services for Individuals with Serious Mental Illness (SMI):

- Prioritized existing resources to improve access to case management services for individuals with serious mental illness.
- Prioritized resource use for the medication budget to improve access to needed medications unavailable through other funding sources.
- Improved rural access to TANF pilot project by expanding regional case management services with federal TANF funds.

Services for Individuals with Developmental Disabilities:

- Utilized a temporary DD Case Manager to meet increased caseload demand.

Services for High-Risk Infants/Children:

- Numbers of high-risk children referred for infant development and DD case management services increased early in the current biennium, and has since remained fairly steady.

Family Caregiver Services:

- **Utilized federal funds to expand stipends for volunteers.**

OVERVIEW OF BUDGET CHANGES

Southeast Human Service Center

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	Increase / Decrease	Request to Senate
HSCs / Institutions	20,896,483	2,925,763	23,822,246	(295,824)	23,526,422
General	9,457,220	691,309	10,148,529	(267,702)	9,880,827
Federal	10,372,181	2,064,446	12,436,627	(28,122)	12,408,505
Other	1,067,082	170,008	1,237,090	-	1,237,090
FTEs	181.20	2.40	183.60	-	183.60

Changes to the SEHSC budget are needed to provide access to current level of services with continued growing demand in the region.

- **Salaries and fringe benefits cost to fund the Governor's salary increase plan is $1,129,408, of which $628,963 is general funds.**
- **$1,147,837 increased salary cost is to fund: 2.4 FTEs for the Substance Abuse Prevention and Treatment Block Grant (SAPT) block grant service expansion; needed staff resources to manage increased client volume at SEHSC; and, market equity or workload adjustment increases needed to retain staff in hard-to-fill classifications.**
- **Inflationary increase for contracted providers of $44,619.**
- **Federal SAPT increase of $729,905 to improve access to adult and adolescent addiction services.**
- **Increase of $18,777 in National Family Caregiver Grant funds.**
- **$162,160 increase in TANF block grant.**
- **Foster care IV-E funding increase of $81,493.**

House Changes:

- Reduction of $71,224 in salaries, of which $43,102 is general funds, to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $137,046 in salaries as part of the overall salary underfunding department-wide.
- Reduction of $87,554 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
HUMAN RESOURCES SUBCOMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
February 2, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Marilyn Rudolph of the Department of Human Services. I am here today to provide you an overview of the budget for the Northwest and North Central Human Service Centers.

Northwest Human Service Center provides services to Divide, McKenzie and Williams counties. The total population of the region is 27,781.

Northwest Human Service Center provided services to 1263 clients in fiscal year 2004. (939 adults and 324 children received services.) In addition 381 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 32% received some other services from Northwest Human Service Center.

- The Williston Basin is seeing increased oil activity, which translates into an influx of people and increased referrals to the human service center. New client intakes are up by 10 a month since July 2004.
- Available affordable housing has decreased, also perhaps due to the influx of people.
- Northwest is experiencing a dramatic increase of Infant Development referrals for evaluation. We have increased from an average base of 10 open cases to 31 open cases. There is no definitive reason for this; however, two factors include survival of premature births and increased number of multiple high-risk births.
- The foster care caseload for the three counties has increased from 36 to 65. Twenty (25) of these children are in care because of

parental drug use.

- One unique approach in Region I is the addiction contract we have with Mercy Recovery, a private program. This public-private partnership has been very positive. The contract is a "no reject", which means Mercy must treat all referrals. This allows us to serve more individuals for a fixed cost and for a longer treatment stay, which works much more effectively for individuals using methamphetamine.
- Vocational Rehabilitation has also experienced an increase in referrals for transitioning students from school to work and in the Rural Services sector.

Northwest has responded to population shifts and area needs. Our human service center seems to be right sized for the area we serve.

OVERVIEW OF BUDGET CHANGES

Northwest Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	**$7,174,282**	**$7,379,756**	**$205,474**
General	**$3,512,047**	**$3,688,546**	**$176,499**
Federal	**$3,319,819**	**$3,344,373**	**$24,554**
Other	**$342,416**	**$346,837**	**$4,421**
TOTAL	**$7,174,282**	**$7,379,756**	**$205,474**
FTEs	**50.00**	**50.00**	**0.00**

- **$303,936 supports the salary package in the Governor's budget of which $184,218 is General Fund.**
- **Federal Substance Abuse Prevention and Treatment Block Grant increase of $76,030 for services.**
- **Federal funding for Vocational Rehabilitation programs increase $57,784.**
- **Increase of $39,175 in the National Family Caregiver Grant Funds.**
- **Decrease in the Social Services Block Grant $39,980.**

North Central Human Service Center provides services to the region that includes Burke, Mountrail, Renville, Bottineau, McHenry, Pierce and Ward counties. The total population of the region is 88,089.

North Central Human Service Center provided services to 3,023 in fiscal year 2004. (2,401 were adults and 622 children.) In addition 935 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 27% received some other services from North Central Human Service Center.

- There is an increase in the number of referrals of individuals requiring sex offender screening and treatment. This population is served most effectively in a group setting. The increase in numbers has caused some wait time in order to have a workable group. With this increase two groups will be operational.
- The Children's Unit continues to see an increasing caseload of children with serious emotional disorders. The complexity of these cases, in addition to the need for custody changes including termination of parental rights, has resulted in more clinician time in court.
- Our Addiction Unit has moved from leased space separate from the main center back into the main center, which has created savings and a more integrated approach to client management.
- There is an increase in the number of individuals using oxycontin, cocaine and methamphetamine.
- There is an increase in individuals who are homeless and in need of addiction treatment from other states such as Arizona, Colorado, Wyoming, Washington, South Dakota and Nevada.
- Fifty percent (50%) of our addiction referrals are from the criminal

justice system.

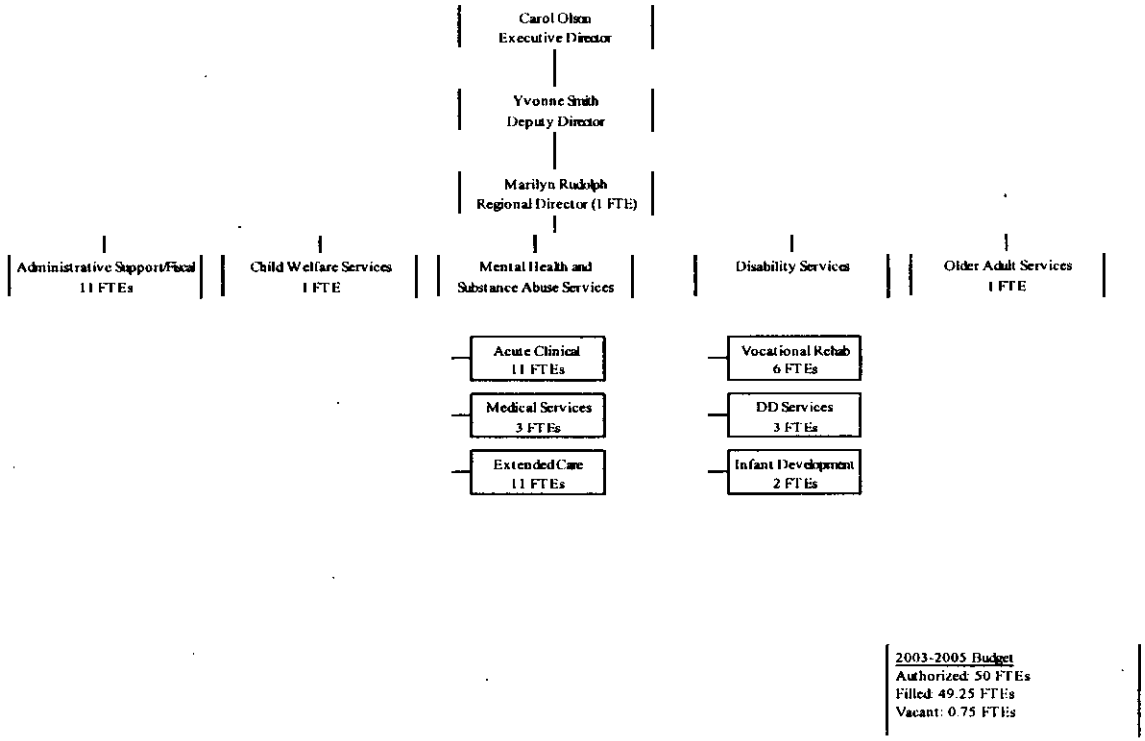
The impact of these factors requires a steadfast commitment from staff and an element of creativity in order to serve this increased need.

North Central Human Service Center

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	**$14,673,761**	**$15,433,218**	**$759,457**
General	**$7,791,196**	**$8,163,022**	**$371,826**
Federal	**$6,237,862**	**$6,415,545**	**$177,683**
Other	**$644,703**	**$854,651**	**$209,948**
TOTAL	**$14,673,761**	**$15,433,218**	**$759,457**
FTEs	**114.78**	**113.78**	**(1.00)**

- **$669,604 supports the salary package in the Governor's budget of which $445,326.**
- **Federal funding for Vocational Rehabilitation programs decrease $31,036.**
- **Increase in Federal funding for Infant and Toddlers program $81,500, which will be used for contracted services.**
- **Decrease in the Social Services Block Grant $28,666.**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTHWEST HUMAN SERVICE CENTER



Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHWEST HSC
Reporting Level: 00-325-410-71-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	3,820,040	1,670,733	1,731,335	3,402,068	3,379,885	(22,183)
TEMP, OVERTIME & SHIFT	1002	378,789	83,124	214,611	297,735	237,590	(60,145)
BENEFITS	1008	1,245,091	568,792	653,113	1,221,905	1,283,619	61,714
SALARY INCREASE	1010	0	0	0	0	187,766	187,766
BENEFIT INCREASE	1011	0	0	0	0	31,481	31,481
IT-TELEPHONE	3003	74,419	31,165	45,478	76,643	62,507	(14,136)
TRAVEL	3004	157,751	66,014	89,674	155,688	150,059	(5,629)
IT-SOFTWARE/SUPPLIES	3005	7,441	2,458	42	2,500	6,000	3,500
UTILITIES	3006	8,946	0	0	0	0	0
POSTAGE	3007	20,980	929	16,479	17,408	20,000	2,592
LEASE/RENT - EQUIPMENT	3011	17,917	7,904	11,196	19,100	20,000	900
LEASE/RENT - BLDG/LAND	3012	491,144	220,705	178,699	399,404	411,350	11,946
DUES & PROFESSIONAL DEV.	3013	12,395	3,863	7,394	11,257	6,360	(4,897)
OPERATING FEES & SERVICES	3014	106,347	17,164	33,460	50,624	80,672	30,048
REPAIRS	3016	55,115	30,085	20,874	50,959	50,867	(92)
PROFESSIONAL SERVICES	3018	0	0	3,000	3,000	2,100	(900)
OFFICE SUPPLIES	3021	6,470	2,529	6,221	8,750	9,250	500
PRINTING	3024	8,399	1,923	4,577	6,500	6,500	0
PROFESSIONAL SUPPLIES	3025	31,629	8,421	11,705	20,126	17,525	(2,601)
FOOD & CLOTHING	3027	30,062	3,137	471	3,608	5,650	2,042
MEDICAL,DENTAL & OPTICAL	3029	3,070	5,177	0	5,177	5,000	(177)
MISCELLANEOUS SUPPLIES	3033	52,238	7,440	19,752	27,192	15,650	(11,542)
OFFICE EQUIP-UNDER $5000	3034	5,735	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	6006	1,309,689	599,390	795,248	1,394,638	1,389,925	(4,713)
HUMAN SERVICE CENTERS / INSTITUTIONS	70	7,843,667	3,330,953	3,843,329	7,174,282	7,379,756	205,474
EXPENDITURE TOTALS		7,843,667	3,330,953	3,843,329	7,174,282	7,379,756	205,474

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHWEST HSC
Reporting Level: 00-325-410-71-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	9,633	5	5	10	0	(10)
MENTAL HEALTH BLOCK GRANT - 00	S003	37,511	63,763	73,572	137,335	139,385	2,050
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	135,808	104,503	120,579	225,082	301,112	76,030
TITLE V - 93.994	S023	0	5	6	11	0	(11)
FOOD STAMP PROG. 10.561	S025	0	13	16	29	0	(29)
PROJ FOR HOMELESS - PATH	S029	73,321	34,241	39,509	73,750	74,852	1,102
CHILD SUPPORT ENFORCE 93.563	S035	0	21	24	45	0	(45)
VOC. REHAB. BASIC SUPP. 84.126	S040	625,508	277,997	320,759	598,756	691,646	92,890
SUPPORTED EMPLOY.VI-C-84.187	S048	78,421	0	0	0	0	0
MEDICAL ASSISTANCE-93.778	S055	1,837,742	775,098	906,469	1,681,567	1,543,975	(137,592)
MEDICAL ADMINISTRATION-93.778	S056	84,155	12,709	14,663	27,372	79,348	51,976
SOC. SER. BLK. GR. - 93.667	S065	313,695	125,324	144,601	269,925	233,367	(36,558)
FOSTER CARE IV-E-93.658	S067	19,624	15,357	17,719	33,076	20,258	(12,818)
FC ADOPTION ASSIST. 93.659	S070	0	9	11	20	0	(20)
PART C-84.181	S085	37,115	36,215	41,785	78,000	68,502	(9,498)
AGING ADMINISTRATION - 02	S090	31,250	14,518	16,751	31,269	31,715	446
TITLE III B - 00	S091	0	5	5	10	0	(10)
TITLE III E - FAMILY CAREGIVER SUPP	S094	0	26,323	30,372	56,695	97,302	40,607
CCDF - DISCRETIONARY FUNDS	S109	42,169	25,275	29,162	54,437	28,014	(26,423)
TANF BLOCK GRANT	S114	28,328	24,320	28,061	52,381	34,897	(17,484)
LIHEAP - 93.028	S116	0	18	21	39	0	(39)
REFUGEE ASSISTANCE CMA 93.026	S142	0	5	5	10	0	(10)
Federal Funds	FED	3,354,280	1,535,724	1,784,095	3,319,819	3,344,373	24,554
STATE GENERAL FUND	001	3,913,441	1,777,218	1,734,829	3,512,047	3,688,546	176,499
General Fund	GEN	3,913,441	1,777,218	1,734,829	3,512,047	3,688,546	176,499
NWHSC-OTHER	Z221	575,946	18,011	324,405	342,416	346,837	4,421

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTHWEST HSC
Reporting Level: 00-325-410-71-00-00-00-00000000

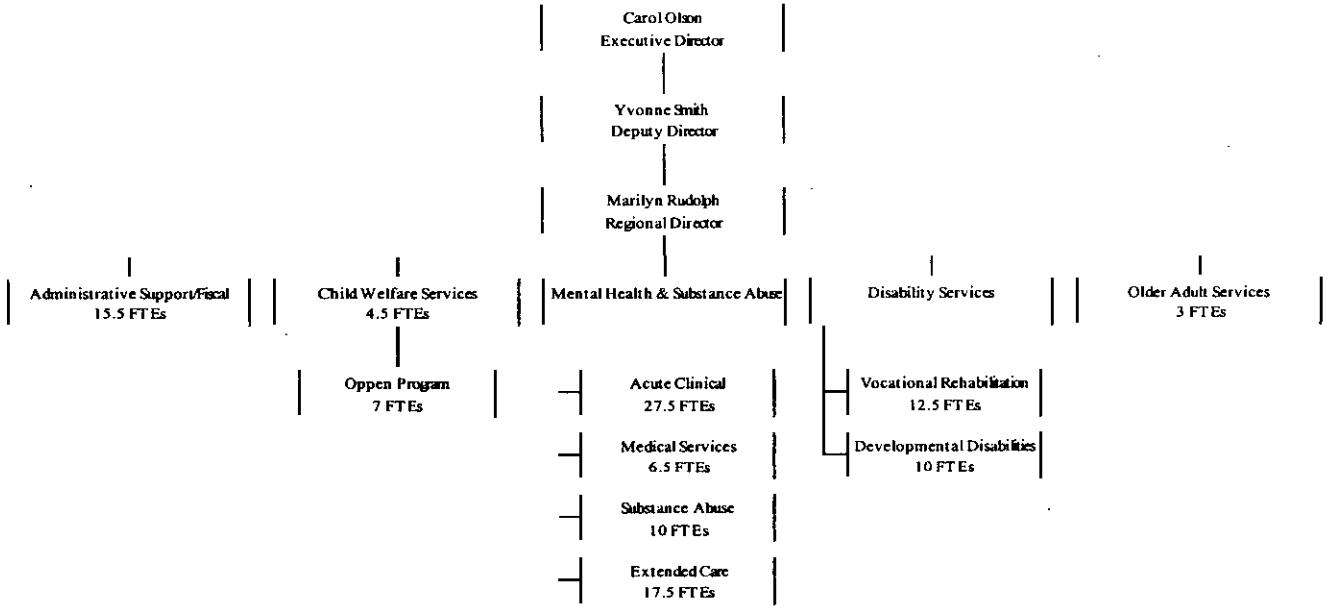
1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
Special Funds	SPEC	575,946	18,011	324,405	342,416	346,837	4,421
TOTAL FUNDING		7,843,667	3,330,953	3,843,329	7,174,282	7,379,756	205,474
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		60	50	0	50	50	0
TOTAL AUTHORIZED EMPLOYEES		60	50	0	50	50	0
FTE		60	50	(10)	40	47	7
VACANT		0	0	10	10	3	(7)

Grants Summary

Department of Human Services
Northwest Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Crisis Care/Safe Beds	General Funds	94,778	100,000	5,222
SMI Crisis Residential				
DD Services	General Funds	17,663	16,881	(782)
Early Intervention Services - $40,000	Federal Funds	44,853	51,775	6,922
Evaluation and OT Consultation - $12,288		62,516	68,656	6,140
Speech Pathology - 16,368				
Psych/Social Club	General Funds	140,000	140,000	0
		140,000	140,000	0
Psychiatric / Psychological / Medical Services	General Funds	133,638	115,862	(17,776)
Psychiatric Services - $130,000	Federal Funds	292,928	289,766	(3,162)
Medication Monitoring - $316,269	Special Funds	40,778	45,641	4,863
Title XIX Evaluations - $5,000		467,344	451,269	(16,075)
Substance Abuse Treatment or Prevention Services	General Funds	404,918	328,888	(76,030)
Addiction Services	Federal Funds	225,082	301,112	76,030
		630,000	630,000	0
TOTAL GRANTS		**1,394,638**	**1,389,925**	**(4,713)**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTH CENTRAL HUMAN SERVICE CENTER



2003-2005 Budget
Authorized: 114.78 FTEs
Filled: 109.3 FTEs
Vacant: 5.48 FTEs

Effective 1/05

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTH CENTRAL HSC
Reporting Level: 00-325-410-72-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	7,387,630	3,571,895	3,798,172	7,370,067	7,222,194	(147,873)
TEMP, OVERTIME & SHIFT	1002	107,004	62,344	26,948	89,292	118,294	29,002
BENEFITS	1008	2,438,301	1,277,913	1,404,580	2,682,493	2,862,717	180,224
SALARY INCREASE	1010	0	0	0	0	401,863	401,863
BENEFIT INCREASE	1011	0	0	0	0	66,159	66,159
IT-TELEPHONE	3003	134,601	62,132	78,907	141,039	115,700	(25,339)
TRAVEL	3004	262,567	108,629	135,899	244,528	235,970	(8,558)
IT-SOFTWARE/SUPPLIES	3005	6,500	5,393	0	5,393	10,000	4,607
UTILITIES	3006	10,311	5,310	4,770	10,080	0	(10,080)
POSTAGE	3007	43,074	8,457	25,211	33,668	32,000	(1,668)
LEASE/RENT - EQUIPMENT	3011	12,536	0	16,614	16,614	14,334	(2,280)
LEASE/RENT - BLDG/LAND	3012	940,046	430,521	519,564	950,085	919,354	(30,731)
DUES & PROFESSIONAL DEV.	3013	16,224	1,427	4,436	5,863	11,398	5,535
OPERATING FEES & SERVICES	3014	53,695	87,431	103,187	190,618	258,096	67,478
REPAIRS	3016	45,253	22,836	17,807	40,643	25,328	(15,315)
INSURANCE	3019	645	0	0	0	0	0
OFFICE SUPPLIES	3021	10,666	4,082	5,698	9,780	12,500	2,720
PRINTING	3024	18,114	7,595	6,445	14,040	16,000	1,960
PROFESSIONAL SUPPLIES	3025	14,540	4,327	20,457	24,784	19,850	(4,934)
FOOD & CLOTHING	3027	50,484	25,563	7,111	32,674	50,000	17,326
MEDICAL,DENTAL & OPTICAL	3029	29,934	11,984	14,651	26,635	25,000	(1,635)
BLDG,GRNDS,VEHICLE MTCE	3030	2,945	1,937	750	2,687	1,000	(1,687)
MISCELLANEOUS SUPPLIES	3033	66,712	23,088	22,798	45,886	35,000	(10,886)
OFFICE EQUIP-UNDER $5000	3034	925	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	6006	2,714,127	1,108,976	1,627,916	2,736,892	2,980,461	243,569
HUMAN SERVICE CENTERS / INSTITUTIONS	70	14,366,834	6,831,840	7,841,921	14,673,761	15,433,218	759,457
EXPENDITURE TOTALS		14,366,834	6,831,840	7,841,921	14,673,761	15,433,218	759,457

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTH CENTRAL HSC
Reporting Level: 00-325-410-72-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	802,918	510,869	586,400	1,097,269	1,411,382	314,113
FOOD STAMP PROG. 10.561	S025	0	1,037	1,190	2,227	0	(2,227)
PROJ FOR HOMELESS - PATH	S029	73,338	34,337	39,413	73,750	75,020	1,270
VOC. REHAB. BASIC SUPP. 84.126	S040	1,006,121	498,044	571,680	1,069,724	1,097,478	27,754
MEDICAL ASSISTANCE-93.778	S055	1,849,338	632,893	1,894,813	2,527,706	2,233,385	(294,321)
MEDICAL ADMINISTRATION-93.778	S056	88,535	27,307	31,345	58,652	70,541	11,889
SOC. SER. BLK. GR. - 93.667	S065	750,733	291,471	334,565	626,036	604,263	(21,773)
FOSTER CARE IV-E-93.658	S067	325,172	83,570	95,926	179,496	62,385	(117,111)
VR IL OLDER BLIND 84.177	S069	34,296	28,911	33,185	62,096	78,995	16,899
PART C-84.181	S085	11,241	25,607	29,393	55,000	137,438	82,438
AGING ADMINISTRATION - 02	S090	31,190	14,549	16,701	31,250	31,795	545
TITLE III B - 00	S091	21,919	1,223	1,403	2,626	0	(2,626)
TITLE III E - FAMILY CAREGIVER SUPP	S094	24,931	73,977	84,914	158,891	171,727	12,836
ELDER ABUSE PREVENTION	S096	21,648	0	0	0	13,471	13,471
OMBUDSMAN ACTIVITY	S098	37,552	28,401	32,599	61,000	48,576	(12,424)
CCDF - DISCRETIONARY FUNDS	S109	115,856	37,840	43,435	81,275	85,259	3,984
TANF BLOCK GRANT	S114	68,840	69,577	79,863	149,440	293,830	144,390
LIHEAP - 93.028	S116	0	316	362	678	0	(678)
RETIRED SENIOR VOLUNTEER PROGRAM	S700	48,999	347	399	746	0	(746)
RETIRED SENIOR VOLUNTEER PROGRAM-NC	S702	59,477	0	0	0	0	0
Federal Funds	FED	5,372,104	2,360,276	3,877,586	6,237,862	6,415,545	177,683
STATE GENERAL FUND	001	8,013,547	4,351,086	3,440,110	7,791,196	8,163,022	371,826
General Fund	GEN	8,013,547	4,351,086	3,440,110	7,791,196	8,163,022	371,826
NCHSC-OTHER	Z241	981,183	120,478	524,225	644,703	854,651	209,948
Special Funds	SPEC	981,183	120,478	524,225	644,703	854,651	209,948

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: NORTH CENTRAL HSC
Reporting Level: 00-325-410-72-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
TOTAL FUNDING		14,366,834	6,831,840	7,841,921	14,673,761	15,433,218	759,457
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		123	115	0	115	114	(1)
TOTAL AUTHORIZED EMPLOYEES		123	115	0	115	114	(1)
FTE		123	115	(15)	100	108	8
VACANT		0	0	15	15	6	(9)

Grants Summary

Department of Human Services
North Central Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Case Aide	General Funds	221	754	533
Partnership	Federal Funds	48,334	32,981	(15,353)
	Special Funds	81,445	96,265	14,820
		130,000	130,000	0
Crisis Care / Safe Beds	General Funds	18,795	22,215	3,420
Partnership Crisis Beds	Federal Funds	11,154	7,611	(3,543)
	Special Funds	51	174	123
		30,000	30,000	0
DD Services	Federal Funds	45,000	120,000	75,000
Interagency Coordination		45,000	120,000	75,000
Experienced Parent				
Evaluation Services - VR	General Funds	532	1,065	533
Learning Disabilities Consultation	Federal Funds	1,968	3,935	1,967
		2,500	5,000	2,500
Flex Funds - Partnership	General Funds	15,663	18,513	2,850
	Federal Funds	9,296	6,343	(2,953)
	Special Funds	41	144	103
		25,000	25,000	0

Grants Summary

Department of Human Services
North Central Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Psych Social Club	General Funds	150,000	150,000	0
		150,000	150,000	0
Psychiatric / Psychological / Medical Services				
Psychiatric Services - $335,516	General Funds	724,136	712,220	(11,916)
Psychological Services - $25,000	Federal Funds	562,381	678,200	115,819
CD SHAP Program - $786,240	Special Funds	107,930	170,096	62,166
SMI SHAP Program - $413,760		1,394,447	1,560,516	166,069
Residential Services				
CD Residential - $431,276	General Funds	440,849	440,849	0
CD Residential Women/Children - $428,669	Federal Funds	419,096	419,096	0
		859,945	859,945	0
Substance Abuse Treatment and Prevention				
Native American Access	Federal Funds	100,000	100,000	0
		100,000	100,000	0
TOTAL GRANTS		**2,736,892**	**2,980,461**	**243,569**

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Marilyn Rudolph of the Department of Human Services. I am submitting this written testimony to provide you an overview of the budget for the Northwest and North Central Human Service Centers.

Northwest Human Service Center provides services to Divide, McKenzie and Williams counties. The total population of the region is 27,781.

Northwest Human Service Center provided services to 1263 clients in fiscal year 2004. (939 adults and 324 children received services.) In addition 381 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 32% received some other services from Northwest Human Service Center.

- The Williston Basin is seeing increased oil activity, which translates into an influx of people and increased referrals to the human service center. New client intakes are up by 10 a month since July 2004.
- Available affordable housing has decreased, also perhaps due to the influx of people.
- Northwest is experiencing a dramatic increase of Infant Development referrals for evaluation. We have increased from an average base of 10 open cases to 31 open cases. There is no definitive reason for this; however, two factors include survival of premature births and increased number of multiple high-risk births.
- The foster care caseload for the three counties has increased from 36 to 65. Twenty-five (25) of these children are in care because of parental drug use.

- One unique approach in Region I is the addiction contract we have with Mercy Recovery, a private program. This public-private partnership has been very positive. The contract is a "no reject", which means Mercy must treat all referrals. This allows us to serve more individuals for a fixed cost and for a longer treatment stay, which works much more effectively for individuals using methamphetamine.
- Vocational Rehabilitation has also experienced an increase in referrals for transitioning students from school to work and in the Rural Services sector.

Northwest has responded to population shifts and area needs. We currently employ four (4) licensed independent clinical social workers, which allows us to collect third party reimbursement at the highest level. This has increased our revenue in an area where credentialed clinical staff is at a premium, or is limited in the private sector. At this time Northwest operates at a very efficient level.

OVERVIEW OF BUDGET CHANGES

Northwest Human Service Center

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Inst.	7,174,282	205,474	7,379,756	(60,785)	7,318,971
General	3,512,047	176,499	3,688,546	(54,338)	3,634,208
Federal	3,319,819	24,554	3,344,373	(6,447)	3,337,926
Other	342,416	4,421	346,837	0	346,837
TOTAL	7,174,282	205,474	7,379,756	(60,785)	7,318,971
FTEs	50.00	0.00	50.00	0.00	50.00

- **$303,936 supports the salary package in the Governor's budget of which $184,218 is General Fund.**
- **Federal Substance Abuse Prevention and Treatment Block Grant increase of $76,030 for services.**
- **Federal funding for Vocational Rehabilitation programs increase $57,784.**
- **Increase of $39,175 in the National Family Caregiver Grant Funds.**
- **Decrease in the Social Services Block Grant $39,980.**

House Changes

- **The reduction of $20,166 in salaries of which $13,719 is General Fund to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.**
- **Reduction of $20,000 in salaries as part of the salary under funding department wide.**
- **Reduction of $20,619 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers**

North Central Human Service Center provides services to the region that includes Burke, Mountrail, Renville, Bottineau, McHenry, Pierce and Ward counties. The total population of the region is 88,089.

North Central Human Service Center provided services to 3,023 in fiscal year 2004. (2,401 were adults and 622 children.) In addition 935 individuals received Vocational Rehabilitation services. Of the total number of Vocational Rehabilitation clients, 27% received some other services from North Central Human Service Center.

- There is an increase in the number of referrals of individuals requiring sex offender screening and treatment. This population is served most effectively in a group setting. The increase in numbers has caused some wait time in order to have a workable group. With this increase two groups will be operational.
- The Children's Unit continues to see an increasing caseload of children with serious emotional disorders. The complexity of these cases, in addition to the need for custody changes including termination of parental rights, has resulted in more clinician time in court.
- Our Addiction Unit has moved from leased space separate from the main center back into the main center, which has created savings and a more integrated approach to client management.
- There is an increase in the number of individuals using oxycontin, cocaine and methamphetamine.
- There is an increase in individuals who are homeless and in need of addiction treatment from other states such as Arizona, Colorado, Wyoming, Washington, South Dakota and Nevada.
- Fifty percent (50%) of our addiction referrals are from the criminal justice system.

The impact of these factors requires a steadfast commitment from staff and an element of creativity in order to serve this increased need.

North Central Human Service Center

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Inst.	14,673,761	759,457	15,433,218	(155,021)	15,278,197
General	7,791,196	371,826	8,163,022	(142,338)	8,020,684
Federal	6,237,862	177,683	6,415,545	(12,683)	6,402,862
Other	644,703	209,948	854,651	0	854,651
TOTAL	14,673,761	759,457	15,433,218	(155,021)	15,278,197
FTEs	114.78	(1.00)	113.78	0.00	113.78

- **$669,604 supports the salary package in the Governor's budget of which $445,326.**
- **Federal funding for Vocational Rehabilitation programs decrease $31,036.**
- **Increase in federal funding for Infant and Toddlers program $81,500, which will be used for contracted services.**
- **Decrease in the Social Services Block Grant $28,666.**

House Changes:

- **The reduction of $44,335 in salaries of which $31,652 is General Fund to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.**
- **Reduction of $57,120 in salaries as part of the salary under funding department wide.**
- **Reduction of $53,566 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers**

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 28, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Tim Sauter of the Department of Human Services. I am here today to provide you an overview of the budget for the West Central and Badlands Human Service Centers.

REGION VII – WEST CENTRAL HUMAN SERVICE CENTER

West Central Human Service Center serves the residents of Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux counties.

Characteristics of Region:

- 130,418 individuals reside in the Region which is 20% of the state's population
- 37,794 children reside in the Region which is 21% of the children living in North Dakota

Service Trends:

- 4085 individuals received service in Fiscal Year 2004 (3135 adults and 950 children)
- Additionally, 1535 individuals received vocational rehabilitation services. 28% of the VR clients received other Center services
- Over the past 3 fiscal years the monthly average number of children in foster care has been 150

- Strong community collaboration within the Region, and with service providers from throughout the state:
    - Community Coalitions
    - Heritage Recovery Center
    - Red Wood Village
    - Support between Human Service Centers
- Since 1998 client ratings of satisfaction with mental health and substance abuse services have averaged 4.13 on a 5 point scale
- Challenges we face include: increasing numbers of children with developmental disabilities, people having more complex problems (co-existing conditions), increasing referrals from the Department of Corrections and the legal system

OVERVIEW OF BUDGET CHANGES

	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	$17,783,656	$18,700,619	$916,963
General	$8,463,209	$9,025,416	$562,207
Federal	$8,559,317	$8,903,102	$343,785
Other	$761,130	$772,101	$10,971
TOTAL	$17,783,656	$18,700,619	$916,963
FTEs	124.0	124.5	0.5

Major changes in the West Central Human Service Center budget needed to meet current service needs:

- Salaries and Benefits needed to fund the Governor's salary/benefit package - $753,248 – $471,248 in General Funds
- Inflationary Increase for Contract Providers $75,946
- Building Rent – decrease ($52,788)

- Equipment over $5000 – decrease ($24,000)
- Federal Mental Health Block Grant – increase $35,044
- Federal Substance Abuse Prevention and Treatment Block Grant – increase $159,923. To be used for outpatient programming and contracted detoxification, residential and case aide services.
- Federal Vocational Rehabilitation funds – decrease ($25,061)
- Federal Medical Assistance – decrease of ($97,456)
- Federal Social Service Block Grant – decrease ($29,332)
- Federal Foster Care IV-E – decrease ($60,012)
- Federal Part C - Experienced Parent Program – increase $50,000
- Federal Child Care Licensing funds - .5 FTE transfer from Badlands HSC– increase $47,446

REGION VIII – BADLANDS HUMAN SERVICE CENTER

Badlands Human Service Center serves the people of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark counties.

Characteristics of Region:

- 38,365 residents live in the Region which constitutes 6% of the state's population
- 10,437 children reside in the Region which is 6% of the children residing in the state

Service Trends:

- Badlands served 2032 individuals (1531 adults and 501 children) in SFY 2004
- 363 individuals received vocational rehabilitation services with 39% of that total also receiving other services from the Center
- The average number of children in foster care each month has increased from 43 in State Fiscal Year (SFY) 2002 to 60 in SFY 2004

- Strong working relationship with County Social Service Boards, and have partnered to provide Adult Protective Services and Care Coordination
- Strong partnership with St. Joseph's Hospital which provides continuity of care for individuals with substance abuse and mental health issues
- Client ratings of satisfaction with mental health and substance abuse services have averaged 4.16 on a 5 point scale
- Since 1998 the "BHSC Treatment Outcome Study" has identified that 86% to 91% of treatment goals have been achieved
- Challenges we face include: increasing numbers of children with developmental disabilities, people having more complex problems including co-existing disorders and legal problems, recruiting and retaining staff

OVERVIEW OF BUDGET CHANGES

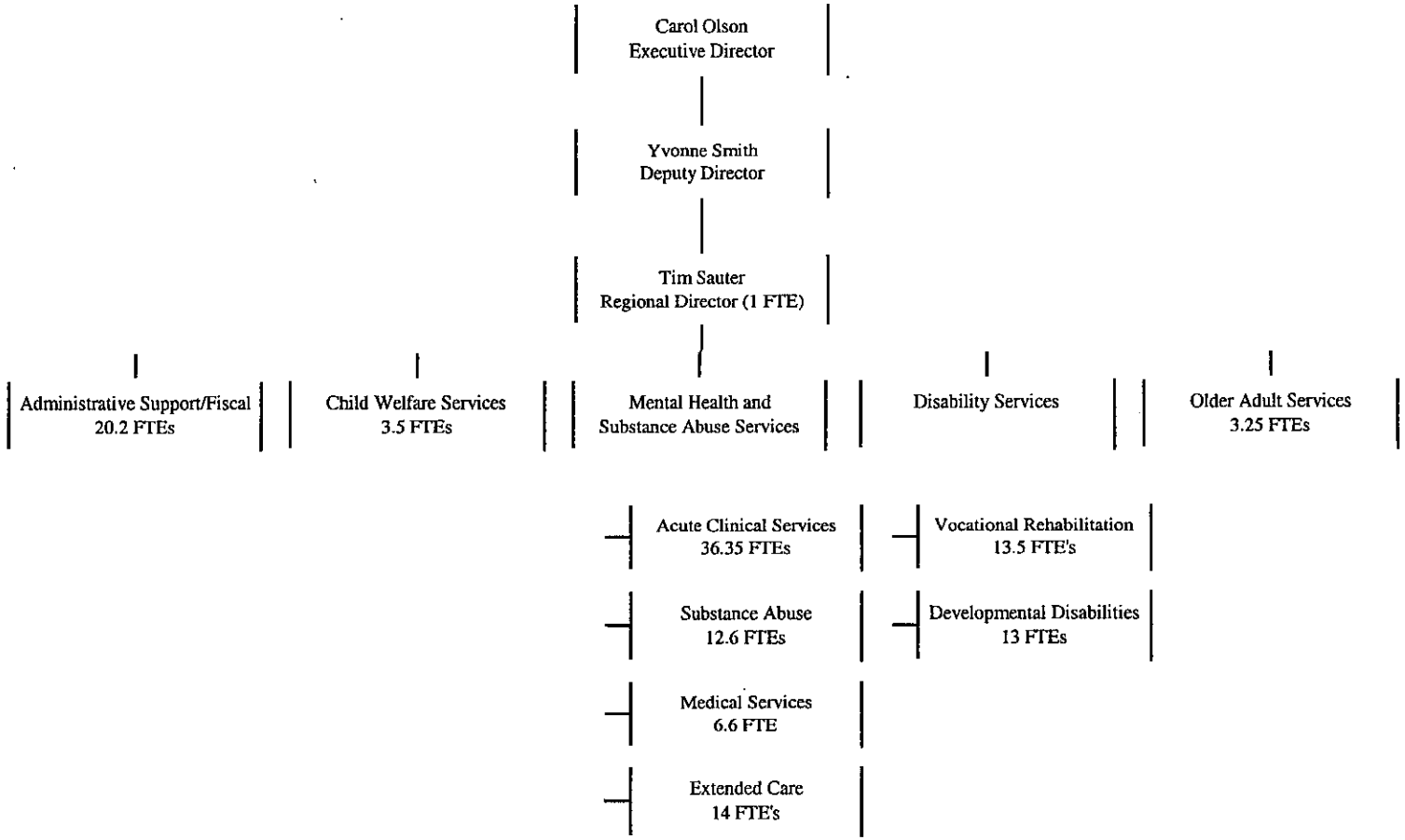
	2003-2005 Budget	2005-2007 Request	Increase/Decrease
HSC/Inst.	$8,980,522	$9,388,791	$408,269
General	$4,365,904	$4,569,614	$203,710
Federal	$3,798,114	$4,001,138	$203,024
Other	$816,504	$818,039	$1,535
TOTAL	$8,980,522	$9,388,791	$408,269
FTEs	78.0	76.7	(1.3)

Major changes to the budget needed to meet the needs of Region VIII include:

- Salaries and Benefits to fund the Governor's Salary/Benefits Package – $441,547 - $273,710 General Funds

- Child Care Licensing expenditure decrease of ($54,110) due to a .5 FTE transfer to West Central
- Reduction of .8 FTE Vocational Rehabilitation Administrator – decrease ($106,437)
- Employee travel – decrease ($42,399)
- Rent – Inflationary increase $10,529
- Increase of $138,840 for contracts to reflect inflationary and demand increases. Major changes occurred in the following:
    - Psychiatry - $53,400
    - Adult Protective Services - $9,600
    - CD Short Term Residential - $58,340
    - CD Adolescent Residential - $4,000
    - Short-term psychiatric inpatient - $10,500
- Federal Substance Abuse Prevention and Treatment Block Grant – increase $84,562. To be used for residential services.
- Federal Vocational Rehabilitation Funding – decrease ($50,728)
- Federal Medical Assistance – decrease ($45,380)
- Federal Part C – increase $41,500 for Experienced Parent Program
- Federal Family Care Giver Support funding - increase $28,714

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
WEST CENTRAL HUMAN SERVICE CENTER



2003-2005 Budget
Authorized 124 FTE's
Filled: 121 FTE's
Vacant: 3 FTE's

01/28/05

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: WEST CENTRAL HSC
Reporting Level: 00-325-410-77-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	8,765,637	3,923,101	4,161,971	8,085,072	8,320,362	235,290
TEMP, OVERTIME & SHIFT	1002	518,774	126,519	120,163	246,682	100,357	(146,325)
BENEFITS	1008	2,801,947	1,353,556	1,459,464	2,813,020	3,144,980	331,960
SALARY INCREASE	1010	0	0	0	0	463,164	463,164
BENEFIT INCREASE	1011	0	0	0	0	76,617	76,617
IT-TELEPHONE	3003	131,642	60,607	64,570	125,177	127,769	2,592
TRAVEL	3004	330,796	167,138	198,684	365,822	371,486	5,664
IT-SOFTWARE/SUPPLIES	3005	19,452	7,264	9,736	17,000	15,000	(2,000)
UTILITIES	3006	300	0	0	0	0	0
POSTAGE	3007	45,685	21,058	24,682	45,740	45,740	0
LEASE/RENT - EQUIPMENT	3011	5,144	2,498	3,358	5,856	5,376	(480)
LEASE/RENT - BLDG/LAND	3012	1,371,332	530,734	589,651	1,120,385	1,067,597	(52,788)
DUES & PROFESSIONAL DEV.	3013	29,279	3,273	8,441	11,714	19,174	7,460
OPERATING FEES & SERVICES	3014	89,614	112,900	41,244	154,144	169,696	15,552
REPAIRS	3016	23,159	13,240	17,566	30,806	29,000	(1,806)
PROFESSIONAL SERVICES	3018	5,045	891	4,861	5,752	5,752	0
OFFICE SUPPLIES	3021	27,955	13,584	21,416	35,000	31,000	(4,000)
PRINTING	3024	28,631	13,002	16,998	30,000	26,000	(4,000)
PROFESSIONAL SUPPLIES	3025	35,323	17,680	21,155	38,835	38,395	(440)
FOOD & CLOTHING	3027	37,531	1,455	4,345	5,800	5,800	0
MEDICAL,DENTAL & OPTICAL	3029	27,203	16,110	13,890	30,000	30,000	0
BLDG,GRNDS,VEHICLE MTCE	3030	2,017	675	3,775	4,450	3,600	(850)
MISCELLANEOUS SUPPLIES	3033	21,188	2,179	4,778	6,957	5,957	(1,000)
OFFICE EQUIP-UNDER $5000	3034	6,307	2,635	2,745	5,380	5,380	0
EQUIP- OVER $5000	5030	0	0	35,000	35,000	11,000	(24,000)
GRANTS, BENEFITS & CLAIMS	6006	3,292,141	1,936,737	2,628,327	4,565,064	4,581,417	16,353
HUMAN SERVICE CENTERS / INSTITUTIONS	70	17,616,102	8,326,836	9,456,820	17,783,656	18,700,619	916,963

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: WEST CENTRAL HSC
Reporting Level: 00-325-410-77-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
EXPENDITURE TOTALS		17,616,102	8,326,836	9,456,820	17,783,656	18,700,619	916,963
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	274	0	0	0	0	0
MENTAL HEALTH BLOCK GRANT - 00	S003	38,293	0	0	0	35,600	35,600
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	582,758	715,442	815,408	1,530,850	1,702,811	171,961
PROJ FOR HOMELESS - PATH	S029	70,335	35,972	37,778	73,750	74,924	1,174
VOC. REHAB. BASIC SUPP. 84.126	S040	1,143,306	559,563	637,796	1,197,359	1,238,206	40,847
MEDICAL ASSISTANCE-93.778	S055	4,619,969	1,878,534	2,146,752	4,025,286	4,082,774	57,488
MEDICAL ADMINISTRATION-93.778	S056	113,676	27,978	35,510	63,488	79,725	16,237
SOC. SER. BLK. GR. - 93.667	S065	968,684	407,682	467,990	875,672	859,872	(15,800)
FOSTER CARE IV-E-93.658	S067	224,742	103,919	118,658	222,577	169,495	(53,082)
VR IL OLDER BLIND 84.177	S069	46,967	27,978	28,298	56,276	63,260	6,984
CHILD WELFARE SERVICES-93.645	S073	10,822	0	0	0	0	0
PART C-84.181	S085	25,607	43,966	48,034	92,000	142,677	50,677
AGING ADMINISTRATION - 02	S090	31,250	15,988	15,262	31,250	31,741	491
TITLE III B - 00	S091	14,091	31,975	39,904	71,879	58,954	(12,925)
TITLE III E - FAMILY CAREGIVER SUPP	S094	31,174	91,928	106,884	198,812	206,415	7,603
CCDF - DISCRETIONARY FUNDS	S109	0	0	0	0	48,215	48,215
TANF BLOCK GRANT	S114	99,769	55,956	64,162	120,118	108,433	(11,685)
DPI-NATL SCHOOL LUNCH (WCHSC)	S515	13,710	0	0	0	0	0
Federal Funds	FED	8,035,427	3,996,881	4,562,436	8,559,317	8,903,102	343,785
STATE GENERAL FUND	001	8,357,388	3,996,881	4,466,328	8,463,209	9,025,416	562,207
General Fund	GEN	8,357,388	3,996,881	4,466,328	8,463,209	9,025,416	562,207
WCHSC-OTHER	Z201	1,223,287	333,074	428,056	761,130	772,101	10,971
Special Funds	SPEC	1,223,287	333,074	428,056	761,130	772,101	10,971

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: WEST CENTRAL HSC
Reporting Level: 00-325-410-77-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
TOTAL FUNDING		17,616,102	8,326,836	9,456,820	17,783,656	18,700,619	916,963
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		143	0	124	124	125	1
TOTAL AUTHORIZED EMPLOYEES		143	0	124	124	125	1
VACANT		0	0	1	1	1	(0)
FTE		143	0	123	123	124	1

Grants Summary

Department of Human Services
West Central Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Adult Protective Services	Federal Funds	5,000	5,000	0
		5,000	5,000	0
Care Coordination	General Funds	30,139	19,287	-10,852
	Special Funds	1,943	1,243	-700
	Federal Funds	20,425	13,070	-7,355
		52,507	33,600	-18,907
Case Aide	General Funds	523,768	512,166	-11,602
SMI adult--625,105	Special Funds	30,741	27,927	-2,814
Partnership--530,000	Federal Funds	678,841	649,328	-29,513
Provider Inflation--34,316		1,233,350	1,189,421	-43,929
Crisis Care / Safe Beds	General Funds	33,345	28,798	-4,547
Partnership Safe Beds--42,079	Special Funds	1,850	1,557	-293
Crisis Beds--5,000	Federal Funds	19,805	16,724	-3,081
		55,000	47,079	-7,921
DD Services	Federal Funds	50,000	130,000	80,000
Interagency Coordination--10,000		50,000	130,000	80,000
Experienced Parent--120,000				

Grants Summary

Department of Human Services
West Central Human Service Center

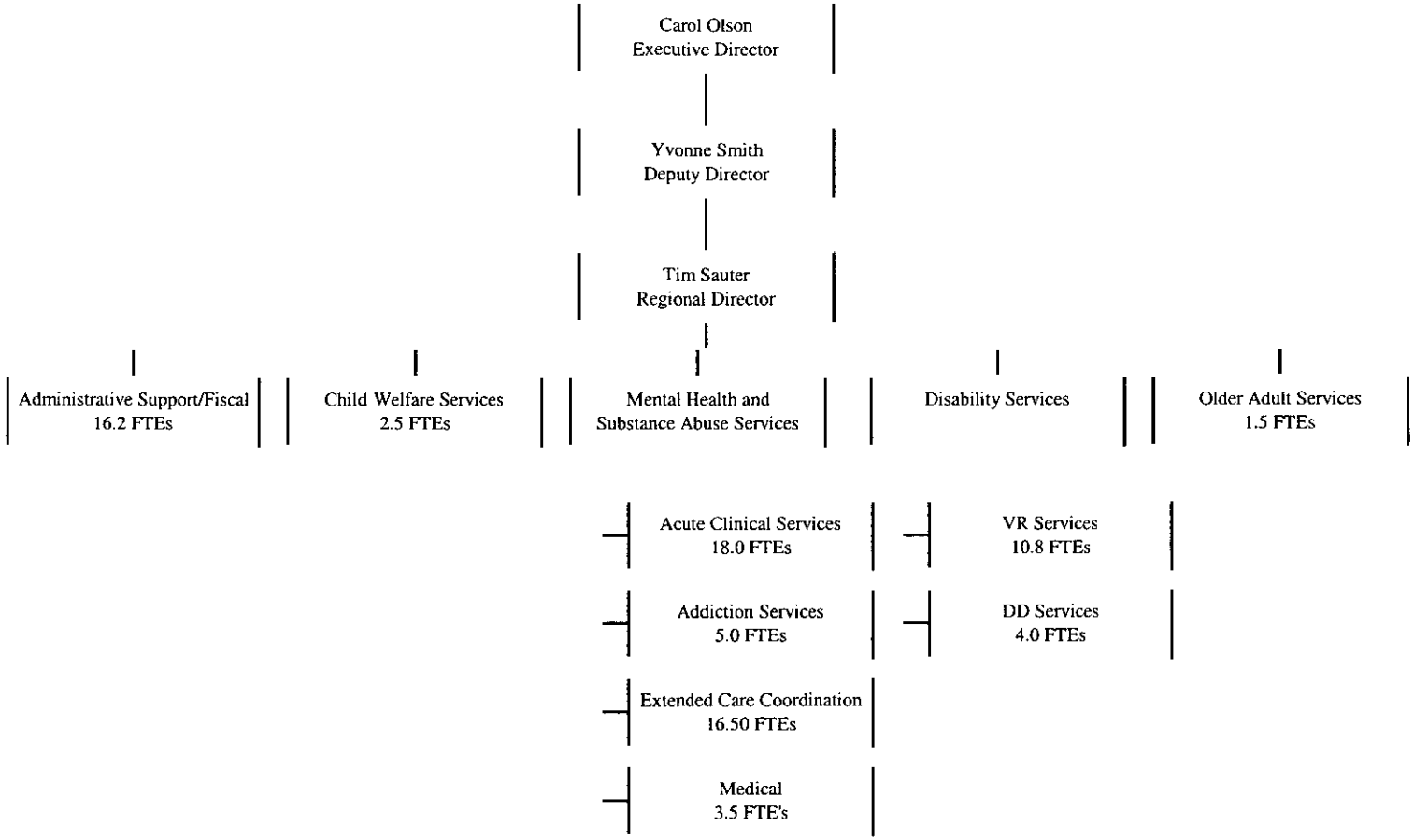
Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Detoxification	General Funds	49,397		-49,397
Crisis Detox.--25,000	Federal Funds		63,000	63,000
Hospital Detox.--38,000		49,397	63,000	13,603
Evaluation Services - VR	General Funds	852	852	0
Medical Consultation--500	Federal Funds	3,148	3,148	0
Psychological Consultation--3,500		4,000	4,000	0
Flex Funds - Partnership	General Funds	70,000	70,000	0
		70,000	70,000	0
Inpatient Hospitalization	General Funds	125,000	125,000	0
SMI--51,000		125,000	125,000	0
Addiction--74,000				
Psych Social Club	General Funds	180,976	180,976	0
		180,976	180,976	0

Grants Summary

Department of Human Services
West Central Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Psychiatric / Psychological / Medical Services	General Funds	207,151	214,134	6,983
Psychiatric Services--220,451	Special Funds	134,529	140,158	5,629
Medication Monitor--130,000	Federal Funds	75,840	77,948	2,108
Case consult. & emergency assess.--5,000		417,520	432,240	14,720
Title XIX evaluations--33,000				
CD medical assessments--10,560				
CD acupuncture--33,280				
Residential Services	General Funds	881,385	928,623	47,238
CD Short Term--121,825	Special Funds	34,201	36,720	2,519
CD Long Term--540,000	Federal Funds	1,208,928	1,091,558	-117,370
SMI Crisis Residential--450,000		2,124,514	2,056,901	-67,613
SMI Transitional Living--487,974				
SMI Long Term--415,472				
Provider Inflation--41,630				
Respite Care	General Funds	60,000	60,000	0
		60,000	60,000	0
Substance Abuse Treatment and Prevention	Federal Funds	137,800	184,200	46,400
Native American Access--100,000		137,800	184,200	46,400
CD Adolescent Recreational/Occupation Therapy--84,200				
TOTAL GRANTS		**4,565,064**	**4,581,417**	**16,353**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BADLANDS HUMAN SERVICE CENTER



2003-2005
FTE Count
78.0 Filled .80 Vacant

01/28/05

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: BADLANDS HSC
Reporting Level: 00-325-410-78-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	5,435,372	2,335,093	2,617,831	4,952,924	4,778,004	(174,920)
TEMP. OVERTIME & SHIFT	1002	179,031	55,058	122,242	177,300	162,000	(15,300)
BENEFITS	1008	1,774,517	851,121	959,106	1,810,227	1,896,492	86,265
SALARY INCREASE	1010	0	0	0	0	265,045	265,045
BENEFIT INCREASE	1011	0	0	0	0	44,374	44,374
IT-TELEPHONE	3003	88,414	40,737	57,498	98,235	84,528	(13,707)
TRAVEL	3004	218,569	62,481	135,418	197,899	155,500	(42,399)
IT-SOFTWARE/SUPPLIES	3005	8,039	3,578	1,672	5,250	5,000	(250)
UTILITIES	3006	11,496	7,244	8,676	15,920	14,320	(1,600)
POSTAGE	3007	28,589	9,997	17,600	27,597	27,597	0
LEASE/RENT - EQUIPMENT	3011	20	0	1,154	1,154	1,154	0
LEASE/RENT - BLDG/LAND	3012	383,961	187,533	225,299	412,832	423,361	10,529
DUES & PROFESSIONAL DEV.	3013	28,723	5,803	5,372	11,175	21,200	10,025
OPERATING FEES & SERVICES	3014	27,205	25,687	53,126	78,813	149,219	70,406
REPAIRS	3016	16,683	3,600	6,682	10,282	10,282	0
OFFICE SUPPLIES	3021	18,588	10,267	20,932	31,199	30,159	(1,040)
PRINTING	3024	15,206	848	14,445	15,293	15,543	250
PROFESSIONAL SUPPLIES	3025	39,578	8,565	15,801	24,366	26,130	1,764
FOOD & CLOTHING	3027	12,577	8,420	8,599	17,019	16,720	(299)
MEDICAL,DENTAL & OPTICAL	3029	0	0	0	0	30,000	30,000
BLDG,GRNDS,VEHICLE MTCE	3030	16	0	0	0	0	0
MISCELLANEOUS SUPPLIES	3033	25,884	7,118	26,169	33,287	36,523	3,236
OFFICE EQUIP-UNDER $5000	3034	33,426	12,250	7,500	19,750	16,800	(2,950)
GRANTS, BENEFITS & CLAIMS	6006	1,018,193	454,985	585,015	1,040,000	1,178,840	138,840
HUMAN SERVICE CENTERS / INSTITUTIONS	70	9,364,087	4,090,385	4,890,137	8,980,522	9,388,791	408,269
EXPENDITURE TOTALS		9,364,087	4,090,385	4,890,137	8,980,522	9,388,791	408,269

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: BADLANDS HSC
Reporting Level: 00-325-410-78-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	218,897	62,552	74,783	137,335	138,855	1,520
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	217,570	115,308	137,852	253,160	343,470	90,310
FOOD STAMP PROG. 10.561	S025	0	227	272	499	0	(499)
PROJ FOR HOMELESS - PATH	S029	69,995	34,314	41,024	75,338	75,004	(334)
VOC. REHAB. BASIC SUPP. 84.126	S040	729,814	386,146	461,646	847,792	840,029	(7,763)
SUPPORTED EMPLOY.VI-C-84.187	S048	105,036	0	0	0	0	0
MEDICAL ASSISTANCE-93.778	S055	1,581,476	798,181	949,243	1,747,424	1,786,070	38,646
MEDICAL ADMINISTRATION-93.778	S056	33,939	2,611	3,121	5,732	4,575	(1,157)
SOC. SER. BLK. GR. - 93.667	S065	437,581	161,244	192,770	354,014	368,016	14,002
FOSTER CARE IV-E-93.658	S067	31,572	12,703	20,186	32,889	52,506	19,617
VR IL OLDER BLIND 84.177	S069	54,662	19,196	22,949	42,145	46,607	4,462
CHILD WELFARE SERVICES-93.645	S073	6	0	0	0	0	0
PART C-84.181	S085	16,527	15,942	19,058	35,000	80,827	45,827
AGING ADMINISTRATION - 02	S090	31,250	14,234	17,016	31,250	31,779	529
TITLE III B - 00	S091	6,599	35	42	77	20,400	20,323
TITLE III E - FAMILY CAREGIVER SUPP	S094	14,969	25,459	30,436	55,895	86,050	30,155
OMBUDSMAN ACTIVITY	S098	0	14,757	17,643	32,400	12,000	(20,400)
CCDF - DISCRETIONARY FUNDS	S109	113,676	45,989	54,980	100,969	47,652	(53,317)
TANF BLOCK GRANT	S114	49,301	21,041	25,154	46,195	67,298	21,103
Federal Funds	FED	3,712,870	1,729,939	2,068,175	3,798,114	4,001,138	203,024
STATE GENERAL FUND	001	4,453,859	1,988,551	2,377,353	4,365,904	4,569,614	203,710
General Fund	GEN	4,453,859	1,988,551	2,377,353	4,365,904	4,569,614	203,710
BLHSC - OTHER	Z211	1,197,358	371,895	444,609	816,504	818,039	1,535
Special Funds	SPEC	1,197,358	371,895	444,609	816,504	818,039	1,535
TOTAL FUNDING		9,364,087	4,090,385	4,890,137	8,980,522	9,388,791	408,269

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: BADLANDS HSC
Reporting Level: 00-325-410-78-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		90	0	78	78	77	(1)
TOTAL AUTHORIZED EMPLOYEES		90	0	78	78	77	(1)
FTE		90	0	76	76	75	(1)
VACANT		0	0	2	2	2	0

Grants Summary

Department of Human Services
Badlands Human Service Center

Description	Funding	2003-05 Appropriation	2005-07 Budget Recommendation	Total Changes
Adult Protective Services	**General Funds**	0	12,600	12,600
	Federal Funds	35,400	32,400	-3,000
		35,400	45,000	9,600
Partnership Care Coordination	**Federal Funds**	45,800	47,800	2,000
VR Medical Consultation	**General Funds**	1,065	1,278	213
	Federal Funds	3,935	4,722	787
		5,000	6,000	1,000
Short-Term Inpatient Hospitalization	**General Funds**	84,000	94,500	10,500
Supported Employment Job Coach	**General Funds**	42,546	35,740	-6,806
	Federal Funds	29,454	36,260	6,806
		72,000	72,000	0
Psycho Social	**General Funds**	170,000	170,000	0
Psychiatry	**General Funds**	248,310	122,384	-125,926
Psychiatrist (40 hrs per week at $120/hr)	**Federal Funds**	53,980	229,000	175,020
Psychiatric Nurse Specialist (8 hrs per week at $55/hr)	**Other Funds**	105,110	109,416	4,306
		407,400	460,800	53,400
A/D Residential	**General Funds**	188,400	246,740	58,865
Adult	**Federal Funds**	32,000	36,000	4,000
Adolescent		220,400	282,740	62,865
Total Contracts		**1,040,000**	**1,178,840**	**138,840**
	General Funds	734,321	683,242	-51,079
	Federal Funds	200,569	386,182	185,613
	Other Funds	105,110	109,416	4,306

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS COMMITTEE

MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Tim Sauter of the Department of Human Services. I am submitting this written testimony to provide you an overview of the budget for the West Central and Badlands Human Service Centers.

REGION VII – WEST CENTRAL HUMAN SERVICE CENTER

West Central Human Service Center serves the residents of Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux counties.

Characteristics of Region:

- **130,418 individuals reside in the Region which is 20% of the state's population**
- **37,794 children reside in the Region which is 21% of the children living in North Dakota**

Service Trends:

- **4085 individuals received service in Fiscal Year 2004 (3135 adults and 950 children)**
- **Additionally, 1535 individuals received vocational rehabilitation services. 28% of the VR clients received other Center services**
- **Over the past 3 fiscal years the monthly average number of children in foster care has been 150**
- **Since 1998 client ratings of satisfaction with mental health and substance abuse services have averaged 4.13 on a 5 point scale**

- Challenges we face include:
  - Increasing numbers of children with developmental disabilities. Increasing from 93 children in State Fiscal Year (SFY) 1997 to 192 in SFY 2004 an increase of 106%.
  - People having more complex problems (co-existing conditions). 25% of all the clients receiving mental health or substance abuse services have a co-existing condition. 60% of individuals receiving substance abuse services have a diagnosed mental health condition. 15% of individuals receiving mental health services also have a substance abuse diagnosis.
  - Increasing referrals from the Department of Corrections and the legal system. 687 referrals for mental health and substance abuse services in SFY 2004. 407 referrals in the first six months of SFY 2005. 80% of these referrals are referred for addiction services.

OVERVIEW OF BUDGET CHANGES

	2003-2005 Budget	Increase \ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Inst.	$17,783,656	$916,963	$18,700,619	($194,851)	$18,505,768
General	$8,463,209	$562,207	$9,025,416	($178,561)	$8,846,855
Federal	$8,559,317	$343,785	$8,903,102	($16,290)	$8,886,812
Other	$761,130	$10,971	$772,101	0	$772,101
TOTAL	$17,783,656	$916,963	$18,700,619	($194,851)	$18,505,768
FTEs	124.0	0.5	124.5	0.0	124.5

Major changes in the West Central Human Service Center budget needed to meet current service needs:

- Salaries and Benefits needed to fund the Governor's salary/benefit package - $753,248 – $471,248 in General Funds
- Inflationary Increase for Contract Providers $75,946
- Building Rent – decrease ($52,788)
- Equipment over $5000 – decrease ($24,000)
- Federal Mental Health Block Grant – increase $35,044
- Federal Substance Abuse Prevention and Treatment Block Grant – increase $159,923. To be used for outpatient programming and contracted detoxification, residential and case aide services.
- Federal Vocational Rehabilitation funds – decrease ($25,061)
- Federal Medical Assistance – decrease of ($97,456)
- Federal Social Service Block Grant – decrease ($29,332)
- Federal Foster Care IV-E – decrease ($60,012)
- Federal Part C - Experienced Parent Program – increase $50,000
- Federal Child Care Licensing funds - .5 FTE transfer from Badlands HSC– increase $47,446

House Changes:

- Reduction of $49,156 in salaries, of which $32,866 is General Funds, to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $69,804 in salaries as part of the overall salary underfunding department wide.
- Reduction of $75,891 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

REGION VIII – BADLANDS HUMAN SERVICE CENTER

Badlands Human Service Center serves the people of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark counties.

Characteristics of Region:

- 38,365 residents live in the Region which constitutes 6% of the state's population
- 10,437 children reside in the Region which is 6% of the children residing in the state

Service Trends:

- Badlands served 2032 individuals (1531 adults and 501 children) in SFY 2004
- 363 individuals received vocational rehabilitation services with 39% of that total also receiving other services from the Center
- The average number of children in foster care each month has increased from 43 in State Fiscal Year (SFY) 2002 to 60 in SFY 2004
- Strong working relationship with County Social Service Boards, and have partnered to provide Adult Protective Services and Care Coordination
- Strong partnership with St. Joseph's Hospital which provides continuity of care for individuals with substance abuse and mental health issues
- Client ratings of satisfaction with mental health and substance abuse services have averaged 4.16 on a 5 point scale
- Since 1998 the "BHSC Treatment Outcome Study" has identified that 86% to 91% of treatment goals have been achieved
- Challenges we face include:
    - Increasing numbers of children with developmental disabilities. Increasing from 54 children in SFY 1997 to 1990 in SFY 2004, an increase of 67%.
    - People having more complex problems including co-existing disorders. 32% of individuals receiving mental health and substance abuse services have a co-existing disorder. 76% of individuals receiving substance abuse services also have a

mental health diagnosis. 22% of individuals receiving mental health services have a substance abuse diagnosis.

- Recruiting and retaining staff. Positions may remain vacant for extended periods of time due to inability to recruit staff due to lack of availability, such as psychologists, addiction counselors, advanced credentialed counselors and social workers. Inability to compete with the private sector, county social services, and tribal agencies. Examples include; a supervisory position, where a nursing home social work supervisor was making $12,000 more annually than we could offer; county social service social workers making $6,000 to $10,000 more annually than we could offer; and a social worker from a tribal agency making $10,000 more per year than we could offer.

OVERVIEW OF BUDGET CHANGES

	2003-2005 Budget	Increase \ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Inst.	$8,980,522	$408,269	$9,388,791	($80,504)	$9,308,287
General	$4,365,904	$203,710	$4,569,614	($70,824)	$4,498,790
Federal	$3,798,144	$203,024	$4,001,138	($9,680)	$3,991,458
Other	$816,504	$1,535	$818,039	$0	$818,039
TOTAL	$8,980,522	$408,269	$9,388,791	($80,504)	$9,308,287
FTEs	78.0	(1.3)	76.7	0.0	76.7

Major changes to the budget needed to meet the needs of Region VIII include:

- Salaries and Benefits to fund the Governor's Salary/Benefits Package – $441,547 - $273,710 General Funds

- Child Care Licensing expenditure decrease of ($54,110) due to a .5 FTE transfer to West Central
- Reduction of .8 FTE Vocational Rehabilitation Administrator – decrease ($106,437)
- Employee travel – decrease ($42,399)
- Rent – Inflationary increase $10,529
- Increase of $138,840 for contracts to reflect inflationary and demand increases. Major changes occurred in the following:
    - Psychiatry - $53,400
    - Adult Protective Services - $9,600
    - Chemical Dependency Short Term Residential - $58,340
    - Chemical Dependency Adolescent Residential - $4,000
    - Short-term psychiatric inpatient - $10,500
- Federal Substance Abuse Prevention and Treatment Block Grant – increase $84,562. To be used for residential services.
- Federal Vocational Rehabilitation Funding – decrease ($50,728)
- Federal Medical Assistance – decrease ($45,380)
- Federal Part C – increase $41,500 for Experienced Parent Program
- Federal Family Care Giver Support funding - increase $28,714

House Changes:

- Reduction of $27,769 in salaries, of which $18,089 is General Funds, to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended by the Governor's salary package.
- Reduction of $20,286 in salaries as part of the overall salary underfunding department wide.

- Reduction of $32,449 in general operations of the Center as part of the $400,000 overall reduction to Human Service Centers.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 12, 2005

Chairman Delzer, members of the House Appropriations Human Resources Committee, I am Blaine Nordwall, Director of Economic Assistance Policy of the Department of Human Services. I am here today to provide you an overview of the budget area Economic Assistance.

- Economic Assistance Policy is responsible for eligibility policy for Basic Care Assistance and for all aspects of state level administration, including eligibility policy, of Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families (including the Job Opportunities and Basic Skills program). This work involves:
    - Distributing benefits to recipients
    - Directing and supervising county social service board administration of EAP programs
    - Implementing all applicable state and federal law
    - Providing training, written instructions, and interpretations concerning program requirements
    - Operating electronic eligibility determination and reporting systems
    - Preparing required state and federal reports

- Basic Care, Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families, and the Medicaid program, are served by the following services, also within this area of the budget:

- Quality Control
- System Support and Development
- Field Services and Training
- Medicaid Estate Recovery

Numbers of providers and individuals served:

- Child Care Assistance will pay approximately 1,440 licensed, certified, or approved child caregivers each month for services to an estimated 4,878 children from 3,100 families.

- Energy Assistance will pay approximately 400 energy providers, from the largest energy companies to the smallest firewood dealers, for heating services provided to an estimated 37,920 individuals from 15,800 households.

- Food Stamps will pay approximately 424 grocers each month for food provided to an estimated 45,778 individuals from 21,799 households.

- Temporary Assistance for Needy Families (including the Job Opportunities and Basic Skills program) will provide cash assistance on behalf of an estimated monthly average of 5,300 children from 3,000 families, and contract with Job Service North Dakota to provide employment related services to an estimated 1,450 families each month.

Recent trends affecting this area of the budget:

- Child Care Assistance federal funding derived from the Child Care Development Fund is distributed among the states based on the proportion of children each state has of all children in the United States. Because the number of North Dakota children is decreasing in proportion to the total

number of children in the US, this source of funding will eventually trend downward.

Before the 2003-2005 biennium began, we started to see significant increases in applications by eligible families and increases in provider charges for child care. In order to stay within the 2003-2005 budget, it was necessary to withdraw benefits for most higher education students. Continuation of that practice is contemplated in 2005-2007. Governor Hoeven has recommended that funds be included in the Higher Education appropriation for the purpose of assisting college students with child care needs.

- Continued increase is anticipated for Food Stamp caseloads. Federal appropriations for FFY 2005 are up over 15% from 2004. Recent federal estimates show that only 76% of eligible North Dakota households are actually receiving Food Stamp benefits. Increases in Food Stamp caseloads will benefit North Dakota's economy.

  The NDSU Department of Agribusiness and Applied Economics conducted an analysis of the impact of increasing Food Stamp participation rates by 1% (185 households using April 2004 caseload of 18,576 households). Based on an additional $448,000 of Food Stamp benefits, the initial effect (first round expenditures) would be applied to the retail sector. When these first round expenditure effects were applied to the total economic impact, NDSU estimated $935,000 in positive economic impacts (the initial $448,000 plus $487,000 in secondary economic effects arising from the multiplier process) for each 1% increase in Food Stamp participation. The estimated secondary effect includes $181,000 in additional income to North Dakota households and $122,000 in additional retail sales, as well as $184,000 distributed widely among the state's other economic sectors. These levels of additional sales and economic activity would support an estimated six

full-time equivalent jobs within the North Dakota economy, mostly in the retail sector.

- Recent fluctuations in TANF caseloads range from a high of 3,354 in May 2003 to a low of 2,805 in October 2004. These fluctuations are partly because of significant client turnover. The program served almost 5,900 different cases during state fiscal year 2004. Recent caseload reductions appear significantly related to policy changes, particularly a "dual standard of need" that reduces the grant amount for families able to share living arrangements or receive housing subsidies.

The TANF program was due for congressional reauthorization effective October 1, 2002, but has been maintained by a series of continuing resolutions, the last of which is set to expire on March 31, 2005. A reauthorization bill, HR4, was introduced in the 109th Congress on January 4, 2005. We are anxious to have reauthorization take place before March 31. Not only would the North Dakota legislature be in session, but also reauthorization before March 31 could help avoid the year-end problems recently experienced with the federal budget. There has been speculation that if TANF reauthorization continues to stall, the program may be consolidated with others in a larger authorization bill or a budget reconciliation act. This could lead to an increased risk of funding cuts to the TANF and Child Care block grants. There is no reason to anticipate increases in federal TANF funding in any circumstances, but reductions would be problematical for program beneficiaries.

Many states have argued that federal Child Care Assistance funding should increase if TANF heads of households are required to engage in additional hours of work activity. So far, there has been little indication that Congress will oblige.

- Demand for Energy Assistance increases as heating costs increase and as weather becomes more severe. Home heating costs in 2005 are projected to increase an average of 24% over costs in 2004. Congress recently increased total Energy Assistance funding for FFY 2005 by slightly over 15%, but funds required by law to be distributed to states are up only 5.5% from FFY 2004. On December 23, 2004, the federal agency released part of the Energy Assistance funds subject to discretionary spending. North Dakota received $.775 million of those "discretionary" funds after allocations to tribal programs. We have not yet been advised of any additional plans for distribution of discretionary Energy Assistance funds. Due to the relatively mild early winter, applications through January 4, 2005 had increased only three and one-half percent over the same point in 2004, though provider payments increased fifteen percent.

  Since the beginning of the 1993 heating season, the Energy Assistance program has operated in a manner that requires recipient households to share in a proportion of their heating costs, providing them an incentive to conserve energy. Because program costs are difficult to control, Energy Assistance program funds not distributed as benefits are transferred to the Department of Commerce for use in its weatherization and furnace repair efforts.

Selected program performance measures and actual performance:

- The annual Food Stamp benefit issuance error rate will be less than the national average.

  Actual Food Stamp benefit issuance error rate:

  - FFY 2001: 5.96% (national average 8.66%)
  - FFY 2002: 6.14% (national average 8.26%)
  - FFY 2003: 4.85% (national average 6.64%)

- All families who apply and are eligible for Child Care Assistance will receive a benefit.

  Actual percentage of families who applied and demonstrated eligibility for Child Care Assistance who received benefits:

  - SFY 2002: 100% (monthly average of 2,910 cases)
  - SFY 2003: 100% (monthly average of 3,081 cases)
  - SFY 2004: 100% (monthly average of 3,016 cases)

- 80% of System Support calls/letters will be resolved within one working day.

  Actual Percentage of System Support calls/letters resolved within one working day.

  - SFY 2002: 96%
  - SFY 2003: 94%
  - SFY 2004: 95%

- $1,500,000 per year will be collected directly or under DHS supervision from estates of deceased Medicaid recipients and spouses of deceased recipients.

  Actual amount of Medicaid claims collected from decedent's estates:

  - SFY 2002: $1,743,802
  - SFY 2003: $1,774,067
  - SFY 2004: $1,901,546

Overview of budget changes:

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	3,882,893	4,200,539	317,646
Operating	10,098,229	11,640,316	1,542,087
Capital Assets	3,872	1,981	(1,891)
Grants	181,551,359	197,272,435	15,721,076
Total	195,536,353	213,115,271	17,578,918
General	6,190,555	7,165,193	974,638
Federal	169,160,251	186,946,328	17,786,077
Other	20,185,547	19,003,750	(1,181,797)
FTEs	41.80	41.80	-

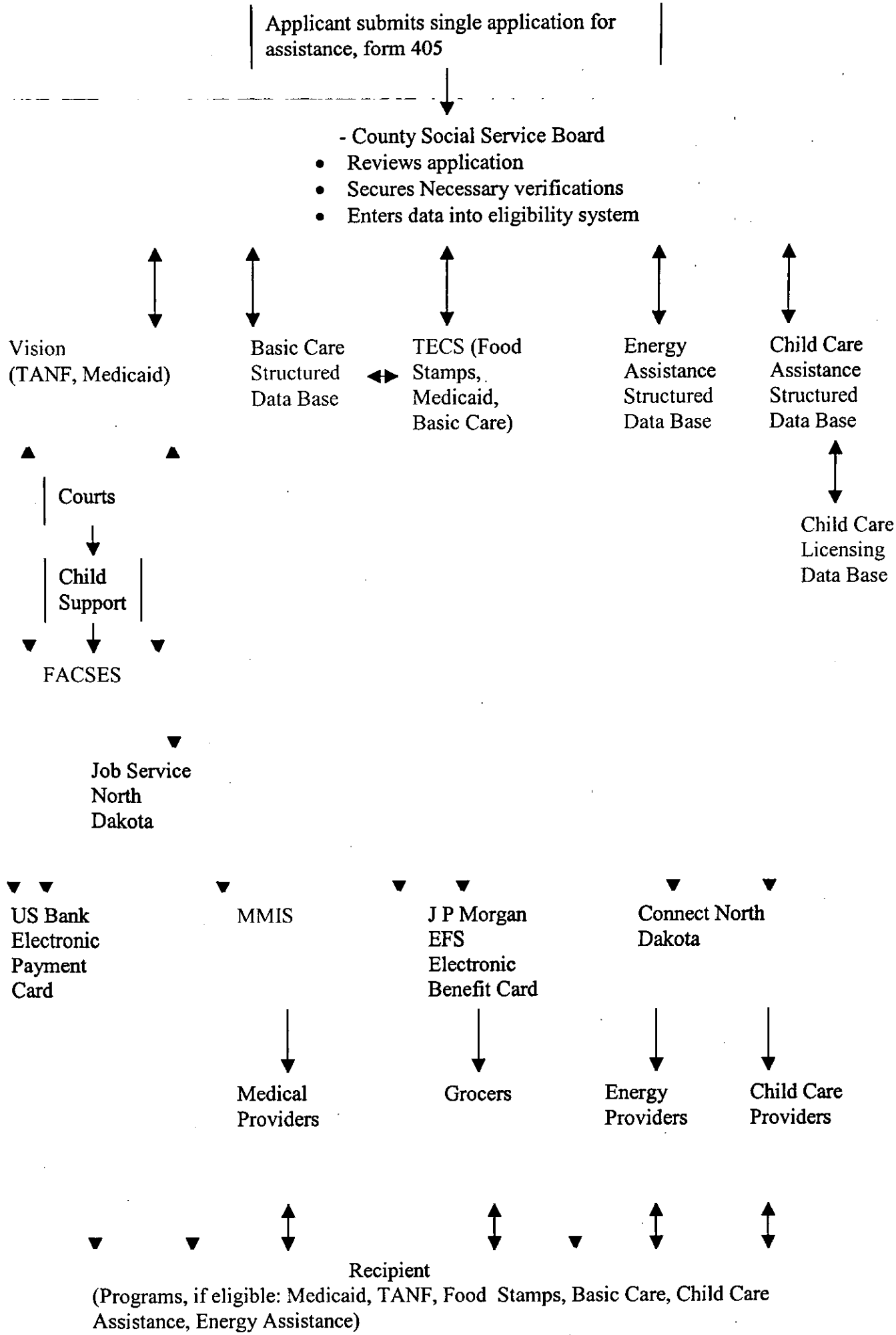
- The salary costs total $4.2 million, an increase of $317,646 over the current biennium, and comprise approximately 2% of the budget request for this area. The level of funding provided funds 41.8 FTE, the same FTE level as was funded in the 2003-05 biennium. The health insurance and compensation package adjustment included in the Governor's pay plan added $258,732 to the salaries line item. Of that amount $116,832 was from the general fund and $141,900 was federal funds. Temporary and overtime account for $22,943, and the remaining balance provides for the continuation of salaries and benefits for the existing staff.

- The $1,542,087 increase in operating expenses is comprised of a general fund increase of $658,164 and a federal and other funds increase of $883,923. Of the $1.54 million increase, $1.23 million is for the Payment Error Rate Measurement (PERM) reviews of Medicaid and Healthy Steps payments, required by federal law to be implemented effective October 1, 2005. The PERM reviews project was included in the Governor's budget recommendation. That $1.23 million is funded with $615,000 from the general fund and $615,000 from federal funds. The remaining increase in

requested operating expenses of $312,087 is mainly attributable to increases in purchased services, and is funded with $43,164 from the general fund, and $268,923 from federal and other funds.

The $11.6 million in operating costs consists primarily of funding for contracts, including $7.7 million for the JOBS programs (TANF work requirements anticipating the reauthorization by Congress of TANF); $1.6 million for Electronic Benefit Transfer (EBT) issuance costs in the Food Stamp program; $.6 million for Employment and Training contracts for the Food Stamp program; and $1.23 million for the (PERM) reviews.

- The total of all grants reflects an increased overall request of $15.7 million. However, included in the total are Food Stamp increases of $20.3 million and Energy Assistance increases of $5.5 million, all in federal funds. Declines in TANF and Child Care Assistance requests reduce the total.


Applicant submits single application for assistance, form 405
- County Social Service Board
• Reviews application
• Secures Necessary verifications
• Enters data into eligibility system
Vision (TANF, Medicaid)
Basic Care Structured Data Base
TECS (Food Stamps, Medicaid, Basic Care)
Energy Assistance Structured Data Base
Child Care Assistance Structured Data Base
Child Care Licensing Data Base
Courts
Child Support
FACSES
Job Service North Dakota
US Bank Electronic Payment Card
MMIS
J P Morgan EFS Electronic Benefit Card
Connect North Dakota
Medical Providers
Grocers
Energy Providers
Child Care Providers
Recipient
(Programs, if eligible: Medicaid, TANF, Food Stamps, Basic Care, Child Care Assistance, Energy Assistance)

SUMMARY OF ECONOMIC ASSISTANCE PROGRAM REQUIREMENTS

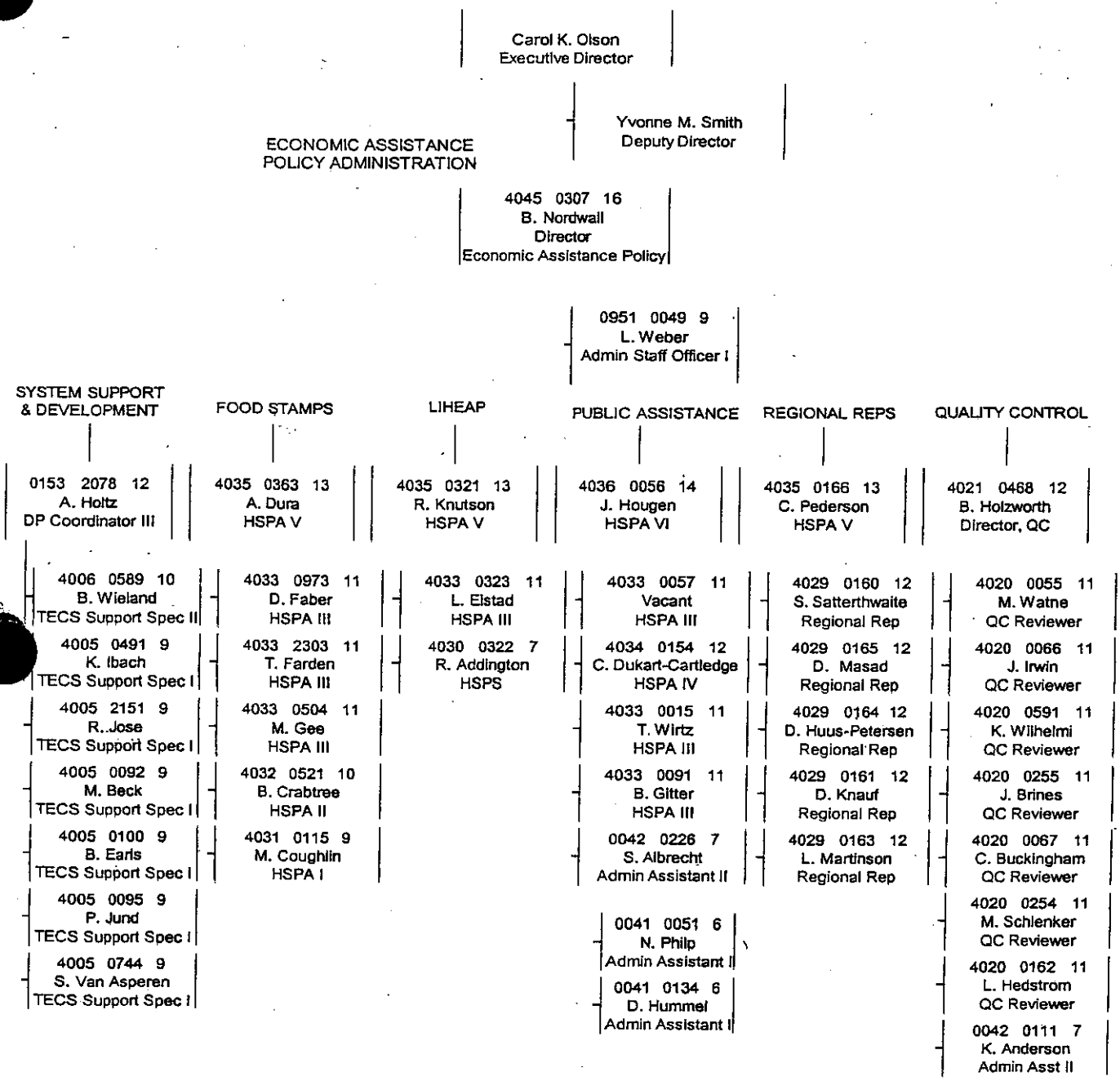
Program	Family Composition	Income limits	Asset Limits	Work Requirements	Maximum benefits	Comments
TANF	Must include a child under age 18 who is deprived of the support of one or both parents.	Income for an eligible family of four may not exceed $573 ($523 if shared housing).	One vehicle allowed, $6,050 in countable assets for four-person household.	Adult receiving a grant must be referred to JOBS, and develop and implement a work plan.	Family of four (one caretaker, three children), without shared housing and with no income: $573 per month.	Benefits permanently unavailable for felon fleeing apprehension, adult convicted of drug felony, or child subject to family cap. Sanctioned if not cooperating with JOBS or Child Support.
Child Care Assistance	Must include child, up to age 13 (age 19 for child with special needs), and child's parents or other caretaker in the household.	Income limits vary; higher incomes pay a larger share of child care costs, subject to a family maximum cost. A family of four with income below $587 pays 20% of child care costs. The same family with income of $2933 pays 80% of child care costs.	No asset test.	Child care provided only for hours parents are working or obtaining technical education.	Family of four (one caretaker, three children under age 2): Up to $1343 per month.	A licensed, certified, or approved provider must provide Child care.
Basic Care	Individual.	Income may not exceed cost of care by more than $60 per month.	$3000 in countable assets plus $3000 set aside for funeral.	None.	Monthly cost of care.	Must be eligible for Medicaid.
Energy Assistance	Everyone who shares a living unit.	Income may not exceed 60% of median State income. For household size of four, monthly income may not exceed $2,854.	$8,000 per household, plus $2,000 for each household member age 60 and above, and $3,000 per member set aside for funeral.	None.	Up to 95% of actual energy bills.	Four Indian Tribal governments operate their own Energy Assistance programs. Recipients of those programs are ineligible for State program benefits.
Food Stamps	All in household members who purchase and prepare meals together (must include children and their parents who live together.)	For household size of four, monthly gross income may not exceed $2,043 and monthly net income may not exceed $1,571.	$2,000 ($3,000 if a household member is disabled or age 60 and over) in countable assets if household includes a member who is disqualified from receiving benefits. Otherwise no asset test.	Able-bodied adult without dependents may receive Food Stamp benefits for only four months without finding employment. All non-exempt individuals referred for work registration.	Maximum monthly benefit to household of four with no net income is $499.	Benefits permanently unavailable for felon fleeing apprehension, adult convicted of drug felony, person found to have received food stamp benefits in exchange for firearms, ammunition or explosives, or person convicted of trafficking benefits over $500.

Summary of Medicaid and Healthy Steps Program Requirements

Coverage	Family Composition	Income Limits	Asset Limits	Work Requirements	Benefits	Comments
Family Coverage	Must include child under 18, or age 18 and in high school.	Family of four, net income may not exceed $629.	No asset test.	None.	Full Medicaid Benefits.	Coverage is for entire family. Deprivation includes under-employment.
Medically Needy	Must include aged/disabled individual, or child under age 21, or caretaker of eligible deprived child.	Family of four, net income level is $800.	Aged/disabled: $3000 for one, $6000 for two, + $25 for each additional. Children and caretakers: No asset test.	None.	Full Medicaid Benefits less recipient liability of excess income.	If in LTC, only $50 allowed for maintenance needs.
SSI recipients	Must include aged/disabled recipient of SSI benefits.	$589 for one, $869 for two.	$3000 for one, $6000 for two, + $25 for each additional.	None.	Full Medicaid Benefits.	
Children age 6 to 19	Must include child age 6 to 19.	Family of four, net income may not exceed $1571. (100% PL)	No asset test.	None.	Full Medicaid Benefits.	Coverage is for children only.
Pregnant women and children to age 6	Must include pregnant woman or child under 6.	Family of four, net income may not exceed $2090. (133% PL)	No asset test.	None.	Full Medicaid Benefits.	Coverage is for children and pregnant women only.
Medicare Savings Programs	Must include aged/disabled recipient with Medicare.	Family of four, net income may not exceed $1571 (100% PL) for full benefits or $2121 (135% PL) for partial benefits.	$4000 for one, $6000 for two or more.	None.	Covers Medicare premiums, co-insurance and deductibles at 100% PL. Covers Medicare Part B premium at 100% to 135% PL.	Can also receive medically needy coverage if income below 120% PL.

Coverage	Family Composition	Income Limits	Asset Limits	Work Requirements	Benefits	Comments
Healthy Steps	Must include child under age 19 who is ineligible for Medicaid.	Family of four, net income may not exceed $2200. (140% PL)	No asset test.	None.	Full Healthy Steps insurance Benefits.	Insurance premium paid to insurance carrier for coverage.
Transitional Medicaid	Must include child under 18, or age 18 and in high school.	Family of four, net earned income may not exceed $2907. (185% PL)	No asset test.	None.	Full Medicaid Benefits.	Up to 12 months of coverage for entire family. Must have received 3 months of Family Coverage in past 6 months.
Breast and cervical cancer	Must include woman with breast or cervical cancer under age 65.	Family of four, net income may not exceed $3142. (200% PL)	No asset test.	None.	Full Medicaid Benefits.	Must be referred through Woman's Way program. Can't be otherwise eligible for Medicaid.
Workers with Disabilities	Must include disabled individual age 16 to 65.	Family of four, net income may not exceed $3534. (225% PL)	$3000 for one, $6000 for two, + $25 for each additional, + $10,000 earned from employment.	Must be gainfully employed.	Full Medicaid Benefits.	Must pay monthly premium of 5% of individual's income. Must pay one-time enrollment fee of $100.
Spousal Impoverishment	Must include spouse receiving nursing care services and community spouse.	LTC spouse keeps $50. HCBS spouse keeps $520. Excess income deemed to community spouse up to $2267.	$3000 for nursing care spouse. Half of countable assets for community spouse with minimum of $19,020 and maximum of $95,100.	None.	Full Medicaid Benefits for nursing care spouse less recipient liability of excess income.	Coverage for nursing care spouse only.

North Dakota Department of Human Services
Economic Assistance Policy Division



Revised 12/1/04

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: ECONOMIC ASSISTANCE POLICY - GRANTS
Reporting Level: 00-325-300-01-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	2,872,001	1,436,823	1,458,396	2,895,219	2,929,543	34,324
TEMP, OVERTIME & SHIFT	1002	55,779	4,925	18,019	22,944	22,943	(1)
BENEFITS	1008	866,487	468,559	496,171	964,730	1,058,768	94,038
SALARY INCREASE	1010	0	0	0	0	162,149	162,149
BENEFIT INCREASE	1011	0	0	0	0	27,136	27,136
SALARIES AND WAGES	10	3,794,267	1,910,307	1,972,586	3,882,893	4,200,539	317,646
IT-DATA PROCESSING	3002	4,706	4,725	4,225	8,950	11,070	2,120
IT-TELEPHONE	3003	17,818	7,361	12,504	19,865	17,890	(1,975)
TRAVEL	3004	132,378	35,992	153,951	189,943	174,044	(15,899)
IT-SOFTWARE/SUPPLIES	3005	10,519	4,303	797	5,100	9,488	4,388
UTILITIES	3006	790	285	521	806	800	(6)
POSTAGE	3007	24,701	3,950	25,030	28,980	13,004	(15,976)
IT-CONTRACTUAL SERVICES	3008	328	0	0	0	400	400
LEASE/RENT - BLDG/LAND	3012	78,586	37,563	40,680	78,243	93,296	15,053
DUES & PROFESSIONAL DEV.	3013	28,483	11,547	26,410	37,957	30,582	(7,375)
OPERATING FEES & SERVICES	3014	8,187,132	4,260,469	5,190,274	9,450,743	9,838,691	387,948
REPAIRS	3016	1,471	1,559	2,104	3,663	1,376	(2,287)
PROFESSIONAL SERVICES	3018	1,186	212	288	500	1,230,000	1,229,500
OFFICE SUPPLIES	3021	11,395	2,495	40,131	42,626	11,464	(31,162)
PRINTING	3024	144,515	58,031	121,597	179,628	196,946	17,318
PROFESSIONAL SUPPLIES	3025	4,089	2,436	47,949	50,385	1,690	(48,695)
BLDG,GRNDS,VEHICLE MTCE	3030	80	24	16	40	140	100
MISCELLANEOUS SUPPLIES	3033	3,560	761	39	800	7,935	7,135
OFFICE EQUIP-UNDER $5000	3034	0	0	0	0	1,500	1,500
OPERATING EXPENSES	30	8,651,737	4,431,713	5,666,516	10,098,229	11,640,316	1,542,087
OTHER CAPITAL PAYMENTS	5020	2,097	0	3,872	3,872	1,981	(1,891)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: ECONOMIC ASSISTANCE POLICY - GRANTS
Reporting Level: 00-325-300-01-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
CAPITAL ASSETS	50	2,097	0	3,872	3,872	1,981	(1,891)
GRANTS, BENEFITS & CLAIMS	6006	146,279,967	78,445,150	103,106,209	181,551,359	197,272,435	15,721,076
GRANTS	60	146,279,967	78,445,150	103,106,209	181,551,359	197,272,435	15,721,076
EXPENDITURE TOTALS		158,728,068	84,787,170	110,749,183	195,536,353	213,115,271	17,578,918
MEANS OF FUNDING							
FOOD STAMP PROG. 10.561	S025	3,786,416	1,832,416	2,411,176	4,243,592	4,488,086	244,494
FOOD STAMP WORK REG. & JOB SEARCH 1	S027	356,087	1,208,494	(816,696)	391,798	598,932	207,134
FOOD STAMP - EBT BENEFITS	S028	65,292,131	33,001,574	52,476,316	85,477,890	105,840,659	20,362,769
VOC. REHAB. BASIC SUPP. 84.126	S040	8,691	0	0	0	0	0
MEDICAL ADMINISTRATION-93.778	S056	564,788	298,605	259,366	557,971	1,322,119	764,148
PROMOTING SAFE & STABLE FAMILIES IV	S071	152,822	0	0	0	0	0
CCDF - DISCRETIONARY FUNDS	S109	6,114,001	3,383,204	5,113,142	8,496,346	8,085,406	(410,940)
TANF BLOCK GRANT	S114	28,743,041	10,902,533	15,374,651	26,277,184	21,914,629	(4,362,555)
CHILD CARE DEVELOPMENT FUND	S115	7,957,444	4,621,341	7,731,509	12,352,850	7,797,157	(4,555,693)
LIHEAP - 93.028	S116	22,566,484	12,874,627	18,487,993	31,362,620	36,899,340	5,536,720
Federal Funds	FED	135,541,905	68,122,794	101,037,457	169,160,251	186,946,328	17,786,077
STATE GENERAL FUND	001	6,147,218	5,073,003	1,117,552	6,190,555	7,165,193	974,638
General Fund	GEN	6,147,218	5,073,003	1,117,552	6,190,555	7,165,193	974,638
OTHER FUNDS	Z125	17,038,945	11,591,373	8,594,174	20,185,547	19,003,750	(1,181,797)
Special Funds	SPEC	17,038,945	11,591,373	8,594,174	20,185,547	19,003,750	(1,181,797)
TOTAL FUNDING		158,728,068	84,787,170	110,749,183	195,536,353	213,115,271	17,578,918

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: ECONOMIC ASSISTANCE POLICY - GRANTS
Reporting Level: 00-325-300-01-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		43	0	42	42	42	0
TOTAL AUTHORIZED EMPLOYEES		43	0	42	42	42	0
VACANT		0	0	2	2	1	(1)
FTE		43	0	40	40	41	1

Description		2003 - 2 Current Budget	Caseload Changes / Utilization	Cost Changes	Statutory Changes	Unfunded Activity	Restoration	Budget Changes	2005 - 2007 Request to OMB
Indian County Allocation	GRANTS, BENEFITS & CLAIMS	2,614,166			186,437	(186,437)	186,437	186,437	2,800,603
	GENERAL FUND	649,559			186,437	(186,437)	186,437	186,437	835,996
	SWAP FUNDS	1,964,607							1,964,607
TANF Benefit	GRANTS, BENEFITS & CLAIMS	29,507,940	(1,787,940)	(3,240,000)				(5,027,940)	24,480,000
	GENERAL FUND	3,939,432							3,939,432
	FEDERAL FUNDS	13,341,867	(1,726,515)	(3,240,000)				(4,966,515)	8,375,352
	CHILD SUPPORT COLLECTIONS	3,834,256	29,279					29,279	3,863,535
	SWAP FUNDS	8,392,385	(90,704)					(90,704)	8,301,681
JOBS - Transportation	GRANTS, BENEFITS & CLAIMS	3,204,454	(554,326)	(105,648)				(659,974)	2,544,480
	FEDERAL FUNDS	3,204,454	(554,326)	(105,648)				(659,974)	2,544,480
Child Care	GRANTS, BENEFITS & CLAIMS	21,642,105	(662,332)	983,351				321,019	21,963,124
	FEDERAL FUNDS	17,415,210	(662,332)	983,351				321,019	17,736,229
	SWAP FUNDS	4,226,895							4,226,895
JOBS - Trans - DOT Grant	GRANTS, BENEFITS & CLAIMS	31,916	58,756	11,328				70,084	102,000
	FEDERAL FUNDS	31,916	58,756	11,328				70,084	102,000
Food Stamp - EBT Issuance	GRANTS, BENEFITS & CLAIMS	85,477,890	40,175,513	(19,812,744)				20,362,769	105,840,659
	FEDERAL FUNDS	85,477,890	40,175,513	(19,812,744)				20,362,769	105,840,659
Low Income Home Energy Assist. Prog.	GRANTS, BENEFITS & CLAIMS	30,838,788	(2,793,797)	8,461,578				5,667,781	36,506,569
	FEDERAL FUNDS	30,838,788	(2,793,797)	8,461,578				5,667,781	36,506,569
	GENERAL FUND	4,588,991	-	-	186,437	(186,437)	186,437	186,437	4,775,428
	FEDERAL FUNDS	150,310,125	34,497,299	(13,702,135)	-	-	-	20,795,164	171,105,289
	SWAP FUNDS	14,583,887	(90,704)	-	-	-	-	(90,704)	14,493,183
	CHILD SUPPORT COLLECTIONS	3,834,256	29,279	-	-	-	-	29,279	3,863,535
	TOTAL	173,317,259	34,435,874	(13,702,135)	186,437	(186,437)	186,437	20,920,176	194,237,435

EXPENDITURES TO DATE THROUGH NOVMEBER 2004:

Description	Legislative Appropriation	Emergency Commission Action	Adjusted Appropriation	Projected Need	Projected Excess / (Shortage)
TANF Benefit	29,507,940	0	29,507,940	23,944,078	5,563,862
JOBS - Transportation	3,204,454	0	3,204,454	2,440,331	764,123
Child Care	21,642,105	0	21,642,105	21,120,678	521,427
JOBS - Trans - DOT Grant	31,916	0	31,916	9,321	22,595
Food Stamp - EBT Issuance	82,877,890	2,600,000	85,477,890	84,730,438	747,452
Low Income Home Energy Assist. Prog.	17,438,788	13,400,000	30,838,788	28,497,073	2,341,715
JOBS - Operating	8,572,168	0	8,572,168	6,549,168	2,023,000

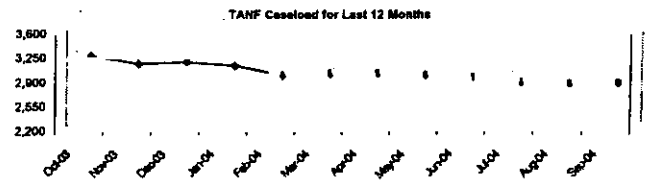
ECONOMIC ASSISTANCE CASELOADS

	TANF	Child Care Assistance	LIHEAP	Food Stamps	JOBS Client Services	JOBS Transportation
CURRENT BIENNIUM						
BUDGETED BEGINNING CASELOAD	3,136	4,561	Seasonal Fluctuation	16,382	1,568	1,427
BUDGETED ENDING CASELOAD	3,251	5,380		16,532	1,951	1,677
AVERAGE CASELOAD	3,194	5,007	7,407	16,246	1,760	1,517
2005-2007 BIENNIUM						
BUDGETED BEGINNING CASELOAD	3,000	4,484	Seasonal Fluctuation	19,938	1,491	1,290
BUDGETED ENDING CASELOAD	3,000	4,682		24,365	1,491	1,290
AVERAGE CASELOAD	3,000	4,878	6,491	21,799	1,491	1,290
CHANGE IN AVERAGE CASELOAD	(194)	(129)	(916)	5,553	(269)	(227)
ESTIMATED PROJECTED AVERAGE CASELOAD FOR 2003-2005	2,963	4,773	6,512	18,755	1,486	1,239

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
QUARTERLY BUDGET INSIGHT
BIENNIUM TO DATE INFORMATION ON SELECTED DEPARTMENT PROGRAMS
JULY 2003 - SEPTEMBER 2004

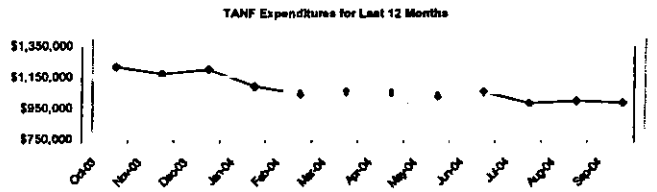
Section 1: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
APPROPRIATION 2003-2005 BIENNIUM $29,507,940

BUDGET (7/03-9/04)		ACTUAL (7/03-9/04)			
Monthly Avg Cases	Monthly Avg Cost per Case	Monthly Avg Cases	Monthly Avg Cost Per Case	Spent to Date	Percent of Appropriation Used to Date*
3,171	$ 385	3,026	$ 349	$ 15,830,951	53.6%



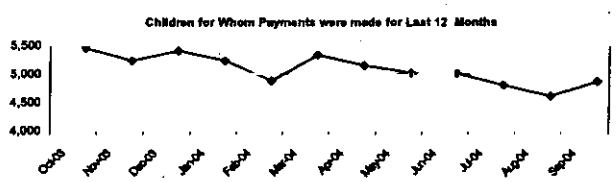
PROGRAM NOTES:

Average monthly TANF recipients:	*7,940*
Average number of children receiving TANF benefits:	*5,551*
Average number of child only cases:	*674*
Average number of individuals participating in work activities:	*1,877*
Amount of Child Support Collections used to pay TANF grants (see section 6):	*$2,083,182*



Section 2: CHILD CARE ASSISTANCE (CCA)
APPROPRIATION 2003-2005 BIENNIUM $21,642,105

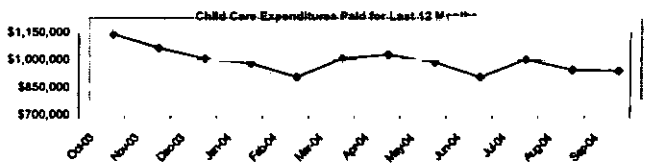
BUDGET (8/03-9/04)		ACTUAL (8/03-9/04)			
Monthly Avg Children for Whom CCA paid	Monthly Avg Cost per Child	Monthly Avg Children for Whom CCA paid	Monthly Avg Cost per Child	Spent to Date	Percent of Appropriation Used**
4,872	$ 179	4,863	$ 190	$ 12,953,604	59.9%



PROGRAM NOTES:

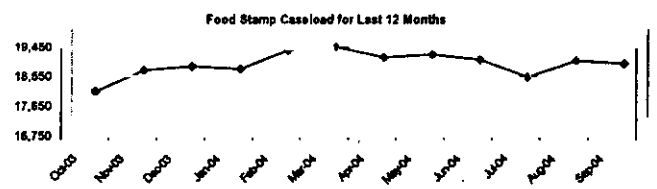
Average number of Non-TANF children:	*3,775*
Average number of TANF children:	*1,088*
Average number of families receiving payments:	*3,096*
Average payment per family	*$299*

Program cuts were made October 2003, January 2004 and August 2004 due to funds available.



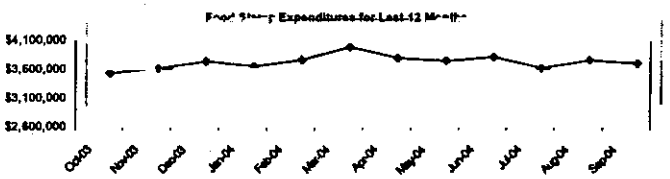
Section 3: FOOD STAMPS
APPROPRIATION 2003-2005 BIENNIUM $85,477,890

BUDGET (7/03-9/04)		ACTUAL (7/03-9/04)			
Monthly Avg Cases	Monthly Avg Cost per Case	Monthly Avg Cases	Monthly Avg Cost per Case	Spent to Date	Percent of Appropriation Used*
16,267	$ 203	18,191	$ 182	$ 49,555,162	58.0%



PROGRAM NOTES:

Average number of individuals receiving food stamps:	*41,158*
Average number of children under 18 receiving food stamps:	*19,217*
Average number of cases with an elderly person (60 or older)	*3,186*
Average number of cases with earned income:	*8,005*



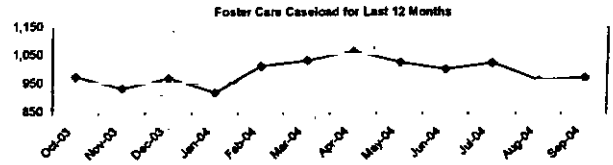
Percent of Biennium Expired 62.5% - Payments for TANF, Food Stamps, and Adoption are made at the beginning of the month for the current month. Payments for Foster Care are made the last day of the month for the current month. Therefore 15 months of payments have been made or 62.5% (15/24) of the biennium has expired.

**Percent of Biennium Expired 58.3%* - Payments for Child Care, Medical Assistance, and Long Term Care are made when a billing for the previous month's services have been received. Therefore approximately 14 months of payments have been made or 58.3% (14/24) of the biennium has expired.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
QUARTERLY BUDGET INSIGHT
BIENNIUM TO DATE DEPARTMENT PROGRAMS
JULY 2003 - SEPTEMBER 2004 (continued)

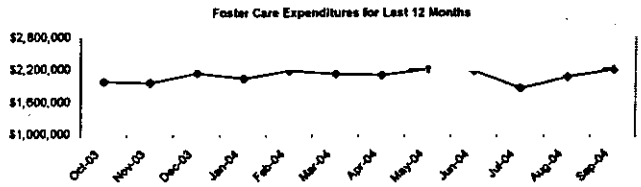
Section 4: FOSTER CARE (MAINTENANCE AND REHAB)
APPROPRIATION 2003-2005 BIENNIUM $48,302,447

BUDGET (7/03-9/04)		ACTUAL (7/03-9/04)			
Monthly Avg Cases	Monthly Avg Cost	Monthly Avg Cases	Monthly Avg Cost	Spent to Date	Percent of Appropriation Used *
1,012	Varied by placement	987	See program notes	30,693,575	63.5%



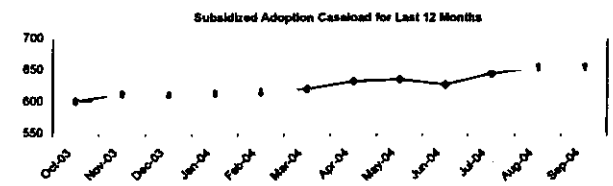
PROGRAM NOTES:

Average monthly cost foster care family homes (44% of caseload):	*$702*
Average monthly cost therapeutic family foster care (18% of caseload):	*$2,625*
Average monthly cost Residential Child Care Facilities/Group Homes (27% of caseload):	*$3,189*
Average monthly cost Residential Treatment Centers: (11% of caseload):	*$8,837*
Amount of Child Support Collections used to pay Foster Care grants (see section 6):	*$2,853,727*



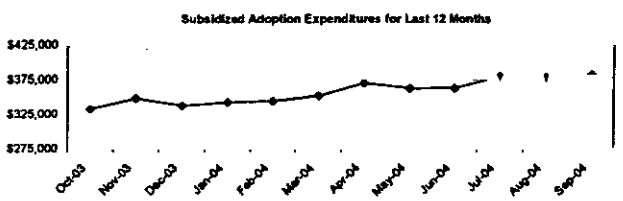
Section 5: SUBSIDIZED ADOPTION FOR SPECIAL NEEDS CHILDREN
APPROPRIATION 2003-2005 BIENNIUM $8,960,100

BUDGET (7/03-9/04)		ACTUAL (7/03-9/04)			
Monthly Avg Cases	Monthly Avg Cost -	Monthly Avg Cases	Monthly Avg Cost	Spent to Date	Percent of Appropriation Used*
612	$ 535	619	$ 567	$ 5,261,845	58.7%

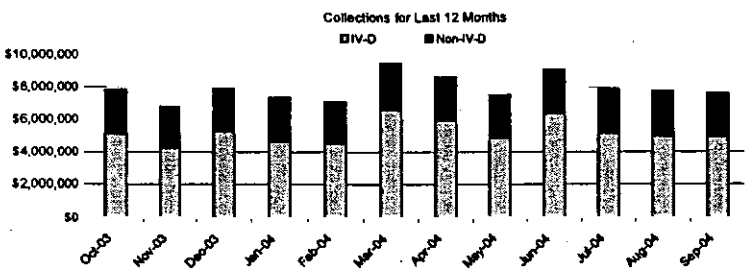


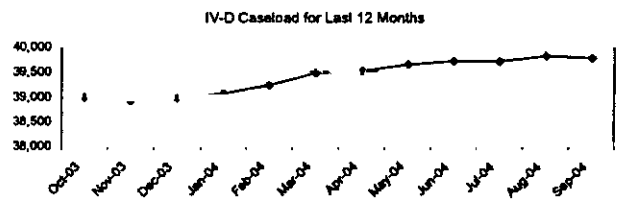
PROGRAM NOTES:

A special needs child is a child legally available for adoptive placement and who is seven years of age or older; under eighteen years of age with a physical, emotional, or mental disability or has been diagnosed to be a high risk for such a disability; a member of a minority; or a member of a sibling



Section 6 - CHILD SUPPORT ENFORCEMENT





Total Collections for Last 12 Months	$95,014,919
% of Collections Received from	
-IV-D clients	65.7%
-Non-IV-D clients	34.3%
	100.0%
Collections Distributed to	
-TANF Grant Program (see section 1)	1.7%
-Foster Care Program (see section 4)	1.5%
-Federal government reimbursement	4.1%
-IV-D Familes	53.2%
-Non-IV-D Families	34.3%
-Other States	4.7%
-Other	0.4%
	100.0%

PROGRAM NOTES:

A IV-D case is any case in which the custodial parent has assigned their rights to receive support payments to the State as a condition of receiving public assistance or has filed an application for services provided by the Child Support Enforcement Agenc

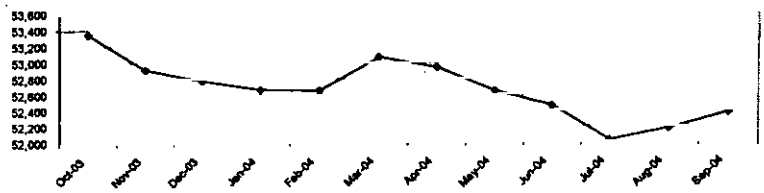
A Non-IV-D case is any case in which the custodial parent has neither assigned their right to receive support over to the State nor has filed an application for services provided by the Child Support Enforcement Agency or once had a IV-D case which was su

**Percent of Biennium Expired 62.5%* - Payments for TANF, Food Stamps, and Adoption are made at the beginning of the month for the current month. Payments for Foster Care are made the last day of the month for the current month. Therefore 15 months of payments have been made or 62.5% (15/24) of the biennium has expired.

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
QUARTERLY BUDGET INSIGHT
BIENNIUM TO DATE INFORMATION ON SELECTED DEPARTMENT PROGRAMS
JULY 2003 - SEPTEMBER 2004 (continued)

Section 7 - MEDICAID ELIGIBLES
2003 - 2005 BIENNIUM

Medicaid Eligibles for the Last 12 Months



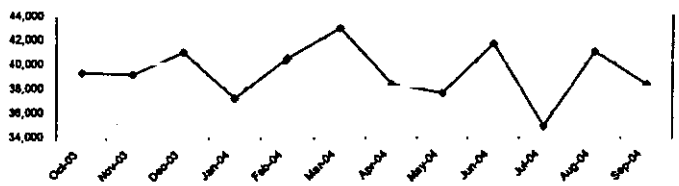
Note: Eligibles include all Medical Assistance and Long Term Care Continuum Medicaid eligibles with the exception of SPED, Expanded SPED and Basic Care.

Approximately 50% of the above eligibles are under the age of 21, 16% are disabled and 13% are classified as Aged.

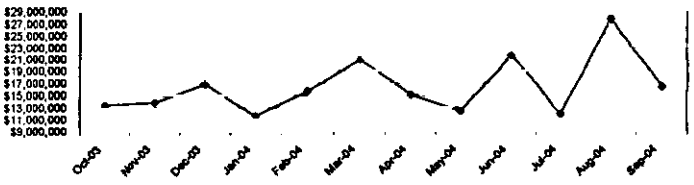
Section 8 - MEDICAL ASSISTANCE
APPROPRIATION 2003 - 2005 BIENNIUM $370,019,785

	Actual Paid (8/03-9/04)			
Service	Monthly Average Number of People Receiving	Monthly Average Cost Per Person	Spent to Date	Percentage of Appropriation Used to Date**
Inpatient Hospital	876	3,726	45,682,501	73.9%
Outpatient Hospital	5,945	291	24,254,983	66.9%
Dental	3,360	186	7,808,318	64.4%
Net Drugs (Includes Rebates)	21,263	181	53,998,598	56.7%
Physician	17,013	139	33,003,499	68.3%
Other	--	--	84,954,498	53.5%
Total Medical Assistance Expenditures to Date			249,702,397	67.5%

Recipient Claims Paid for Medical Assistance for the Last 12 Months



Medical Assistance Expenditures for the Last 12 Months

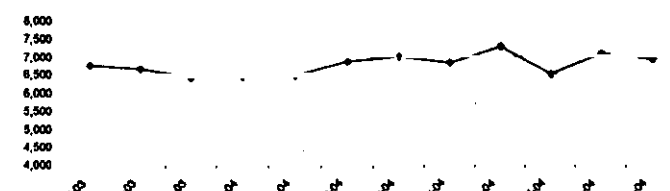


PROGRAM NOTES:
August '03 Expenditures include an IGT Pool Payment of $18,877,239.

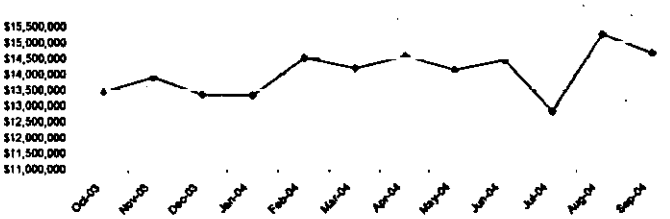
Section 9 - LONG TERM CARE CONTINUUM
APPROPRIATION 2003 - 2005 BIENNIUM $358,038,292

	Budget (8/03-09/04)		Actual Paid (8/03-09/04)			
Service	Monthly Average Number of People Receiving	Monthly Average Cost Per Person	Monthly Average Number of People Receiving	Monthly Average Cost Per Person	Spent to Date	Percentage of Appropriation Used to Date**
Nursing Homes	3,665	3,563	3,553	3,537	175,942,232	55.3%
Basic Care	497	693	472	920	6,081,309	72.4%
SPED	1,645	367	1,175	402	6,603,477	44.9%
Expanded SPED	180	189	143	304	609,354	73.0%
TBI - Waiver	36	2,632	29	2,449	984,424	43.3%
Aged & Disabled Waiver	307	1,292	374	1,288	6,741,750	71.1%
Targeted Case Management	297	82	127	168	299,612	27.0%
Personal Care Option	234	499	0	0	0	0.0%
Total Long-Term Care Continuum Expenditures to Date					197,262,158	61.9%

Recipient Claims Paid for the Long Term Care Continuum for the Last 12 Months



Long Term Care Continuum Expenditures for the Last 12 Months



PROGRAM NOTES:
The Personal Care Option has not yet been approved by the federal government.
The Nursing Home rates are adjusted on January 1st of each year.

...ent of Biennium Expired 58.3% - Payments for Medicaid and Long Term Care are made when a billing for the previous month's services have been received. Therefore approximately 14 months of ...ents have been made or 58.3% (14/24) of the biennium has expired.

Economic Assistance Policy
Operating Fees and Services

JOBS Program contract with Job Service North Dakota		$ 7,855,328
Food Stamp		1,956,183
JP Morgan	1,528,685	
Employment & Training	377,498	
Outreach	50,000	
Other fees and services		27,180
Total		$ 9,838,691

January 26, 2005

MEMORANDUM

TO: Rep. Jeff Delzer, Chairman, Human Resources Division, House Appropriations Committee

FROM: Blaine L. Nordwall, Director of Economic Assistance Policy Division BLN

SUBJECT: HB 1012, Committee request for information

This information was requested during my January 18 presentation of details concerning the budget area Economic Assistance:

In October 1999 the Department of Human Services first used TANF funds to purchase services for TANF beneficiaries from a transit authority that used those payments to match Department of Transportation "Access to Jobs and Reverse Commuting Grants." The $102,000 item "JOBS- Trans DOT Grant" reflects our plan to continue that practice.

Currently the Department pays $2.823 "per case per month" to JP Morgan EFS for providing Food Stamp Electronic Benefit Transfer (EBT) services. This amount is subject to inflationary adjustments.

The Department provided benefits of $25 or less to 1799 Food Stamp cases for the January 2005 benefit month.

C: Rep. Chet Pollert, Vice Chairman
Rep. Larry Bellew
Rep. Alon C. Wieland
Rep. James Kerzman
Rep. Ralph Metcalf

VIII

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

SENATOR HOLMBERG, CHAIRMAN

MARCH 1, 2005

Chairman Holmberg, members of the Senate Appropriations Committee, I am Blaine Nordwall, Director of Economic Assistance Policy of the Department of Human Services. I am here today to provide you an overview of the budget area Economic Assistance.

- Economic Assistance Policy is responsible for eligibility policy for Basic Care Assistance and for all aspects of state level administration, including eligibility policy, of Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families (including the Job Opportunities and Basic Skills program). This work involves:
    - Distributing benefits to recipients
    - Directing and supervising county social service board administration of EAP programs
    - Implementing all applicable state and federal law
    - Providing training, written instructions, and interpretations concerning program requirements
    - Operating electronic eligibility determination and reporting systems
    - Preparing required state and federal reports

- Basic Care, Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families, and the Medicaid program, are served by the following services, also within this area of the budget:
    - Quality Control
    - System Support and Development

- Field Services and Training
- Medicaid Estate Recovery

Numbers of providers and individuals served:

- Child Care Assistance will pay approximately 1,440 licensed, certified, or approved child caregivers each month for services to an estimated 4,878 children from 3,100 families.

- Energy Assistance will pay approximately 400 energy providers, from the largest energy companies to the smallest firewood dealers, for heating services provided to an estimated 37,920 individuals from 15,800 households.

- Food Stamps will pay approximately 424 grocers each month for food provided to an estimated 45,778 individuals from 21,799 households.

- Temporary Assistance for Needy Families (including the Job Opportunities and Basic Skills program) will provide cash assistance on behalf of an estimated monthly average of 5,300 children from 3,000 families, and contract with Job Service North Dakota to provide employment-related services to an estimated 1,450 families each month.

Recent trends affecting this area of the budget:

- Child Care Assistance federal funding derived from the Child Care Development Fund is distributed among the states based on the proportion of children each state has of all children in the United States. Because the

number of North Dakota children is decreasing in proportion to the total number of children in the US, this source of funding will eventually trend downward.

Before the 2003-2005 biennium began, we started to see significant increases in applications by eligible families and increases in provider charges for child care. In order to stay within the 2003-2005 budget, it was necessary to withdraw benefits for most higher education students. Continuation of that practice is contemplated in 2005-2007. Governor Hoeven has recommended that funds be included in the Higher Education appropriation for the purpose of assisting college students with child care needs.

- Food Stamp caseloads have continued to increase. Federal appropriations for FFY 2005 are up over 15% from 2004. Recent federal estimates state that only 76% of eligible North Dakota households are actually receiving Food Stamp benefits. Increases in Food Stamp caseloads benefit North Dakota's economy.

  The NDSU Department of Agribusiness and Applied Economics recently conducted an analysis of the impact of increasing Food Stamp participation rates by 1% (185 households using April 2004 caseload of 18,576 households). Based on an additional $448,000 of Food Stamp benefits, the initial effect (first round expenditures) would be applied to the retail sector. When these first round expenditure effects were applied to the total economic impact, NDSU estimated $935,000 in positive economic impacts (the initial $448,000 plus $487,000 in secondary economic effects arising from the multiplier process) for each 1% increase in Food Stamp participation. The estimated secondary effect includes $181,000 in additional income to North Dakota households and $122,000 in additional retail sales, as well as $184,000 distributed widely among the state's other

economic sectors. These levels of additional sales and economic activity would support an estimated six full-time equivalent jobs within the North Dakota economy, mostly in the retail sector.

- Recent fluctuations in TANF caseloads range from a high of 3,354 in May 2003 to a low of 2,801 in January 2005. These fluctuations are partly because of significant client turnover. The program served almost 5,900 different cases during state fiscal year 2004. Recent caseload reductions appear significantly related to policy changes, particularly a "dual standard of need" that reduces the grant amount for families able to share living arrangements or receive housing subsidies.

The TANF program was due for congressional reauthorization effective October 1, 2002, but has been maintained by a series of eight continuing resolutions, the last of which is set to expire on March 31, 2005. Two TANF reauthorization bills have been introduced in the 109th Congress. HR 240 was introduced on January 4, 2005, and S 4 was introduced on January 24, 2005. We had hoped to have reauthorization take place before March 31, but that appears unlikely. Current plans in Congress are to seek another six-month continuing resolution, and complete work on the reauthorization legislation by September 30, 2005. There has been speculation that if TANF reauthorization continues to stall, the program may be consolidated with others in a larger authorization bill or a budget reconciliation act. This could lead to an increased risk of funding cuts to the TANF and Child Care block grants. There is no reason to anticipate increases in federal TANF funding in any circumstances, but reductions would be problematical for program beneficiaries.

Under all of the legislation considered in the past Congress, and all the TANF reauthorization legislation currently under consideration, TANF heads of households will be required to engage in additional hours of work

activity. Many states have argued that this is a basis for increasing federal Child Care Assistance funding. So far, there has been little indication that Congress will oblige, although the subject will likely come up in the U.S. Senate. We have not assumed that there will be any increase.

- Demand for Energy Assistance increases as heating costs increase and as weather becomes more severe. Home heating costs in 2005 are projected to increase an average of 24% over costs in 2004. Congress recently increased total Energy Assistance funding for FFY 2005 by slightly over 15%, but funds required by law to be distributed to states are up only 5.5% from FFY 2004. On December 23, 2004, and again on January 31, 2005, the federal agency released part of the Energy Assistance funds subject to discretionary spending. North Dakota received $1.55 million of those "discretionary" funds after allocations to tribal programs. We have not yet been advised of any additional plans for distribution of discretionary Energy Assistance funds. Due to the relatively mild early winter, applications through February 22, 2005 have increased only 3.77% over the same time in 2004, though provider payments have increased 16.83%.

  Since the beginning of the 1993 heating season, the Energy Assistance program has operated in a manner that requires recipient households to share in a proportion of their heating costs, providing them an incentive to conserve energy. Because program costs are difficult to control, Energy Assistance program funds not distributed as benefits are transferred to the Department of Commerce for use in its weatherization and furnace repair efforts.

Selected program performance measures and actual performance:

- The annual Food Stamp benefit issuance error rate will be less than the national average.

  Actual Food Stamp benefit issuance error rate:
  - FFY 2001: 5.96% (national average 8.66%)
  - FFY 2002: 6.14% (national average 8.26%)
  - FFY 2003: 4.85% (national average 6.64%)

- All families who apply and are eligible for Child Care Assistance will receive a benefit.

  Actual percentage of families who applied and demonstrated eligibility for Child Care Assistance who received benefits:
  - SFY 2002: 100% (monthly average of 2,910 cases)
  - SFY 2003: 100% (monthly average of 3,081 cases)
  - SFY 2004: 100% (monthly average of 3,016 cases)

- 80% of System Support calls/letters will be resolved within one working day.

  Actual Percentage of System Support calls/letters resolved within one working day.
  - SFY 2002: 96%
  - SFY 2003: 94%
  - SFY 2004: 95%

- $1,500,000 per year will be collected directly or under DHS supervision from estates of deceased Medicaid recipients and spouses of deceased recipients.

  Actual amount of Medicaid claims collected from decedent's estates:

  - SFY 2002: $1,743,802
  - SFY 2003: $1,774,067
  - SFY 2004: $1,901,546

Overview of budget changes:

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	House Changes	Request to Senate
Salaries	3,882,893	317,646	4,200,539	(33,342)	4,167,197
Operating	10,098,229	1,542,087	11,640,316	(66,091)	11,574,225
Capital Assets	3,872	(1,891)	1,981		1,981
Grants	181,551,359	15,721,076	197,272,435		197,272,435
Total	195,536,353	17,578,918	213,115,271	(99,433)	213,015,838
General	6,190,555	974,638	7,165,193	(66,114)	7,099,079
Federal	169,160,251	17,786,077	186,946,328	(33,319)	186,913,009
Other	20,185,547	(1,181,797)	19,003,750		19,003,750
FTEs	41.80	-	41.80		41.80

- The salary request totals $4.2 million, an increase of $317,646 over the current biennium, and comprises approximately 2% of the budget request for this area. This funds 41.8 FTEs, the same FTE level as was funded in the 2003-05 biennium. The health insurance and compensation package adjustment included in the Governor's pay plan added $258,732 to the salaries line item. Of that amount, $116,832 was from the general fund and $141,900 was federal funds. Temporary and overtime accounts for $22,943,

and the remaining balance provides for the continuation of salaries and benefits for the existing staff.

- The $1,542,087 increase in operating expenses is comprised of a general fund increase of $658,164 and a federal and other funds increase of $883,923. $1.23 million of the $1.54 million increase is for the Payment Error Rate Measurement (PERM) reviews of Medicaid and Healthy Steps payments, required by federal law to be implemented effective October 1, 2005. The PERM reviews project was included in the Governor's budget recommendation. That $1.23 million is funded with $615,000 from the general fund and $615,000 from federal funds. The remaining increase in requested operating expenses of $312,087 is mainly attributable to increases in purchased services, and is funded with $43,164 from the general fund, and $268,923 from federal and other funds.

  The $11.6 million in operating costs consists primarily of funding for contracts, including $7.7 million for the JOBS programs (TANF work requirements anticipating the reauthorization by Congress of TANF); $1.6 million for Electronic Benefit Transfer (EBT) issuance costs in the Food Stamp program; $.6 million for Employment and Training contracts for the Food Stamp program; and $1.23 million for the (PERM) reviews.

- The total of all grants reflects an increased overall request of $15.7 million. However, included in the total are Food Stamp increases of $20.3 million and Energy Assistance increases of $5.5 million, all in federal funds. Declines in TANF and Child Care Assistance requests reduce the total.

House changes:

- The House deducted $13,342, of which $5,023 was from the general fund and $8,319 was from federal funds, from the Salary line item. This changed the Governor's compensation package from providing for a 4% increase on July 1, 2005, and a 3% increase on July 1, 2006, to a 3% increase on July 1, 2005, and a 4% increase on July 1, 2006.

- Salaries were further reduced by $20,000 of general funds as an allocated part of under-funding $600,000 of the DHS pay plan.

- The operating line was decreased by $16,091 as an allocated portion of the $50,000 general fund reduction to the Program and Policy section of the budget.

- The House deducted $50,000, $25,000 of which was from the general fund and $25,000 of which was federal funds, related to the removal of the Food Stamp outreach program.

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS SUB-COMMITTEE

REGARDING HOUSE BILL 1012

JANUARY 12, 2005

Chairman Delzer, members of the committee. I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide an overview of the programs administered by my Division with the exception of long-term care.

PROGRAMS

The Medical Services Division administers three programs, they are Medicaid, the State Children's Health Insurance Program (Healthy Steps), and Children's Special Health Services (CSHS). This area of the budget provides public health care coverage for families and children, pregnant women, the elderly, and disabled citizens of our state.

Medicaid is by far the largest portion of the budget. As of November 30, 2004, a total of 52,300 individuals were enrolled in the program. Attachment A shows the number of enrolled Medicaid recipients in November by category, and Attachment B shows the number of enrolled recipients and the number of recipients for whom a payment was made since the start of the current biennium. Attachment C details the number of children enrolled in Healthy Steps since the beginning of the current biennium. In addition, about 300 children had health care services paid on their behalf through CSHS during the year ending June 30, 2004. An additional 1,039 children received assistance through specialty clinics and information and referral services.

PROGRAM TRENDS

The overall economy in North Dakota has seen a marked improvement over the last several years. The Federal Medical Assistance Percentage (FMAP) is calculated based on per capita income over a three-year period. As a result, the FMAP for North Dakota has dropped considerably over the past two years, and it is anticipated that it will continue to fall through at least 2007. The current FMAP is 67.49%. The percentage will drop to 65.85% for the 2006 federal fiscal year beginning on October 1, 2005. It is anticipated that it will further decline to about 63.23% for the 2007 federal fiscal year that begins on October 1, 2006. The impact to the Department's budget as a result of this FMAP reduction totals about $32 million of which about $11.0 million is directly related to services covered in my testimony today.

Health care becomes an ever-evolving process that produces new prescription drugs, new diagnostic tools, and new sophisticated treatments and surgical procedures. While these changes often result in dramatic breakthroughs in treatment, they are in many instances expensive and therefore increase the overall cost of delivering services throughout the health care system. This trend will likely continue into the foreseeable future.

While the number of individuals eligible for the programs administered by Medical Services has leveled off, we note that many have chronic conditions that require extensive treatment. We see this trend continuing, and we are interested in instituting disease management to improve the health outcomes of those individuals who have high medical costs, while at the same time trying to reduce overall costs to the program over time.

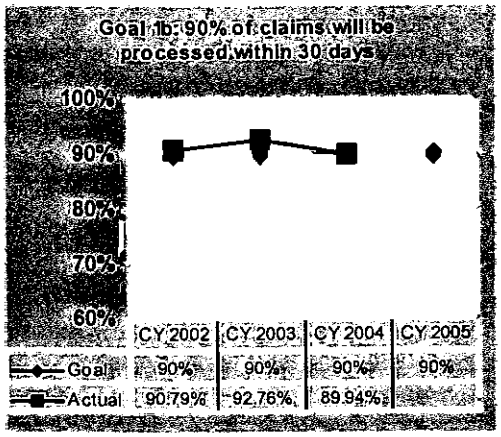
Medicaid is the single largest payer of mental health services in the nation. Many individuals with severe mental conditions rely on Medicaid for services. For example, of the top 20 highest cost drugs paid through the Medicaid Program, 13

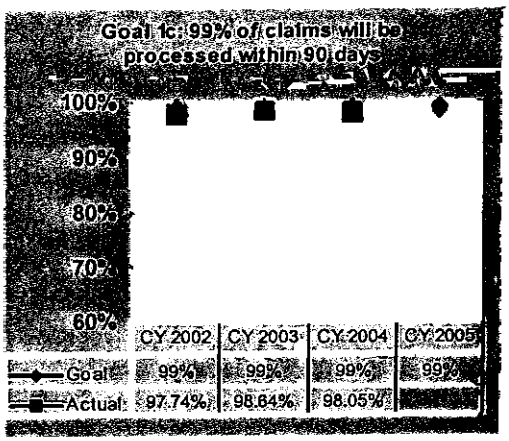
are related to mental illness conditions. We are the primary payer for individuals who are severely mentally ill. Across the nation about 50% of the costs related to these diagnoses are paid by Medicaid, and this trend is expected to continue into the foreseeable future. It behooves us to continue to improve the efficiency and effectiveness of delivery of services to this population.

We have seen a steady decline in our ability to serve our customers because of our current payment system. The current Medicaid Management Information System became operational in 1978. While it has served us well in the past it is imperative that we develop a new system during the next biennium. Without a new system we will continue to struggle to ensure prompt and accurate payment of claims, struggle to institute changes that will improve our ability to monitor the delivery of services, and struggle to evaluate information to ensure the overall integrity of the Medicaid program. You were presented a more detailed explanation of that need during the Department's overview testimony last week.

PERFORMANCE MEASURES

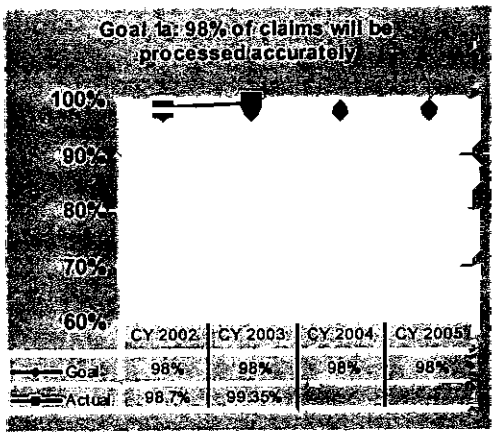
While we have experienced some delays in processing claims, staff has still been able to process the vast majority of claims within 30 days of receipt in our office. Most pharmacy claims are processed within a week because of the point of sale process used to pay these claims. The charts below indicate our progress to meet our goal of processing 90% of our claims within 30 days, and 99% of our claims within 90 days of arrival in our office. We have made great strides in reducing the backlog, and as of November 2004, 94% of claims have been processed within 30 days.





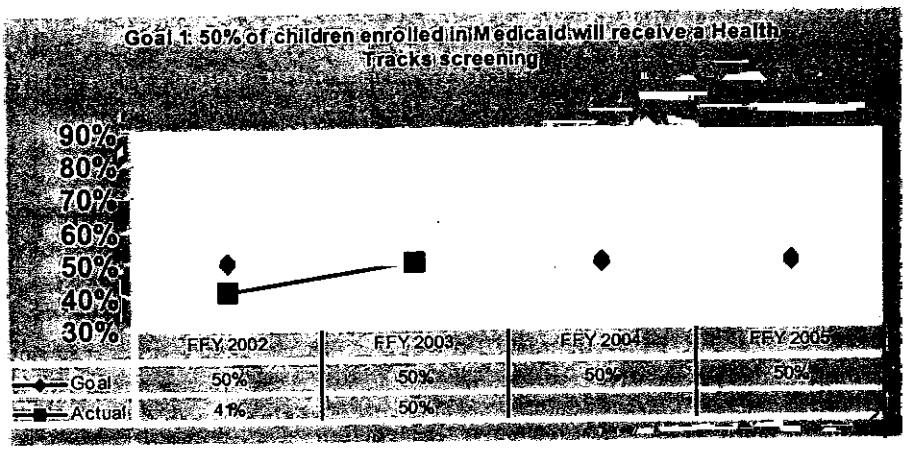
CY 2004 through September 2004

In addition it is imperative that claims are processed in an accurate manner. The North Dakota Medicaid program participated in a pilot project with the federal government to determine the accuracy of claims processed during 2002 and 2003. The results of that pilot program, based on a scientific sample of claims, revealed that our accuracy rate was high.



Another major goal is to ensure that our children receive appropriate preventive and treatment services. Our Health Tracks screening program for children through age 21 is designed to detect problems early, and provide treatment before their conditions deteriorate and become more expensive to treat. The

following chart details the results of our efforts to improve the number of children who are screened through this program.



BUDGET CHANGES

The following information provides detail and comparison of the current biennium appropriated funds with the amount requested for the new biennium.

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	5,216,578	5,799,772	583,194
Operating	4,685,177	4,821,231	136,054
MA Grants	372,882,755	393,985,188	21,102,433
Total	382,784,510	404,606,191	21,821,681
General	90,706,244	108,344,787	17,638,543
Federal	269,783,775	270,338,401	554,626
Other	22,294,491	25,923,003	3,628,512
FTE	59.0	61.0	2.0

The grant line item for Medicaid and the Healthy Steps programs total $391.2 million, of which $103.9 are general funds, and $25.4 million are other funds. It includes $1.3 million, of which $.4 million is state funds to allow individuals to set aside an additional $2,500 for funeral expenses. Also included in the grants line item is $1.7 million, of which about $.4 million is retained funds for nursing facility surveys, and nurse aide registry, and $1.1 million, of which about $.4 million is state funds for Children's Special Health Services programs.

This budget does not include any Intergovernmental Transfer (IGT) funding because this program was phased out as of July 2004, in accordance with federal regulations. The current biennium appropriation for the Medicaid and Healthy Steps programs totals $370.0 million of which $27.5 million is IGT pool payments. For comparison purposes, if IGT pool payments are factored out of the current biennium the totals for the current biennium are $342.5 million of which $77.9 million are general funds and $21.6 million are other funds. When IGT pool payments are excluded, the requested increase totals $48.6 million in total funds and an increase of $26.1 million in general funds. Attachment D details the current appropriation, the anticipated expenditures for the current biennium, and the requested funding for the next biennium for each service.

BUDGET HIGHLIGHTS

- Due to the improving economy, the FMAP will be decreasing each federal fiscal year as noted in my comments above. This will result in the need for an additional $11.0 million just to maintain the program in its current form because of the drop in federal financial participation.

- This request includes provider inflationary increases of 2 percent per year for most services. The cost for this increase totals $6.9 million of which $2.4 million is state funds.

- Inpatient hospital services have trended much higher than anticipated at the beginning of the current biennium. This was caused primarily by an increase in the number of hospital admissions. We are requesting $80.0 million of which $28.1 million are state funds. This compares to $63.4 million of which $19.3 million are general funds in the current biennium.

- Physician services have also increased dramatically primarily due to an increase in the number of services provided by this group of providers. The actual units of service for the first year of the biennium were 27.2% greater than what was included in the current appropriation. We are requesting $55.4 million of which $19.4 million are state funds. This compares to $49.3 million of which $15.4 million are general funds in the current biennium.

- The prescription drug program is based on the assumption that the prior authorization program will continue to evolve, and that the other cost savings initiatives will remain in affect during the next two years. We are requesting, after drug rebates have been factored in, a total of $107.9 million of which $24.3 million are general funds and $14.1 million are retained funds. This compares to a current appropriation of $96.1 million, of which $16.2 million are general funds and $13.9 million are retained funds. Drug costs that are passed on to pharmacists by the drug manufacturers are generally higher than general medical inflation. In addition, new drugs that come onto the market often have high prices. For this reason, the inflation factor for drugs was estimated at 13.8 percent per year.

- We are requesting $10 million of which $2.5 million is state funds for the Healthy Steps program based on payment of 2,300 premiums per month. This amount includes a premium increase of 17.9% requested by Noridian

Mutual Health Insurance Company. As of December 1, 2004, a total of 2,318 children were enrolled in the program.

- The request for administrative funding remains relatively unchanged. Operating expenses total $4.8 million, an increase of about $136,000 or a percentage increase of only 2.9%. The bulk of operating funds of $4.4 million or 92.5% will be used to pay for contracted services that include medical consultants, drug pricing, utilization, prior authorization, hospital utilization review, hospital audits, and inflation indicator information. The majority of increased costs are related to inflationary increases for these contracts.

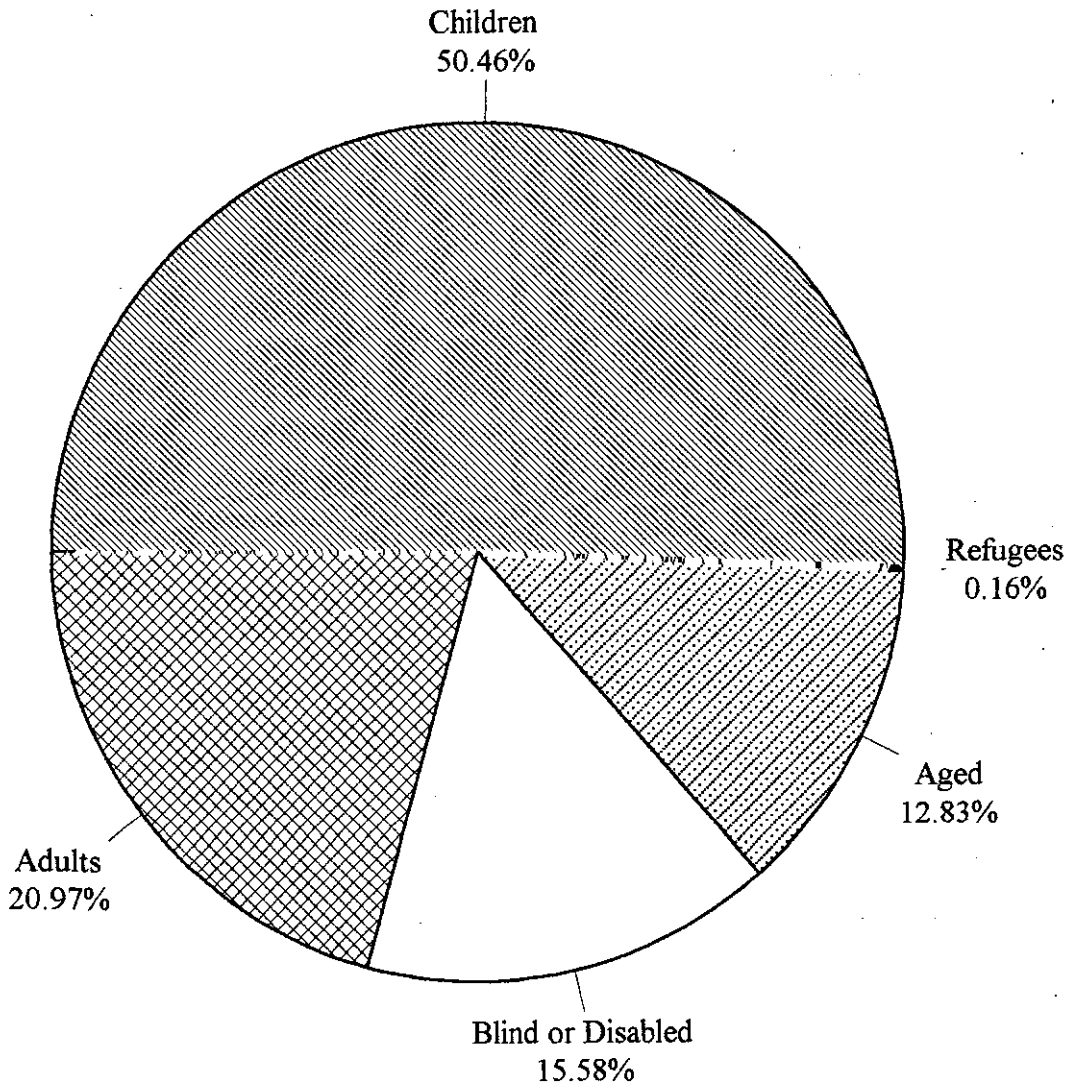
- The salary and fringe benefit package includes 61 employees. These employees process 2.4 million claims per year, determine eligibility for the Healthy Steps Program, answer hundreds of calls per day from providers and other interested parties, develop and implement program policies for the three programs, conduct utilization review activities, establish payment and rate setting policies, provide screening services for children throughout North Dakota, oversee specialty clinics for children with special health care needs, distribute specialty food products for certain individuals with rare metabolic diseases, and many other tasks related to ensuring that we provide quality services to the clients, providers, and others that we serve.

- This request includes two new employees for the Medical Services Division. One position is a pharmacist assistant that will help ensure that we collect the appropriate amount of drug rebates, assist in reviewing claims for accuracy and responding to written and verbal requests from providers, assist with the prior authorization process and help in monitoring the overall pharmacy program. The second position is an eligibility technician that will assist in the determining of eligibility for the

Healthy Steps Program. At present one staff person determines eligibility for all Healthy Steps children. With the incorporation of Healthy Steps into the Vision system we anticipate additional workload to establish eligibility for this program. Eligibility for Healthy Steps is determined on a prospective basis and the additional staff person will ensure that new applications and renewals are processed before the end of each month in order to ensure that children do not lose health care coverage. In addition, the additional staff person will permit the Department to be better able to respond to requests for information from families and others who are interested in the program.

I would be happy to respond to any questions you may have.

North Dakota Department of Human Services
Medicaid Enrolled
Breakdown of Eligibles by Age Group
November 2004



FA-1/3/05-cj-hgw\0507legis\eligible breakdown

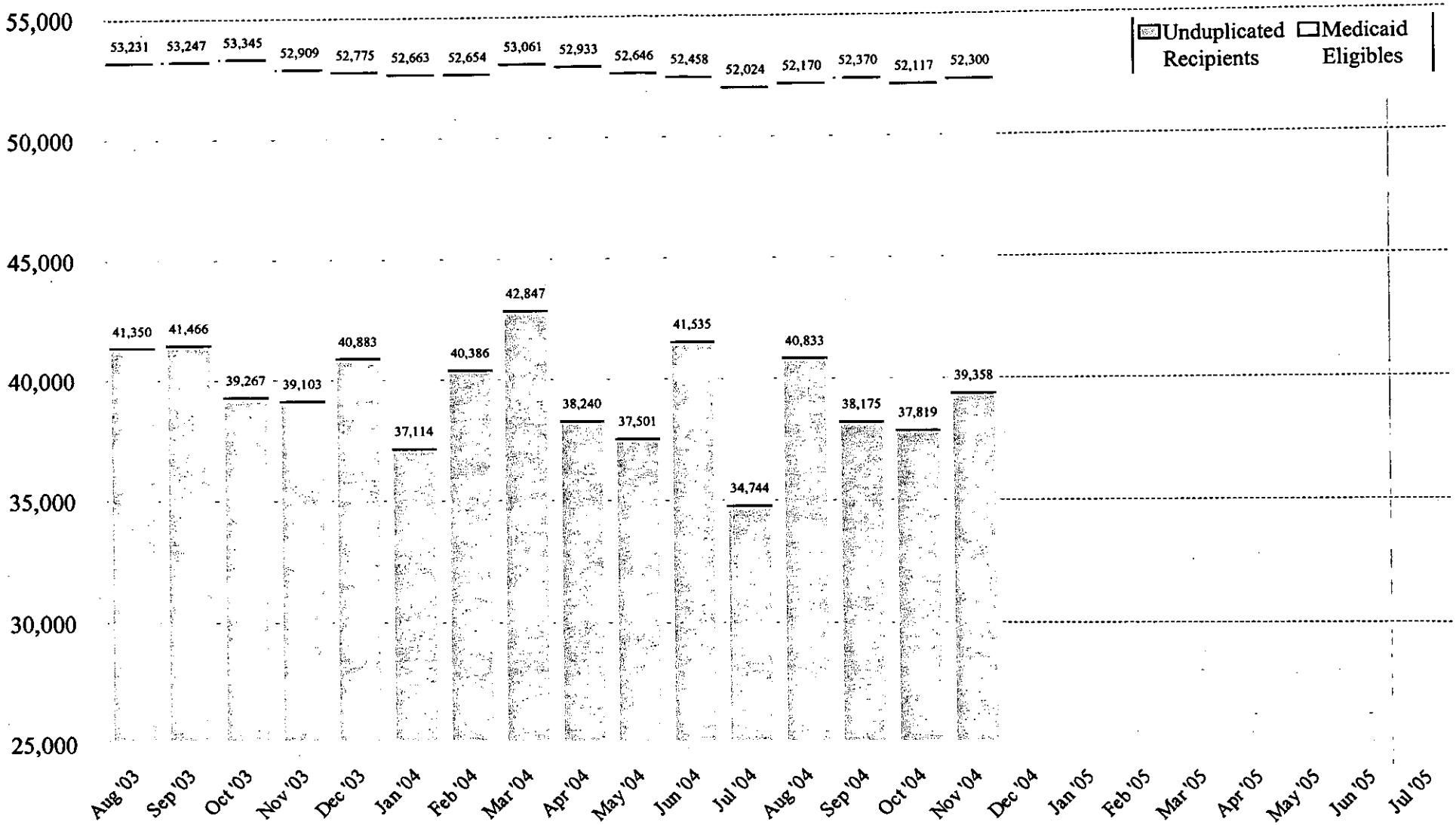
North Dakota Department of Human Services
Medicaid Enrolled
Breakdown of Eligibles by Age Group
November 2004

Age Group	Children	Adults	Blind or Disabled	Aged	Refugees	Total
Under 1	4,306	[redacted]	38	[redacted]	0	4,344
1 - 5	8,730	[redacted]	157	[redacted]	1	8,888
6 - 18	13,109	489	663	[redacted]	35	14,296
19 - 21	246	979	193	[redacted]	20	1,438
22 - 44	[redacted]	8,733	3,356	[redacted]	27	12,116
45 - 64	[redacted]	764	3,729	[redacted]	2	4,495
65 - 74	[redacted]	[redacted]	14	2,012	0	2,026
75 - 84	[redacted]	[redacted]	0	2,336	0	2,336
85 & Over	[redacted]	[redacted]	0	2,361	0	2,361
Total	**26,391**	**10,965**	**8,150**	**6,709**	**85**	**52,300**

FA-1/3/05-misc\eligible breakdown

Attachment B

Comparison of Net Medicaid Eligibles (Less QMB's Only, SLMB's Only & QI's) and Unduplicated Recipients 2003 - 2005 Biennium (August '03 - July '05)



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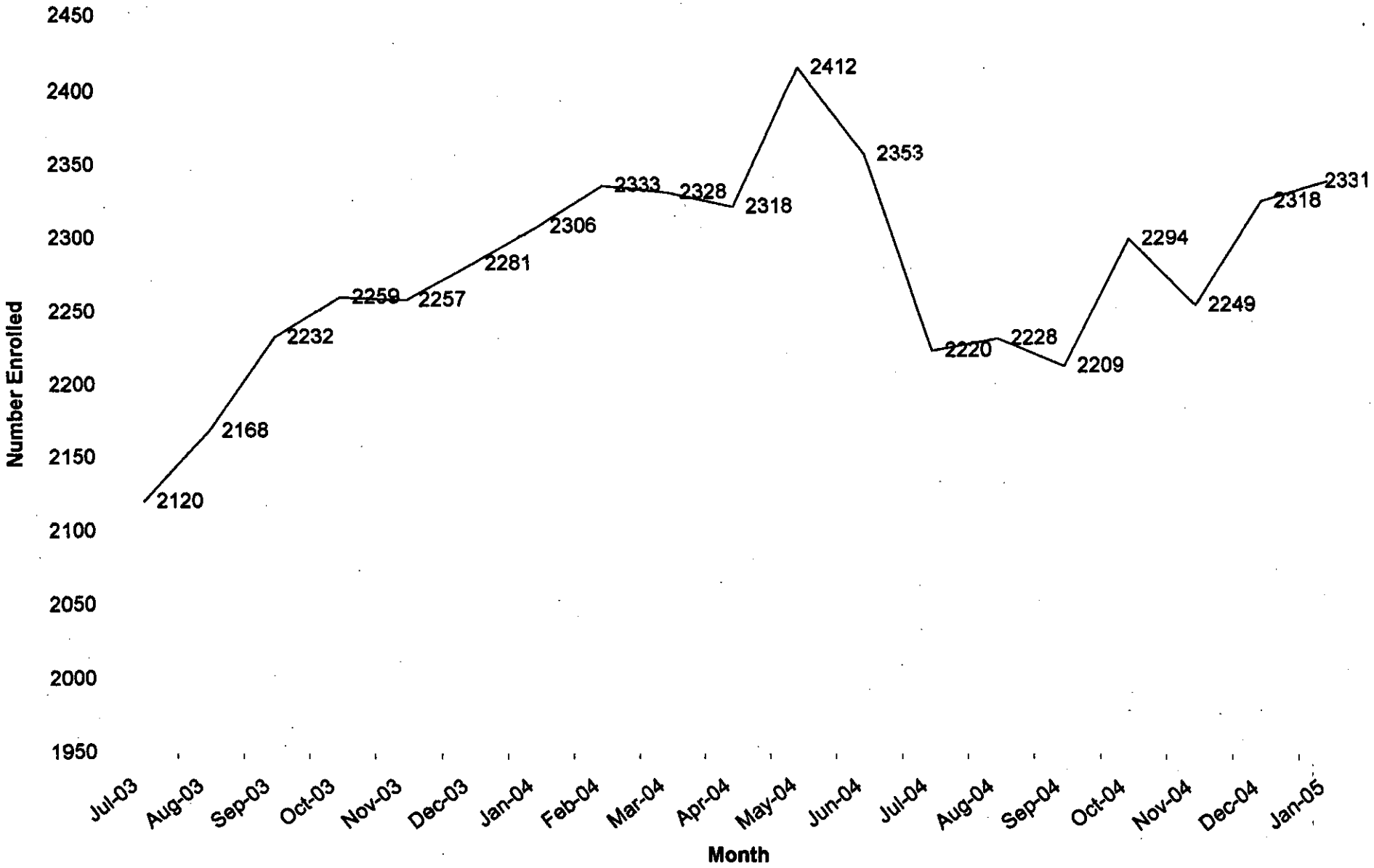
Attachment C

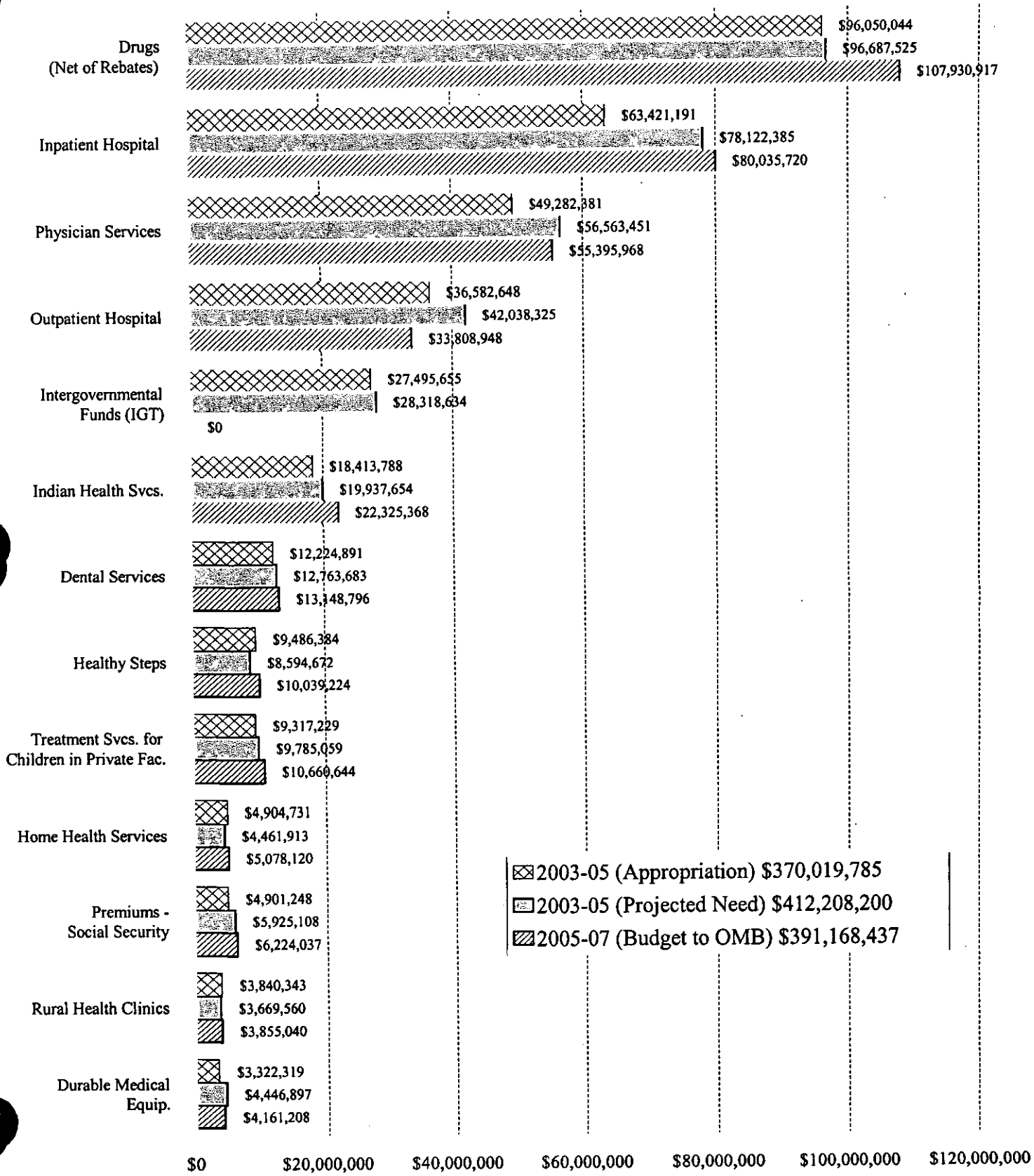
Healthy Steps Enrollment By Month



North Dakota Department of Human Services

Attachment D

Medical Services
2003-05 and 2005-07 Biennium Comparisons
House Bill 1012
2005 - 2007 Biennium



North Dakota Department of Human Services

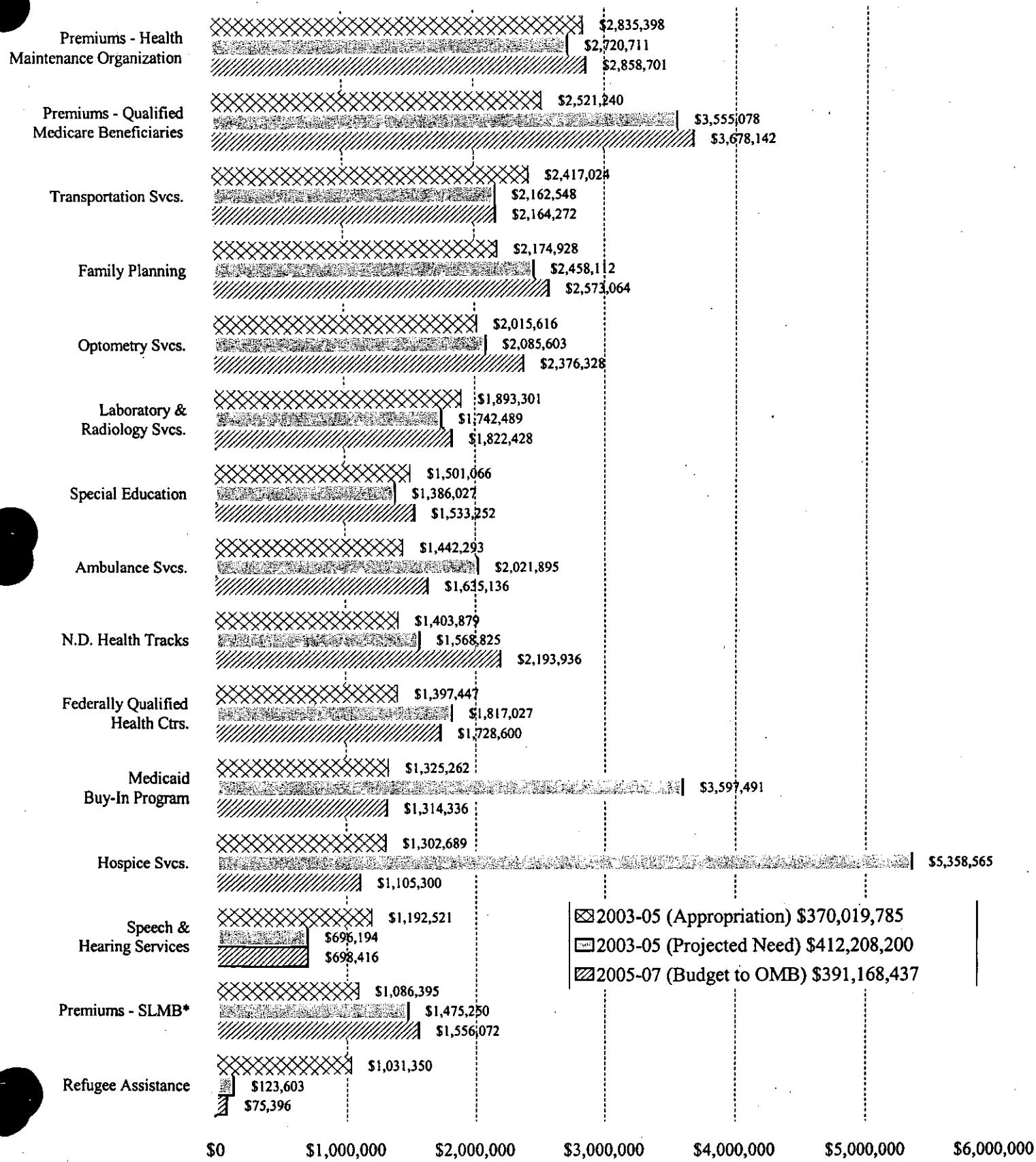
Attachment D-1

Medical Services

2003-05 and 2005-07 Biennium Comparisons

House Bill 1012

2005 - 2007 Biennium



*SLMB (Special Low-Income Medicare Beneficiaries)

North Dakota Department of Human Services

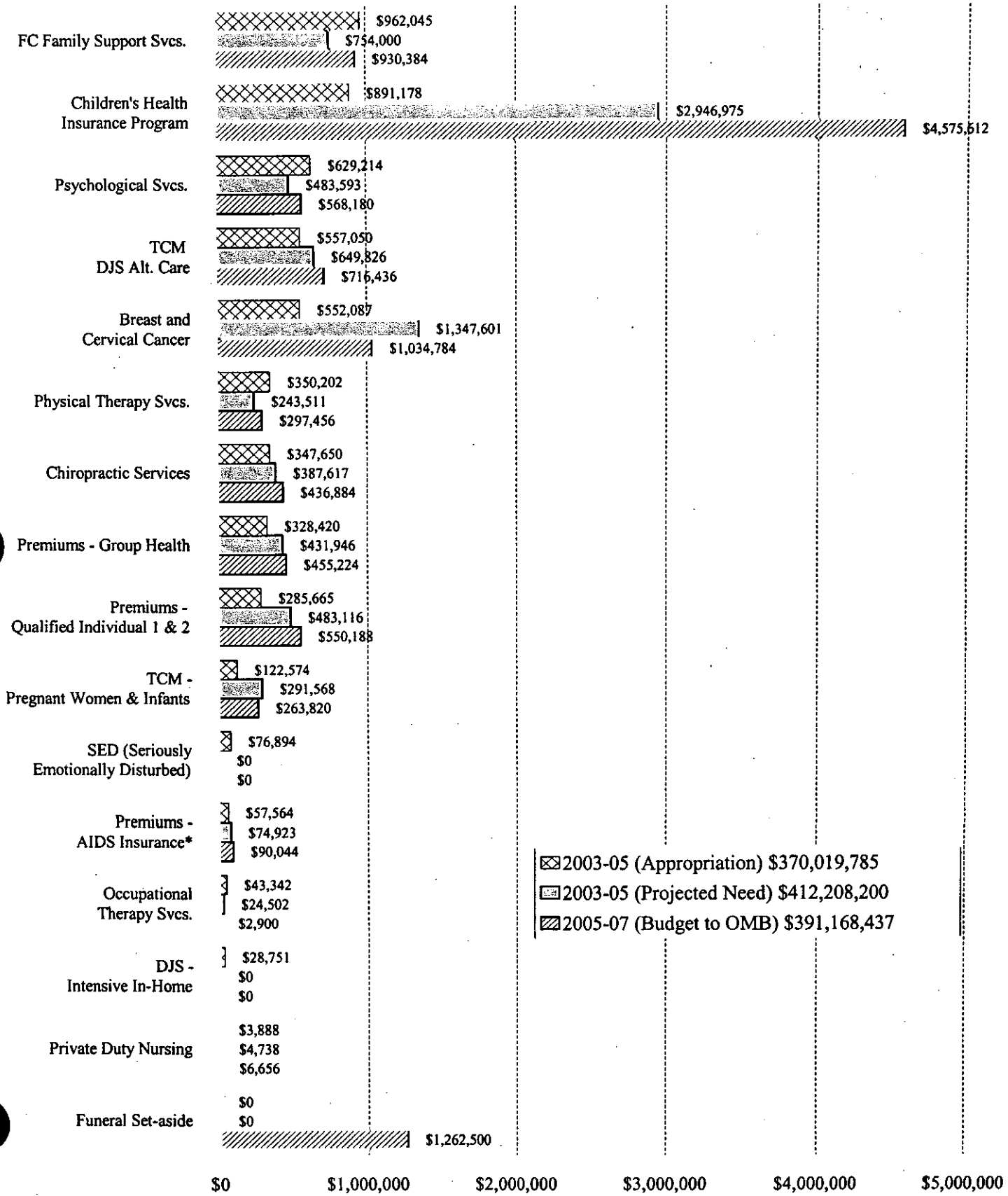
Attachment D-2

Medical Services

2003-05 and 2005-07 Biennium Comparisons

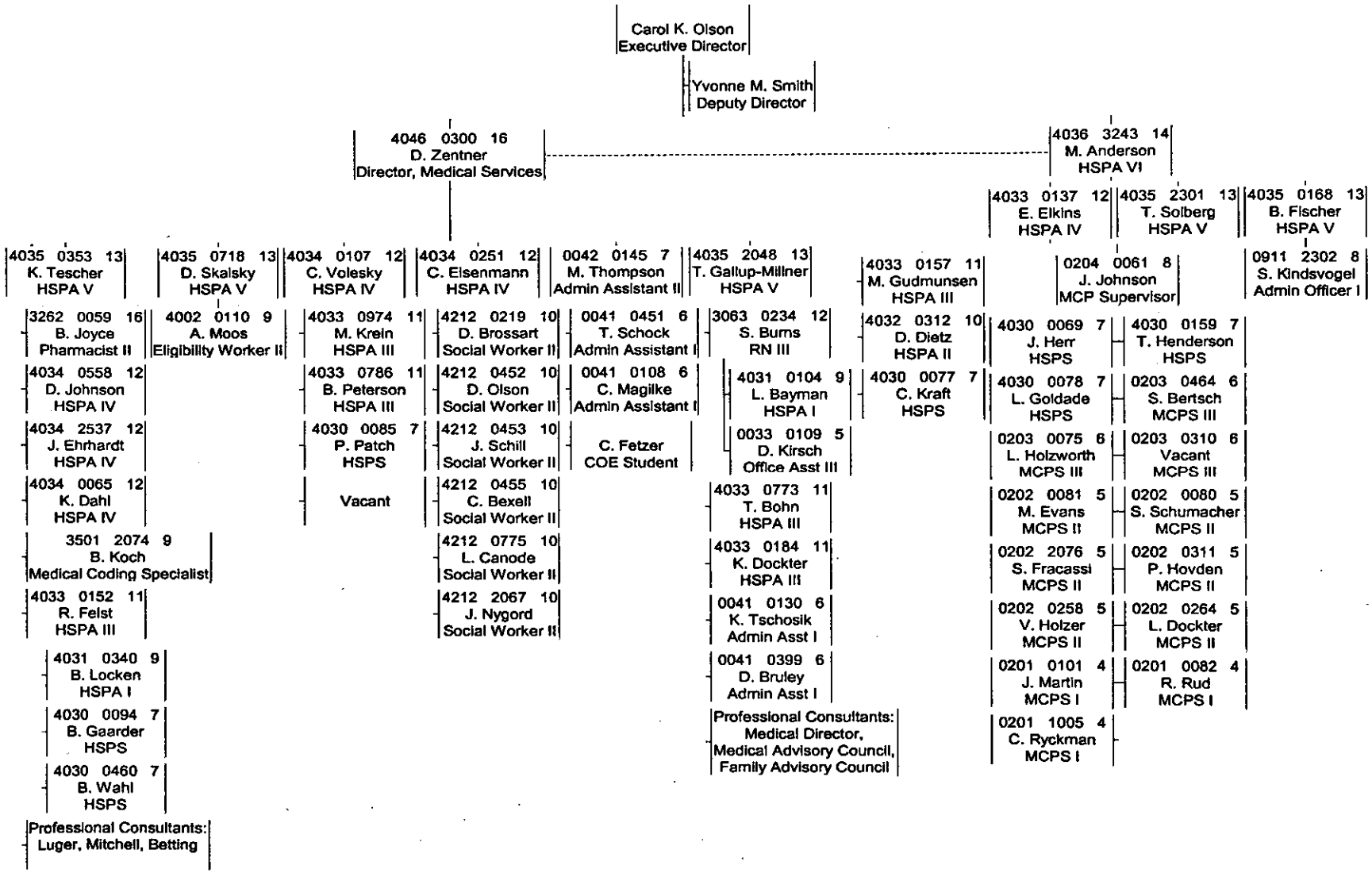
House Bill 1012

2005 - 2007 Biennium



* AIDS (Acquired Immune Deficiency Syndrome)

North Dakota Department of Human Services
Medical Services Division



Revised 11/4/04

Medical Services

Contract/Description	Comments	Purchase of Services 2441	Other Misc. 2949
Consulting Therapists	Prior Authorizations for Therapy	10,000	
Dr. A.L. Mitchell	Optometric Consultant	15,000	
Dr. Gary Betting	Medical Consultant	101,401	
Dr. JoAnne Lugar	Dental Consultant	15,000	
North Dakota Health Care Review	Provider Review and Prior Authorization for certain procedures	577,818	
Pediatric Orthopedist	Prior Authorization Services	8,640	
Medicaid ID Card		30,000	
Prime Therapeutics	Desk Audits for Pharmacy	99,900	
Psychiatrist Consultant	Prior Auth./Denial Assistance	6,760	
First Data Bank	Drug Pricing File and Prospective DUR	139,020	
Blue Cross Blue Shield	Audits	20,000	
Global Insight	Economic Forecasting - Inflation Data for Nursing Facilities	11,839	
North Dakota Health Care Review	External Quality Review - required for Managed Care Orgranization contract	50,000	
Prime Therapeutics	MAC List	210,160	
Reden & Anders LTD	Actuarial Services for Managed Care Organization capitation payments	35,000	
Dual Diagnosis Mngmt	PASSR Evaluations	1,256,086	
First Sounds/Newborn	Subscription and support fees for ESP	10,000	
Disease Management	Efforts to initiate and enhance Disease Management Efforts	200,000	
Health Information Designs	Contract for Prior Authorization of Drugs	1,100,000	
Medvantx	Generic Detailing Contract	475,550	
Val Kary	Contract to assist with Disability Determination cases	44,000	
Misc grants		3,141	
Other Fees and Services	Licenses, Years of Service Awards		3,355
Total for BOC 3014		4,419,315	3,355

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: MEDICAL SERVICES
Reporting Level: 00-325-300-03-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	3,517,264	1,816,230	1,909,389	3,725,619	3,982,126	256,507
TEMP, OVERTIME & SHIFT	1002	98,222	37,152	157,842	194,994	60,710	(134,284)
BENEFITS	1008	1,116,196	631,895	664,070	1,295,965	1,499,620	203,655
SALARY INCREASE	1010	0	0	0	0	220,395	220,395
BENEFIT INCREASE	1011	0	0	0	0	36,921	36,921
SALARIES AND WAGES	10	4,731,682	2,485,277	2,731,301	5,216,578	5,799,772	583,194
IT-DATA PROCESSING	3002	48,986	21,097	18,472	39,569	41,712	2,143
IT-TELEPHONE	3003	2,303	1,616	1,985	3,601	4,743	1,142
TRAVEL	3004	54,366	29,769	65,206	94,975	79,554	(15,421)
IT-SOFTWARE/SUPPLIES	3005	12,788	7,786	4,521	12,307	10,964	(1,343)
UTILITIES	3006	102	0	0	0	0	0
POSTAGE	3007	2,805	4,365	699	5,064	5,870	806
IT-CONTRACTUAL SERVICES	3008	36	0	0	0	0	0
LEASE/RENT - BLDG/LAND	3012	7,811	12,427	13,471	25,898	31,843	5,945
DUES & PROFESSIONAL DEV.	3013	22,166	12,084	14,976	27,060	24,748	(2,312)
OPERATING FEES & SERVICES	3014	2,069,273	1,031,412	3,230,967	4,262,379	4,460,770	198,391
REPAIRS	3016	4,872	136	6,076	6,212	400	(5,812)
PROFESSIONAL SERVICES	3018	32,324	16,088	16,412	32,500	32,500	0
OFFICE SUPPLIES	3021	16,401	10,375	14,841	25,216	15,512	(9,704)
PRINTING	3024	113,885	52,584	63,209	115,793	95,600	(20,193)
PROFESSIONAL SUPPLIES	3025	26,601	8,255	19,125	27,380	9,767	(17,613)
MEDICAL,DENTAL & OPTICAL	3029	191	0	48	48	0	(48)
BLDG,GRNDS,VEHICLE MTCE	3030	11	0	24	24	0	(24)
MISCELLANEOUS SUPPLIES	3033	10,891	1,130	0	1,130	3,248	2,118
OFFICE EQUIP-UNDER $5000	3034	964	0	6,021	6,021	4,000	(2,021)
OPERATING EXPENSES	30	2,426,776	1,209,124	3,476,053	4,685,177	4,821,231	136,054

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: MEDICAL SERVICES
Reporting Level: 00-325-300-03-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
GRANTS, BENEFITS & CLAIMS	6006	0	0	0	0	0	0
GRANTS	60	0	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	6006	374,227,741	209,673,738	163,209,017	372,882,755	393,985,188	21,102,433
GRANTS-MEDICAL ASSISTANCE	73	374,227,741	209,673,738	163,209,017	372,882,755	393,985,188	21,102,433
SALARIES	1001	80,184	0	0	0	0	0
BENEFITS	1008	22,306	0	0	0	0	0
TRAVEL	3004	102	0	0	0	0	0
DUES & PROFESSIONAL DEV.	3013	268	0	0	0	0	0
OPERATING FEES & SERVICES	3014	148,688	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	6006	14,451,696	0	0	0	0	0
HEALTH CARE TRUST FUND	75	14,703,244	0	0	0	0	0
EXPENDITURE TOTALS		396,089,443	213,368,139	169,416,371	382,784,510	404,606,191	21,821,681
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	7,197	3,159	3,228	6,387	8,614	2,227
TITLE V - 93.994	S023	925,636	586,230	439,232	1,025,462	1,054,823	29,361
VOC. REHAB. BASIC SUPP. 84.126	S040	445	345	352	697	1,314	617
MEDICAL ASSISTANCE-93.778	S055	254,740,113	146,115,877	107,323,954	253,439,831	254,169,280	729,449
MEDICAL ADMINISTRATION-93.778	S056	4,909,212	2,185,505	3,311,068	5,496,573	5,905,563	408,990
MEDICAID SURVEY & CERT. 93.777	S057	1,191,058	768,894	459,550	1,228,444	1,228,444	0
CHIP - MAP & MA ADMIN 93.767	S058	5,735,151	4,645,297	2,796,725	7,442,022	7,775,027	333,005
PAYMENT ACCURACY MEASUREMENT DEMO.	S059	8,192	0	0	0	0	0
REFUGEE ASSISTANCE CMA 93.026	S142	231,176	632,773	378,379	1,011,152	54,929	(956,223)
STATE SYST.DEVELOPMENT INITATIVE	S507	105,964	62,896	70,311	133,207	140,407	7,200
Federal Funds	FED	267,854,144	155,000,976	114,782,799	269,783,775	270,338,401	554,626

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: MEDICAL SERVICES
Reporting Level: 00-325-300-03-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
STATE GENERAL FUND	001	83,289,397	53,378,581	37,327,663	90,706,244	108,344,787	17,638,543
General Fund	GEN	83,289,397	53,378,581	37,327,663	90,706,244	108,344,787	17,638,543
ND HEALTH CARE TRUST FUND 325C	315	19,844,408	0	0	0	0	0
COMMUNITY HEALTH TRUST FUND	316	102,843	56,744	88,011	144,755	284,356	139,601
OTHER FUNDS	Z125	24,998,651	4,931,838	17,217,898	22,149,736	25,638,647	3,488,911
Special Funds	SPEC	44,945,902	4,988,582	17,305,909	22,294,491	25,923,003	3,628,512
TOTAL FUNDING		396,089,443	213,368,139	169,416,371	382,784,510	404,606,191	21,821,681
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		59	54	5	59	61	2
TOTAL AUTHORIZED EMPLOYEES		59	54	5	59	61	2
FTE		59	54	(4)	50	58	8
VACANT		0	0	9	9	3	(6)

ATTACHMENT G: COMPENSATION PAID TO CONTRACTOR

CAPITATION RATE BY AID CATEGORY, AGE AND SEX

Aid Category	Sex	Age	2005 Per Enrollee Per Month Rate
TANF	F	0-1	$138
		2-5	38
		6-11	43
		12-18	107
		19-21	170
		22-44	186
		45-64	213
	M	0-1	167
		2-5	47
		6-11	66
		12-18	80
		19-21	72
		22-44	131
		45-64	250

Aid Category	Sex	Age	2005 Per Enrollee Per Month Rate
Poverty Level	F	0-1	$296
		2-5	73
		6-11	96
		12-18	126
		19-21	632
		22-44	914
		45-64	1,009
	M	0-1	399
		2-5	101
		6-11	128
		12-18	122
		19-21	200
		22-44	264
		45-64	657

North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2005-2007 Budget to House

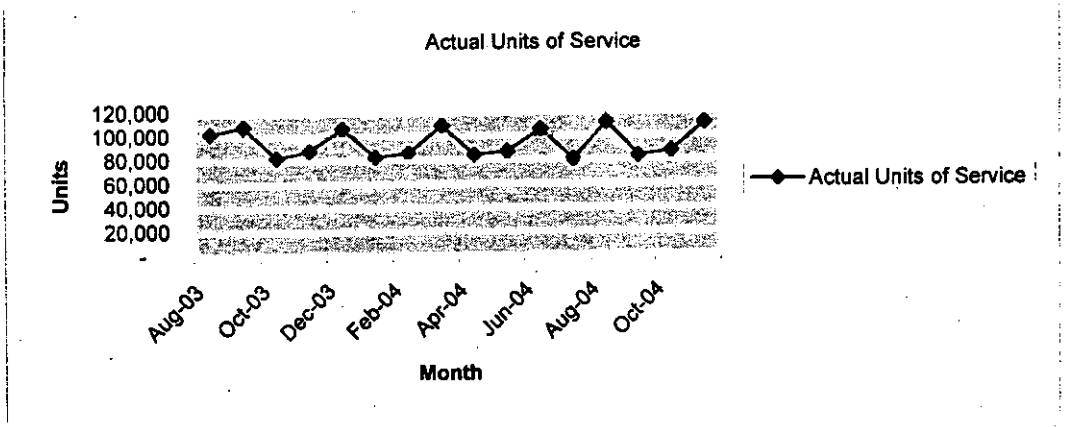
	Budget	% of Budget
Medical Services		
Selected Services		
Drugs (net of rebates)	107,930,917	27.59%
Inpatient Hospital	80,035,720	20.46%
Physicians Services	55,395,968	14.16%
Outpatient Hospital	33,808,948	8.64%
Indian Health	22,325,368	5.71%
Dental Services	13,148,796	3.36%
Healthy Steps	10,039,224	2.57%
Treatment Services for Children	10,660,644	2.73%
Home Health Services	5,078,120	1.30%
Premiums SSA	6,224,037	1.59%
Total of Selected Services	**344,647,742**	**88.11%**
Special Request		
Buy In Program	1,314,336	0.34%
Hospice	1,105,300	0.28%
Total of Special Request	**2,419,636**	**0.62%**
Remaining Programs	**44,101,059**	**11.27%**
Total 2005-2007 Budget	**391,168,437**	**100.00%**

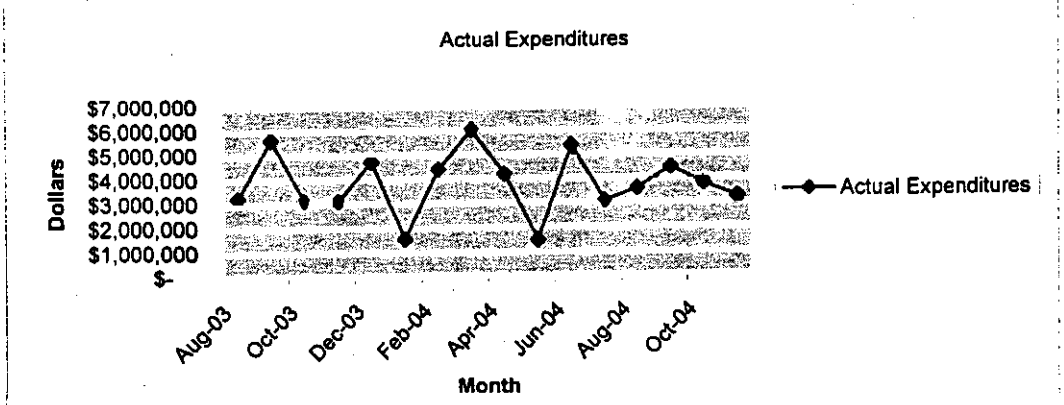
88.73%

North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Drugs (Net of Rebates)

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures	Actual Rebates
August-03	21,489	$ 151.52	102,729	$ 31.69	$ 3,255,912	$(1,189,590)
September-03	22,411	251.26	108,476	51.91	5,631,085	(27,680)
October-03	20,954	149.40	81,888	38.23	3,130,539	(1,297,608)
November-03	21,477	144.94	87,888	35.42	3,112,916	(1,533,077)
December-03	23,160	203.76	106,404	44.35	4,718,997	(868,450)
January-04	20,334	76.88	82,323	18.99	1,563,306	(3,141,901)
February-04	20,622	213.10	85,688	51.28	4,394,493	(156,303)
March-04	22,608	266.29	108,790	55.34	6,020,286	(27,976)
April-04	20,830	201.17	84,135	49.81	4,190,434	(386,824)
May-04	20,978	71.38	86,981	17.22	1,497,426	(3,252,264)
June-04	21,409	251.18	105,649	50.90	5,377,608	(286,323)
July-04	19,328	159.45	80,598	38.24	3,081,795	(1,280,490)
August-04	21,684	165.16	111,310	32.17	3,581,313	(2,456,823)
September-04	20,403	217.74	83,317	53.32	4,442,488	(39,306)
October-04	20,689	182.16	86,903	43.37	3,768,692	(965,716)
November-04	22,225	145.82	110,722	29.27	3,240,928	(2,826,518)

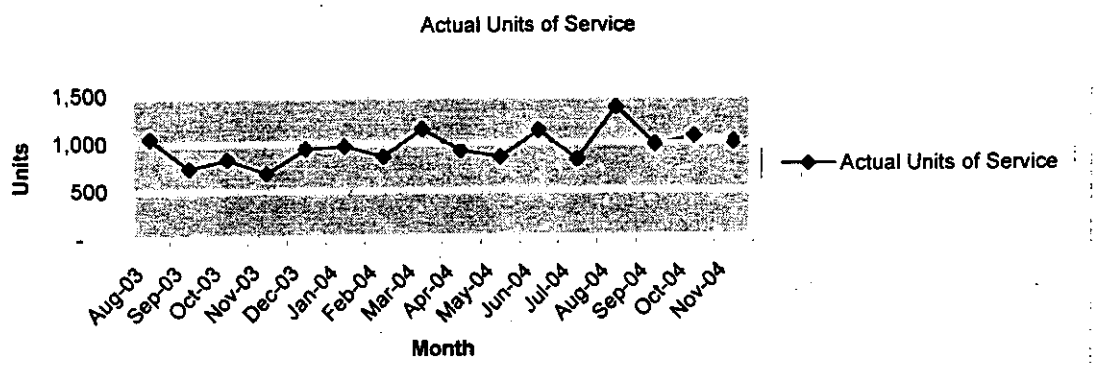


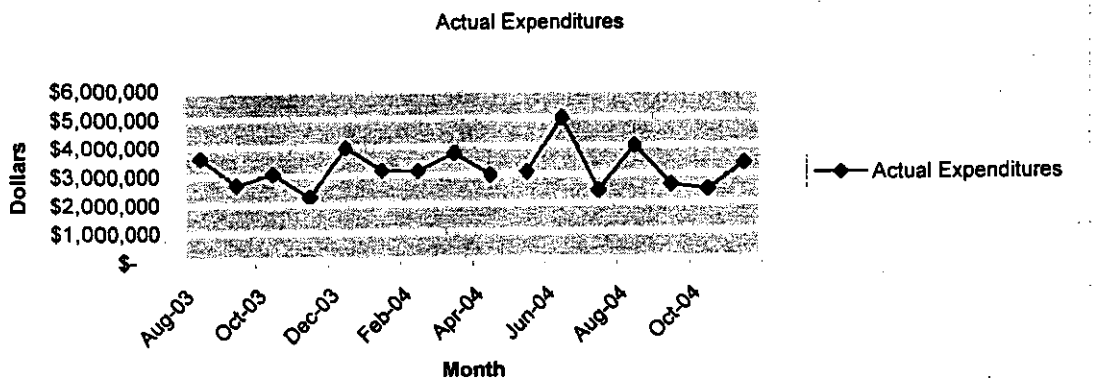


North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Inpatient Hospital

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	818	$4,418.42	1,049	$3,445.44	$ 3,614,271
September-03	795	3,365.47	741	3,610.72	2,675,545
October-03	820	3,722.66	834	3,660.17	3,052,583
November-03	722	3,115.12	685	3,283.38	2,249,117
December-03	920	4,304.41	945	4,190.54	3,960,059
January-04	902	3,490.27	971	3,242.25	3,148,220
February-04	892	3,513.59	861	3,640.10	3,134,124
March-04	1,121	3,337.68	1,142	3,276.30	3,741,539
April-04	886	3,373.14	922	3,241.43	2,988,600
May-04	903	3,408.85	852	3,612.90	3,078,195
June-04	1,129	4,422.49	1,126	4,434.27	4,992,988
July-04	769	3,152.54	826	2,934.99	2,424,301
August-04	811	4,919.89	1,369	2,914.56	3,990,034
September-04	773	3,406.11	975	2,700.44	2,632,925
October-04	755	3,254.87	1,060	2,318.33	2,457,429
November-04	972	3,465.44	1,005	3,351.64	3,368,403

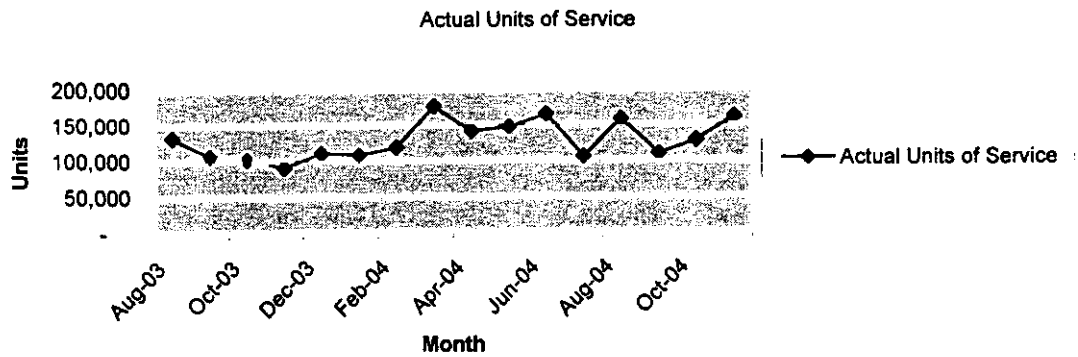


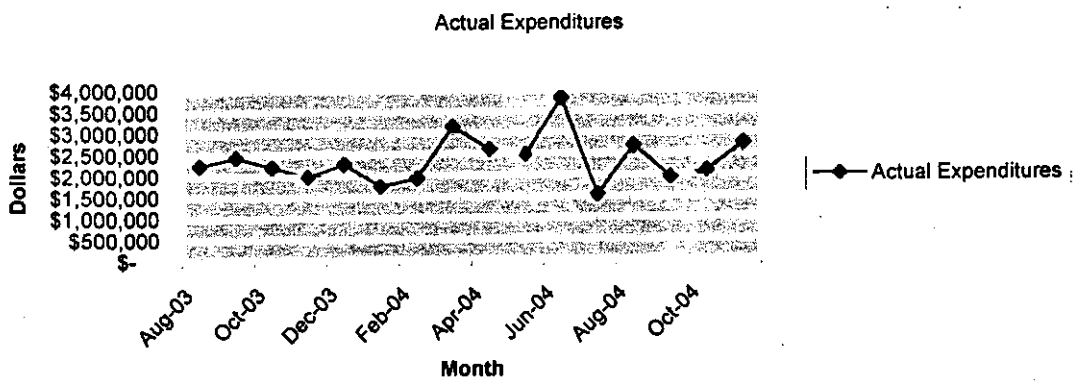


North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Physicians

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	17,454	$ 128.58	132,303	$ 16.96	$ 2,244,215
September-03	18,214	133.74	106,650	22.84	2,435,893
October-03	17,230	127.80	101,997	21.59	2,201,917
November-03	16,244	121.58	90,358	21.86	1,974,893
December-03	17,935	126.36	110,752	20.46	2,266,186
January-04	15,037	116.25	108,114	16.17	1,747,993
February-04	14,490	132.95	118,750	16.22	1,926,508
March-04	19,488	160.95	176,347	17.79	3,136,619
April-04	17,350	150.49	141,143	18.50	2,610,995
May-04	16,784	148.40	147,377	16.90	2,490,797
June-04	19,383	195.67	165,018	22.98	3,792,602
July-04	14,633	105.04	105,189	14.61	1,537,076
August-04	18,009	149.53	158,253	17.02	2,692,803
September-04	15,929	122.10	109,328	17.79	1,945,002
October-04	16,294	128.87	127,762	16.43	2,099,761
November-04	18,148	151.21	161,352	17.01	2,744,204

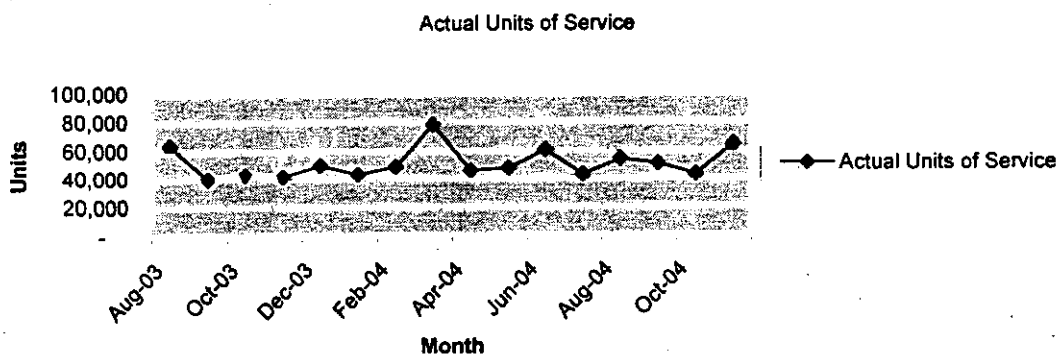


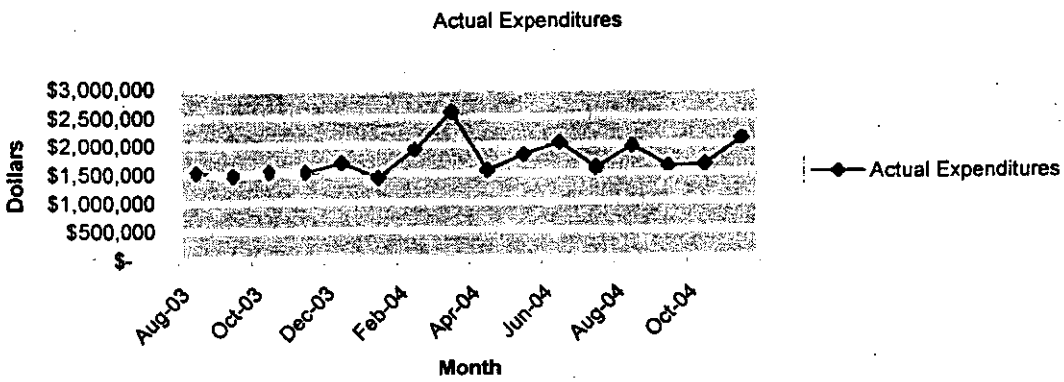


North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Outpatient Hospital

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	6,411	$ 237.71	63,715	$ 23.92	$ 1,523,984
September-03	5,140	285.51	39,817	36.86	1,467,537
October-03	5,473	280.13	42,856	35.77	1,533,161
November-03	5,774	264.24	41,623	36.66	1,525,732
December-03	6,371	263.96	49,885	33.71	1,681,703
January-04	5,216	273.70	43,046	33.16	1,427,618
February-04	6,354	302.64	48,893	39.33	1,922,961
March-04	7,092	365.70	78,104	33.21	2,593,538
April-04	5,626	275.17	45,979	33.67	1,548,081
May-04	5,852	311.59	47,720	38.21	1,823,440
June-04	6,569	310.04	60,552	33.63	2,036,625
July-04	5,167	306.81	43,131	36.76	1,585,300
August-04	6,798	290.48	54,117	36.49	1,974,715
September-04	5,389	298.87	50,837	31.68	1,610,588
October-04	5,640	290.27	43,142	37.95	1,637,122
November-04	6,414	328.06	64,116	32.82	2,104,168





North Dakota Dept of Human Services
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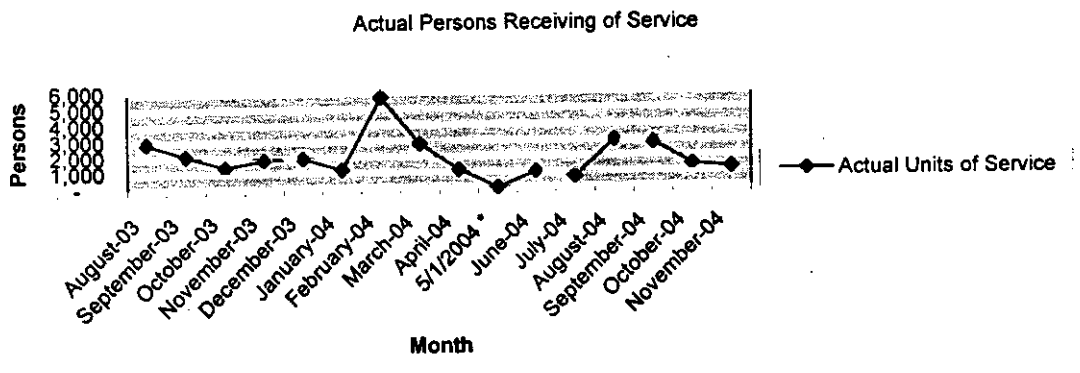
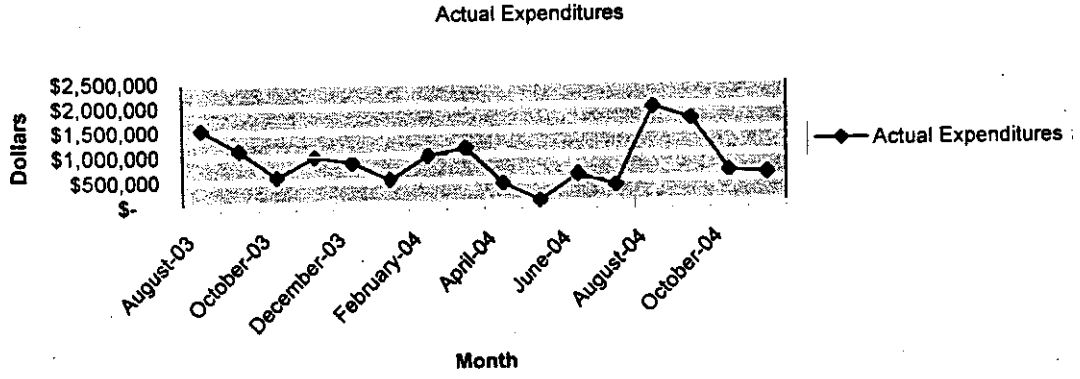
Indian Health Services

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	2,915	$ 526.37	-	$ -	$ 1,534,358
September-03	2,103	528.01	-	-	1,110,402
October-03	1,387	417.61	-	-	579,229
November-03	1,839	527.99	-	-	970,971
December-03	1,928	445.76	-	-	859,426
January-04	1,158	441.32	-	-	511,053
February-04	5,697	173.38	-	-	987,742
March-04	2,802	404.87	-	-	1,134,451
April-04	1,139	377.21	-	-	429,646
5/1/2004 *	1	73,995	-	-	73,995
June-04	1,009	592.61	-	-	597,946
July-04	689	543.35	-	-	374,370
August-04	3,003	649.79	-	-	1,951,325
September-04	2,814	609.45	-	-	1,715,004
October-04	1,440	450.41	-	-	648,588
November-04	1,249	482.44	-	-	602,568





*Information not available for May 2004

North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
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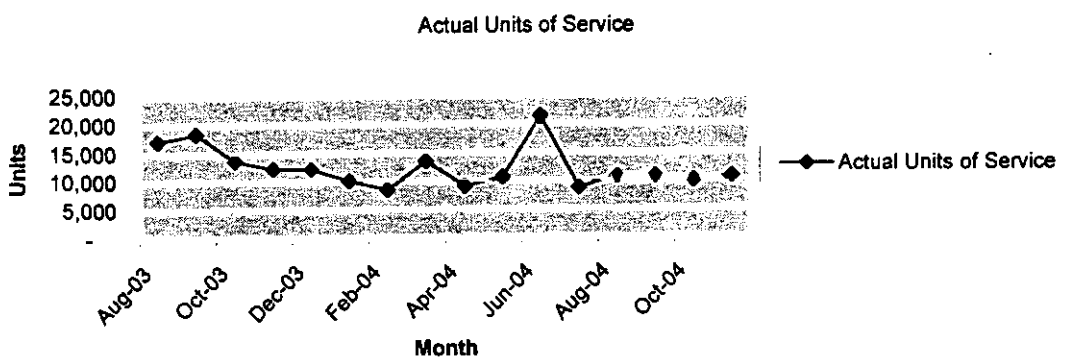
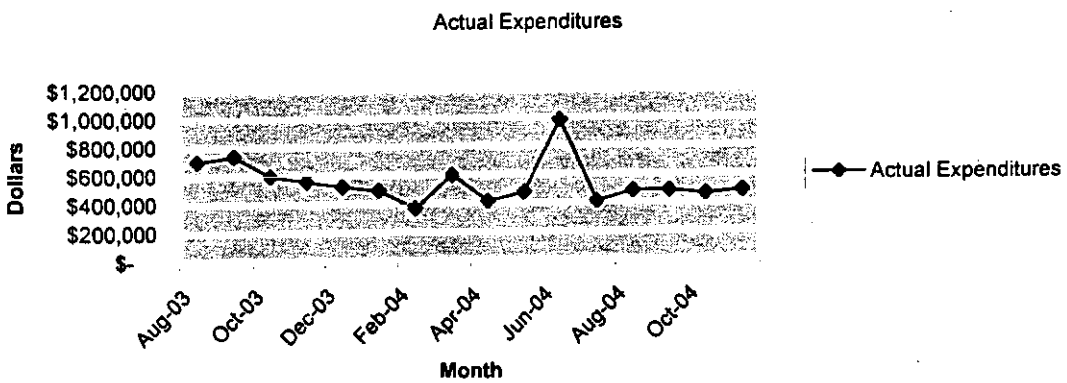
Dental Services

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	4,631	$ 151.26	17,089	$ 40.99	$ 700,474
September-03	4,765	154.61	18,395	40.05	736,737
October-03	3,588	165.86	13,694	43.46	595,102
November-03	3,161	176.06	12,271	45.35	556,521
December-03	3,315	156.67	12,216	42.52	519,372
January-04	2,633	186.47	10,054	48.83	490,978
February-04	2,295	159.43	8,479	43.15	365,891
March-04	3,616	164.98	13,540	44.06	596,575
April-04	2,390	172.28	9,126	45.12	411,758
May-04	2,920	162.61	10,680	44.46	474,816
June-04	5,264	186.52	21,458	45.76	981,826
July-04	2,536	162.26	8,814	46.69	411,483
August-04	2,959	163.66	10,763	44.99	484,274
September-04	2,973	162.30	10,803	44.66	482,511
October-04	2,799	165.21	10,013	46.18	462,429
November-04	2,954	163.95	10,771	44.96	484,308





North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
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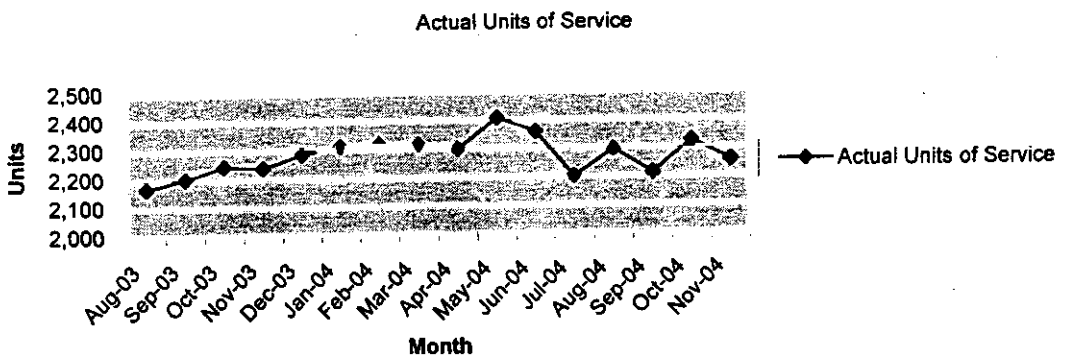
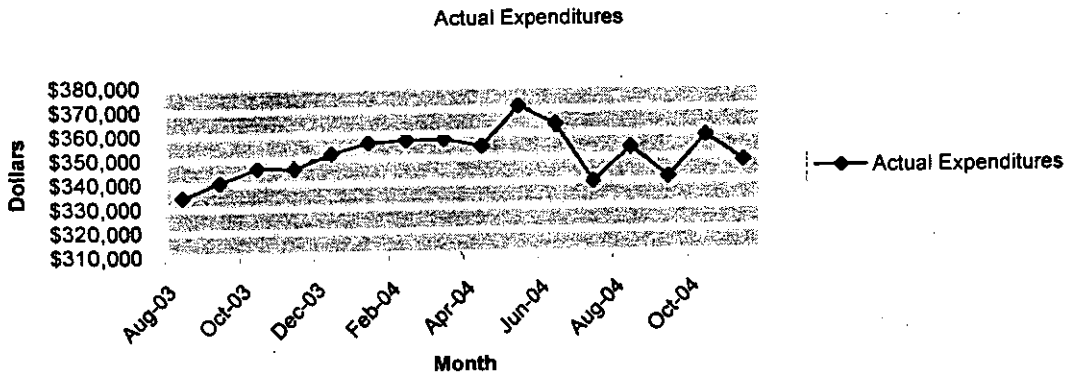
Healthy Steps

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	-	$ -	2,169	$ 154.25	$ 334,577
September-03	-	-	2,203	154.59	340,553
October-03	-	-	2,245	154.32	346,442
November-03	-	-	2,240	154.49	346,058
December-03	-	-	2,285	154.13	352,192
January-04	-	-	2,312	154.23	356,587
February-04	-	-	2,318	154.25	357,548
March-04	-	-	2,316	154.45	357,704
April-04	-	-	2,300	154.22	354,709
May-04	-	-	2,406	154.23	371,074
June-04	-	-	2,358	154.22	363,659
July-04	-	-	2,203	154.21	339,735
August-04	-	-	2,295	154.21	353,906
September-04	-	-	2,214	154.20	341,390
October-04	-	-	2,326	154.21	358,692
November-04	-	-	2,257	154.22	348,070





North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
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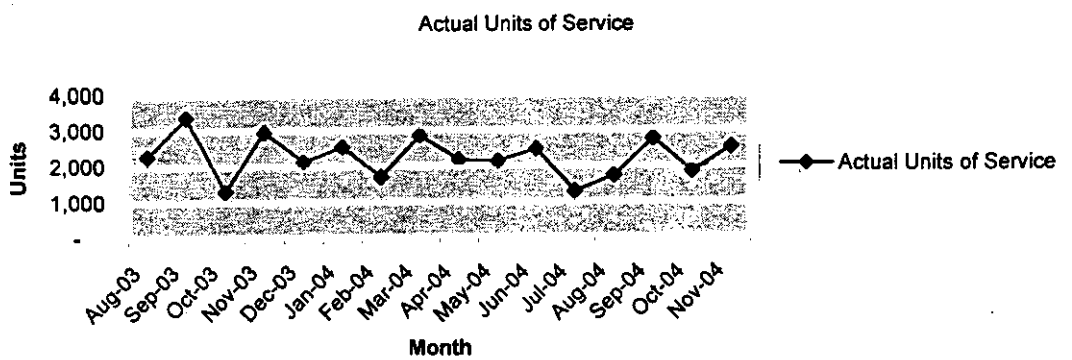
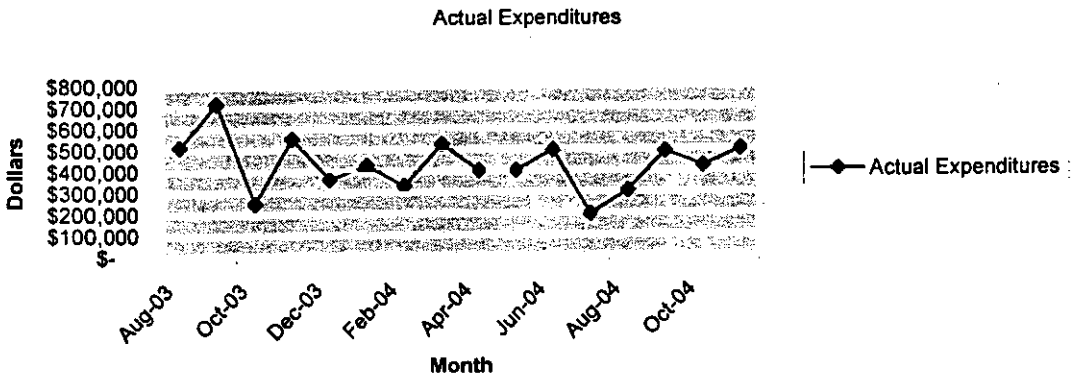
Treatment Services For Children

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	66	$7,783.88	2,283	$ 225.03	$ 513,736
September-03	85	8,447.02	3,370	213.06	717,997
October-03	49	5,103.29	1,302	192.06	250,061
November-03	85	6,497.88	2,956	186.85	552,320
December-03	69	5,210.61	2,128	168.95	359,532
January-04	72	5,892.04	2,534	167.41	424,227
February-04	64	5,129.13	1,700	193.10	328,264
March-04	87	6,021.33	2,846	184.07	523,856
April-04	77	5,208.23	2,174	184.47	401,034
May-04	87	4,607.52	2,131	188.11	400,854
June-04	73	6,803.70	2,469	201.16	496,670
July-04	45	4,327.69	1,298	150.04	194,746
August-04	50	6,095.02	1,727	176.46	304,751
September-04	71	6,897.31	2,759	177.50	489,709
October-04	62	6,780.11	1,840	228.46	420,367
November-04	72	6,962.49	2,523	198.69	501,299





North Dakota Dept of Human Services
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Detail of Selected Services
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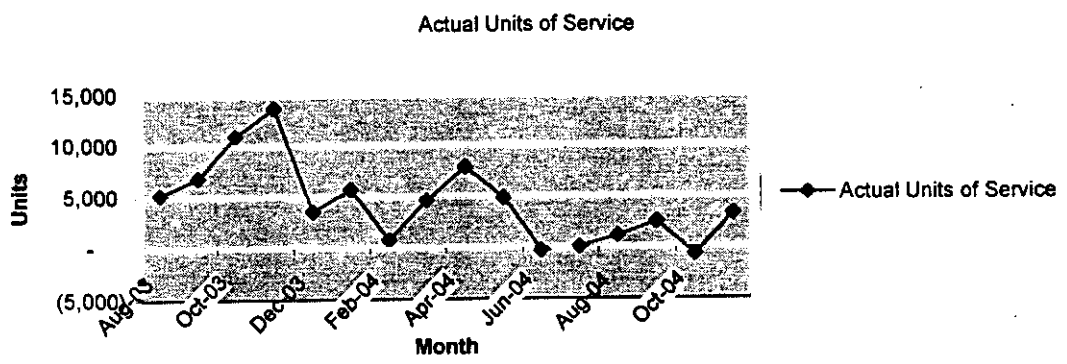
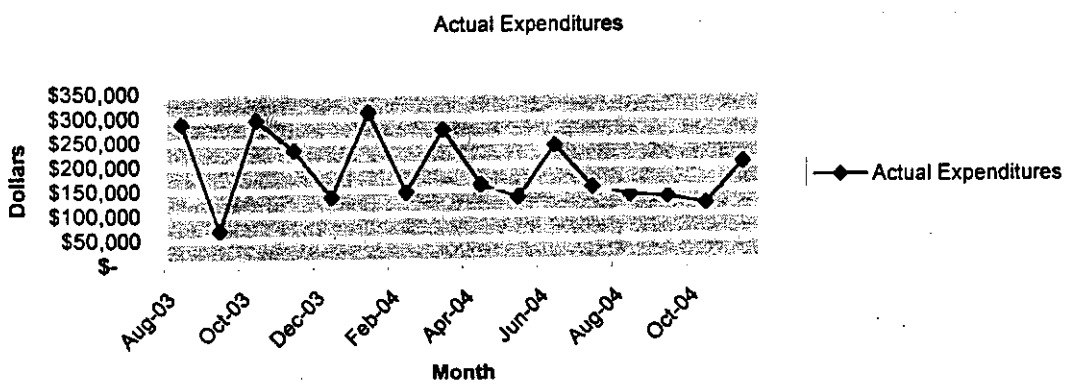
Home Health Services

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	250	$1,150.59	5,180	$ 55.53	$ 287,648
September-03	199	343.82	6,827	10.02	68,421
October-03	193	1,529.79	10,902	27.08	295,250
November-03	179	1,293.35	13,686	16.92	231,510
December-03	238	569.65	3,527	38.44	135,576
January-04	222	1,394.81	5,665	54.66	309,647
February-04	204	710.32	739	196.08	144,906
March-04	244	1,118.90	4,574	59.69	273,012
April-04	205	780.93	7,845	20.41	160,091
May-04	139	962.77	4,823	27.75	133,825
June-04	255	938.52	(357)	(670.37)	239,323
July-04	142	1,085.84	19	8,115.21	154,189
August-04	168	828.92	1,120	124.34	139,258
September-04	120	1,120.18	2,452	54.82	134,421
October-04	138	871.13	(709)	(169.56)	120,216
November-04	194	1,054.72	3,236	63.23	204,616





North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
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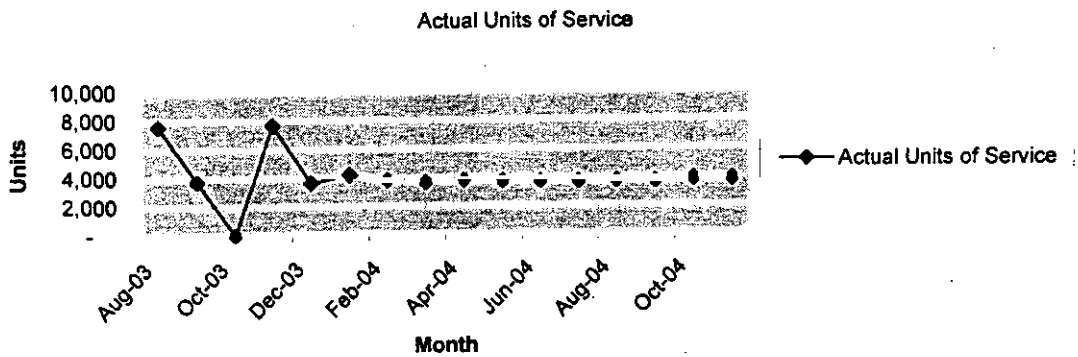
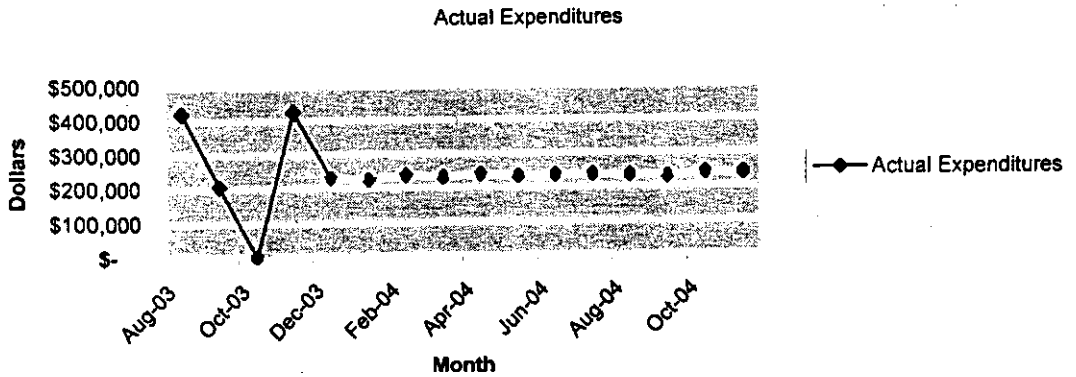
Premiums SSA

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	-	$ -	7,583	$ 55.65	$ 421,966
September-03	-	-	3,748	54.89	205,710
October-03	-	-	-	-	-
November-03	-	-	7,665	55.42	424,598
December-03	-	-	3,643	62.98	229,432
January-04	-	-	4,186	53.75	225,017
February-04	-	-	3,797	62.40	236,922
March-04	-	-	3,677	63.00	231,635
April-04	-	-	3,779	63.07	238,357
May-04	-	-	3,734	62.17	232,148
June-04	-	-	3,727	63.21	235,597
July-04	-	-	3,698	63.85	236,125
August-04	-	-	3,741	62.64	234,343
September-04	-	-	3,673	62.60	229,933
October-04	-	-	3,834	62.82	240,834
November-04	-	-	3,805	63.11	240,143

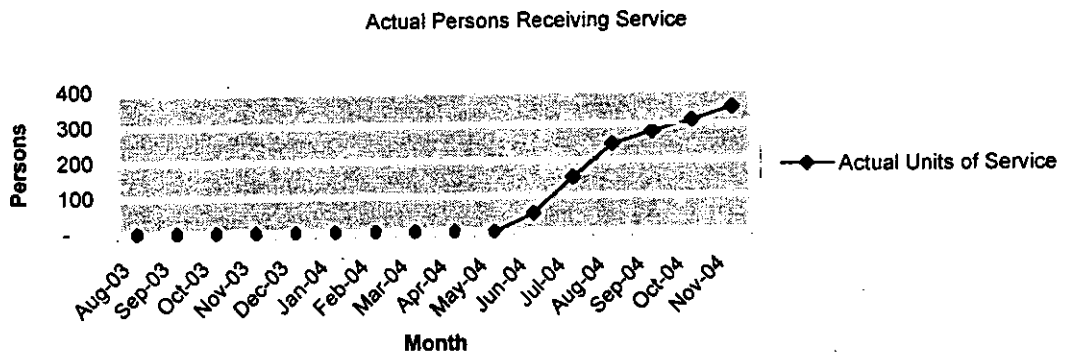


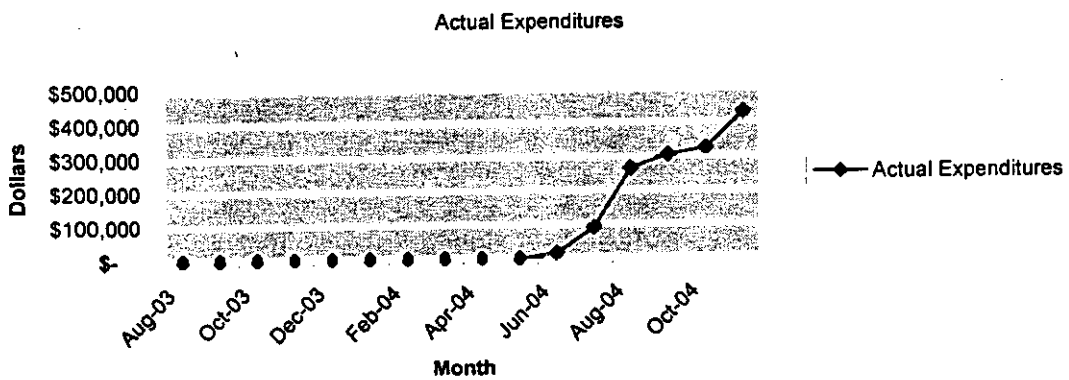


North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Buy In Program

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	-	$ -	-	$ -	$ -
September-03	-	-	-	-	-
October-03	-	-	-	-	-
November-03	-	-	-	-	-
December-03	-	-	-	-	-
January-04	-	-	-	-	-
February-04	-	-	-	-	-
March-04	-	-	-	-	-
April-04	-	-	-	-	-
May-04	-	-	-	-	-
June-04	50	307.22	-	-	15,361
July-04	152	590.48	-	-	89,753
August-04	245	1,081.70	-	-	265,017
September-04	280	1,086.82	-	-	304,308
October-04	312	1,036.70	-	-	323,451
November-04	348	1,236.03	-	-	430,138

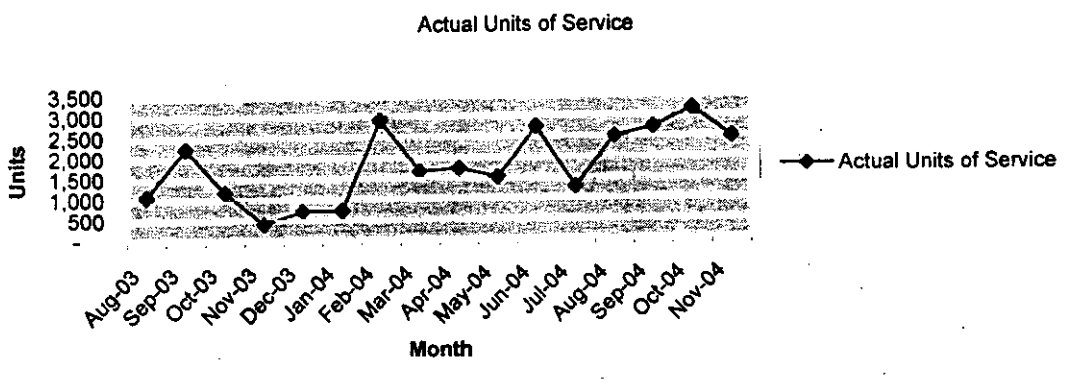


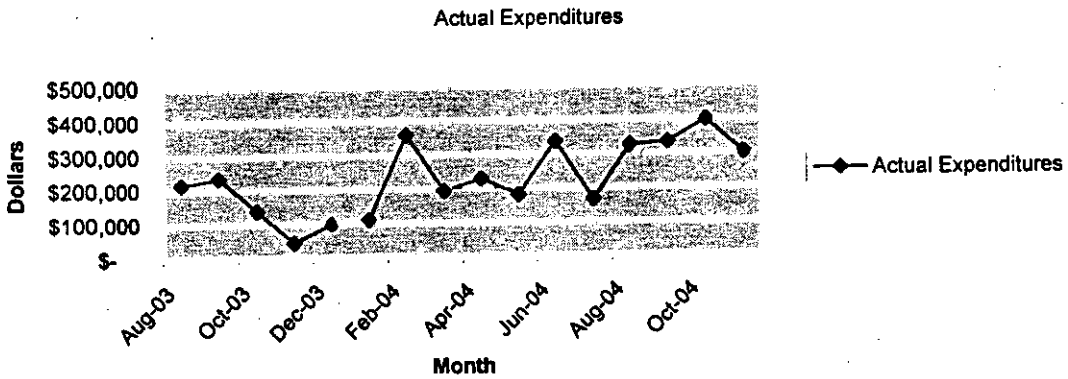


North Dakota Dept of Human Services
Medical Services
Detail of Selected Services
2003-2005 Actual

Hospice

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	48	$4,506.63	1,081	$ 200.11	$ 216,318
September-03	56	4,209.29	2,238	105.33	235,720
October-03	32	4,369.56	1,172	119.31	139,826
November-03	31	1,429.81	403	109.99	44,324
December-03	31	3,186.74	715	138.17	98,789
January-04	41	2,691.49	722	152.84	110,351
February-04	75	4,782.29	2,898	123.77	358,672
March-04	63	3,069.65	1,660	116.50	193,388
April-04	66	3,472.06	1,734	132.15	229,156
May-04	52	3,491.29	1,517	119.68	181,547
June-04	102	3,286.34	2,735	122.56	335,207
July-04	53	3,137.70	1,269	131.05	166,298
August-04	75	4,340.67	2,496	130.43	325,550
September-04	71	4,680.80	2,718	122.27	332,337
October-04	81	4,917.99	3,168	125.74	398,357
November-04	96	3,135.28	2,487	121.02	300,987





North Dakota Department of Human Services
Medical Assistance Budget
Table 11: Net Drugs (Includes Rebates) - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	114,991.0	44.05	5,065,660	1,646,846	3,418,814	0
September '05	52,909	5	95,342.0	43.34	4,132,332	1,343,421	2,788,911	0
October '05	52,909	4	98,761.0	28.77	2,841,220	970,276	1,870,944	0
November '05	52,909	4	116,152.0	43.86	5,094,531	1,746,715	3,347,816	0
December '05	52,909	5	96,503.0	43.12	4,161,204	1,427,984	2,733,220	0
January '06	52,909	4	116,927.0	30.63	3,581,484	1,223,077	2,358,407	0
February '06	52,909	4	97,278.0	43.56	4,237,162	1,453,281	2,783,881	0
March '06	52,909	5	100,697.0	43.69	4,399,565	1,508,742	2,890,823	0
April '06	52,909	4	101,084.0	29.79	3,011,622	1,028,469	1,983,153	0
May '06	52,909	5	118,476.0	44.04	5,217,790	1,788,597	3,429,193	0
June '06	52,909	4	98,826.0	43.35	4,284,415	1,469,849	2,814,566	0
July '06	52,909	4	102,246.0	28.80	2,944,180	1,036,806	1,907,384	0
August '06	52,909	5	119,637.0	49.91	5,971,253	2,047,323	3,923,930	0
September '06	52,909	4	99,988.0	49.10	4,909,028	1,684,573	3,224,455	0
October '06	52,909	4	120,411.0	34.82	4,193,244	1,602,541	2,590,703	0
November '06	52,909	5	100,763.0	49.33	4,970,656	1,848,013	3,122,643	0
December '06	52,909	4	104,182.0	49.49	5,155,487	1,915,975	3,239,512	0
January '07	52,909	5	121,573.0	35.77	4,348,139	758,522	2,691,057	898,560
February '07	52,909	4	101,924.0	49.58	5,053,153	(148,524)	3,175,646	2,026,031
March '07	52,909	4	105,343.0	49.72	5,237,985	(148,524)	3,292,515	2,093,994
April '07	52,909	4	105,731.0	33.90	3,583,813	(728,080)	2,210,187	2,101,706
May '07	52,909	5	123,122.0	49.90	6,144,391	(166,316)	3,863,305	2,447,402
June '07	52,909	4	103,473.0	49.12	5,082,166	(166,316)	3,191,660	2,056,822
July '07	52,909	4	123,896.0	34.79	4,310,427	(815,294)	2,662,933	2,462,788
TOTAL	1,269,816	104	2,587,326.0	41.72	107,930,917	24,327,956	69,515,658	14,087,303
SFY '06	634,908	52	1,257,283.0	38.95	48,971,175	16,644,063	32,327,112	0
SFY '07	634,908	52	1,330,043.0	44.33	58,959,742	7,683,893	37,188,546	14,087,303

North Dakota Department of Human Services
Medical Assistance Budget
Table 2: Inpatient Hospital - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	812.0	3,752.05	3,046,665	990,471	2,056,194	0
September '05	52,909	5	1,016.0	3,752.05	3,812,083	1,239,308	2,572,775	0
October '05	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
November '05	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
December '05	52,909	5	1,016.0	3,752.05	3,812,083	1,301,826	2,510,257	0
January '06	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
February '06	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
March '06	52,909	5	1,016.0	3,752.05	3,812,083	1,301,826	2,510,257	0
April '06	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
May '06	52,909	5	1,016.0	3,752.05	3,812,083	1,301,826	2,510,257	0
June '06	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
July '06	52,909	4	812.0	3,752.05	3,046,665	1,040,436	2,006,229	0
August '06	52,909	5	1,016.0	3,827.09	3,888,323	1,327,862	2,560,461	0
September '06	52,909	4	812.0	3,827.09	3,107,597	1,061,244	2,046,353	0
October '06	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
November '06	52,909	5	1,016.0	3,827.09	3,888,323	1,429,736	2,458,587	0
December '06	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
January '07	52,909	5	1,016.0	3,827.09	3,888,323	1,429,736	2,458,587	0
February '07	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
March '07	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
April '07	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
May '07	52,909	5	1,016.0	3,827.09	3,888,323	1,429,736	2,458,587	0
June '07	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
July '07	52,909	4	812.0	3,827.09	3,107,597	1,142,663	1,964,934	0
TOTAL	1,269,816	104	21,120.0	3,789.57	80,035,720	28,095,264	51,940,456	0
SFY '06	634,908	52	10,560.0	3,752.05	39,621,652	13,418,309	26,203,343	0
SFY '07	634,908	52	10,560.0	3,827.09	40,414,068	14,676,955	25,737,113	0

North Dakota Department of Human Services
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Table 25: Physician Services - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	106,584.0	19.79	2,109,297	685,732	1,423,565	0
September '05	52,909	5	133,230.0	19.79	2,636,622	857,166	1,779,456	0
October '05	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
November '05	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
December '05	52,909	5	133,230.0	19.79	2,636,622	900,407	1,736,215	0
January '06	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
February '06	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
March '06	52,909	5	133,230.0	19.79	2,636,622	900,407	1,736,215	0
April '06	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
May '06	52,909	5	133,230.0	19.79	2,636,622	900,407	1,736,215	0
June '06	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
July '06	52,909	4	106,584.0	19.79	2,109,297	720,325	1,388,972	0
August '06	52,909	5	133,230.0	20.19	2,689,914	918,606	1,771,308	0
September '06	52,909	4	106,584.0	20.19	2,151,931	734,884	1,417,047	0
October '06	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
November '06	52,909	5	133,230.0	20.19	2,689,914	989,082	1,700,832	0
December '06	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
January '07	52,909	5	133,230.0	20.19	2,689,914	989,082	1,700,832	0
February '07	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
March '07	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
April '07	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
May '07	52,909	5	133,230.0	20.19	2,689,914	989,082	1,700,832	0
June '07	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
July '07	52,909	4	106,584.0	20.19	2,151,931	791,265	1,360,666	0
TOTAL	1,269,816	104	2,771,184.0	19.99	55,395,968	19,445,985	35,949,983	0
SFY '06	634,908	52	1,385,592.0	19.79	27,420,864	9,286,394	18,134,470	0
SFY '07	634,908	52	1,385,592.0	20.19	27,975,104	10,159,591	17,815,513	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 3: Outpatient Hospital - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	45,237.0	28.46	1,287,445	418,548	868,897	0
September '05	52,909	5	56,547.0	28.46	1,609,328	523,193	1,086,135	0
October '05	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
November '05	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
December '05	52,909	5	56,547.0	28.46	1,609,328	549,586	1,059,742	0
January '06	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
February '06	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
March '06	52,909	5	56,547.0	28.46	1,609,328	549,586	1,059,742	0
April '06	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
May '06	52,909	5	56,547.0	28.46	1,609,328	549,586	1,059,742	0
June '06	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
July '06	52,909	4	45,237.0	28.46	1,287,445	439,662	847,783	0
August '06	52,909	5	56,547.0	29.03	1,641,559	560,592	1,080,967	0
September '06	52,909	4	45,237.0	29.03	1,313,230	448,468	864,762	0
October '06	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
November '06	52,909	5	56,547.0	29.03	1,641,559	603,601	1,037,958	0
December '06	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
January '07	52,909	5	56,547.0	29.03	1,641,559	603,601	1,037,958	0
February '07	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
March '07	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
April '07	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
May '07	52,909	5	56,547.0	29.03	1,641,559	603,601	1,037,958	0
June '07	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
July '07	52,909	4	45,237.0	29.03	1,313,230	482,875	830,355	0
TOTAL	1,269,816	104	1,176,168.0	28.74	33,808,948	11,868,121	21,940,827	0
SFY '06	634,908	52	588,084.0	28.46	16,736,872	5,668,133	11,068,739	0
SFY '07	634,908	52	588,084.0	29.03	17,072,076	6,199,988	10,872,088	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 18: Indian Health Service - ACC 3635

MONTH	ELIGIBLES	WEEKS	Recipients	Cost/Recipient	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	2,201.0	390.14	858,698	0	858,698	0
September '05	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
October '05	52,909	4	2,201.0	390.14	858,698	0	858,698	0
November '05	52,909	4	2,201.0	390.14	858,698	0	858,698	0
December '05	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
January '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
February '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
March '06	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
April '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
May '06	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
June '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
July '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
August '06	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
September '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
October '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
November '06	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
December '06	52,909	4	2,201.0	390.14	858,698	0	858,698	0
January '07	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
February '07	52,909	4	2,201.0	390.14	858,698	0	858,698	0
March '07	52,909	4	2,201.0	390.14	858,698	0	858,698	0
April '07	52,909	4	2,201.0	390.14	858,698	0	858,698	0
May '07	52,909	5	2,751.0	390.14	1,073,275	0	1,073,275	0
June '07	52,909	4	2,201.0	390.14	858,698	0	858,698	0
July '07	52,909	4	2,201.0	390.14	858,698	0	858,698	0
TOTAL	1,269,816	104	57,224.0	390.14	22,325,368	0	22,325,368	0
SFY '06	634,908	52	28,612.0	390.14	11,162,684	0	11,162,684	0
SFY '07	634,908	52	28,612.0	390.14	11,162,684	0	11,162,684	0

North Dakota Department of Human Services
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Table 9: Dental Services - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	11,339.0	44.16	500,730	162,787	337,943	0
September '05	52,909	5	14,174.0	44.16	625,924	203,488	422,436	0
October '05	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
November '05	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
December '05	52,909	5	14,174.0	44.16	625,924	213,753	412,171	0
January '06	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
February '06	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
March '06	52,909	5	14,174.0	44.16	625,924	213,753	412,171	0
April '06	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
May '06	52,909	5	14,174.0	44.16	625,924	213,753	412,171	0
June '06	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
July '06	52,909	4	11,339.0	44.16	500,730	170,999	329,731	0
August '06	52,909	5	14,174.0	45.04	638,397	218,013	420,384	0
September '06	52,909	4	11,339.0	45.04	510,709	174,407	336,302	0
October '06	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
November '06	52,909	5	14,174.0	45.04	638,397	234,739	403,658	0
December '06	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
January '07	52,909	5	14,174.0	45.04	638,397	234,739	403,658	0
February '07	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
March '07	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
April '07	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
May '07	52,909	5	14,174.0	45.04	638,397	234,739	403,658	0
June '07	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
July '07	52,909	4	11,339.0	45.04	510,709	187,788	322,921	0
TOTAL	1,269,816	104	294,816.0	44.60	13,148,796	4,615,680	8,533,116	0
SFY '06	634,908	52	147,408.0	44.16	6,509,536	2,204,527	4,305,009	0
SFY '07	634,908	52	147,408.0	45.04	6,639,260	2,411,153	4,228,107	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 15: Healthy Steps CHIP Phase II - ACC 3638

MONTH	ELIGIBLES	WEEKS	Recipients	Cost/Recipient	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	2,300.0	181.87	418,301	95,205	323,096	0
September '05	52,909	5	2,300.0	181.87	418,301	95,205	323,096	0
October '05	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
November '05	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
December '05	52,909	5	2,300.0	181.87	418,301	99,974	318,327	0
January '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
February '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
March '06	52,909	5	2,300.0	181.87	418,301	99,974	318,327	0
April '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
May '06	52,909	5	2,300.0	181.87	418,301	99,974	318,327	0
June '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
July '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
August '06	52,909	5	2,300.0	181.87	418,301	99,974	318,327	0
September '06	52,909	4	2,300.0	181.87	418,301	99,974	318,327	0
October '06	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
November '06	52,909	5	2,300.0	181.87	418,301	107,671	310,630	0
December '06	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
January '07	52,909	5	2,300.0	181.87	418,301	107,671	310,630	0
February '07	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
March '07	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
April '07	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
May '07	52,909	5	2,300.0	181.87	418,301	107,671	310,630	0
June '07	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
July '07	52,909	4	2,300.0	181.87	418,301	107,671	310,630	0
TOTAL	1,269,816	104	55,200.0	181.87	10,039,224	2,466,808	7,572,416	0
SFY '06	634,908	52	27,600.0	181.87	5,019,612	1,190,150	3,829,462	0
SFY '07	634,908	52	27,600.0	181.87	5,019,612	1,276,658	3,742,954	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 44: Treatment Services for Childrend (In Private Facilities) - ACC 3635

MONTH	ELIGIBLES	WEEKS	Recipients	Cost/Recipient	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	64.0	6,343.21	405,965	131,979	273,986	0
September '05	52,909	5	80.0	6,343.21	507,457	164,974	342,483	0
October '05	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
November '05	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
December '05	52,909	5	80.0	6,343.21	507,457	173,297	334,160	0
January '06	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
February '06	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
March '06	52,909	5	80.0	6,343.21	507,457	173,297	334,160	0
April '06	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
May '06	52,909	5	80.0	6,343.21	507,457	173,297	334,160	0
June '06	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
July '06	52,909	4	64.0	6,343.21	405,965	138,637	267,328	0
August '06	52,909	5	80.0	6,470.07	517,606	176,763	340,843	0
September '06	52,909	4	64.0	6,470.07	414,084	141,409	272,675	0
October '06	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
November '06	52,909	5	80.0	6,470.07	517,606	190,324	327,282	0
December '06	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
January '07	52,909	5	80.0	6,470.07	517,606	190,324	327,282	0
February '07	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
March '07	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
April '07	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
May '07	52,909	5	80.0	6,470.07	517,606	190,324	327,282	0
June '07	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
July '07	52,909	4	64.0	6,470.07	414,084	152,258	261,826	0
TOTAL	1,269,816	104	1,664.0	6,406.64	10,660,644	3,742,253	6,918,391	0
SFY '06	634,908	52	832.0	6,343.21	5,277,548	1,787,303	3,490,245	0
SFY '07	634,908	52	832.0	6,470.07	5,383,096	1,954,950	3,428,146	0

North Dakota Department of Human Services
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Table 16: Home Health Services - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	5,475.0	35.32	193,377	62,867	130,510	0
September '05	52,909	5	6,843.0	35.32	241,695	78,575	163,120	0
October '05	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
November '05	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
December '05	52,909	5	6,843.0	35.32	241,695	82,539	159,156	0
January '06	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
February '06	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
March '06	52,909	5	6,843.0	35.32	241,695	82,539	159,156	0
April '06	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
May '06	52,909	5	6,843.0	35.32	241,695	82,539	159,156	0
June '06	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
July '06	52,909	4	5,475.0	35.32	193,377	66,038	127,339	0
August '06	52,909	5	6,843.0	36.03	246,553	84,198	162,355	0
September '06	52,909	4	5,475.0	36.03	197,264	67,365	129,899	0
October '06	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
November '06	52,909	5	6,843.0	36.03	246,553	90,657	155,896	0
December '06	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
January '07	52,909	5	6,843.0	36.03	246,553	90,657	155,896	0
February '07	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
March '07	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
April '07	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
May '07	52,909	5	6,843.0	36.03	246,553	90,657	155,896	0
June '07	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
July '07	52,909	4	5,475.0	36.03	197,264	72,534	124,730	0
TOTAL	1,269,816	104	142,344.0	35.67	5,078,120	1,782,597	3,295,523	0
SFY '06	634,908	52	71,172.0	35.32	2,513,796	851,325	1,662,471	0
SFY '07	634,908	52	71,172.0	36.03	2,564,324	931,272	1,633,052	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 33: Premiums - SSA - ACC 3635

MONTH	ELIGIBLES	WEEKS	Premiums	Cost/Premium	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	3,509.0	57.59	202,083	65,697	136,386	0
September '05	52,909	5	4,386.0	57.59	252,590	82,117	170,473	0
October '05	52,909	4	3,509.0	57.59	202,083	69,011	133,072	0
November '05	52,909	4	3,509.0	57.59	202,083	69,011	133,072	0
December '05	52,909	5	4,386.0	57.59	252,590	86,260	166,330	0
January '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
February '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
March '06	52,909	5	4,386.0	67.61	296,537	101,267	195,270	0
April '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
May '06	52,909	5	4,386.0	67.61	296,537	101,267	195,270	0
June '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
July '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
August '06	52,909	5	4,386.0	67.61	296,537	101,267	195,270	0
September '06	52,909	4	3,509.0	67.61	237,243	81,018	156,225	0
October '06	52,909	4	3,509.0	67.61	237,243	87,234	150,009	0
November '06	52,909	5	4,386.0	67.61	296,537	109,036	187,501	0
December '06	52,909	4	3,509.0	67.61	237,243	87,234	150,009	0
January '07	52,909	5	4,386.0	77.08	338,073	124,310	213,763	0
February '07	52,909	4	3,509.0	77.08	270,474	99,453	171,021	0
March '07	52,909	4	3,509.0	77.08	270,474	99,453	171,021	0
April '07	52,909	4	3,509.0	77.08	270,474	99,453	171,021	0
May '07	52,909	5	4,386.0	77.08	338,073	124,310	213,763	0
June '07	52,909	4	3,509.0	77.08	270,474	99,453	171,021	0
July '07	52,909	4	3,509.0	77.08	270,474	99,453	171,021	0
TOTAL	1,269,816	104	91,232.0	68.22	6,224,037	2,191,394	4,032,643	0
SFY '06	634,908	52	45,616.0	63.37	2,890,718	979,720	1,910,998	0
SFY '07	634,908	52	45,616.0	73.07	3,333,319	1,211,674	2,121,645	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 47: Medicaid Buy-In Program - ACC 3635

MONTH	ELIGIBLES	WEEKS	Recipients	Cost/Recipient	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	244.0	205.32	50,099	16,243	33,856	0
September '05	52,909	5	304.0	205.32	62,418	20,237	42,181	0
October '05	52,909	4	244.0	205.32	50,099	17,090	33,009	0
November '05	52,909	4	244.0	205.32	50,099	17,090	33,009	0
December '05	52,909	5	304.0	205.32	62,418	21,292	41,126	0
January '06	52,909	4	244.0	205.32	50,099	17,090	33,009	0
February '06	52,909	4	244.0	205.32	50,099	17,090	33,009	0
March '06	52,909	5	304.0	205.32	62,418	21,292	41,126	0
April '06	52,909	4	244.0	205.32	50,099	17,090	33,009	0
May '06	52,909	5	304.0	205.32	62,418	21,292	41,126	0
June '06	52,909	4	244.0	205.32	50,099	17,090	33,009	0
July '06	52,909	4	244.0	205.32	50,099	17,090	33,009	0
August '06	52,909	5	304.0	209.56	63,704	21,731	41,973	0
September '06	52,909	4	244.0	209.56	51,131	17,442	33,689	0
October '06	52,909	4	244.0	209.56	51,131	18,822	32,309	0
November '06	52,909	5	304.0	209.56	63,705	23,450	40,255	0
December '06	52,909	4	244.0	209.56	51,132	18,822	32,310	0
January '07	52,909	5	304.0	209.56	63,705	23,450	40,255	0
February '07	52,909	4	244.0	209.56	51,132	18,822	32,310	0
March '07	52,909	4	244.0	209.56	51,132	18,822	32,310	0
April '07	52,909	4	244.0	209.56	51,132	18,822	32,310	0
May '07	52,909	5	304.0	209.56	63,705	23,450	40,255	0
June '07	52,909	4	244.0	209.56	51,132	18,822	32,310	0
July '07	52,909	4	244.0	209.56	51,131	18,821	32,310	0
TOTAL	1,269,816	104	6,336.0	207.44	1,314,336	461,262	853,074	0
SFY '06	634,908	52	3,168.0	205.32	650,464	219,986	430,478	0
SFY '07	634,908	52	3,168.0	209.56	663,872	241,276	422,596	0

North Dakota Department of Human Services
Medical Assistance Budget
Table 17: Hospice Services - ACC 3635

MONTH	ELIGIBLES	WEEKS	Units	Cost/Unit	TOTAL	STATE	FEDERAL	OTHER
August '05	52,909	4	535.0	78.71	42,110	13,690	28,420	0
September '05	52,909	5	668.0	78.71	52,578	17,093	35,485	0
October '05	52,909	4	535.0	78.71	42,110	14,381	27,729	0
November '05	52,909	4	535.0	78.71	42,110	14,381	27,729	0
December '05	52,909	5	668.0	78.71	52,578	17,955	34,623	0
January '06	52,909	4	535.0	78.71	42,110	14,381	27,729	0
February '06	52,909	4	535.0	78.71	42,110	14,381	27,729	0
March '06	52,909	5	668.0	78.71	52,578	17,955	34,623	0
April '06	52,909	4	535.0	78.71	42,110	14,381	27,729	0
May '06	52,909	5	668.0	78.71	52,578	17,955	34,623	0
June '06	52,909	4	535.0	78.71	42,110	14,381	27,729	0
July '06	52,909	4	535.0	78.71	42,110	14,381	27,729	0
August '06	52,909	5	668.0	80.28	53,627	18,314	35,313	0
September '06	52,909	4	535.0	80.28	42,950	14,668	28,282	0
October '06	52,909	4	535.0	80.28	42,950	15,793	27,157	0
November '06	52,909	5	668.0	80.28	53,627	19,719	33,908	0
December '06	52,909	4	535.0	80.28	42,950	15,793	27,157	0
January '07	52,909	5	668.0	80.28	53,627	19,719	33,908	0
February '07	52,909	4	535.0	80.28	42,950	15,793	27,157	0
March '07	52,909	4	535.0	80.28	42,950	15,793	27,157	0
April '07	52,909	4	535.0	80.28	42,950	15,793	27,157	0
May '07	52,909	5	668.0	80.28	53,627	19,719	33,908	0
June '07	52,909	4	535.0	80.28	42,950	15,793	27,157	0
July '07	52,909	4	535.0	80.28	42,950	15,793	27,157	0
TOTAL	1,269,816	104	13,904.0	79.50	1,105,300	388,005	717,295	0
SFY '06	634,908	52	6,952.0	78.71	547,192	185,315	361,877	0
SFY '07	634,908	52	6,952.0	80.28	558,108	202,690	355,418	0

Billed to Paid Percentage by Provider Type

Provider Type	Amount Billed	Amount Paid	% of Paid to Billed Amount
General Hospital - Outpatient	$40,297,099.07	$24,309,477.30	60.33%
General Hospital - Inpatient	$81,890,489.93	$33,767,313.55	41.23%
Mental Hospital - Outpatient	$1,840,999.29	$883,946.86	48.01%
Mental Hospital - Inpatient	$6,016,062.25	$3,008,667.50	50.01%
Rehab Hospital - Outpatient	$420,367.49	$229,907.06	54.69%
Rehab Hospital - Inpatient	$378,978.50	$211,728.00	55.87%
Physician	$1,508,057.88	$688,019.00	45.62%
Chiropractor	$439,071.59	$166,954.16	38.02%
Psychologist	$357,863.18	$235,122.04	65.70%
Podiatrist	$55,813.29	$32,322.22	57.91%
Optometrist	$836,496.71	$633,981.26	75.79%
Audiologist	$130,811.40	$107,123.96	81.89%
Dentist	$8,894,684.69	$6,086,112.67	68.42%
Independent Clinic	$55,926,845.60	$23,937,521.16	42.80%
Home Health Agency/Hospice	$3,385,699.39	$2,766,768.38	81.72%
Hearing Aid Dealer	$263,673.89	$251,726.08	95.47%
Medical Equipment Supplier	$2,227,508.52	$1,557,273.44	69.91%
Nurse Practitioner	$2,012.85	$832.91	41.38%
Independent Laboratory	$1,029,688.03	$402,181.05	39.06%
Independent x-ray Service	$1,249,935.38	$425,367.99	34.03%
Ambulance	$2,773,656.54	$845,948.14	30.50%

* Using Dates of Service 07/01/2003 to 06/30/2004

Deb's SWAP Comparison sheet

North Dakota Department of Human Services

Comparison of Economic Assistance Grant Costs and County Administration

Economic Assistance Grants - "Previously" the County Share

	Actual Expenditures for 99-01	Actual Expenditures for 01-03	Estimate Expenditure 03-05
Traditional Medicaid	19,018,277	23,046,095	26,966,119
Developmental Disability	3,237,525	3,602,696	4,446,576
Basic Care	1,835,862	456,552	428,040
TANF	1,132,032	1,326,077	1,329,506
JOBS	335,878	636,532	704,321
State Hospital	292,355	311,836	233,474
Child Care	833,904	1,178,536	1,259,306
Total Additional Grants Costs Assumed by the State	26,685,834	30,558,324	35,367,342

County Administrative Costs - "Previously" State Reimbursement

	Reimbursement for 99-01	Actual Reimbursement for 01-03	Estimated Reimbursement for 03-05
Federal Funds for EA Programs	24,286,907	25,218,052	25,954,276
State Funds for IV-D Regional Units	1,526,632	1,653,300	1,712,074
Total Additional Administrative Costs Assumed by County	25,813,539	26,871,352	27,666,350

Overall Effects on Counties and State

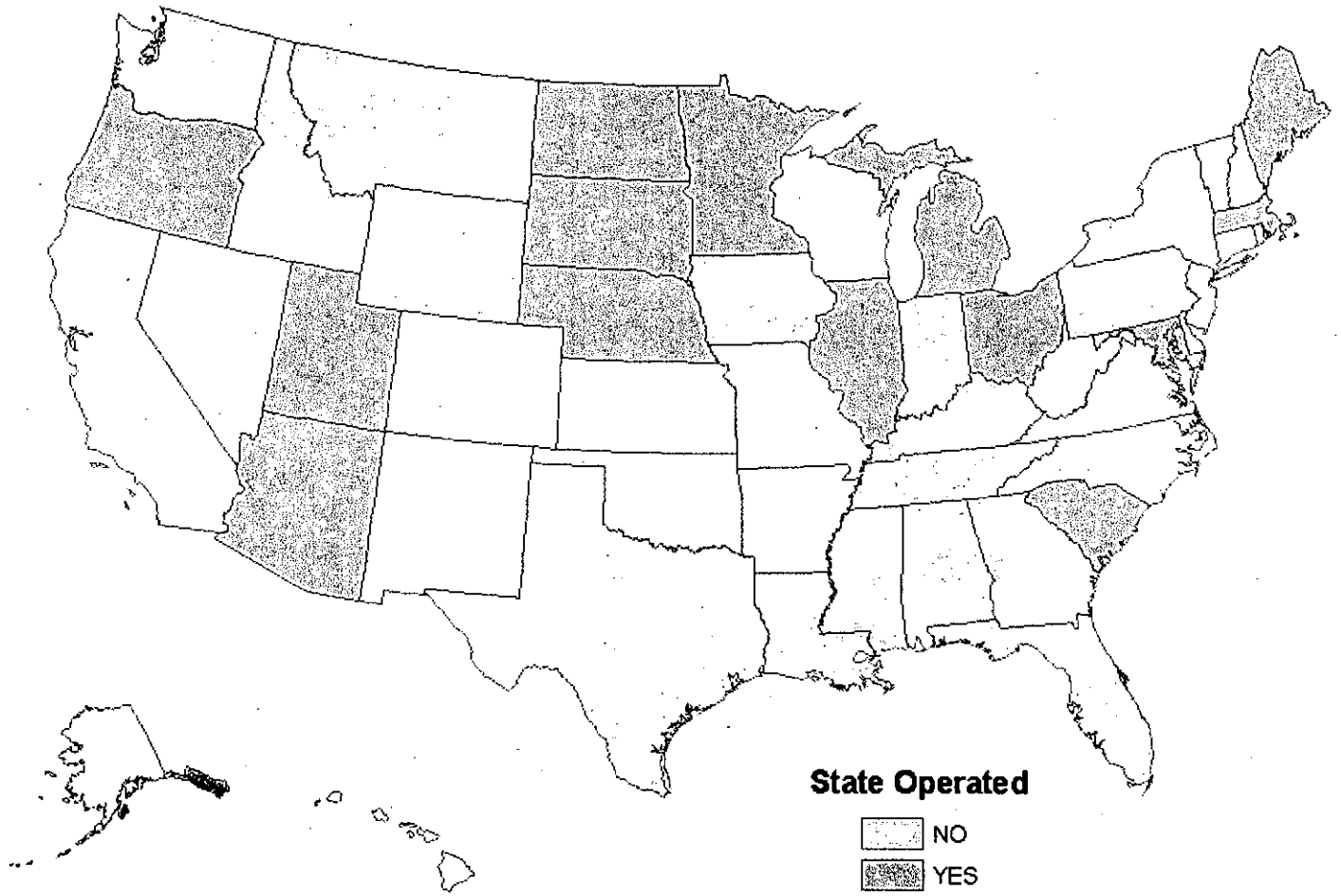
	1999-2001 Biennium	2001-2003 Biennium	2003-2005 Biennium
Grant Costs in Excess of Admin. Reimbursement	872,295	3,686,972	7,700,992
--Additional Funds for County Wide Cost Allocation Plan Fee	232,880	71,828	-
--Additional Computer Costs in Excess of FY 1995 Costs Inflated at CPI	893,828	1,648,387	1,675,766
--Additional Indian County Funds Provided in Excess of $440,000	1,336,421	2,040,976	2,309,176
Avoided County Expenditures and Corresponding Add'l State Costs	**3,335,424**	**7,448,163**	**11,685,934**

Additional Information

The SWAP legislation was effective January 1, 1998. The effects of SWAP for Jan. 1998 - June 1999 (18 months) were are follows:
County Savings - $2,308,064
Additional Cost to the State - $938,756

The county share of the Social Service Block Grants have decreased as follows:
CY 1998 $2,230,706
CY 1999 $2,230,858
CY 2000 $1,690,676
CY 2001 $1,619,546
CY 2002 $1,543,084
CY 2003 $1,506,392

SWAP_effects10_03.xls
Prepared by DHS Fiscal Administration - D. McDermott


State Operated
NO
YES

Comparison Iowa Contract for Core MMIS Only

- Scope of Takeover Contract
  Did not include Design, Development and Implementation

- Scope of Operations

SERVICES PROVIDED	North Dakota	Iowa
Medical Claims Entry	X	X
Pharmacy Claims Entry	X	
Medical Claims Adjudication	X	X
Pharmacy Claims Adjudication	X	
Document Imaging	X	X
Accept Recipient Records	X	X
Maintain Provider Information	X	X
Provider Enrollment	X	
Provider Relations	X	
Provider Training	X	
Reference File Maintenance (price file, rates)	X	X
Managed Care (maintain HMO data, generating capitation payments, remittance advices, process encounter claims)	X	X
Automated Voice Response (support functions of this operation)	X	X
Ensure MMIS Manages Medical Needy calculations and notices	X	X
MARS Reporting	X	X
SURS (produce reports, provide data)	X	X
TPL (maintain files, provide reports)	X	X
Prior Authorization (maintain files, numbers, requests)	X	X
EPSDT (data, reports, notifications)	X	X

- Iowa issued 9 RFP's, which resulted in 9 separate contracts for all MMIS Services. Comparing the RFP which North Dakota Plans to issue to the Iowa procurement is not a similar comparison. (Core MMIS, Pharmacy Medical, Medical Services, Member Services, Provider Services, SURS, Revenue Collection, Provider Audit and Rate Setting, and POS)

Comparison Information
Iowa Core MMIS Contract Services

	IOWA Contract	ND State Operated	Difference
SFY 2008	$6,266,000	$5,357,108	$908,892
SFY 2009	$6,580,500	$5,324,268	$1,256,232
SFY 2010	$6,905,700	$5,480,802	$1,424,898
SFY 2011	$7,246,200	$5,641,938	$1,604,262
SFY 2012	$7,593,800	$5,807,811	$1,785,989
SFY 2013	$7,953,500	$5,978,560	$1,974,940
		SIX-Year Difference	$8,955,213
		State Fund Difference	$2,238,803

Services Not Covered in the Iowa Core MMIS Contract		Per Year (no inflation)
	Provider Staff	$104,884
	Provider Relations	$139,846
	Provider Enrollment	$34,961
	Training	
	Pharmacy Claims	$29,993
Total Annual Costs NOT in the Iowa Contract (Three Areas)		$309,684

HB 1012
Medical Services
MMIS Replacement Information

Internal Impact

DHS anticipates the loss of staff starting in April 2005, if it is decided to procure fiscal agent services. Maintaining the current MMIS during the design of a new MMIS (05-07) will already be problematic because of its age and fragile nature. **If we do not have the long-term, experienced staff available to maintain the system and process claims, DHS anticipates serious problems with providing timely and accurate payments.** This includes DHS as well as ITD staff. The expertise and business knowledge of these people cannot be replaced with temporary staff.

Consider the claims backlog during the fall of 2003. Without experienced staff processing claims and maintaining the MMIS operations, it would not have been possible to bring the backlog down as quickly as our staff was able to do.

This loss of staff will also affect the outcome of the project. There are up to 10 full-time staff assigned to the project and many other Subject Matter Experts that would potentially lose their positions if the new operations were through a fiscal agent. It is reasonable to believe that these staff would also be looking for another position. **If these people are not available for the design, testing and implementation of a new MMIS, we can plan on a longer process (perhaps up to 36 months) with more resource issues throughout the project.**

Re-procurement Comparison

It is estimated the useful life of the new MMIS to be no more than 15 years.

- ▶ If state operated, the next procurement will be in approximately 15 years (2022)

- ▶ If FA operated – next procurement will be in 2013 (2 years DDI and 6 years operations 08,09,10,11,12,13)- and again 2021 (14, 15, 16, 17, 18, 19, 20, 21). Reprocurements are time-consuming, expensive and can result in a takeover of the system and an increase in rates.

Costs to reprocure: Fox systems estimates $400,000 each time the operations contract must be re-bid. If there are any modifications, system changes/enhancements, etc. as part of the procurement, this amount will increase. **(These costs are NOT included in the operations costs for a Fiscal Agent.)**

Also, CMS estimates 12-18 months of planning, RFP development, procurement process, etc. for a reprocurement.

Fiscal Impact

Based on the projected ongoing expenses, a fiscal agent contract is expected to cost approximately $3.4 million more in general funds for the first 8 years of operations. These are funds that would otherwise be available to sustain services or provide fee increases.

Return on Investment

Based on the Cost-Benefit Analysis, it is estimated that the payback period for a Turnkey solution will be in **Year 13**; the Fiscal Agent payback period is **31 Years**.

Control of Operations

The Department of Human Services administrative rate is **5.76%.** Based on the final FFY 2002 Federal Reports, the MMIS Administration Expense as a Percentage of Benefits Paid is **1.12%**. The published administrative cost rate for BC/BS rate is **8.2%.**

The Legislature controls the salaries and benefits paid to state employees. The administrative rate of any fiscal agent will be passed on to the state of North Dakota in a fiscal agent contract.

With operation control with the state, we have immediacy of results (ex: RVU implementation, claims processed, issue resolution, payouts, cash flow issues (for helping facilities meet payroll), etc). If situations arise, Medical Services administrative staff work directly with the claims staff to ensure the needs of the providers/recipients are met.

Information from Dzung Hoang, CMS, Denver Regional Office:

► We can release both a Fiscal Agent and Turnkey RFP. We must let vendors know this at the beginning to avoid any potential appeals. This is **NOT common** and he knows of no other states that have recently done this or are considering this.

► It creates additional complexity and an extreme burden on vendors. It costs up to $500,000 for vendors to prepare a proposal, and this would double with releasing two RFP's.

►**This alternative would also be extremely difficult to score and evaluate, as not all of the comparisons would be equal.** Is the intention to award based solely on lowest cost – even if they cannot meet our technical or system requirements? Also, to review two sets of proposals would extend the timeline for the beginning of the project, as well as final implementation.

►Option: require vendors to bid both RFP's – if we do not do this, we will likely receive limited or no responses to the Turnkey RFP.

►Very common for contract changes and increases during the duration of a contract. States must have staff to specifically manage the contract, as this is very time consuming and difficult.

TX

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE

REGARDING HOUSE BILL 1012

MARCH 1, 2005

Chairman Holmberg, members of the committee. I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide an overview of the programs administered by my Division with the exception of long-term care.

PROGRAMS

The Medical Services Division administers three programs, they are Medicaid, the State Children's Health Insurance Program (Healthy Steps), and Children's Special Health Services (CSHS). This area of the budget provides public health care coverage for families and children, pregnant women, the elderly, and disabled citizens of our state.

Medicaid is by far the largest portion of the budget. As of January 31, 2005, a total of 52,697 individuals were enrolled in the program. Attachments A and A1 show the number of enrolled Medicaid recipients in January by category, and Attachment B shows the number of enrolled recipients and the number of recipients for whom a payment was made since the start of the current biennium. Attachment C details the number of children enrolled in Healthy Steps since the beginning of the current biennium. In addition, about 300 children had health care services paid on their behalf through CSHS during the year ending June 30, 2004. An additional 1,039 children received assistance through specialty clinics and information and referral services.

PROGRAM TRENDS

The overall economy in North Dakota has seen a marked improvement over the last several years. The Federal Medical Assistance Percentage (FMAP) is calculated based on per capita income over a three-year period. As a result, the FMAP for North Dakota has dropped considerably over the past two years, and it is anticipated that it will continue to fall through at least 2007. The current FMAP is 67.49%. The percentage will drop to 65.85% for the 2006 federal fiscal year beginning on October 1, 2005. It is anticipated that it will further decline to about 63.23% for the 2007 federal fiscal year that begins on October 1, 2006. The impact to the Department's budget as a result of this FMAP reduction totals about $32 million of which about $11.0 million is directly related to services covered in my testimony today.

Health care becomes an ever-evolving process that produces new prescription drugs, new diagnostic tools, and new sophisticated treatments and surgical procedures. While these changes often result in dramatic breakthroughs in treatment, they are in many instances expensive and therefore increase the overall cost of delivering services throughout the health care system. This trend will likely continue into the foreseeable future.

While the number of individuals eligible for the programs administered by Medical Services has leveled off, we note that many have chronic conditions that require extensive treatment. We see this trend continuing, and we are interested in instituting disease management to improve the health outcomes of those individuals who have high medical costs, while at the same time trying to reduce overall costs to the program over time. House Bill 1459 requires the Department to implement such a plan for the most costly 2,000 recipients in the Medicaid Program. The House Appropriations Committee also included additional administrative funds to implement this initiative.

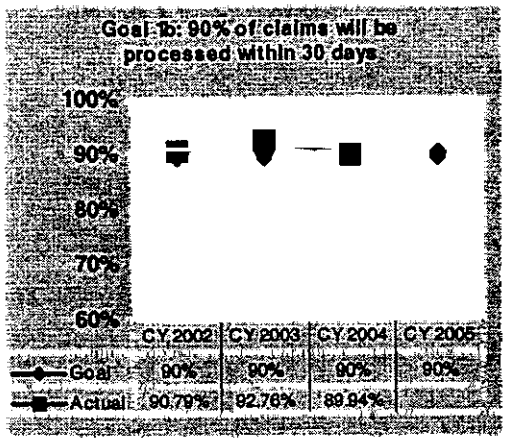
Medicaid is the single largest payer of mental health services in the nation. Many individuals with severe mental conditions rely on Medicaid for services. For example, of the top 20 highest cost drugs paid through the Medicaid Program, 13 are related to mental illness conditions. After Medicare Part D becomes reality in January 2006, the percentage of drugs paid for by Medicaid to treat mental illness will further increase because the elderly will no longer receive their drugs through the Medicaid program. We are the primary payer for individuals who are severely mentally ill. Across the nation about 50% of the costs related to these diagnoses are paid by Medicaid, and this trend is expected to continue into the foreseeable future. It behooves us to continue to improve the efficiency and effectiveness of delivery of services to this population.

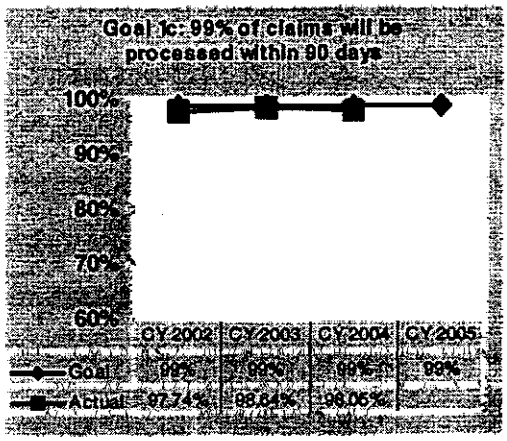
We have seen a steady decline in our ability to serve our customers because of our current payment system. The current Medicaid Management Information System became operational in 1978. While it has served us well in the past it is imperative that we develop a new system during the next biennium. Without a new system we will continue to struggle to ensure prompt and accurate payment of claims, struggle to institute changes that will improve our ability to monitor the delivery of services, and struggle to evaluate information to ensure the overall integrity of the Medicaid program. You were presented a more detailed explanation of that need in my earlier testimony.

PERFORMANCE MEASURES

While we have experienced some delays in processing claims, staff has still been able to process the vast majority of claims within 30 days of receipt in our office. Most pharmacy claims are processed within a week because of the point of sale process used to pay these claims. The charts below indicate our progress to meet our goal of processing 90% of our claims within 30 days, and 99% of our claims within 90 days of arrival in our office. We have made great strides in

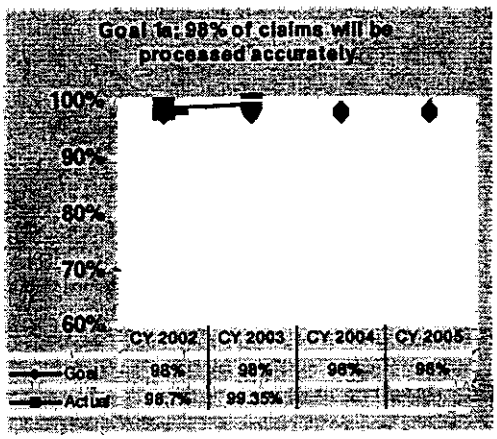
reducing the backlog, and as of November 2004, 94% of claims have been processed within 30 days.





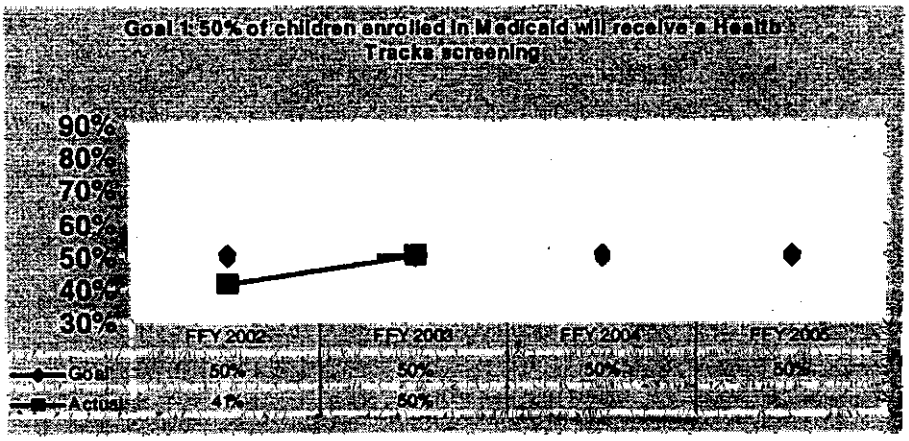
CY 2004 through September 2004

In addition it is imperative that claims are processed in an accurate manner. The North Dakota Medicaid program participated in a pilot project with the federal government to determine the accuracy of claims processed during 2002 and 2003. The results of that pilot program, based on a scientific sample of claims, revealed that our accuracy rate was high.



Another major goal is to ensure that our children receive appropriate preventive and treatment services. Our Health Tracks screening program for children

through age 21 is designed to detect problems early, and provide treatment before their conditions deteriorate and become more expensive to treat. The following chart details the results of our efforts to improve the number of children who are screened through this program.



BUDGET CHANGES

The following information provides detail and comparison of the current biennium appropriated funds with the amount requested for the new biennium, and the changes made by the House.

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	House Changes	Request to Senate
Salaries	5,216,578	583,194	5,799,772	(126,676)	5,673,096
Operating	4,685,177	136,054	4,821,231	70,947	4,892,178
MA Grants	372,882,755	21,102,433	393,985,188	1,240,292	395,225,480
Total	382,784,510	21,821,681	404,606,191	1,184,563	405,790,754
General	90,706,244	17,638,543	108,344,787	464,960	108,809,747
Federal	269,783,775	554,626	270,338,401	859,204	271,197,605
Other	22,294,491	3,628,512	25,923,003	(139,601)	25,783,402
FTEs	59.0	2.0	61.0	(1.0)	60.0

The grant line item in the Executive Budget for the Medicaid and the Healthy Steps programs total $391.2 million, of which $103.9 are general funds, and $25.4 million are other funds. It includes $1.3 million, of which $.4 million is state funds to allow individuals to set aside an additional $2,500 for funeral expenses. Also included in the grants line item is $1.7 million, of which about $.4 million is retained funds for nursing facility surveys, and nurse aide registry, and $1.1 million, of which about $.4 million is state funds for Children's Special Health Services programs.

This budget does not include any Intergovernmental Transfer (IGT) funding because this program was phased out as of July 2004, in accordance with federal regulations. The current biennium appropriation for the Medicaid and Healthy Steps programs totals $370.0 million of which $27.5 million is IGT pool payments. For comparison purposes, if IGT pool payments are factored out of the current biennium the totals for the current biennium are $342.5 million of which $77.9 million are general funds and $21.6 million are other funds. When IGT pool payments are excluded, the requested increase totals $48.6 million in total funds and an increase of $26.1 million in general funds. Attachment D details the current appropriation, the anticipated expenditures for the current biennium, and the requested funding for the next biennium for each service.

BUDGET HIGHLIGHTS

- Due to the improving economy, the FMAP will be decreasing each federal fiscal year as noted in my comments above. This will result in the need for an additional $11.0 million just to maintain the program in its current form because of the drop in federal financial participation.

- This request includes provider inflationary increases of 2 percent per year for most services. The cost for this increase totals $6.9 million of which $2.4 million is state funds.

- Inpatient hospital services have trended much higher than anticipated at the beginning of the current biennium. This was caused primarily by an increase in the number of hospital admissions. We are requesting $80.0 million of which $28.1 million are state funds. This compares to $63.4 million of which $19.3 million are general funds in the current biennium.

- Physician services have also increased dramatically primarily due to an increase in the number of services provided by this group of providers. The actual units of service for the first year of the biennium were 27.2% greater than what was included in the current appropriation. We are requesting $55.4 million of which $19.4 million are state funds. This compares to $49.3 million of which $15.4 million are general funds in the current biennium.

- The prescription drug program is based on the assumption that the prior authorization program will continue to evolve, and that the other cost savings initiatives will remain in affect during the next two years. We are requesting, after drug rebates have been factored in, a total of $107.9 million of which $24.3 million are general funds and $14.1 million are retained funds. This compares to a current appropriation of $96.1 million, of which $16.2 million are general funds and $13.9 million are retained funds. Drug costs that are passed on to pharmacists by the drug manufacturers are generally higher than general medical inflation. In addition, new drugs that come onto the market often have high prices. You heard earlier that the budget was built on only one year of inflation which could result in a possible shortfall of funds for prescription drug services.

- We are requesting $10 million of which $2.5 million is state funds for the Healthy Steps program based on payment of 2,300 premiums per month. This amount includes a premium increase of 17.9% requested by Noridian Mutual Health Insurance Company. As of December 1, 2004, a total of 2,318 children were enrolled in the program.

- The Executive Budget request for administrative funding remains relatively unchanged. The operating expense request totaled $4.8 million, an increase of about $136,000 or a percentage increase of only 2.9%. The bulk of operating funds of $4.4 million or 92.5% will be used to pay for contracted services that include medical consultants, drug pricing, utilization, prior authorization, hospital utilization review, hospital audits, and inflation indicator information. The majority of increased costs are related to inflationary increases for these contracts.

- The salary and fringe benefit package includes 61 employees. These employees process 2.4 million claims per year, determine eligibility for the Healthy Steps Program, answer hundreds of calls per day from providers and other interested parties, develop and implement program policies for the three programs, conduct utilization review activities, establish payment and rate setting policies, provide screening services for children throughout North Dakota, oversee specialty clinics for children with special health care needs, distribute specialty food products for certain individuals with rare metabolic diseases, and many other tasks related to ensuring that we provide quality services to the clients, providers, and others that we serve.

- The original budget request included two new employees for the Medical Services Division. One position was for a pharmacist assistant that would help ensure that we collect the appropriate amount of drug rebates, assist

in reviewing claims for accuracy and responding to written and verbal requests from providers, assist with the prior authorization process and help in monitoring the overall pharmacy program. The second position is an eligibility technician that will assist in the determining of eligibility for the Healthy Steps Program. At present one staff person determines eligibility for all Healthy Steps children. With the incorporation of Healthy Steps into the Vision system we anticipate additional workload to establish eligibility for this program. Eligibility for Healthy Steps is determined on a prospective basis and the additional staff person will ensure that new applications and renewals are processed before the end of each month in order to ensure that children do not lose health care coverage. In addition, the additional staff person will permit the Department to be better able to respond to requests for information from families and others who are interested in the program.

House Changes:

- The House deducted $18,138 of which $6,611 was from the general fund and $11,527 was from federal funds, from the salary line item. This changed the Governor's compensation package from providing a 4% increase on July 1, 2005, and a 3% increase on July 1, 2006, to a 3% increase on July 1, 2005, and a 4% increase on July 1, 2006.

- Salaries were further reduced by $20,000 of general funds as an allocated part of under-funding $600,000 of the department's pay plan.

- The operating line was decreased by $6,664 as an allocated part of a $50,000 general fund reduction to the Program and Policy section of the budget.

- The House reduced contract services by $475,550 of which $237,775 is general funds by removing the costs for a generic drug detailing process. The program that was started in conjunction with Nordian Mutual Health Insurance is designed to provide information and samples to physicians in an attempt to start Medicaid recipients on cost effective and therapeutically equivalent generic drugs rather than more expensive brand name drugs and counteract the physician detailing from drug manufacturer representatives that provide free samples of brand name drugs to physician offices. It was anticipated that this initiative could save a million dollars for every percentage switch from brand name to generic drugs. We request that you consider restoring these funds to the Medicaid budget.

- The House eliminated the pharmacy assistant position from the budget. We request that you consider adding back the position because we continue to believe the position is necessary to ensure that we continue to reduce the growth in this area of the budget. The amount to restore the position is $88,538 of which $22,135 is general funds.

- The Department requested that the House add additional funds to the outpatient line item due to a calculation error that was made at the time the budget was prepared. The House agreed to increase the budget by $6.3 million of which $2.2 million were general funds.

- The House reduced the drug line item by $2.8 million of which $1.0 million is general funds. While the Department through a series of measures were actually able to reduce drug costs during the 2003 state fiscal year, the cost increased by 12.7% in 2004. The Executive Budget request was an $11.9 million increase over the appropriation for the current biennium, of which about $8.2 million are general funds. This is only an increase of about 6.1% per year. We believe the requested increase is necessary and

ask that you consider reinstating this funding to the Medicaid Program budget.

- Another reduction was made to the Home Health Agency service request by $100,000 in general funds, and the optometric request by $50,000 in general funds. Based on the most current trend information that was not available at the time the budget was prepared, these reductions appear reasonable and are acceptable to the Department.

- The House added $565,000 of which $282,500 is general funds to implement the provisions contained in House Bill 1459 regarding a disease management program for the 2,000 highest cost recipients in the Medicaid Program. Also adjusted downward the Medicaid grants by $1.5 million of which about $537,000 is general funds to offset the anticipated savings that will occur as a result of disease management activities. The Department supports this concept.

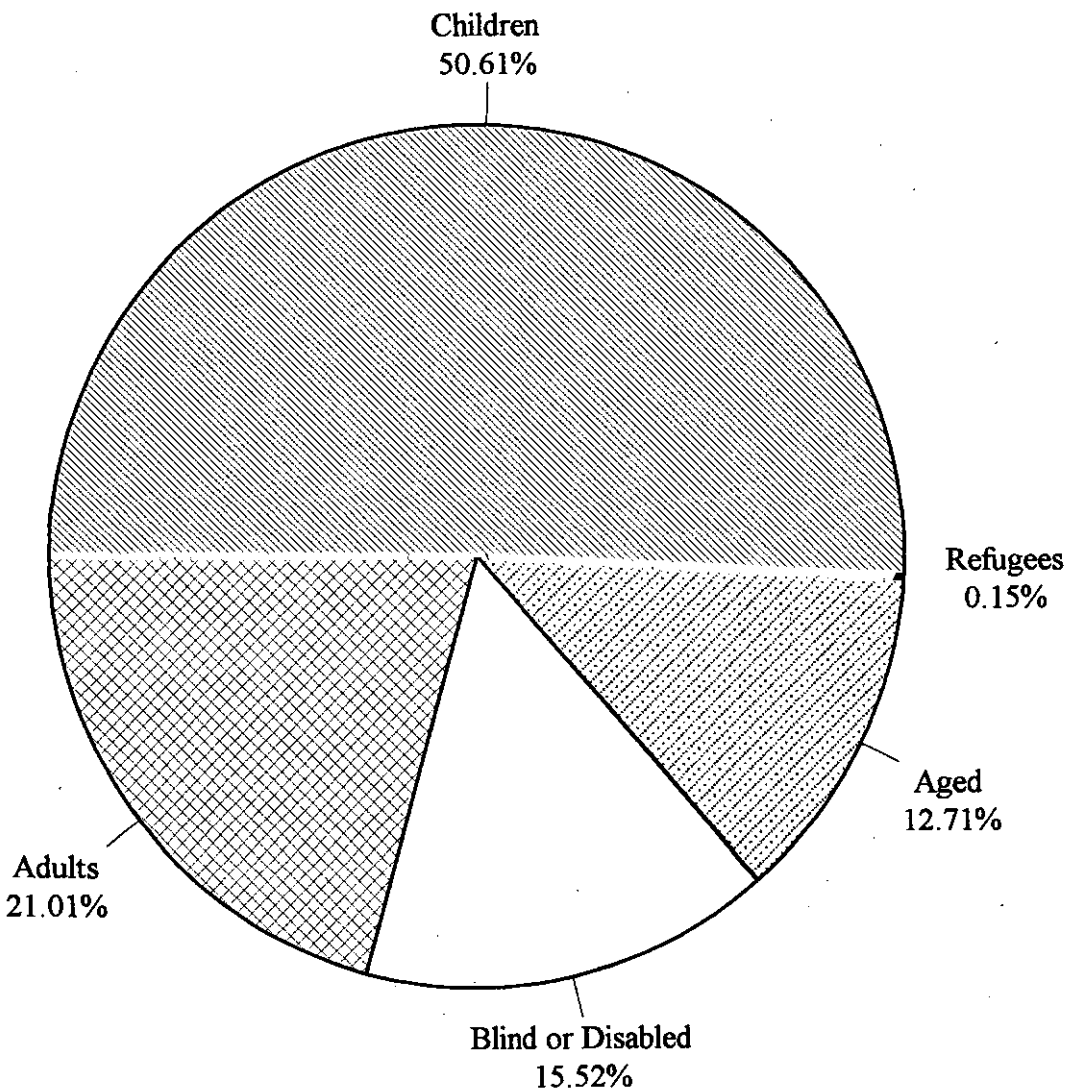
- A reduction was made in the Community Health Care Trust Fund to the level of the appropriation for the current biennium. This fund provides the non-federal matching dollars for the breast and cervical cancer services provided to women that are eligible for the Women's Way Program. This program provides Medicaid coverage to women with cancer who have no other coverage. The Legislature authorized this service during the 2001 session. We are required to provide all needed services for these women and will need to use general fund dollars if the trust fund dollars are not sufficient to cover the non-federal share of the cost of this program. We request that the consider restoring the funding to the amount requested in the Executive Budget.

- The House added about $171,000 of which $60,000 is general funds to provide fee increases specifically for air and ground ambulance services.

- **The House reduced the Medicaid grants line item by $252,000 of which $91,000 are general funds due to reducing the proposed increase in funeral accounts from $5,500 to $5,000. The current limit is $3,000 for each Medicaid recipient. The cost to raise the funeral allowance to $5,500 was included in the Executive budget.**

I would be happy to respond to any questions you may have.

North Dakota Department of Human Services
Medicaid Enrolled
Breakdown of Eligibles by Age Group
January 2005



FA-2/24/05-cj-hgw\0507legis\eligible breakdown sb

North Dakota Department of Human Services
Medicaid Enrolled
Breakdown of Eligibles by Age Group
January 2005

Age Group	Children	Adults	Blind or Disabled	Aged	Refugees	Total
Under 1	4,338	[illegible]	39	[illegible]	0	4,377
1 - 5	9,025	[illegible]	170	[illegible]	1	9,196
6 - 18	13,083	572	667	[illegible]	37	14,359
19 - 21	225	1,014	192	[illegible]	17	1,448
22 - 44	[illegible]	8,725	3,359	[illegible]	22	12,106
45 - 64	[illegible]	761	3,742	[illegible]	3	4,506
65 - 74	[illegible]	[illegible]	10	2,056	0	2,066
75 - 84	[illegible]	[illegible]	0	2,314	0	2,314
85 & Over	[illegible]	[illegible]	0	2,325	0	2,325
Total	**26,671**	**11,072**	**8,179**	**6,695**	**80**	**52,697**

FA-2/24/05-misc\eligible breakdown

Attachments B + C were same as with Nurse testimony on 1-12-05

North Dakota Department of Human Services

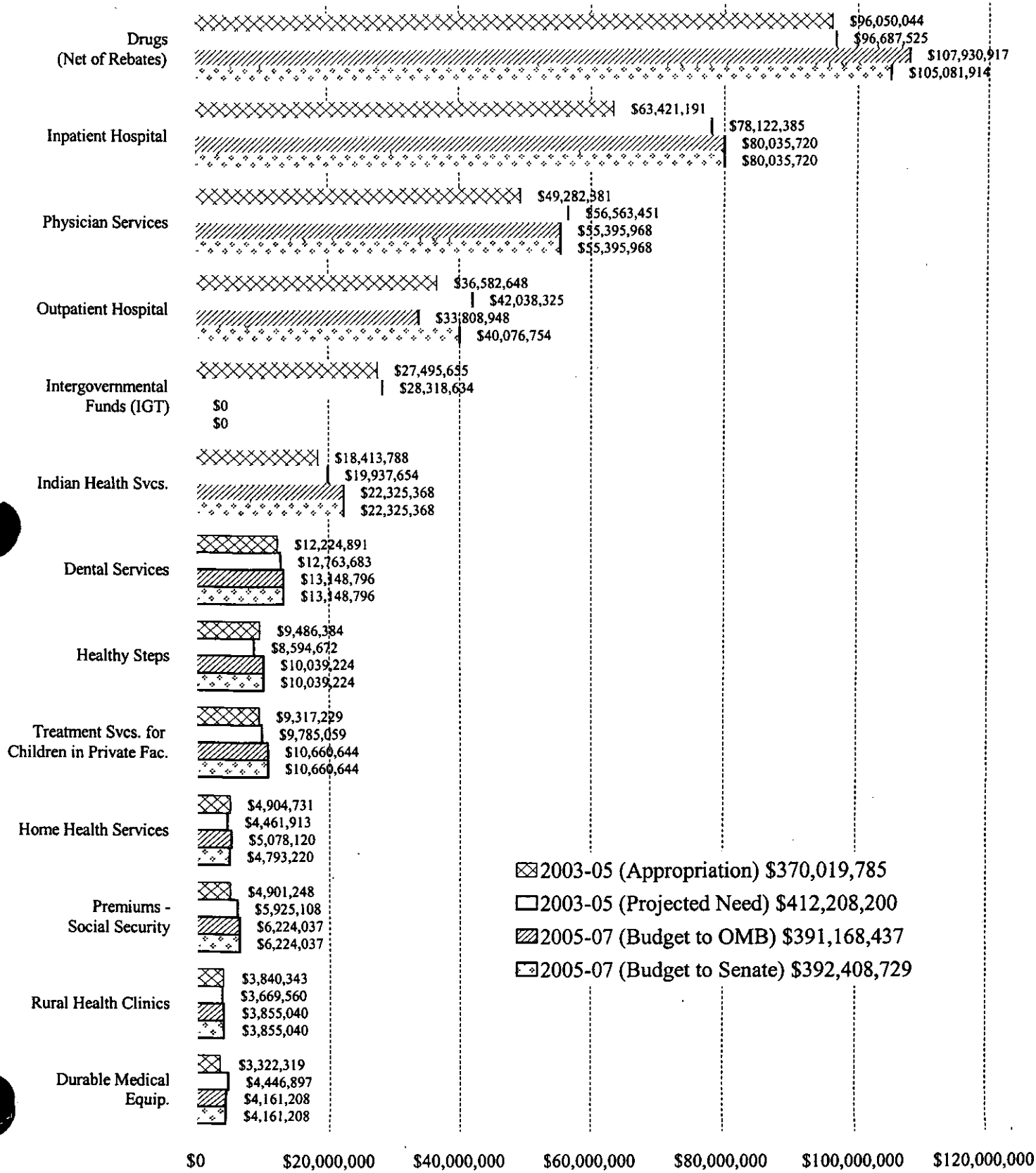
Attachment D

Medical Services

2003-05 and 2005-07 Biennium Comparisons

House Bill 1012 to Senate

2005 - 2007 Biennium



North Dakota Department of Human Services

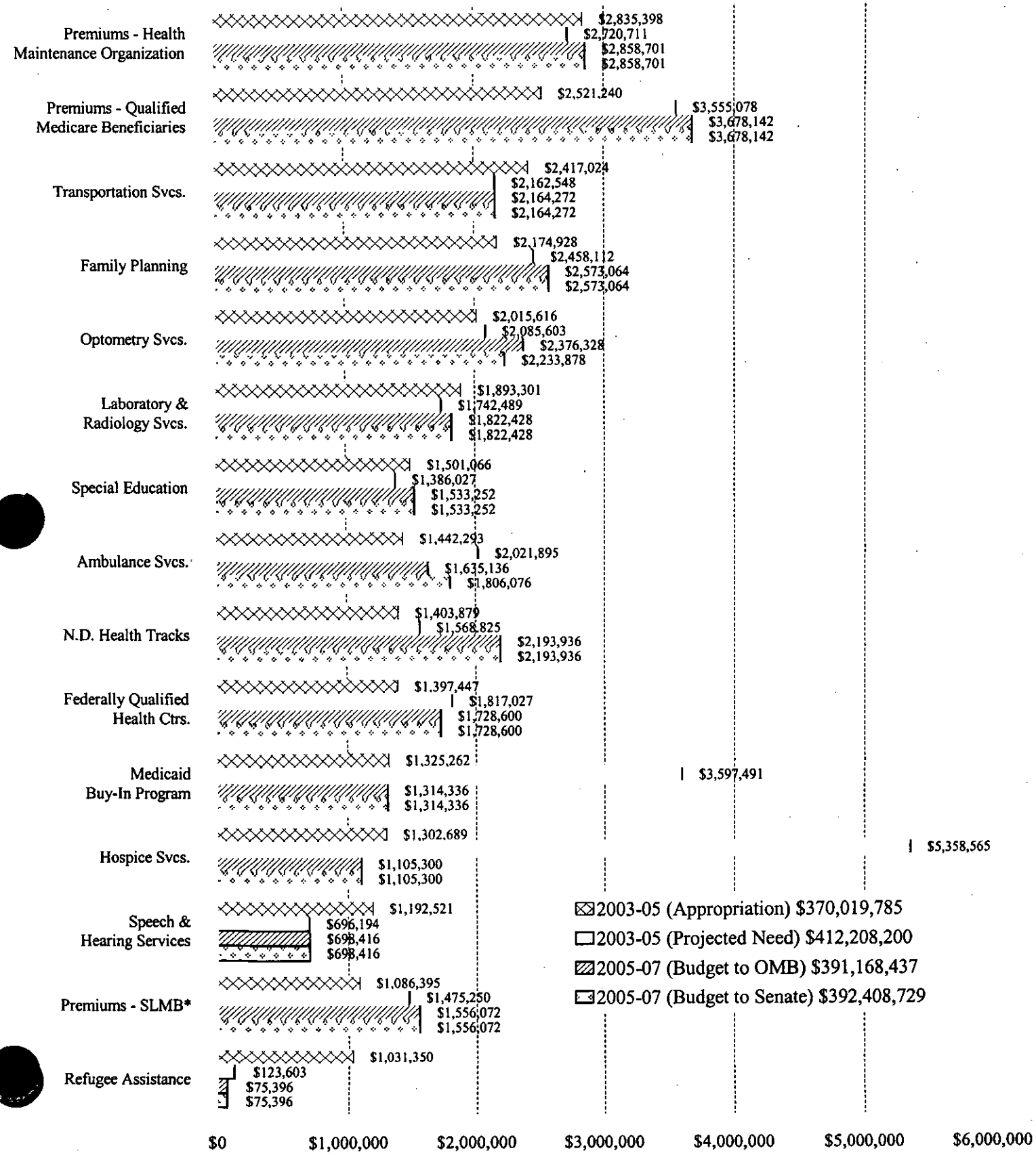
Attachment D-1

Medical Services

2003-05 and 2005-07 Biennium Comparisons

House Bill 1012 to Senate

2005 - 2007 Biennium



*SLMB (Special Low-Income Medicare Beneficiaries)

North Dakota Department of Human Services

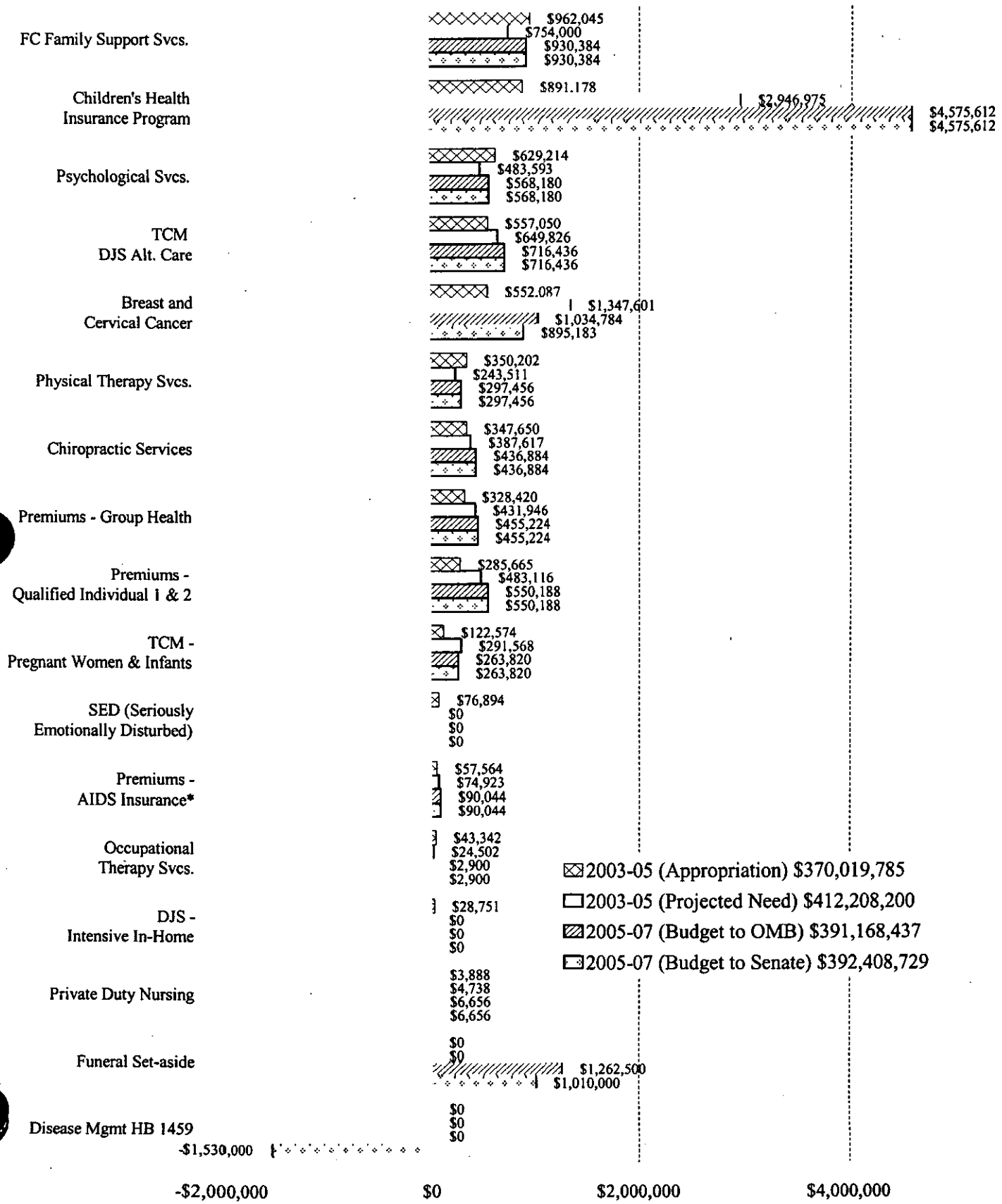
Attachment D-2

Medical Services

2003-05 and 2005-07 Biennium Comparisons

House Bill 1012 to Senate

2005 - 2007 Biennium



* AIDS (Acquired Immune Deficiency Syndrome)

FFIS

ISSUE BRIEF 04-52
Possible FY 2007 FMAPs
November 3, 2004

Executive Summary

FFIS projections indicate that most states will continue to experience declining federal medical assistance percentages (FMAPs) in federal fiscal year (FY) 2007. Precise estimates cannot be done until September 2005, when the Bureau of Economic Analysis (BEA) releases final calendar year 2004 per capita income data (and potentially revised 2002 and 2003 data) that are expected to be used in the calculations.

Background

The FMAP is the share of state Medicaid benefit costs paid for by the federal government. It is recalculated annually based on a three-year average of state per capita personal income compared to the national average. A state with average per capita personal income receives an FMAP of 55%; no state may receive less than 50% or more than 83%.

There is a long lead time between personal income data and the year when the FMAPs take effect. For example, calendar year 2001 through 2003 data will be used for FY 2006 FMAPs. Using final data released by BEA in September 2004, FFIS projects that 29 states will experience FMAP declines for FY 2006 and nine will have increases, with the declines substantially larger than the increases (see *Issue Brief 04-41*). These changes reflect a rebenchmarking of the national accounts that include the data and an unusual phenomenon in which most wealthy states are experiencing slow growth. The richer states will remain at the 50% minimum FMAP, but other states look wealthier relative to the national average and, therefore, will receive a lower FMAP.

FY 2007 Projections

Since many states require two years of FMAP projections for their budget processes, FFIS has projected FY 2007 FMAPs under two sets of assumptions: (1) 2004 state per capita income will be the same as that currently published for 2003 (2) 2004 levels for each state will be the average of 2002 and 2003. Table 1 shows that most states experience declining FMAPs under either set of assumptions. Great care should be exercised in using these projections. While the FY 2006 projections are based on actual income levels expected to be used by the federal government, none of the estimates used for the FY 2007 projections are certain, with even 2002 and 2003 data subject to change.

For additional information, contact:

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Table 1

Two Alternative FY 2007 FMAP Projections

State	Projected 2006	Possible 2007 FMAP with Alterative 2004 Income Assumptions: 2004 Same as 2003	Possible Change	2004 Average 2002/2003	Possible Change
Alabama	69.51	68.89	-0.62	69.02	-0.49
Alaska	50.16	50.00	-0.16	50.00	-0.16
Arizona	66.98	66.99	0.01	66.97	-0.01
Arkansas	73.77	73.40	-0.37	73.51	-0.26
California	50.00	50.00	0.00	50.00	0.00
Colorado	50.00	50.00	0.00	50.00	0.00
Connecticut	50.00	50.00	0.00	50.00	0.00
Delaware	50.09	50.00	-0.09	50.00	-0.09
District of Columbia	70.00	70.00	0.00	70.00	0.00
Florida	58.89	59.02	0.13	58.95	0.06
Georgia	60.60	60.86	0.26	60.75	0.15
Hawaii	58.81	57.75	-1.06	57.90	-0.91
Idaho	69.91	70.05	0.14	69.95	0.04
Illinois	50.00	50.00	0.00	50.00	0.00
Indiana	62.98	62.54	-0.44	62.66	-0.32
Iowa	63.61	63.24	-0.37	63.19	-0.42
Kansas	60.41	60.36	-0.05	60.38	-0.03
Kentucky	69.26	68.71	-0.55	68.85	-0.41
Louisiana	69.79	69.32	-0.47	69.39	-0.40
Maine	62.90	62.19	-0.71	62.32	-0.58
Maryland	50.00	50.00	0.00	50.00	0.00
Massachusetts	50.00	50.00	0.00	50.00	0.00
Michigan	56.59	56.19	-0.40	56.41	-0.18
Minnesota	50.00	50.00	0.00	50.00	0.00
Mississippi	76.00	75.52	-0.48	75.66	-0.34
Missouri	61.93	61.59	-0.34	61.63	-0.30
Montana	70.54	70.18	-0.36	70.37	-0.17
Nebraska	59.68	58.93	-0.75	59.31	-0.37
Nevada	54.76	55.04	0.28	55.10	0.34
New Hampshire	50.00	50.00	0.00	50.00	0.00
New Jersey	50.00	50.00	0.00	50.00	0.00
New Mexico	71.15	70.61	-0.54	70.70	-0.45
New York	50.00	50.00	0.00	50.00	0.00
North Carolina	63.49	63.52	0.03	63.49	0.00
North Dakota	65.85	64.26	-1.59	64.89	-0.96
Ohio	59.88	59.41	-0.47	59.51	-0.37
Oklahoma	67.91	68.07	0.16	68.14	0.23
Oregon	61.57	61.98	0.41	61.83	0.26
Pennsylvania	55.05	54.49	-0.56	54.58	-0.47
Rhode Island	54.45	53.85	-0.60	53.96	-0.49
South Carolina	69.32	69.02	-0.30	69.07	-0.25
South Dakota	65.07	64.50	-0.57	64.95	-0.12
Tennessee	63.99	63.21	-0.78	63.36	-0.63
Texas	60.66	61.36	0.70	61.25	0.59
Utah	70.76	70.90	0.14	70.82	0.06
Vermont	58.49	57.87	-0.62	58.01	-0.48
Virginia	50.00	50.00	0.00	50.00	0.00
Washington	50.00	50.00	0.00	50.00	0.00
West Virginia	72.99	72.44	-0.55	72.50	-0.49
Wisconsin	57.65	57.16	-0.49	57.20	-0.45
Wyoming	54.23	53.40	-0.83	53.73	-0.50

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Testimony on HB 1012
House Appropriations Committee, Human Resources Division
January 19, 2005

Chairman Delzer and Members of the Human Resources Division, my name is Bruce Levi. I'm the Executive Director of the North Dakota Medical Association.

Our Medical Association has been quite concerned about the future of the medical assistance program in North Dakota, and physicians have served in a variety of capacities to improve the program, including taking time off from their practices and traveling to attend meetings of the Medicaid Drug Use Review Board and serving this past spring and summer on a task force formed by the Governor to review the medical assistance program. This commitment is driven by the desire of physicians to ensure the long-term sustainability of the program on behalf of their low-income patients.

Continued good access to quality medical care is the foundation to any state's medical assistance program. At a meeting this past interim of the ND Legislative Council's interim Budget Committee on Health Care, the Director of Medical Services for the Department of Human Services provided the Department's view on current access to services:

> "For the most part, access to needed medical services is available to recipients of the Medicaid Program in North Dakota. All hospitals in the state fully participate in the program. All of the major clinics provide physician and other related services to Medicaid recipients. With rare exception, all pharmacies in the state participate in the program. All nursing facilities with the exception of those based in large hospitals fully participate in Medicaid. Most optometrists provide services to our recipients. Most ambulance services participate in the program. While all these providers continue to provide services, there is concern that current payment amounts need to be increased. As you are aware, fees were frozen in 2002 and the Legislature did not provide any funds for fee increases in the current biennium. The Department made these and other program reductions in order to control the cost of the program that required a large deficit appropriation in the last biennium. *We hope that these fine providers will continue to provide services to our recipients; but they could become*

reluctant if payments remain low and the administrative burden associated with additional co-payments and limitations add to the cost of providing services to recipients of the program."

The Director's assessment illustrates fully the fears of medical providers in North Dakota that reimbursement rates and claims delays, increased paperwork, new limitations and other administrative burdens will create more difficulty in treating Medicaid patients.

Physicians are truly concerned about the medical assistance program and their patients who are served by that program. In 2003, our Association passed a resolution to support appropriate efforts to sustain the Medicaid program, including active participation by NDMA physicians in the Governor's Medicaid Task Force and the Legislative Council's interim Medicaid study. In 2004, our Association passed a resolution calling for the use of the remaining federal funds under the Jobs and Growth Tax Relief Reconciliation Act of 2003 for use in improving payment rates for physician and hospital services.

The information provided by Mr. Doherty and Mr. Long on behalf of North Dakota's hospitals, clinics and physicians is compelling. The North Dakota Medical Association supports the recommendation put forth for consideration of appropriate adjustments in payments for hospital and physician services.

Thank you for the opportunity to comment on HB 1012.

North Dakota 2005 Legislative Session

House Appropriations—Human Services Division Committee

House Bill 1012

January 19, 2005

Same given to senate appropriations

Chairperson Delzer and Members of the Committee:

My name is John Doherty. I am the Chief Operating Officer at MeritCare Health System in Fargo, North Dakota. I am a registered lobbyist for MeritCare Health System and I am speaking on behalf of MeritCare Health System.

The North Dakota Health Care Association (NDHA) and North Dakota Medical Association (NDMA) members are committed to providing high quality, affordable healthcare to all citizens of North Dakota, including our most vulnerable citizens, those eligible for Medicaid Services. We are proud of the services we provide and are committed to continued excellence.

Recent studies have concluded that North Dakota citizens receive among the highest quality, most cost-effective healthcare in the nation. **Exhibit 1** is a scattergram depicting the relationship between quality and Medicare spending as expressed by overall quality rankings throughout the United States for fiscal year 2001. The results of the study conclude that North Dakota is the 4th highest in overall quality and 6th lowest in Medicare spending in the nation.

Exhibit 2 is a ranking of hospital quality taken from HealthGrades' most recently available data in 2000-2002. In this study, which includes **data on all patient populations, North Dakota ranks first in terms of quality.**

A continuation of Medicaid payment policies for hospital and physician services originally adopted in the early 1980's and still in effect today, will ultimately jeopardize our ability to provide outstanding cost effective care to North Dakota citizens. Throughout the early 1980's, hospitals were paid for Medicaid services on a reasonable cost basis. Physicians were paid based on the established Medicare fee schedule which is set at an amount that is intended to equal physicians' actual cost of care.

Since that time, the hospital payment methodology has been based on a prospectively determined Diagnosis Related Group (DRG) system, and physician payments are based on a fee schedule unrelated to the Medicare fee schedule. Additionally, throughout this period of time, the amount of the annual increase in payments to hospitals and physicians has consistently been less than the increase in inflationary costs experienced by hospitals and physicians. You might note that this is more than a **twenty-year trend of policy decisions that have resulted in substantially under funding the actual costs necessary to maintain efficient, integrated model of care we have collectively built to ensure access and quality throughout our state.**

Exhibits 3 and 4 depict a six-year time period 2001-2007 comparing the increase in inflationary costs for hospital, physician and long-term care services compared to the Medicaid payment increases for the same period of time. The estimates of increased cost for hospitals and physicians are based on Medicare annual estimates of inflationary costs. Long-term care inflationary increases are based on the formula adopted by North Dakota statute to estimate cost increases. Payment increases are based on actual Medicaid increases for years 2001-2004 and increases recommended by the Department of Human Services for the 2005-2007 biennium.

The analysis reveals that for the six-year period hospitals, physicians and long-term care costs have increased due to inflation 3.6%, 7.1% and 4.07% per year respectively while payment increases from Medicaid for hospitals, physician and long-term care have increased 1.5%, 1.5% and 4.56% per year respectively.

Exhibits 5 and 6 illustrate an estimate of the cost in excess of payment to provide Medicaid services for the 2005-2007 biennium for all North Dakota hospitals and physicians. As a result of these policies, **current payments for hospitals are estimated to be 29% or $46,076,000 less than cost. A similar estimate for physician services indicates that physician payments are 26% or $19,628,000 less than cost.**

Assuming a federal match of 65% for the biennium, the amount necessary to increase Medicaid payments to cost for physicians and hospitals would require an increase in general fund appropriations of $22,997,000 or 13.6%.

Continuing the current payment policy of increasing payment for hospital and physician services at an amount that is **always less than actual inflationary costs,** coupled with an inability to shift this unfunded cost of Medicaid services to other third party payers like Blue Cross Blue Shield of North Dakota, will ultimately **jeopardize the hospital and physician community's ability to meet our commitment to provide high quality, affordable and accessible healthcare for all North Dakotans.**

We applaud members of the executive and legislative branches for continuing rational payment policies for long-term care that link annual payment increases to the **actual reasonable cost of providing services to Medicaid recipients and encourage the adoption of similar policies for hospital and physician services.** Myself along with other leaders within the healthcare community will devote time and energy to work with the Department of Human Services (DHS), the Office of Management and Budget (OMB), the Governor's Office and members of the legislative assembly in order to develop these policies going forward.

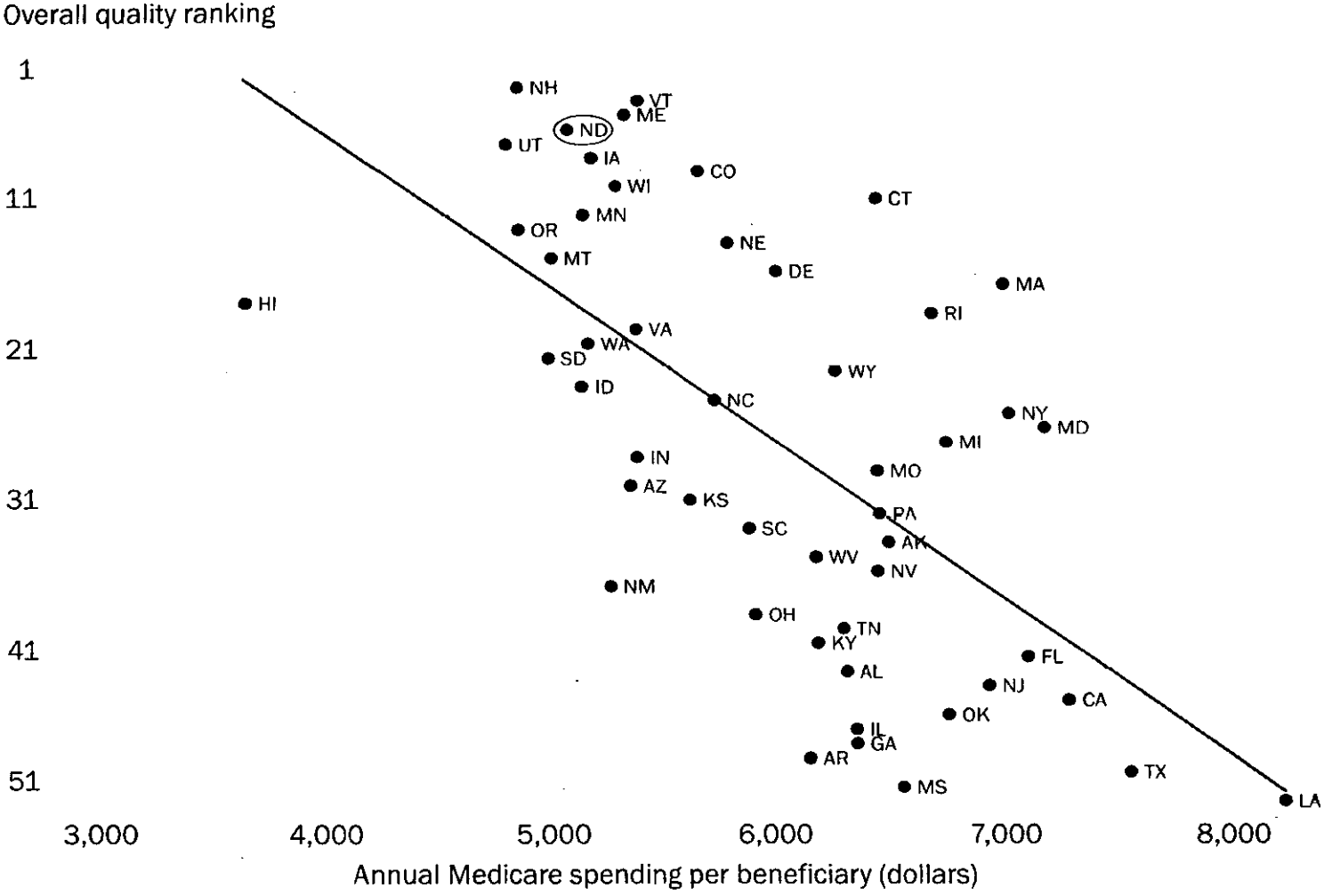
We recognize that there may not be sufficient general fund dollars to close the 27% gap between cost and payment in one biennium, we do, however, **implore you to take action now.**

Please consider appropriating an amount sufficient to **increase payment to hospitals and physicians by 5% per year for each year of the biennium.** This percentage increase is consistent with the amount included in the DHS's recommendation for long-term care, which is based on a well-established policy. I have estimated the increase **to fund this recommendation at $5,200,000 of which $1,850,000 is general funds appropriations.**

Mr. Chairman and Members of the Committee, thank you for allowing me the opportunity to address you this morning. I would like to introduce Jim Long, Administrator/CEO of West River Health Services in Hettinger. He will share his perspective from the rural health community.

EXHIBIT 1

Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000...2001



SOURCES: Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998–1999 to 2000–2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305–312.
NOTE: For quality ranking, smaller values equal higher quality.

Exhibit 2

Hospital Quality Ranking

A report card for American Hospitals
Rankings of hospital quality by state based on five (5) key quality outcomes measurements.*

Top 10 States		Bottom 10 States	
Ranking		Ranking	
1.	North Dakota	42.	South Carolina
2.	Florida	43.	Wyoming
3.	Ohio	44.	Hawaii
4.	Michigan	45.	Oklahoma
5.	Maryland	46.	Vermont
6.	Colorado	47.	Kansas
7.	Pennsylvania	48.	Tennessee
8.	Connecticut	49.	Arkansas
9.	Utah	50.	Alabama
10.	South Dakota	51.	Mississippi

Note: Ranking includes District of Columbia.
Dates are from 2000-2002

*To compile the rankings, five procedures and diagnosis-of the 26 HealthGrades rates at the more than 5,000 hospitals nationwide-were chosen to represent various aspects of quality at the state level: coronary artery bypass graft surgery; percutaneous coronary interventions; acute myocardial infarction; congestive heart failure; and community acquired pneumonia.

Source: HealthGrades Sixth Annual Hospital Quality in America Study, 2003.

EXHIBIT 3

North Dakota Medicaid
Comparison of Increase in Costs versus Medicaid Payment Increases

Fiscal Year Beginning July	ANNUAL COST INCREASES Hospital Market Basket (1)	Sustainable Growth Rate (2)	LTC Inflation Rate (3)	ANNUAL PAYMENT INCREASES Hospital & Physician Payment Increase	Long-Term Care Payment Increase (4)
2001	3.4%	4.5%	3.78%	2.2%	3.78%
2002	3.3%	8.3%	3.70%	0.0%	3.70%
2003	3.5%	7.3%	3.66%	0.0%	3.66%
2004	3.4%	7.0%	3.66%	2.7%	3.66%
2005	3.3%	4.3%	3.52%	2.0%	4.85% (1)
2006	3.1% est	N/A	3.92%	2.0%	5.06% (1)
Compounded average annual change	3.6%	7.1%	4.07%	1.5%	4.56%

(1) Medicare
(2) Federal Register-www.cms.hhs.gov/providers/sgr/sgr2005f.pdf
(3) ND Medicaid
(4) Increase includes the estimated impact of rebasing cost limits from 1999-2003 of 1.33% in 2005 and 1.14% in 2006.

EXHIBIT 4

North Dakota Medicaid:
Compounded Average Annual Change, 2001-2006

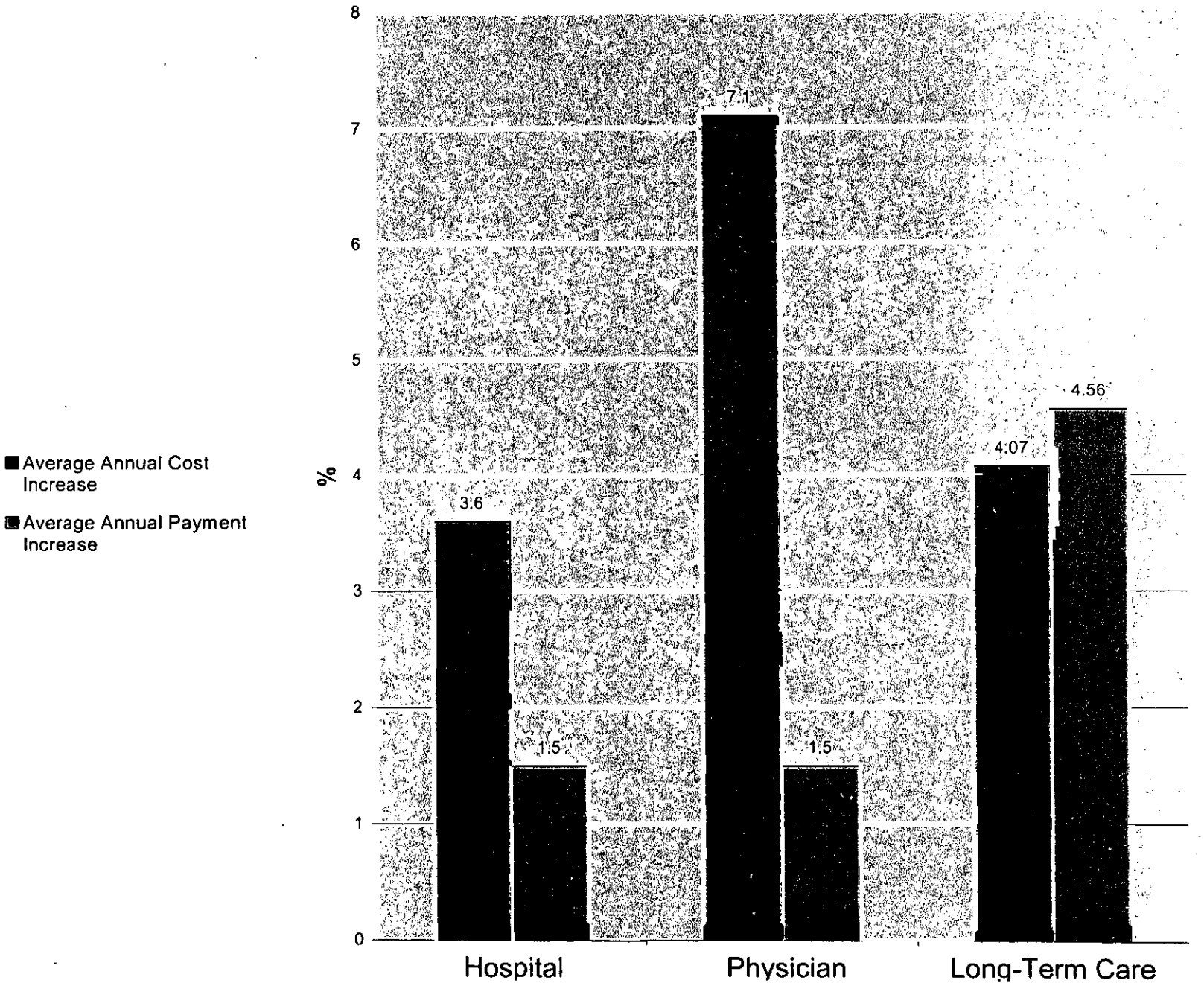


EXHIBIT 5

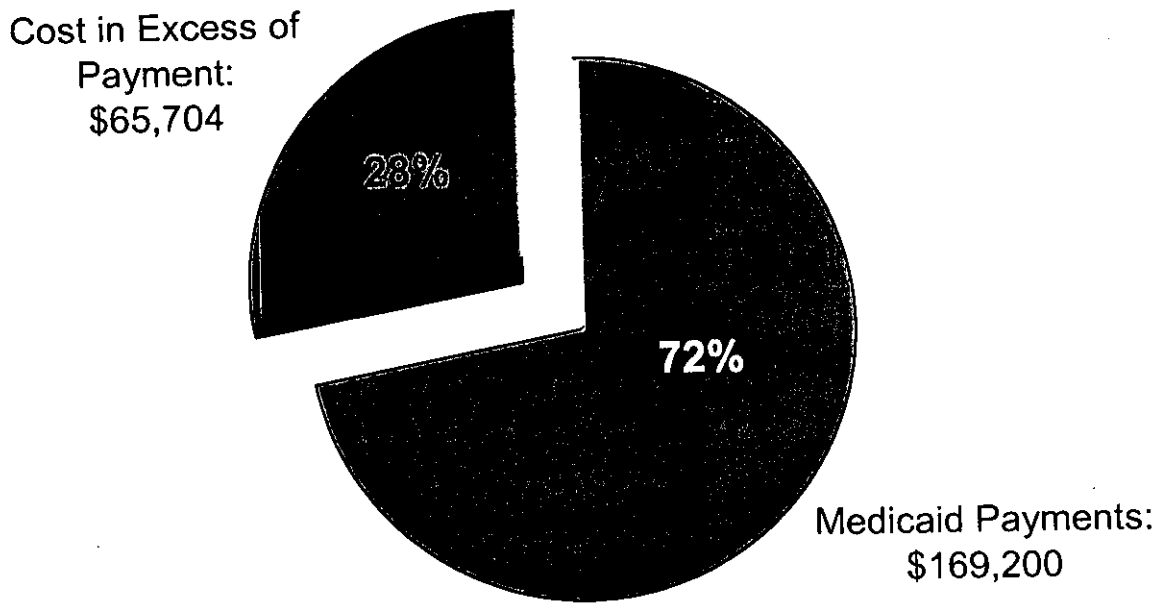
North Dakota Medicaid

Estimate of Medicaid Payment Versus Cost-State wide for Hospitals and Physicians
January 14, 2005
(In thousands of dollars)

	Hospital 2005/2007		Physicians 2005/2007		Total
Medicaid Costs(1)	$ 159,876	(1)	$ 75,028	(3)	$ 234,904
Medicaid Payments, including patient payments (2)	113,800	(2)	55,400	(4)	169,200
Total costs in excess of payment	$ 46,076		$ 19,628		65,704
Federal portion-65% (2)	29,949		12,758		42,707
State portion	$ 16,127		$ 6,870		22,997
Percentage increase in general fund appropriations	14.2%		12.4%		13.6%

EXHIBIT 6

North Dakota Medicaid:
Payment vs. Cost



Total Medicaid Costs:
$234,904

North Dakota Medicaid
Estimate of Medicaid Payment Versus Cost-State wide for Hospitals and Physicians
January 14, 2005
(In thousands of dollars)

FOOTNOTES

(1) Medicaid hospital costs are based on Medicare Cost Reports from Fiscal year 2003, inflated by the Medicare Hospital Market Basket Index. The information is from a sample of the hospital in the state, representing 68% of the payments made to hospitals.

(2) Medicaid hospital payments are from the Department of Human Services Budget Recommendation for the Biennium, and includes a 2% increase per year.

(3) Medicaid physician costs are based on MeritCare's financial accounting systems. Fiscal year 2003, have been inflated by the Medicare's Sustainable Growth Rate. This Sustainable Growth Rate assume 0% for 2006 since information is not available. MeritCare information would represent the scope of physician services offered across the state and equals approximately 30% of total Medicaid payments for physicians.

(4) Medicaid physician payments are from the Department of Human Services Budget Recommendation for the Biennium, and includes a 2% increase per year.

Porter, Todd K.

From: Knudson, Allen H.
Sent: Monday, January 17, 2005 4:37 PM
To: Porter, Todd K.
Subject: RE: Medicaid amendment

Yes, the general fund cost will be $50,744.

Allen H. Knudson
North Dakota Legislative Council
(701) 328-4231
aknudson@state.nd.us

From: Porter, Todd K.
Sent: Monday, January 17, 2005 4:00 PM
To: Knudson, Allen H.
Subject: RE: Medicaid amendment

yes. Are you going to split the fiscal impact between general/special funds.

Thanks,

Todd

From: Knudson, Allen H.
Sent: Monday, January 17, 2005 3:26 PM
To: Porter, Todd K.
Subject: RE: Medicaid amendment

I will prepare an amendment to add a total of $144,570 to the Medicaid program (2.37% of $6.1 million) for increasing payment rates for ambulance services under the Medicaid program. Is this correct?

Allen H. Knudson
North Dakota Legislative Council
(701) 328-4231
aknudson@state.nd.us

From: Porter, Todd K.
Sent: Monday, January 17, 2005 3:22 PM
To: Knudson, Allen H.
Subject: RE: Medicaid amendment

then let's draft an amendment to cover that and I will present it on wednesday.

Thanks,

Todd

From: Knudson, Allen H.
Sent: Monday, January 17, 2005 3:18 PM
To: Porter, Todd K.
Subject: RE: Medicaid amendment

Rep. Porter:

The numbers do include both ground and air ambulance services.

Allen H. Knudson
North Dakota Legislative Council
(701) 328-4231
aknudson@state.nd.us

From: Porter, Todd K.
Sent: Monday, January 17, 2005 1:32 PM
To: Knudson, Allen H.
Subject: RE: Medicaid amendment

Allan:

Can you make sure this includes air and ground both.

Thanks,

Todd

PS: Rep. Delzer wants me to present this on Wednesday

From: Knudson, Allen H.
Sent: Friday, January 14, 2005 1:23 PM
To: Porter, Todd K.
Subject: Medicaid amendment

Rep. Porter:

As you requested, I have now received the Department of Human Services' report for calendar year 2003 identifying the percentage of claims by the various provider types affected by the policy change relating to Medicare co-payments and deductibles. It is very similar to the previous report. The 2004 report showed ambulance providers' share at 2.37 percent. The 2003 report shows ambulance providers' share at 2.18 percent.

Let me know if you have any further question or what you would like us to do next.

Allen H. Knudson
North Dakota Legislative Council
(701) 328-4231
aknudson@state.nd.us

Legislative Hearing – HB 1012
Brynhild Haugland Room – State Capitol
January 19, 2005

- Note that I appreciate and agree with the comments of John Doherty regarding the current levels of Medicaid reimbursement to hospitals and clinics.

- I would like to stress the following points-
  1. Cost Reimbursement vs Prospective Payment: For the services we provide, we are presently being reimbursed approximately 50% of cost (not charges but cost). Prior to the advent of DRG's, Medicaid reimbursed on cost in the same manner as did Medicare. Since that time and through the years Medicaid has not adequately adjusted for inflation which has resulted in a reimbursement that is 50% of cost. For 75% of our hospitals (the Critical Access Hospitals) Medicare has recognized that the Prospective Payment System was unfair to these remote hospitals and returned to the cost reimbursement methodology. With 80-95% of our rural hospitals revenue being the cost plus 1% of Medicare and fixed (prospective) with Blue Cross and Medicaid, we have little ability to "make up" the loss on Medicaid patients.

  2. Changes/Improvements in medicine have also not been provided for: Since the early 80's when the state converted from reimbursing at cost to the Prospective Payment System, there have been many changes made in medicine. Many of those changes are to improve the quality of medicine such as the Metabolic screening tests for newborns. The state mandates additional tests to be performed on any newborn to quickly identify disease so that it can be treated and hopefully cured before it becomes a major problem for the infant and family as well

as a financial liability. This is good medicine BUT the Medicaid reimbursement has not been adjusted to provide for these additional costs. It hasn't even kept up with inflation, let alone cover any additional costs.

3. Inflation: I think that everyone realizes that inflation has been more than the 1.5 to 2.0% per year that has been in the Medicaid budget as inflation for hospital costs. I think too that everyone realizes that hospitals, even rural hospitals (I say that tongue in cheek), are not exempt from the increases in costs that we have had to endure over the past couple decades. We realize that any payment is better than nothing so have been relatively quiet on this issue. The gap has widened to the point that our financial viability is being threatened. We apologize for having to ask for more but I think it has become most necessary.

- Thank you for your time and attention. I would be happy to try to answer any questions.

Jim Long, Administrator
West River Health Services
1000 Highway 12
Hettinger, ND 58639

North Dakota 2005 Legislative Session

House Appropriations – Human Service Division Committee

House Bill 1012

January 19, 2005

Chairman Delzer and Members of the Committee:

My name is James Cooper. I am the President/CEO of Medcenter One. Medcenter One provides hospital, physician and long-term care services in an integrated model of care for patients across western North Dakota.

I would like to underscore the comments already made by the professional and trade association leadership and members of the hospital and physician community.

If ever there was a time for us to take notice of the erosion in payments and the impending negative impact of policies as it relates to the hospital and physician services for the Medicaid program – the time is now.

I am here to demonstrate the commitment by healthcare leaders to engage in the policy discussion and our determination to seek payment policy change that will begin to address the overriding concerns we have if these matters are not addressed immediately.

Is there a crisis today – I might say no. Is there an increasing negative trend – I would say yes. Is there growing unrest as it relates to the payment policies for hospitals and physicians – Most certainly. Are we willing to look at all aspects to ensure efficiency and quality – Absolutely. Do we need the State of North Dakota to make a more serious attempt to close the gap between costs and payment – Most certainly. Please do not hesitate to call on any one of us to explain the ramifications of payment erosion – It is very real and we contemplate it daily as we make the tough decisions about how and where to provide care.

We remain committed but we are clearly concerned. Please take seriously our request – We believe it is fair and very timely.

Chairman Delzer and Members of the Committee, thank you for your time and consideration. Myself and the others will be available to respond to your questions.

NDHA
North Dakota Healthcare Association

Vision
The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission
The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

Testimony Before The House Appropriations Committee
Human Resources Division
Regarding House Bill 1012
January 19, 2005

Mr. Chairman and Members of the Committee:

My name is Arnold R. Thomas. I am the President of the North Dakota Healthcare Association. I appear before you today to discuss the proposed Medicaid funding levels.

For many years, the hospitals of North Dakota have prided themselves on being able to provide the highest quality care for the lowest possible cost. We tended to the needs of our citizens -- including those among us who were least able to help themselves. As I stand before you today, I can tell you unequivocally, that the hospitals of North Dakota are at a crossroads. For the last two decades, you have elevated the monetary requests put forth by others over the needs of hospitals -- in the belief that hospitals would somehow find a way to continue doing that which they do best.

Mr. Chairman, we have reached a critical point. We have no place else to go.

We have looked at our Medicaid benefit package. It is no broader or more extensive than that offered by our surrounding states.

We have looked at our Medicaid eligibility requirements. We are already much more restrictive than our surrounding states.

We have looked at our Medicaid qualifying procedures. Ours are already much more burdensome than our surrounding states.

We have looked at managed care in our region. We offer less managed care than anyone in the region. In fact -- We rank 49th in the nation. Alaska is the only state that offers less managed care than we do. The payment mechanism in North Dakota is so inadequate that hospitals simply cannot commit to providing defined services at the current rate of reimbursement.

PO Box 7340 Bismarck, ND 58507-7340 Phone 701-224-9732 Fax 701-224-9529

We have looked at our Medicaid payment rates for the 25 most frequently performed procedures. Montana pays 16 percent more for the same procedures. Minnesota pays 24 percent more for the same procedures.

We have reviewed the process for determining whether care being rendered was medically necessary. Those who perform the internal reviews, those who act as agents for the department, and the department itself are all in agreement that when care is rendered by our North Dakota providers, it is for one reason only and that is medical necessity.

We have looked at the average annual growth of Medicaid in our region. We have the lowest growth rate among all surrounding states.

When it comes to quality care, the North Dakota hospitals are leaders in our region and leaders in our nation. But, we cannot continue to meet our obligations if we are paid only pennies on the dollar.

Mr. Chairman, members of the committee -- There is nothing on the horizon that leads us to believe things will -- without intervention -- change for the better. In fact, the reality is that the challenges will become greater.

This state has an increasing elderly population. That is a fact.

This state has already experienced and will continue to experience significant decreases in federal dollars. That is a fact.

The 21st Century is moving forward with heretofore unimaginable technologies. The information age is changing the way services are provided -- and so must we. That is a fact.

The hospitals of North Dakota employ over 19,000 caring, dedicated, hardworking citizens -- They are your friends -- your family -- and your constituents. Their skills and talents come at a price. This is increasingly evident as our recruitment of personnel efforts extend to the national marketplace. Payment schedules directly impact our efforts to sustain the staff excellence necessary for continued delivery of quality services. Our ability to financially compete in the pool talent necessary to sustain our level of excellence in care is directly related to service payment schedules. That is a fact.

The hospitals of North Dakota have done everything in their power to be good stewards of our citizen's tax dollars -- and we will continue to do so. But, after nearly two decades of being shorted time and time again, we are respectfully requesting that the state shoulder its fair share of the Medicaid obligation.

Mr. Chairman, members of the committee -- I have with me today Mr. John Doherty, the Chief Operating Officer at Meritcare Health System in Fargo and Mr. Jim Long, the Administrator of West River Regional Medical Center in Hettinger. I can think of no better people to share with you a historical perspective of Medicaid funding and explain how we arrived at our present situation. More importantly, I can think of no better people to succinctly lay out for you the consequences that will come to bear unless the proposed Medicaid appropriation is raised to a realistic level.

Mr. Chairman, at the conclusion of their presentations, we will gladly answer any questions you might have.

With your permission Mr. Chairman, may I introduce Mr. Doherty.

Senate Appropriations Hearing – HB 1012: Medicaid
March 3, 2005

Mr. Chairman and Committee members, I am Jim Long, Administrator, West River Health Services, Hettinger, North Dakota.

I would like to stress the following points:

1. The current situation: For the hospital services provided, we are presently reimbursed approximately 50% of cost (not charges but cost). In addition, for our patients whose primary coverage is Medicare with Medicaid secondary, the state is not reimbursing the Medicare coinsurance and deductible. For our small rural hospital, that means that over $200,000 of N.D. Medicaid hospital services cost has to be covered by somebody else. This is just not right.

2. How did we get to this situation:

a. Inflation: The adjustments for inflation through the years have not kept up with inflation. I think that everyone realizes that inflation has been more than the 1.5 to 2.0% per year that has been in the Medicaid budget as inflation for hospital costs.

b. Changes/Improvements in medicine have also not been recognized in our Medicaid payment system. Here is an example. Since the early 80's when the state converted from reimbursing at cost to the Prospective Payment System, there have been many changes made in medicine. Many of those changes improve the quality of medicine-- such as the metabolic screening tests for newborns. The state mandates and continues to expand the number of tests to be performed on newborns to identify disease for treatment, and hopefully cures, before it becomes a major problem for the infant, family and state. This is good medicine BUT the Medicaid

reimbursement has not been adjusted to provide for these additional costs. It hasn't even kept up with inflation, let alone allow for additional or new costs.

3. How does ND Medicaid Reimbursement Compare to our Neighbors: Although still not achieving "cost-reimbursement" our neighbor states reimburse closer to cost. For South Dakota and Montana we achieve reimbursement at approximately 70% of cost. This is 35% higher/better than N.D. Additionally, those states meet their obligation to pay the coinsurance and deductibles for patients who are Medicare primary and Medicaid secondary.

4. History: Prior to the advent of DRG's, Medicaid reimbursed on cost in the same manner as did Medicare. Since that time and through the years Medicaid has not adequately adjusted for inflation which has resulted in a reimbursement that is 50% of cost. For 75% of our hospitals (the Critical Access Hospitals) Medicare has recognized that the Prospective Payment System was unfair to these remote hospitals and returned to the cost reimbursement methodology.

5. With 80-95% (75% Medicare, 10% BCBSND, 5% Medicaid) of my hospitals revenue being fixed, I have little ability to "make up" the loss on Medicaid patients by transferring this unpaid costs to others. This problem of reimbursement shortfall in general has been getting worse each year.

6. We ask you to increase the funding for hospitals and physicians by 3% in addition to the proposed 2% payment adjustment as a first step in eliminating this gap between provider cost and Medicaid payment level.

HB 1012

Good Afternoon Mr. Chairman and Members of the Committee,

For the record, my name is Nancy Kopp.

I represent the North Dakota Optometric Association and their members who provide the majority of medical eye care and vision services to the Medicaid population.

North Dakota's optometrists do not consider vision services to be "optional" by any means. For a large percentage of adults under age 60 who need vision correction, these services are critical. Adequate vision services to North Dakota's adult Medicaid patients provides our state with a positive return on investment, by aiding adults to maintain or obtain proper employment, resulting in more dollars to our state's tax base.

Most of you have vision correction. Without the correction, your livelihood would definitely be disrupted.

Many developing eye conditions such as diabetes, cataracts and glaucoma are detected during a routine eye exam. The end result when access is limited, would be greater costs and worse outcomes in the long run.

As I understand, the budget proposal indicates a state appropriation of approximately $800,000. We think this is a minimal investment for optometric services for the adult Medicaid population. Let's continue our efforts of working to reduce the Medicaid roles and gain tax-paying citizens.

(Over)

I'd like to point out that the change in service limits and co-pays as of January 1, 2004, is not working as well as, we perhaps, had hoped. I would expect that the number of prior authorizations has increased quite a bit. The quality of eyeglasses do not stand up for three years and from an eye health standpoint, 3 years between examinations is not recommended, particularly for adults 50 and over.

The $2.00 co-pay has basically resulted in $2.00 less in reimbursement for most practioners. Most optometrists say it is very difficult to collect the co-pay.

Optometrists practicing in North Dakota have, for years, felt the moral obligation to provide eye care services to the adult Medicaid population, at well below normal and customary fees. We ask for your favorable consideration to maintain optometric services for the adults.

Sight is our most precious sense. We all need to see to learn, work and maintain our lifestyle.

I would be happy to answer any questions you may have.

Thank you.

January 20, 2005

Testimony before the House Appropriations Committee – Human Resources Division
Brynhild Haugland Room
Representative Jeff Delzer, Chairman

House Bill 1012 – Dental Medical Assistance Budget

Chairman Delzer and members of the Committee, my name is Dr. Kristin Kenner. I am a practicing general dentist from Devils Lake, North Dakota and President of the North Dakota Dental Association. I present this testimony regarding the dental Medicaid portion of House Bill 1012.

The North Dakota Dental Association has been working to address the dental access issues in our state. One success is the Donated Dental Services program, through which volunteer dentists have donated nearly one quarter of a million dollars in dental care to over 100 people in the past two fiscal years. This program is designed to help the elderly and people with developmental disabilities who are unable to access care through other programs and unable to afford the care. The NDDA also participates in the national Give Kids A Smile program, which is designed to screen, educate, and treat children who are otherwise unable to access dental care. Dentists in Fargo have set up an urgent care clinic, which provides voluntary services to people with acute dental needs. This urgent care clinic prevents what would eventually become a considerably more expensive and less productive trip to a hospital emergency room. Grand Forks dentists also provide access to urgent care through partnership with the Third Street Clinic. In Bismarck, Bridging the Dental Gap started this fall and is seeing low-income patients. Additionally, dentists on their own provide free or discounted dental services daily in their private offices to those who may not have the means to cover the costs of the care. As great as these programs are, more must be done.

The medical assistance budget for the biennium is approximately $12 million, including both state and federal dollars. I understand that this covers about 60% of billed charges. That means that dentists, during the biennium, contributed approximately $8 million worth of dental care to this program. That is considerably more than the state's share, which is around $4 million. Charity cannot be the cornerstone of an effective dental care delivery system.

We are asking the committee to increase dental medical assistance reimbursement to the 75th percentile of billed charges. This level of reimbursement has proven effective in many states. (See attachment.) The attached letter of support from the American Academy of Pediatric Dentists cites the American Dental Association's **Access White Paper**, which identifies ways to improve access. This paper shows the success states have had using the market approach the ADA used to arrive at the 75th percentile. States that have established reimbursement at that level have seen dramatic increases in provider participation. In Wyoming, as of July 2004, dentists are being reimbursed at the 75th percentile. In the 2005-2006 fiscal year, the reimbursement will increase to the 80th percentile.

Based upon a survey at our annual meeting in September, increasing reimbursement would provide additional dental access to the Medicaid population. While the NDDA has taken the lead on this issue, we have the support of 17 other groups that are like-minded. (See attached resolution.) These groups represent our most vulnerable and compromised population in North Dakota, such as the elderly, individuals with physical and mental disabilities, and children. This legislation is necessary to ensure adequate dental access for the Medicaid population.

The principle reason for this requested increase is to open the doors of more dental offices to the children you see in these pictures that are circulating among the

committee members. Regular preventative dental care could easily prevent many of the conditions experienced by these children. If these suffering children had a regular dentist, and acute problems did occur, they would be able to access care more quickly due to their established relationship with a dentist. This would minimize the pain and resolve the problem. The effects on children with oral disease who lack access to dental care are devastating. The children experience considerable pain, which can affect their eating habits and growth. They are also more likely to get sick and miss school, and their ability to concentrate in school is affected.

Medical assistance patients seeking dental treatment often visit hospital emergency rooms, and the already high costs of these visits increased in North Dakota by 40% from July 2003 to 2004. Unfortunately, many trips to the hospital will not provide the necessary treatment needed to eliminate the chief complaint of the patient. Access to regular dental care also prevents costly treatment by specialists in the future, which becomes necessary due to the rapid deterioration of dental health.

I have attached to my testimony a **Dental Medicaid in North Dakota Fact Sheet** for your review. I would like to highlight a few of those facts. (See attachment.)

This reimbursement increase would be another step by the legislators, the dental community, and by others interested in providing care to our underserved population, to create an environment that provides access to quality dental care to these citizens. We, as dentists, have a moral obligation to advocate for the underserved population. North Dakota's dental community has improved access to care through programs such as Donated Dental Services, Give Kids A Smile, urgent care clinics, and gratis work provided daily in private offices. However, we cannot solve this problem alone. We need dental access to be a joint effort with the state of North Dakota. The NDDA asks you to support this requested increase.

RESOLUTION
Regarding Dental Access

WHEREAS, oral health is essential to overall health, especially for children, patients with complicating medical conditions, elderly patients, and people with developmental disabilities; and

WHEREAS, access to dental care in North Dakota is a growing problem, particularly for indigent children, the elderly, and people with developmental disabilities; and

WHEREAS, vulnerable patients in need of dental care increasingly must access hospital emergency rooms for treatment of dental problems, or need to travel great distances to access care, resulting in greater cost to the state and its associated agencies; and

WHEREAS, the percentage of dentists in North Dakota willing to see new Medicaid patients fell from 77% in 1992 to 34% in 2002, below federal definitions of adequate access; and

WHEREAS, dental care is provided predominantly in private practice dental offices in North Dakota for Medicaid-eligible patients and current Medicaid fee reimbursement to dentists is below the cost of providing that care; and

WHEREAS, administrative complexity and limitations on covered services are deterrents to provider participation; and

WHEREAS, market-based rates of dental reimbursement and administrative dental Medicaid reform, often including outsourcing administration to a non-government third party, have significantly improved access to dental care in other states;

NOW THEREFORE, BE IT RESOLVED, we urge the North Dakota Legislative Assembly in 2005 to improve access to dental care for our most vulnerable citizens by increasing funding and administratively reforming dental Medicaid.

Endorsing Organizations:

Red River Valley Dental Access Project
Freedom Resource Center for Independent Living
North Dakota Association of Community Facilities
Dental Service Corporation of North Dakota
The Arc of North Dakota
North Dakota Long Term Care Association
Fargo Cass Board of Health
North Dakota Association for the Disabled
North Dakota Dental Hygienists Association
The North Dakota Center for Persons with Disabilities at Minot State University

Children's Caucus
The North Dakota Head Start Association
North Dakota State Council on Developmental Disabilities
North Dakota Dental Lab Association
North Dakota Family to Family Network
Grand Forks Board of Health
Grand Forks Dental Access Committee

DENTAL MEDICAID IN NORTH DAKOTA
FACT SHEET-2005

- Oral health is essential to overall health, especially for children, developmentally-delayed patients, elderly, and medically-compromised individuals.
- Low-income preschoolers are twice as likely to have dental decay as children from more affluent families, have twice the pain, yet visit the dentist only half as often.
- Children with oral disease who lack access to dental care have significant pain, which can affect their eating habits and growth, makes them more likely to get sick and miss school, and even affects their ability to concentrate in school (Frameworks Institute, Wash DC).
- North Dakota received a "D+" in overall access to dental care by the Oral Health America Grading Project 2003.
- Seventeen North Dakota organizations have signed the North Dakota Dental Access Resolution urging the ND Legislature to improve access to care for Medicaid eligibles.
- Of about 35,000 Medicaid-eligible children in ND, only a third receives a dental service in any given year (ND State Department of Health).
- As access to care deteriorates, Medicaid patients increasingly show up at Emergency Rooms for dental problems where no definitive treatment can be provided. The number of ER visits by Medicaid patients for dental problems in ND increased by 27% and the amount paid for these visits increased by 40% through July 2004 as compared to 2003 (ND Department of Human Services).
- Low Medicaid fee reimbursement is the number one reason that dentists limit their participation in Medicaid. Poor patient compliance, failed appointments, and limitations in allowed treatment are other reasons that dentists limit participation.
- Federal courts have determined that adequate access exists for Medicaid patients when at least 50% of dentists see any and all Medicaid patients presenting for treatment. In ND, only 10% of dentists see any and all Medicaid patients that present for treatment (UND Center for Rural Health). This percentage was 49% in 1992.
- ND Dental Medicaid reimburses dentists below the cost of providing dental services to Medicaid patients (ND Department of Human Services).
- The majority of participating dentists can afford to do relatively little Medicaid. In 2003, only 20% of the participating dentists performed the majority of the Medicaid services provided in the state.
- Four states (Georgia, Tennessee, Indiana, and South Carolina) have increased fees to the 75th percentile (75% of dentists receive their usual fee) and subsequently saw significant increases in dentist participation.
- The 12.1 million dollar ND dental Medicaid appropriation for this biennium is only 2% of the entire Medicaid budget (ND Dept of Human Services).
- Increasing fees in ND Medicaid to the 75th percentile would increase the budget for the next biennium by about 4.8 million dollars. With the expected 35.32% state share of the federally matched funds, the increase in state dollars would be about 1.7 million for the biennium.
- Adequate dentist reimbursement, along with efficient claims submission and payment, will improve access to care for North Dakota's most vulnerable citizens, reduce costly and inappropriate Emergency Room treatment, and prevent more expensive specialty care for this population. Care for the most vulnerable population must be a shared responsibility between dentists and the state of North Dakota.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY
211 East Chicago Avenue - Suite 700, Chicago, IL 60611-2663
Phone: 312-337-2169 Fax: 312-337-6329
Web Site: www.aapd.org

January 14, 2005

Brent L. Holman, DDS
2538 S. University Drive #A
Fargo, ND 58103

Dear Brent:

The American Academy of Pediatric Dentistry[1] (AAPD) writes you in strong support of SB 2213, legislation recently introduced in the state of North Dakota that would raise Medicaid dental fees to the 75th percentile of regional dental fees. We applaud the North Dakota Association of Pediatric Dentists for its advocacy on this issue.

Evidence is compelling that similar efforts in other states have yielded impressive results in increasing the number of dentists participating in Medicaid, and expanding patient utilization and preventive visits. As you know, the American Dental Association (ADA) has documented these findings in its recent *Access White Paper* entitled "State and Community Models for Improving Access to Dental Care for the Underserved." The state examples described below are from the ADA's March 2004 policy paper on "Increasing Access to Medicaid Dental Services for Children Through Collaborative Partnership." We have highlighted the patient care impact in **bold**.

[1] The AAPD is the membership organization representing the specialty of pediatric dentistry. Our members are the "front line" providers of oral health care to America's children and educators of health professionals about children's oral health. The AAPD represents not only the nation's pediatric dentists, but also general dentists who treat significant numbers of children in their practices. Our 6,000 members serve as primary care providers for millions of children from infancy through adolescence; provide advanced, specialty-level care for infants, children, adolescents, and patients with special health care needs in private offices, clinics, and hospital settings; and are the primary contributors to professional education programs and scholarly works concerning dental care for children. Individuals trained in pediatric dentistry learn advanced, diagnostic, and surgical procedures; child psychology and clinical management; oral pathology; pharmacology related to the child; radiology; child development; management of oral-facial trauma; caring for patients with special health care needs; conscious sedation; and general anesthesia. Since children's oral health is an important part of overall health, pediatric dentists often work with pediatricians, other physicians, and dental specialists.

Excerpt from "Increasing Access to Medicaid Dental Services for Children Through Collaborative Partnership," © 2004 American Dental Association

"Examples from Selected States

Several states have engaged in significant efforts to improve access to dental services for individuals covered by Medicaid. The following selected examples highlight the variety and importance of sustained collaboration among program officials and dental providers in those efforts.

Alabama
Faced with increasing Medicaid enrollments and declining provider participation, Alabama Medicaid officials sought to remedy what was viewed as a 'dental crisis' beginning in 1997. One of the first steps was to seek assistance from the dental provider community through the creation of a Dental Task Force. The task force determined the major issues surrounding the dental program; made recommendations concerning program administration, covered services and reimbursement levels; and subsequently worked to address these issues. Alabama Medicaid also formed an Outreach Work Group to recruit new Medicaid providers. Alabama subsequently was selected for participation in the National Governors Association (NGA) Oral Health Policy Academy, which allowed further development of a state-level strategic plan and action plan on dental access issues. These efforts were augmented by funding from the Robert Wood Johnson Foundation to increase the Medicaid dental provider base and educate the public about the importance of good oral health. The Dental Task Force continues to meet quarterly to monitor program performance and provide input on policy and program changes. Alabama also has held a series of dental Medicaid summits to sustain attention to the issue and focus on ways to remove access barriers. More recently, an Oral Health Coalition, consisting of three workgroups, has been formed to:

√ Assist the state in disseminating information and building public awareness;
√ Advise in the development, implementation and completion of the strategic oral health plan; and
√ Create and reinforce relationships between key stakeholders to ensure the success of state efforts in improving oral health care in Alabama.

These combined and sustained efforts have resulted in significant increases in provider participation and utilization of services by Medicaid enrollees in Alabama. In fiscal year (FY) 2002, approximately 50,000 more Alabama Medicaid-enrolled children received dental services than in FY 2000. Overall, FY 2002 utilization rates were three times the levels reported in FY 1998.

Delaware
Extremely low levels of Medicaid participation by private dentists spurred Delaware's Medicaid officials to develop a partnership with the provider community. Steps taken to address access issues included development of a state access report in 1997, followed by the formation of a Dental Access Improvement Committee in 1998. State officials and

representatives of practicing dentists also participated in the development of a state-level strategic plan and action plan through the NGA Oral Health Policy Academy. These efforts culminated in significant program changes involving claims submission, a new Medicaid Provider Manual, implementation of an innovative approach for enhanced Medicaid dental reimbursement, and a dentist recruitment campaign organized by the state dental association. **Results included the participation of more than 100 new dentist providers in Medicaid and a doubling of the number of children receiving dental services between FY 1998 and FY 2001.**

Indiana, South Carolina and Georgia

Substantial Medicaid program changes in 1997 that were viewed as unduly burdensome by Indiana dentists resulted in an exodus of participating providers and a public outcry for efforts to restore access to services. A Dental Advisory Panel was formed to provide input on policy and payment issues. Prominent ensuing changes included a 'carve out' of dental benefits from Medicaid managed care and rate increases to the 75th percentile of prevailing market fees. Also notable is the involvement of practicing dentists in helping state officials review Medicaid dental expenditures and identify areas where program savings could be achieved without sacrificing essential benefits. **Results included an increase of more than 50 percent in dentist participation in Medicaid and a tripling of the number of children receiving dental services between FY 1998 and FY 2001.** Similar collaborative partnerships in South Carolina and Georgia have yielded comparable results. In South Carolina and Georgia, the partnership also has been effective in stimulating provider recruitment - dental recruitment campaigns being organized by the state dental associations. In recent years, both states also have succeeded in preserving core program enhancements in the face of declining state revenues and growing Medicaid budget pressures.

Michigan

Michigan has implemented a highly successful alternative to its traditional state-administered Medicaid program that relies on contracting out dental Medicaid benefits under a popular commercial dental benefits plan administered by Delta Dental in 37 counties. The Healthy Kids Dental (HKD) program began in 2000, although the state's effort to address Medicaid dental access issues began in 1995 with the development of a Dental Medicaid Task Force, and went on to include efforts to engage political support among key stakeholders both within and outside of dentistry, and strategic action involving the media, public and key legislators. **Results include an increase of nearly 40 percent in utilization among continuously enrolled Medicaid children, substantial increases in dentists' participation, more comprehensive services to beneficiaries, and services being delivered closer to where enrolled children live.**

Tennessee

Substantial revisions to Tennessee's Medicaid dental program in 2002 include 'carving out' dental benefits from the state's Medicaid managed care program and contracting with a single commercial vendor (Doral Dental) to administer dental Medicaid benefits under an arrangement that reimburses at the 75th percentile of market-based fees. Prominent steps leading up to this fundamental change include participation by key

stakeholders in a 2000 NGA Oral Health Policy Academy, development of a comprehensive children's oral health plan, formation of a Dental Advisory Committee, and promotion of the new program by the Tennessee Dental Association. **While the program is relatively new, it has already achieved substantial increases in dentist participation and utilization of services."**

If you have any questions concerning this letter or there is anything else that the AAPD can do to support your efforts on this legislation, please contact C. Scott Litch, AAPD Deputy Executive Director and General Counsel, at 312-337-2169 or slitch@aapd.org.

Sincerely yours,

Neophytos L. Savide, DDS
AAPD President

John S. Rutkauskas, DDA, MBA, CAE
AAPD Executive Director

STATE	Adjustments Made to Medicaid Rates (Market-based Benchmarks)	Changes in Dentists' Participation in Medicaid Following Rate Increases	Intervals (mos.) Between Rate Increases and Changes in Provider Participation
Alabama	100% of Blue Cross rates	+39%	24
Delaware	85% of each dentist's submitted charges	From 1 private dentist to 108 (of 302 licensed dentists)	48
Georgia	75th percentile of dentists' fees	+546% (to 1,674 of 4,000)	27
Indiana	75th percentile of dentists' fees	+58%	54
Michigan (Healthy Kids Dental Program)	100% of Delta Dental Premier rates	+300%	12
South Carolina	75th percentile of dentists' fees	+73%	36
Tennessee	75th percentile of dentists' fees	+60%	4

Comparison of ND Medicaid Rates with Regional and National Benchmark Rates

Procedure Code	Procedure Description	ND Medicaid Rates	WNC Region 2001 Avg. Fees	WNC Region 2001 75th %-ile Fees	ND Medicaid vs WNC Region Fees (percentile)	National 2001 Avg. Fees	ND Medicaid vs National Fees (percentile)
Diagnostic							
D0120	Periodic Oral Exam	$19.70	$ 25.13	$ 28	16th	$ 28.14	13th
D0150	Initial/Comprehensive Oral Exam	$29.75	$ 36.91	$ 42	27th	$ 43.85	16th
D0210	Complete X-rays, with Bitewings	$56.85	$ 71.80	$ 80	13th	$ 79.45	7th
D0272	Bitewing X-rays – 2 Films	$18.60	$ 23.41	$ 26	18th	$ 26.04	12th
D0330	Panoramic X-ray Film	$48.40	$ 62.45	$ 70	9th	$ 68.43	4th
Preventive							
D1120	Prophylaxis (cleaning)-Child	$25.55	$ 34.10	$ 39	8th	$ 42.48	3rd
D1203	Topical Fluoride (excluding prophylaxis).	$17.05	$ 19.97	$ 23	30th	$ 22.88	24th
D1351	Dental Sealant	$20.25	$ 26.74	$ 30	7th	$ 31.89	6th
Restorative							
D2150	Amalgam, 2 surfaces, permanent tooth	$58.50	$ 79.26	$ 92	7th	$ 91.11	4th
D2331	Resin , 2 surfaces, anterior tooth	$69.65	$ 99.87	$ 111	8th	$ 111.51	5th
D2751	Crown, porcelain fused to base metal	NL	$ 566.55	$ 622		$ 630.20	
D2930	Prefabricated Steel Crown, primary tooth	$97.90	$ 141.51	$ 175	12th	$ 152.64	9th
Endodontics							
D3220	Removal of tooth pulp	$63.80	$ 85.02	$ 99	27th	$ 101.19	12th
D3310	Anterior Endodontic Therapy	$284.15	$ 358.66	$ 402	13th	$ 411.87	6th
Oral Surgery							
D7110	Extraction, single tooth	$52.15	$ 76.36	$ 88	7th	$ 87.76	4th

WNC Region = IA, KS, MN, MO, NE, ND, SD

January 14, 2005

Honorable Tim Mathern
State Senator
N.D. Legislative Assembly
Bismarck, North Dakota 58505

Dear Senator Mathern:

I was happy to learn that I am in your District 11, and so I am writing to you in behalf of my Down Syndrome son, David, who is in need of on-going dental care for protection of his teeth from periodontal disease. I have found that the amount of money provided by Medicare here in North Dakota is not sufficient to cover on-going protection to pay for the dentists David needs.

It is now known that there is a larger link between the overall health of a patient and periodontal disease than previously thought in the past.

David does not have the ability to physically clean the areas in the back part of his teeth that the dentists can successfully do with their lights, gloves and other treatment to preserve his gums. I know of a young man of David's age who was taken to Bismarck along with others in his group home and had all his teeth pulled. I know that could save the State a lot of money, but I am horrified to think that could happen to David.

Many dentists here in Fargo won't take Medicare patients. Dr. Brent Holman has been David's dentist from the beginning and continues to treat David. Dr. Holman's practice is limited to Pediatric dentistry and he does take Medicare. David was also under the care of Dr. Robert Kline, a periodontist, recently deceased, who did take Medicare. It is recommended that David see a dentist every two months. None of the three periodontists here in Fargo take Medicare and charge $122.00+ for a visit.

I would appreciate your help and advice in knowing if there are any funds available to increase tne funding of tne dental care for tne developmentally disabled in North Dakota.

Respectully yours,

Katherine Moe

January 19, 2005

HOUSE APPROPRIATIONS COMMITTEE HUMAN RESOURCES DIVISION
HB 1012

CHAIRMAN DELZER AND COMMITTEE MEMBERS:

My name is Jack McDonald. I'm appearing here today on behalf of the North Dakota Funeral Directors Association to support the appropriation involving the funeral set-aside. The Association worked closely with the Department of Human Services in the development of this provision and we strongly support it. We respectfully request that you give it a do pass. The basic bill is HB 1181 which was heard this morning by the House Human Services Committee and which I hope is headed your way.

This bill affects the amount an individual can set aside in a pre-need funeral service contract, pre-payment or deposit for a traditional North Dakota funeral and not have it count as an asset for Medicaid eligibility purposes. It does not affect any other aspect of Medicaid eligibility or assistance. It does not deal with county payments for funerals.

From our standpoint, the most important provision of the appropriation is that it will allow an increase in the funeral set-aside. The current set-aside amount of $3,000 was established 24 years ago...in 1981...and hasn't been increased since. This appropriation raises that figure to $5,500. Current law also allows an individual another $3,000 exemption to use for general purposes, including a funeral. Many persons use a portion of this for their funeral as well, so approximately $8,000 - $8,500 could be available for funeral use.

The national average for an adult funeral in May 2003 was about $7,100. The North Dakota figure in 2004 is a bit higher than that, approximately $8,000. The average cost only covers the funeral and does not include such items as grave space, monuments and similar items. This provision will allow our citizens to set aside enough funds for a normal North Dakota funeral.

We think the total of $445,915 in state funds and $816,585 in federal funds ($1,262,500) is reasonable for what it will accomplish.

HB 1181 also contains language to discourage individuals from attempting to set aside more than is necessary for a funeral and not have that count as an asset for Medicaid purposes. It additionally provides that the Department of Human Services will seek a federal waiver to "grandfather" in set-aside plans made prior to April 1, 2004.

We believe this will allow North Dakotans to plan in an orderly fashion for a dignified, traditional funeral while at the same time ensuring there will not be abuses of the Medicaid eligibility system. We respectfully urge you to support this appropriation.

Thank you for your time. I'd be glad to answer any questions.

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS SUB-COMMITTEE

REGARDING THE LONG TERM CARE APPROPRIATION

HB 1012

JANUARY 13, 2005

Chairman Delzer, member of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide information on that portion of the Long Term Care budget that the Medical Services Division exercises administrative responsibility.

PROGRAMS

The three long-term care services that are the direct responsibility of the Medical Services Division include Nursing Facilities, Basic Care Facilities and the personal care option.

Nursing Facility services account for about 87% of Medicaid expenditures for the long term care continuum and this budget item continues to increase each biennium.

In 2001, the Department received approval for a state plan amendment from Centers for Medicare and Medicaid Services (CMS) that permitted the Medicaid program to claim the time spent by basic care staff in caring for residents, as an allowable cost through the personal care option. Prior to this time all payments made to Basic Care Facilities were paid using all state funds.

In 2003, the Legislature required the Department to expand the personal care option to include services provided in a home setting. As a result, the Department was required to prepare a new state plan amendment that was

submitted in August 2003 with an effective date of September 1, 2003. As of today the state plan has not yet been approved by the federal government. The major stumbling block has been the payment of personal care in a Basic Care Facility. Initially CMS was going to deny the amendment because of this issue even though they had previously agreed that we could include personal care services provided in a Basic Care Facility, in the previous state plan amendment approval. While we were able to convince them that those services were legitimate personal care services, we argued for months over what costs could be included as personal care services. After months of negotiations, we believe we have come to a tentative agreement, and are confident that the plan should be approved no later than February. In the meantime we have not been able to claim on personal care services for individuals living in their own homes. When the plan amendment is approved we will be able to claim federal funds back to September 1, 2003.

In November 2004 a total of 111,152 nursing facility days were paid through the Medicaid program, which is the equivalent of 3,585 individuals occupying a bed for the entire month. These payments include services provided in the 80 licensed nursing facilities in North Dakota, swing bed hospitals, and out of state facilities. At the same time a total of 490 individuals had payments made for them through the basic care assistance program. We have been unable to implement in-home personal care because the federal government has not approved the state plan amendment.

TRENDS

The number of individuals entering nursing facilities has declined over the past few years. Many elderly and disabled individuals wish to receive long term care services in their homes and communities for as long as possible. We see this trend continuing, and must make an effort to ensure that home and community

based services are available at a reasonable price for those individuals who wish to access services in the community, rather than seek them in an institution.

While the number of individuals entering nursing facilities is declining, the costs of providing services to this group of Medicaid recipients continues to increase. Attachment A shows the increase in expenditures, and the proposed appropriation for the next biennium. Based on current expenditure trends, which include the equalized rates provision and other mandated increases such as re-basing; we see continued growth in expenditures. At the present rate of growth, the cost of nursing facility services will double in 14 years. This rate could be accelerated if additional future funding is provided for re-basing and salary increases above indicated inflation increases, and if the number of individuals entering nursing facilities increases.

We will see an increased number of individuals in our aged population over the next 15 years. The number of individuals over age 65 will increase from 97,771 in 2005 to almost 150,000 in 2020. The number of individuals over 85, who are most likely to need long term care services will increase from 15,289 in 2005 to 24,258 by 2020, an increase of 9,000. This demographic will have a profound affect on service delivery in the future.

We continue to believe that a moratorium on the building of nursing facility beds should remain in place. While some areas of the state could experience shortages in the coming years, the transfer of beds from areas where there is excess beds should satisfy the need for some time to come.

While nursing facilities will continue to fill an important niche in the long term care continuum, it is likely that changes in the manner in which care will be provided and in the environment it will be provided in will change over the next two decades. There will likely be more flexibility in how care is delivered including changes in the way facilities are configured, and changes in the way

care is delivered. This trend while important to provide the most flexibility to residents could have an affect on future expenditures for facility upgrades and staffing patterns.

Once the issue of the state plan amendment is resolved with the federal government, we believe the Basic Care Program will remain relatively static into the near future. We believe that personal care services will expand as individuals begin to access home based services without the need to qualify for Medicaid waivers in order to access the service.

BUDGET CHANGES

The following information details the proposed appropriation for nursing facility, basic care, and personal care for the 2005-2007 biennium, as compared to the current biennium appropriation.

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Nursing Homes	318,444,621	348,777,523	30,332,902
Basic Care	8,395,725	12,812,722	4,416,997
Personal Care	2,800,273	14,661,108	11,860,835
Total	329,640,619	376,251,353	46,610,734
General	103,718,283	132,930,815	29,212,532
Federal	223,637,974	241,036,176	17,398,202
Other	2,284,362	2,284,362	0

BUDGET HIGHLIGHTS

- The budget request for nursing facilities totals $348.8 million, of which $122.6 million is state funds. The current budget for nursing facility services is $318.4 million, of which $102.1 is general funds.

- The total increase for nursing facility care is $30.3 million, and the general fund increase totals $20.5 million.

- The request is based on Medicaid occupancy of 3,631 beds per month. During the eight-month period ending October 31, 2004, the average number of individuals for which a nursing facility payment was made averaged 3,572. In addition we have moved the portion of the hospice service for payment of nursing facility room and board payments to the long-term care appropriation. Previously, this cost was budgeted under the hospice option, even though the payments were for nursing facility care when an individual had elected the hospice option. During the last year the average number of individuals with the hospice option in nursing facilities was 40 recipients. Given the increased numbers of individuals over 85, which are expected to increase by 3,100 in the next five years, we believe this estimate is conservative.

- The primary reason for the increase in state funds is the result of the change in the Federal Medical Assistance Percentage (FMAP) that I detailed in my previous testimony. The change will result in an additional $10.5 million just to maintain the current nursing facility services.

- The Executive budget includes funds to re-base current nursing facility limits to the 2003 fiscal year reporting period. The limits are based on the 1999 cost reporting year. Currently, limits are based on the 99th percentile for direct care, 85th percentile for other direct care, and the 75th percentile

for indirect care. This proposal also changes the method of setting the limits to a median plus 20% for direct and other direct care, and median plus 10% for indirect care. Under this proposal, all facilities have the ability to stay under the limits, whereas the percentile process will guarantee some facilities will always be in excess of the established limits. The proposed cost of re-basing and converting the payment limits the median plus 20/20/10 is $8.8 million, of which $3.1 million are general funds. This change if included in state law, will effectively remove flexibility for the Department to control the costs for nursing facilities. All rates will be automatically established and the only variables will be the number of recipients that will access the service in the future, or the level of care criteria used to establish the need for nursing facility care for Medicaid recipients.

- The remaining increase of $6.9 million in general funds is due to statutory requirements that establish the inflation rate, the operating margin, the indirect incentives, and the increase in costs permitted by the present payment system, including a pass through for new or remodeling construction if it does not exceed established limits. This amount takes into consideration a $3 million decrease of which $1 million is general funds due to an anticipated reduction in the number of recipients accessing nursing facility services.
- The Basic Care Assistance program budget totals $12.8 million of which $5.2 million are general funds and $2.3 million are retained funds. The current appropriation totals $8.4 million, of which about $.75 million are general funds and $2.3 million are retained funds. The Department underestimated the need for basic care assistance in the current biennium. We are expected to expend $11.0 in the current biennium for this service. In addition, due to the required changes in how we claim federal funds through the personal care option, the anticipated amount of federal funding

has not been realized. We anticipate expending $2.75 million in general funds this biennium, an increase of $2 million.

- The budget for basic care was further complicated because we did not know what CMS would allow for federal matching purposes. We are uncertain as to how much of the projected federal funds will be realized because the federal government has not provided us with a definitive response as to what they will allow as a personal care expense. We know the amount will not increase, and it is more likely that the amount of projected federal funds may be overstated.

- The basic care budget is based on serving 457 individuals per month. For the eight-month period ending in October, an average of 468 individuals had a basic care payment made on their behalf. We project that the use of basic care services will remain static during the new biennium.

- We project that personal care services will increase during the next biennium as we encourage individuals in need of long term care to access home and community based care services. The budget anticipates that the number of persons receiving personal care services will increase about 5 recipients per month over the course of the biennium. It includes personal care services for individuals who were receiving these services through the home and community based care Medicaid waivers, through the Expanded SPED program and those Medicaid eligible recipients receiving SPED personal care services. In addition other Medicaid recipients who meet established criteria may also access personal care services through this optional service.

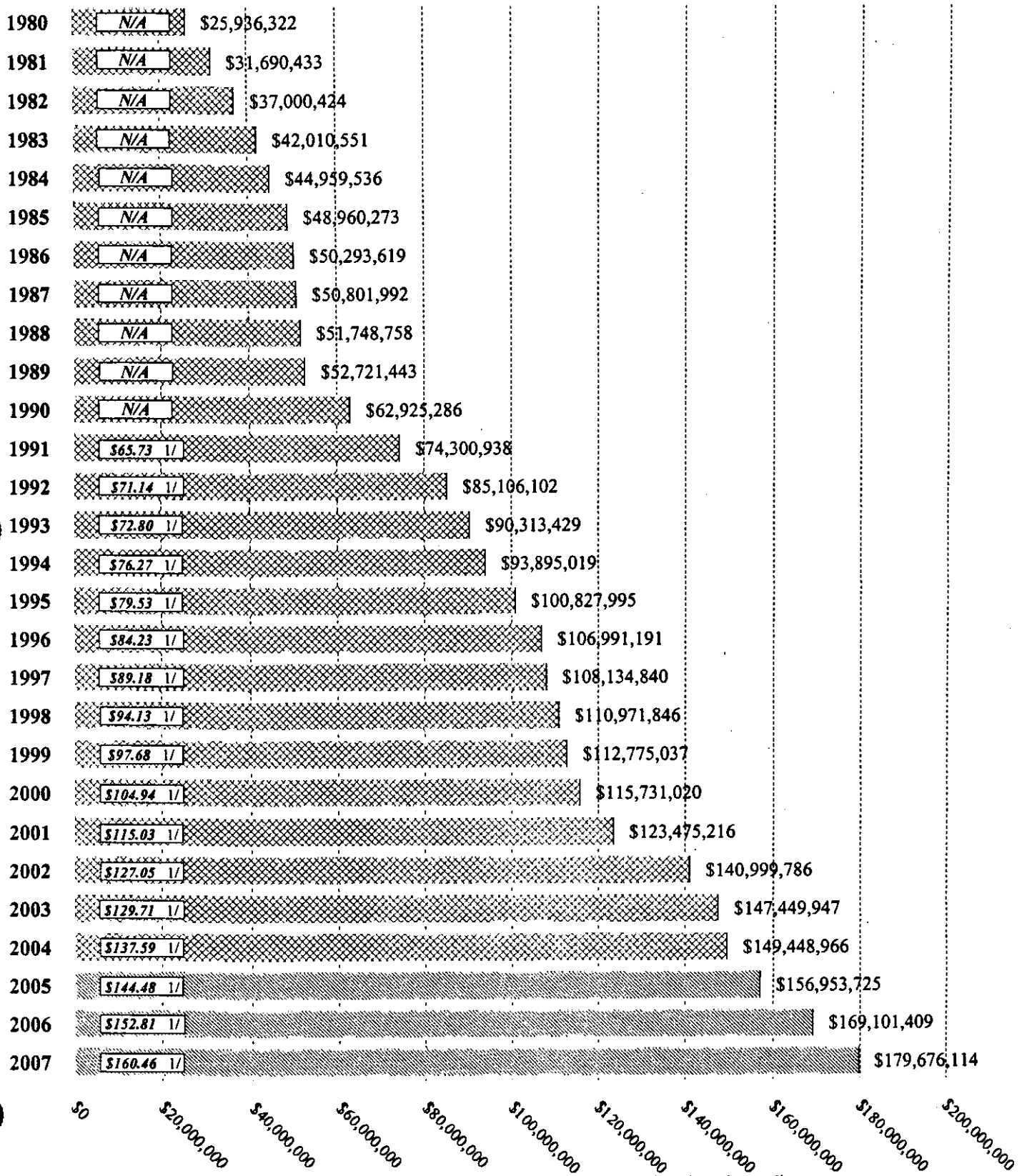
- The estimated appropriation of $14.7 million, of which $5.2 million is general funds, is based on the estimated average monthly cost of providing personal care services as experienced through the waivers and the SPED

and Expanded SPED programs, times the number of recipients anticipated to receive these services. The actual usage is difficult to gauge because we have no experience to know how many individuals will actually access this service once it becomes a Medicaid entitlement.

I would be happy to respond to any questions you may have.

Attachment A

North Dakota Department of Human Services
Nursing Home Facilities
Fiscal Years 1980 - 2007 *
House Bill 1012
2005 - 2007 Biennium



* 1980 through 2004 represents actual expenditures. 2005 represents four months actual and eight months estimated expenditures. 2006 and 2007 represents estimated expenditures included in the Governor's budget.

1/ Average Daily Nursing Home Rate

FA-1/3/05-cj-hgw\0507legis\ltcx

TESTIMONY

HB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 13, 2005

Chairman Delzer and members of the House Appropriations Human Resources Committee, my name is Linda Wright, Director of the Aging Services Division, Department of Human Services. I am here today to provide an overview of a portion of the Long Term Care budget.

The Aging Services Division provides administration of the following home and community based funding sources: Service Payments for Elderly and Disabled (SPED), Expanded SPED, Medicaid Waiver for Aged and Disabled, Medicaid Waiver for Traumatic Brain Injury and Targeted Case Management. Services are provided to persons who would otherwise qualify for skilled nursing home care, basic care, or require assistance due to functional limitations and financial criteria. Individual and agency qualified service providers (QSPs); including County Social Service Boards, deliver the services to qualified older persons and persons with physical disabilities.

The other program areas within the Long Term Care budget have been presented by David Zentner. The other areas of the Aging Services Division budget are presented in separate testimony.

CUSTOMER BASE

- For Service Payments for the Elderly and Disabled (SPED), the program has been budgeted for an average of 1,749 individuals per month.

- For Expanded Service Payments for the Elderly and Disabled (EX-SPED) the program has been budgeted for an average of 272 individuals per month.
- For Medicaid Waiver for the Aged and Disabled, the program has been budgeted for an average of 364 individuals per month.
- For Targeted Case Management for the Aged and Disabled, the program has been budgeted for an average of 1,931 individuals per month.
- For Traumatic Brain Injury Waiver, the program has been budgeted for an average of 40 individuals per month.

TRENDS

- The number of people ages 65 and older is expected to increase significantly in North Dakota. The number of individuals ages 65 to 84 is projected to increase by 113% from 15,849 in 2000 to 33,754 twenty years later. The oldest of the old – those 85 and older – is projected to increase by over 100% from 2853 people in 2000 to 5710 in 2020.
- According to the 2002 North Dakota Needs Assessment of Long Term Care, conducted by UND and NDSU, "The number of seniors in North Dakota with functional limitations, a measure of the level of assistance required for basic activities of living (e.g. bathing, dressing, eating, walking, and using the toilet), is higher than the national norm and indicates a greater demand for caregiving. The number of services residents report as available declines as one moves from urban to rural areas of the state. In general, availability of services is a major issue that needs to be addressed."
- The 2002 North Dakota Needs Assessment of Long Term Care further states; "priority needs to be given to legislative efforts in the form of program incentives and tax incentives for home and community based services. Elderly who are in greatest need for services reside

in the states rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program incentives and tax incentives that create or enhance the care of elderly in the home or through community based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state."

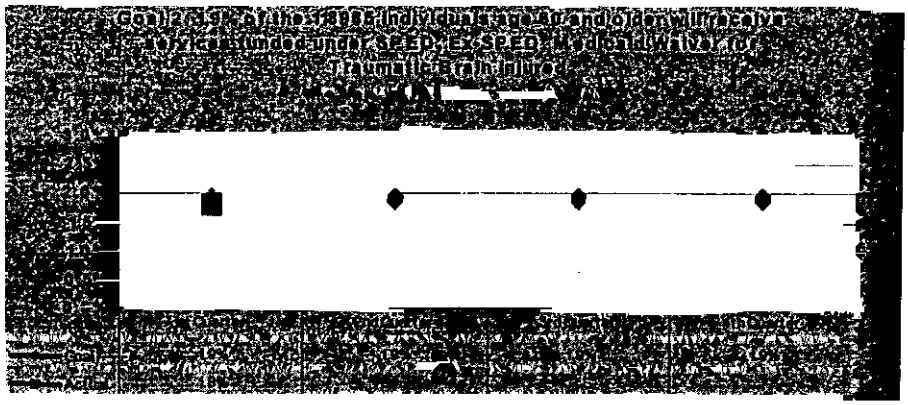
- According to the 2000 Census, 44,634 persons ages 21 to 64 years old in North Dakota had a disability. The population age 65 and older included 36,276 people with a disability.
- The results of a 2004 AARP North Dakota Member survey are as follows:
  - "Three in five North Dakota members are extremely concerned with staying independent as they age, and over half are extremely concerned with having choices in long term care."
  - "More than nine in ten North Dakota members rate having a range of support services available in their community to be very or somewhat important."

The trend nationally, and in North Dakota, is decreased reliance on institutional care and increased consumer demand for home and community based service options.

PERFORMANCE MEASURES

- 1.9% of the 118,985 individuals age 60 and older will receive SPED, Expanded SPED, Medicaid Waiver for Aged and Disabled, or Traumatic Brain Injury services.

Home & Community Based Services



SFY 2005

Overview of budget changes:

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
SPED	14,703,198	14,423,230	(279,968)
Expanded SPED	834,541	1,188,889	354,348
Aged & Disabled Waiver	9,478,112	2,573,636	(6,904,476)
TBI Waiver	2,274,072	2,330,357	56,285
Targeted Case Management	1,107,750	3,789,824	2,682,074
Total	28,397,673	24,305,936	(4,091,737)
General	18,703,873	17,728,123	(975,750)
Federal	8,966,141	5,867,930	(3,098,211)
Other	727,659	709,883	(17,776)

- This portion of the long-term care budget has been reduced overall by $4,091,737 from the current biennium. The majority of the reduction is due to moving personal care to the Medicaid State Plan as required by legislation passed in the last session. Please refer to David Zentner's testimony regarding this change.
- Qualified service providers (QSPs) have not received an increase in their rates for at least 3 years. An inflationary rate increase of 2% per year is included in the budget. The provider increase for these areas is just over $600,000 total funds of which approximately $500,000 is

general funds. Aging Services has received concerns from several QSPs regarding their inability to continue to provide services without a rate increase.

I would be happy to answer any questions you may have at this time.

XI

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE

REGARDING THE LONG TERM CARE APPROPRIATION

HB 1012

MARCH 1, 2005

Chairman Holmberg, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you to provide information on that portion of the Long Term Care budget that the Medical Services Division exercises administrative responsibility.

PROGRAMS

The three long-term care services that are the direct responsibility of the Medical Services Division include Nursing Facilities, Basic Care Facilities and the personal care option.

Nursing Facility services account for about 87% of Medicaid expenditures for the long term care continuum, and this budget item continues to increase each biennium.

In 2001, the Department received approval for a state plan amendment from Centers for Medicare and Medicaid Services (CMS) that permitted the Medicaid program to claim the time spent by basic care staff in caring for residents, as an allowable cost through the personal care option. Prior to this time all payments made to Basic Care Facilities were paid using all state funds.

In 2003, the Legislature required the Department to expand the personal care option to include services provided in a home setting. As a result, the Department was required to prepare a new state plan amendment that was

submitted in August 2003 with an effective date of September 1, 2003. The federal government has finally approved the state plan. The major stumbling block had been the payment of personal care in a Basic Care Facility. Initially CMS was going to deny the amendment because of this issue even though they had previously agreed that we could include personal care services provided in a Basic Care Facility, in a previous state plan amendment approval. While we were able to convince them that those services were legitimate personal care services, we argued for months over what costs could be included as personal care services. We anticipate receiving official notice of the approval within the next week. We have not been able to claim personal care services for individuals living in their own homes. When the official plan amendment is received in our office we will be able to claim federal funds back to September 1, 2003.

The number of Medicaid paid nursing facility days for December 2004 and January 2005 averaged 108,695 per month, which is the equivalent of 3,564 individuals occupying a bed during the two-month period. These payments include services provided in the 80 licensed nursing facilities in North Dakota, swing bed hospitals, and out of state facilities. For the same period the number of paid Basic Care days averaged 14,436 per month, which is equivalent to 473 individuals occupying a bed during the two-month period.

TRENDS

The number of individuals entering nursing facilities has declined over the past few years. Many elderly and disabled individuals wish to receive long term care services in their homes and communities for as long as possible. We see this trend continuing, and must make an effort to ensure that home and community based services are available at a reasonable price for those individuals who wish to access services in the community, rather than seek them in an institution.

While the number of individuals entering nursing facilities is declining, the cost of providing services to this group of Medicaid recipients continues to increase. Attachment A shows the increase in expenditures, and the Budget to the Senate for the next biennium. Based on current expenditure trends, which include the equalized rates provision and other mandated increases such as re-basing, we see continued growth in expenditures. At the present rate of growth, the cost of nursing facility services will double in 14 years. This rate could be accelerated if additional future funding is provided for re-basing and salary increases above indicated inflation increases, and if the number of individuals entering nursing facilities increases.

Over the next 15 years the number of individuals in our aged population will increase dramatically. The number of individuals over age 65 will increase from 97,771 in 2005 to almost 150,000 in 2020. The number of individuals over 85, who are most likely to need long term care services will increase from 15,289 in 2005 to 24,258 by 2020, an increase of 9,000. This demographic will have a profound affect on service delivery in the future.

We continue to believe that a moratorium on the building of nursing facility beds should remain in place. While some areas of the state could experience shortages in the coming years, the transfer of beds from areas where there are excess beds should satisfy the need for some time to come.

While nursing facilities will continue to fill an important niche in the long term care continuum, it is likely that changes in the manner in which care will be provided and in the environment in which it will be provided, will change over the next two decades. There will likely be more flexibility in how care is delivered including changes in the way facilities are configured, and changes in the way care is delivered. This trend, while important to provide the most flexibility to residents, could have an affect on future expenditures for facility upgrades and staffing patterns.

Since the issue of the state plan amendment has been resolved with the federal government, we believe the Basic Care Program will remain relatively static into the near future. We believe that personal care services will expand as individuals begin to access home based services without the need to qualify for Medicaid waivers in order to access the service.

BUDGET CHANGES

The following information details the proposed appropriation for nursing facility, basic care, and personal care for the 2005-2007 biennium, as compared to the current biennium appropriation, and the changes made by the House.

	2003 - 2005 Budget	Increase / Decrease	2005 - 2007 Request	House Changes	Request to Senate
Nursing Homes	318,444,621	30,332,902	348,777,523	(7,839,235)	340,938,288
Basic Care	8,395,725	4,416,997	12,812,722	235,459	13,048,181
Personal Care	2,800,273	11,860,835	14,661,108	698,862	15,359,970
	329,640,619	46,610,734	376,251,353	(6,904,914)	369,346,439
General	103,718,283	29,212,532	132,930,815	(2,370,642)	130,560,173
Federal	223,637,974	17,398,202	241,036,176	(4,534,272)	236,501,904
Other	2,284,362	0	2,284,362	0	2,284,362

BUDGET HIGHLIGHTS

- The Executive Budget request for nursing facilities totaled $348.8 million, of which $122.6 million were state funds. The current budget for nursing facility services is $318.4 million, of which $102.1 is general funds.

- The total Executive Budget proposed increase for nursing facility care was $30.3 million, and the general fund increase totaled $20.5 million.

- The Executive Budget was based on Medicaid occupancy of 3,631 beds per month. During the first six months of the current state fiscal year, the number of individuals for which a nursing facility payment was made averaged 3,564. In addition we have moved the portion of the hospice service for payment of nursing facility room and board payments to the long-term care appropriation. Previously, this cost was budgeted under the hospice option, even though the payments were for nursing facility care when an individual had elected the hospice option. During the first six months of the current state fiscal year, the monthly average number of individuals with the hospice option in nursing facilities was 71 recipients. Given that the number of individuals over 85 is expected to increase by at least 3,500 in the next five years, we believe this estimate is appropriate.

- The primary reason for the increase in state funds is the result of the change in the Federal Medical Assistance Percentage (FMAP) that I detailed in my previous testimony. The change will result in an additional $10.5 million just to maintain the current nursing facility services.

- The Executive Budget includes funds to re-base current nursing facility limits to the 2003 fiscal year reporting period. The limits are based on the 1999 cost reporting year. Currently, limits are based on the 99th percentile for direct care, 85th percentile for other direct care, and the 75th percentile for indirect care. This proposal also changes the method of setting the limits to a median plus 20% for direct and other direct care, and median plus 10% for indirect care. Under this proposal, all facilities have the ability to stay under the limits, whereas the percentile process will guarantee some facilities will always be in excess of the established limits. The proposed cost of re-basing and converting the payment limits the median plus 20/20/10 is $8.8 million, of which $3.1 million are general funds. House Bill 1252 establishes the new method of calculating the limits and

establishes a rebasing schedule. The level at which the median plus will be set will be based on the wishes of the Legislature during the appropriation process each session.

- The remaining proposed increase of $6.9 million in general funds is due to statutory requirements that establish the inflation rate, the operating margin, the indirect incentives, and the increase in costs permitted by the present payment system, including a pass through for new or remodeling construction if it does not exceed established limits. This amount takes into consideration a $3 million decrease of which $1 million is general funds due to an anticipated reduction in the number of recipients accessing nursing facility services.

- The Basic Care Assistance program budget totals $12.8 million of which $5.2 million are general funds and $2.3 million are retained funds. The current appropriation totals $8.4 million, of which about $.75 million are general funds and $2.3 million are retained funds. The Department underestimated the need for basic care assistance in the current biennium. We are expected to expend $11.0 million in the current biennium for this service. In addition, due to the required changes in how we claim federal funds through the personal care option, the anticipated amount of federal funding has not been realized. We anticipate expending $2.75 million in general funds this biennium, an increase of $2 million.

- The budget for basic care was further complicated because we did not know what CMS would allow for federal matching purposes. CMS did approve the personal care state plan amendment; but restricted the types of expenses we can claim as personal care services. Also, they have more narrowly defined the criteria necessary to qualify for personal care services for individuals in a Basic Care Facility. This could result in some individuals who are currently residing in Basic Care to no longer be eligible

to receive federal funding for Medicaid personal care services. We know the amount will not increase, and it is more likely that the amount of projected federal funds is overstated.

- The basic care budget is based on serving 457 individuals per month. For the first six months of the state fiscal year, an average of 479 individuals had a basic care payment made on their behalf. We project that the use of basic care services will remain static during the new biennium.

- We project that personal care services will increase during the next biennium as we encourage individuals in need of long term care to access home and community based care services. It includes personal care services for individuals who were receiving these services through the home and community based care Medicaid waivers, through the Expanded SPED program and those Medicaid eligible recipients receiving SPED personal care services. In addition other Medicaid recipients who meet established criteria may also access personal care services through this optional service.

- The original estimated appropriation of $14.7 million, of which $5.2 million is general funds, was based on the estimated average monthly cost of providing personal care services as experienced through the waivers and the SPED and Expanded SPED programs, times the number of recipients anticipated to receive these services. The actual usage is difficult to gauge because we have no experience with how many individuals will actually access this service once it becomes a Medicaid entitlement.

HOUSE CHANGES

- The House Appropriations Committee reduced the monthly average number of beds from 3,631 to 3,600 resulting in a reduction of $2.9 million

of which $1.0 million are general funds. For the first six months of the current state fiscal year the monthly average beds occupied by Medicaid recipients averaged 3,635. In addition, the number of individuals over 85 years of age is expected to increase by at least 3,500 in the next five years. Based on these trends we ask that the Senate consider reinstating these funds to the Executive Budget request.

- The committee also changed the statutory requirement relating to the establishment of inflation rates for nursing facilities. Currently, nursing facilities receive an inflation factor based on one-half the Consumer Price Index and one-half based on Global Insight's estimate of future cost increases within the nursing facility industry. The committee changed the law and reduced the inflation factor to 2% per year the same as is provided to all other Medicaid providers. If the Senate wished to restore the inflation factor to the current state law requirements, you would need to add back a total of $4.9 million of which $1.8 million is general funds.

- Increased funding for Basic Care Facilities by $235,000 of which $162,000 is general funds to increase the inflation factor to 2 percent a year, the same as other enrolled Medicaid providers.

- The Department provided the House Appropriations Committee with a new projection for all home and community based services. It anticipated an overall reduction of $2.0 million in general funds. However, it was estimated that personal care costs would increase by about $700,000 of which about $249,000 is general funds. The House made those adjustments in their final version of the bill.

I would be happy to respond to any questions you may have.

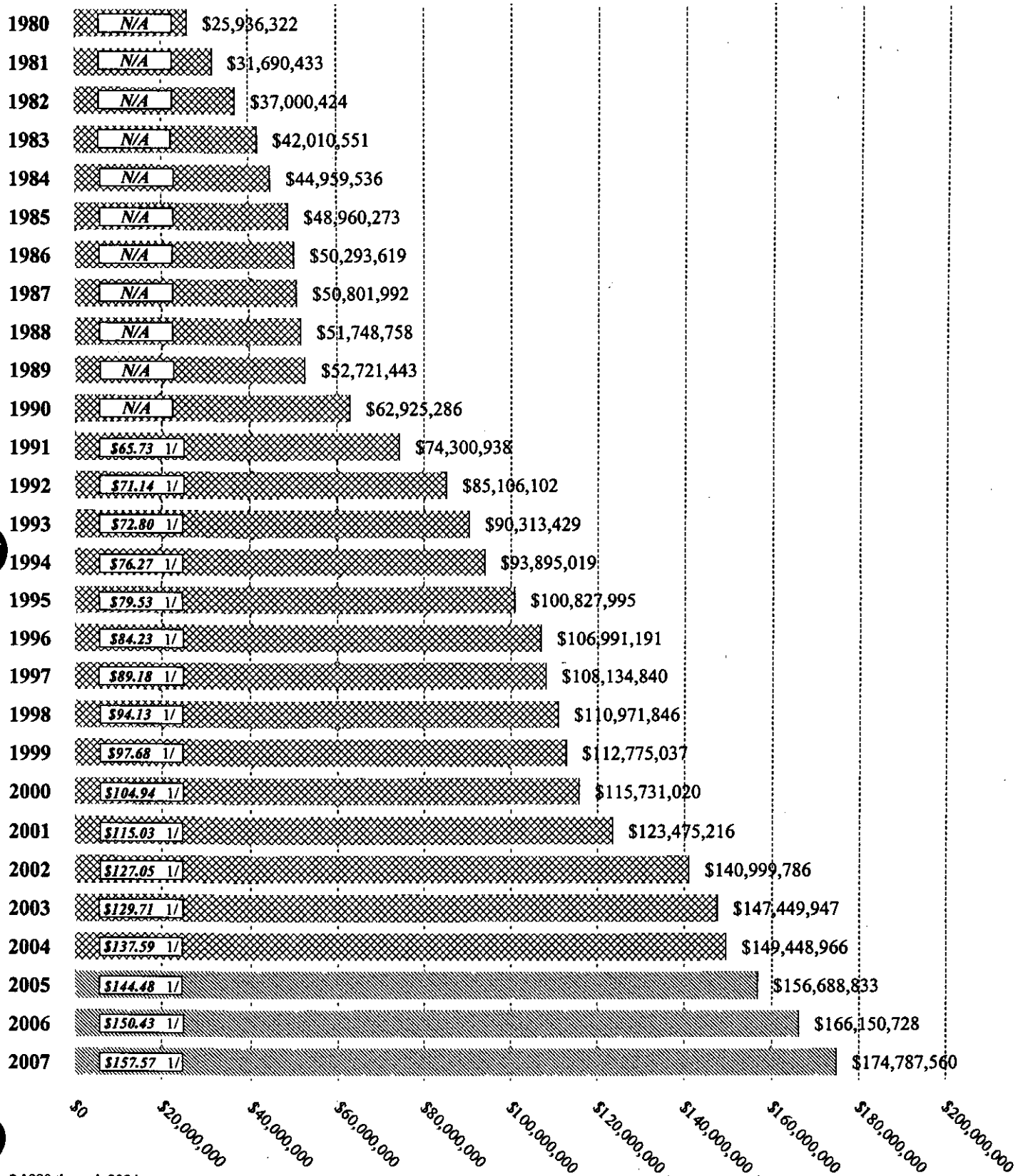
North Dakota Department of Human Services | Attachment A |

Nursing Home Facilities

Fiscal Years 1980 - 2007 *

House Bill 1012 to Senate

2005 - 2007 Biennium



* 1980 through 2004 represents actual expenditures. 2005 represents six months actual and six months estimated expenditures. 2006 and 2007 represents estimated expenditures included in the Budget to the Senate.

1/ Average Daily Nursing Home Rate

FA-2/24/05-cj-hgw\0507legis\ltcx sb

Nursing Facility Limit History

Effective Date	*Changes other than inflation effecting limits*	*Direct*	*Limits Other Direct*	*Indirect*	*Average Rate*
January 1, 1990	**Base year 6/30/1988** used to establish limits at 909075 for first year of case mix and rate equalization	N/A			
January 1, 1992		$24.47	$10.23	$24.30	$71.14
January 1, 1993		$24.87	$10.28	$24.81	$72.80
January 1, 1994	**Rebase** using June 30, 1992 at 808060	$25.94	$9.81	$21.97	$73.61
August 1, 1994	**Rebase** using June 30, 1992 at 998575	$32.03	$10.58	$23.93	$76.27
January 1, 1995		$32.99	$10.90	$24.65	$79.53
January 1, 1996		$33.82	$11.17	$25.27	$84.23
January 1, 1997		$34.83	$11.83	$26.76	$89.18
January 1, 1998	Inflation factor increases **changed** to 1/2 CPI 1/2 DRI	$35.81	$11.83	$26.76	$94.13
January 1, 1999	**Adjust** for change in case mix from RCR to MDS assessments	$59.49	$12.08	$27.32	$97.68
January 1, 2000	**Rebase** using June 30, 1996 at 998575	$64.73	$12.43	$29.12	$109.98
January 1, 2001		$68.53	$13.16	$30.83	$109.98
January 1, 2002	**Rebase** using June 30, 1999 at 998575	$76.76	$13.33	$32.00	$127.05
January 1, 2003	**Adjust** to recognize $10.10 salary enhancement	$83.32	$14.15	$34.72	$129.71
July 1, 2003	**Adjust** Direct Care limit to $85.00	$85.00	$14.89	$36.54	$129.71
January 1, 2004		$87.15	$15.27	$37.46	$137.59
January 1, 2005		$89.91	$15.75	$38.65	$144.48

Calculation of Nursing Facility Median Plus Limits

Array 79 allowable rates for each cost category low to high
6/30/03 Cost report for rates effective January 1, 2004

Median rate is rate at 40th
Direct - $75.20
Other Direct - $14.38
Indirect - $38.83

Increase median rate by 20% for Direct and Other Direct
Increase median rate by 10% for Indirect
Direct - $90.24
Other Direct - $17.26
Indirect - $42.71

Inflate limit to appropriate rate year (limits determined applicable to 2004)

Rate Year	*2005*	*2006*	
Inflation	*2.60%*	*2.98%*	*5.66%*

	Median plus	*Rebase to 998575*	*Current*
Direct	***$95.35***	*$97.73*	*$92.08*
Other Direct	***$18.24***	*$16.70*	*$16.13*
Indirect	***$45.13***	*$44.15*	*$39.58*

Impact of 2% inflation versus DRI/CPI

	Total Funds	Federal (65%)	General
Nursing Facility	($4,933,561)	($3,206,815)	($1,726,746)
Basic Care			
Personal Care	$82,211	$53,437	$28,774
Room And Board	$93,984	$0	$93,984
	$176,195	$53,437	$122,758

2004 rates ranked (Rebase 6/30/03)			
Facility count	Direct	Other Direct	Indirect
1	57.19	10.32	26.21
2	57.64	10.57	27.29
3	58.98	10.90	29.56
4	60.64	11.03	30.25
5	60.77	11.09	30.60
6	61.50	11.23	31.20
7	62.07	11.54	31.53
8	62.17	12.30	32.08
9	62.41	12.34	34.00
10	62.87	12.41	34.04
11	64.10	12.50	34.21
12	64.22	12.60	34.63
13	64.52	12.92	35.32
14	64.62	12.98	35.45
15	64.65	13.01	35.46
16	64.68	13.09	35.97
17	65.14	13.11	35.99
18	66.27	13.14	36.03
19	66.96	13.17	36.07
20	67.63	13.18	36.07
21	67.82	13.30	36.12
22	67.89	13.45	36.13
23	68.04	13.47	36.27
24	68.10	13.69	36.44
25	68.51	13.72	36.82
26	69.02	13.77	36.87
27	70.25	13.79	36.98
28	70.27	13.86	37.09
29	70.82	13.89	37.18
30	71.11	13.92	37.19
31	71.33	14.00	37.31
32	72.06	14.09	37.44
33	73.94	14.11	37.54
34	74.20	14.15	37.60
35	74.25	14.18	38.30
36	74.31	14.18	38.53
37	74.70	14.23	38.56
38	74.74	14.25	38.63
39	75.17	14.25	38.76
40	75.20	14.38	38.83 Median
41	75.58	14.40	39.01
42	75.61	14.47	39.08
43	75.65	14.54	39.14
44	75.69	14.58	39.26
45	75.87	14.75	39.39
46	76.09	14.75	39.49
47	78.18	14.93	39.59
48	78.55	14.95	39.61
49	78.64	14.96	39.76
50	78.74	14.97	39.77
51	78.80	15.00	39.77
52	78.98	15.02	39.91
53	79.49	15.09	40.47
54	79.56	15.14	40.65
55	79.69	15.16	40.72
56	79.94	15.17	40.79
57	80.02	15.23	41.09
58	80.05	15.25	41.36
59	80.81	15.28	41.79 75th
60	80.99	15.34	42.32
61	81.03	15.41	42.47
62	82.15	15.45	42.74
63	83.20	15.46	42.77
64	83.41	15.48	43.00
65	84.27	15.72	43.35
66	84.31	15.76	43.68
67	84.38	15.81 85th	43.84
68	84.53	15.93	44.02
69	84.86	15.99	44.09
70	84.87	16.00	44.35
71	86.32	16.04	44.72
72	86.88	16.05	45.02
73	88.00	16.18	45.22
74	88.24	16.50	45.73
75	89.10	17.13	47.01
76	91.23	18.02	47.70
77	91.65	18.33	54.51
78	92.50 99th	19.00	66.49
79	94.68	19.79	70.98
Median	75.20	14.38	38.83
Median plus 202010	90.24	17.26	42.71
Current Limit	87.15	15.27	37.46
998575	92.50	15.81	41.79

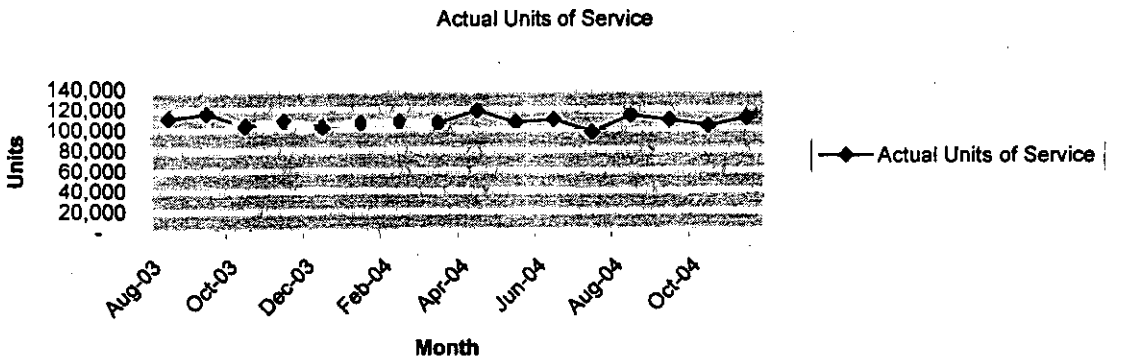
North Dakota Dept of Human Services
Long Term Care
2005-2007 Budget to House

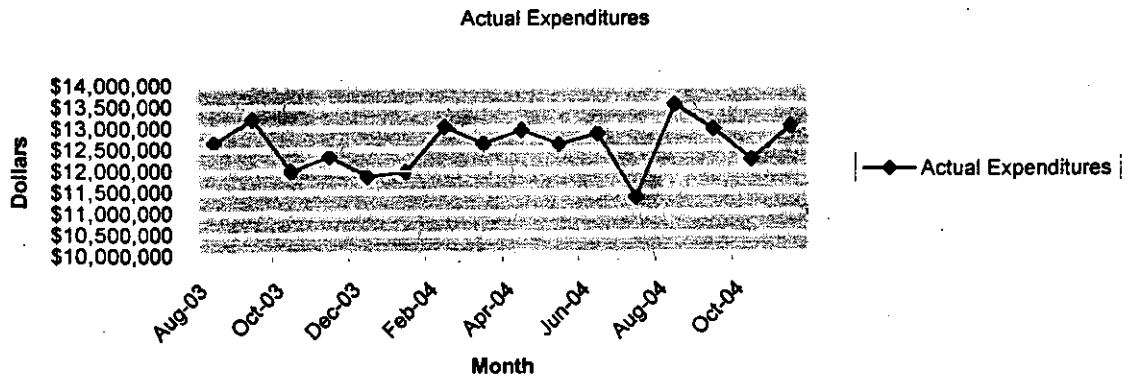
	Budget	% of Budget
Long Term Care		
Nursing Homes	348,777,523	87.07%
Basic Care	12,812,722	3.20%
SPED	14,423,230	3.60%
Expanded SPED	1,188,889	0.30%
TBI Waiver	2,330,357	0.58%
Aged & Disabled Waiver	2,573,636	0.64%
TCM - Aged & Disabled	3,789,824	0.95%
Personal Care Services	14,661,108	3.66%
Total 2005-2007 budget	**400,557,289**	**100.00%**

North Dakota Dept of Human Services
Long Term Care
Detail of Selected Services
2003-2005 Actual

Nursing Homes

Month	Actual Beds	Actual Monthly Cost Per Bed	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	3,594	3,524	111,407	$ 113.68	$ 12,664,471
September-03	3,747	3,526	116,159	113.74	13,211,731
October-03	3,461	3,464	103,823	115.46	11,987,120
November-03	3,498	3,524	108,441	113.69	12,328,880
December-03	3,421	3,467	102,644	115.56	11,861,912
January-04	3,449	3,468	106,929	111.88	11,963,117
February-04	3,484	3,739	108,004	120.61	13,026,379
March-04	3,689	3,423	106,991	118.04	12,629,418
April-04	3,839	3,374	119,004	108.83	12,951,303
May-04	3,572	3,530	107,148	117.66	12,607,321
June-04	3,546	3,626	109,934	116.97	12,859,465
July-04	3,263	3,481	97,889	116.03	11,357,849
August-04	3,683	3,673	114,170	118.49	13,528,098
September-04	3,531	3,672	109,468	118.44	12,965,168
October-04	3,458	3,541	103,733	118.05	12,245,399
November-04	3,586	3,629	111,152	117.08	13,013,450

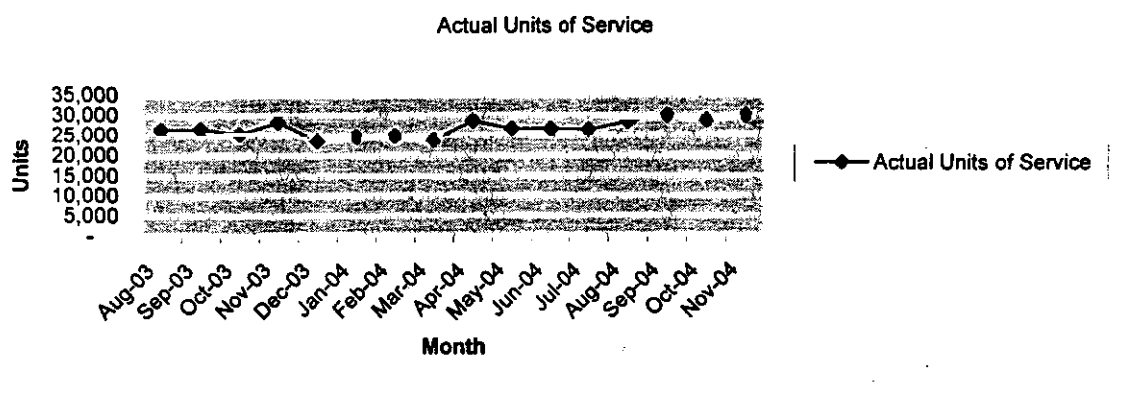


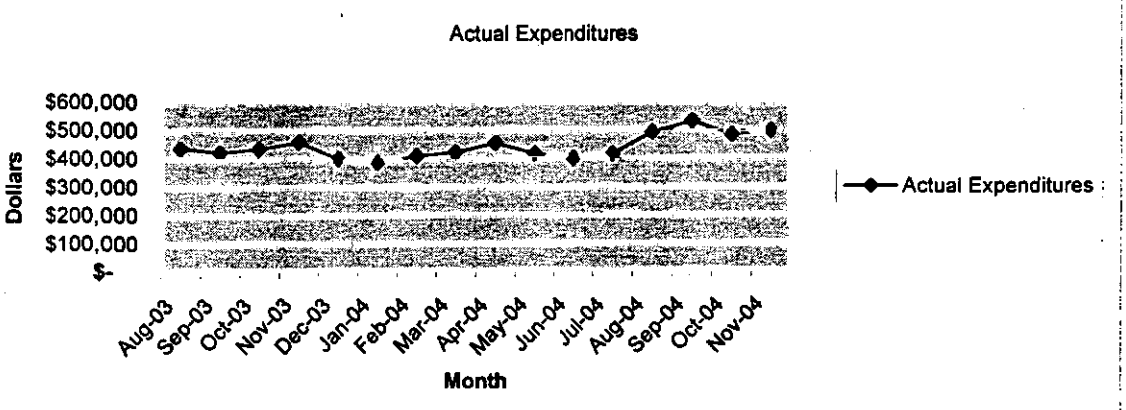


North Dakota Dept of Human Services
Long Term Care
Detail of Selected Services
2003-2005 Actual

Basic Care

Month	Actual Beds	Actual Monthly Cost Per Bed	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	427	1,025	26,500	$ 16.54	$ 438,191
September-03	428	987	26,557	15.91	422,580
October-03	421	1,034	25,269	17.23	435,416
November-03	457	1,002	28,334	16.17	458,125
December-03	392	1,019	23,543	16.99	399,981
January-04	396	976	24,566	15.74	386,670
February-04	401	1,021	24,839	16.47	409,147
March-04	411	1,026	23,822	17.69	421,476
April-04	461	983	28,606	15.86	453,573
May-04	444	941	26,618	15.68	417,412
June-04	430	933	26,644	15.05	400,889
July-04	440	946	26,375	15.76	415,694
August-04	458	1,075	28,426	17.34	492,813
September-04	483	1,096	29,932	17.68	529,342
October-04	479	1,009	28,767	16.81	483,716
November-04	481	1,033	29,844	16.66	497,198





Nursing Facility Full time Equivalent Beds

Nursing Facility	3,475
Dacotah Alpha	10
Geropsy	15
Medicare	3
Swing Bed	43
Hospice R&B	37
Out of State	48
TOTAL BEDS	3,631

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: LONG TERM CARE
Reporting Level: 00-325-300-10-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
GRANTS, BENEFITS & CLAIMS	6006	324,960,462	163,518,706	194,519,586	358,038,292	400,557,289	42,518,997
GRANTS-MEDICAL ASSISTANCE	73	324,960,462	163,518,706	194,519,586	358,038,292	400,557,289	42,518,997
EXPENDITURE TOTALS		324,960,462	163,518,706	194,519,586	358,038,292	400,557,289	42,518,997
MEANS OF FUNDING							
MEDICAL ASSISTANCE-93.778	S055	214,602,486	111,998,766	120,379,629	232,378,395	246,678,386	14,299,991
TITLE III E - FAMILY CAREGIVER SUPP	S094	0	112,860	112,860	225,720	225,720	0
Federal Funds	FED	214,602,486	112,111,626	120,492,489	232,604,115	246,904,106	14,299,991
STATE GENERAL FUND	001	90,365,071	49,320,615	73,101,541	122,422,156	150,658,938	28,236,782
General Fund	GEN	90,365,071	49,320,615	73,101,541	122,422,156	150,658,938	28,236,782
ND HEALTH CARE TRUST FUND 325C	315	6,898,302	0	0	0	0	0
OTHER FUNDS	Z125	13,094,603	2,086,465	925,556	3,012,021	2,994,245	(17,776)
Special Funds	SPEC	19,992,905	2,086,465	925,556	3,012,021	2,994,245	(17,776)
TOTAL FUNDING		324,960,462	163,518,706	194,519,586	358,038,292	400,557,289	42,518,997

North Dakota Department of Human Services
Long Term Care Continuum Budget
Table 2: Nursing Homes - ACC 3636

MONTH	ELIGIBLES	DAYS	BEDS	COST/BED	TOTAL	STATE	FEDERAL	COUNTY	OTHER
August '05	52,909	31	3,631	3,802.15	13,805,607	4,488,466	9,317,141	0	0
September '05	52,909	31	3,631	3,802.15	13,805,607	4,488,466	9,317,141	0	0
October '05	52,909	30	3,631	3,679.50	13,360,265	4,562,786	8,797,479	0	0
November '05	52,909	31	3,631	3,802.15	13,805,607	4,714,878	9,090,729	0	0
December '05	52,909	30	3,631	3,679.50	13,360,265	4,562,786	8,797,479	0	0
January '06	52,909	31	3,631	3,802.15	13,805,607	4,714,878	9,090,729	0	0
February '06	52,909	31	3,631	4,087.66	14,842,293	5,068,906	9,773,387	0	0
March '06	52,909	29	3,631	3,823.94	13,884,726	4,741,880	9,142,846	0	0
April '06	52,909	31	3,631	4,087.66	14,842,293	5,068,906	9,773,387	0	0
May '06	52,909	30	3,631	3,957.60	14,370,046	4,907,626	9,462,420	0	0
June '06	52,909	31	3,631	4,089.52	14,849,047	5,071,212	9,777,835	0	0
July '06	52,909	30	3,631	3,957.60	14,370,046	4,907,626	9,462,420	0	0
August '06	52,909	31	3,631	4,089.52	14,849,047	5,071,212	9,777,835	0	0
September '06	52,909	31	3,631	4,089.52	14,849,047	5,071,212	9,777,835	0	0
October '06	52,909	30	3,631	3,957.60	14,370,046	5,284,121	9,085,925	0	0
November '06	52,909	31	3,631	4,089.52	14,849,047	5,460,258	9,388,789	0	0
December '06	52,909	30	3,631	3,957.60	14,370,046	5,284,121	9,085,925	0	0
January '07	52,909	31	3,631	4,089.52	14,849,047	5,460,258	9,388,789	0	0
February '07	52,909	31	3,631	4,316.13	15,671,868	5,762,809	9,909,059	0	0
March '07	52,909	28	3,631	3,898.44	14,155,236	5,205,119	8,950,117	0	0
April '07	52,909	31	3,631	4,316.13	15,671,868	5,762,809	9,909,059	0	0
May '07	52,909	30	3,631	4,180.20	15,178,306	5,581,318	9,596,988	0	0
June '07	52,909	31	3,631	4,319.54	15,684,250	5,767,362	9,916,888	0	0
July '07	52,909	30	3,631	4,180.20	15,178,306	5,581,317	9,596,989	0	0
TOTAL	1,269,816	731	87,144	4,002.31	348,777,523	122,590,332	226,187,191	0	0
SFY '06	634,908	366	43,572	3,880.97	169,101,409	57,298,416	111,802,993	0	0
SFY '07	634,908	365	43,572	4,123.66	179,676,114	65,291,916	114,384,198	0	0

North Dakota Department of Human Services
Long Term Care Continuum Budget
Table 3: Basic Care - ACC 3646

MONTH	ELIGIBLES	DAYS	BEDS	COST/BED	TOTAL	STATE	FEDERAL	COUNTY	OTHER
August '05	52,909	31	457	1,160.95	530,554	0	227,942	0	302,612
September '05	52,909	31	457	1,160.95	530,554	0	227,942	0	302,612
October '05	52,909	30	457	1,123.50	513,439	91,032	215,228	0	207,179
November '05	52,909	31	457	1,160.95	530,554	192,813	222,403	0	115,338
December '05	52,909	30	457	1,123.50	513,439	186,593	215,228	0	111,618
January '06	52,909	31	457	1,160.95	530,554	192,813	222,403	0	115,338
February '06	52,909	31	457	1,160.95	530,554	192,813	222,403	0	115,338
March '06	52,909	29	457	1,086.05	496,325	180,373	208,054	0	107,898
April '06	52,909	31	457	1,160.95	530,554	192,813	222,403	0	115,338
May '06	52,909	30	457	1,123.50	513,439	186,593	215,228	0	111,618
June '06	52,909	31	457	1,160.95	530,554	192,813	222,403	0	115,338
July '06	52,909	30	457	1,123.50	513,439	186,593	215,228	0	111,618
August '06	52,909	31	457	1,217.06	556,196	195,646	237,422	0	123,128
September '06	52,909	31	457	1,217.06	556,196	195,646	237,422	0	123,128
October '06	52,909	30	457	1,177.80	538,255	189,335	220,622	0	128,298
November '06	52,909	31	457	1,217.06	556,196	250,257	227,976	0	77,963
December '06	52,909	30	457	1,177.80	538,255	317,633	220,622	0	0
January '07	52,909	31	457	1,217.06	556,196	328,220	227,976	0	0
February '07	52,909	31	457	1,217.06	556,196	328,220	227,976	0	0
March '07	52,909	28	457	1,099.28	502,371	296,457	205,914	0	0
April '07	52,909	31	457	1,217.06	556,196	328,220	227,976	0	0
May '07	52,909	30	457	1,177.80	538,255	317,633	220,622	0	0
June '07	52,909	31	457	1,217.06	556,196	328,220	227,976	0	0
July '07	52,909	30	457	1,177.80	538,255	317,633	220,622	0	0
TOTAL	1,269,816	731	10,968	1,168.19	12,812,722	5,188,369	5,339,991	0	2,284,362
SFY '06	634,908	366	5,484	1,142.22	6,263,959	1,795,249	2,636,865	0	1,831,845
SFY '07	634,908	365	5,484	1,194.16	6,548,763	3,393,120	2,703,126	0	452,517

Comparison of Nursing Facility rates and census 1/1/2005 to 1/1/2004

NAME OF HOME	6/30/2004 Census	6/30/2003 Census	% Change	2005 Rate	2004 Rate	% Change	2005 Actual	2004 Actual	%change	2005 Limited	2004 Limited
Enderlin Hillcrest Manor	18,021	17,157	5.04%	148.83	152.12	-2.16%	152.22	155.33	-2.00%	Y	Y
Hillcrest Care Center	21,362	20,054	6.52%	112.12	114.37	-1.97%	112.12	114.37	-1.97%		
Souris Valley Care Center	17,488	16,625	5.19%	132.02	134.22	-1.64%	137.17	137.85	-0.49%	Y	Y
Woodside Village	42,787	42,571	0.51%	166.76	167.02	-0.16%	167.29	167.02	0.16%	Y	
Larimore Good Samaritan Center	15,774	15,527	1.59%	139.49	139.56	-0.05%	144.03	141.11	2.07%	Y	Y
Parkside Lutheran Home	14,399	13,395	7.50%	135.53	135.58	-0.04%	136.66	137.89	-0.89%	Y	Y
Lakota Good Samaritan Center	17,661	18,172	-2.81%	135.69	135.70	-0.01%	138.80	137.85	0.69%	Y	Y
North Central Good Samaritan Center	21,181	20,739	2.13%	136.47	136.44	0.02%	141.63	141.98	-0.25%	Y	Y
Friendship Healthcare Center	14,488	14,496	-0.06%	135.62	135.55	0.05%	138.63	140.86	-1.58%	Y	Y
Pembilier Nursing Center	14,596	14,726	-0.88%	119.85	119.68	0.14%	119.85	119.68	0.14%		
Kenmare Community Nursing Facility	4,382	4,372	0.23%	153.67	152.94	0.48%	177.28	192.54	-7.93%	Y	Y
Sargent Manor Health Care Center	11,001	9,789	12.38%	117.87	117.21	0.56%	119.38	117.21	1.85%	Y	
Ashley Medical Center	15,078	15,248	-1.11%	133.16	132.36	0.60%	141.55	138.30	2.35%	Y	Y
Lake Region Lutheran Home	36,702	36,892	-0.52%	149.19	147.81	0.93%	154.45	151.07	2.24%	Y	Y
North Dakota Veterans Home	13,758	13,702	0.41%	157.13	155.54	1.02%	194.28	196.62	-1.19%	Y	Y
Garrison Memorial Hospital	9,320	8,705	7.06%	154.39	152.73	1.09%	154.39	158.62	-2.67%		Y
Wedgewood Manor	21,125	21,416	-1.36%	136.58	134.97	1.19%	143.47	138.06	3.92%	Y	Y
Dunseith Community Nursing Home	12,804	13,616	-5.96%	123.29	121.68	1.32%	129.46	128.24	0.95%	Y	Y
Mountrail Bethel Home	20,543	20,522	0.10%	143.96	142.01	1.37%	149.97	148.64	0.89%	Y	Y
St. Aloisius Nursing Home	34,328	36,475	-5.89%	141.49	139.22	1.63%	143.08	139.22	2.77%	Y	
Osnabrock Good Samaritan Center	11,252	11,770	-4.40%	124.65	122.65	1.63%	130.95	124.95	4.80%	Y	Y
Mott Good Samaritan Nursing Center	18,622	18,207	2.28%	120.45	118.43	1.71%	120.82	118.43	2.02%	Y	
Devils Lake Good Samaritan Center	26,213	25,486	2.85%	138.97	136.50	1.81%	142.97	138.53	3.21%	Y	Y
Valley Eldercare Center Med Park	57,696	57,610	0.15%	152.70	149.89	1.87%	155.72	150.10	3.74%	Y	Y
Presentation Care Center	15,398	15,783	-2.44%	132.37	129.83	1.96%	135.49	139.78	-3.07%	Y	Y
Griggs County Nursing Home	19,930	20,510	-2.83%	149.56	146.64	1.99%	149.56	156.19	-4.24%		Y
St. Vincent's Nursing Home	36,823	36,794	0.08%	163.27	159.85	2.14%	163.27	159.85	2.14%		
Missouri Slope Lutheran Care Center	90,488	83,065	8.94%	154.55	151.24	2.19%	155.29	152.26	1.99%	Y	Y
Westhope Home	11,176	11,211	-0.31%	150.76	147.52	2.20%	160.01	157.14	1.83%	Y	Y
Benedictine Living Center Garrison	22,003	20,899	5.28%	129.81	126.92	2.28%	132.32	131.78	0.41%	Y	Y
Arthur Good Samaritan	15,679	20,433	-23.27%	138.44	135.32	2.31%	161.90	139.14	16.36%	Y	Y
Knife River Care Center	29,175	30,567	-4.55%	138.91	135.60	2.44%	138.91	135.60	2.44%		
Northwood Deaconess Home	27,057	27,931	-3.13%	162.34	158.39	2.49%	168.57	158.39	6.43%	Y	
Elm Crest Manor	21,693	21,945	-1.15%	146.87	143.24	2.53%	146.87	143.38	2.43%		Y
Tri-County Retirement & Nursing Home	19,984	19,774	1.06%	137.73	134.11	2.70%	142.78	137.30	3.99%	Y	Y
Bottineau Good Samaritan Center	27,935	27,342	2.17%	157.07	152.87	2.75%	161.63	155.32	4.06%	Y	Y
Prince of Peace Ellendale	20,884	22,260	-6.18%	120.35	116.76	3.07%	120.56	121.09	-0.44%	Y	Y
Good Shepherd Home	17,070	17,058	0.07%	127.93	124.07	3.11%	128.54	124.07	3.60%	Y	
Trinity Nursing Home	102,235	102,787	-0.54%	158.59	153.65	3.22%	161.56	155.67	3.78%	Y	Y
Baptist Home	51,002	50,824	0.35%	152.83	148.05	3.23%	161.86	152.13	6.40%	Y	Y
Manor Care Health Services Fargo	35,573	36,865	-3.50%	127.44	123.38	3.29%	129.70	123.38	5.12%	Y	
St. Luke's Home	28,490	30,076	-5.27%	145.09	140.39	3.35%	153.72	142.92	7.56%	Y	Y
Sheyenne Care Center	55,879	55,576	0.55%	145.58	140.81	3.39%	145.58	140.81	3.39%		

Heart of America Nursing Facility	25,139	24,499	2.61%	154.88	149.77	3.41%	170.69	166.27	2.66%	Y	Y
Napoleon Care Center	15,113	15,727	-3.90%	135.06	130.52	3.48%	135.40	130.52	3.74%	Y	
Bethany Home	68,975	69,169	-0.28%	152.15	146.81	3.64%	157.25	151.43	3.84%	Y	Y
Park River Good Samaritan Center	28,070	27,933	0.49%	129.49	124.91	3.67%	130.33	126.71	2.86%	Y	Y
LaMoure Healthcare Manor	16,263	16,457	-1.18%	124.06	119.20	4.08%	125.65	129.44	-2.93%	Y	Y
Manor Care Health Services Minot	38,238	37,511	1.94%	119.38	114.66	4.12%	119.38	114.66	4.12%		
Golden Manor Inc.	18,029	17,876	0.86%	144.09	138.23	4.24%	144.76	138.23	4.72%	Y	
St. Gerards Nursing Home	12,751	11,712	8.87%	136.03	130.49	4.25%	139.68	133.39	4.72%	Y	Y
Lutheran Sunset Home	39,388	39,081	0.79%	150.87	144.70	4.26%	152.05	144.78	5.02%	Y	Y
Prairieview Home	20,719	21,010	-1.39%	140.52	134.67	4.34%	143.17	136.04	5.24%	Y	Y
Strasburg Nursing Home	24,206	22,892	5.74%	133.94	128.23	4.45%	134.01	128.23	4.51%	Y	
Hi-Acres Manor Nursing Center	50,914	50,760	0.30%	156.43	149.10	4.92%	156.58	149.10	5.02%	Y	
Villa Maria	47,911	48,736	-1.69%	152.30	145.09	4.97%	154.36	147.84	4.41%	Y	Y
Sunset Care Corporation	22,058	23,459	-5.97%	153.80	146.41	5.05%	157.98	149.67	5.55%	Y	Y
Elim Home	47,767	48,453	-1.42%	148.64	141.48	5.06%	154.49	143.81	7.43%	Y	Y
Golden Acres Manor	21,038	20,468	2.78%	138.89	132.17	5.08%	138.89	132.17	5.08%		
St Benedicts	58,197	61,823	-5.87%	129.66	123.11	5.32%	129.66	123.11	5.32%		
Luther Memorial Home	33,069	35,338	-6.42%	152.16	143.81	5.81%	154.53	143.81	7.45%	Y	
Community Nursing Home	16,290	17,307	-5.88%	148.14	139.51	6.19%	158.40	147.07	7.70%	Y	Y
Bethel Lutheran Home	57,620	57,276	0.60%	149.11	140.29	6.29%	149.32	140.74	6.10%	Y	Y
Rock View Good Samaritan Center	14,011	15,523	-9.74%	146.62	137.94	6.29%	161.13	142.95	12.72%	Y	Y
Crosby Good Samaritan Center	20,716	22,676	-8.64%	131.70	123.87	6.32%	140.39	130.25	7.79%	Y	Y
Hill Top Home of Comfort, Inc.	17,695	16,966	4.30%	155.13	145.79	6.41%	160.07	152.55	4.93%	Y	Y
Oakes Good Samaritan Center	34,316	35,535	-3.43%	128.15	120.03	6.76%	128.15	120.03	6.76%		
Wishek Home for the Aged	31,498	31,651	-0.48%	141.13	132.15	6.80%	141.13	132.15	6.80%		
Medcenter One Care Center	43,517	43,341	0.41%	147.66	136.84	7.91%	147.86	136.84	8.05%	Y	
Resthaven Healthcare Center, Inc.	18,000	20,291	-11.29%	147.08	136.13	8.04%	149.52	136.13	9.84%	Y	
Maple Manor Nursing Home	22,975	22,959	0.07%	128.25	118.41	8.31%	130.69	119.48	9.38%	Y	Y
Lutheran Home of the Good Shepherd	26,850	28,504	-5.80%	150.85	137.62	9.61%	154.26	137.62	12.09%	Y	
St. Catherines Health Care Center	37,717	46,030	-18.06%	152.13	138.66	9.71%	160.21	145.92	9.79%	Y	Y
Central Dakota Village	35,942	35,975	-0.09%	166.34	151.30	9.94%	166.34	151.30	9.94%		
Aneta Parkview Health Center	12,818	13,835	-7.35%	146.32	132.80	10.18%	150.75	134.48	12.10%	Y	Y
Jacobson Mem. Hospital Care Center	9,051	8,824	2.57%	138.17	123.34	12.02%	167.05	140.39	18.99%	Y	Y
Marian Manor Nursing Home	30,858	31,194	-1.08%	140.50	124.77	12.61%	140.50	124.77	12.61%		
Tioga Medical Center	10,166	10,763	-5.55%	140.25	124.14	12.98%	146.16	127.15	14.95%	Y	Y
Rosewood on Broadway	36,356	36,556	-0.55%	167.04	146.89	13.72%	167.84	147.10	14.10%	Y	Y
				144.48	137.59	5.01%					

Direct Care Rates (6/30/03 cost report)

Facility count	2004	2005	2006	2007
1	57.19	60.15	63.40	66.57
2	57.64	60.63	63.91	67.10
3	58.98	62.04	65.39	68.66
4	60.64	63.78	67.23	70.59
5	60.77	63.92	67.38	70.75
6	61.50	64.69	68.18	71.59
7	62.07	65.29	68.82	72.26
8	62.17	65.39	68.92	72.37
9	62.41	65.64	69.19	72.65
10	62.87	66.13	69.70	73.19
11	64.10	67.42	71.07	74.62
12	64.22	67.55	71.20	74.76
13	64.52	67.87	71.54	75.11
14	64.62	67.96	71.64	75.22
15	64.65	68.00	71.68	75.26
16	64.68	68.03	71.71	75.29
17	65.14	68.51	72.22	75.83
18	66.27	69.71	73.48	77.15
19	66.96	70.43	74.24	77.95
20	67.63	71.14	74.99	78.73
21	67.82	71.34	75.19	78.95
22	67.89	71.41	75.27	79.03
23	68.04	71.56	75.43	79.20
24	68.10	71.63	75.50	79.27
25	68.51	72.06	75.95	79.75
26	69.02	72.60	76.52	80.35
27	70.25	73.90	77.89	81.78
28	70.27	73.91	77.91	81.80
29	70.82	74.49	78.52	82.44
30	71.11	74.80	78.84	82.78
31	71.33	75.03	79.08	83.04
32	72.06	75.80	79.89	83.89
33	73.94	77.78	81.98	86.08
34	74.20	78.04	82.26	86.38
35	74.25	78.10	82.32	86.44
36	74.31	78.16	82.39	86.51
37	74.70	78.57	82.81	86.95
38	74.74	78.62	82.87	87.01
39	75.17	79.07	83.34	87.51
40	75.20	79.10	83.38	87.55
41	75.58	79.50	83.80	87.98
42	75.61	79.53	83.82	88.02
43	75.65	79.57	83.87	88.07
44	75.69	79.61	83.92	88.11
45	75.87	79.80	84.11	88.32
46	76.09	80.03	84.35	88.57
47	78.18	82.23	86.67	91.01
48	78.56	82.62	87.08	91.44
49	78.64	82.72	87.19	91.55
50	78.74	82.82	87.29	91.66
51	78.80	82.89	87.37	91.74
52	78.96	83.08	87.57	91.95
53	79.49	83.61	88.13	92.54
54	79.56	83.69	88.21	92.62
55	79.69	83.82	88.35	92.77
56	79.94	84.09	88.63	93.06
57	80.02	84.16	88.71	93.15
58	80.05	84.20	88.75	93.18
59	80.81	85.00	89.59	94.07
60	80.99	85.18	89.79	94.28
61	81.03	85.23	89.84	94.33
62	82.15	86.41	91.08	95.63
63	83.20	87.51	92.24	96.85
64	83.41	87.74	92.48	97.10
65	84.27	88.64	93.43	98.10
66	84.31	88.68	93.47	98.15
67	84.38	88.76	93.55	98.23
68	84.53	88.92	93.72	98.41
69	84.86	89.26	94.08	98.78
70	84.87	89.27	94.09	98.80
71	86.32	90.80	95.71	100.49
72	86.86	91.38	96.32	101.14
73	88.00	92.57	97.57	102.45
74	88.24	92.81	97.83	102.72
75	89.10	93.71	98.78	103.72
76	91.23	95.96	101.14	106.20
77	91.65	96.40	101.61	106.69
78	92.50	97.29	102.55	107.68
79	94.68	99.59	104.97	110.22
Median	75.20	77.16	79.45	81.94
Median plus 2020	90.24	92.59	95.35	98.33
Current Limit	87.15	89.42	92.08	94.96
998575	92.50	94.91	97.73	100.79
Limit Inflation		2.60%	2.98%	3.13%

NF Limit Analysis

	Direct				Other Direct				Indirect			
		2005	2006	2007		2005	2006	2007		2005	2006	2007
Inflation		2.60%	2.98%	3.13%		2.60%	2.98%	3.13%		2.60%	2.98%	3.13%
	Base				Base				Base			
Median plus 202010	90.24	92.59	95.35	98.33	17.26	17.71	18.24	18.81	42.71	43.82	45.13	46.54
Current	87.15	89.42	92.08	94.96	15.27	15.67	16.14	16.65	37.46	38.43	39.58	40.82
998575	92.50	94.91	97.74	100.80	15.81	16.22	16.70	17.22	41.79	42.88	44.16	45.54

Limit inflator to 2%

	Direct				Other Direct				Indirect			
		2005	2006	2007		2005	2006	2007		2005	2006	2007
Inflation		2.60%	2.00%	2.00%		2.60%	2.00%	2.00%		2.60%	2.00%	2.00%
	Base				Base				Base			
Median plus 202010	90.24	92.59	94.44	96.33	17.26	17.71	18.06	18.42	42.71	43.82	44.70	45.59
Current	87.15	89.42	91.21	93.03	15.27	15.67	15.98	16.30	37.46	38.43	39.20	39.98
998575	92.50	94.91	96.81	98.75	15.81	16.22	16.54	16.87	41.79	42.88	43.74	44.61

Long Term Care
Home and Community Based Care

	2003-2005 Appropriation		2005-2007 Budget to House		2005-2007 Estimate using Actual Expenditures from March 2004 thru November 2004		Increase/(Decrease) in Need		% Change from 03-05 Approp. to 05-07 Estimate
	Total	General	Total	General	Total	General	Total	General	
SPED	14,703,198	13,749,819	14,423,230	13,487,628	12,682,638	11,834,073	(1,740,592)	(1,653,555)	-13.74%
Expanded SPED	834,541	834,541	1,188,889	1,188,889	787,837	787,837	(401,052)	(401,052)	-5.60%
Waiver - TBI	2,274,072	728,514	2,330,357	818,187	2,837,796	999,272	507,439	181,085	24.79%
Waiver - Aged & Disabled	9,478,112	3,036,121	2,573,636	903,520	3,272,010	1,151,664	698,374	248,144	-65.48%
Targeted Case Management	1,107,750	354,878	3,789,824	1,329,900	2,044,833	719,066	(1,744,991)	(610,834)	84.59%
Personal Care	2,800,273	897,208	14,661,108	5,152,114	15,359,970	5,400,642	698,862	248,528	448.52%
Total	31,197,946	19,601,081	38,967,044	22,880,238	36,985,084	20,892,554	(1,981,960)	(1,987,684)	18.55%

North Dakota Department of Human Services
Long Term Care
Table 4: SPED

	2003-2005			2005-2007			
MONTH	Person Receiving	Avg. Cost Per Person	Total	Person Receiving	Avg. Cost Per Person	Total	General Fund
August	1185	409.49	485,248	1363	353.20	481,412	449,144
September	1162	410.57	477,081	1373	353.20	484,944	452,435
October	1147	379.80	435,631	1383	353.20	488,476	455,726
November	1153	397.02	457,764	1393	353.20	492,008	459,018
December	1142	399.37	456,078	1403	353.20	495,540	462,311
January	1076	377.58	406,279	1413	353.20	499,072	465,602
February	1106	401.41	443,960	1423	353.20	502,604	468,893
March	1211	378.42	458,271	1433	353.20	506,136	472,184
April	1234	398.13	491,297	1443	353.20	509,668	475,476
May	1171	392.11	459,163	1453	353.20	513,200	478,767
June	1216	428.12	520,589	1463	353.20	516,732	482,059
July	1182	383.44	453,226	1473	353.20	520,264	485,351
August	1254	438.62	550,033	1483	361.54	536,164	500,393
September	1205	422.29	460,761	1493	361.54	539,779	503,762
October	1193	398.90	427,398	1503	361.54	543,395	507,133
November	1273	436.23	506,437	1513	361.54	547,010	510,503
December	1283	408.47	474,790	1523	361.54	550,625	513,875
January	1293	408.47	478,481	1533	361.54	554,241	517,246
February	1303	408.47	482,208	1543	361.54	557,856	520,616
March	1313	408.47	485,935	1553	361.54	561,472	523,988
April	1323	408.47	489,662	1563	361.54	565,087	527,357
May	1333	408.47	493,391	1573	361.54	568,702	530,728
June	1343	408.47	497,117	1583	361.54	572,318	534,100
July	1353	408.47	500,722	1593	361.54	575,933	537,406
TOTAL	29,454		11,391,522	35,472		12,682,638	11,834,073

LTC Estimates using Nov 2004_detail.xls 1/26/2005

North Dakota Department of Human Services
Long Term Care
Table 5: Expanded SPED

	2003-2005			2005-2007			
MONTH	Person Receiving	Avg. Cost Per Person	Total	Person Receiving	Avg. Cost Per Person	Total	General Fund
August	132	342.02	45,147	179	159.51	28,552	28,552
September	144	326.67	47,040	181	159.51	28,871	28,871
October	133	314.80	41,869	183	159.51	29,190	29,190
November	143	349.24	49,941	185	159.51	29,509	29,509
December	148	363.95	53,864	187	159.51	29,828	29,828
January	127	307.49	39,051	189	159.51	30,147	30,147
February	140	302.68	42,375	191	159.51	30,466	30,466
March	152	249.17	37,874	193	159.51	30,785	30,785
April	154	295.60	45,523	195	159.51	31,104	31,104
May	139	286.97	39,889	197	159.51	31,423	31,423
June	146	290.36	42,393	199	159.51	31,742	31,742
July	144	246.07	35,434	201	159.51	32,062	32,062
August	155	292.54	45,343	203	165.17	33,530	33,530
September	149	292.69	16,418	205	165.17	33,860	33,860
October	153	262.29	12,791	207	165.17	34,190	34,190
November	161	281.20	17,787	209	165.17	34,521	34,521
December	163	277.51	17,602	211	165.17	34,851	34,851
January	165	277.51	18,011	213	165.17	35,181	35,181
February	167	277.51	18,420	215	165.17	35,512	35,512
March	169	277.51	18,975	217	165.17	35,842	35,842
April	171	277.51	19,384	219	165.17	36,172	36,172
May	173	277.51	19,939	221	165.17	36,503	36,503
June	175	277.51	20,347	223	165.17	36,833	36,833
July	177	277.51	20,907	225	165.17	37,163	37,163
TOTAL	3680		766,324	4848		787,837	787,837

North Dakota Department of Human Services
Long Term Care
Table 6: TBI Waiver

MONTH	2003-2005 Person Receiving	2003-2005 Avg. Cost Per Person	2003-2005 Total	2005-2007 Person Receiving	2005-2007 Avg. Cost Per Person	2005-2007 Total	General Fund
August	27	2,618.96	70,712	44	2,352.16	103,495	33,646
September	29	2,503.48	72,601	44	2,352.16	103,495	33,646
October	30	2,409.53	72,286	45	2,354.44	105,950	36,182
November	29	2,476.14	71,808	45	2,354.44	105,950	36,182
December	27	2,441.22	65,913	46	2,356.63	108,405	37,020
January	28	2,274.89	63,697	46	2,356.63	108,405	37,020
February	29	2,403.93	69,714	47	2,358.72	110,860	37,859
March	30	2,309.73	69,292	47	2,358.72	110,860	37,859
April	29	2,550.07	73,952	48	2,360.73	113,315	38,697
May	31	2,250.68	69,771	48	2,360.73	113,315	38,697
June	30	2,264.07	67,922	49	2,362.65	115,770	39,535
July	29	2,517.10	72,996	49	2,362.65	115,770	39,535
August	31	2,304.48	71,439	50	2,411.80	120,590	41,181
September	28	2,582.89	72,321	50	2,411.80	120,590	41,181
October	28	2,365.75	66,241	51	2,413.61	123,094	45,262
November	28	2,518.43	70,516	51	2,413.61	123,094	45,262
December	29	2,407.00	69,803	52	2,415.35	125,598	46,182
January	30	2,407.00	72,210	52	2,415.35	125,598	46,182
February	31	2,407.00	74,617	53	2,417.04	128,103	47,103
March	29	2,407.00	69,803	53	2,417.04	128,103	47,103
April	30	2,407.00	72,210	54	2,418.65	130,607	48,024
May	31	2,407.00	74,617	54	2,418.65	130,607	48,024
June	30	2,407.00	72,210	55	2,420.20	133,111	48,945
July	31	2,407.00	74,617	55	2,420.20	133,111	48,945
TOTAL	704		1,701,268	1188		2,837,796	999,272

North Dakota Department of Human Services
Long Term Care
Table 7: Waiver - Aged & Disabled

	2003-2005			2005-2007			
MONTH	Person Receiving	Avg. Cost Per Person	Total	Person Receiving	Avg. Cost Per Person	Total	General Fund
August	365	1,127.43	411,513	398	310.55	123,599	40,182
September	362	1,179.04	426,811	400	310.55	124,220	40,384
October	360	1,319.59	475,053	402	310.55	124,841	42,633
November	377	1,429.23	538,820	404	310.55	125,462	42,845
December	377	1,335.30	503,409	406	310.55	126,083	43,057
January	356	1,291.95	459,934	408	310.55	126,704	43,269
February	364	1,387.34	504,993	410	310.55	127,326	43,482
March	387	1,321.30	511,344	412	310.55	127,947	43,694
April	381	1,277.73	486,816	414	310.55	128,568	43,906
May	385	1,252.10	482,059	416	310.55	129,189	44,118
June	377	1,310.54	494,072	418	310.55	129,810	44,330
July	360	1,253.96	451,425	420	310.55	130,431	44,542
August	397	1,291.72	512,812	422	336.38	141,952	48,477
September	385	1,253.74	482,689	424	336.38	142,625	48,706
October	374	1,251.90	468,210	426	336.38	143,298	52,691
November	390	1,178.07	459,446	428	336.38	143,971	52,938
December	382	1,265.68	436,660	430	336.38	144,643	53,185
January	384	1,265.68	545,508	432	336.38	145,316	53,433
February	386	1,265.68	436,660	434	336.38	145,989	53,680
March	388	1,265.68	436,660	436	336.38	146,662	53,928
April	390	1,265.68	436,660	438	336.38	147,334	54,175
May	392	1,265.68	545,508	440	336.38	148,007	54,422
June	394	1,265.68	436,660	442	336.38	148,680	54,670
July	396	1,265.68	436,660	444	336.38	149,353	54,917
TOTAL	8929		11,380,382	10,104		3,272,010	1,151,664

North Dakota Department of Human Services
Long Term Care
Table 8: Targeted Case Management - Aged & Disabled

	2003-2005			2005-2007			
MONTH	Units	Avg. Cost Per Unit	Total	Unit	Avg. Cost Per Unit	Total	General Fund
August	10	69.50	695	478	165.82	79,245	25,763
September	15	96.00	1,440	481	165.82	79,688	25,907
October	5	96.00	480	483	165.82	80,130	27,364
November	10	89.50	895	486	165.82	80,572	27,515
December	8	102.50	820	489	165.82	81,014	27,666
January	58	81.88	4,749	491	165.82	81,456	27,817
February	92	90.92	8,365	494	165.82	81,898	27,968
March	297	146.16	43,411	497	165.82	82,341	28,119
April	240	206.78	49,626	499	165.82	82,783	28,270
May	170	206.77	35,151	502	165.82	83,225	28,421
June	309	140.86	43,527	505	165.82	83,667	28,572
July	150	168.11	25,217	507	165.82	84,109	28,723
August	313	148.67	46,533	510	169.14	86,244	29,452
September	269	143.88	38,703	513	169.14	86,696	29,607
October	164	146.80	24,074	515	169.14	87,147	32,044
November	294	155.10	45,599	518	169.14	87,598	32,210
December	245	162.57	39,830	521	169.14	88,049	32,376
January	245	162.57	39,830	523	169.14	88,500	32,541
February	245	162.57	39,830	526	169.14	88,951	32,707
March	245	162.57	39,830	529	169.14	89,402	32,873
April	245	162.57	39,830	531	169.14	89,853	33,039
May	245	162.57	39,830	534	169.14	90,304	33,205
June	245	162.57	39,830	537	169.14	90,755	33,371
July	245	162.57	39,830	539	169.14	91,206	33,536
TOTAL	4364		687,926	12,206		2,044,833	719,066

North Dakota Department of Human Services
Long Term Care
Table 9: Personal Care Option

	2003-2005		2005-2007			
MONTH	Person Receiving	Avg. Cost Per Person	Person Receiving	Avg. Cost Per Person	Total	General Fund
August	-	-	683	881.67	602,179	195,768
September	-	-	685	881.67	603,943	196,342
October	-	-	688	881.67	606,588	207,150
November	-	-	691	881.67	609,233	208,053
December	-	-	693	881.67	610,996	208,655
January	-	-	695	881.67	612,759	209,257
February	-	-	698	881.67	615,404	210,161
March	-	-	701	881.67	618,049	211,064
April	-	-	703	881.67	619,813	211,666
May	-	-	706	881.67	622,458	212,569
June	-	-	709	881.67	625,103	213,473
July	-	-	711	881.67	626,866	214,075
August	-	-	714	914.32	652,824	222,939
September	-	-	716	914.32	654,653	223,564
October	-	-	719	914.32	657,396	241,724
November	-	-	721	914.32	659,224	242,397
December	-	-	724	914.32	661,967	243,405
January	-	-	727	914.32	664,710	244,414
February	-	-	729	914.32	666,539	245,086
March	-	-	732	914.32	669,282	246,095
April	-	-	735	914.32	672,025	247,104
May	-	-	737	914.32	673,853	247,776
June	-	-	739	914.32	675,682	248,448
July	-	-	742	914.32	678,425	249,457
TOTAL			17,098		15,359,970	5,400,642

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

SENATOR HOLMBERG, CHAIRMAN

MARCH 02, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Linda Wright, Director of the Aging Services Division, Department of Human Services. I am here today to provide an overview of a portion of the Long Term Care budget.

The Aging Services Division provides administration of the following home and community based funding sources: Service Payments for Elderly and Disabled (SPED), Expanded SPED, Medicaid Waiver for Aged and Disabled, Medicaid Waiver for Traumatic Brain Injury and Targeted Case Management. Services are provided to persons who would otherwise qualify for skilled nursing home care, basic care, or require assistance due to functional limitations and financial criteria. Individual and agency qualified service providers (QSPs); including County Social Service Boards, deliver the services to qualified older persons and persons with physical disabilities. The purpose of the services is to assist eligible individuals to remain as independent as possible in their own homes and communities for as long as possible, thereby delaying or preventing institutional care.

The other program areas within the Long Term Care budget have been presented by David Zentner. The other areas of the Aging Services Division budget are presented in separate testimony.

CUSTOMER BASE

- The current number of clients receiving services through the funding sources in this budget is 2338 individuals.
- The average age of a recipient receiving services funded by this budget is 70.6 years old.

TRENDS

- The number of people ages 65 and older is expected to increase significantly in North Dakota. The number of individuals ages 65 to 84 is projected to increase by 113% from 15,849 in 2000 to 33,754 twenty years later. The number of individuals age 85 and older is projected to increase by over 100% from 2853 people in 2000 to 5710 in 2020.
- According to the 2002 North Dakota Needs Assessment of Long Term Care, conducted by UND and NDSU, "The number of seniors in North Dakota with functional limitations, a measure of the level of assistance required for basic activities of living (e.g. bathing, dressing, eating, walking, and using the toilet), is higher than the national norm and indicates a greater demand for caregiving. The number of services residents report as available declines as one moves from urban to rural areas of the state. In general, availability of services is a major issue that needs to be addressed."
- The 2002 North Dakota Needs Assessment of Long Term Care further states: "priority needs to be given to legislative efforts in the form of program incentives and tax incentives for home and community based services. Elderly who are in greatest need for services reside in the states rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program incentives and tax incentives that create or enhance the care of elderly in the home or through community based efforts will reduce

the demand for institutional care and, in turn, the financial burden on the state."

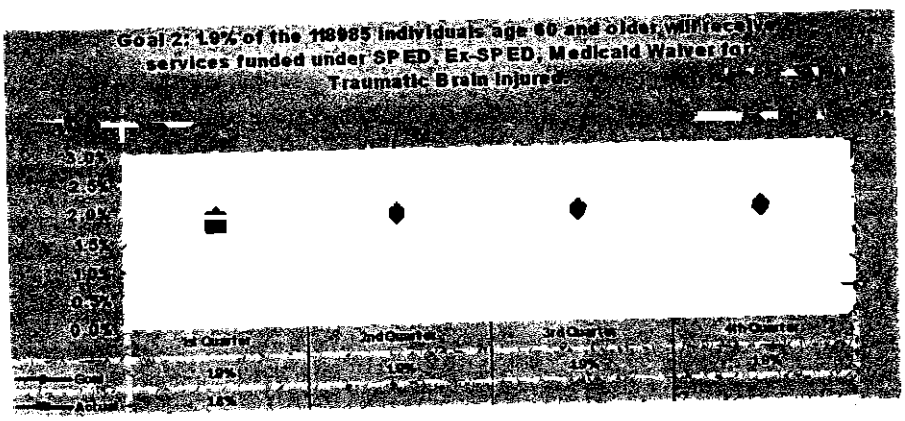
- According to the 2000 Census, 44,634 persons ages 21 to 64 years old in North Dakota had a disability. The population age 65 and older included 36,276 people with a disability.
- The results of a 2004 AARP North Dakota Member survey are as follows:
  - "Three in five North Dakota members are extremely concerned with staying independent as they age, and over half are extremely concerned with having choices in long term care."
  - "More than nine in ten North Dakota members rate having a range of support services available in their community to be very or somewhat important."

The trend nationally, and in North Dakota, is decreased reliance on institutional care and increased consumer demand for home and community based service options.

PERFORMANCE MEASURES

- 1.9% of the 118,985 individuals age 60 and older will receive SPED, Expanded SPED, Medicaid Waiver for Aged and Disabled, or Traumatic Brain Injury services.

Home & Community Based Services



SFY 2005

Overview of budget changes:

	2003 - 2005 Budget	Increase/ (Decrease)	2005 - 2007 Request	House Changes	Request to Senate
SPED	14,703,198	(279,968)	14,423,230	(1,549,792)	12,873,438
Expanded SPED	834,541	354,348	1,188,889	(365,052)	823,837
Aged & Disabled Waiver	9,478,112	(6,904,476)	2,573,636	698,374	3,272,010
TBI Waiver	2,274,072	56,285	2,330,357	507,439	2,837,796
Targeted Case Management	1,107,750	2,682,074	3,789,824	(1,744,991)	2,044,833
Total	28,397,673	(4,091,737)	24,305,936	(2,454,022)	21,851,914
General	18,703,873	(975,750)	17,728,123	(2,018,952)	15,709,171
Federal	8,966,141	(3,098,211)	5,867,930	(357,573)	5,510,357
Other	727,659	(17,776)	709,883	(77,497)	632,386

- **This portion of the long-term care budget has been reduced overall in the Governor's budget by $4,091,737 from the current biennium. The majority of the reduction was due to moving personal care to the Medicaid State Plan as required by legislation passed in the last session. Please refer to David Zentner's testimony regarding this change.**
- **Qualified service providers (QSPs) have not received an increase in their rates for at least 3 years. An inflationary rate increase of 2% per year is included in the budget. The provider increase for these areas is just over $600,000 total funds of which approximately $500,000 is general funds. Aging Services has received concerns from several QSPs regarding their inability to continue to provide services without a rate increase.**
- **The average reimbursement for QSPs is $9.64 per hour. This does not include travel time, only face-to-face time. It also does not include any fringe benefits such as social security, etc. since the QSPs are independent contractors.**

HOUSE CHANGES

- The House decreased the overall Home and Community Based services noted above by $2,680,822 based upon a new estimate prepared by the Department for 2005-2007 using the actual number of clients receiving services and actual costs from March through November of 2004.
- The House increased the HCBS budget by $226,800 to allow for an increase in the service cap for Homemaker Service from $135 per month to $185 per month. This change brings the cap back to the previous level in the 2001-2003 biennium. The cap, along with other service reductions and changes, was reduced in efforts to slow spending in SPED and Expanded SPED prior to a total freeze of both programs due to budget restrictions in the 2001-2003 biennium.

I would be happy to answer any questions you may have at this time.

Testimony on HB 1012
House Appropriations Committee - Human Resource Division
January 19, 2005

Chairman Delzer and members of the House Appropriations Committee, thank you for the opportunity to testify on HB 1012. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. I am here today to testify in support of the Governor's proposed funding levels for nursing facilities and to ask you to review the adequacy of inflation for basic care rates and the projection of individuals in need of basic care services.

Nursing Facilities

Yesterday in House Human Services we testified on HB 1252 regarding the Nursing Facility Payment System. I'm anticipating HB 1252 will be re-referred to your committee so I will have an opportunity to provide information regarding the nursing facility payment system, when HB 1252 arrives here. What I would like to concentrate my comments on is the history, philosophy and governments role in funding for individuals in need of twenty-four hour skilled care. This brief overview will help you better understand the primary role in nursing facility rate-setting legislators created in 1987.

Nursing facilities started providing care over 100 years ago in North Dakota. For years the legislature has appropriated funding to care for the frail and in firmed.

Eighteen years ago in 1987 the legislature passed HB 1448 which required equalization of rates between Medicaid residents and self pay residents in nursing facilities. Equalization of rates requires all residents be charged the same rate for comparable services. The legislation was effective January 1, 1990. Minnesota and North Dakota are the only states with equalized rates. An equalization of rate policy requires North Dakota to establish a payment system that adequately recognizes the cost to deliver care. If rates are below the cost of delivering care, the law prevents facilities from charging more. Nursing facilities are the only private business in North Dakota subjected to an equalized rate system. Although dentists and optometrists serve Medicaid residents, the state does not dictate what they charge their other customers. Other Medicaid providers are free to charge their private paying customers a fee without government regulation.

Our greatest fear was government established rates for <u>everyone</u> would not be adequate to deliver the quality of care we were intent on delivering. The care that families expected and residents deserved. Seniors who advocated for equalized rates told us to trust the government and vowed to work with us to assure residents received quality care, thus adequate funding.

My experience in the past fifteen years shows the seniors were correct. The legislature has always worked diligently and has found the resources to assure all 6,000 nursing facility residents get the care they deserve. Today I'm pleased to share with you HB 1012 holds true to that commitment. Governor Hoeven's budget meets the needs of nursing facility residents. He recognized with over 80% of the nursing facilities exceeding a limit, with a fiscal impact of over $7.4 million in uncompensated care annually, limits must be updated. My message is simple, please do not take away from the funding levels proposed by Governor Hoeven. The budget assures, the very people that built this state, who now need us most, will get the care they deserve. Thank you for your thoughtful consideration in following Governor Hoeven's recommended funding levels for nursing facility residents.

Basic Care:
Basic care is the most cost effective service for individuals that need a supervised living environment and nursing oversight. See Attachment A for an outline of the needs of residents in basic care. Basic care facilities are licensed by the state and have no federal regulations. State regulations and oversight has lead to a very cost effective model of care. Today the average basic care rate is $57.73 per day. A number of individuals can be safely cared for in this setting, thus delaying entry into the nursing facility medical model delivery of care. We also have data showing in a twelve month ending June 30, 2004, 236 individuals were discharged from nursing facilities into the basic care/assisted living facilities. In reviewing the departments testimony we have two areas of concern. The estimated number of individuals in need of basic care and inflationary adjustments.

Projected Number of Basic Care Residents:
Dave Zentner's testimony on 01/13/05 stated:

Page 2:
"In Nov 2004...a total of 490 individuals had payments made for them through the basic care assistance program."

Page 7:
"For the eight month period ending in Oct., an average of 468 individuals had a basic care payment made on their behalf."

Page 7:
"The basic care budget is based on serving 457 individuals per month."

This budget is built on caring for eleven less people that are currently receiving care today.

The community of Fargo has never had a basic care facility available to care for low income individuals. This has been a gap for over twenty years and is becoming very critical. We have low and moderate income seniors in Fargo who could benefit from this service. The Good Samaritan Society is hoping to make available this type of care. It is there hope and mission to serve those most in need. If the basic care program is not opened up so we can care for this under served population, we will miss an opportunity. Currently the Administrative Rules state:

75-02-07.1-22 Rate Limitations

2. If at any time the total number of licensed basic care beds in North Dakota exceeds one thousand three hundred eighty-two, before the beginning of each quarter beginning thereafter, the department shall review the sufficiency of appropriations provided to pay the estimated cost of supplements. If the appropriations appear insufficient, the department shall determine reduced rates for all facilities with substantial capacity increases and for all new facilities.

Today there are 55 licensed basic care facilities representing 1,603 licensed beds. Because the personal care option is a funding source for basic care residents it has become an entitlement for those who qualify. The problem has been access to the state basic care assistance funds, which covers the "room and board" portion of basic care. Assistance with paying for supervised housing is what is in desperate need.

Your consideration in increasing the 457 individuals to a higher number would help serve more low income individuals in currently under served areas.

Basic Care Inflationary Adjustments:

The budget contains an inflationary adjustment for basic care of 1.5%, based on the CPI, per administrative rules. The CPI is currently at 3.7%. See Attachment B. Basic care is the most affordable service that takes care of persons needing twenty-four hours a day care. At today's average rate of $57.73, that's $2.41 per hour. Basic care is experiencing the same price increases as other medical providers. Your consideration in budgeting for the increase CPI is appreciated.

Thank you again for the opportunity to testify on HB 1012. I would be happy to answer any questions.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660

ATTACHMENT A

BASIC CARE RESIDENTS

- ★ Gender: 66% female and 34% male
- ★ Average youngest resident: 63
- ★ Average oldest resident: 95
- ★ Range of residents: 19 - 106

Comparison of Residents Needs from 2000 to 2005

Care Item	2000	2005
Total Administration of Medication	86%	96%
Help in Bathing	59%	68%
Totally Ambulatory	73%	70%
Experience confusion or disorientation	28%	49%
Diagnosis of Mental Illness or Mental Retardation	20%	29%

- ★ Basic care services include room, meals, medication administration, twenty-four hour supervision and support, activities, nursing assessment and care planning.
- ★ The top two reasons an individual will enter basic care is the need for medication administration and twenty-four hour supervision.

U.S. Department of Labor
Bureau of Labor Statistics
Bureau of Labor Statistics Data

www.bls.gov

Change Output Options: From: 1994 To: 2004 GO

☐ include graphs **NEW!** More Formatting Options ➡

Data extracted on: January 17, 2005 (1:38:59 PM)

Consumer Price Index - Urban Wage Earners and Clerical Workers

12 Months Percent Change

Series Id: CWUR0000SA0
Not Seasonally Adjusted
Area: U.S. city average
Item: All items
Base Period: 1982-84=100

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
1994	2.4	2.3	2.3	2.2	2.1	2.4	2.6	2.9	3.0	2.6	2.7	2.7	2.5	2.3	2.7
1995	2.9	3.0	3.0	3.2	3.2	3.1	2.8	2.5	2.5	2.7	2.4	2.5	2.9	3.0	2.6
1996	2.6	2.6	2.8	2.9	2.9	2.8	2.9	2.9	3.0	3.0	3.3	3.3	2.9	2.8	3.1
1997	3.0	3.0	2.7	2.3	2.1	2.1	2.1	2.1	2.1	1.9	1.7	1.5	2.3	2.5	1.9
1998	1.3	1.1	1.1	1.2	1.5	1.5	1.5	1.4	1.2	1.3	1.4	1.6	1.3	1.3	1.4
1999	1.6	1.6	1.7	2.3	2.1	1.9	2.2	2.4	2.8	2.7	2.7	2.7	2.2	1.9	2.6
2000	2.9	3.4	4.0	3.3	3.3	3.9	3.7	3.4	3.5	3.4	3.5	3.4	3.5	3.5	3.5
2001	3.7	3.5	2.8	3.3	3.7	3.2	2.6	2.7	2.6	2.0	1.6	1.3	2.7	3.3	2.1
2002	0.9	0.8	1.2	1.3	0.8	0.7	1.3	1.6	1.3	1.9	2.1	2.4	1.4	1.0	1.8
2003	2.6	3.2	3.2	2.3	2.0	2.1	2.0	2.1	2.3	1.9	1.6	1.6	2.2	2.5	1.9
2004	1.8	1.5	1.4	2.1	3.0	3.2	3.0	2.6	2.4	3.2	3.7			2.2	

U.S. Bureau of Labor Statistics
Postal Square Building
2 Massachusetts Ave., NE
Washington, DC 20212-0001

Phone: (202) 691-5200
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Data questions: **blsdata staff@bls.gov**
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Other comments: **feedback@bls.gov**

Testimony on HB 1012
Senate Appropriations Sub-Committee
March 10, 2005

Chairman Fischer and members of the Senate Appropriations Sub-Committee, thank you for the opportunity to testify on HB 1012. My name is Shelly Peterson, President of the ND Long Term Care Association. I am here today to testify on HB 1012 and request your consideration in restoring the $1.75 million in state general funds deleted by the House. The reduced funds are necessary to provide adequate inflationary protection for nursing facility services. The nursing facility payment system is quite complex and I'm hopeful to provide you with greater details when HB 1252 is re-referred to Senate Appropriations. Today, I would like to briefly address four issues related to nursing facility funding:

1. Equalization of Rates
2. History of inflationary adjustments and the cost of delivering services
3. Impact of the House reduction of $1.75 million in state general funds
4. Sustainability of the Medicaid Program.

In my presentation, I'm trying to be as brief as possible while not leaving you misinformed or confused. It really is an impossible task because to fully understand the nursing facility payment system, all features are important and impact each other. I would welcome any opportunity to meet with you individually should you desire more complete information.

1. Equalization of Rates

North Dakota facilities started providing care over 100 years ago. For years, the legislature has appropriated funding to care for the frail and infirmed - those unable or incapable of staying at home with services or family. Eighteen years ago in 1987, the legislature passed HB 1448 which required equalization of rates between Medicaid residents and self pay residents. This law required all residents with comparable needs to be charged the same rate, and government was charged with rate setting authority. Except for Medicare, where the federal government sets the rate, the North Dakota legislature, through Medicaid funding, dictates the amount of revenue each nursing facility receives. Today, Medicaid is in control of 95% of a nursing facilities revenue and Medicare, the federal government, controls the other 5%. What you do directly impacts every facility and every resident. Nursing facilities are the only business in North Dakota and the second one in the nation to be subject to such government rate setting controls.

2. History of Inflationary Adjustments & the Loss of Delivery Services

An important feature of the rate setting system is annual inflationary adjustments on costs. Although government controls our income, costs are most often difficult to control. Nursing facilities try to implement cost-controlling practices, but many cost increases are outside their scope of authority. To better understand what has occurred, I'd like you to look at the following attachments:

Attachment A	History of Inflationary Adjustments on Costs
Attachment B	Bethany Homes Experience with General Liability Insurance
Attachment C	MedCenter One Product Price Comparison
Attachment D	Fiscal Impact of Limits

3. Impact of House Reduction of $1.75 Million in State General Funds

State budget action impacts are dramatic, causing "five" times the damage. The $1.75 million dollar reduction in general funds results in a loss of $3.2 million in federal funds and $3.8 million in private pay dollars. The total impact is $8.75 million! $8.75 million that will never make it to the communities and residents cared for in North Dakota. The impact will most likely be felt most on the employees and residents. If nursing facilities are limited to a 2% inflator, after you pay all your "mandatory" cost increases, you may have enough left over for a 1.0 - 1.5% salary adjustment. This inflationary adjustment is also suppose to cover any additional staff. In 2000 our CNA turnover was 66% statewide. In 2002, after the legislature provided a significant salary & benefit enhancement, turnover dropped to 43%. Today, CNA turnover is at 35%. What you appropriated made a tremendous difference.

Impact on Residents - How are North Dakota facilities doing with quality?

Attachment E	Quality Measures
Attachment F	Analysis of high cost vs low cost nursing facilities

4. Sustainability of the Medicaid Program

This is an important issue. One we are deeply concerned about and one we know weighs heavily on your mind. Can we sustain nursing facility funding at the level we need to deliver the care you all expect and deserve? NO - the entire Medicaid program is on the brink of disaster, especially the portion that funds long term care. Why?

a. **Federal Law, Policy & Regulations:**

CMS Administrator McClellen stated last week that sustainability of the Medicaid Program is not possible under the current structure. "Medicaid was never intended to be an inheritance protection program and that is what it has become". Medicaid is intended to be a safety net for the poor, not the rich. Anyone can give away all of their assets and qualify for Medicaid. It is believed to be occurring across the nation at record numbers.

Federal Regulations - Nursing facilities are highly regulated and Americans think more regulations are necessary.

b. **North Dakota's Growing Aging Population**

In 15 short years, North Dakota will have an additional 50,000 individuals over the age of 65. In this same time, we will have an additional 9,000 individuals over the age of 85. Our old-old are the ones most in need of long term care.

c. **Attitudes**

Fifteen years ago, our parents and grandparents saved and didn't spend their money. They wanted to be thrifty to assure they had the resources to pay for long term care. Today, its just the opposite. Individuals use attorneys and estate planners to assure they don't have to pay for long term care.

d. **State Policy**

Equalization of Rates - it's fair and the seniors like it. We raised the question this past year with AARP. Given the desire to develop a more balanced continuum of care and the expense of maintaining a fair reasonable nursing facility payment system, maybe we should forego "equalization of rates" and relive the government of its burden to continually find the resources. The answer we received back was "we continue to support equalization of rates". Sustainability is an important issue for us and all levels of government. It is not going to be easily saved but we must get to the root of the problem. In the meantime, please don't let this complex issue of sustainability prevent you from adequately funding quality care in the near term.

In summary, thank you for your favorable consideration in restoring the $1.75 million general fund reduction. The money was originally contained in HB 1012 and was recognized as a top priority to assure quality of care to those unable to remain at home. I assure you, every single dollar appropriated goes to help assure every residents gets the very best care. We don't want to be 15th in the nation, we can and should do better. Staffing makes a difference - The Kaiser Family Foundation did a survey and found many Americans have concerns about staffing in nursing homes, with 80% of respondents believing nursing homes don't have enough staff. A 2% inflator is not sufficient and you are the only entity that can resolve this issue.

The impact of one dollar reduced is significant, it has five times the impact. The funding levels under your consideration are good for residents, staff and for the quality of care we all want to deliver.

Thank you.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 N. 11th St
Bismarck, ND 58501

ATTACHMENT A

History of Inflationary Adjustment on Costs

Inflators:	1990 Inflators 6/30/1989	1991 Inflators 6/30/1990	1992 Inflators 6/30/1991	1993 Inflators 6/30/1992	1994 Inflators 6/30/1993	1995 Inflators 6/30/1994	1996 Inflators 6/30/1995	1997 Inflators 6/30/1996	1998 Inflators 6/30/1997	1999 Inflators 6/30/1998	2000 Inflators 6/30/1999	2001 Inflators 6/30/2000	2002 Inflators 6/30/2001	2003 Inflators 6/30/2002	2004 Inflators 6/30/2003	2005 Inflators 6/30/2004	EST 2006 Inflators 6/30/2005
Salaries	11.10%	10.70%	10.80%	2.50%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Fringes	7.50%	8.60%	15.10%	18.70%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Food	6.50%	6.80%	5.60%	4.30%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Utilities	7.10%	15.80%	0.40%	4.70%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Drugs/Nurs. Supplies	6.80%	6.30%	5.40%	5.00%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Other	8.10%	8.00%	6.40%	5.80%	2.60%	3.00%	2.50%	3.00%	3.60%	2.80%	3.90%	3.78%	3.73%	2.67%	3.34%	4.36%	3.50%
Converted to Yearly Inflator											2.60%	2.52%	2.49%	1.78%	2.23%	2.91%	
		DRI*				CPI							Average of DRI*-CPI				

*DRI is now Global Insight, Inc.

History of Inflationary Adjustment on Limits

Year Limits was Adjusted by:	
1997	3.00%
1998	2.80%
1999	2.10%
2000	3.10%
2001	2.69%
2002	2.94%
2003	2.26%
2004	2.53%
2005	3.17%

Bethany Homes, Inc. in Fargo, North Dakota

Year	General/Professional Liability Total	Percentage Increase	Umbrella	Percentage Increase
1999-2000	$12,928		$4,395	
2000-2001	$14,549		$4,815	
2001-2002	$24,208		$7,144	
2002-2003	$49,265		$13,207	
2003-2004	$75,019		$31,680	
2004-2005	$81,027	527%↑	$34,494	685%↑

1/1/2005 Nursing Facility Limi
as of December 15, 2004

ATTACHMENT D

NAME OF HOME	Provider No	No Bed	Census	Standard Days	Actual Rate Direct	Other Direct	Indirect	Allowed Rate Property	Direct	Other Direct	Indirect	Percent Occupancy	90.0% Occupancy	Limited Direct	Other Dir	Indirect	Total Limits	Actual versus Allowed Difference Direct	Other Dire	Indirect	Fiscal Impact of Limits Direct	Other Direct	Indirect	Total
Ashley Medical Center	030188	44	15078	15906	69.78	17.25	45.54	6.42	69.78	15.75	38.65	93.63%				1	1	2		(1.50)	(6.89)		22,617	103,887	126,504
Missouri Slope Lutheran Care Center	030004	250	90488	91195	87.13	15.39	39.39	10.42	87.13	15.39	38.65	99.41%					1	1			(0.74)			66,961	66,961
St. Vincent's Nursing Home	030005	101	36823	40593	85.16	14.67	36.53	22.07	85.16	14.67	36.53	99.61%													
Resthaven Healthcare Center, Inc.	030265	54	18000	16856	71.66	14.16	41.09	20.27	71.66	14.16	38.65	91.07%					1	1			(2.44)			43,920	43,920
Golden Acres Manor	030008	60	21038	20244	73.21	14.48	37.89	10.11	73.21	14.48	37.89	95.80%													
Griggs County Nursing Home	030095	58	19930	18230	77.86	13.64	38.54	16.97	77.86	13.64	38.54	93.89%													
Lake Region Lutheran Home	030010	108	38702	37993	89.59	14.81	43.91	3.04	89.59	14.81	38.65	92.85%					1	1			(5.26)			193,053	193,053
Jacobson Mem. Hospital Care Center	030077	25	9051	9110	75.10	15.32	67.53	6.49	75.10	15.32	38.65	98.92%					1	1			(28.88)			261,393	261,393
Garrison Memorial Hospital	030134	26	9320	8223	86.05	11.63	37.15	15.75	86.05	11.63	37.15	97.94%													
Marian Manor Nursing Home	030067	86	30858	30385	82.51	15.05	31.77	5.81	82.51	15.05	31.77	98.04%													
St. Gerards Nursing Home	030163	37	12751	12084	74.67	15.36	42.30	4.87	74.67	15.36	38.65	94.16%					1	1			(3.65)			46,541	46,541
Tri-County Retirement & Nursing Home	030018	58	19984	18558	67.74	13.85	43.70	15.28	67.74	13.85	38.65	94.14%					1	1			(5.05)			100,919	100,919
Hillcrest Care Center	030148	78	21362	19365	64.86	10.71	27.07	4.86	64.86	10.71	27.07	74.83%	74.8%			1	1	2		(2.17)	(21.44)		9,509	93,950	103,459
Kenmare Community Nursing Facility	030209	12	4382	4666	85.41	17.92	60.09	10.78	85.41	15.75	38.65	99.77%				1	1	2		(1.39)	(1.82)		20,138	23,471	43,609
Friendship Healthcare Center	030264	44	14498	13682	65.16	17.14	40.27	13.83	65.16	15.75	38.65	89.97%	90.0%			1	1	2			(1.70)	129,308		173,800	303,107
Trinity Nursing Home	030028	292	102235	101817	91.18	14.41	40.35	12.61	89.91	14.41	38.65	95.66%		1			1	1	(1.27)		(0.67)			12,079	12,079
Golden Manor Inc.	030106	50	18029	17162	80.35	14.69	39.32	7.78	80.35	14.69	38.65	98.52%													
Strasburg Nursing Home	030033	68	24206	21311	77.84	15.82	32.57	2.76	77.84	15.75	32.57	97.26%				1		1		(0.07)			1,694	1,694	3,388
Tioga Medical Center	030178	30	10166	9943	77.03	16.85	43.46	6.20	77.03	15.75	38.65	92.59%				1	1	2		(1.10)	(4.81)		11,183	48,898	60,081
Prairieview Home	030053	60	20719	20673	78.75	15.50	41.30	4.91	78.75	15.50	38.65	94.35%					1	1			(2.85)			54,905	54,905
Wishek Home for the Aged	030039	90	31498	29381	82.50	15.54	35.20	2.83	82.50	15.54	35.20	95.62%													
Aneta Parkview Health Center	030112	39	12818	11856	77.77	14.32	43.06	13.10	77.77	14.32	38.65	89.80%	89.8%				1	1			(4.43)			56,784	56,784
Arthur Good Samaritan	030058	47	15879	16575	69.25	16.95	60.91	12.23	69.25	15.75	38.65	91.15%				1	1	2		(1.20)	(22.26)		18,815	349,015	367,829
Baptist Home	030003	141	51002	48489	98.67	16.02	37.98	5.58	89.91	15.75	37.96	98.83%		1	1			2	(8.76)	(0.27)		424,784	13,771		438,534
Bottineau Good Samaritan Center	030116	81	27935	25899	91.76	15.66	41.36	9.98	89.91	15.66	38.65	94.23%		1			1	2	(1.85)		(2.71)	47,913		76,704	123,617
Sunset Care Corporation	030006	62	22058	21425	82.56	13.84	42.83	16.05	82.56	13.84	38.65	97.21%						1			(4.18)			92,202	92,202
Wedgewood Manor	030194	60	21125	21522	72.05	16.47	44.82	7.56	72.05	15.75	38.65	96.20%				1	1	2		(0.72)	(6.17)		15,210	130,341	145,551
Crosby Good Samaritan Center	030122	62	20716	20436	71.73	13.29	47.34	5.62	71.73	13.29	38.65	91.29%					1	1			(8.69)			180,022	180,022
Devils Lake Good Samaritan Center	030115	79	26213	26221	78.00	13.86	42.65	5.62	78.00	13.86	38.65	90.66%					1	1			(4.00)			104,852	104,852
St Benedicts	030237	172	58197	58106	67.02	15.32	35.76	6.96	67.02	15.32	35.76	92.45%													
St. Luke's Home	030011	84	28490	29540	81.27	16.38	44.65	8.53	81.27	15.75	38.65	92.67%				1	1	2		(2.63)	(6.00)		74,929	170,940	245,869
Dunseith Community Nursing Home	030052	42	12804	11319	64.39	14.84	44.82	3.34	64.39	14.84	38.65	83.29%	83.3%				1	1			(6.17)			79,001	79,001
Prince of Peace Ellendale	030012	64	20884	22180	60.91	10.31	38.86	8.32	60.91	10.31	38.65	89.16%	89.2%				1	1			(0.21)			4,386	4,386
Enderlin Hillcrest Manor	030108	54	18021	17453	84.06	13.17	42.04	10.23	84.06	13.17	38.65	91.16%					1	1			(3.39)			61,091	61,091
Bethany Home	030080	192	68975	68415	85.17	14.94	43.75	10.53	85.17	14.94	38.65	98.15%					1	1			(5.10)			351,773	351,773
Elim Home	030051	136	47767	50668	83.40	19.23	41.02	7.83	83.40	15.75	38.65	95.96%				1	1	2		(3.48)	(2.37)		166,229	113,208	279,437
Rosewood on Broadway	030015	109	36356	40302	82.55	16.01	39.19	27.00	82.55	15.75	38.65	91.13%				1	1	2		(0.26)	(0.54)		9,453	19,632	29,085
Villa Maria	030088	138	47911	50303	84.10	17.81	37.54	10.87	84.10	15.75	37.54	94.66%				1		1		(2.06)			98,697		98,697
Sargent Manor Health Care Center	030224	35	11001	10703	55.00	12.14	40.16	10.19	55.00	12.14	38.65	91.64%					1	1			(1.51)			16,612	16,612
Benedictine Living Center Garrison	030247	63	22003	20815	63.94	16.61	40.30	9.27	63.94	15.75	38.65	95.42%				1	1	2		(0.86)	(1.65)		18,923	36,305	55,228
Lutheran Sunset Home	030016	113	39388	37206	88.25	15.82	39.76	5.37	88.25	15.75	38.65	95.24%				1	1	2		(0.07)	(1.11)		2,757	43,721	46,478
Central Dakota Village	030020	100	35942	37070	84.02	15.03	37.45	25.81	84.02	15.03	37.45	98.20%													
Hi-Acres Manor Nursing Center	030021	142	50914	53302	89.85	14.55	38.60	10.26	89.85	14.55	38.65	97.98%					1	1			(0.15)			7,637	7,637
Lakota Good Samaritan Center	030097	54	17661	16927	68.14	12.88	41.76	13.77	68.14	12.88	38.65	89.36%	89.4%				1	1			(3.11)			54,926	54,926
LaMoure Healthcare Manor	030119	50	16263	15878	66.93	10.34	40.24	5.97	66.93	10.34	38.65	88.67%	88.9%				1	1			(1.59)			25,858	25,858
Maple Manor Nursing Home	030083	83	22975	23880	86.99	13.36	41.09	8.88	86.99	13.36	38.65	99.64%					1	1			(2.44)			56,059	56,059
Larimore Good Samaritan Center	030113	45	15774	14428	74.91	13.27	43.19	10.31	74.91	13.27	38.65	95.77%					1	1			(4.54)			71,614	71,614
Medcenter One Care Center	030288	120	43517	43121	90.11	15.18	32.12	4.84	89.91	15.18	32.12	99.08%		1				1	(0.20)			8,624			8,624
Luther Memorial Home	030024	99	33069	30973	89.24	14.15	41.02	7.30	89.24	14.15	38.65	91.27%					1	1			(2.37)			78,374	78,374
North Central Good Samaritan Center	030173	61	21161	20174	72.26	15.28	43.81	7.84	72.26	15.28	38.65	94.87%					1	1			(5.16)			109,294	109,294
Mott Good Samaritan Nursing Center	030142	54	18622	17310	62.37	11.91	39.02	5.52	62.37	11.91	38.65	94.22%					1	1			(0.37)			6,890	6,890
Napoleon Care Center	030114	44	15113	13511	73.04	13.04	38.99	8.08	73.04	13.04	38.65	93.85%					1	1			(0.34)			5,138	5,138
Lutheran Home of the Good Shepherd	030029	80	26850	26489	87.37	16.34	41.47	8.14	87.37	15.75	38.65	91.70%				1	1	2		(0.59)	(2.82)		15,842	75,717	91,559
Elm Crest Manor	030116	61	21893	18320	82.15	15.18	35.58	9.18	82.15	15.18	35.58	97.16%													
Northwood Deaconess Home	030031	77	27057	25006	92.41	16.75	41.38	15.18	89.91	15.75	38.65	96.01%		1	1	1	1	3	(2.50)	(1.00)	(2.73)	62,513	27,057	73,868	163,435
Oakes Good Samaritan Center	030124	102	34316	31902	87.91	12.12	38.07	7.31	87.91	12.12	38.07	91.92%													
Osnabrock Good Samaritan Center	030117	31	11252	10887	64.75	13.91	44.95	5.14	64.75	13.91	38.65	99.17%					1	1			(6.30)			70,888	70,888
Park River Good Samaritan Center	030154	80	28070	27417	67.40	15.66	39.49	5.44	67.40	15.66	38.65	95.67%					1	1			(0.84)			23,579	23,579
Rock View Good Samaritan Center	030155	42	14011	14996	79.13	16.09	52.62	10.20	79.13	15.75	38.65	91.15%				1	1	2		(0.34)	(14.17)		4,764	198,536	203,300
Mountrail Bethel Home	030032	57	20543	19275	80.09	13.97	44.66	8.69	80.09	13.97	38.65	98.47%					1	1			(6.01)			123,463	123,463
Sheyenne Care Center	030073	154	55879	50570	81.89	14.94	31.52	12.07	81.89	14.94	31.52	99.41%													
Souris Valley Care Center	030216	50	17488	15811	72.02	12.86	43.80	6.25	72.02	12.86	38.65	95.56%					1	1			(5.15)			90,063	90,063
St. Catherines Health Care Center	030034	132	37717	35376	84.29	14.30	46.73	12.21	84.29	14.30	38.65	78.07%	78.1%				1	1			(8.08)			304,753	304,753
Pembilier Nursing Center	030035	41	14596	12649	67.42	12.83	32.76	2.19	67.42	12.83	32.76	97.27%													
Good Shepherd Home	030036	47	17070	17093	69.05	16.36	34.09	3.99	69.05	15.75	34.09	99.23%				1		1		(0.61)			10,413		10,413

1/1/2005 Nursing Facility Limi
as of December 15, 2004

ATTACHMENT D

NAME OF HOME	Provider No	No Bed	Census	Standard Days	Actual Rate Direct	Other Direct	Indirect	Allowed Rate Property	Direct	Other Direct	Indirect	Percent Occupancy	90.0% Occupancy	Limited Direct	Other Dir	Indirect	Total Limits	Actual versus Allowed Difference Direct	Other Dire	Indirect	Fiscal Impact of Limits Direct	Other Direct	Indirect	Total
Westhope Home	030037	32	11178	10018	88.90	17.85	45.80	6.76	88.90	15.75	38.65	95.42%			1	1	2		(2.10)	(7.15)		23,470	79,908	103,378
Bethel Lutheran Home	030038	166	57820	53937	78.63	15.96	35.42	14.27	78.63	15.75	35.42	93.71%			1		1		(0.21)			12,100		12,100
Manor Care Health Services Fargo	030013	109	35573	39462	66.43	12.19	40.91	7.70	66.43	12.19	38.65	89.17%	89.2%			1	1			(2.26)			80,395	80,395
Manor Care Health Services Minot	030026	106	38238	41322	61.08	11.24	36.70	6.54	61.08	11.24	36.70	98.56%												-
Knife River Care Center	030002	85	29175	30612	77.56	15.10	38.37	4.83	77.56	15.10	38.37	93.78%												-
Heart of America Nursing Facility	030135	80	25139	24983	91.86	18.97	49.29	7.52	89.91	15.75	38.65	89.80%	89.8%		1	1	3	(1.95)	(3.22)	(10.64)	46,717	80,948	267,479	397,143
Parkside Lutheran Home	030109	40	14399	13114	89.98	14.18	39.78	10.48	89.98	14.18	38.65	98.35%				1	1			(1.13)			16,271	16,271
Presentation Care Center	030137	48	15398	17068	70.54	18.87	38.58	4.72	70.54	15.75	38.58	87.65%	87.6%		1		1		(3.12)			48,042		48,042
St. Aloisius Nursing Home	030129	106	34328	33701	79.86	14.67	40.24	5.63	79.86	14.67	38.65	88.48%	88.5%			1	1			(1.59)			54,582	54,582
Community Nursing Home	030019	48	16290	14940	85.32	16.97	47.69	5.71	85.32	15.75	38.65	92.73%			1	1	2		(1.22)	(9.04)		19,874	147,262	167,135
Valley Eldercare Center Med Park	030017	160	57696	64004	78.49	16.19	41.23	16.84	78.49	15.75	38.65	98.52%			1	1	2		(0.44)	(2.58)		25,386	148,856	174,242
Valley Memorial North	030201	116	42787	42353	82.42	18.28	36.44	27.56	82.42	15.75	36.44	99.07%			1		1		(0.53)			22,677		22,677
Hill Top Home of Comfort, Inc.	030271	50	17695	18747	82.76	15.59	43.59	15.16	82.76	15.59	38.65	98.69%				1	1			(4.94)			87,413	87,413
North Dakota Veterans Home	030293	36	13758	13668	99.46	19.38	62.62	9.77	89.91	15.75	38.65	98.92%		1	1	1	3	(9.55)	(3.63)	(23.97)	130,529	49,942	329,779	510,250
Totals		6378	2203296	2178879								94.64%	12	7	26	56	64				852,387	824,436	5,697,964	7,374,788

Sixty-four (64) of seventy-nine (79) nursing facilities exceed at least one limit, eighty-one percent (81%)

ATTACHMENT F

Analysis of High Cost and Low Cost Nursing Facilities
Comparison of Staffing and Survey Characteristics
July 2002 to June 2003

Area of Measurement	10 Highest Direct Care Cost Per Day	10 Lowest Direct Care Cost Per Day	Average
STAFFING CHARACTERISTICS			
Licensed Nurse Hours	1.61	1.07	1.23
RN Hours	0.72	0.48	0.57
LPN Hours	0.88	0.59	0.66
CNA Hours	3.26	2.48	2.91
Total Nursing Hours	5.05	3.70	4.35
SURVEY RESULTS			
Number of Deficiencies	3.9	5.9	4.3
Number of Facilities Receiving "G" Actual Harm Deficiency	0	3	14
Number of Surveyors	4.3	3.7	4.0

Analysis & report completed by
Garth Rydland, Administrator of Woodside Village in Grand Forks

ATTACHMENT E

QUALITY MEASURES - CHARACTERISTICS OF NURSING HOME RESIDENTS

North Dakota and United States Comparative

Measure	North Dakota's Rate	North Dakota's Rank	National Average	National Range	
				Worst Rate	Best Rate
Percent of short stay residents with delirium	3.14%	30th	2.94%	5.51%	0.00%
Percent of short stay residents with delirium with an additional level of risk adjustment (FAP)	2.33%	9th	2.77%	4.27%	0.00%
Percent of short stay residents who walk as well or better on day 14 as on day 5 of their stay*	27.97%	40th	29.36%	19.58%	54.07%
Percent of short stay residents who had moderate to severe pain	28.85%	42nd	21.98%	51.02%	4.00%
Percent of residents who have moderate to severe pain	6.90%	28th	6.78%	12.47%	2.40%
Percent of residents whose need for help with daily activities has increased	18.43%	41st	16.20%	25.01%	10.33%
Percent of residents with infections	12.69%	**	**	**	**
Percent of residents who were physically restrained	2.69%	4th	7.62%	17.11%	1.50%
Percent of residents with pressure sores	5.76%	3rd	9.02%	13.78%	5.37%
Percent of residents with pressure sores with an additional level of risk adjustment (FAP)	7.11%	5th	9.49%	12.77%	6.53%
Composite of all 10 measures	15.91%	15th	16.38%	19.72%	13.42%

*This is the only measure where a higher rate is better.

**National comparisons are inappropriate due to variation between states on how they collected infection data.

Short Stay Measures: 10/01/03 - 03/31/04

All Other Measures: 01/01/04 - 03/31/04

Provided by North Dakota Health Care Review, Inc.

★ — WHAT ARE NURSING HOME QUALITY MEASURES? — ★

Definitions of Quality Measures:

Delirium:
Delirium is severe confusion and rapid changes in brain function. Symptoms may appear suddenly, from a variety of causes. Delirium is not dementia, senility or a part of normal aging. Delirium is a serious condition requiring medical attention.

Walking Improvement:
Improved walking is an increase in a resident's ability to walk with little help or no help at all. Residents who stay in a nursing home for a short time are generally expected to maintain or improve their ability to walk.

Moderate to Severe Pain:
The percentage of residents reported to have very bad pain at any time, or moderate pain every day, in the seven days prior to the assessment. Generally, a lower percentage on this measure is better. Two nursing homes could provide the same quality of care and have the same number of residents with pain. However, if one of the nursing homes does a better job checking the residents for pain, they could have a higher percentage on this measure. In this example, although the percentage for one nursing home is higher, it does not mean they are not providing good care.

Loss of Ability in Basic Daily Tasks:
This quality measure shows the percentage of residents whose need for help doing basic daily tasks has increased. Basic tasks such as feeding oneself, moving from one chair to another, changing positions while in bed and going to the bathroom alone. Sudden or rapid loss of one or more of these basic daily tasks could mean the residents needs medical attention. Some residents will lose function in their basic daily activities even though the nursing home provides good care.

Infections:
Examples of infection are pneumonia, wound infection and urinary tract infection. Certain types of infection can be prevented by shots (immunization like flu or pneumonia) and other by care by nursing home staff.

Physical Restraints:
A physical restraint is any device, material, or equipment that keeps a residents from moving freely. Restraints should only be used when they are necessary as part of the treatment of a resident's medical condition. Only a doctor can order a restraint.

Pressure Sores:
A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin.

17 of 18

Testimony on HB 1012
Senate Appropriations Committee
March 10, 2005

Chairman Fischer and members of the Senate Appropriations Committee, thank you for the opportunity to testify on HB 1012. My name is Shelly Peterson, President of the ND Long Term Care Association. I would like to testify regarding basic care funding.

Basic care is the most cost effective service for individuals that need a supervised living environment and nursing oversight. See Attachment A for an outline of the needs of residents in basic care. Basic care facilities are licensed by the state and have no federal regulations. State regulations and oversight has lead to a very cost effective model of care. Today the average basic care rate is $57.73 per day. A number of individuals can be safely cared for in this setting, thus delaying entry into the nursing facility medical model delivery of care.

Basic Care Inflationary Adjustment
The engrossed HB 1012 contains a 2% inflationary adjustment for basic care. We are supportive of the 2% increase. Basic care does not have equalization of rates and thus have the ability to adjust rates to the private pay if necessary.

In a 2005 survey of basic care facilities, we found only 45% of the basic care facilities have a higher private pay rate. Of the 45% of the facilities charging more than the government rate, the average increase is $217 per month, or $7.23 daily.

Our only concern with the budget is the number of projected basic care residents. HB 1012 is built on serving 457 individuals per month. For an eight month period ending October, 2004, an average of 468 individuals had a basic care payment made on their behalf. This budget is build on caring for eleven less people that are currently receiving care today.

The community of Fargo has never had a basic care facility available to care for low income individuals. This has been a gap for over twenty years and is becoming very critical. We have low and moderate income seniors in Fargo who could benefit from this serve. The Good Samaritan Society is hoping to make available this type of care. It is their hope and mission to serve those most in need. If the basic care program is not opened up so we can care for this under served population, we will miss an opportunity. Currently, the Administrative Rules state:

75-02-07.1-22 Rate Limitations:

2. If at any time the total number of licensed basic care beds in North Dakota exceeds one thousand three hundred eighty-two, before the beginning of each quarter beginning thereafter, the department shall review the sufficiency of appropriations provided to pay the estimated cost of supplements. If the appropriations appear insufficient, the department shall determine reduced rates for all facilities with substantial capacity increases and for all new facilities.

Today there are 55 licensed basic care facilities representing 1,603 licensed beds. Because the personal care option is a funding source for basic care residents it has become an entitlement for

those who qualify. The problem has been access to the state basic care assistance funds, which covers the "room and board" portion of basic care. Assistance with paying for supervised housing is what is in desperate need.

Your consideration in increasing the 457 individuals to a higher number would help serve more low income individuals in currently under served areas.

This concludes my testimony on HB 1012 and the impact on basic care. I would be happy to answer any questions.

Shelly Peterson, President
ND Long Term Care Association
1900 N. 11th St
Bismarck, ND 58501

AARP North Dakota

The power to make it better.™

House Appropriations – Human Resources Committee
HB 1012
January 19, 2005

Chairman Delzer and members of the committee. I am Linda Wurtz, Associate State Director for Advocacy and Communication for AARP North Dakota. I am here today representing over 73,000 AARP members in North Dakota.

AARP North Dakota has a long history of supporting home and community-based services in North Dakota. In 2002, our member survey indicated that 79% of respondents would prefer to receive care in a non-institutional setting while just 5% expressed a preference for nursing home care; 86% expressed the importance of remaining in their own homes as long as possible as they age; nine out of ten supported our efforts to expand community-based services.

In 2004, our member survey revealed that nine in ten North Dakota members consider it important to have a range of support services available in their community; more than three in four think it is important to provide funding to make support services widely available – even if it means an increase in taxes. Three-fourths of North Dakota members think it should be a high priority for AARP North Dakota to ensure that older persons have easy access to a high-quality, long-term care support system that allows consumers to choose from a variety of services that best meet their needs.

Qualified Service Providers (QSPs) are a significant part of the system of care in our state. These independent contractors are the ones who help North Dakotans stay in their homes as long as possible as they age. They are the extra pair of hands that help folks get ready for the day, prepare meals, do housekeeping, and help our aging and disabled residents remain a viable part of their communities.

The Governor has recommended a 2% increase for QSPs each year of the biennium and AARP supports that increase. However, these providers have not received an increase since

the spring of 2001. As part of the budget process, the Human Services Department had submitted an Optional Adjustment Request of $1,740,000, referred to as Priority #12. This adjustment would help to close the gap in payment between those QSPs who have provided care for a number of years and new enrollees. It would also help recognize the difficulties these providers face as independent contractors who pay their own travel, taxes, and have no fringe benefits as a result of their employment. We support implementing that request.

These are jobs that are important to our communities. QSPs should be viewed as small businesses that are a vital part of the economy. The increase in rates would help them stay in business, and help people stay in their homes.

There is one other issue with regard to the Human Services budget and the work this committee will do on it. There at least six references in North Dakota Century Code to home and community-based services. These are references that encourage development of services, speak of the need to provide information about care options to consumers, and refer to the need to have options as a factor in delaying institutionalization. There is clearly a Legislative intent to balance our system of care so that our citizens will have access to all types of long term care, and I appreciate the work of those Legislators who have been instrumental in that effort.

However, our system still does not work in favor of developing an infrastructure of in-home service providers. Our statute to provide care management and assessment with a mandate to inform clients of their options for care is left under-funded. When in-home services run out of funding and services are frozen, as happened in 2003, the system suffers crippling effects that take years to recover. While there is an automatic inflationary adjustment and operating margin written into statute for institutional care businesses, the independent contractors who provide services in people's homes must come here to request a 2% rate increase from the Legislature in order to afford to stay in business. Some Legislatures grant an increase, and sometimes they don't.

We therefore request that you consider instituting an automatic inflationary increase for Qualified Service Providers. This will make it possible for QSPs to stay current with the cost of doing business, and allow the market to balance our system of long-term living.

North Dakota Home and Community-Based Long-Term Care: An AARP Survey

Report Prepared by Anu Hyvarinen

Contact for copy other Human Services Dept or AARP

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AARP North Dakota

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Senate Appropriations Committee
HB 1012
March 2, 2005

Chairman Holmberg and members of the committee. I am Linda Wurtz, Associate State Director for Advocacy and Communication for AARP North Dakota. I am here today representing over 73,000 AARP members in North Dakota.

AARP North Dakota has a long history of supporting home and community-based services in North Dakota. In 2002, our member survey indicated that 79% of respondents would prefer to receive care in a non-institutional setting while just 5% expressed a preference for nursing home care; 86% expressed the importance of remaining in their own homes as long as possible as they age; nine out of ten supported our efforts to expand community-based services.

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The Governor has recommended a 2% increase for QSPs each year of the biennium and AARP supports that increase. However, these providers have not received an increase since the spring of 2001. As part of the budget process, the Human Services Department had submitted an Optional

Adjustment Request of $1,740,000, referred to as Priority #12. This adjustment would help to close the gap in payment between those QSPs who have provided care for a number of years and new enrollees. It would also help recognize the difficulties these providers face as independent contractors who pay their own travel, taxes, and have no fringe benefits as a result of their employment. We encourage Senate Appropriations to incorporate OAR #12 into the Human Services budget.

In-home care jobs are important to our communities. QSPs should be viewed as small businesses that are a vital part of the economy. The increase in rates would help them stay in business, and help people stay in their homes.

There is one other issue with regard to the Human Services budget and the work this committee will do on it. There at least six references in North Dakota Century Code to home and community-based services. These are references that encourage development of home and community services, speak of the need to provide information about care options to consumers, and refer to the need to have options as a factor in delaying institutionalization. There is clearly a Legislative intent to balance our system of care so that our citizens will have access to all types of long term care, and I appreciate the work of those Legislators who have been instrumental in that effort.

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We therefore request that you consider instituting an automatic inflationary increase for Qualified Service Providers. This will make it possible for QSPs to stay current with the cost of doing business, and allow the market to balance our system of long-term living.

Thank you. I'd be happy an answer any questions.

IX

NDAHC **North Dakota** Association for **Home Care**

Testimony on HB 1012
March 10, 2005
North Dakota Association for Home Care

Chair Fischer and members of the Senate Appropriations (Sub) Committee, my name is Marcia Sjulstad; I am the President of the North Dakota Association for Home Care. I am testifying on HB 1012 this afternoon to address the delivery of long term care services in ND; services that have and continue to place emphasis on delivery within the institutional setting, while the overwhelming majority of citizens prefer to receive LTC services in the least restrictive environment.

The North Dakota Association for Home Care is a non- profit association dedicated to providing its membership with leadership, advocacy, and education. NDAHC represents 26 of the 28 licensed home health agencies in ND and their 12 branch locations.

NDAHC seeks to reverse the trend that places North Dakota citizens in institutions by fostering, developing and promoting high standards of patient care in the home setting.

North Dakota has an existing home care delivery model and infrastructure in place that covers the majority of the state. These services have been underfunded through the Legislative budget for the Department of Human Services. Many providers find that it has not been cost effective to provide these services due to the lack of funding appropriated in the state.

According to the Center for Medicaid Studies, North Dakota spends at a ratio of 34.6 to 1 (for every $34.60 spent toward nursing home care, $1.00 is spent in home and community based care). That ranks North Dakota 49th of the 50 states – only Tennessee's ration is greater. For comparison, Minnesota's spending is 2.2 to 1, Montana's is 3.5 to 1, and South Dakota is 14.4 to 1.

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While there has been some increase to home and community based services in the state, the direct increase of $30.3 million to nursing homes and an increase of $4.4 million for basic care services in nursing homes over the next biennium surely increase this gap.

These services provided in these facilities must certainly be recognized as truly important to the people they serve. Additionally, the importance of these facilities in the rural communities in which they are situated is duly recognized.

It must be kept in mind that while researching how and where North Dakota's aging and disabled population prefers to receive care, they overwhelmingly choose their own homes whenever possible.

Much has been done by current providers of home and community based services to insure that persons receiving care in their home are safe, and in the appropriate setting. In addition, services must be of the quality and cost effective nature that allow for good patient outcomes in the least restrictive environment.

In the previous biennium, the NDAHC has been part of the work group on SB 2330, legislation from 2003 directing, when possible, that state assistance follow the person's care of their choice. One of the outcomes of that workgroup concluded the growth of the budget for institutional care could be curbed through enhancement of home and community based services. Additionally, we must be aware of the cost of duplicating services where services already exist or may be delivered with enhancements to the existing structure.

The NDAHC supports the increase in funding for Qualified Service Providers in order to provide improved access and outcomes for the aging and disabled persons of North Dakota in need of these services.

To the Chair and members of the committee, thank you for the opportunity to provide testimony today – I urge your favorable recommendation to an increase in funding for Qualified Service Providers in North Dakota through HB 1012.

I would be happy to answer any questions the committee might have.

How to Find a Home Health Agency

- Visit our website at www.aptnd.com/ndahc

- Nursing home social workers, physicians, and hospitals can help find home health agencies in your area.

- Home health agencies may be posted in the Yellow pages under "home health services."

- The ND Department of Health, Division of Health Facilities, can provide information about state and federal requirements, a list of licensed home health agencies, and information about agency compliance history. Call (701)328-2352

By investing some time and following the steps outlined in this brochure, you will be able to make an informed decision in the selection of a home health agency.

North Dakota Association for Home Care

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Please visit us at:
www.aptnd.com/ndahc

E-mail: **ndahc@aptnd.com**

North Dakota Association for Home Care

NDAHC

Add Years to Your Independence - Choose Home Care

North Dakota Association for Home Care

What is NDAHC?

The North Dakota Association for Home Care is a non-profit association dedicated to providing its membership with leadership, advocacy, and education.

Our Mission

NDAHC seeks to reverse the trend that places North Dakota citizens in institutions by fostering, developing, and promoting high standards of patient care in the home setting, while providing an organized and unified voice for home care provider organizations in North Dakota.

NDAHC accomplishes its mission by way of:

- Expanding membership's voice by developing coalitions and collaborations with other health care entities.
- Participating at state and national levels to influence legislation, regulation, and reimbursement.
- Identifying and advocating for common issues affecting the home care industry.
- Providing clinical education and networking opportunities for members as well as legislators, state committees, and health care providers.

How to Select the Right Home Health Agency

Before you decide on a Home Care Agency, gain knowledge of their services and reputation by asking the following questions:

- How long has the agency been established in the community and been providing care?
- What geographic area do they serve?
- Is the agency licensed, Medicare-certified, and accredited to provide home care?
- How does the agency handle medical emergencies?
- How does the agency select, train, and supervise its staff?
- Are the agency's caregivers available 24 hours a day, seven days a week?
- What does the client pay out of his/her pocket? What services and supplies are not covered by the third-party payers, such as Medicare and insurance?
- Will the client and significant other have a role in creating the plan of care?
- Will the agency make regular contact with the client's doctor?
- How is client confidentiality ensured?
- Investigate Medicare's Home Health Compare website: www.medicare.gov/HHCompare

Home is where caring for one's health has been provided throughout the centuries, and for good reason. There is significant evidence that home care keeps families together, promotes quicker healing, reduces stress, and keeps the elderly independent while allowing the maximum amount of freedom. This not only adds years to life, but life to years. In addition, home care costs about only one-tenth as much as hospitalization and approximately one-fourth as much as nursing home placement when dealing with comparable health problems. It is also the most satisfying form of health care available.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 13, 2005

Chairman Delzer, members of the House Appropriations Human Resources Committee, I am Linda Wright, Director of the Aging Services Division, Department of Human Services. I am here today to provide you an overview of the Aging Services Division budget. The Aging Services Division provides home and community based service options to maintain individuals in their homes and communities and assists in protecting the health, safety, welfare and rights of residents of long term care settings and vulnerable adults in the community. This includes administration of Older Americans Act federal funds services, State Mill Levy Match funds for Senior Citizens, the Telecommunications Equipment Distribution program, State Funds to Providers, the Long-Term Care Ombudsman program, the Alzheimer's Demonstration grant, the Real Choice Systems Change grant, and support for the Governor's Committee on Aging.

The additional programs administered by the Division has been presented in separate testimony as part of the Long Term Care budget.

CUSTOMER BASE

- According to the 2000 Census, 18.5% (118,985) of North Dakota's total population was 60 years of age or older. Of that number, 14,726 or 2.3% of North Dakota's residents were 85 years of age or older.
- In 2000, 27 of the 53 counties in North Dakota reported more than 25% of their population to be age 60 or older. Please refer to the

attached Graying of North Dakota brochure for additional information.

- In Federal Fiscal Year (FFY) 2004, 25,397 older persons received Older Americans Act funded services which includes home-delivered meals, congregate meals, outreach, health maintenance and transportation services, national family caregiver program services, legal services, in-home safety, and senior companion services.
- The Long-Term Care Ombudsman program received 1119 complaints in FFY 2004 and closed 778 cases during that time period.
- In FFY 2003, Mill Levy Matching funds assisted with the purchase of 510,596 home delivered meals, 853,274 congregate meals, 134,459 transportation services, 145,007 health services, 139,738 outreach services and 10,028 chore services.
- The Vulnerable Adult Services Program had 570 new cases in FFY 2004, as well as answering 421 Information and Referral calls and providing 263 brief services.
- The Senior Info-Line received a total of 1632 calls and e-mails in FFY 2004. The calls were received from clients, professionals, family members, and friends in 163 North Dakota cities and 39 states, territories and countries! In addition the Web site averaged 328 hits per month.

TRENDS

- The projected growth of state residents age 60 and older and the leading edge of the baby boom population currently entering the pre-retirement years necessitates that the state prepare for significant growth in it's elderly population. By the year 2020, it is projected that the number of North Dakota residents 65 years and older will have grown by more than 55,000 or 58% and they will represent nearly one-fourth (23%) of the state's population.

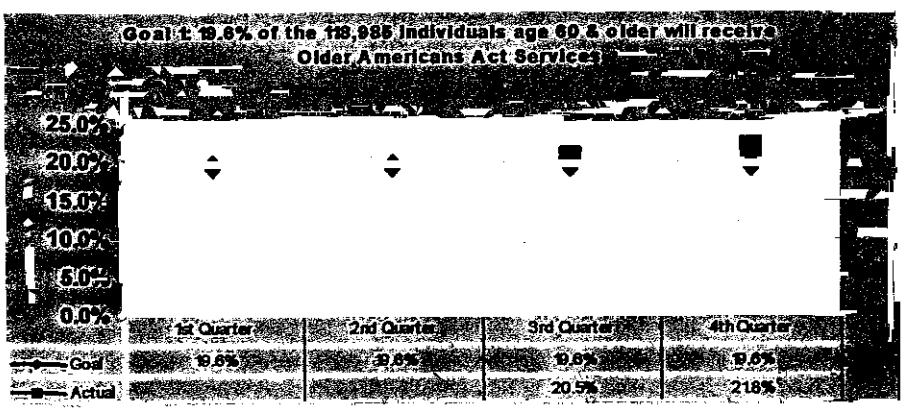
- The trend, both nationally and in North Dakota, is increased consumer demand for home and community based care, and decreased reliance on institutional care.
- The growth of assisted living facilities in North Dakota has added 50 facilities and more than 1535 consumers to the responsibilities of the Long Term Care Ombudsman program.
- As part of President Bush's New Freedom Initiative, the Department applied for and received a Real Choice Systems Change Rebalancing Initiative grant. The intent of the grant is to assist states to design services to rely less on institutional care. The funds cannot be used for direct services or to fund nursing home transition costs. The focus of North Dakota's grant will be single point of entry. The grant requires a non-federal match of $15,000 which will be in-kind match from stakeholder and focus group meetings and the projects' steering committee meetings. No general funds are budgeted for the grant. Since the purpose of this grant is "system change", and not direct services, there will not be any financial sustainability requirements beyond the end of the project.
- Alzheimer's Disease is one of the most costly diseases in our society. An estimated 1 in 10 persons over age 65 and nearly one half of persons over age 85 will become victims of Alzheimer's Disease. In North Dakota, it is estimated that 16,000 people have the disease. The Department received an Alzheimer's demonstration grant from the Administration on Aging. The grant will provide training for the medical community to increase early diagnosis and treatment of Alzheimer's disease and expand community supports for victims of the disease and their caregivers. The grant requires a 25% non-federal match the first year; 35% the second year and 45% the third year. The Dakota Medical Foundation has committed to providing a portion of the match for each of the 3 years of the project. The remainder of the match is required of the contractors

who will be providing services funded by the grant. No general funds are budgeted for the grant. On-going discussions with the contract entities will address the sustainability of project goals beyond the end of the project period.

PERFORMANCE MEASURES

- 19.6% of the 118,985 individuals age 60 and older will receive Older Americans Act services.
- 100% of residents in long term care and assisted living facilities will have access to Long Term Care Ombudsman services.
- Based on the number of complaints received, 24.7% of the 8481 residents in long term care and assisted living facilities will receive ombudsman complaint resolution and/or consultation.
- Based on the number of referrals received, 41.6% of the 1299 individuals referred for suspected abuse, neglect or exploitation will receive adult protective services crisis intervention and referral.

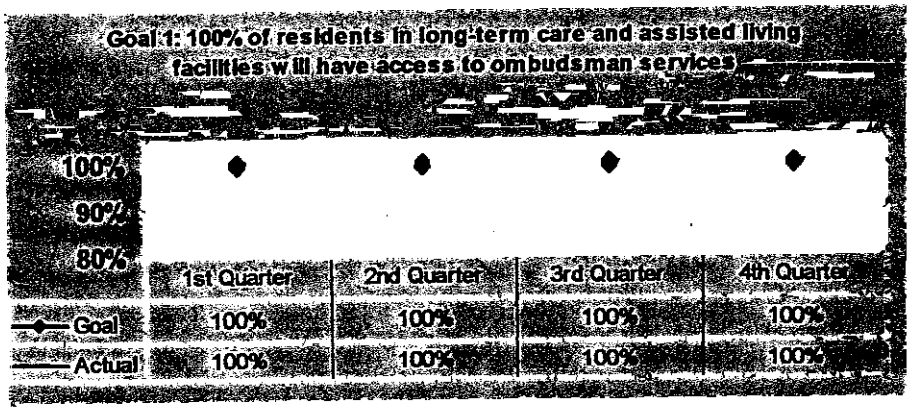
1. Home &Community Based Services



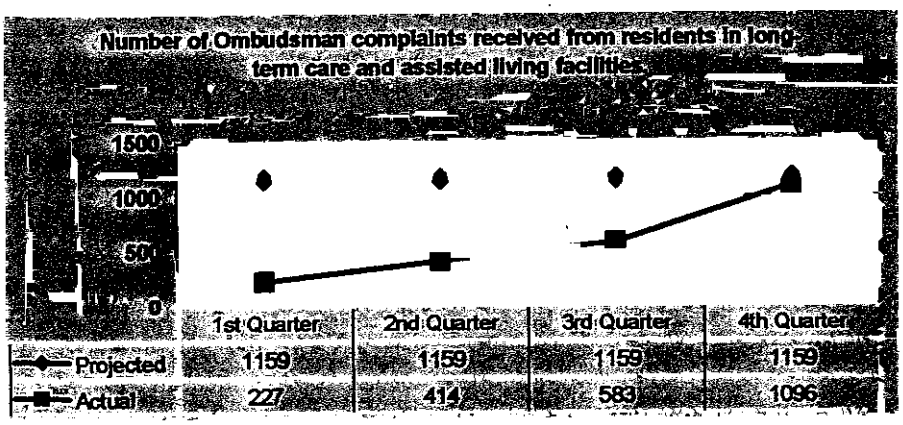
Data Based on Federal Fiscal Year (FFY 2004)

1st & 2nd Quarter not available because a new data system was implemented

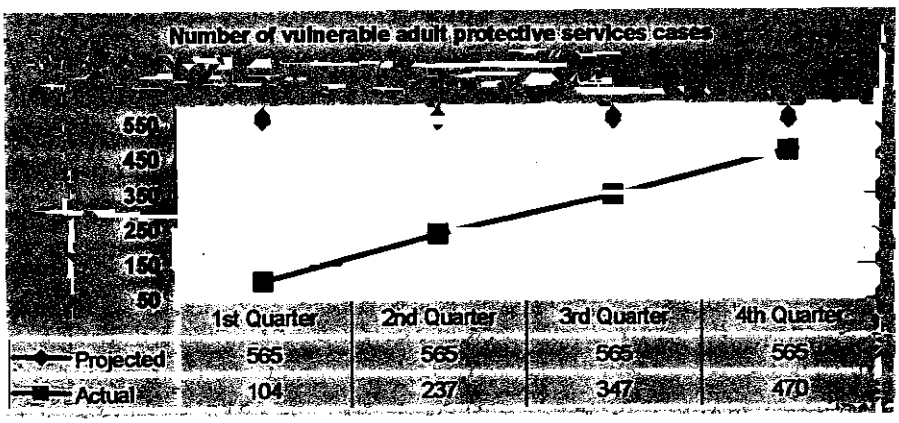
2. Vulnerable Adults Services Program



*FFY 2004



*Quarters are based on FFY 2004 and the data is cumulative



*Numbers are decreased due to a change in reporting requirements

** Quarters are based on FFY 2004 and the data is cumulative

Overview of budget changes:

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	1,518,134	1,443,587	(74,547)
Operating	10,361,699	9,895,031	(466,668)
Capital Assets	600	1,883	1,283
Grants	1,881,749	2,418,733	536,984
Total	13,762,182	13,759,234	(2,948)
General	3,051,195	3,094,867	43,672
Federal	10,599,928	10,515,967	(83,961)
Other	111,059	148,400	37,341
FTEs	15.50	14.00	(1.50)

Salary and FTE:

- **Reduced staff by 1.5 FTEs, which included not replacing the Deputy Director of the Division following his retirement and reducing the support staff. This reduces the salary authority along with federal and other authority by $163,465, however the general funds were removed by the previous legislature as part of the $1.5 million adjustment to administration.**
- **The increase due to the Governor's pay plan is $88,918. Funding for the salary increase is: General - $72,374 and Federal - $16,544.**
- **This results in a total decrease to the salary budget of $74,547.**

Operating Expenses - Net decrease of $466,668 based mainly on the following:

- **$88,000 - reduction in rent with the Division's move to the Capitol. Rent is now included in Central Office Multidivisional budget.**
- **$418,000 - reduction in estimated grant funds for the Nutrition Services Incentive Program.**
- **$189,000 – reduction in various Title III grant funds.**

- $20,000 – net increase due to shifts between purchases of service to grants.
- $200,000 - increase for the Real Choices Systems grant.

Capital Assets:

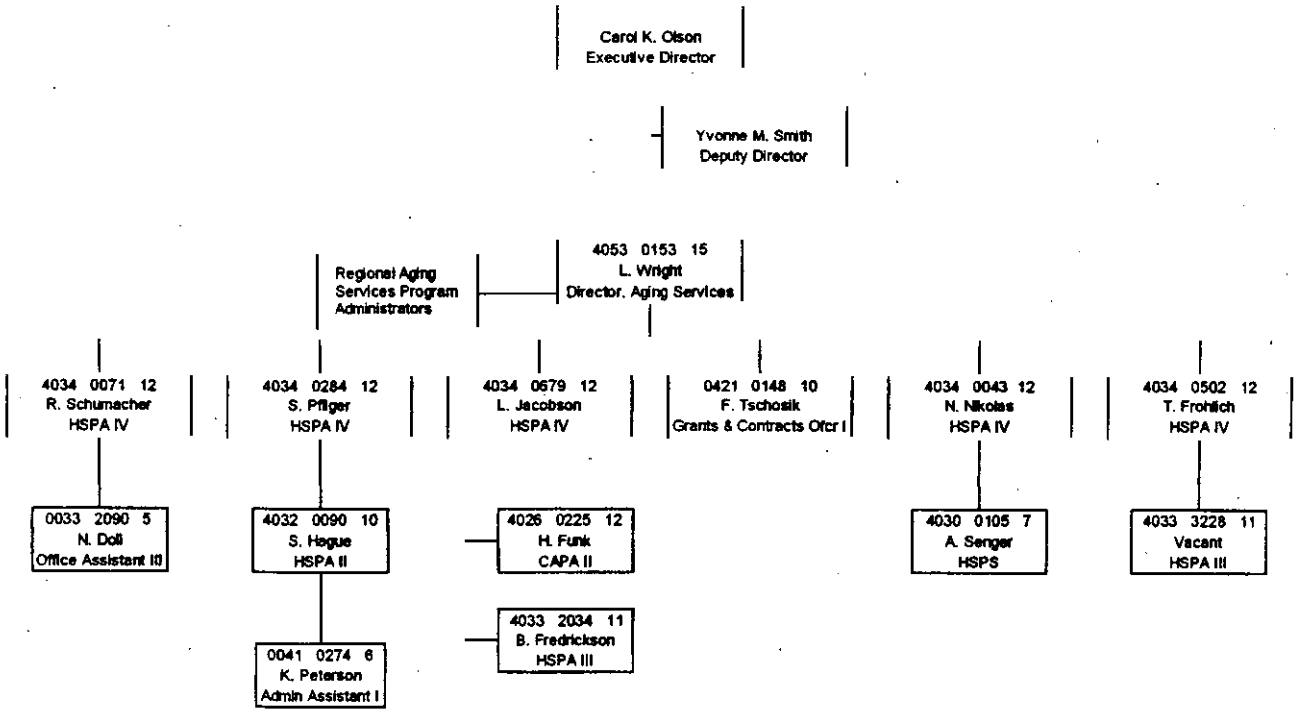
- $1,283 - increase to pay for the share of the bond payment for staff at Southeast Human Service Center. Increase is based on square footage occupied by staff.

Grants: Net increase of $536,984 based mainly on the following:

- $470,000 – increase due to the Alzheimer's demonstration grant.
- $80,000 – increased funding for Telecommunications Equipment Distribution program.
- $20,000 – net decrease due to shifts from grants to purchases of service.

If you have any questions, I would be happy to answer them at this time.

North Dakota Department of Human Services
Aging Services Division



Revised 11/4/04

Department of Human Services
Division of Aging Services
Breakdown of Operating Budget
House Human Resources Subcommittee
2005 - 2007

Description	Amount	
Travel		
In-state travel	9,162	
Includes travel related to Older American Act staff, Elder Rights staff and HCBS staff to provide monitoring, on-site reviews, training and education		
Out of state travel	20,400	
Includes travel for national conferences and required meetings		
Non-employee travel	35,845	
Includes travel for Governor's Committee on Aging and volunteer community ombudsmen		
Subtotal - Travel ==>		**$65,407**
Professional Development		
Dues	11,000	
Membership dues for National Association of State Units on Aging, National Association of Adult Protective Services Administrators, Alliance of Informational Referral Systems		
Conferences	7,600	
Includes costs for attending conferences		
Subtotal - Professional Development ==>		**$18,600**
Operating Fees and Services		
Advertising	2,000	
Background checks for adult family foster care	3,000	
Preventive health contract	10,000	
QSP training contract	30,000	
Conferences for volunteer ombudsmen	30,492	
Contract for temporary worker	46,800	
Alzheimers contracts	52,230	
Telecommunication equipment contract	68,400	
Real Choices contracts	200,000	
State funds to providers	720,000	
Nutrition services incentives	1,250,520	
Home delivered meals contracts	1,781,180	
Community supportive services contracts	2,627,498	
Congregate meals contracts	2,941,154	
Subtotal - Operating Fees and Services ==>		**$9,763,274**
Printing		
Printing of forms, brochures and handbooks	19,000	
Subtotal - Professional Supplies ==>		**$19,000**
Miscellaneous Supplies		
Supplies and materials for senior info line & information referral	10,500	
Subtotal - Professional Supplies ==>		**$10,500**

OLDER AMERICANS ACT PROGRAMS	FFY 2004 2003-2005	SERVICES PROVIDED	NUMBER OF CONSUMERS
Region I			
Williston Council for the Aging	$ 162,077	Congregate Meals, Home-Delivered Meals, Outreach, Transportation	1,568
Upper Missouri District Health Unit	$ 20,000	Health Maintenance	Included with Williston
	$ 182,077		**1,568**
Region II			
Minot Commission on Aging	$ 443,995	Congregate Meals, Home-Delivered Meals, Outreach, Health Maintenance	3,304
Souris Basin Transportation	$ 67,000	Transportation	352
	$ 510,995		**3,656**
Region III			
Nutrition United	$ 261,465	Congregate Meals, Home-Delivered Meals, Outreach, Transportation	1,194
Cavalier County Board of Commissioners	$ 19,000	Health Maintenance	280
	$ 280,465		**1,474**
Region IV			
Greater Grand Forks Senior Citizens	$ 434,690	Congregate Meals, Home-Delivered Meals, Outreach, Health Maintenance	2,706
	$ 434,690		**2,706**
Region V			
Fargo Park District	$ 702,306	Congregate Meals, Home-Delivered Meals, Outreach, Transportation	4,217
	$ 702,306		**4,217**
Region VI			
South Central Adult Services Council	$ 498,165	Congregate Meals, Home-Delivered Meals, Outreach	2,928
Central Valley Health Unit	$ 37,000	Health Maintenance	361
	$ 535,165		**3,289**
Region VII			
Burleigh County Council on Aging	$ 628,397	Congregate Meals, Home-Delivered Meals, Outreach, Health Maintenance	5,170
West River Transportation	$ 70,000	Transportation	232
	$ 698,397		**5,402**
Region VIII			
Stark County Council on Aging	$ 248,981	Congregate Meals, Home-Delivered Meals, Outreach	1,276
Southwestern District Health Unit	$ 47,000	Health Maintenance	394
	$ 295,981		**1,670**

Reservations				
Trenton Indian Service Area	$	22,058	Transportation	36
Spirit Lake Sioux Tribe	$	17,059	Outreach, Transportation	71
Turtle Mountain Band of Chippewa	$	63,528	Congregate Meals, Outreach, Transportation	192
Standing Rock Sioux Tribe	$	24,418	Home-Delivered Meals	24
	$	**127,063**		**323**
Statewide Services				
Lutheran Social Services of North Dakota	$	75,000	Senior Companion	246
Legal Services of North Dakota	$	165,000	Legal	846
	$	**240,000**		**1,092**
TOTAL REGIONAL SERVICES	**$**	**3,640,076**		**23,982**
TOTAL RESERVATION SERVICES	**$**	**127,063**		**323**
TOTAL STATEWIDE SERVICES	**$**	**240,000**		**1,092**
TOTALS	**$**	**4,007,139**		**25,397**

(Date: December 17, 2004)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: AGING SERVICES
Reporting Level: 00-325-300-43-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	1,113,321	557,069	588,636	1,145,705	1,015,784	(129,921)
TEMP, OVERTIME & SHIFT	1002	426	0	0	0	0	0
BENEFITS	1008	333,340	173,436	198,993	372,429	362,596	(9,833)
SALARY INCREASE	1010	0	0	0	0	55,840	55,840
BENEFIT INCREASE	1011	0	0	0	0	9,367	9,367
SALARIES AND WAGES	10	1,447,087	730,505	787,629	1,518,134	1,443,587	(74,547)
IT-DATA PROCESSING	3002	0	221	179	400	400	0
IT-TELEPHONE	3003	4,225	3,284	3,016	6,300	4,500	(1,800)
TRAVEL	3004	49,169	32,948	25,072	58,020	65,407	7,387
IT-SOFTWARE/SUPPLIES	3005	3,109	918	282	1,200	1,200	0
UTILITIES	3006	376	201	249	450	450	0
POSTAGE	3007	652	249	551	800	800	0
LEASE/RENT - BLDG/LAND	3012	83,469	29,215	59,700	88,915	700	(88,215)
DUES & PROFESSIONAL DEV.	3013	26,473	4,352	7,948	12,300	18,600	6,300
OPERATING FEES & SERVICES	3014	807,948	4,613,205	5,527,099	10,140,304	9,763,274	(377,030)
REPAIRS	3016	464	355	645	1,000	1,000	0
PROFESSIONAL SERVICES	3018	99,045	0	0	0	0	0
OFFICE SUPPLIES	3021	4,224	1,317	5,093	6,410	5,000	(1,410)
PRINTING	3024	25,714	5,728	19,972	25,700	19,000	(6,700)
PROFESSIONAL SUPPLIES	3025	5,332	1,147	4,553	5,700	4,000	(1,700)
MEDICAL,DENTAL & OPTICAL	3029	104,801	0	0	0	0	0
BLDG,GRNDS,VEHICLE MTCE	3030	38	15	185	200	200	0
MISCELLANEOUS SUPPLIES	3033	11,598	33	13,967	14,000	10,500	(3,500)
OPERATING EXPENSES	30	1,226,637	4,693,188	5,668,511	10,361,699	9,895,031	(466,668)
OTHER CAPITAL PAYMENTS	5020	789	0	600	600	1,883	1,283
CAPITAL ASSETS	50	789	0	600	600	1,883	1,283

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: AGING SERVICES
Reporting Level: 00-325-300-43-00-00-00-00000000

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EXPENDITURES							
GRANTS, BENEFITS & CLAIMS	6006	12,025,208	872,604	1,009,145	1,881,749	2,418,733	536,984
GRANTS	60	12,025,208	872,604	1,009,145	1,881,749	2,418,733	536,984
EXPENDITURE TOTALS		14,699,721	6,296,297	7,465,885	13,762,182	13,759,234	(2,948)
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	28	0	0	0	0	0
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	2,595	0	0	0	0	0
DEPT OF AGRICULTURE NUTRITION PROG	S026	1,411,949	0	0	0	0	0
MEDICAL ADMINISTRATION-93.778	S056	52,220	20,871	22,502	43,373	63,592	20,219
NUTRITION SERVICES INCENTIVE PROG.	S089	285,529	755,766	912,826	1,668,592	1,250,520	(418,072)
AGING ADMINISTRATION - 02	S090	613,052	303,446	338,945	642,391	522,630	(119,761)
TITLE III B - 00	S091	2,781,354	1,075,998	1,278,925	2,354,923	3,540,395	1,185,472
TITLE III C-1	S092	3,431,573	1,751,047	2,109,953	3,861,000	2,941,154	(919,846)
TITLE III C-2	S093	1,793,945	791,438	955,912	1,747,350	1,781,180	33,830
TITLE III E - FAMILY CAREGIVER SUPP	S094	633,564	11,773	18,582	30,355	9,686	(20,669)
ELDER ABUSE PREVENTION	S096	3,789	0	0	0	0	0
OMBUDSMAN ACTIVITY	S098	9,198	19,397	23,429	42,826	41,092	(1,734)
AOA PREVENTIVE HEALTH	S099	122,102	39,304	169,814	209,118	365,718	156,600
Federal Funds	FED	11,140,898	4,769,040	5,830,888	10,599,928	10,515,967	(83,961)
STATE GENERAL FUND	001	3,216,266	1,475,749	1,575,446	3,051,195	3,094,867	43,672
General Fund	GEN	3,216,266	1,475,749	1,575,446	3,051,195	3,094,867	43,672
ND HEALTH CARE TRUST FUND 325C	315	274,158	0	0	0	0	0
OTHER FUNDS	Z125	68,399	51,508	59,551	111,059	148,400	37,341
Special Funds	SPEC	342,557	51,508	59,551	111,059	148,400	37,341
TOTAL FUNDING		14,699,721	6,296,297	7,465,885	13,762,182	13,759,234	(2,948)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: AGING SERVICES
Reporting Level: 00-325-300-43-00-00-00-00000000

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AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		16	0	16	16	14	(2)
TOTAL AUTHORIZED EMPLOYEES		16	0	16	16	14	(2)
FTE		16	0	16	16	14	(2)

County Funded Services- January 2005

County Name	Homemaker	Personal Care	Chore	Respite	Case Management	Transportation	Home Health Aid
Adams	7	7		1	14		
Barnes	10	4			12		
Benson							
Bottineau	1	1			2	1	
Bowman/Slope	2						
Burke	4						
Burleigh	101	16			28		
Cass	163	22			158		8
Cavalier	8	5			9		
Dickey							
Divide	23						
Dunn	4				1		2
Eddy	10	8			11		
Emmons	5	1			5		
Foster	10	1					
GV/Billings	5				3		
Grand Forks	47				49		
Grant	12	2	1		13		
Griggs	5	3			6		
Hettinger	3				1		
Kidder	1				1		
LaMoure							
Logan	4	1			1		
McHenry							
McIntosh	2				2		
McKenzie							
McLean	15				15		
Mercer	13				9		
Morton	6	2			6		
Mountrail	7	7			7		
Nelson	13	3			13		
Oliver							
Pembina	13	7	2		13		1
Pierce							
Ramsey					1		
Ransom	25	4			1		
Renville	5	1			4		
Richland	30				29		
Rolette							
Sargent	15	1			13		
Sheridan							
Sioux							
Stark	1						1
Steele							
Stutsman	51	4			42		
Towner							
Traill	1	1			1		
Walsh	2	1			2		
Ward							
Wells	33	13			31		
Williams	12	5			26		
Totals	669	120	3	1	529	1	12

AGING SERVICES DIVISION
DEPARTMENT OF HUMAN SERVICES
HOME AND COMMUNITY BASED SERVICES

January 12, 2005

Qualified Service Provider (QSP) Rates

The average individual QSP rates for care is $9.64 per hour ($2.41 per15 minute unit) for Chore Service, Respite Care Service, Personal Care Service, and Homemaker Service. For Personal Care Service, the rate is $9.60 per hour (or $2.40 per15 minute unit).

For the agency average rate for care, the rate per hour is $14.52 ($3.63 per15 minute unit) for Chore Service, Respite Care Service, Personal Care Service, and Homemaker Service. For Personal Care Service, the rate is $14.68 per hour ($3.67 per15 minute unit).

The information above does not include provider rates for those QSP's providing 24 hour daily care. These rates are calculated based on client care needs.

This information is based on rates during October 2004.

(Note: Individual Qualified Service Providers are self-employed, independent contractors and would be responsible for financing their own fringe benefits.)

Qualifed Service Providers
(As of 1/4/2005)

PROVIDER NUMBER	TYPE	Current Rate (per 15/min)	Original Effective Date	First rate (per 15/min)	Increase Amt/Unit
39845	A	3.13	01/01/92	2.64	0.49
38982	A	2.85	03/01/90	2.28	0.57
38973	A	4.25	03/01/90	2.50	1.75
32024	I	2.38	09/21/92	2.00	0.38
39270	I	2.25	03/01/90	1.88	0.37
39673	A	4.15	07/25/91	3.21	0.94
38988	A	3.66	06/01/93	2.50	1.16
38935	I	3.00	03/01/90	2.14	0.86
39737	I	2.94	10/21/91	2.85	0.09
39864	I	2.25	03/13/92	1.50	0.75
39973	I	2.25	07/24/92	1.50	0.75
32296	I	1.98	06/01/93	1.56	0.42
39242	A	4.00	03/01/90	2.33	1.67
39486	A	4.24	03/01/90	2.30	1.94
39995	I	2.25	08/21/92	2.00	0.25
39384	I	2.25	03/01/90	1.50	0.75
32159	A	3.50	01/13/93	3.21	0.29
38928	A	3.75	03/01/90	1.86	1.89
38908	A	4.25	03/01/90	3.21	1.04
32065	I	2.35	10/09/92	1.62	0.73

COUNTY SERVICE PROVIDER RATES

Qualified Service Providers

COUNTY	PROVIDER NUMBER	PROVIDER NAME	CHORE UNIT RATE	HOMEMAKER UNIT RATE	PERSONAL CARE UNIT RATE	RESPITE CARE UNIT RATE	NON-MEDICAL TRANSPORTATION LOCAL RATE	MILEAGE RATE	ESCORT RATE
01	38801	Adams, CSSB	2.05	2.05	2.05	2.05	4.00	0.40	1.50
02	38802	Barnes CSSB		4.25	4.25		4.00	0.40	1.50
03	38803	Benson CSSB	4.25	4.25	4.25	4.25	7.50	0.50	1.85
04	38804	Billings CSSB		3.20	3.20	3.20			
05	38805	Bottineau CSSB	4.11	4.11	4.11	4.11	7.50	0.50	1.85
06	38806	Bowman CSSB		3.26	3.26	3.26	7.50	0.50	1.85
07	38807	Burke CSSB		3.25	3.25	3.25	7.50	0.50	
10	38810	Cavalier CSSB		4.25	4.25		4.00	0.40	1.50
11	38811	Dickey CSSB		4.25	4.25	4.25			
12	38812	Divide CSSB		2.94	2.94	2.94	4.00	0.40	1.50
13	38813	Dunn CSSB	3.83	3.83	3.83	3.83	4.00	0.40	1.50
14	38814	Eddy CSSB		2.91	2.91	2.91	7.50	0.50	1.85
15	38815	Emmons CSSB		3.54	3.54	3.54	7.50	0.50	1.85
16	38816	Foster CSSB		3.14	3.14				
17	38817	Golden Valley CSSB		3.20	3.20	3.20			
18	38818	Grand Forks CSSB		3.31	3.31				
19	38819	Grant CSSB	3.40	3.40	3.40	3.40	7.50	0.50	1.85
20	38820	Griggs CSSB		4.25	4.25	4.25	7.50	0.50	1.85
21	38821	Hettinger CSSB	4.25	4.25	4.25	4.25	7.50	0.50	1.85
22	38822	Kidder CSSB		4.25	4.25		7.50	0.50	
23	38823	LaMoure CSSB		3.75	3.75	3.49			
24	38824	Logan CSSB		2.73	2.73		4.00	0.40	1.50
25	38825	McHenry CSSB		4.25	4.25		4.00	0.40	1.50
26	38826	McIntosh CSSB		3.83	3.83		7.50	0.50	1.85
27	38827	McKenzie CSSB	3.10	3.10	3.10		4.00	0.40	
28	38828	McLean CSSB		4.25	4.25	4.25	7.50	0.50	1.85
29	38829	Mercer CSSB		4.25	4.25	4.25	7.50	0.50	1.85
30	38830	Morton CSSB		3.88	3.88	3.88	7.50	0.50	1.85
31	38831	Mountrail CSSB		4.09	4.09	4.09	7.50	0.50	1.85
32	38832	Nelson CSSB		3.76	3.76	3.76	7.50	0.50	1.85
33	38833	Oliver CSSB		2.29	2.29		4.00	0.40	
34	38834	Pembina CSSB		4.25	4.25	4.25			
35	38835	Pierce CSSB		3.45	3.45	3.45	7.50	0.50	1.85
36	38836	Ramsey CSSB		4.25	4.25	4.25	7.50	0.50	1.85
37	38837	Ransom CSSB		4.25	4.25	4.25	7.50	0.50	1.85

COUNTY SERVICE PROVIDER RATES

Qualified Service Providers

COUNTY	PROVIDER NUMBER	PROVIDER NAME	CHORE UNIT RATE	HOMEMAKER UNIT RATE	PERSONAL CARE UNIT RATE	RESPITE CARE UNIT RATE	NON-MEDICAL TRANSPORTATION LOCAL RATE	NON-MEDICAL TRANSPORTATION MILEAGE RATE	NON-MEDICAL TRANSPORTATION ESCORT RATE
38	38838	Renville CSSB		3.58	3.58		4.00	0.40	1.50
39	38839	Richland CSSB		3.86	3.86		7.50	0.50	1.85
40	38840	Rolette CSSB	3.79	3.79			7.50	0.50	1.85
41	38841	Sargent CSSB	3.31	3.31	3.31	3.31	7.50	0.50	1.50
42	38842	Sheridan CSSB		3.69	3.69	3.69	7.50	0.50	
43	38843	Sioux CSSB		3.24	3.24	3.24	4.00	0.40	1.50
45	38845	Stark CSSB		4.17	4.17	4.17	7.50	0.50	1.85
46	38846	Steele CSSB		4.17	4.17	4.17	7.50	0.50	
47	38847	Stutsman CSSB		3.04	3.04		7.00	0.50	1.75
48	38848	Towner CSSB	3.70	3.75	3.75	3.70	7.50	0.50	
49	38849	Traill CSSB		3.35	3.35	3.35	7.50	0.50	1.85
50	38850	Walsh CSSB		4.25	4.25	4.25	7.50		1.50
51	38851	Ward CSSB		4.25	4.25	4.25	7.50	0.50	1.85
52	38852	Wells CSSB		4.13	4.13	4.13			
53	38853	Williams CSSB		3.93	3.93	3.93	7.00	0.50	1.75

TESTIMONY

H.B. 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 20, 2005

CHAIRMAN DELZER and members of the House Appropriations Human Resources Committee, my name is Betty Keegan. I wish to Thank You, Mr. Chairman, for agreeing to allow this late testimony to be entered into the record.

I come before you today representing the Graying of North Dakota Coalition, an organization comprised of thirty-three agencies and organizations. (See Attachment A.) The purpose of this Coalition is to provide a statewide forum for agencies with common goals and interests pertaining to older individuals and individuals with disabilities. As a Coalition, we focus upon issues which may result in legislation or otherwise inform or affect regulatory or public policy decisions.

I wish to preface my remarks with the simple fact that the greater majority of older and disabled persons have indicated their preference of remaining in their home and community for as long as possible, wanting to delay institutionalization for as long as possible.

On January 13, 2005, the Aging Services Division provided testimony before your Committee, presenting their Long Term Care Budget, and also addressed fiscal need within each category of Long Term Care Services.

I will focus my testimony upon Rural North Dakota and the category of Home and Community Based Services, specifically the rates now paid to the Qualified Service Providers who are delivering Home and Community Based services to the eligible older and disabled citizen across the rural counties of our State.

The NDDHS is proposing and have included a 2% per year inflationary increase for reimbursement to Qualified Service Providers. We as a Graying of North Dakota Coalition support this proposed increase.

The Qualified Service Providers have not received a rate increase for at least three years. Yet, their costs as providers have continued to

increase each year.

From a rural perspective, I would like to develop for you an example of cost and reimbursement for a Qualified Service Provider delivering service in a rural North Dakota county.

In my example, the average hourly reimbursement paid by Aging Services Division to a private Qualified Service Provider who is providing Homemaker Services in our state is $9.64 per hour, which sounds like a fair hourly rate.

However, within my example, the QSP must travel 23 miles one way to reach the home where the service will be provided, or a round trip of 46 miles upon completion of the service and return. There is a total of 60 minutes spent in travel, to and from the home by this provider, who delivered 2 hours of Homemaker Service as prescribed by the Casemanager for the client. Paper work and form completion will require another 20 minutes.

If you will recall, the Department of Human Services reimburses this rural Qualified Service Provider at a rate of $9.64 per hour for actual service delivery time. This means the provider cannot bill additionally

for mileage costs to and from the home nor for time spent driving to and from the home (windshield time) to deliver the service and not for the time spent on paper work recording.

Thus the provider may bill the State a total $19.28 (2 hrs. @ $9.64 each) for the two hours of face to face time spent delivering direct service, but cannot bill otherwise for any other costs. They are expected to 'build all of the costs" into the hourly rate.

EXAMPLE: Using state mileage reimbursement rate for use of one's personal automobile, mileage in this hypothetical case (46 miles round trip x .31 cents per mile, would equal $14.26. Add to this the hour of Homemaker time spent behind the wheel, and I will use a low hourly wage for the Homemaker, let us say $5.75 per hour, and another 20 minutes spent completing the paper reporting for service delivered, equals a cost of $22.03 to deliver the two hours of service, and this does not begin to take into account the cost of benefits, insurances, for the employee.) Than one questions, 'Where is the profit for this provider?" The provider will be paid a total of $19.28 by the state for the two hours of service delivered.

This is only one example of why we are losing Qualified Service Providers. Their operating costs continue to rise, an example being the extreme increase in the cost of a gallon of gasoline, the need for upkeep and to maintain a reliable automobile, licensing, the cost of auto insurance on the increase, and wage and benefit cost increases of staff for agencies delivering services in rural North Dakota.

We urge you as a Committee to approve the proposed inflationary rate increase of 2% per year as contained in the budget of the Department of Human Services for reimbursement to the Qualified Service Providers of our State.

The alternative is costly. When we cannot help eligible older and disabled individuals to remain in their homes for as long as possible, than we are hastening their admission into the Nursing Home and other institutional care, at a considerably greater expense to the public.

Thank You for allowing this opportunity to provide testimony. In the event you have questions, I will be happy to respond, and if I do not know the information, I will refer you to someone in the audience who is knowledgeable.

Graying of North Dakota

	Organization	North Dakotans this represents
1	AARP	73,000
2	Alzheimer's Association	16,000
3	American Association of University Women	300
4	Association of Former Public Employees	1,200
5	Bismarck/Burleigh Public Health	Burleigh County age 55+
6	Burleigh County Housing Authority	553
7	Catholic Family Services	8085
8	Gene Kouba, Veterans' Advocate	61,399
9	Governor's Committee on Aging	118,985
10	Indian Affairs Commission	5,000 (approximation)
11	League of Cities	359 Cities
12	Mandan, Hidatsa, Arikara Elders Organization	650 elders
13	National Association of Social Workers – ND	300
14	National Committee to Preserve Social Security and Medicare	14,000
15	North Dakota Association of Community Facilities	25 organizations 70 cities 4,500 staff 4,000 clients
16	North Dakota Association of Counties	53 Counties
17	North Dakota Association of County Social Service Directors	97,000
18	North Dakota Association for Home Care	41 agencies & branches
19	North Dakota Conference on Social Welfare	700 members
20	North Dakota Council on Abused Women's Services	1,680
21	North Dakota Dietetic Association	277
22	North Dakota Guardianship Coalition	15,000 potential clients
23	North Dakota Nurses Association	8,000
24	North Dakota Pharmacists Association	1,200
25	North Dakota Retired Teachers Association	3,000
26	North Dakota Senior Service Providers	25,397
27	North Dakota Silver Haired Congress	215 Senior Clubs
28	RSVP	3,105
29	St. Alexius Eldercare & Community Health	2,500
30	Senior Health Insurance Counselors	120
31	Standing Rock Sioux	199
32	State Independent Living Council	97,817
33	Trenton Area Elders Association	300

(January 2005)

GoND
Graying of North Dakota

TESTIMONY

HB 1012

Senate Appropriations: March 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Betty Keegan. I wish to thank you, for allowing us to testify today.

I come before you today representing the Graying of North Dakota Coalition, an organization comprised of thirty-three agencies and organizations. (See attachment) The purpose of this coalition is to provide a statewide forum for entities with common goals and interests pertaining to older individuals and individuals with disabilities. As a coalition, we focus upon issues which may result in legislation or otherwise inform or affect regulatory or public policy decisions.

I wish to preface my remarks with the simple fact that the greater majority of older and disabled persons have indicated their preference of remaining in their homes and communities for as long as possible, wanting to delay institutionalization for as long as possible.

On March 1, 2005, the Aging Services Division provided testimony before your committee, presenting their long term care budget, and also addressed fiscal need within each category of long term care services.

I will focus my testimony upon rural North Dakota and the category of home and community-based services, specifically the rates now paid to Qualified Service Providers who are delivering home and community-based services to the eligible older and disabled citizens across the rural counties of our state.

The North Dakota Department of Human Services is proposing, and have included in their budget request, a 2% increase for reimbursement to Qualified Service Providers. We, as a Graying of North Dakota Coalition, support this proposed increase. We also support the optional appropriation request #12 for $1,740,000 to help equalize rates among providers.

The Qualified Service Providers have not received a rate increase for at least three years. Yet, their costs as providers have continued to increase each year.

From a rural perspective, I would like to develop for you an example of cost and reimbursement for a Qualified Service Provider delivering service in a rural North Dakota county.

In my example, the average hourly reimbursement paid by Aging Services Division to a private Qualified Service Provider who is providing Homemaker Services in our state is $9.64 per hour, which sounds like a fair hourly rate.

However, within my example, the QSP must travel 23 miles one way to reach the home where the service will be provided, or a round trip of 46 miles. There is a total of 60 minutes spent in travel to and from the home by this provider, who delivered 2 hours of Homemaker Services as prescribed by the case manager for the client. Paper work and form completion will require another 20 minutes.

If you will recall, the Department of Human Services reimburses this rural Qualified Service Provider at a rate of $9.64 per hour for actual service delivery time. This means the provider cannot bill additionally for mileage costs to and from the home, nor for time spent driving to and from the home (windshield time), and not for the time spent on paper work recording.

Thus the provider may bill the state a total of $19.28 (2 hrs @ $9.64 each) for the two hours of face to face time spent delivering direct service, but cannot bill otherwise for any other costs. They are expected to "build all of the costs" into the hourly rate.

To extend that example, using the state mileage reimbursement rate for use of one's personal automobile, mileage in this hypothetical case (46 miles round trip x .31 per mile) would equal $14.26. Add to this the hour of time spent behind the wheel, and I will use a low hourly wage for the Homemaker, let us say $5.75 per hour, and another 20 minutes spent completing the paper reporting for service delivered, equals a cost of $21.93, and this does not begin to take into account the cost of benefits and insurances for the employee.

Then one questions, "Where is the profit for this provider?" The provider will be paid a total of $19.28 by the state for the two hours of direct service that cost $21.93 to deliver.

This is only one example of why we are losing Qualified Service Providers. Their operating costs continue to rise, an example being the extreme increase in the cost of a gallon of gasoline, the need for upkeep and to maintain a reliable automobile, licensing, the cost of auto insurance on the increase, and wage and benefit costs increases of staff for agencies delivering services in rural North Dakota.

We urge you as a Committee to approve the proposed rate increase of 2% per year as contained in the budget of the Department of Human Services as well as the monies stipulated in OAR #12.

The alternative is costly. When we cannot help eligible older and disabled individuals to remain in their homes for as long as possible, then we are hastening their admission into the nursing home or other institutional care at a considerably greater expense to the public.

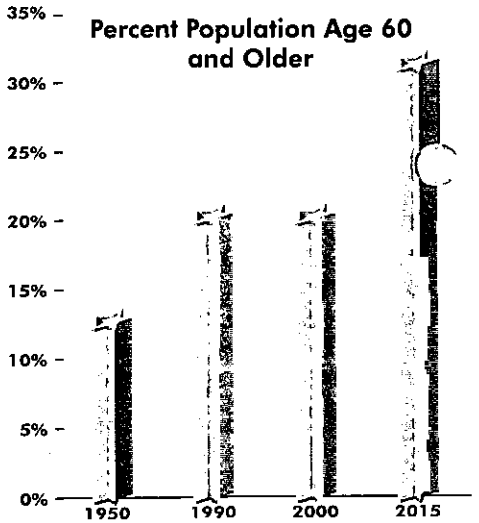
Thank you for allowing this opportunity to provide testimony.

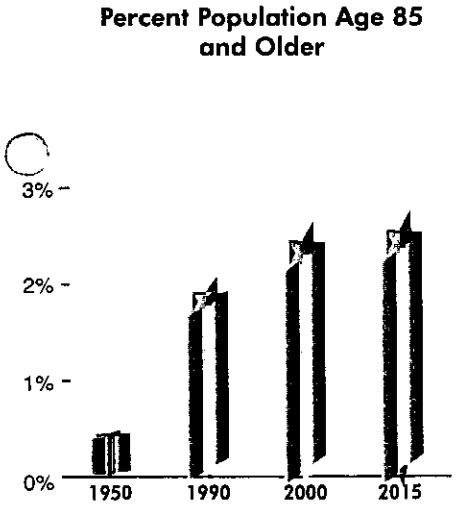
Percent of t[illegible]rth Dakota Population 60 Years of Age and Older and 85 Years of Age and Older

1950, 1990 and 2000 Census and 2015 Projections

- **In 1950,** 72,050 or 11.6% of North Dakota's residents were age 60 or older.
- **In 1990,** 118,175 or 18.5% of North Dakota's residents were age 60 or older.
- **In 2000,** 118,985 or 18.5% of North Dakota's residents were age 60 or older.
- **In the year 2015,** it is projected that 186,138 or 28.7% of North Dakota's residents will be age 60 or older.

- **In 1950,** 2,262 or 0.4% of North Dakota's residents were age 85 or older.
- **In 1990,** 11,240 or 1.8% of North Dakota's residents were age 85 or older.
- **In 2000,** 14,726 or 2.3% of North Dakota's residents were 85 or older.
- **In the year 2015,** it is projected that 15,392 or 2.4% of North Dakota's residents will be age 60 or older.





Source: U.S. Dept. of Commerce, Bureau of the Census, and the North Dakota Census Data Center

CHALLENGES FOR THE FUTURE

- Preparing for an aging "baby boom" generation
- Meeting the needs of an increasing population age 85 and older
- Responding to the shift of North Dakota's population from rural to urban settings, and meeting the service needs in a cost effective, efficient manner

Urban	1990 60+	2000 60+	Increase 60+
Bismarck	7,595	9,726	28.1%
Fargo	9,897	11,670	17.9%
Grand Forks	5,990	6,230	4.0%
Minot	6,237	7,011	12.4%

- Recognizing home and community based options as the preferred choice in the long-term care continuum
- Meeting the needs of family caregivers
- Addressing the increased needs of adult protective services

WE MUST CONTINUE . . .

- To develop the long-term care continuum so North Dakotans have increased home and community based options

CREDITS

- N.D. Department of Human Services
  Aging Services Division
  600 E Boulevard Ave, Dept. 325
  Bismarck ND 58505-0250
  Senior Info-Line: 1-800-451-8693
  E-Mail: dhssrinf@state.nd.us
  www.ndseniorinfoline.com

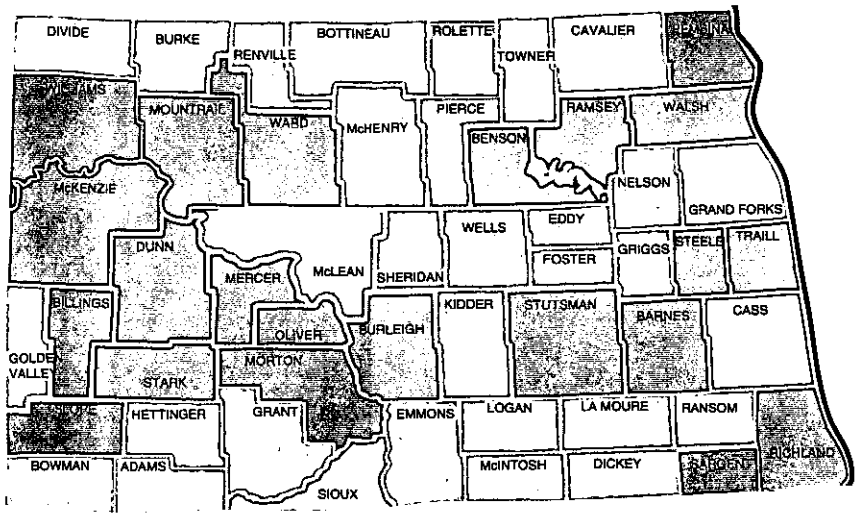
DN 425 Revised 0804

The Graying of North Dakota

2000-2015

rcent of the North Dakota Population Age 60 and Older (2000)

Lt. Teal - Less than 15% of the total county population was age 60 or older.
Teal - 15-25% of the total nty po tion was age 60 or older.
Gray - Over 25% of the total county population was age 60 or older.

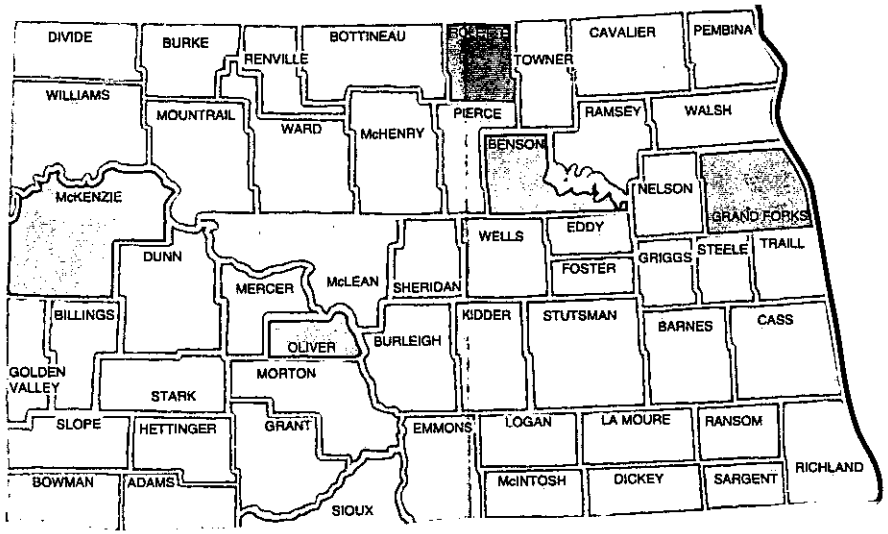


Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2000 was 642,200.
- **In 2000,** 18.5% (118,985) of North Dakota's total population was 60 years of age or older.
- **In 2000,** only four counties reported less than 15% of their population to be age 60 or older.
- **In 2000,** 22 counties reported 15-25% of their population to be age 60 or older.
- **In 2000,** 27 or more than half of the 53 counties in North Dakota, reported more than 25% of their population to be age 60 or older.

Percent of the North Dakota Population Age 60 and Older (2015 Projected)

Lt. Teal - Less than 15% of the total county population is projected to be age 60 or older.
Teal - 15-25% of the total county po tion is jected to be age 60 or older.
Gray - Over 25% of the total county population is projected to be age 60 or older.



Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2015 is projected to be 649,109.
- **In 2015,** 28.7% (186,138) of North Dakota's total population will be age 60 or older.
- **In 2015,** it is projected that only one county will report less than 15% of their population to be age 60 or older.
- **In 2015,** it is projected that only five counties will report 15-25% of their population to be age 60 or older.
- **In 2015,** it is projected that 47 counties, or nearly 90% of the 53 counties in North Dakota, will report more than 25% of their population to be age 60 or older.

House Appropriations Committee: Human Resources Division
Testimony re: HB 1202 - Aging Services
January 20, 2005
by Rodger Wetzel, representing the Graying of North Dakota Coalition

Chairman Delzer and members of the Committee.

I am Rodger Wetzel, Director of the Eldercare Program at St. Alexius, and a member of the large Graying of North Dakota Coalition. I am here today representing Graying of North Dakota and Carole Watrel, Chair of the Graying of North Dakota Coalition, who is out of state. I have been working in the field of aging in North Dakota for 35 years, at both the state and private levels. At age 60, many younger people now consider me a "senior citizen". But like fine wine, or cheddar cheese, or a pair of jeans...I believe we all get better with age!

I wish to thank the Chair and Committee for accommodating testimony times yesterday, and moving the hearing into this larger room. Unfortunately, many concerned out of town people were not able to attend, due to icy highways.

Graying of North Dakota has a long history of supporting a quality continuum of services for our older citizens, and now especially home and community-based services in North Dakota. My older relatives, including many in their 80s, would strongly prefer to receive care in a their own homes as long as possible.

Qualified Service Providers (QSPs) are a significant part of the system of care in our state.

There is much competition in Bismarck and other larger communities for QSPs/CNAs/PCA/Home Health Aids, who provide similar "hands on" care to older and disabled persons. Hospitals, nursing homes, home health agencies, county social services, group homes, private agencies, and individual providers all may be competing for the same of staff. Nursing homes, because of reimbursement regulations, fortunately, are often able to pay more. I was on a nursing home board for 6 years, and I appreciate your support for the CNA-level of staff. I have a sister who is working as a nursing home CNA.

For individuals with limited professional education, who often are the providers of this needed care, other types of businesses, such as Walmart and McDonald's, often pay nearly as much, plus they pay many fringe benefits. An individual QSP receives no fringe benefits and would need to pay insurance costs, retirement, etc. out of their limited reimbursement. So they probably can get better total compensation for welcoming people to Walmart, or frying hamburgers at McDonald's, than for helping an older or disabled person with bathing, dressing, eating, transferring or using the toilet. To put it graphically, if most of us had the choice, would we, for similar compensation, choose to put a yellow sticker on someone's shirt and say, "Welcome to Walmart," or to wipe their bottom?

My father is age 86. He is legally blind with macular degeneration, has difficulty walking, has one non-functioning kidney, self catheritizes himself due to bladder problems, has asthma, and has severe joint pain. My mom is still barely able to help him with dressing, bathing, giving him his meds and encouraging him to walk. But she is a small person, has a pacemaker, high blood pressure, diabetes, osteoarthritis, and is experiencing increasing memory problems. They soon may need a QSP to remain in their home. Or if something happened to my mother, my father would need QSP level of help to stay at home. But if there are no QSPs available due to low reimbursment, we will have to look at facility-level, more expensive, level of care.

For many individual QSPs, not working for agencies, their reimbursement has been kept at a very low level, and many have had no increases for several years. These providers have not received an increase since the spring of 2001. As part of the budget process, the ND Dept. of Human Services submitted an Optional Adjustment Request of $1,740,000, referred to as Priority #12. This adjustment would help to close the gap in payment between those QSPs who have provided care for a number of years and new QSP providers. It would also help recognize the difficulties these private providers face as independent contractors who pay their own travel, taxes, and have no fringe benefits as a result of their employment. They desperately need, and deserve, the 2 plus 2% increases in the NDDHS and Governor's proposed budgets. Graying of ND supports that increase. But I believe they deserve, and often need, more fair reimbursement to stay in business. Please consider the Optional Adjustment!

Next time you go through a checkout, or walk into Walmart and get a yellow sticker, ask yourself, "Could this person have been a QSP?"

Thank you, and I would be happy to answer any questions.

Testimony Before The
Human Resources Division of the
House Appropriations Committee
January 19, 2005

1012

Chairman Delzer and members of the Committee, my name is Carol Wright. I am here as President of North Dakota Senior Service Providers to discuss House Bill 2012. We are an organization made up of twenty-seven non-profit agencies providing services to senior citizens throughout North Dakota. This bill contains an appropriation in the Aging Services Division for the Senior Mill Levy Match Program. This program was established by the North Dakota Legislature in 1971 to provide funding for services for senior citizens. The 1991 Legislative Assembly amended the Senior Mill Levy Match Program restricting the types of expenses that mill levy funds can be spent on to services designed to assist senior citizens in maintaining their independence. These services include home delivered meals, congregate dining, transportation, outreach assistance, and health related services.

The original appropriation for the Senior Mill Levy Match program in 1976 was $1.6 million and was sufficient to provide dollar for dollar match of what was being generated at the county or city level. The appropriation for the current biennium is $1,662,945 which amounts to a match of about 52 cents for every dollar levied locally.

Our request of the 2005 Legislative Assembly and the Human Resources Division of the House Appropriations Committee is to restore the Senior Mill Levy Match program to its original dollar for dollar match of what is levied at the local level. We estimate the amount of funding needed to meet this request to be $3 million. We make this request because of the significant increase in the need for

services for people age 60 and older and because of the on-going need for more in-home services in our state.

The Task Force On Long Term Care Planning, the Graying of North Dakota coalition, the Silver Haired Assembly and the Statehouse Conference On Aging have all gone on record in support of the Senior Mill Levy Match Program as being an integral part of the continuum of long term care services. The Report of the Task Force on Long-Term Care Planning issued in September, 2000 makes the following recommendation:

> The Task Force on Long-Term Care Planning recognizes the importance of this funding source in the overall provision of services to the senior citizens of our state and recommends the legislature restore the Senior Mill Levy Match to a dollar-for-dollar match as included in the original appropriation.

The report also notes that many older residents of small towns throughout the state rely on services funded through the use of mill levy dollars as one of the few alternatives to institutional care.

The budget submitted to the Legislature by North Dakota Governor John Hoeven includes an appropriation of $1,662,945 for the Senior Mill Levy Match Program in the 2005-2007 biennium - the same amount as appropriated in the current biennium. HB 1012 also includes an increase in funding for nursing homes of $30.3 million, an increase in funding for Basic Care facilities of $4.4 million and an increase in funding for Home and Community Based Care of $7.8 million over the current biennium. While we are certainly supportive of the increases contained in the governor's budget for each of these programs, the Senior Mill Levy Match Program needs to be increased for the same reason that funding for

these programs is being increased.

Many of the people who are served through the Home and Community Based Care programs rely on agencies receiving Mill Levy Match dollars for meals, transportation, chore services, Senior Companions and other services to continue living in their homes. And many of the people who are able to return to their homes after short stays in nursing homes need services from these same providers to help them to come back to their homes.

It has been demonstrated repeatedly that providing services to people in their homes is more cost effective and more desirable from the standpoint of the person receiving services. Services provided through the Senior Mill Levy Match Program help people to remain in their homes. Without adequate funding these service providers will be unable to meet the need for Meals on Wheels, transportation, outreach assistance and chore services. One provider in our state has been forced to begin a waiting list for persons wanting nutrition services. Others are considering taking similar action in the face of continued increases in expenses with no increase in state funding since 2001. We need your help to prevent this from happening.

Thank you for your time. I would be happy to answer any questions you might have.

Testimony Before The
Senate Appropriations Committee
March 1, 2005

Chairman Holmberg and members of the Appropriations Committee, my name is Clarilyn Riedinger from Steele North Dakota and I wish to testify today in favor of HB 1012, emphasizing the State Mill Levy Match.

I'm a widow and live by myself. My daughters live to far away to see even on a monthly basis. I depend on activities and programs provided at our Senior Center, for a major part of my social life. I volunteer by driving one lady for meals everyday to the center and I assist at least once a week in the senior center dining room.

My youngest daughter is a Licensed Registered Dietitian and continues to encourage me to eat at the senior center so I will receive proper nutrition on a daily basis.

I wish to thank the legislature for this valuable funding in past years. My life would be very empty without our senior center. I'm asking for your continued support on HB 1012.

Thank you.

Testimony for House Bill 2012

This testimony is from Allan Peterson. Address: 7009 Horseshoe Bend, Fargo, ND 58104. I am addressing the Committee as the Legislative Liaison for North Dakota Association of the Blind; the Association is a state wide incorporated non-profit organization of and for the blind that advocates for issues and services that affect people who are blind and have visual impairments.

My testimony is in support of Vocational Rehabilitation's Older Blind Program. Federal funding for the Older Blind program is allocated to individual state programs under the authorization of the U.S. Rehabilitation Act. In order to receive federal funding for this Program, states must commit a 10% minimum appropriation to access the 90% match from the feds. Federal funding for this program is allocated primarily on the basis of population size; consequently, North Dakota is, on the basis of the funding formula, called a "minimally funded" state.

The Older Blind Program provides sight loss rehabilitation services, primarily, to people who are fifty-five and older. To provide these services throughout the state Vision specialists are assigned to each of the eight human service regions. The vision specialists commonly travel to the client's home to provide counseling and services to help the person deal with the adjustment to their sight loss.

The training offered is individualized to meet specific client needs. The assistance provided can include training with vision and mobility aids, information on where to get additional help, demonstrating aids and appliances, and help with modifications people can make in their homes to deal with sight loss. The services of the vision specialists has led hundreds of our older citizens, who have experienced severe sight impairments, to become more independent and enjoy a more productive and fulfilled life in spite of having lost some or all of their sight.

The skills and aids that the vision rehabilitation specialists are able to provide can mean that older citizens of our state, who experience severe vision loss, can remain in their own homes and postpone or avoid institutionalized nursing home care. The cost savings that are realized by either avoiding or postponing institutionalized care and the increased sense of well being that are realized by being more independent are strong and compelling reasons to help support this program.

The rural character of our state and its low population density mean that the vision rehabilitation workers must travel long distances to meet with many of those identified with severe sight loss. Our rural character and lack of good accessible public transportation can mean that many of those who experience severe vision loss are isolated and dependent on others. Consequently, the skills and aids that the vision rehabilitation workers can provide are truly valued by the people served. □

NORTH DAKOTA ASSOCIATION OF THE BLIND

FACT SHEET: Facts in Support of the Older Blind Program.

Facts and information which illustrate the need for the Older Blind Program of North Dakota Vocational Rehabilitation:

(1) Eye Problems are more commonly seen after people reach the age of 60. Eye diseases commonly associated with aging are macular degeneration and retinopathy that occurs with either diabetes, glaucoma or hypertension and the complications that can occur as a result of developing cataracts. The medical treatment for these eye conditions can often be limited and the affected person must then cope with a permanent vision loss. Several studies have demonstrated that well over fifty percent of the people who are identified as blind and severely visually impaired in our population are over 60 years of age. This percentage is expected to increase significantly as our population increases in average age. Census data shows that the average age of North Dakota's population is steadily increasing which would indicate that there will also continue to be a steady increase in the number of age related eye problems.

(2) There is a significant number of older people of our state who have experienced significant vision loss. The scope and magnitude of those who experience vision loss among persons aged 55 and older in the population of North Dakota has been illustrated in a study conducted by researchers at the Data Center at North Dakota State University. The study done in 1997 found that there were 2,780 non-institutionalized persons over the age of 55 in the population of North Dakota with severe vision loss. Their visual acuity was measured in the range around 20/200 or less after their vision was medically corrected to its best possible level. With this level of visual acuity, the people in this group could not read newspaper print. The study identified another 6,826 non-institutionalized persons with mild to moderate levels of vision loss among the population of North Dakota who were over the age of 55. The visual acuity of this group of people measured in the range from 20/60 to 20/180 (after their vision was corrected to its best possible level). These individuals with mild to moderate vision loss experienced some to a lot of difficulty reading newspaper print.

North Dakota Association of the Blind has consistently supported the services provided through the Older Blind Program through resolutions adopted at its past State Conventions. □

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS SUB-COMMITTEE REGARDING THE LONG TERM CARE APPROPRIATION HB 1012 JANUARY 19, 2005

Chairman Delzer and Members of the Committee, my name is Marilyn Bender, Director of Human Resources for Easter Seals Goodwill ND, Inc. I am here in support of House Bill 1012 as proposed by the Department of Human Services Aging Services Division.

Easter Seals Goodwill is a statewide agency Qualified Service Provider and one of the largest providers of Home and Community Based Services in North Dakota.

During our last fiscal year, Easter Seals Goodwill provided over 88,000 units of service to consumers of Home and Community Based Services, SPED and Expanded SPED.

Since 1999, Easter Seals Goodwill has submitted a number of requests for a rate increase, but has been denied, due to funds not being appropriated for rate increases. Over the past 15-year period, Easter Seals Goodwill has received a total increase of $2.28 per hour (this equates to $.15 per year).

Currently, Easter Seals Goodwill provides services to 78 consumers throughout the state of North Dakota. Of these consumers, 13% reside in rural areas. Over the past many years, we have lost staff in rural areas due to low

wages, as well as the inability to increase their travel costs.

As previous testimony has stated, there is, and will continue to be, an increased number of aging North Dakotans who are electing to remain in their homes and receive services for as long as possible. Easter Seals Goodwill wishes to continue its 25 year association as a well-known provider of services to the older North Dakotans.

Easter Seals Goodwill ND, Inc., supports the Governor's 2% first year and 2% the second year budget, but we believe that additional funding is needed to keep qualified staff working in the Home and Community Based Programs.

Thank you for the opportunity to speak to you in support of the House Bill 1012 and I would be happy to answer any questions you may have.

January 19, 2005
North Dakota Disabilities Advocacy Consortium
Testimony
House Bill 1012
House Appropriations Human Resources Division
Chairman Representative Jeff Delzer

Good Afternoon, Chairman Delzer and members of the House Appropriations Human Resources Division. I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today to support the Department of Human Services (DHS) budget as presented in House Bill 1012. The budget appears to be essentially a hold even budget once the impact of the reduced FMAP and the inflators mandated by previous legislative sessions are calculated. This fact alone is remarkable when we hear almost daily about the human services budget crisis being experience by other areas of the country.

The 22 member organizations of the North Dakota Disabilities Advocacy Consortium want to go on record as strong supporters of Home and Community Based Services (HCBS). Results from survey after survey prove that people want to remain in their own homes as they age and require services, yet in North Dakota institutions remain the first placement option in too many communities and where the vast majority of state funds are targeted. NDDAC believes that the progress being made in allocating more scarce state long term care continuum funding to HCBS is a move in the right direction. However as we saw in the dollar chart presented in attachment B of Brenda Weisz's testimony on January 6th, North Dakota is planning to spend .90 cents of every long term care dollar on institutions and only .10 cents on HCBS in the 05-07 biennium. That is a shift of only one penny from institutions to HCBS from the current biennium. More support for HCBS must be found if North Dakota is going to be able to provide services to it aging population.

I would like to highlight two areas for your consideration today.

Emphasis Area One:
We urge your support for the Real Choices Systems Change Rebalancing Initiative grant. The intent of the grant is to assist our state in designing services that rely less on institutional settings. The focus of the grant will be a single point of entry that will assist individuals in achieving the least

restrictive environment for the level of services that they need. Services in the least restrictive environment generally are the most cost effective. As you may recall from previous testimony, the $300,000 dollar grant does not require any general funds (only $15,000 in-kind match) and will not extend beyond the initial grant period unless other federal funding becomes available to support future rebalancing initiatives.

Emphasis Area Two:
We support the proposed 2% and 2% pay increases for the HCBS workers. We are especially interested in support for North Dakota's Qualified Service Providers (QSP). They have not had a pay increase for several years, in to many cases have no benefits and even pay for their own transportation. While the proposed 2&2 would certainly be appreciated, we would like to encourage your adoption and funding of OAR # 12 which would add 1.7 million dollars to the pay package for HCBS workers. The Governor proposed a 4% and 4% pay increase for other state workers and the mandated inflators for nursing homes provide for increases of 3.52% and 3.92% for 05-07. We believe that in order to achieve some kind of equity, OAR 12 needs to be includes in the final DHS budget for HCBS workers.

The QSP's are the front line workers in the home of people with disabilities. They provide the services necessary to keep their clients in the community. One issue that is being worked on by everyone interested in the long term continuum of care is providing quality training, supervision, and oversight so that QSP's can do certain services that now are considered medical services and require a nurse under the Nurses Practices Act. For example, a QSP can not rub on a prescription cream for bed sores, but a family member can. Initially we were told that the Nurses Practices Act prohibited these kinds of services by anyone other than a nurse. Upon investigation, we have found more flexibility in the Act than everyone thought before. We will continue to seek avenues that allow QSP's to provide more safe services for their clients. Services that the client wants the QSP to perform and that promote continued living in the home and community. We ask your support in keeping the supply of QSP's available. An equitable pay increase will go a long way in doing just that.

I have included for your records a list of the member organizations of the North Dakota Disabilities Advocacy Consortium.

I would be happy to answer any questions that I can. Thank you.

North Dakota Disabilities Advocacy Consortium
2004 Membership List

North Dakota Association for the Disabled
Independence Inc.
IPAT Consumer Advisory Committee
ND Association of the Deaf
North Dakota Fair Housing Council
Dakota Center for Independent Living, Inc.
The Arc of Cass County
Mental Health Association in North Dakota
The Arc of North Dakota
Options, Inc.
ND Statewide Independent Living Council
The Arc of Bismarck
Family Voices of North Dakota
People First of North Dakota
ND Association for Persons in Supported Employment
Freedom Resource Center for Independent Living, Inc.
ND Protection & Advocacy Project
ND Human Rights Coalition
ND Center for Persons with Disabilities
American People Self Advocacy Association
AARP of North Dakota
ND Association of the Blind

Updated July 11, 2004

North Dakota Human Rights Coalition

P.O. Box 1961, Fargo, ND 58107-1961 (701) 239-9323 Fax (701) 478-4452 www.ndhrc.org

Testimony
House Bill 1012
House Appropriations Committee
January 19, 2005

Chairman Delzer and members of the Committee, I am Cheryl Bergian, Director of the North Dakota Human Rights Coalition. The Coalition includes a broad-based, statewide membership of individuals and organizations interested in the furtherance of human rights in North Dakota; the Coalition's mission is to effect change so that all people in North Dakota enjoy full human rights.

We support the increased appropriation Home and Community Based Services in the Human Services budget. The cost effectiveness of Home and Community Based Services has been demonstrated, and increased appropriation is warranted. It also meets the strong preference of elderly and people with disabilities to live in their homes for as long as possible as their abilities decrease. And, it fulfills the mandate to provide services in the least restrictive environment for people with disabilities.

We ask for a do pass recommendation on House Bill 1012. I appreciate this opportunity to testify on behalf of the North Dakota Human Rights Coalition.

HOUSE BILL 1012 – DEPT. OF HUMAN SERVICES BUDGET
TESTIMONY OF MARK BOATMAN
HOUSE HUMAN SERVICES APPROPRIATIONS SUBCOMMITTEE
JANUARY 20, 2005

Chairman Delzer and members of the Human Resources Committee, my name is Mark Boatman. I live at the Central Dakota Village nursing home in Jamestown. I apologize for not being able to attend today, but I have very limited transportation options and it was not possible to make it to Bismarck today.

I am 29 years old and I have Duchene Muscular Dystrophy. I also use a ventilator full-time to breathe. In 1994, after graduating from high school, I moved into an assisted living apartment building in Jamestown. I received my care through the Aged and Disabled Medicaid waiver, the North Dakota waiver. I was able to get 24 hour care because our hours between the residents were pooled together so we could have an attendant help us 24 hours a day. This system worked very well for me. I was able to get help with all my activities of daily living like bathing, eating, feeding, dressing, the full range of care I needed. This worked well for nine years.

In late 2002, I started suffering from respiratory failure due to my disease. In February of 2003 I received a trach and a full-time ventilator because I could not breathe on my own anymore. After getting the trach and the vent, I was in a rehab hospital in Fargo for two months. After being in the hospital, I wanted to return to the community to live, but I was not able to because there was not sufficient resources through medical assistance that would allow me to do that. My only option was to go into a nursing home in my hometown which, as a 29 year old, was not something that was at all attractive in my life. I was in the nursing home for the first six months, my health dramatically improved since going on the ventilator and my health stabilized and has been stable ever since.

After about six months in the nursing home, I wanted to pursue getting care through home and community based services but I was not allowed to have the full range of help I would need, especially in the areas of taking care of my trach and ventilator. I am currently fighting to live in the community, but like I said, the waivers right now are not enough. There needs to be exceptions made for people that need higher levels of care. To live in the community, I would require a 24 hour attendant, it would not have to be a nurse, it could be an attendant. I would train a staff of people with the assistance of respiratory therapists and nurses that would be able to attest that these people could take care of ventilator and trach issues that would arise. After the staff is trained, I would be able to manage my staff and to pay them through medical assistance funds.

Until this can happen, I will be stuck in a nursing home where I do not want to be, and the cost of care in the community will be about the same as what it costs now; or it could even be a little cheaper. I strongly urge this committee to find ways for people that don't fit under the traditional waiver system to get care. I just need an allowance made in my case where I can have a staff and pay them, and I could have nursing supervision on an as-needed basis and be able to live in the community and have a much higher quality of life. The freedom to eat what I want, get up when I want, go to bed when I want, just live like an able bodied person does. I also would be able to contribute to the community where I live much more. Again I thank you for this opportunity to speak in front of your committee and I hope that changes can be made so all North Dakotans with disabilities can live where they want. Thank you again. Have a good day.

Gale Peterson

If it's of interest to anyone, I've been told several times that I'm the oldest person in the world born with my form of M D. I've beaten the odds often, even having the minister come to [redacted]e hospital 21 years ago because the doctors wrote me off. Later, seeing I wasn't going to die, they said I would never get out of the hospital. When they realized I could go home, they said I would never get off the respirator. As you can see, I didn't die, I went home and, up until seven years ago, I didn't need to be on the respirator 24-7.

Several years ago I given an IQ test, and the result showed my IQ fell within the top 10% in the United States. I'm not one to brag, but I was very proud of this, considering I only went to school one hour a day, four days a week, through the 8th grade. In those days the state didn't have the social programs it does now.

Why was my IQ so high? Maybe it's because I've been denied a normal life. Instead of being able to ride a bike with my friends, or play hide and seek, I was watching Walter Kronkite, Huntley & Brinkley, and Peter Jennings on the national news with my dad. I watched the Kennedy-Nixon debate, President Kennedy's assassination, and the Vietnam War in its entirety. So I was forced to grow up faster than I would have had to.

What will my reward be for accomplishing these remarkable feats? My reward is to be thrown into a nursing home within a year or two when my insurance cap runs out. As far as [redacted]n concerned, if that's to be my ultimate reward, I should never have been born at all.

I was here and spoke to the house side in January. I said all the above plus five pages more, hoping I could find compassion in the people I spoke to. Since that time, however, I've sadly woken up and realized something I had stupidly forgotten. I forgot this is the United States, and that the word compassion is a lost word in our dictionary. If this word is in our dictionary, it falls behind the word MONEY. As a matter of fact, the word MONEY comes before any words in our dictionary. Since those words are the only words people will listen to, then I guess I'll have to present myself as a dollar bill rather than a human being.

Some of this you probably already know, but I'm going to throw it on the table anyway in hopes it will register with enough of you to help in the fight for our cause. If these numbers, facts and figures, don't get through to you in some way, then I guess our trip was wasted.

Did you know North Dakota ranks second to last in the country, behind Tennessee, in providing for home health care, and that for every $34.60 given to the Long Term Care Association, home community based services gets one lousy buck in return? It seems like [redacted]he Long Term Care Association holds some kind of hidden power over you.

I'm not saying that all nursing homes should be shut down. There will always be a place for nursing homes in our society. However, there are many people who DON'T HAVE TO go to a nursing home, who can stay at home for a far less cost to the state. One of my first

nurses, who ended up the head administrator at Manor Care in Fargo, recently told me that nursing homes have endured changes in the past and have survived, and that they'll survive ny future changes as well.

In reading newspapers, you'll notice practically every state, except for maybe Tennessee and, of course, North Dakota, are pushing towards laws and legislature to keep people happily at home rather than to be unnecessarily shoved into a nursing home to die a lonely, humiliating death. Oregon leads this country in health care, appropriating around 70% of their health care budget towards keeping people at home. It only took one person in to take the state to court and make major changes. Since then, Oregon has embraced these changes, realizing that it was best for its citizens and that it was highly cost-effective to the state.

More facts: In a study of moving companies, it shows 62% of their business comes from moving people out of the state of North Dakota. I guess it's nice to know that North Dakota ranks number one in something. I'm not saying that the lack of health care in this state is a prevalent reason as to why so many people are leaving, but I'm sure for some it's nice to know that by moving to a different state they'll have a better chance of being taken care of in their own homes rather than a nursing home.

Even more facts: The average daily cost to go to a nursing home in this country is $200 day. Now, if you are a senior citizen, using a senior citizen discount and a long term discount, it would cost Medicaid only $135 a day to put that same person on a Princess Liner cruise ship for the rest of their lives. Gee, I don't know, what you like better, to go to a nursing home and rot away or go on a cruise for the rest of your life? I can't decide myself. Oh, that's right, I almost forgot. I don't have a choice. Choice isn't an issue here. It's the dollar bill.

I hear that my safety and health are of main concern to the state. At what expense is safety and health to me, though? Is lying around depressed and lonely in a bed 24 hours a day staring at the walls considered safe and healthy? Not to mention being continuously scared that your hose will pop off and no one will notice? No thanks. I'll pass up your concern of safety and health and take my chances at home where I'll be quite safe and healthy, like I've proven for 16 years . . . Not to mention happy and live a somewhat normal life.

North Dakota struggles each year to find ways to save money. I've come up with a Medicaid and/or state plan that could potentially save millions, maybe even billions, of dollars throughout this country in a year. To help explain this plan, I must first tell you this. I called Rosewood nursing home in Fargo and asked them the cost of me staying there, for they are the only place in Fargo that will take someone on a vent. They said $300 a day, which comes to $110.000 a year. I mentally pull my hair out every day wondering why there seems to be a blank check policy for the state to throw me into a nursing home, but when I come up with a

plan that can keep me, and others similar to me, out of a nursing home at a far less cost, it's almost like they think I'm crazy, that it can't be done. Why? Is it because if someone is in a wheelchair and not a politician they're incapable of coming up with an idea I KNOW will work?

My simple, cost-effective plan, which only takes an innovative brain and not an expensive calculator to figure out, is this: For people who don't absolutely have to go to a nursing home, Medicaid would look at each individual separately and determine what it would cost to put that particular individual into a nursing home, and then turn around and offer that person the option of either going to a nursing home at full cost to the state, or to instead pay up to 2/3 of that cost to keep that person at home which, in my case, would only cost $69,000 instead $110.000. That would save the state at least $41,000 a year on me alone.

Just to let you know, I've had attendants for the last 21 years. In December of 1983 I went to the hospital, ending up having to have a tracheotomy. My dad worked for the Fargo Public School Board at the time and was on a group insurance policy which had to cover me. My dad has since retired but, by law, they had to keep me on. The policy stated I had to have licensed nurses, but after five years, me and one of my nurses decided anyone who was mature and responsible enough could easily do this job. We called Senator Dorgan to see if he could help convince my insurance company to allow me to hire unlicensed people which, ultimately, would extend the cap on my major medical policy. Within a week my insurance company agreed, and for the last 16 years I've hired nothing but unlicensed attendants. As you can see, I'm still alive and just as healthy as when I had licensed nurses.

The only thing I had to do in return was to sign a waiver pretty much saying I wouldn't file a lawsuit against them if something were to happen to me do to negligence on the part of an unlicensed attendant. If this type of plan can evolve in just a few short days and work successfully on an insurance level for 16 years, there's no reason why it can't work on a state and federal level as well, without years of political rhetoric blocking its implementation.

By providing waivers to allow people to hire ANYONE they want, and allowing the choice of receiving "up to" 2/3 of the cost of a nursing home to stay at own home instead, it would also provide a better attendant. I need to express that the pay scale Medicaid has now is a joke and an insult to people who do this type of work. It's a well known fact that if you pay someone a fair wage for what they do they'll do a better job and stay at their job longer. If the state is truly concerned about the health and well-being of people, they should already know this. It's been the American standard of employment throughout our history. North Dakota lost 500 QSP's last year, and I'm sure it can be directly attributed to such minimal pay.

It I were allowed "up to" $69,000 a year to stay at home, I could offer them like $10 to start, and then let them know that by doing a good job and staying with me for a few years

they could work their way up to $14-$15 an hour. That dollar amount, for what they do, is not an excessive dollar amount at all. My UNLICENSED attendants do a very PROFESSIONAL job, doing things even RN's weren't allowed to do 21 years ago -- for instance, changing my trach. Even if I had three attendants who all stayed with me long enough to work their way up to $15 an hour, I figure it would still save the state around $36,000 a year.

Everyone I've talked to about my idea thinks it makes perfect sense and can't believe something like this hasn't been thought of before. I think it's now time for North Dakota and other states to quit moaning and groaning about the dollar bill and truly put their money where their mouths are by implementing my idea.

Governor Hoeven needs to get more involved in this issue, also, like governors in other states have the courage to do. In Governor Hoeven's state-of-the-state message, not one word was mentioned on home healthcare reform. I've even contacted the Governor's office by telephone and email a few times, kindly asking, in so many words, if he could spare just five or ten minutes of his life to get back to me or to respond to me on this highly important issue that concerns life and death. I haven't received any response from him whatsoever.

Thank you for your time,

Kyle Peterson

Chairman Delzer and members of The Human Resource Committee, for the record our names are Lyle and Shirley Peterson.

We're writing as concerned parents to our son, Gyle. Our concern for him is that he might be forced to leave his home of 49 years and go to a nursing home. We are under the understanding that there are plenty of funds to institutionalize Gyle within a nursing home, but not enough funds to keep him in his own home environment. Disabled people have the right to live a normal life just as much as anyone else who are not "blessed" with being handicapped.

We are the parents of two children who were born handicapped. Our daughter, Diane, born before Gyle in 1946, died early in life at the age of six. At the time of her death she was at the Ann Carlson School for Crippled Children, as we thought she needed an education and that this was the only place she could get adequate schooling. After her death, however, we decided "never again" would we put a child of ours in a home as long as we were able to take care of them on our own.

Now, however, we are both approaching eighty and are not able to do the cares ourselves, and we do need around-the-clock help. It would break our hearts to have to see Gyle go to the nursing home and not be able to be a part of his everyday life. We are a close family. We always have been, and we always will be. We're also afraid that he might not make it there, that he'll just give up. We even have a letter from Gyle's doctor, Dr. Campbell, that says it would be "detrimental" to both Gyle's physical and emotional well being.

We hope and pray that you have kindness and understanding in your hearts to quickly make changes that can keep Gyle, and others in his situation, to remain in their homes and with their families. For one minute, please put yourselves in the shoes of others. If any one of you, or one of your friends or loved ones were in same situation as Gyle, I feel this health issue would have been resolved fairly a long time ago.

Thank you,
Lyle and Shirley Peterson

HB 1012

Testimony from Gyle Peterson

Chairman Delzer and members of the Human Resources Committee, for the record my name is Gyle Peterson, and in the last 21 years I've been told, more than once, that I'm the oldest living person in the world born with my type of muscular dystrophy – and here I am STILL, TODAY, speaking to you through Dawn in desperate hopes that this legislature will make SWIFT, JUST changes within the Medicaid system.

In December of 1983, I was rushed to the hospital, not breathing. I have a brief memory of being in the emergency room, thinking that "this is it, I'm going to die", but I woke up two days later on a ventilator. The only memory I have of those two days is of our family minister leaning over my bed at four in the morning. Obviously something was seriously wrong.

In the following week they tried to wean me off the respirator, but without success. It was then decided that I should be given a tracheotomy. So, on the day before CHRISTMAS EVE, they performed the procedure. During my hospital stay it was discovered my dad's insurance policy would cover in-home, licensed nursing care. So, after one whole month of being in the hospital, I went home in January of 1984 and hired three nurses.

It was one of these nurses, Lynn Ramlo, who eventually told me something interesting. She told me she used to work with a nurse who took care of me at the hospital, and that this nurse told her the doctors wrote me off that night I assume this was why our minister came to the hospital at that time of the morning. The nurse also said that when the doctors realized I WASN'T going to die, they said I would never to go home. Wrong again. Finally, seeing I COULD go home, they said

I would never get off the respirator. Wrong yet again, because after a few weeks at home, I was able to stay off the respirator until April of 1998 – fourteen years later. So I beat the odds NOT once, NOT twice, but THREE times. I was able to come home. I was able to stay off the respirator for fourteen years, and I looked Death -- the Reaper himself -- in the eye and told him to go to Hell, to come back another day when I was ready.

About five years later, one of my nurses and me came to the conclusion that anyone who was mature and responsible enough could easily do this job and that they didn't HAVE TO be licensed. By being able to do this, I knew I would be able to extend the cap on my major medical policy, because I needn't pay an unlicensed person as much as I would to a licensed person. I called Senator Dorgan – congressman at the time – to see if he could help me with this. Mr. Dorgan contacted my insurance company, explaining my unique situation and my wishes to hire unlicensed people, and how it would help make my money last longer.

They agreed, under one condition. I had to sign a waiver. I don't remember the exact wording of the waiver, but it pretty much said that if something were to happen to me due to the negligence of an unlicensed person that I wouldn't come back and sue them. That was sixteen years ago, and here I am today, just as healthy as I was when I had licensed nurses. I feel by hiring unlicensed people I've extended my cap by about two and a half – three years.

Why am I here before you today? It's plain and simple . .. Desperation. My cap will run out in approximately thirteen months from now. When that cap runs out, I lose my attendants, and if I lose my attendants, I lose all my freedom and my dignity.

Unfortunately, my parents, who are approaching eighty, are not financially able to take care of me on their own. Instead, they were born SAINTS. Not

recognized by the city, not recognized by the state, not recognized by this country, but HIGHLY recognized by friends, relatives and family. They have sacrificed wel over half of their lives for me.

I currently have attendants fourteen hours a day, but during the hours of 1am and 10am my mother still gets up during the night and attends to my needs. Again, she's almost eighty, outliving her parents, who died in their sixties, and two brothers who died just two days apart, one at 76 and 69. I can tell, however,that in the last few years, by having to get up during the night with me, that it's taking a toll on her. Unfortunately, I can't hire a night person because it would eat up my insurance money that much faster.

My mother's biggest fear is not knowing what's going to happen to me if something happens to her. I sometimes think, due to the early deaths in her immediate family, that I'm the reason she's goingas strong as she is. It kills her, and my dad, to think that my own government, which spendsBILLIONS AND BILLIONS every year on assisting people in other countries, might opt to throw me into a nursing home to rot away and die a humiliating, lonely death at a higher cost to the state than the cost of keeping me at home.

Chuck Stebbins, from the Freedom Resource Centerin Fargo, told me that I should come up with a plan. I have a plan that isSIMPLE, COST-EFFECTIVE, JOB DEVELOPING, AND HUMANITARIAN. This plan would be to take a page from my insurance company and allow us the choice of hiring unlicensed attendants if we want. As long as we're comfortable with them and satisfied that they can do the job, it shouldn't be of concern to anyone else. In doing this, I and others can stay out of a nursing home while, at the same time, saving the state millions of dollars over the course of a short time. For sixteen years I've been allowed to do this, without any hassles from the insurance company, without any silly rules and regulations, and

with very little paper work. All my attendants have to do is fill out aSIMPLE form once a week stating what they do for me, how many hours they've worked, and how much they get paid per hour. My mother then sends in the forms and the insurance company reimburses me. If I'm not proof that this does, in fact, work, I don't know what kind of proof you need. Even Mr. Zentner, from Health and Human Services, at an earlier meeting said quote "You can't argue with success."(meaning my situation and how I'VE managed it over so many years).

The plan would also involve the government stepping back and allowing people to make more of their own choices in how they'rebeing taken care of, as long as the cost wouldn't exceed reasonable dollar amounts. The government should give people some credit on knowing what's best for them. Sometimes we know what's best for our health more than our doctors do, and certainly more than a government official does. I, myself, haven't always heeded the words of all my various doctors, and here I am, outliving everyone else born with my disease. Are you able to look at me and tell me I'm doing something wrong? No, you can't. There is only one nursing home in Fargo that will take a person on arespirator, and one year ago they told Social Services that it would cost $9,000 a month to stay there. Since that time I've heard it will cost substantially more. I can hire more attendants and still get by cheaper than that. So there's the simplicity and cost-effectiveness of the plan.

I've heard that this plan could potentially cause people to losetheir jobs. On the contrary, it would do the opposite, because it would create a one-on-one working atmosphere rather than say a one-on-eight atmosphere, thus generating more jobs and instituting more tax dollars for the state. In doing all of this, it would ultimately keep many people who didn't have to go to the nursing home to, instead, stay at home. So there's the jobdeveloping and the humanitarianism of the plan.

Will this legislature try to pass something in conjunction with my plan? Maybe not, because the government sometimes likes to make something SIMPLE into something COMPLEX, adding a lot of red tape, unnecessary rules and regulations, and lengthy political rhetoric that absolutely no working man can understand. In the end it ultimately destroys everything a person started out to try and change in the first place.

In an editorial written to the Forum by John W Johnson on January 19th, he says that he gives "kudos" to the North Dakota Long Term Care Association for being the strongest lobbyist group in the state. In reading this and seeing that they were able to convince the Governor to increase the budget by over thirty million to shove some people into a nursing home to die a humiliating deathwho wouldn't have to go there, while only increasing home health care by less than four and a half million, it totally enraged me. Let me ask you all a question without you even having to answer. I want you all to look me directly in the eyes right now and tell yourself this. Would you rather live in your house or go to the nursing home? Please, look at me now.

I don't know how so many local and state governments can overlook the Olmstead decision which was passed by the United States SupremeCourt five years ago, giving elderly and disabled the right to live in the least restrictive environment. If I were to disobey the United States Supreme Court, I would go to prison. However, I do have to admit, I would rather go to prison than go to a nursing home. At least I would have more people to talk to.

Mr. Johnson went on to say that for every $34.60 North Dakota spends on nursing home care, it only spends $1.00 to keep someone at home. That is a disgrace. That is a total disgrace to a human being. The article also said with that ratio, it puts North Dakota second to last in the country, behind Tennessee, in

providing for home health care. Why does North Dakota always seem to have to be last in almost everything. By implementing my plan to the best of your ability, you would allow North Dakota be a leader, not a follower for once. Many people have told me to move to another state, especially to Minnesota since I'm so close, because they feel every other state will take far much better care of me than North Dakota will. Well, maybe I don't WANT to move. I'm not fond of the winters here, but I've often defended North Dakota when so many other people have put it down. Now, in my time of need, will North Dakota be there to defend me?

This plan would also involve reasonable pay for these unlicensed attendants. Mr. Zentner said that the average wage for an unlicensed health provider is around $9.50 an hour with a 2% increase each year. The cost of living goes up more than that every year. This definitely has to be changed somewhat. A person can sometimes make that at West Acres showing people exotic underwear. The services and importance of what my attendants provide warrant a significantly higher starting pay than that. My life is in their hands the whole time they're with me. The time they've worked for me up until now should also be a factor on the pay scale. Mr. Zentner said it would cost $20 to $25 an hour to hire a licensed RN. Trust me, the state can pay unlicensed people significantly more thana $9.50 average and still get by way a lot cheaper than the cost of a nursinghome, especially in my condition.

Dawn might feel uncomfortable in reading this next part, but I feel it's important. Dawn hasn't had a pay raise in about three or four years because, with my insurance, I feel I couldn't give one without the risk of my insurance money running out that much faster. I'm lucky that Dawn has become a good friend on this job and understands my situation. I'm lucky, too, that my other two attendants– one of seven months and one going on two years– feel the same way. I can't

guarantee, however, that they'll always feel this way. Without reasonablepay and timely raises, I could lose them at some point. After all, they have bills to pay also, and have to look out for their well being.

I also feel, to prevent potential fraud, that the government should reimburse the person being taken care of rather than the service provider. That way, if I were to send the forms in, I can assure that no one is adding extra, unworked hours to their forms.

For several years now I've been looking for a reason for my existence, believing that there has to be a reason as to why I'm still here. I had a sister born before me with the same disease who died at the age of six. Why her and not me? Why SO many others and not me? Like I've said, I've been told I'm the longest living person in the world born with my particular form of muscular dystrophy, and I hope you all realize by now that I have full mental capacity. Several years ago the dean from N.D.S.U. came to my house to give me an IQ test I don't remember the number now, but the dean told me that my IQ fell within the top 10% of the county.

I'm not one to brag, but I was very proud of that, considering I only went to school one hour a day, four days a week, through the 8th grade. You see, back in those days the state didn't have all the social programs it does now I was only allowed to go to school through the 8th grade because there weren't any qualified teachers to come into your house beyond that.

Why was my IQ so high? Maybe it's because I've been denied a normal life. Instead of being able to ride a bike with my friends, or play cowboys and Indians, or hide and seek, I was watching Walter Kronkite, Huntley & Brinkley, and Peter Jennings on the national news with my dad while my mother was at work I watched the Kennedy-Nixon debate, the Vietnam War practically in its entirety and, of course,

the assassinations of President Kennedy, Martin Luther King, and Robert Kennedy. So I was forced to grow up faster than I would have had to.

It would literally kill me to accomplish all of this, far outliving my life expectancy, being given a high IQ, only to be rewarded by needlessly being thrown into a nursing home. How sad that would be.

In closing, I would like to say this: In the last ten years or so, with all the frustrations and disappointments in my life, I've compared my life to a 15 round championship fight. During the early rounds I was knocked down several times, but I was able to jump right back up and get back into the fight. In the middle rounds I've been knocked down a lot, too, only I found it harder and harder to get up each time. In the later rounds I've been knocked down just as often, but there were many times where I didn't want to get up, because I knew I wouldn't get knocked down anymore if I were to stay on the mat. I knew, however, that by staying on the mat that I would lose the fight. So, here I am today, in the 15th round. You're my opponent. I'm way behind in the fight. I need to score a knockout. If I get knocked down one more time I'll lose the fight, and I won't get up off the mat again.

Thank you for your time.

Sincerely,

Gyle Peterson

Hi my name is Jeff Peterson. I'm a cousin of Gyle's and have known him all my life. While I can only speak to you about Gyle, I'm sure I'm speaking for others in similar situations.

I've known Gyle before he had nurses and now when he has personal attendants. He's a very intelligent and active person, by active I mean he's in control of everything he does. Weather he's going out to eat, shop, go to a movie, or staying at home and work on computer. Without this independence I believe he would lose his will to live. He can still do a lot to help society but he needs to be at home. His parents have devoted their lives to him and I know they wont let him go into any health care institution where he'll lose his independence. Just think about when your close to 80 will you be able to give someone full time help. As far as having certified nurses to take care of him it's not necessary. He can hire aids to do the same job at less money. I've been around when he's had nurses and when he's had attendants and I see no reason to have certified nurses. The attendants have done a good job.

Gyle does not need people to decide how to take care of him. He knows what needs to be done. He just needs to have aids to do what he tells them.

Don't put Gyle and others like him in a health care institution, I'm sure he can be taking care of as well as or better at home. Most importantly keep his independence and will to live.

Gyle, his parents, and personal attendants are a team, break up that winning team and someone loses. Lets try to keep this team together and keep on winning. Gyle hasn't become the longest living person with his form of muscular dystrophy by pure coincidence its because of being able to be independent and having his team around him.

Thanks for your time and attention.

VIII

North Dakota Disabilities Advocacy Consortium
Testimony on House Bill 1012
Senate Appropriations Subcommittee
March 10, 2005

Good Afternoon, Chairman Fischer and members of the Senate Appropriations Subcommittee, I am James M. Moench, the Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). I appear before you today to support the Department of Human Services (DHS) budget--House Bill 1012. We support reinstating the Departments original proposed funding levels in most areas. The budget appears to be essentially a hold-even budget once the impact of the reduced FMAP and the inflators mandated by previous legislative sessions are calculated. This fact alone is remarkable when we hear almost daily about the human services budget crisis being experienced by other areas of the country.

The 22 member organizations of the North Dakota Disabilities Advocacy Consortium want to go on record as strong supporters of Home and Community Based Services (HCBS). Results from survey after survey prove that people want to remain in their own homes as they age and require services, yet in North Dakota, institutions remain the first placement option in too many communities and where the vast majority of state funds are targeted. The NDDAC believes that the progress being made in allocating more scarce state long-term care continuum funding to HCBS is a move in the right direction. However, as we saw in the dollar chart presented in attachment B of Brenda Weisz's testimony on March 1st, North Dakota is planning to spend .90 cents of every long-term care dollar on institutions and only .10 cents on HCBS in the 05-07 biennium. That is a shift of only one penny from institutions to HCBS from the current biennium. More support for HCBS must be found if North Dakota is going to be able to provide services to people with disabilities and its aging population.

I would like to highlight seven (7) areas for your consideration today.

Emphasis Area One (1):
We support the proposed 2% and 2% pay increases for the HCBS workers as the bare minimum for consideration. We are especially interested in additional support for North Dakota's Qualified Service Providers (QSPs). They have not had a pay increase for several years, in too many cases have no benefits, and even pay for their own transportation. While the proposed 2% & 2% would certainly be appreciated, we would like to encourage your

adoption and funding of OAR # 12 which would add 1.7 million dollars to the pay package for HCBS workers. The Governor proposed a 4% and 4% pay increase for other state workers and the mandated inflators for nursing homes called for increases of 3.52% and 3.92% for 05-07. We believe that in order to achieve some kind of equity, OAR 12 needs to be included in the final DHS budget for HCBS workers. The current House version of HB 1012 contains raises for all workers in the long-term continuum funded at 2% & 2%. We support raising that percentage for all service providers to what is being considered for state workers. The DD workers and QSPs have been at the bottom of the pay scale for too long and the work they do is too important to the lives of the people they serve for this inequity to be allowed to continue.

The QSPs are the front-line workers in the home of people with disabilities. They provide the services necessary to keep their clients in the community. One issue that is being worked on by everyone interested in the long-term continuum of care is providing quality training, supervision, and oversight so that QSPs can do certain services that now are considered medical services and require a nurse under the Nurses Practices Act. For example, a QSP can not rub on a prescription cream for bed sores, but a family member can. Initially we were told that the Nurses Practices Act prohibited these kinds of services by anyone other than a nurse. Upon investigation, we have found more flexibility in the Act than everyone thought before. We will continue to seek avenues that allow QSPs to provide more safe services for their clients - services that the client wants the QSP to perform and that promote continued living in the home and community. We ask your support in keeping the supply of QSPs available. An equitable pay increase will go a long way in doing just that.

Emphasis Area Two (2):

We support reinstating funding for the Medicaid Management Information System (MMIS). The current system has served way beyond any reasonable expectations. We further support retaining control of any new system within the Department of Human Services (turn-key or in-house system). The service providers, especially the QSPs, rely heavily on timely payments for their services. The request for payment, while not overly complex, can be a problem for some providers. If an issue arises, the Department can and does respond very quickly and payments are made. If the MMIS system was managed out of state, we believe that service would suffer and according to the consultant, the cost of operation would be considerably higher.

Emphasis Area Three (3):
The Consortium supports restoring the one million dollars cut from prescription drugs. We believe the needs projected are real and that the funds will be necessary to meet those needs.

Emphasis Area Four (4):
The Consortium would urge caution when cutting the projected numbers of clients for the various programs, like SPED and Expanded SPED. Shortfalls in the past have caused programs to be frozen. This, in turn, has resulted in loss of credibility for the programs when funds became available. If the cuts are maintaining, flexibility for fund transfers within the Dept is critical in preventing future program freezes and the resulting loss of trust.

Emphasis Area Five (5):
We support the restoration of $100,000 to family subsidies. These funds are used to keep kids at home. Putting kids in more restrictive institutional setting is not good for the family and often more costly to the state.

Emphasis Area Six (6):
We believe the cut of $500,000 of general funds resulting in a total of $1.4 million in lost services to the state's DD programs is unjustified. These cuts would result in placing clients in more restrictive environments for services or loss of services altogether.

Emphasis Area Seven (7):
We urge your support for the Real Choices Systems Change Rebalancing Initiative Grant. The intent of the grant is to assist our state in designing services that rely less on institutional settings. The focus of the grant will be a single point of entry that will assist individuals in achieving the least restrictive environment for the level of services that they need. Services in the least restrictive environment generally are the most cost effective. As you might recall from previous testimony, the $300,000 grant does not require any general funds (only $15,000 in-kind match) and will not extend beyond the initial grant period unless other federal funding becomes available to support future rebalancing initiatives.

I have included for your records a list of the member organizations of the North Dakota Disabilities Advocacy Consortium.

I would be happy to answer any questions that I can. Thank you.

North Dakota Disabilities Advocacy Consortium
2004 Membership List

North Dakota Association for the Disabled
Independence Inc.
IPAT Consumer Advisory Committee
ND Association of the Deaf
North Dakota Fair Housing Council
Dakota Center for Independent Living, Inc.
The Arc of Cass County
Mental Health Association in North Dakota
The Arc of North Dakota
Options, Inc.
ND Statewide Independent Living Council
The Arc of Bismarck
Family Voices of North Dakota
People First of North Dakota
ND Association for Persons in Supported Employment
Freedom Resource Center for Independent Living, Inc.
ND Protection & Advocacy Project
ND Human Rights Coalition
ND Center for Persons with Disabilities
American People Self Advocacy Association
AARP of North Dakota
ND Association of the Blind

Updated July 11, 2004

11

Fargo Housing & Redevelopment Authority

P.O. Box 430 • Fargo, ND 58107 • (701) 293-6262 • Fax (701) 293-6269 • www.fargohousing .org

Dear Senator(s)

Re: ND Home and Community Based Service System/Fargo HRA's New Horizons Manor-Assisted Living Program.

New Horizons Manor is a 98 unit low-income public housing project that was designed to provide independent living for wheelchair-bound residents. The facility will be 33 years old in July. Disabled people from around the state have come to be in their own apartment rather than an institution.

Most of our residents need minimal help in order to stay in their apartments. This assistance is mostly provided by caregivers/homemakers who are paid an hourly or per unit (15 minute) rate. Historically, 20 to 25% of our residents are more severely disabled. These folks had their own live-in aides (24/7).

In 1998 the ND Department of Human Services mandated the establishment of an Assisted Living Program. The state would no longer fund "live-in aide situations." The Fargo Housing Authority contracted with CCRI of Moorhead, Minnesota to provide the service beginning July 1998. This Agreement continued through the end of 2001. It was ended because the venture was not economically feasible for this non-profit Minnesota Agency. Tami's Angels began providing Assisted Living Services to our eligible residents effective January 2002. Their services are an absolute inherent part of the day to day operation of New Horizons Manor.

Our state may **again** force out our Assisted Living Provider after making it mandatory to provide the Program! In order to budget and staff the Assisted Living Program on a 24 hour basis the **daily rate** or income must be established. The Program can not exist based on the new Personal Care Option which is going into effect.

Remember all the studies and conversing regarding **"Aging in Place"** the government was involved in just a short time ago? It has been proven again and again that elderly and disabled folks do so much better in their own homes rather than nursing homes, and **the cost to the government is so much less!**

The modest, but very accessible, apartments at New Horizons Manor have been "home" to our Assisted Living participants for up to 28 years.! Hopefully, they can remain at home.

Fargo Housing & Redevelopment Authority/New Horizons Manor
Donna R. Schatz/Project Manager

HB 1012

Chairman Delzer and members of the human resources committee, my name is Chuck Stebbins, I am a systems change advocate for the Freedom Resource Center in Fargo. I am here in support of Gyle and Mark and their quest to stay out and get out of the nursing home. We have worked, I think, pretty hard at trying to changes the way North Dakota delivers long term care services. Trying to change how money is appropriate is not an easy thing. Testimony to date from the DHS staff has pointed directly at improving the HCBS system. You heard the same trends last session that you are hearing this session.

What we are truly fighting for here, is the dignity of a choice for people with disabilities and the elderly to live wherever they want to live, it is unfortunate that the bottom line is where the greatest struggle is. We as advocates have no financial interest in this work, we do not gain anything in our budgets, or at least Freedoms anyway, by working to this end.

I do understand these are hard decisions, but I also understand that the choice is changing, the tough part is getting the money to follow that changing choice. We tried throughout the interim to get a relationship going with the Long Term Care Association. We had three meetings I believe, and for the most part they were good, it was an attempt, on my part, to try and see if we could work

together better, don't get me wrong, I still think it's possible, but I did see right away however, that we were on totally opposite sides of the continuum. The last meeting we had with LTC we were talking about the Nurse Practice Act and the restrictions on what people can and can not do, basically an unlicensed individual would be allowed to do what has been defined as "skilled care" if the restriction were to be removed. This would give people more of a choice on who they want to provide their personal cares. Anyway, the nurse practice act, and restrictions. I asked LTC if they would support lifting the restriction so that the consumer, or their representative, could hire the person of their choice. They said they would support the concept of it, but stopped short of actually saying they would support actually lifting the restriction from the Nurse Practice Act. We have been supporting the concept of HCBS for three sessions now, I'm counting the ones I remember the most now...it goes back further than that. Supporting the concept will not help us, supporting the concept will not close the gap, supporting the concept does not help us to work together so we all can gain. It was pretty apparent that we were never going to agree that HCBS should be funded at least at the same level as nursing homes.

Over 30 million dollars is on the block to go to nursing homes, and around 8 million is on the block for HCBS , I guess that works out to a 20.1% proposed increase to HCBS, and a 9.7% increase to nursing homes. You still end up at

80/20 split.. You're not closing the gap at all, and with all due respect to Governor Hoeven, the 16.1 million from the Health Care Trust fund he talked about in his state of the state, should not be dedicated to nursing homes. It should be dedicated to HCBS, and I feel the need to remind you where that money came from. It came from a federal loophole created by an Intergovernmental Transfer in the 1999 session. It was supposed to be used for developing alternatives to nursing home care; that was a major stipulation on accessing those federal dollars.

The IGT generated 98 million before the hole closed last year, but when the money hit the General Fund, all thought of developing alternatives to nursing home care went by the wayside. Outside of a hundred grand that went to Centers for Independent Living, which by the way, was a proper use of the money, I don't believe any of the rest of it went anywhere but to something to do with nursing homes. I believe an opportunity has been squandered here, we still have a significant gap between HCBS and nursing home funding. The IGT dollars stopped flowing now, and we still struggle to develop alternatives. There are people trying to provide the in-home alternative. But the home care system out there is grossly under funded. The QSP rate is up for an increase this session, a 1.7 million dollar increase...it's not 30 million, but something is always better than nothing. We always hear that there is a lack of resources in

the rural areas. That is true for the most part, but you have also heard that, "priority needs to be given to legislative efforts in the form of program incentives and tax incentives for home and community based services." That's from the 2002 Long Term Care needs assessment. You pass Bills that are designed to attract new business by granting tax breaks and incentives for economic growth, why would you not do the same for people. Money! In order for home health care to grow, it needs to be funded. The 16.1 million would be a start. Thank you, I will try and address any questions you may have.

Chuck Stebbins

Freedom Resource

2701 9th Ave SW

Fargo, ND 58103

701 478 0459

Chairman Delzer and members of the committee,

My name Royce Schultze and I'm with Dakota Center for Independent Living in Bismarck. I am here to support HB 1012. I have been associated with Dakota CIL since 1985 at which time my IL counselor gave me the needed boost to get on with my life. He assisted me with writing a PASS plan and referring me to Vocational Rehabilitation. With these two things I was able to purchase an accessible van and have my college education paid for. In 1994 I graduated with a Bachelor of Accountancy degree from UND.

To make a long story short, I was hired by Dakota CIL in 1998 as a benefits counselor and since August of 2004 I have been the Executive Director. I want to emphasis this testimony isn't about me but about independent living centers and the work they do. The IL services were a critical component to my success. The continued funding of IL services is an important factor in assisting persons with disabilities to become as independent as they choose.

State wide IL centers have served 7560 individuals with disabilities. I hope you continue funding Independent Living services at the current level and also consider the optional adjustment request of $175,000 for Independent Living services so that the IL centers can reach their underserved populations.

Thank you for your time.

Royce Schultze
Dakota Center for Independent Living
222-3636

HOUSE BILL NO. 1012

Chairman Delzer and members of the Committee, my name is Linda White Owl and I am here to provide testimony in favor of House Bill 1012.

I worked for the Indian Health Services for 27 years as a dental hygienist-assistant. In the mid 1980's I began to experience Parkinson like tremors, that eventually forced me to retire at the age of 44.
I struggled to find appropriate services until I met an Independent Living services Outreach Worker. She gave me referrals that eventually led me to Bismarck where I could receive medical therapy, help with finding housing, help with transportation, referral to Vocational Rehabilitation so I could begin to look for an alternative occupation.

My future is much brighter because of the support I received through the Independent living services. In fact I just had a job interview. This is the first time in a very long time that I feel I have a future a head of me. A future that is built of independence, self worth, self respect and most of all hope.

Thank you for your time and please lend your support for House Bill 1012, others are depending on these services for their future too.

Linda White Owl

Bismarck North Dakota

HOUSE BILL NO. 1012

Chairman Delzer and members of the Committee. My name is Jeff Brown and I would like to give testimony in support of House Bill 1012.

I have a traumatic brain injury due to lack of oxygen. In my mid twenty's my lungs collapsed due to pneumonia. I used to love to play basketball but since then I'm unable to do some of the things I used to enjoy.

My counselor at Dakota Center for Independent Living helped to assist me in apartment hunting, independent living skills and money management. She also referred me to Voc Rehab which allowed me to find a job. Eight years later I am still independent and still working at the same place.

Please support House Bill 1012 so other people like me can find good jobs to live independently. Feel free to ask any questions I'll try to answer them to the best of my ability. Thank you for your time.

Jeff Brown

Bismarck North Dakota

Gerald Plunkett
167-5th Street S. E. Apt #3
Dickinson, North Dakota 58601

January 14th, 2005

Dear Chairperson Delzer:

I have been receiving services from the Dakota Center for Independent Living for the past year. The coordinator, Kim Johnson, has been nothing but helpful to me. She is my Payee Representative and assists me with budgeting every month. If not for these services that I receive I would have a very hard time managing my money every month. The fee for these services is very nominal and I feel well worth it.

Please make sure that all IL centers in North Dakota get the finding needed to continue with all the good work they do for us. It is a great need in our state so that we may live as independently as possible.

Thank you for your time and consideration on HB1012.

Respectfully,

Gerald Plunkett

January 17, 2005

To whom it may concern,

I am writing this letter in regard to the support and services I have received from Dakota Center for Independent Living. In the past year the services I have received from them include payee services, learning to budget as well as assistance in other areas of living. They are very important to helping myself and others to live more independently. The services Dakota Center for Independent Living has to offer are not offered in other areas in our community, therefore is an asset to others and myself with disabilities. There is a large need for the service in our community and the surrounding areas.

In the area of payee services they are teaching me how to manage money, balance a checkbook to work towards becoming independent with my own finances.

In the area of budgeting, the services Independent Living Center offer, help me to learn how to manage the money I have and how to pay my bills on time as well as getting my credit back for future use.

I would like to add that since I have been working with the Center I have been able to live more independent and feel better about myself, by seeing that I can do it myself by making better more positive choices.

Thank you,

Michelle Endres

The Honorable Jeff Delzer
Committee Members
The State Senate
600 E. Boulevard Ave.
Bismarck, ND 58601

Dear Chairperson Delzer

My Name is Angela Warren I live in Dickinson ND. I was never happy with my Payee Representative. Then I heard about DCIL. I am finally able to write my own checks to pay monthly bills. Initially, staff assisted me with me with Payee duties. I no longer need their assistance with paying bills etc. I am a Full time volunteer Secretary/receptionist. I not only answer phones & file records but I do mailings Coordinate with staff, generate monthly calendars, spread sheets and train consumers on the basics of a computer when needed.

My disability no longer stands in my way to be productive and conscientious with other people. DCIL staff has assisted me and many other consumers become self-reliant. Thank you to all DCIL staff in Dickinson I appreciate everything that DCIL has done for my husband and I. If it weren't for Kim we would still be having a payee or I would just be sitting at home doing nothing thanks to her.

Thank you Honorable Jeff Delzer and all Committee Members.

Respectfully,

Angela Warren

Angela Warren
115 1st Ave E #6
Dickinson, ND 58601
701-483-4916

1-18-05
RE: Budget for Independent Living Centers
Dear Chairman Delzer:

More money is needed to support Independent Living Centers in SouthWest NorthDakota. We are a group of citizens living in Bowman, North Dakota. A staff person from Dakota Center for Independent Living comes from Dickinson once a month. She advocates for us and teaches us to advocate for ourselves. With help from the Center, we are able to learn about and work on legislative issues that affect us.

. Please continue to support funding for Independent Living Centers.

Sincerely,
Bowman Advocates- Bowman NorthDakota, 58623
c/o ABLE, Inc., Box 593

ROSEMARY WhipF
Glenn HAWN
Jason Anderson
PEP c/o
(Kim Pepaski)

MICHAEL PEARSON
mc c/o Bro (Mark Hustka)
Shawn Mauer
Grace Arnquist
Nora Agte
SHAWN ORCUTT

Charles Taylor
Lynn (LYNNEDA
Faye Sarsland

-111-

Testimony on HB 1012
March 10, 2005

Mr. Chairman and members of the Senate Appropriations subcommittee, my name is Chuck Stebbins, and I am with the Freedom Resource Center for Independent Living in Fargo. I appear here today in support of restoring the OAR for Independent Living Center funding of $175,000. Center's For Independent Living have been involved with getting and keeping people with disabilities as independent as possible. We are an advocacy organization trying to change an antiquated human service delivery system. I see IL as an investment for this state, in that we are charged with getting and keeping people out of nursing homes and other institutions. Soon CIL's will be required by the standards and indicators that govern the funding from the feds, to add that to our core services. So, in order to keep our funding we HAVE to keep people out of nursing homes, and we have to get people out of nursing homes. Please understand, that we would do that anyway, if we were not required to do it. Investing in CIL's with

an additional $175,000 would help us to continue to provide those IL services that have proven to save the state money. when we first went after state funding, the argument that, I believe, secure it for us, was the dollars that were save by our involvement in getting people out of nursing homes. I believe that that is continuing to be the case today, as you may have noticed, we are obviously pushing an increase of 6% to the QSP rate for people who provide services in the home. This will help Centers by expanding the QSP pool and equalizing the pay rates between nursing homes and home care providers.

You have seen the numbers, you know that keeping people home longer is cost effective, but more importantly, it allows for a better quality of life for the elderly and people with disabilities. Thank you.

Chuck Stebbins
Freedom Resource Center
2791 9th Ave s
Fargo, ND 58103
701 478 0459

VII

Shawn Orcutt
106 Main St S.
Bowman, ND 58623
(701) 523-5535

March 9, 2005

Mr. Chairman Fischer and Committee Members,

My name is Shawn Orcutt, I live in Bowman North Dakota. I am writing in support of House Bill 1012.

Kim from Dickinson comes to Bowman once a month. She helps us work on computers. She talks to us about issues and helps us write letters. We are working with the bowling alley to have ramps for wheelchairs. She invited us to come to the ADA Celebration in Dickinson. We brought rugs that we make at our store in Bowman.

I think it is important to have the office in Dickinson and to have Kim come to Bowman to work with us.

Thank you.

Shawn Orcutt

Shawn Orcutt

IV H

Kim Johnson
Coordinator
Dakota Center for Independent Living
40 1st Ave West, Suite 203
Dickinson, ND 58601
(701) 483-4363

March 10, 2005

Mr. Chairman Fischer and Committee Members,

My name is Kim Johnson. I am the coordinator at the Dakota Center for Independent Living in Dickinson, which is a satellite office of the Bismarck Dakota Center for Independent Living. I am writing in support of HB 1012. As the coordinator of Dakota Center for Independent Living, I have seen first hand the importance of the office in Dickinson. I am really proud of the services we are able to provide in SW North Dakota. We provide a choice for Representative Payee Services, individual training on computers, advocacy with housing and discrimination issues, in addition to peer support. This office is able fill in some of the gaps in services for people with disabilities in SW ND.

I currently travel to Bowman monthly to meet with a group of about 15 people. I provide education, advocacy, information and accessibility training. We are currently working on a project with ABLE, Inc. and the high school to build ramps which will make the bowling alley accessible to people that use wheelchairs. The people in Bowman are very grateful that I am able to travel there.

I have received requests to provide services in Beach, Home on the Range located at Sentinel Butte, Richardton, New England and Killdeer. These requests are for presentations on Independent Living Centers, advocacy in relation to students, assistance with benefit claims, computer training, collaboration for transition out of institutions or prison, accessibility reviews of businesses, and peer support. Our office does offer support by phone, but I am unable to provide services in person on a consistent basis because of the cost to travel to these areas. Our office has a small travel budget of only $100.00 a month. I am required to choose where I provide services and only provide service when I am able to reach the most people in the most cost effective way.

The current budget for this office limits the people outside of Dickinson. I have had to say no to requests on numerous occasions because of the travel cost. Please increase the support for Independent Living Centers. All of the people in South West North Dakota deserve the same level of services.

Thank you,

Kim Johnson

Kim Johnson

V

Angela Warren
115 1st Ave E. Apt. 6
Dickinson, ND 58601
(701) 483-4916

March 10, 2005

Mr. Chairman Fischer and Committee Members,

My name is Angela Warren, I live in Dickinson, North Dakota. I am here in support of House Bill 1012.

I have been a volunteer at the Dakota Center for Independent Living in Dickinson for about a year and a half. I love my job. I do many different things as part of my job. I work with consumers teaching them how to use the computer. I create the calendar each month. I update our mailing lists and prepare all mailings. I enjoy the people that come into the office and feel like I am an important part of this office. I enjoy learning new things and feel important here.

When I first came to Dakota Center for Independent Living my husband and I wanted to change payees. We were not happy with our payee. Before Dakota Center for Independent Living started payee services we did not have a choice. After we changed we had an opportunity to learn about budgeting and managing our money. Kim worked with us each week. She helped us learn how to balance our checkbook and budget. Each month we were responsible to do more. After a year of working on our budget my husband and I felt we were ready to apply to social security to become our own payee. We were able to tell social security that we knew how to take care of our money. We were so proud when social security agreed that we were able to manage our money. Kim gave us a chance, we worked hard and now we can do it ourselves.

I am so happy to be a part of this office. It is really exciting to see people where I was and know that because this office is here they have a chance to become more independent, just like I have. I have become more confident and I am not as shy as I used to be.

Thank you for your time and I would be happy to answer any questions.

Angela Warren

Angela Warren

HB 1012

Chairman Delzer, and members of the Committee. I'm an Investment. CIL's have been involved with getting people out of Institutions since the early days of their inception. Now the standards and indicators that CIL's have to comply with to get the funding, are about to add a fifth core service — getting, and keeping people out of nursing homes.

Increased funding for CIL's is an OAR — $175,000 ± Biennie —

If I understand OAR's, they're kind of a, put it in and hope you get it.

When we first went after State funding for IL, we got us in the language, and then we went after some dollars I think the reason we finally got funding for IL was our work in getting and keeping people out of nursing homes, in particular how that work translated into the money it saved the General Fund

I would be happy to provide you with a recent breakdown given enough time.

I would encourage you to appeal this one for more DL funding, we could use the help, to help you — afterall IL is not ~~just~~ about service — It's a way of life —

Chuck Stebbins
Freedom Resource Center

Testimony Before The House Appropriations Committee - Human Resources Division

Regarding House Bill 1012 – January 20, 2005

Representative Jeff Delzer, Chairman

Chairman Delzer and members of the House Appropriations Committee, I am Tom Newberger, President of the North Dakota Association of Community Facilities (NDACF)

NDACF is made up of 25 non-profit and for-profit agencies across the state. Approximately 2,900 FTE's or 4,500 staff work for member agencies. NDACF members also rely on over 500 volunteers in fulfilling our missions.

NDACF provides services to the most vulnerable people in the state – those with mental retardation. Services are delivered to 4,200 people in 70 different communities across the state. Services include both residential and day programs.

I am here to support increased funding in the following four areas for developmental disability providers:

1. Inflation Adjustment for each year of the biennium;
2. A $1.05 per hour wage increase for all staff plus a 3% increase in fringe benefits;
3. Increased funding for Individualized Supported Living Arrangements (ISLA)
4. $30,000 for Guardianship Petitioning

I will make brief comments in each of these four areas and then call upon Barb Murry, Chief Operating Officer for Pride, Inc. in Bismarck, to talk in more detail about the Inflation Adjustment and the requested increase in wages and benefits. Following Ms. Murry, I will call upon Sybil Wezelman, a parent representative, to discuss her thoughts on staff wages. Next, I will call upon Nicole Hager, a residential supervisor for Pride, Inc. who will talk about how it feels to live with our current wage structure. Next, Mr.

Jon Larson, Executive Director from Enable, Inc. in Bismarck to discuss the ISLA funding concerns. Finally, I will call upon Donna Byzewski to discuss guardianship concerns.

Inflation Adjustment:

The Governor's budget contains 2% annual inflators for DD Providers or 4% for the Biennium. Like many other industries, we have gone 3 years without an inflationary adjustment. If the Governor's budget is adopted, then our average annual inflationary increase during this 5 year period will be ¾ of 1 percent before inflation is considered. During this time period, we have experienced, and expect to experience, increases greater than ¾ of one-percent per year.

Wages/Benefits:

As stated earlier, NDACF requests $1.05 per hour wage increase for all staff and a 3% increase in benefits. Last session, a wage and benefit survey conducted by an independent company indicated that $1.92 per hour was needed to bring our staff wages to the mid-point of our competition. In addition, the Senate Appropriations committee last session asked for a comparison of wages between state operated facilities and private providers. The Department produced a document that State employees, working in comparable jobs, earn approximately $3.00 more per hour than private provider staff. The legislature responded with 87 cents per hour for all staff plus a 3% increase in benefits. These increase greatly helped, but we are still behind the market.

The cost of fringe benefits continues to rise, especially medical insurance. Providers continue seeing large cost increases and a 3% increase in fringe benefits will help with this problem.

ISLA Funding:

This is area is difficult to describe and I will leave most of the discussion to Jon Larson, but I will make a few comments. First, ISLA is a program that promotes independence and is cost effective. Second, many providers are experiencing financial difficulties with

this program. A provider recently eliminated several contracts because they were losing money on the program. The key to keeping this program viable is increased funding.

Guardianship Petitioning:

In order to establish a guardianship, a petition must be filed with a court. The process involves the services of two attorneys, a court visitor and a physician. Catholic Charities North Dakota currently expends approximately $15,000 per year or $30,000 a biennium for petitioning actions without reimbursement. We request an additional $30,000 biennial funding for guardianship petitioning.

Thank you.

Testimony on HB 1012
Developmental Disabilities
House Appropriations Committee
January 20, 2005

Chairman Delzer and members of the House Appropriations Committee, thank you for the opportunity to testify on HB 1012, the Department of Human Services Appropriation Bill, in relation to services to people with developmental disabilities. My name is Barbara Murry, and I'm the Chief Operations Officer at Pride, Inc., a provider of services in Bismarck and Mandan and a member of the North Dakota Association of Community Facilities. I am testifying on behalf of NDACF.

Pride, Inc. is a private non-profit agency that serves over 375 people with disabilities, of which approximately 200 have developmental disabilities. As a provider, we are proud of the work we do and are committed to providing quality services. We support a very vulnerable population and strive to provide services that assist people to become as independent as possible.

I'm here to ask you to (1) increase the inflationary adjustment, currently proposed at 2%, for developmental disability providers and to (2) support staff in developmental disability providers with a $1.05 per hour increase in wages, OAR # 27, and a 3% increase in benefits.

As you know, the Department of Human Services was unable to honor the 2001 Legislature's intention to increase wages by 2.2% on July 1, 2003, due to budget shortfalls in the second year of the previous biennium. We appreciated the $.87 given by the legislature last session. It slowed down the turnover in our agencies the first year after it was granted. However, inflation, and the exploding cost of health insurance continues to erode the impact of that increase. Our major competitors draw from the same labor pool, and are able to offer much higher wages. When looking at inflationary increases offered to employees performing the same work in the public

sector, the wage difference is particularly troubling. A nineteen year comparison indicates that the average wage for direct staff in the provider sector in 1986 was $1.35 behind the direct state employees. Over the years, that gap has widened and provider staff are anywhere from $1.05 behind, to $3.00 behind, as documented by the Braddock report. To compare dollar amount using percentages, the state direct worker has received approximately 14% more in wage increases for the same work, since 1986.

If we receive a 2% increase each year of the next biennium, it will average to a .75% increase per year over a 5 year period. The cost to the state for our requested increase is approximately $17,000,000, with $6,000,000 needed from general funds.

The staff who work for providers have difficult jobs and often go beyond what is required of them. Many of the direct staff work two or even three jobs to make ends meet. This week we hired a supervisor from a comparable position at a South Dakota provider. She had to take a $5.00 per hour cut in pay. Luckily for us, she wanted to return to Bismarck. However, as soon as a comparable state position opens, she is likely to leave us. Another provider recently lost a staff to a competitive industry because they could offer her $4 - $5 more per hour. Covering the costs of health insurance is a major worry for employees of the provider organizations. We have tried to keep the benefit cost to employees down but have found that impossible. We have had to select coverage with higher co-pays, increased deductibles, and a higher amount paid by the employee. We are also concerned with escalating liability insurance costs and operation costs in all areas of our budget.

I urge you to dedicate the funds to increase staff wages by $1.05 per hour, increase the benefits by 3%, which will allow providers to be competitive and retain quality staff.

(20) Jon Larson

Same given to the Senate Approps Committee

Testimony on HB 1012
Human Resource Division of
House Appropriations Committee
January 20, 2005

Chairman Delzer and members of the committee, my name is Jon Larson. I am the executive Director of Enable, Inc, a licensed service provider for people with developmental disabilities in Bismarck and Mandan. I am also here today to testify on behalf of the North Dakota Association of Community Facilities (NDACF).

I am focusing my testimony today on the ISLA issues that are a part of the North Dakota Association of Community Facilities (NDACF) Public Policy platform.

Senate Bill 2086 was passed by the last Legislative session and it called for the establishment of a workgroup consisting of representatives of the Department of Human Services, Service Providers, and the Governor's office with the task of creating a "Fee for Service" payment system for developmental disabilities service providers. After much discussion and deliberation, we decided as a committee to focus on identifying changes that could be made to the present system to address reimbursement concerns instead of creating a whole new reimbursement process. In June of 2004 we provided our recommendations to the Interim Budget Committee on Human Services.

One of the issues recommended for change by this committee was to address the needs of the Individualized Supported Living Arrangement Program by changing the administrative reimbursement process. The executive budget identifies two of these recommendations in optional adjustment requests, # 20 and # 21. These recommendations have to do with increasing the level of administrative reimbursement provided in ISLA authorizations.

Our reimbursement system is quite complex, I will only try to explain one piece of it to you. Our administrative costs are a part of each agency's budget that is negotiated with the Department. ISLA authorizations are not a part of this budget. Our administrative

costs are spread to ISLA in proportion to the percentage of ISLA cost to total costs. Our problem arises because there is little correlation between ISLA administrative reimbursement and administrative spread.

OAR #20 increases the administrative reimbursement in a "base" ISLA authorization form $230 per month to $290.87 per month.. This is the amount that would have been in this line item if the inflationary increases that have been provided for the budgeted programs had been applied to the administrative reimbursement in ISLA contracts. Since the beginning of the ISLA program more than 15 years ago there have only been three adjustments to the base level of reimbursement. The cost for this recommendation is estimated at $282,505 in general fund dollars for the biennium

OAR # 21 increases the administrative reimbursement for "enhanced" ISLA authorizations from $350 per month to an amount that allows a provider to break-even on the administrative cost spread to that contract. An "enhanced" authorization would be for a person with complex needs who needs a 24 hour level of support. There currently exists a disincentive for providers to serve people with high needs in ISLA because the administrative reimbursement is not sufficient to cover the administrative spread. This causes a provider to lose money on some "enhanced" ISLA authorizations. This recommendation would remedy this concern. The cost for this recommendation is estimated at $225,780 in general funds for the biennium.

Another one of the recommendations that came from the 2086 workgroup was to utilize the concept of money following the client when moving individuals from the Developmental Center in Grafton to community settings. We are working on this proposal and hope to be able to share it with this committee very soon. In order to place people from the developmental center into the community we need to increase the capacity of the ISLA program.

ISLA has been a very successful program of providing flexible supports to individuals who live in their own homes or apartments. Each authorization is specific to the needs

of that individual. We need to assure that this option remains a viable alternative for serving people with disabilities by addressing these concerns. By funding these two OARs you will be allowing this progress toward increasing community placements to continue. We urge your support on these recommendations.

Thank-you for this opportunity to testify today. I would be glad to answer any questions you may have.

Jon Larson, Executive Director Enable, Inc.
North Dakota Association of Community Facilities

Testimony Before The Senate Appropriations Committee

Senator Ray Holmberg, Chairman

Regarding House Bill 1012 – March 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Tom Newberger, President of the North Dakota Association of Community Facilities (NDACF).

NDACF is made up of 25 non-profit and for-profit agencies across the state. Approximately 2,900 FTE's or 4,500 staff work for member agencies. NDACF members also rely on over 500 volunteers in fulfilling our missions.

NDACF provides services to the most vulnerable people in the state – those with mental retardation. Services are delivered to thousands of people in 70 different communities across the state. Services include both residential and Day programs.

I am here to support increased funding in the following four areas for developmental disability providers:

1. Inflation Adjustment for each year of the biennium;
2. A $1.05 per hour wage increase for all staff plus a 3% increase in fringe benefits;
3. Increased funding for Individualized Supported Living Arrangements (ISLA)
4. $30,000 for Guardianship Petitioning

I will make brief comments in each of these four areas and then call upon Barb Murry from Pride, Inc. in Bismarck to talk in more detail about the Inflation Adjustment and the requested increase in wages and benefits. Next, I will call upon Mr. Jon Larson, from Enable, Inc. in Bismarck to discuss the ISLA funding concerns.

1. **Inflation Adjustment:**

The Governor's budget contains 2% annual inflators for DD Providers or 4% for the Biennium. Like many other industries, we have gone 3 years without an inflationary adjustment. If the Governor's budget is adopted, then our average annual inflationary increase during this 5 year period will be ¾ of 1 percent before inflation is considered. During this time period, we have experienced, and expect to experience, increases greater than ¾ of one-percent. We request an annual inflationary increase of 2% for each of the 5 year period or 5% for each year of the Biennium.

2. **Wages/Benefits:**

As stated earlier, NDACF requests $1.05 per hour wage increase for all staff and a 3% increase in benefits. Last session, a wage and benefit survey conducted by an independent company indicated that $1.92 per hour was needed to bring our staff wages to the mid-point of our competition. In addition, the Senate Appropriations committee last session asked for a comparison of wages between state operated facilities and private providers. The Department produced a document that State employees, working in comparable jobs, earn approximately $3.00 more per hour than private provider staff. The legislature responded with 87 cents per hour for all staff plus a 3% increase in benefits. These increase greatly helped, but we are still behind the market.

The cost of fringe benefits continues to increase, especially medical insurance. Providers continue seeing large cost increases and a 3% increase in fringe benefits will help with this problem.

3. **ISLA Funding:**

This is area is difficult to describe and I will leave most of the discussion to Jon Larson, but I will make a few comments. First, ISLA is a program that promotes independence and is cost effective. People with developmental disabilities live in an apartment and are supported by staff according to their needs. Second, many providers are experiencing financial difficulties with this program. A provider recently eliminated several contracts

because they were losing money on the program. The key to keeping this program viable is increased funding.

4. Guardianship Petitioning:

In order to establish a guardianship, a petition must be filed with a court. The process involves the services of two attorneys, a court visitor and a physician. Catholic Charities North Dakota currently expends approximately $15,000 per year or $30,000 a biennium for petitioning actions without reimbursement. We request an additional $30,000 biennial funding for guardianship petitioning.

Thank you.

Testimony on HB 1012

Developmental Disabilities

Senate Appropriations Committee

March 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, thank you for the opportunity to testify on HB 1012, which contains the appropriation for developmental disability services. My name is Barbara Murry, and I'm the Chief Operations Officer at Pride, Inc., a provider of services in Bismarck and Mandan and a member of the North Dakota Association of Community Facilities. I am testifying on behalf of NDACF.

As providers, we are proud of the work we do and are committed to providing quality services. We support a very vulnerable population and strive to provide services that assist people to become as independent as possible.

I'm here to ask you to (1) increase the inflationary adjustment, currently proposed at 2%, for developmental disability providers and to (2) support staff in developmental disability providers with a $1.05 per hour increase in wages, OAR # 27, and a 3% increase in benefits.

As you know, the Department of Human Services was unable to honor the 2001 Legislature's intention to increase wages by 2.2% on July 1, 2003, due to budget shortfalls in the second year of the previous biennium. We appreciated the $.87 given by the legislature last session. It slowed down the turnover in our agencies the first year after it was granted. However, inflation, and the exploding cost of health insurance continues to erode the impact of that increase. Our major competitors draw from the same labor pool, and are able to offer much higher wages. When looking at inflationary increases offered to employees performing the same work in the public sector, the wage difference is particularly troubling. A nineteen year comparison indicates that the average wage for direct staff in the provider sector in 1986 was $1.35 behind the direct state employees. Over the years, that gap has widened and provider staff are anywhere from $1.05 behind, to $3.00 behind, as documented by the Braddock report. To compare dollar amount using percentages, the state direct worker

has received approximately 14% more in wage increases for the same work, since 1986.

If we receive a 2% increase each year of the next biennium, it will average to a .75% increase per year over a 5 year period. The cost to the state for our requested increase is approximately $17,000,000, with $6,000,000 needed from general funds.

The Bismarck-Mandan Chamber of commerce reports that new retail will arrive bringing 2,000 jobs and indicates that 1,000 new primary sector jobs are on the drawing board. The February 27, 2005 Bismarck Tribune quoted the beginning salary of an employee at Wal-Mart at $9.68 an hour.

In preparation for this testimony, I again, asked my staff to tell me the impact of working for the wages we pay them to do their job. The following are excerpts from the letters they gave me this week. Several are long term staff and one is a much newer staff. I have changed the first names, as they felt uncomfortable having their stories told so publically.

Michelle - I'm a single mother, in my early forties, with two children and currently work for two agencies that support people with developmental disabilities. I currently work seventy hours a week at my two jobs in the residential area. Last year I made $19,000 for the whole year. I was diagnosed last year with diabetes and one of my children has asthma, so our medical bills, including medication are quite high. I have a 12 year old car that barely runs - it needs $800 worth of work. My dilemma is - do I feed my family and pay for our medicine or do I fix my car so I can work? I want to continue to do this job because I like it, but if a better paying job comes along, I will be gone, pure and simple.

Cindy - I work as a residential supervisor. Recently, it's been very hard to find staff. I currently have had two staff leave in the past two months due to finding a better paying job. Some of the staff I've interviewed in the past few months have declined the position because of the pay. Since I started my supervisor position in June, I have not had a complete schedule without openings. In one setting, alone, six staff have come and gone. The person who lives there has had increased behaviors because of the

instability, and the staff who are there are becoming afraid of him. I'm very worried when the new businesses come to Bismarck, that I won't be able to find good, quality staff.

Susan - I am a parent of two children with disabilities, and I work for a local agency. My job doesn't fit into an 8 - 5 schedule. I often work a variety of hours that include extremely early hours to very late hours, sometimes within the same day. I have given up time with my family and have missed programs that my children were in, to assist an individual that is struggling. But that is ok. I believe that every person alive, with or without a disability should have the best life possible. I'm in this profession because I care. I don't expect to become rich. I just want my wages to be sufficient to pay the bills and have a little left over.

Several weeks ago, I testified before you about a professional staff at Pride who supervised our work center. He had told me that just about everyone that worked there had to have another job. He said that when competing industries get increases, staff will go to work in the one that offers more pay. He said he was starting to wonder about living in North Dakota. He resigned on Feb. 25th, giving us three days notice to go work for the railroad.

The above is just a small sample of the struggles faced by our employees. Our staff are the most compassionate, committed, and hard working people out there. They are asked to assume difficult jobs. They want to remain in North Dakota and be a part of the community, and stay in this field, supporting people with disabilities, but they see others getting much larger wage increases. They are then left with difficult choices: staying in this profession and working two or even three jobs, or leaving the field and the individuals they love to support their family. They are painfully aware that turnover creates a huge sense of loss, and know the problems that will arise with trust and skill retention for the individuals they support. They worry what will happen to those folks when they leave. I urge you to pass the automatic inflationary increase to support these 4,500 unsung heros working in our agencies. I would be happy to answer any questions.

(19) Nicole Hager

Testimony on HB 1012

Developmental Disabilities

House Appropriations Committee

January 20, 2005

Chairman Delzer and members of the House Appropriations Committee, thank you for allowing me the chance to testify on House Bill 1012, the Department of Human Services Appropriation Bill, in relation to services to people with developmental disabilities. My name is Nicole Hager.

I have worked in this field for five years. I started out working as a direct staff and became a supervisor 3 years ago. I love my job, however it is very hard for my family to make ends meet each month. The salary for my position is very much under paid. I have 11 people that I help live independently and around 25 part-time staff that I over see. I get phone calls at home at night and on the weekends. I basically work around the clock. Like I said before I love this job. I did try quitting and taking a better paying job with better benefits. I was very unhappy and my family suffered from my unhappiness. I have returned to this job because I know that this is what I am suppose to do with my life. I have thought about getting another part time job to make more income, but then I would never see my kids and husband. Paying for health insurance is the most difficult part. I have to pay $362 per month toward a family policy. I am worried how I will manage it if this cost increases again in July.

I would like to take a quick minute to tell you about the people I support. They are the

most grateful people. The littlest thing makes them happy. When I walk into one of their homes and they are so excited to see me, it is the greatest feeling in the world. Due to the under pay and only part of the benefits being paid, we have a high turn over of employees. This is very hard on the people I help support. They make a real connection with the staff and when that staff leaves to go work at Wal-Mart or McDonald's because they can make more money and have better benefits the people don't understand. They think they did something wrong. So I ask of you to help with our budget. We are asking for $1.05 per hour and 3% in benefits over the next biennium. Thank you for your time. If there are any questions, I would be happy to try and answer them.

(22) Mary Simonson
Admin. of Open Door

Mr. Chairman and members of the Committee,

My name is Mary Simonson. I am the Administrator of Open Door Center, Valley City. Our agency serves children and adults with Developmental Disabilities, individuals with mental illness and people with traumatic brain injury.

We hire many young people who want to remain in the State of North Dakota, who want to raise their children in North Dakota, who want to earn a reasonable living in North Dakota. However we have difficulty offering a competitive wage. Last year the 2% increase that was allocated by the legislature was not given to us. Consequently those employed at the agency did not get a raise. Some looked elsewhere for employment in the health care community such as hospitals and nursing homes, and some of these agencies actively recruited and still recruit our staff. An annual inflator, regular salary increases and full health insurance coverage are very attractive benefits to employees. I would like to be able to offer these benefits to our employees.

Open Door Center has a "self-insured" Blue Cross Blue Shield program to help keep insurance premium increases to a minimum. However over the last few years, our policy has risen by 14-16 per cent each year.

Staff have had to pay more for their insurance than they have in the past because our fringe benefit percentage does not cover the cost. We employ young people who have families so their medical expenses may be higher than the average citizen. However we need these young families to grow North Dakota. It is my understanding that State employees may receive full coverage of their health care plan. I would be pleased to be able to offer this benefit to my employees. I would urge you to provide a competitive wage and fringe benefit package for community providers and their staff so that together we can offer employment that will attract young people keeping them as well as their families in North Dakota. A competitive wage and fringe package with an annual inflator would help in retaining the excellent employees we have. There are currently4500 people employed by approximately 25 community providers throughout 70 cities in North Dakota. They are good people and dedicated employees who should receive a competitive wage and benefit package and a promise for future raises without working two jobs. They deserve equity. Thank you for the opportunity to share my thoughts.

Mary Simonson
Open Door Center

Testimony on HB 1012
Developmental Disabilities
Senate Appropriations Committee
March 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, thank you for the opportunity to testify on HB 1012, in regard to developmental disability services. My name is RonDa Schriock, mother of three boys ages 16, 13, and 10. I work as a job coach for a local provider.

Life has always been a struggle for me from grade school on. I found out late in life that I have a learning disability, now my youngest son is having the same struggles in school that I did. As a parent I want someone who is not only qualified and appreciates what they do, but feels appreciated for their talents and what they bring to my child. I believe the families of the people we serve want the same things that I want for my own children.

I love my job whole heartedly and want the best for the people we support, but don't always feel that what I do or the others like me do, is appreciated, because they pay is so low. Raising three boy's is a struggle in it's self let alone trying to feed, clothe and put a roof over their heads. Parents sacrifice things in life so their kids don't have to, but when it comes down to whether a parent eats once a day or not having the necessities, the parent's needs have to be second. That is not living. That is existing.

I'm not only a working vocational supervisor to the people we support, but a teacher, social worker, advocate, roll model, care giver, mentor, friend and a trainer as well. When a new supervisor joins the staff we train them as well, with nothing but a thank you because there is no money in the budget for showing us that we are appreciated for going above and beyond to support consumers with disabilities.

I've been at my position now for a little over two years, and in those two years I've worked weekends, nights, eleven hour day's and sometimes a six day week to pay for my kids needs, not wants. Those come if there is any money left over. There is no

time left for my family.

There is no medical coverage for this family though the need is great. I have chosen to take the $2.00 per hour health and welfare benefit, instead of medical insurance because I have to have the cash. I have had three surgeries for cervical pre cancers and now need to take medications which I can not afford. My youngest has asthma and needs medication also. I have to decide which one of us does with out. Giving me more than a 2% increase will give me the opportunity to be a better parent, to be there for my children in the day to day struggles of their young lives. My kids are the ones who will suffer if I continue to work for low pay even though it's a job I love. If I decide to leave, the people with disabilities I care about are the ones that will suffer. It's a terrible choice to have to make.

Thank you for this opportunity to tell you my story. I would be happy to answer any questions you have.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 14, 2005

Chairman Delzer, members of the House Appropriations Human Resources Subcommittee, I am Gene Hysjulien Director of the Disability Services Division of the Department of Human Services. I am here to provide an overview of the budget area for the Disability Services Division.

The Disability Services Division oversees the following programs.

Developmental Disabilities Unit:

- Day and Residential Services provide training and assistance with daily living activities to eligible persons with developmental disabilities.
- Family Support Services provides personal and financial assistance and training to families of eligible individuals with developmental disabilities.

Vocational Rehabilitation Unit:

- Employment Programs provide training and employment services to individuals with disabilities.
- Business Services provides consultation, technical assistance, and information on disability related issues to businesses.
- Independent Living Services provides services to individuals with disabilities so they can live and work more independently in their homes and communities.
- Older Blind Services provides training, accommodation, and support in daily living activities to individuals with visual impairments.

- Assistive Technology Program provides education, consultation, and referral to people with disabilities so they can access assistive technology (AT) devices and services.
- Client Assistance Program provides advocacy, consultation, education and referral to individuals who are seeking or receiving rehabilitation services.
- Disability Determination Services makes eligibility decisions for Social Security Disability Insurance and Supplemental Security Income.

CUSTOMER BASE

- SFY 2004, 4,213 people received developmental disabilities case management services.
    - SFY 2004 – 1,609 families received family support program services.
    - SFY 2004 – 2,084 people received residential and/or day service.
- US Census figures - 1 in 6 individuals have some type of disability.
    - Approximately 109,000 North Dakotans could require one or more VR service.
- FFY 2004 - 6,821 individuals with disabilities received VR employment services.
- FFY 2004 - 7,560 individuals of all ages received independent living services.
- FFY 2004 - 5,705 individuals received assistive technology services.
- FFY 2004 - 3,402 individuals received assistive technology training.
- Job Service ND 2003 Annual Report – approximately 23,300 worksites in ND could require VR's Business Services.
    - FFY 2004 - VR staff initiated 2,617 contacts with businesses.
    - FFY 2004 – Businesses initiated 405 contacts with VR.

RECENT TRENDS AFFECTING DEVELOPMENTAL DISABILITIES:

- Early Intervention – From July 2002 to June 2004, the number of infants and toddlers in North Dakota receiving early intervention services increased by 40%. The Keeping Children Safe Act of 2003 amended the Child Abuse Prevention and Treatment Act and requires states to assure that any child under the age of 3, who is involved in a child abuse or neglect investigation that results in services needed, is referred to early intervention. The federal Department of Education has established a target for each state to serve at least 2% of the population under age 3. On September 30, 2004, North Dakota served 2.42%.
- Consumer Choice – Recognizing the essential role of the family, the Department of Human Services will expand self-directed support options designed to allow families the opportunity to support a family member in their home community. Through continued emphasis on the needs of the individual, the 05-07 budget provides choices and options for community-based supports and services to allow individuals with disabilities the opportunity to engage in productive work, choose where to live, and participate in community life. This would be in line with the President's New Freedom Initiative.
- Transition from School to Adult Services/GDC Placements – Growth in the community system is targeted for individuals transitioning from school to adult services. While we will continue our efforts to offer community based services to institutionalized persons whose needs can be met in less restrictive settings and who have expressed a desire to receive home and community based services, the 05–07 community budget does not provide resources for that purpose. Accommodating community placements from the Developmental Center will require the ability to transfer funds from the Developmental Center budget to the community budget.
- Medicaid Level of Care Criteria for Mental Retardation/Developmental Disabilities – In the present biennium, general funds are available for residential and employment supports for individuals who do not meet the

Medicaid level of care criteria only if local or private funds are provided on a dollar-for-dollar matching basis. In the 2005 – 2007 biennium, $300,000 in general funds is included to continue supports to these individuals without the match requirement.

- Corporate Guardianship – Presently, Catholic Charities North Dakota provides guardianship services to 324 persons with developmental disabilities and has a referral list of 9. Catholic Charities North Dakota notes an increase in referrals of younger adults with developmental disabilities, age 18 to 21, experiencing behavioral difficulties.
- DD Provider Staff – For people of all ages with developmental disabilities, direct support staff are the key to living successfully in their home communities. Retention and recruitment issues threaten the ability to provide adequate supports. Unable to find adequate assistance, people find their health, safety, and, sometimes, their lives in jeopardy.
- Number of people served – Developmental Disabilities Case Management:

  SFY 2002 = 3,995

  SFY 2003 = 4,144

  SFY 2004 = 4,213

  SFY 2005 projected = 4,339

RECENT TRENDS AFFECTING VOCATIONAL REHABILITATION

- Transition from School to Work – There is a federal move to expand VR's responsibility toward students transitioning from school to work. At this time, there is no anticipated increase in funding. The potential for increased workload for VR staff and increased pressure on the budget is high.
- Multiple Disabilities – The number of individuals VR serves, who have more than one disability and multiple functional limitations, has been steadily increasing. This typically results in increased complexity of service needs and increased cost of services.

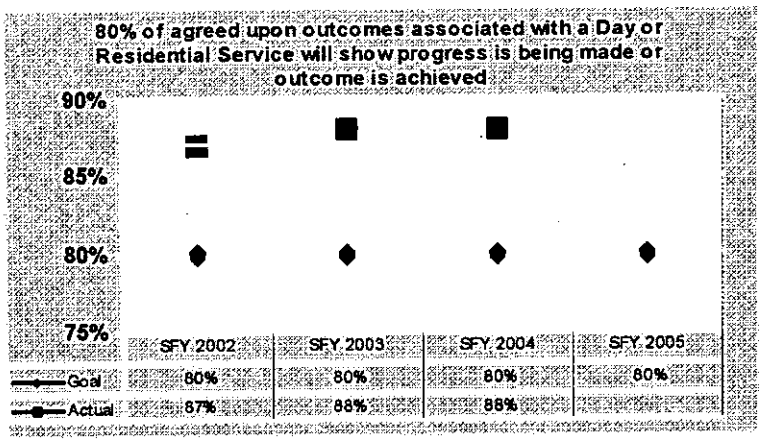
- Aging Population & Increased Incidence of Disability – It's a well-known trend that the population is aging in North Dakota and across the nation. It is also a trend that people are continuing to work and live independently for longer periods of time. A related trend is that as we age there is an increased incidence of disability through vision loss, hearing loss, physical injuries, stroke, illness, and other factors. When those disabilities begin to interfere with people's ability to live and work, there will be an increased demand for VR services to assist them to remain as independent and productive as possible.
- Social Security Disability Claims – The Social Security Administration is pressuring states to clear disability claims caseloads and to increase the number of continuing disability reviews they process. This will result in increased workloads for Disability Determination Services staff.
- Federal Regulations for Disability Determination Services – New federal regulations are more complex and require more medical evidence of record, medical reviews and purchase of consultative exams to document decisions. This will have an impact on the budget through increased cost of services.

PERFORMANCE MEASURES

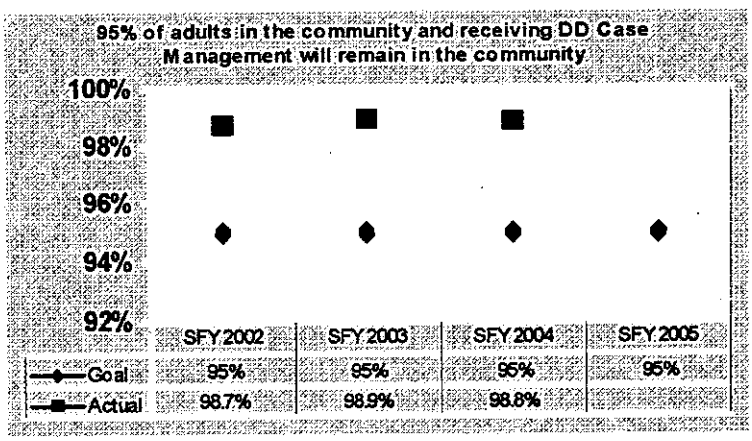
Developmental Disabilities – Performance Measures

- ***Day and Residential Services***

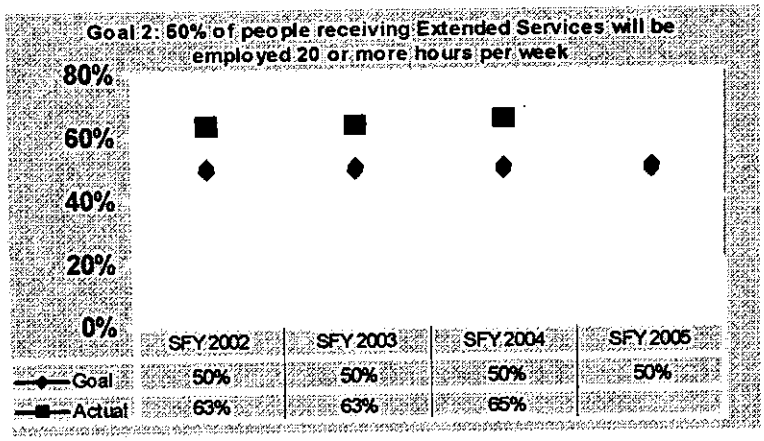
  80% of agreed upon outcomes associated with a Day or Residential Service will show progress is being made or outcome is achieved.



95% of adults living in the community and receiving DD Case Management will remain in the community.

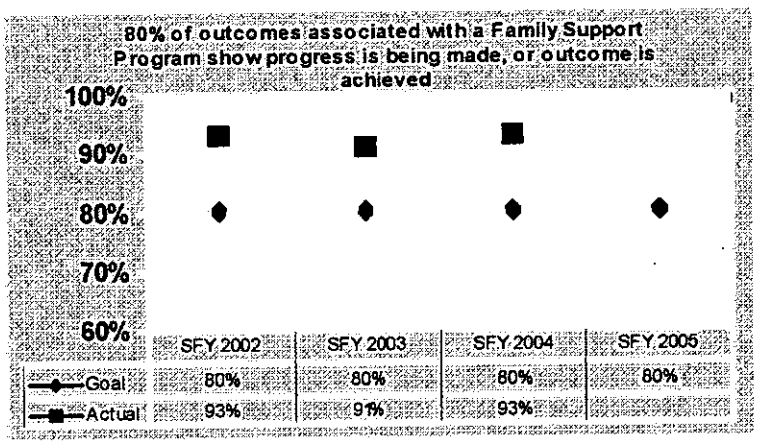


50% of people receiving Extended Services will be employed 20 or more hours per week.

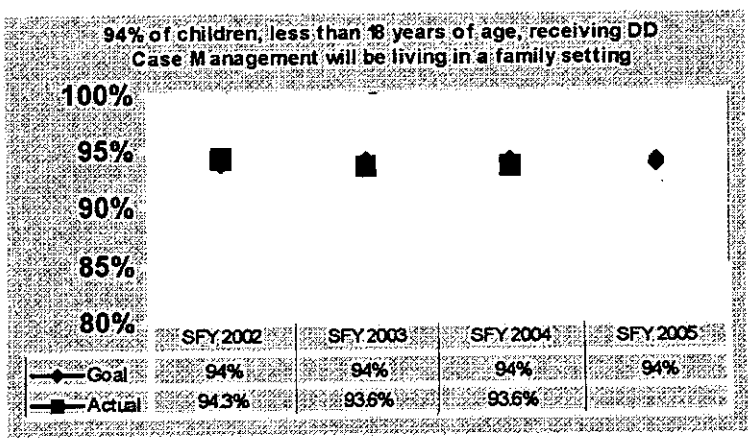


- ***Family Support Programs***

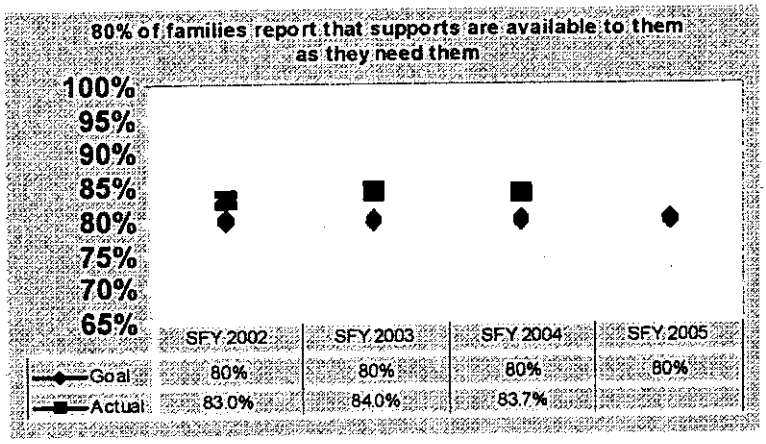
80% of outcomes associated with a Family Support Program will show progress is being made or outcome is achieved.



94% of children, less than 18 years of age, receiving DD Case Management will be living in a family setting.



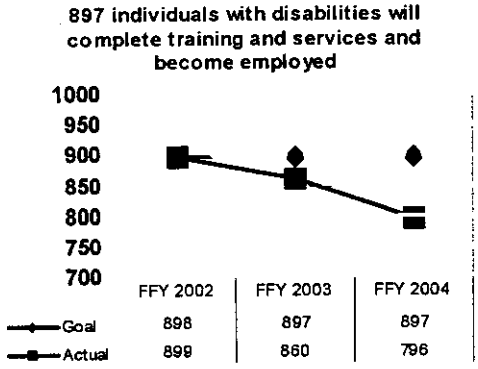
80% of families report that supports are available to them, as they need them.



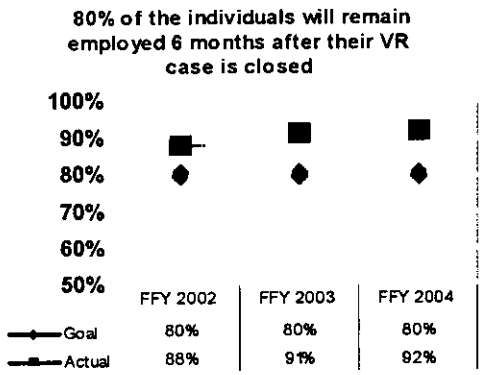
Vocational Rehabilitation Performance Measures

- ***Employment Services***

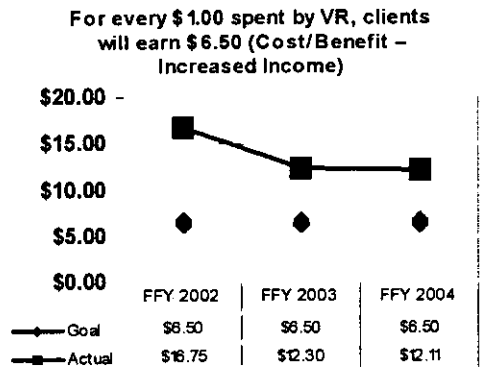
  897 individuals with disabilities will complete training and services and become employed.



80% of the individuals will remain employed 6 months after their VR case is closed.

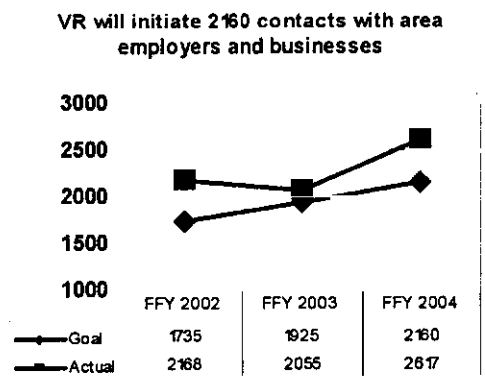


For every $1.00 spent by VR, clients will earn $6.50. *(Cost/Benefit – Increased Income)*



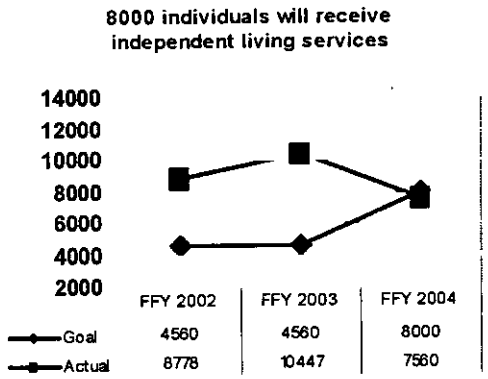
- ***Business Services***

  VR will initiate 2160 contacts with area employers and businesses.



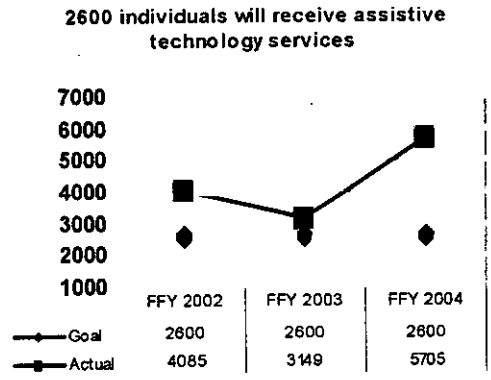
- ***Independent Living Services***

8000 individuals will receive independent living services.



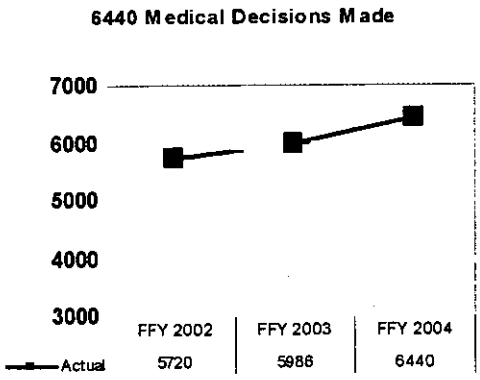
- ***Assistive Technology Services***

2600 individuals will receive assistive technology services.



- ***Disability Determination Services***

6440 medical decision made.



OVERVIEW OF BUDGET CHANGES

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	4,821,902	4,875,263	53,361
Operating	4,425,364	5,190,492	765,128
Land/Cptl Imprv	35,200	30,000	(5,200)
Grants	16,121,081	17,836,389	1,715,308
MA Grants	190,756,127	206,232,292	15,476,165
Total	216,159,674	234,164,436	17,702,180
General	66,775,810	78,559,325	11,783,515
Federal	149,203,560	155,486,011	6,282,451
Other	180,304	119,100	(61,204)
FTEs	51.1	49.1	(2)

SALARIES and FTEs:

- **Reduction in salaries was initially $249,221, offset by the employee salary package increase of $302,582, bringing the net increase to $53,361. Increased general funds $49,000, increased federal funds $10,500 and reduced other funds $6,500.**
- **Reduced FTEs by 2 – one Assistive Technology Coordinator was reduced due to an anticipated decrease in federal funding. One Office Assistant was reduced and those duties will possibly be covered through a contract with an individual to provide the Part C technical assistance. Reduced federal funds about $200,000.**

OPERATING:

Increases in operating costs are due mainly to the following:

- **Increases in the Right Track program of $350,000 is due to program expansion resulting from increased childfind activities. Increases in Part C**

purchases of service, including training provided to families and professionals who work with infants and toddlers with developmental disabilities, in the amount of $250,000. (100% Federal)

- A $35,000 increase in travel, mostly for non-state employees to attend and participate in regional Interagency Coordinating Council meetings and statewide Interagency Coordinating Council meetings as required in the federal Part C regulations. (100% Federal)
- A $30,000 increase in purchase of services to provide training to Vocational Rehabilitation consumers on the Client Assistance Program and services available under the Rehabilitation Act. (100% Federal)
- A $30,000 increase in Disability Determination Services to provide temporary staff needed to keep up with the federally required workload. (100% Federal)
- A $65,000 increase in the purchase of professional medical services by Disability Determination Services in order to comply with federal regulations and complete the number of disability claims required by the federal Social Security Administration. (100% Federal)

LAND AND CAPITAL IMPROVEMENTS:

- Reduction due to removal of $5,200 from the VR budget that had been used to purchase some of the equipment necessary to set up the video conferencing capabilities. Reduction of general funds $1,100 and reduction of federal funds $4,100.

GRANTS:

The increase in grants is due to the following:

- A $193,000 increase in Part C grants to individuals or organizations for "Opening Doors" activities. These are one-time grants to expand community accessibility and inclusion of infants and toddlers under age 3 with developmental disabilities. (100% Federal)
- A $123,000 increase in grants ($12,300 general funds and $110,700 federal funds) in the Older Blind program due to an expected increase in the

amount of the federal grant. Currently, our grant is $225,000 per year. The grant is expected to be at least $300,000 per year during the 05-07 biennium. We felt it was necessary to capture this additional federal funding as needs in the Older Blind Program have consistently exceeded resources. (90% Federal).

- A $37,000 increase in grants for the Business Services to provide training and technical assistance on accessibility and other disability related topics. (100% Federal).
- A $1.2 million increase in grants to individuals in the Vocational Rehabilitation Basic Support program. ($264,000 increase in general funds and $947,000 increase in federal funds) $300,000 of this increase in federal funds is due to the possibility of Congress rolling the Supported Employment Program funding into the Basic Support program (requires $81, 000 in General Fund match). There is a corresponding $300,000 decrease in Supported Employment federal grants to individuals. The remaining increase is due to a mandatory cost of living increase at the federal level in VR Basic Support Grants. The anticipated increases will fund increased costs for purchases such as tuition, medical services and items, assistive technology devices, vocational training, and possible increases due to federal changes regarding VR's responsibility in transition. (78% Federal and 22% General).
- A $200,000 increase in the cost of purchasing Medical Evidence of Record and Consultative Exams for Disability Determination Services in order to comply with federal regulations and complete the federally mandated workload of disability claims. (100% Federal).
- In the 03-05 budget, $200,000 was included in line 73, Medicaid Grants. In the 05-07 budget, $300,000 is included in line 60, Grants. The net impact is a $100,000 increase to continue residential and employment supports for individuals who do not meet the Medicaid level of care criteria.

MA GRANTS:

The increase of approximately $15.5 million in the DD Grants is due to the following:

- $7.2 million is due to changes in caseload that occurred during the 03-05 biennium and must be sustained in the 05-07 biennium. Anticipated increases in caseload during the 05-07 biennium due to graduations from high school and births of children with developmental disabilities. Increase in general funds $2.3 million and increase in federal funds $4.9 million.
- $2.4 million is due to rate changes that occurred during the 03-05 biennium that must be sustained during the 05-07 biennium. Increase in general funds $875,000 and increase in federal funds $1.5 million.
- $6.1 million is due to a 2% inflationary increase each year of the 05-07 biennium. Increase in general funds $2.2 million and increase in federal funds $3.9 million.
- There is a $6 million increase in general funds in DD Grants budget due to reductions in the FMAP and a corresponding $6 million decrease in federal funds.
- There is a $200,000 reduction in general funds in DD Grants due to moving the residential and employment supports for individuals who do not meet the Medicaid level of care criteria out of the Medicaid grants line and into the regular grants line.

This concludes my testimony.

N.D. STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
PROFILE ON FISCAL YEAR 2005 PROJECTS
10-5-04

1. Provider: University of North Dakota, Grand Forks, ND Contract No: 660-05700
Project: Family to Family Network
Type: 4th year Amount: $50,000
Emphasis Area: Education/Early Intervention
Contact Person: Kathy Twite Phone: 777-0786
Project Period: 10-1-04 to 9-30-05
Summary: Under this project, the ND Family to Family Network will continue to provide emotional and informational support to families with children having all kinds of disabilities and special healthcare needs.

2. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-05702
Project: NDACF Conference
Type: N/A Amount: $7,716
Emphasis Area: Community Support
Contact Person: Mary Mercer Phone: 858-3260
Project Period: 10-1-04 to 6-30-05
Summary: This funding partially supports the 19th Annual Conference of the North Dakota Association of Community Facilities (NDACF) scheduled for April 27-29, 2005 in Fargo, and subsidizes a consumer participation component to that conference.

3. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-05703
Project: Disability Justice Initiative
Type: 3rd year Amount: $20,001
Emphasis Area: Community Support
Contact Person: Dr. Bryce Fifield Phone: 858-3580
Project Period: 10-1-04 to 9-30-05
Summary: Under this project, a systems change curriculum will be developed to improve interaction between North Dakota's criminal justice/law enforcement system and citizens with disabilities.

4. Provider: Mental Health Association of ND, Bismarck, ND Contract No: 660-05723
Project: Journey of Hope Training
Type: N/A 1-yr project Amount: $35,284
Emphasis Area: Community Support
Contact Person: Sheri Haugen Phone: 255-3692
Project Period: 10-1-04 to 9-30-05
Summary: This project will train family members to become effective peer to peer instructors to provide education and training on mental illness to other families.

5. Provider: Brain Injury Association of ND, Valley City, ND Contract No: N/A
Project: Brain Injury Conference
Type: N/A Amount: $4,096
Emphasis Area: Community Support
Contact Person: Mary Simonson Phone: 845-1124
Project Period: 10-1-04 to 12-31-04
Summary: This funding will be used to support consumer participation at the statewide Brain Injury Conference scheduled for October 15, 2004 in Fargo.

6. Provider: Dakota Center for Independent Living, Bismarck, ND Contract No: 660-05704
Project: Partners in Policymaking
Type: 12th Year Amount: $64,995
Emphasis Area: Quality Assurance
Contact Person: Joyce Smith Phone: 222-3636
Project Period: 10-1-04 to 9-30-05
Summary: Partners in Policymaking is a self-advocacy model used by more than 40 states which provides leadership training for consumers with developmental disabilities, parents and family members to become knowledgeable about DD issues and to further their competency in becoming effective advocates for themselves. In FY 2005, the program is expected to train 25 people.

7. Provider: ND Disabilities Advocacy Consortium, Bismarck, ND Contract No: 660-05705
Project: Advocacy Consortium
Type: 5th Year Amount: $72,875
Emphasis Area: Quality Assurance
Contact Person: Jim Moench Phone: 223-0347
Project Period: 10-1-04 to 9-30-05
Summary: This grant supports continued development and maintenance of a statewide Disability Advocacy Consortium in North Dakota which will inform and educate policymakers on disabilities issues.

8. Provider: Listen, Inc., Grand Forks, ND Contract No: 660-05706
Project: Self-Advocacy Solution
Type: 2nd year Amount: $22,462
Emphasis Area: Quality Assurance
Contact Person: Carla Tice Phone: 780-8496
Project Period: 10-1-04 to 9-30-05
Summary: This project assists local self-advocacy groups in eastern North Dakota to become more effective in achieving systems change. The project will continue to identify and address consumer self-advocacy training needs.

9. Provider: ND Protection & Advocacy Project, Bismarck, ND Contract No: 660-05710
Project: Turtle Mountain Advocacy
Type: N/A – 1 yr project Amount: $16,198
Emphasis Area: Quality Assurance
Contact Person: Teresa Larsen Phone: 328-2950
Project Period: 10-1-04 to 9-30-05
Summary: This project will employ a fulltime disabilities advocate with an office located on the Turtle Mountain Indian Reservation.

10. Provider: Community Living Services, Inc., Fargo, ND Contract No: 660-05701
Project: Accelerated Independence Training
Type: 2nd year Amount: $25,000
Emphasis Area: Employment
Contact Person: Jim Berglie Phone: 232-3133
Project Period: 10-1-04 to 9-30-05
Summary: This project provides intensive training and support services over a very limited time period for 36 DD individuals, resulting in job placement into competitive employment.

11. Provider: Rehab Services, Inc., Minot, ND Contract No: 660-05724
Project: Inclusion Project
Type: 3rd Year Amount: $42,376
Emphasis Area: Employment
Contact Person: Marla Kulig Phone : 839-4240
Project Period : 1-1-05 to 12-31-05
Summary: This project assists people with DD to achieve employment of their choice and creates and improves inclusion opportunities away from work in the community for those persons.

profile.doc

Prepared by the North Dakota Legislative Council
staff for House Appropriations - Human Resources
January 2005

MAJOR FUNDING CHANGES AFFECTING DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS SINCE 1999

Major funding changes provided by the Legislative Assembly for developmental disabilities service providers since 1999 include:

- **1999 Legislative Assembly** - The 1999 Legislative Assembly added $5.0 million, of which $1.7 million was from the general fund to provide a 36 cent per hour salary increase for all staff of developmental disabilities service providers and to allow a 30 percent fringe benefits factor.
- **2001 Legislative Assembly** - The 2001 Legislative Assembly provided for inflationary increases for developmental disabilities service providers of 2.2 percent for each year of the 2001-03 biennium and added $1.5 million, of which $485,000 was from the general fund for increasing the average wage for community provider direct care workers by 10 cents per hour.
- **2003 Legislative Assembly** - The 2003 Legislative Assembly added $13.6 million, of which $4.5 million is from the general fund for increasing the average wage for employees of developmental disabilities service providers by 87 cents per hour and $3.5 million, of which $1.1 million was from the general fund to increase the allowable fringe benefit percentage for employees of developmental disabilities service providers from 30 to 33 percent of salary. The Legislative Assembly did not change the executive recommendation which added $5.8 million, of which $1.9 million is from the general fund for increasing developmental disabilities service provider rates to allow for payment of a provider tax on intermediate care facilities for the mentally retarded (ICF/MR), including the Developmental Center pursuant to provisions of 2003 Senate Bill No. 2153. The Legislative Assembly also approved the executive recommendation to require individuals with developmental disabilities to be Medicaid-eligible in order to receive developmental disabilities services which results in an estimated general fund savings of $2 million for the 2003-05 biennium.

The attached schedule presents a comparison of funding for developmental disabilities services since the 1995-97 biennium.

ATTACH:1

DEVELOPMENTAL DISABILITIES

The following schedule compares the executive budget recommended funding levels for developmental disabilities (DD) programs to previous biennial appropriations:

DEVELOPMENTAL DISABILITIES PROGRAMS FOR THE 2005-07 BIENNIUM AS RECOMMENDED IN THE GOVERNOR'S BUDGET COMPARED TO THE 1997-99 THROUGH 2003-05 APPROPRIATIONS

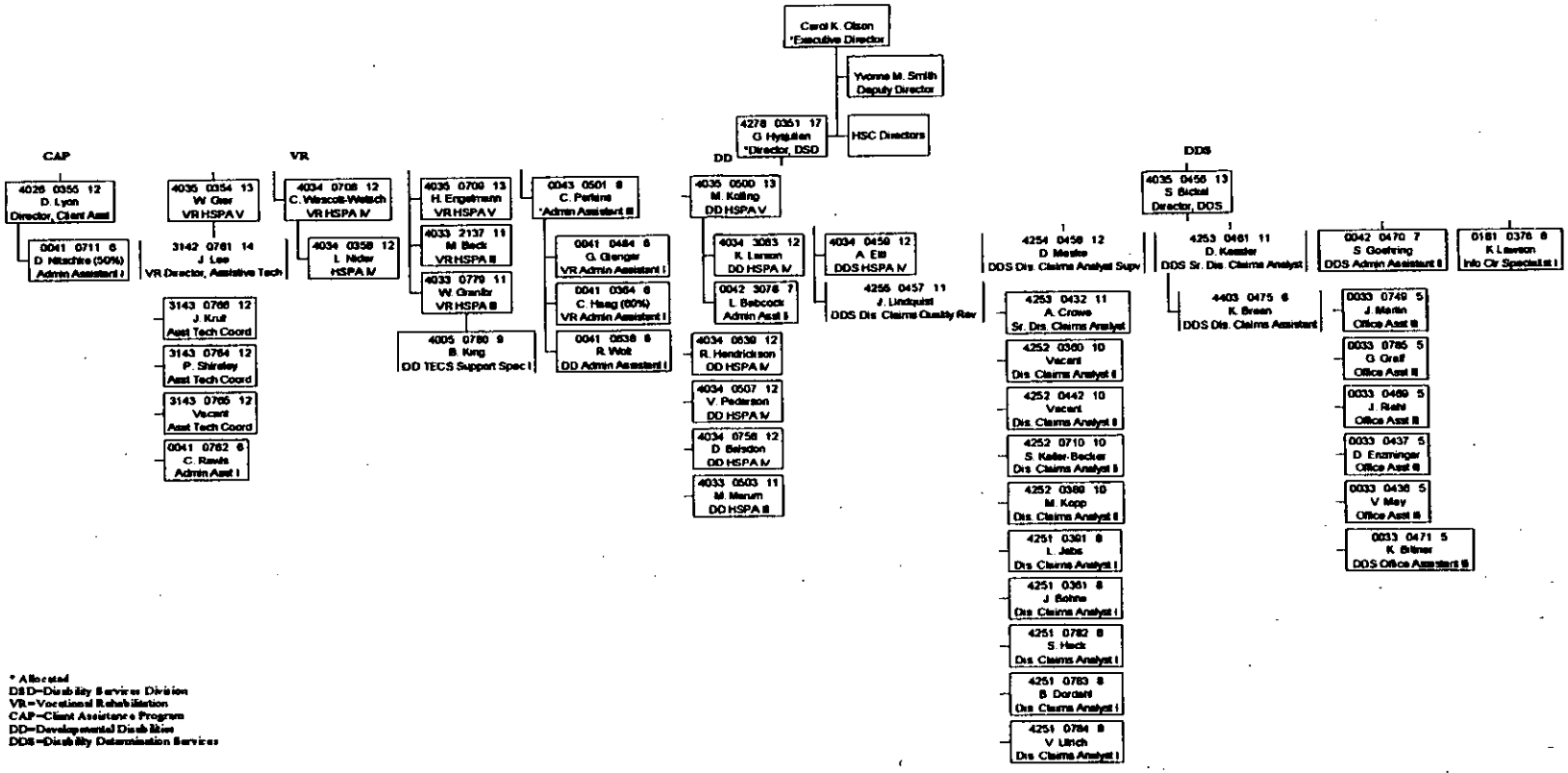
	1997-99 Biennium Appropriations	1999-2001 Biennium Appropriations	2001-03 Biennium Appropriations	2003-05 Biennium Appropriations	2005-07 Executive Budget Recommendation	2005-07 Executive Budget Increase (Decrease) Compared to 2003-05 Appropriations
Developmental Center at Grafton						
Total appropriation (excluding capital improvements)	$39,157,533	$39,305,692	$40,165,023	$40,023,854	$42,453,146	$2,429,292
Less estimated income	30,097,389	29,770,472	30,221,013	31,849,828	31,349,952	(499,876)
General fund	$9,060,144	$9,535,220	$9,944,010	$8,174,026	$11,103,194	$2,929,168
Department of Human Services						
Developmental disabilities grants						
Adult day care	$2,416,454	$3,074,184	$0	$0	$0	$0
Developmental day activity	5,938,760	8,493,238	0	0	0	0
Prevocational work activity	3,202,455	9,197,052	0	0	0	0
Developmental work activity	2,929,114	172,596	0	0	0	0
Day supports			20,725,614	26,858,543	29,936,698	3,078,155
Transitional community living	6,885,557	8,309,606	10,210,167	11,046,988	11,477,823	430,835
Minimally supervised living	4,303,344	4,306,112	5,498,138	6,524,252	9,708,818	3,184,566
Supported living arrangement	1,095,354	1,394,782	1,362,486	1,324,904	637,427	(687,477)
Congregate care	2,371,042	2,905,569	2,794,924	3,062,549	3,221,445	158,896
Family subsidy	952,031	1,368,653	1,881,548	1,792,256	1,465,844	(326,412)
Infant development	1,556,877	1,723,065	1,913,403	2,371,965	4,315,029	1,943,064
Family support services - In-home support	3,536,083	5,508,872	4,353,602	5,227,494	7,135,824	1,908,330
Family support services - Short-term family care			390,818	374,817	435,624	60,807
Family support services - Family care option			737,274	2,639,705	1,495,741	(1,143,964)
Individual supervised living arrangement	29,821,940	36,927,119	40,214,650	45,039,409	45,766,885	727,476
Emergency services	205,584	223,528	91,105		0	0
Extended family care	1,660,413	1,165,011	1,356,506		0	0
Room and board	57,944	93,617	0	0	0	0
Specialized placements	717,078	615,695	807,135	838,537	970,571	132,034
Title XIX waivered services	1,313,198	1,183,980	1,362,110	1,277,232	1,105,752	(171,480)
Extended services	4,901,280	4,920,410	4,456,339	4,845,895	4,057,454	(788,441)
Adult education transition services			270,135	124,432	48,966	(75,466)
Self-directed supports - Families					2,534,490	2,534,490
Self-directed supports - Adults					341,815	341,815
Self-directed supports - Fiscal agent					428,298	428,298
Subtotal	$73,864,508	$91,583,089	$98,425,954	$113,348,978	$125,084,504	$11,735,526

	1997-99 Biennium Appropriations	1999-2001 Biennium Appropriations	2001-03 Biennium Appropriations	2003-05 Biennium Appropriations	2005-07 Executive Budget Recommendation	2005-07 Executive Budget Increase (Decrease) Compared to 2003-05 Appropriations
Community ICF care	49,439,357	57,339,600	65,700,412	77,207,149	81,147,788	3,940,639
Total DD grants	$123,303,865	$148,922,689	$164,126,366	$190,556,127	$206,232,292	$15,676,165
Less estimated income	78,301,998	99,619,970	110,420,996	128,703,919	133,017,647	4,313,728
General fund - DD grants	$45,001,867	$49,302,719	$53,705,370	$61,852,208	$73,214,645	$11,362,437
Vocational rehabilitation - Supported employment						
Total	$730,275	$492,030	$499,457	$202,198	$210,000	$7,802
Less estimated income	639,111	371,330	378,757	202,198	165,270	(36,928)
General fund	$91,164	$120,700	$120,700	$0	$44,730	$44,730
Additional Department of Human Services DD costs						
Central office	$5,715,493	$5,350,954	$5,085,208	$4,432,090	$5,273,524	$841,434
Regional human service centers	10,497,654	11,070,745	11,657,215	11,249,124	13,043,748	1,794,624
Total additional DD costs	$16,213,147	$16,421,699	$16,742,423	$15,681,214	$18,317,272	$2,636,058
Less estimated income	8,032,322	9,083,124	9,479,851	7,736,590	9,663,135	1,926,545
General fund - Additional DD costs	$8,180,825	$7,338,575	$7,262,572	$7,944,624	$8,654,137	$709,513
Developmentally disabled facility loan funds - Lands and minerals trust fund	$1,840,956	$1,840,956	$2,261,556	$3,261,556	$0 [1]	($3,261,556)
Protection and Advocacy Project						
Total	$2,107,834	$2,284,040	$2,992,841	$3,226,255	$3,713,439	$487,184
Less estimated income	1,410,787	1,507,492	2,186,315	2,443,532	2,902,975	459,443
General fund	$697,047	$776,548	$806,526	$782,723	$810,464	$27,741
Grand total - DD	$183,353,610	$209,267,106	$226,787,666	$252,951,204	$270,926,149	$17,974,945
Less grand total estimated income	120,322,563	142,193,344	154,948,488	174,197,623	177,098,979	2,901,356
Grand total - General fund - DD services	$63,031,047	$67,073,762	$71,839,178	$78,753,581	$93,827,170	$15,073,589

NOTE: The amounts shown for the 1997-99, 1999-2001, 2001-03, and 2003-05 bienniums are the adjusted appropriations.

[1] The executive budget recommends the developmentally disabled facility loan fund payments to the common schools trust fund be made pursuant to a continuing appropriation (Section 7 of Senate Bill No. 2013 (2005) - the Land Department appropriations bill).

North Dakota Department of Human Services
Disability Services Division



* Allocated
DSD=Disability Services Division
VR=Vocational Rehabilitation
CAP=Client Assistance Program
DD=Developmental Disabilities
DDS=Disability Determination Services

Revised 1/21/05

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DISABILITY SERVICES
Reporting Level: 00-325-300-51-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	3,507,357	1,563,210	1,973,992	3,537,202	3,368,090	(169,112)
TEMP, OVERTIME & SHIFT	1002	22,136	3,097	43,343	46,440	36,368	(10,072)
BENEFITS	1008	1,106,786	557,669	680,591	1,238,260	1,252,927	14,667
SALARY INCREASE	1010	0	0	0	0	186,660	186,660
BENEFIT INCREASE	1011	0	0	0	0	31,218	31,218
SALARIES AND WAGES	10	4,636,279	2,123,976	2,697,926	4,821,902	4,875,263	53,361
IT-DATA PROCESSING	3002	944	486	588	1,074	1,044	(30)
IT-TELEPHONE	3003	4,468	1,957	4,764	6,721	4,561	(2,160)
TRAVEL	3004	219,712	108,325	193,567	301,892	321,983	20,091
IT-SOFTWARE/SUPPLIES	3005	19,505	13,194	19,906	33,100	31,546	(1,554)
UTILITIES	3006	225	0	322	322	322	0
POSTAGE	3007	55,509	43,636	39,765	83,401	83,491	90
IT-CONTRACTUAL SERVICES	3008	7,684	3,935	2,395	6,330	6,330	0
LEASE/RENT - EQUIPMENT	3011	522	928	1,572	2,500	1,650	(850)
LEASE/RENT - BLDG/LAND	3012	379,968	168,481	217,072	385,553	394,928	9,375
DUES & PROFESSIONAL DEV.	3013	84,433	42,444	79,681	122,125	153,455	31,330
OPERATING FEES & SERVICES	3014	1,380,813	1,211,580	1,508,263	2,719,843	3,283,211	563,368
REPAIRS	3016	22,918	9,043	25,331	34,374	33,750	(624)
PROFESSIONAL SERVICES	3018	419,244	277,446	96,854	374,300	446,250	71,950
OFFICE SUPPLIES	3021	25,472	11,850	25,151	37,001	32,408	(4,593)
PRINTING	3024	73,415	32,542	71,556	104,098	154,708	50,610
PROFESSIONAL SUPPLIES	3025	17,530	17,185	37,080	54,265	87,255	32,990
MEDICAL,DENTAL & OPTICAL	3029	2,122	10,015	20,985	31,000	31,000	0
MISCELLANEOUS SUPPLIES	3033	19,699	6,146	5,054	11,200	5,535	(5,665)
OFFICE EQUIP-UNDER $5000	3034	1,530	0	52,965	52,965	56,065	3,100
OTHER EQUIP-UNDER $5000	3036	10,848	22,858	14,142	37,000	36,000	(1,000)
IT EQUIP UNDER $5000	3038	6,746	1,265	25,035	26,300	25,000	(1,300)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DISABILITY SERVICES
Reporting Level: 00-325-300-51-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
OPERATING EXPENSES	30	2,753,307	1,983,316	2,442,048	4,425,364	5,190,492	765,128
EQUIP- OVER $5000	5030	0	0	35,200	35,200	30,000	(5,200)
CAPITAL ASSETS	50	0	0	35,200	35,200	30,000	(5,200)
GRANTS, BENEFITS & CLAIMS	6006	11,666,820	6,998,099	9,122,982	16,121,081	17,836,389	1,715,308
GRANTS	60	11,666,820	6,998,099	9,122,982	16,121,081	17,836,389	1,715,308
GRANTS, BENEFITS & CLAIMS	6006	163,537,372	94,710,338	96,045,789	190,756,127	206,232,292	15,476,165
GRANTS-MEDICAL ASSISTANCE	73	163,537,372	94,710,338	96,045,789	190,756,127	206,232,292	15,476,165
EXPENDITURE TOTALS		182,593,778	105,815,729	110,343,945	216,159,674	234,164,436	18,004,762
MEANS OF FUNDING							
DISABILITY DETERMINATION SERVICES-9	S002	3,602,813	1,737,596	2,208,875	3,946,471	4,333,122	386,651
MENTAL HEALTH BLOCK GRANT - 00	S003	0	1,309	1,610	2,919	5,348	2,429
DEVELOP. DISABILITIES COUNCIL	S006	4,229	0	0	0	0	0
DDS-INFORMATION TECHNOLOGY SYTMS(IT	S006	4,174	0	0	0	0	0
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	412	0	0	0	6,828	6,828
VOC. REHAB. BASIC SUPP. 84.126	S040	7,366,915	4,816,906	6,535,990	11,352,896	12,467,917	1,115,021
CLIENT ASSISTANCE 84.161	S041	238,331	114,586	144,813	259,399	235,488	(23,911)
VR IN-SER TRAIN 84.265	S042	38,088	17,905	22,045	39,950	40,273	323
VR INDEP. LIV. B 84.169	S043	423,298	258,813	336,349	595,162	591,568	(3,594)
SUPPORTED EMPLOY.VI-C-84.187	S048	384,442	0	0	0	(300,000)	(300,000)
IPAT(TEC GRANT) 84.224	S049	811,222	445,702	590,632	1,036,334	935,280	(101,054)
MEDICAL ASSISTANCE-93.778	S055	110,089,438	66,773,078	61,210,328	127,983,406	132,734,500	4,751,094
MEDICAL ADMINISTRATION-93.778	S056	473,211	207,051	268,118	473,169	565,078	91,909
VR IL OLDER BLIND 84.177	S069	90,612	67,379	87,836	155,215	266,161	110,946
HEAD START COLLABORATION	S072	1,349	0	0	0	0	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DISABILITY SERVICES
Reporting Level: 00-325-300-51-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
PART C-84.181	S085	1,098,407	1,338,111	1,581,431	2,919,542	3,130,325	210,783
AGING ADMINISTRATION - 02	S090	4,262	1,828	2,252	4,080	0	(4,080)
TITLE III B - 00	S091	1,355	1,273	1,570	2,843	0	(2,843)
TITLE III E - FAMILY CAREGIVER SUPP	S094	48	77	97	174	0	(174)
ADA CONSORTIUM	S154	41,602	14,304	17,696	32,000	80,000	48,000
DPI PART B INDIVIDUAL DISAB. ED. AC	S500	1,349	0	0	0	0	0
SSA REIMBURSEMENT-VR	S509	176,135	173,637	226,363	400,000	394,123	(5,877)
Federal Funds	FED	124,851,690	75,969,555	73,234,005	149,203,560	155,486,011	6,282,451
STATE GENERAL FUND	001	57,489,624	29,811,410	36,964,400	66,775,810	78,559,325	11,783,515
General Fund	GEN	57,489,624	29,811,410	36,964,400	66,775,810	78,559,325	11,783,515
ND HEALTH CARE TRUST FUND 325C	315	143,200	0	0	0	0	0
HUMAN SERVICES DEPARTMENT FUND 325C	360	0	0	0	0	0	0
OTHER FUNDS	Z125	109,264	34,764	145,540	180,304	119,100	(61,204)
Special Funds	SPEC	252,464	34,764	145,540	180,304	119,100	(61,204)
TOTAL FUNDING		182,593,778	105,815,729	110,343,945	216,159,674	234,164,436	18,004,762
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		55	0	51	51	49	(2)
TOTAL AUTHORIZED EMPLOYEES		55	0	51	51	49	(2)
VACANT		0	0	1	1	1	(0)
FTE		55	0	50	50	48	(2)

North Dakota Department of Human Services
Disability Services Division
Summary of Operating Fees and Services
2005-2007 Budget Request

Contract/Description	05-07 Total	05-07 General	05-07 Other
Corporate Guardianship	975,806	975,806	
Part C Early Intervention	370,500		370,500
Part C Right Track	1,650,000		1,650,000
Cosponsoring conferences	33,857		33,857
Conference speakers	14,104	1,410	12,694
Temp staff/CAC organization/misc	60,000		60,000
ADA Activities as approved by feds	40,000		40,000
DDS Temps/Contract worker	120,000		120,000
Misc*	18,944	5,053	13,891
Total	3,283,211	982,269	2,300,942

* Misc - includes legal advertising, awards/rewards/prizes, freight, interpreters, braille formats...

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

SENATOR HOLMBERG, CHAIRMAN

MARCH 2, 2005

This testimony with exception of 6 pages here was sent as given to the House

Chairman Holmberg, members of the Senate Appropriations Committee, I am Gene Hysjulien, Director of the Disability Services Division of the Department of Human Service. I am here to provide you an overview of the budget area for the Disability Services Division.

The Disability Services Division oversees the following programs.

Developmental Disabilities Unit:

- Day and Residential Services provide training and assistance with daily living activities to eligible persons with developmental disabilities.
- Family Support Services provides personal and financial assistance and training to families of eligible individuals with developmental disabilities.

Vocational Rehabilitation Unit:

- Employment Programs provide training and employment services to individuals with disabilities.
- Business Services provides consultation, technical assistance, and information on disability related issues to businesses.
- Independent Living Services provides services to individuals with disabilities so they can live and work more independently in their homes and communities.
- Older Blind Services provides training, accommodation, and support in daily living activities to individuals with visual impairments.

- Assistive Technology Program provides education, consultation, and referral to people with disabilities so they can access assistive technology (AT) devices and services.
- Client Assistance Program provides advocacy, consultation, education and referral to individuals who are seeking or receiving rehabilitation services.
- Disability Determination Services makes eligibility decisions for Social Security Disability Insurance and Supplemental Security Income.

CUSTOMER BASE

- SFY 2004, 4,213 people received developmental disabilities case management services.
  - SFY 2004 – 1,609 families received family support program services.
  - SFY 2004 – 2,084 people received residential and/or day service.
- US Census figures - 1 in 6 individuals have some type of disability.
  - Approximately 109,000 North Dakotans could require one or more VR service.
- FFY 2004 - 6,821 individuals with disabilities received VR employment services.
- FFY 2004 - 7,560 individuals of all ages received independent living services.
- FFY 2004 - 5,705 individuals received assistive technology services.
- FFY 2004 - 3,402 individuals received assistive technology training.
- Job Service ND 2003 Annual Report – approximately 23,300 worksites in ND could require VR's Business Services.
  - FFY 2004 - VR staff initiated 2,617 contacts with businesses.
  - FFY 2004 – Businesses initiated 405 contacts with VR.

OVERVIEW OF BUDGET CHANGES:

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request To Senate
Salaries	4,821,902	53,361	4,875,263	(35,362)	4,839,901
Operating	4,425,364	765,128	5,190,492	(7,175)	5,183,317
Land/Cptl Imprv	35,200	(5,200)	30,000		30,000
Grants	16,121,081	1,715,308	17,836,389	(100,000)	17,736,389
MA Grants	190,756,127	15,476,165	206,232,292	381,149	206,613,441
Total	216,159,674	18,004,762	234,164,436	238,612	234,403,048
General	66,775,810	11,783,515	78,559,325	(53,583)	78,505,742
Federal	149,203,560	6,282,451	155,486,011	292,195	155,778,206
Other	180,304	(61,204)	119,100		119,100
FTEs	51.1	-2	49.1	0	49.1

SALARIES and FTEs:

- **Reduction in salaries was initially $249,221, offset by the employee salary package increase of $302,582, bringing the net increase to $53,361. Increased general funds $49,000, increased federal funds $10,500 and reduced other funds $6,500.**
- **Reduced FTEs by 2 – one Assistive Technology Coordinator was reduced due to an anticipated decrease in federal funding. One Office Assistant was reduced and those duties will possibly be covered through a contract with an individual to provide the Part C technical assistance. Reduced federal funds about $200,000.**

OPERATING:

Increases in operating costs are due mainly to the following:

- **Increases in the Right Track program of $350,000 is due to program expansion resulting from increased child find activities. Increases in Part**

C purchases of service, including training provided to families and professionals who work with infants and toddlers with developmental disabilities, in the amount of $250,000. (100% Federal)

- A $35,000 increase in travel, mostly for non-state employees to attend and participate in regional Interagency Coordinating Council meetings and statewide Interagency Coordinating Council meetings as required in the federal Part C regulations. (100% Federal)
- A $30,000 increase in purchase of services to provide training to Vocational Rehabilitation consumers on the Client Assistance Program and services available under the Rehabilitation Act. (100% Federal)
- A $30,000 increase in Disability Determination Services to provide temporary staff needed to keep up with the federally required workload. (100% Federal)
- A $65,000 increase in the purchase of professional medical services by Disability Determination Services in order to comply with federal regulations and complete the number of disability claims required by the federal Social Security Administration. (100% Federal)

LAND AND CAPITAL IMPROVEMENTS:

- Reduction due to removal of $5,200 from the VR budget that had been used to purchase some of the equipment necessary to set up the video conferencing capabilities. Reduction of general funds $1,100 and reduction of federal funds $4,100.

GRANTS:

The increase in grants is due to the following:

- A $193,000 increase in Part C grants to individuals or organizations for "Opening Doors" activities. These are one-time grants to expand community accessibility and inclusion of infants and toddlers under age 3 with developmental disabilities. (100% Federal)
- A $123,000 increase in grants ($12,300 general funds and $110,700 federal funds) in the Older Blind program due to an expected increase in the

amount of the federal grant. Currently, our grant is $225,000 per year. The grant is expected to be at least $300,000 per year during the 05-07 biennium. We felt it was necessary to capture this additional federal funding as needs in the Older Blind Program have consistently exceeded resources. (90% Federal).

- A $37,000 increase in grants for the Business Services to provide training and technical assistance on accessibility and other disability related topics. (100% Federal).
- A $1.2 million increase in grants to individuals in the Vocational Rehabilitation Basic Support program. ($264,000 increase in general funds and $947,000 increase in federal funds) $300,000 of this increase in federal funds is due to the possibility of Congress rolling the Supported Employment Program funding into the Basic Support program (requires $81, 000 in General Fund match). There is a corresponding $300,000 decrease in Supported Employment federal grants to individuals. The remaining increase is due to a mandatory cost of living increase at the federal level in VR Basic Support Grants. The anticipated increases will fund increased costs for purchases such as tuition, medical services and items, assistive technology devices, vocational training, and possible increases due to federal changes regarding VR's responsibility in transition. (78% Federal and 22% General).
- A $200,000 increase in the cost of purchasing Medical Evidence of Record and Consultative Exams for Disability Determination Services in order to comply with federal regulations and complete the federally mandated workload of disability claims. (100% Federal).
- In the 03-05 budget, $200,000 was included in line 73, Medicaid Grants. In the 05-07 budget, $300,000 is included in line 60, Grants. The net impact is a $100,000 increase to continue residential and employment supports for individuals who do not meet the Medicaid level of care criteria.

MA GRANTS:

The increase of approximately $15.5 million in the DD Grants is due to the following:

- $7.2 million is due to changes in caseload that occurred during the 03-05 biennium and must be sustained in the 05-07 biennium. Anticipated increases in caseload during the 05-07 biennium due to graduations from high school and births of children with developmental disabilities. Increase in general funds $2.3 million and increase in federal funds $4.9 million.
- $2.4 million is due to rate changes that occurred during the 03-05 biennium that must be sustained during the 05-07 biennium. Increase in general funds $875,000 and increase in federal funds $1.5 million.
- $6.1 million is due to a 2% inflationary increase each year of the 05-07 biennium. Increase in general funds $2.2 million and increase in federal funds $3.9 million.
- There is a $6 million increase in general funds in DD Grants budget due to reductions in the FMAP and a corresponding $6 million decrease in federal funds.
- There is a $200,000 reduction in general funds in DD Grants due to moving the residential and employment supports for individuals who do not meet the Medicaid level of care criteria out of the Medicaid grants line and into the regular grants line.

HOUSE CHANGES:

- The House underfunded the Department's salary line by $600,000 in general funds. $20,000 of that underfunding was allocated to the Disability Services Division.
- The salary line is further reduced by the change in the proposed salary package for all employees. In the Disability Services Division, the change in the salary package resulted in an overall reduction of $15,362. Of this reduction, $1,601 is general funds and $13,761 is federal funds.

- The House reduced the Department's Program and Policy Management Subdivision's overall operating budget by $50,000 in general funds. Of this, $7,175 was allocated to the Disability Services Division. If this funding cut remains, we will have to find a way to manage it within our budget.
- $100,000 reduction to line 60, Grants, Benefits and Claims for residential and employment supports for individuals with a developmental disability who do not meet the Medicaid level of care criteria. In the 03-05 biennium, the Legislature included $200,000 in general funds to provide these services and supports, requiring a dollar for dollar match by local providers. The Department requested an increase of $100,000 in order to serve the individuals and not require a match. Currently, with the required dollar for dollar match, the Department has expenditures and contracts in the amount of $221,000. We expect some of the individuals receiving these services to be able to use the Personal Care Option in the Medicaid State Plan. However, we do not know how many individuals will be able to have all of their support needs met through the Personal Care Option. Removal of the $100,000 in general funds will require the continuation of the dollar for dollar match, if that is legislative intent. If not, a reduction will be required in the number of individuals served or a reduction in the amount of services an individual receives. There are some providers who have expressed concern with the match as they are having some difficulty securing funding for the match. It may be that some providers will refuse to continue to provide these services if the match requirement is continued. The individuals in these services require minimal support to maintain their independence. If these supports are not available, some of these individuals may require increased services.
- The Developmental Disabilities Medicaid Grants budget was increased by $1.6 million total, $575,000 in general funds to allow for a $.10 per hour increase for all DD provider staff. There was also a reduction of $1.4 million total, $500,000 general funds in the DD Grants budget. The increase and decrease basically negate each other.

- There is a $284,900 total increase ($100,000 in general funds) in the DD Grants budget to allow for enhancements for individuals who meet the Anne Carlson Center's criteria of "medically fragile". The Anne Carlson Center has 17 children who they consider "medically fragile". Using their criteria, there are an additional 11 children in other ICF/MR facilities around the state who are "medically fragile". In addition, there are many children who would meet their criteria of "medically fragile" living in family homes. Finally, there are also adults in the DD system that meet the Anne Carlson Center's criteria of "medically fragile", in ICF/MRs, other group homes, and the ISLA program. It is our understanding that this $284,900 increase is intended to be equally allocated across the 17 children at the Anne Carlson Center, as well as the additional 11 children in other ICF/MRs around the state. This will allow an enhancement of just over $5,000 per child per year. It also creates an inequity in the system as there are other individuals receiving DD services, who meet the Anne Carlson Center's criteria of "medically fragile", and there are no additional funds to allow for enhancements for those individuals. It is likely there will be other DD providers who are serving "medically fragile" individuals coming forward to request an enhancement in their budgets for those individuals since it will be provided for these 28 children. It is unclear at this time how much it would cost to provide an equitable increase to all providers affected.
- There is a $100,000 reduction in general funds in the Family Subsidy program. This program reimburses families for a portion of the excess expenses they incur in order to keep their child with a developmental disability at home. Currently, families are only reimbursed a small portion of the costs they incur. If the program is reduced, families will be reimbursed even less. In some cases, this may cause the family to be unable to continue to care for their child at home and they may request placement in a group home or ICF/MR. It currently costs the Department significantly less to assist a family to keep their child at home than it does to pay for services in a group home or ICF/MR. The average ICF/MR rate for children budgeted in the 05-07 request is almost $270 per day. The

average Family Subsidy contract for individuals between the ages of 3 and 21 is $1,334 per year, or $3.65 per day. In addition, many of the families using the Family Subsidy program also receive Family Support Services at an average cost of $7,300 per year, or $20 per day. As you can see, the cost to help families keep their children at home is significantly less than providing care in an ICF/MR.

This concludes my testimony.

North Dakota Department of Human Services
Disability Services Division
Summary of Grants
2005-2007 Budget Request

Contract/Description	Category on Grants Summary	05-07 Total	05-07 General	05-07 Other
Supported Living/Ext. Services (Sec. 11)	Direct Client Services	300,000	300,000	0
Older Blind	Direct Client Services	295,735	29,574	266,161
Randolph Sheppard	Direct Client Services	97,000		97,000
VR Transition Contracts	Direct Client Services	400,000	85,200	314,800
VR Case Services	Direct Client Services	13,418,653	2,596,758	10,821,895
SSA Reimbursement	Direct Client Services	150,000		150,000
Independent Living Contracts	Direct Client Services	1,094,539	292,348	802,191
Extended Services for Physically Disabled	Direct Client Services	112,000	112,000	0
	Direct Client Services Total	**15,867,927**	**3,415,880**	**12,452,047**
Disability Determination Services	Disability Determination Services	1,300,000		1,300,000
	Disability Determination Services T	**1,300,000**	**0**	**1,300,000**
Part C Early Intervention	Early Intervention Grants	466,250		466,250
	Early Intervention Grants Total	**466,250**	**0**	**466,250**
Assistive Technology	Interagency Program for AT	25,000		25,000
	Interagency Program for AT Total	**25,000**	**0**	**25,000**
DD Training Contract with MSU	Other Grants	137,212	71,968	65,244
ADA/DBTAC	Other Grants	40,000		40,000
	Other Grants Total	**177,212**	**71,968**	**105,244**
Grand Total		**17,747,783**	**3,451,864**	**14,295,919**

North Dakota Department of Human Services
Disability Services Division
Individuals Served by Program in 2004

Persons	Program
6,821	- Vocational Rehabilitation Employment Services*
7,560	- Independent Living Services
5,705	- Assistive Technology Services
3,402	- Assistive Technology Training
3,022	- Vocational Rehabilitation Business Services*
1,051	- Older Blind Services*
6,440	- Disability Determination Services
4,213	- Developmental Disabilities

* Services that are mutually exclusive

- On January 1, 2004, there were 146 individuals on both Vocational Rehabilitation and Developmental Disabilities caseload, as reported to the 2003 - 2004 Interim Budget Committee on Human Services.

- We are not able to unduplicate the numbers for Independent Living Services, Assistive Technology and Disability Determination Services.

- Social Security Administration regulations do not allow us access to individual DDS data.

- There is no reporting mechanism to collect individual data from Independent Living Services and Assistive Technology.

- Vocational Rehabilitation contracts with the Independent Living Centers to provide services. The contracts are by service, not individual.

- By law, we cannot require an individual to provide us with their social security number, so unique identifiers are not available.

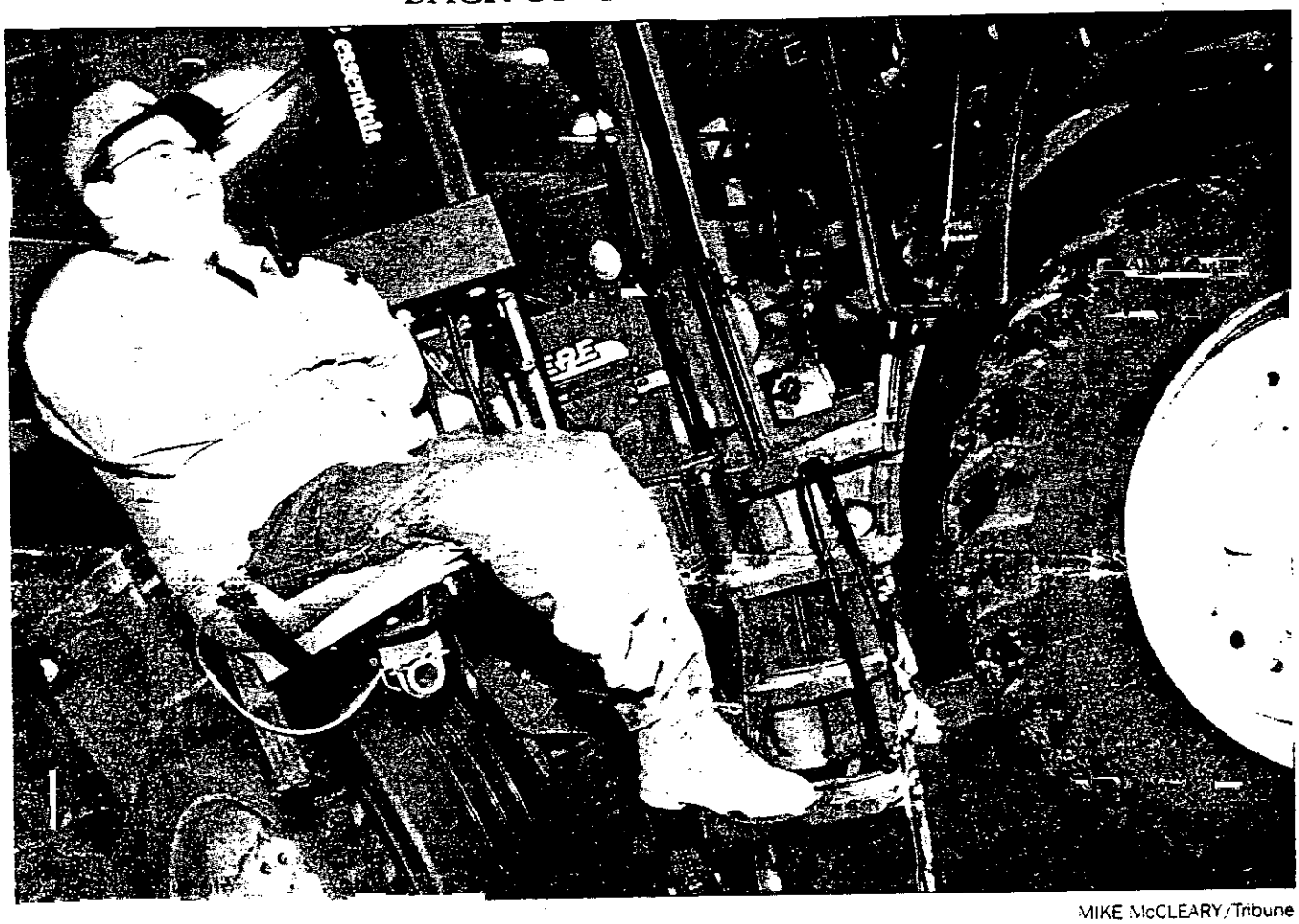
unclear if he will be able to push the plan through the

tion of anonymity, say he will focus on Medicaid, the health-

a per-patient basis — in effect forcing the states to find ways

agriculture and other programs as well in th

BACK ON THE TRACTOR



MIKE McCLEARY/Tribune

GETTING A LIFT: Dean Frank, of Shields, was all smiles as he elevated himself via remote control in the seat of a pilot lift from the ground to the cab of his John Deere tractor on Friday in Bismarck. An all-terrain vehicle accident last summer left the farmer-rancher paralyzed from the waist down and with the partial loss of his right leg. With the help from the rural services division of the North Dakota Vocational Rehabilitation. Frank can now continue to operate his farm and ranch operation southwest of Mandan. Frank hopes to be feeding his cattle hay with the tractor today. Life Essentials, an Indiana manufacturing company, designed the 70-inch, chain-driven lift that is attached to the side of the tractor.

Plan for new Wal-Marts moves forward

By GORDON WEIXEL
Bismarck Tribune

Bigger is better and more means less might best describe Wal-Mart's plans for expansion in the Bismarck area, as the Bismarck City Commission has now approved a series of developmental contracts with the world's biggest retailer for three stores.

Bigger, as in two 200,000-plus-square-foot super centers, one replacing the 114,836-square-foot discount center on Washington Street and a 125,000-square-foot Sam's Club joining the south Bismarck super center at the corner of Bismarck Expressway and 26th Street.

More as in the number of full- and part-time employees Wal-Mart will employ in Bismarck, more than 1,000 — [illegible] plus at each of the super centers and [illegible] at Sam's Club.

More according to Wal-Mart, in what [illegible] for products and perhaps in the number of competitors, as the [illegible] to the Sam Walton philosophy of giving customers what they want for less than what anyone else can.

Friday, the City Commission held a brief special meeting, approving three developmental contracts involving Burlington Avenue, 26th and Rock Island Place streets serving the south project, contingent on working out storm water detention with Wal-Mart. Earlier this month, the city approved

WAL-MARTS: *Continued on Page 8A*

It might be good time to stay put tl

North Dakota Department of Human Services
600 East Boulevard Avenue – Department 325, Bismarck ND 58505-0250

MEDIA ALERT

January 18, 2005

Contact: Trina Gress
(701) 328-8805

A New Lift to an Old Dream

Technology helps ND rancher overcome paralysis

BISMARCK, N.D. – In July of 2004, Dean Frank's dreams of operating his own ranch were dealt a serious setback when the 4-wheeler he was riding to heard cattle was struck by an automobile. The lift left him paralyzed from the waist down. On Friday, January 21, 2005, those dreams will come step closer to reality, thanks to new technology and the work of ND RCS Rural Services.

A Life Essential 'Pilot Lift' will be installed on Dean's John Deere 7920 tractor enabling him to once again take control of his agriculture equipment. The lift is specially designed to the users needs. Life Essential, an Indiana manufacturing company, will be installing the lift at Deco Arts, 2403 E. Bowen Avenue, Bismarck, ND. Installation will begin Thursday evening and will be completed on Friday.

North Dakota Vocational Rehabilitation, a unit of the North Dakota Department of Human Services, purchased the equipment through its RCS Rural Services program. This program is designed to assist North Dakota farmers and ranchers, who have a permanent injury, illness, or impairment, continue to operate their agri business.

Dean, along with representatives of Life Essentials and RCS Rural Services, will be available for comment at 3 PM. A demonstration of the new equipment will take place at that time.

For more background information, or for more information on RCS Rural Services, please contact Trina Gress, Bismarck Region Rural Services Representative at (701) 328-8957.

#

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2005-2007 Budget to House

	Budget	% of Budget
Medical Services		
Selected Services		
Day Supports	29,936,698	14.52%
ICF/MR Adult	41,926,814	20.33%
ICF/MR Children	16,268,147	7.89%
ICF/MR Physically Handicapped	20,379,008	9.88%
ISLA*	45,766,885	22.19%
MSLA*	9,708,818	4.71%
TCLF*	11,477,823	5.57%
Total of Selected Services	**175,464,193**	**85.08%**
100% General Funded Services		
Family Subsidy	910,056	0.44%
Total of 100% GF Services	**910,056**	**0.44%**
Remaining Programs	**29,858,043**	**14.48%**
Total 2005-2007 Budget	**206,232,292**	**100.00%**

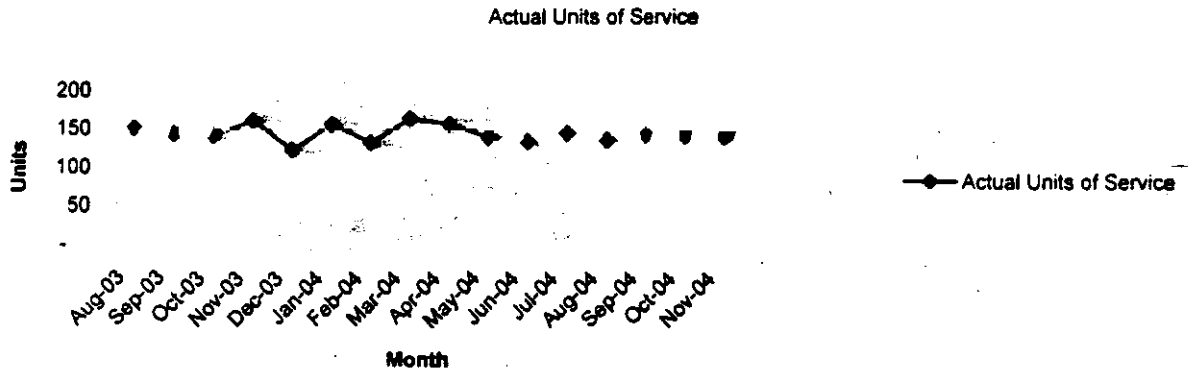
85.52%

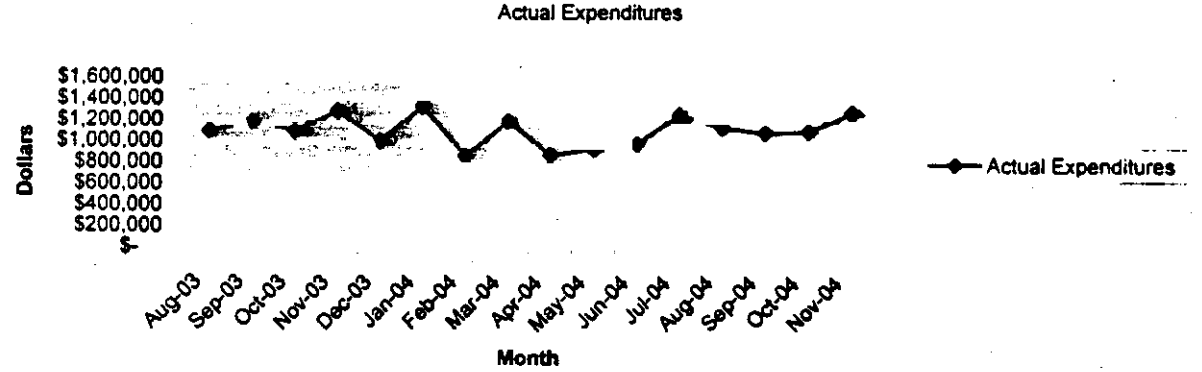
* ISLA = Individualized Supported Living Arrangements
MSLA - Minimally Supervised Living Arrangement
TCLF = Transitional Community Living Facility

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Day Supports

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	823	$ 1,341.19	151	$ 8.90	$ 1,103,802
September-03	831	1,433.35	144	9.94	1,191,118
October-03	793	1,390.26	143	9.73	1,102,478
November-03	783	1,654.00	162	10.20	1,295,082
December-03	793	1,272.00	124	10.26	1,008,694
January-04	829	1,616.06	157	10.26	1,339,713
February-04	692	1,256.21	133	9.44	869,300
March-04	853	1,404.75	164	8.58	1,198,250
April-04	859	1,029.26	157	6.54	884,133
May-04	855	1,097.13	140	7.81	938,043
June-04	856	1,151.23	135	8.50	985,451
July-04	866	1,457.96	145	10.08	1,262,595
August-04	867	1,309.86	137	9.54	1,135,646
September-04	876	1,245.71	143	8.72	1,091,243
October-04	876	1,263.35	142	8.92	1,107,882
November-04	885	1,449.62	141	10.29	1,282,914





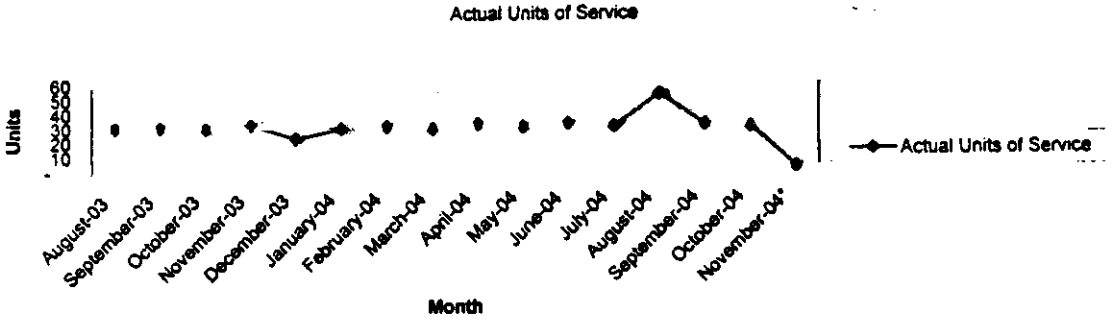
Units = Hours

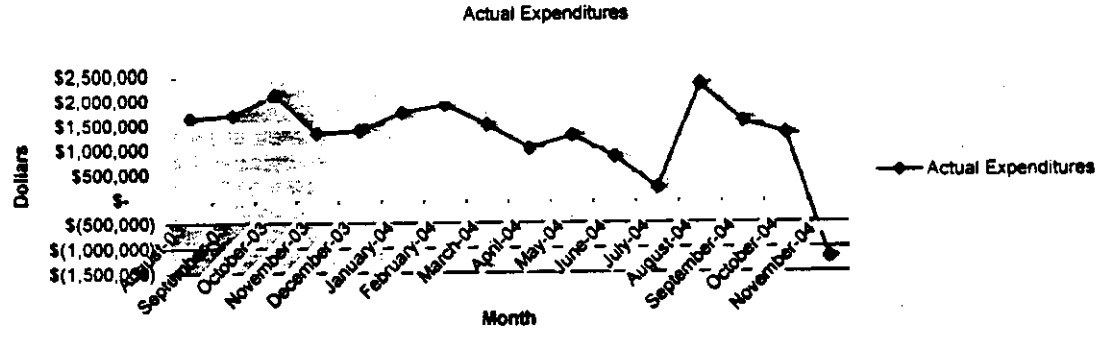
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

ICF/MR Adults

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	250	$ 1,791.03	31	$ 214.74	$ 1,638,458
September-03	253	6,703.75	31	218.03	1,696,049
October-03	254	8,334.14	30	280.16	2,116,872
November-03	234	5,631.69	32	177.39	1,317,815
December-03	254	5,420.00	22	242.93	1,376,680
January-04	251	6,919.79	29	239.17	1,736,868
February-04	227	8,345.00	30	279.48	1,894,314
March-04	247	5,987.45	28	214.96	1,478,901
April-04	236	4,229.09	31	136.67	998,065
May-04	226	5,555.38	29	190.78	1,255,516
June-04	236	3,503.79	31	114.15	826,895
July-04	78	2,556.99	29	87.32	199,445
August-04	232	9,874.28	51	192.17	2,290,834
September-04	234	6,531.50	30	216.45	1,528,372
October-04	250	5,186.69	28	184.37	1,296,673
November-04*	279	-	-	-	(1,202,777)





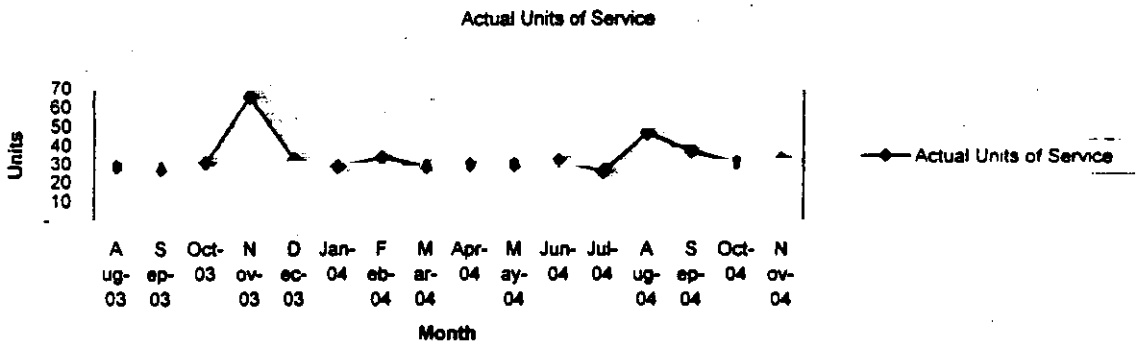
* - In November, the ICF/MR Adult amounts did not show up in the correct report generated by MMIS. The errors are being looked into. In addition, In July 2004 the actual costs were only $199,445, which is obviously not correct. That was the first month the claims had to be HIPAA compliant and as a result, most of the ICF/MR claims were denied due to errors in the claims resulting from mandatory fields in the HIPAA compliant claim form.

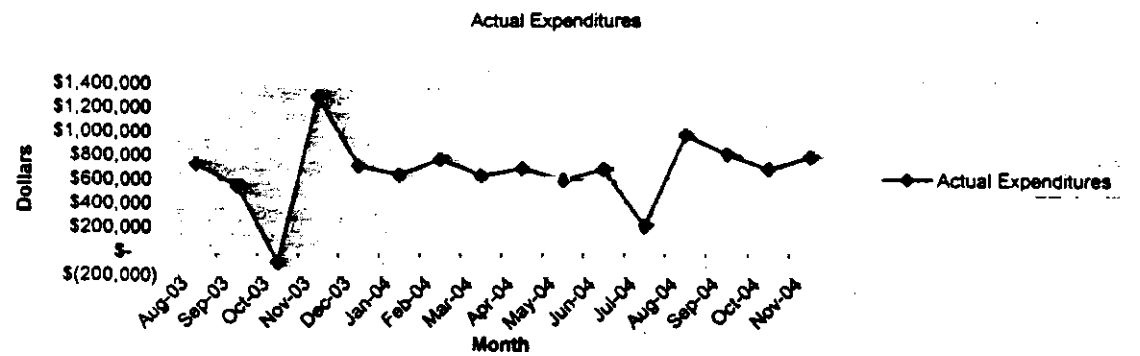
Units = Days of the month
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

ICF/MR Children

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	80	$ 7,053.51	29	$ 246.41	$ 729,438
September-03	76	7,182.29	28	252.24	545,854
October-03	86	-	31	-	(92,018)
November-03	84	15,302.89	66	233.08	1,285,443
December-03	81	8,793.20	33	262.53	712,249
January-04	81	7,846.42	29	273.36	635,560
February-04	84	9,142.73	34	267.87	767,989
March-04	82	7,728.54	29	270.83	633,740
April-04	84	8,230.38	30	274.67	691,352
May-04	75	7,985.95	30	269.92	598,946
June-04	78	8,767.54	32	277.09	683,868
July-04	30	7,012.60	26	271.11	210,378
August-04	79	12,300.99	47	263.71	971,778
September-04	83	9,738.25	37	264.75	808,275
October-04	82	8,357.62	31	272.06	685,325
November-04	87	9,065.05	33	273.27	788,659





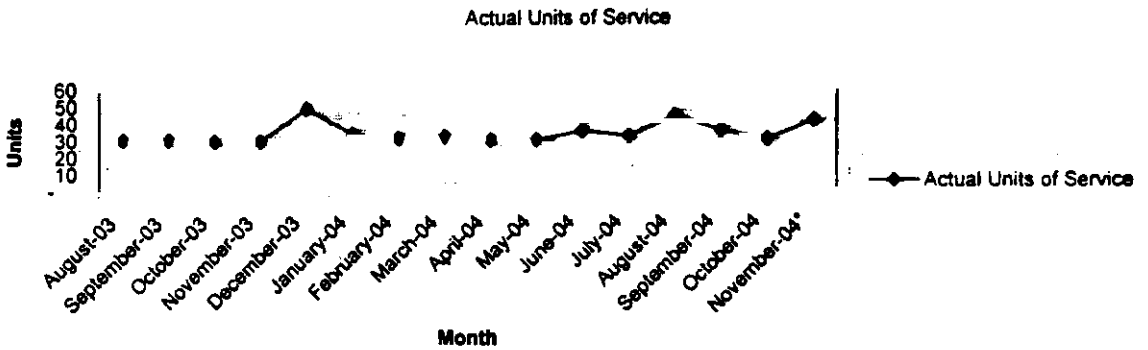
Units = Days of the month
Total Expenditures and Unit Rates are net of any audit settlements collected that month

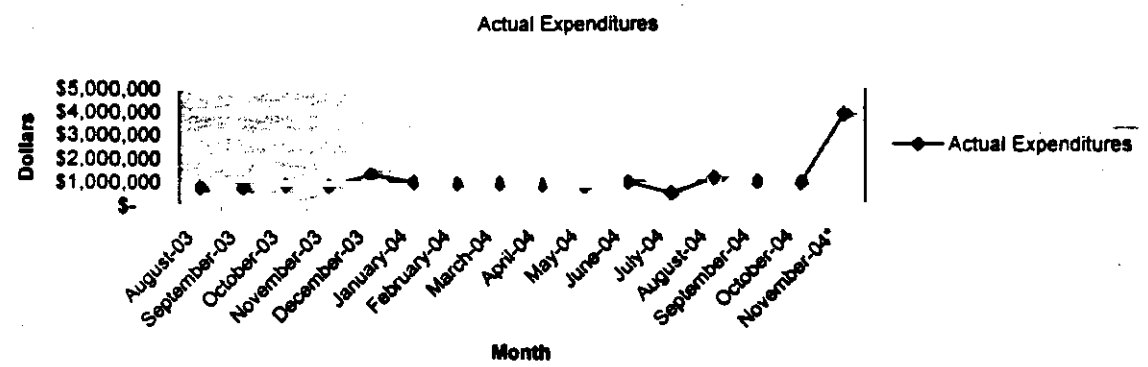
In October 2003, only one ICF/MR Children's provider was paid. It appears that the others' claims were paid the following month if you compare Nov 2003 total expenditures to other months.

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

ICF/MR Physically Handicapped

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	115	$ 6,685.21	31	$ 217.05	$ 768,799
September-03	112	6,787.59	31	220.03	760,210
October-03	114	7,368.13	30	246.18	839,967
November-03	117	7,031.47	30	232.46	822,682
December-03	121	10,739.20	49	218.21	1,299,443
January-04	123	7,824.44	34	227.09	962,406
February-04	121	7,416.98	31	237.67	897,455
March-04	123	7,334.69	32	226.79	902,167
April-04	119	7,085.59	30	232.60	843,185
May-04	106	7,283.83	30	246.20	772,086
June-04	119	7,893.97	35	225.87	939,382
July-04	63	7,378.08	32	231.71	464,819
August-04	111	10,111.04	44	228.30	1,122,325
September-04	118	8,087.58	35	231.41	954,335
October-04	128	7,005.24	30	234.92	896,671
November-04*	287	13,309.34	41	326.17	3,819,780





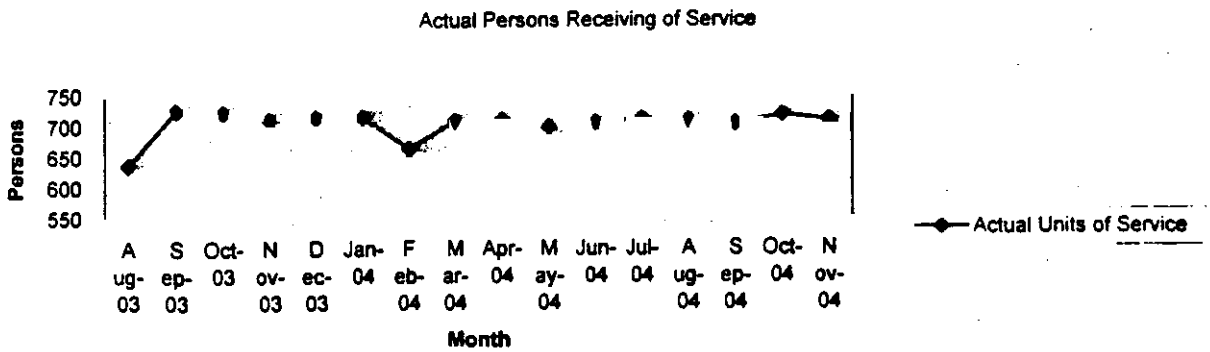
* - It appears that the Developmental Center's billings for the month of November 2004 showed up in the ICF/MR PH reports from MMIS - the problem is being investigated.

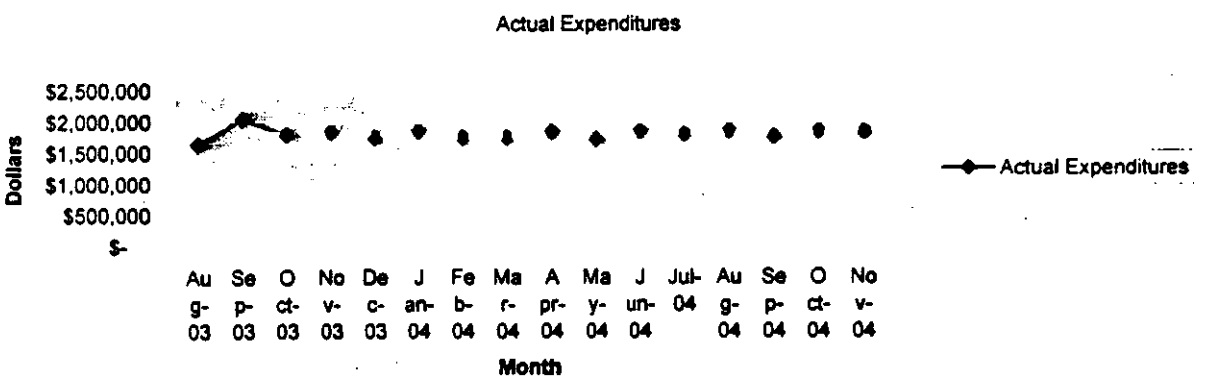
Units - Days of the Month
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Individualized Supported Living Arrangements

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	637	$ 2,606.97	31	$ 83.66	$ 1,660,640
September-03	727	2,836.28	35	81.65	2,061,973
October-03	724	2,507.73	31	82.03	1,815,597
November-03	712	2,600.77	31	82.82	1,851,751
December-03	715	2,477.05	30	82.22	1,771,091
January-04	715	2,603.07	32	81.90	1,861,195
February-04	664	2,653.94	31	85.71	1,762,217
March-04	708	2,495.05	31	80.16	1,766,495
April-04	710	2,591.82	31	82.32	1,840,194
May-04	699	2,474.56	30	82.47	1,729,719
June-04	705	2,629.90	31	83.82	1,854,080
July-04	711	2,541.48	30	83.98	1,806,993
August-04	708	2,616.99	31	83.96	1,852,831
September-04	703	2,521.41	31	81.27	1,772,548
October-04	717	2,573.97	31	84.12	1,845,537
November-04	709	2,592.45	31	83.63	1,838,045





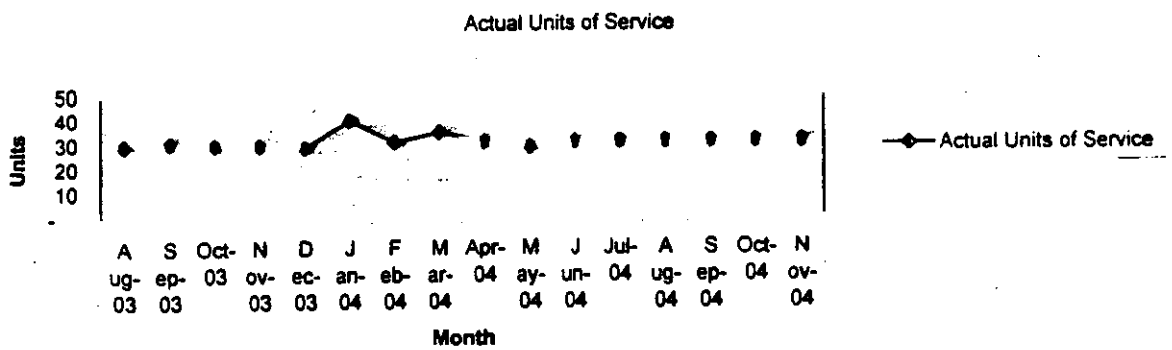
Units - Days of the month

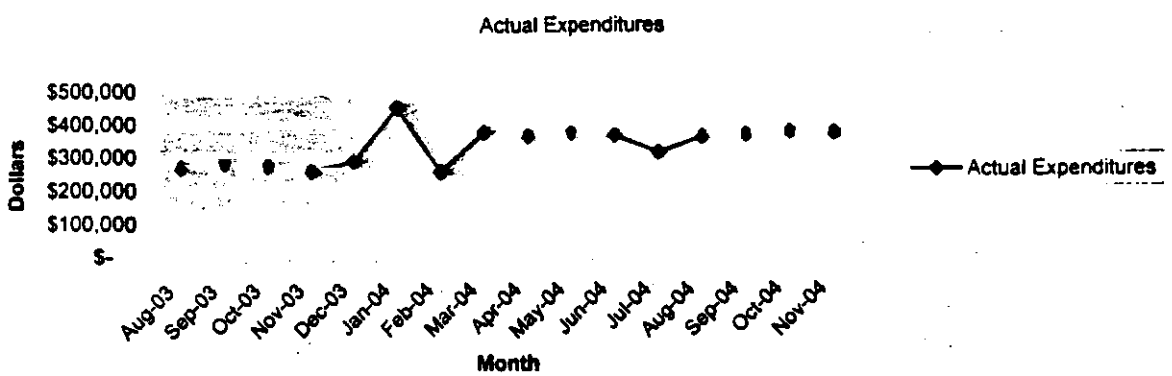
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Minimally Supervised Living Arrangement

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	104	$ 2,603.51	30	$ 85.88	$ 270,765
September-03	107	2,644.07	31	85.58	282,915
October-03	107	2,538.47	30	84.48	271,616
November-03	101	2,534.84	30	83.20	256,019
December-03	111	2,567.86	29	88.63	285,033
January-04	113	3,941.70	40	98.87	445,412
February-04	89	2,822.57	31	90.04	251,209
March-04	115	3,227.93	35	91.52	371,212
April-04	124	2,887.56	31	92.16	358,058
May-04	128	2,861.08	29	97.35	366,218
June-04	123	2,917.30	31	94.70	358,828
July-04	120	2,563.53	31	84.05	307,623
August-04	121	2,938.67	31	95.90	355,579
September-04	119	3,030.99	31	97.09	360,688
October-04	123	2,994.33	31	96.95	368,302
November-04	123	2,957.61	31	96.19	363,786



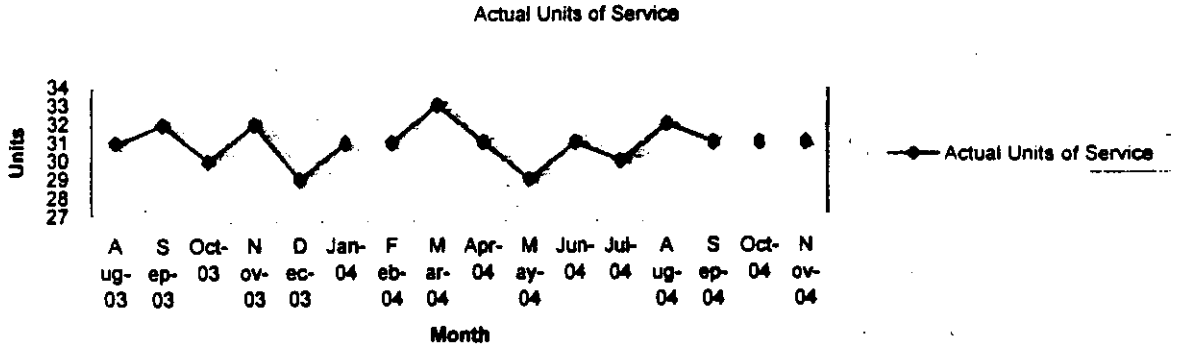


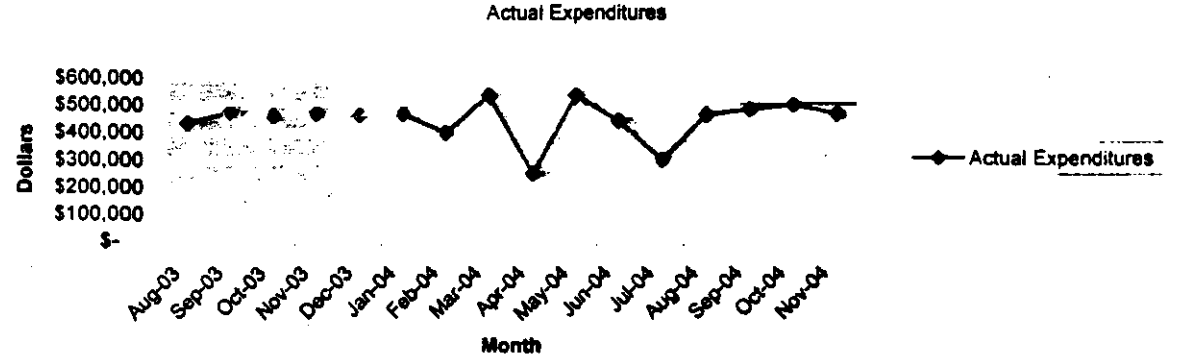
Units - Days of the month
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Transitional Community Living Facility

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	160	$ 2,712.67	31	$ 87.63	$ 434,027
September-03	164	2,887.57	32	91.39	473,561
October-03	163	2,831.72	30	94.24	461,570
November-03	163	2,872.40	32	91.02	468,202
December-03	167	2,767.22	29	94.43	462,126
January-04	163	2,859.76	31	92.18	466,141
February-04	144	2,755.12	31	88.66	396,737
March-04	168	3,179.50	33	97.00	534,156
April-04	166	1,485.92	31	48.18	246,662
May-04	167	3,192.78	29	110.14	533,194
June-04	165	2,665.44	31	85.00	439,798
July-04	164	1,815.34	30	61.45	297,715
August-04	167	2,766.67	32	87.06	462,034
September-04	169	2,844.28	31	91.75	480,683
October-04	170	2,924.35	31	94.53	497,140
November-04	169	2,744.08	31	88.52	463,749



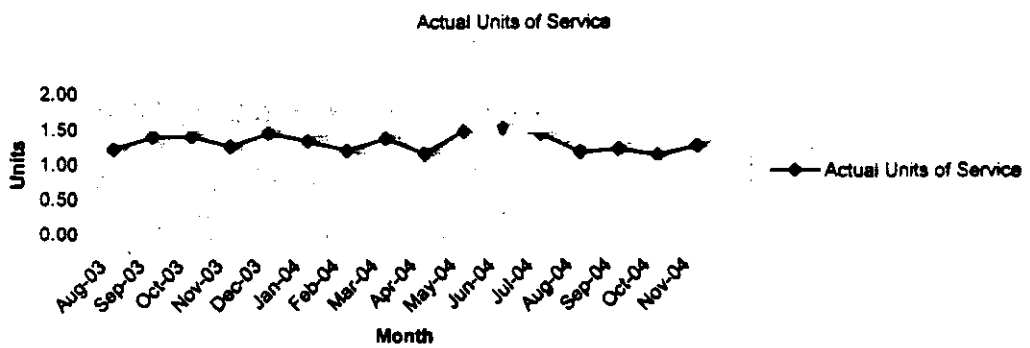


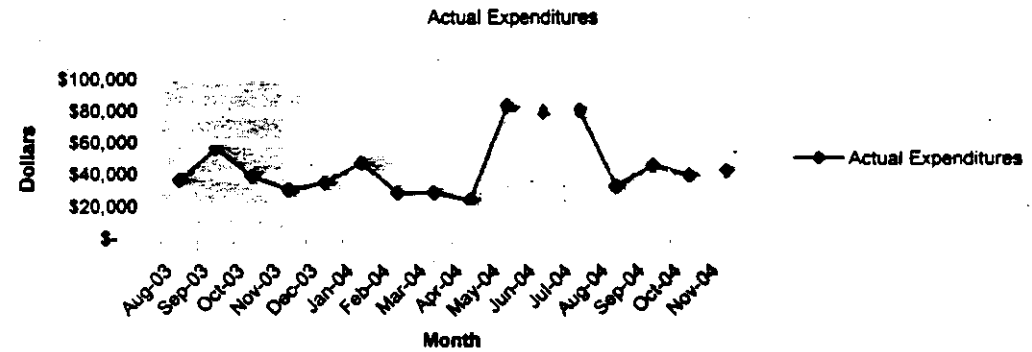
Units - Days of the month
Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Family Subsidy

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	69	$ 533.13	1.22	$ 437.93	$ 36,786
September-03	104	543.61	1.40	387.23	56,535
October-03	98	396.91	1.40	283.92	38,897
November-03	89	344.69	1.25	276.37	30,677
December-03	107	327.86	1.44	227.80	35,081
January-04	106	446.19	1.32	337.83	47,296
February-04	88	326.36	1.18	276.15	28,720
March-04	93	310.39	1.35	229.10	28,866
April-04	82	291.91	1.13	257.39	23,937
May-04	109	397.63	1.46	272.59	83,342
June-04	174	456.40	1.50	304.27	79,414
July-04	167	482.19	1.41	341.21	80,525
August-04	86	378.43	1.15	328.74	32,545
September-04	118	385.36	1.19	324.81	45,473
October-04	127	310.34	1.10	281.52	39,413
November-04	127	331.50	1.23	269.88	42,101



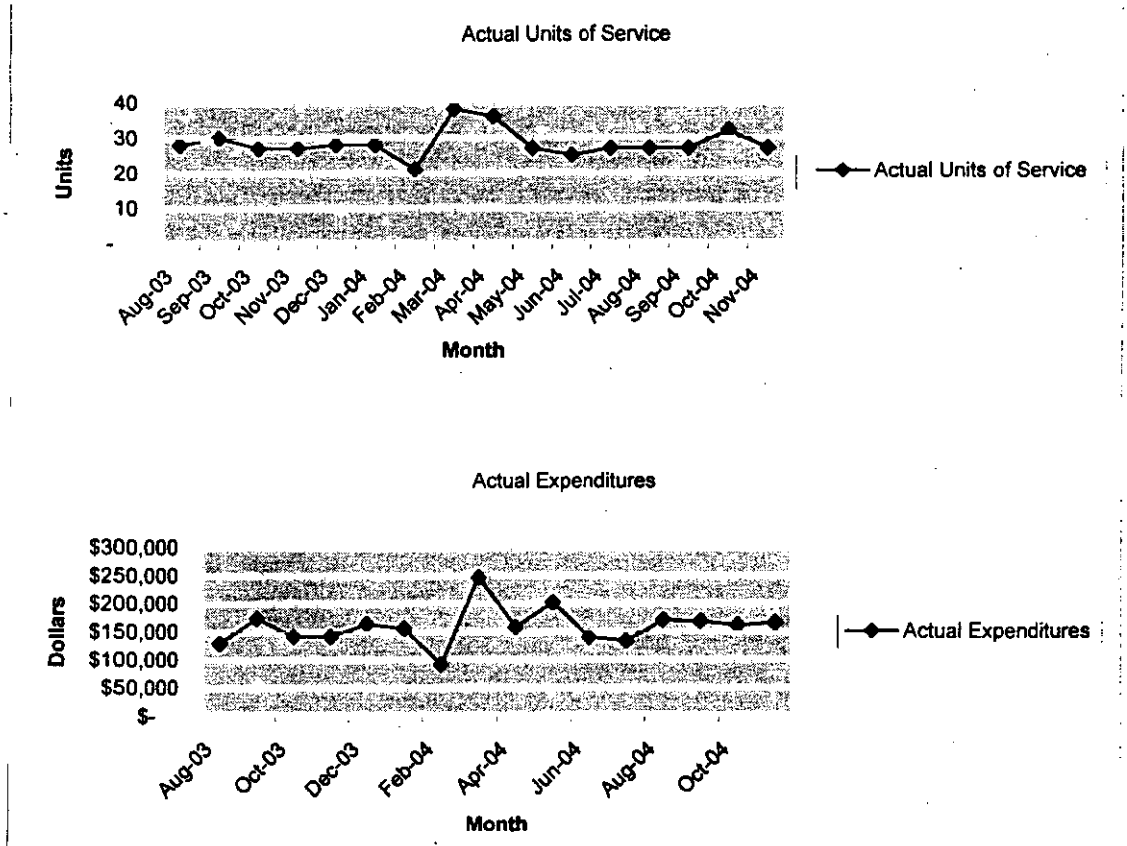


Units vary for Family Subsidy - the program reimburses families for some of the additional costs incurred in order to keep their child at home. Some examples are: additional cost of child care (the cost above what they would pay for a child who didn't have a disability), therapy costs not covered by insurance, the costs of home or vehicle modifications, cost of special clothing...

North Dakota Dept of Human Services
Developmental Disability Grants
Detail of Selected Services
2003-2005 Actual

Extended Services

Month	Actual Persons Receiving	Actual Cost Per Person	Actual Units of Service	Actual Cost Per Unit	Actual Expenditures
August-03	255	$ 508.55	28	$ 17.96	$ 129,679
September-03	297	584.68	30	19.61	173,649
October-03	274	517.68	27	19.04	141,845
November-03	256	555.28	27	20.61	142,151
December-03	283	578.70	28	20.88	163,773
January-04	276	563.29	28	20.40	155,467
February-04	191	480.00	21	22.74	91,593
March-04	292	849.00	38	22.54	247,963
April-04	303	521.93	36	14.50	158,145
May-04	282	715.97	27	26.23	201,904
June-04	297	472.85	25	18.82	140,436
July-04	246	543.24	27	20.02	133,638
August-04	288	589.70	27	21.54	169,833
September-04	284	591.63	27	22.23	168,022
October-04	297	542.24	32	16.82	161,046
November-04	293	565.87	27	20.64	165,801



Units = hours

Total Expenditures and Unit Rates are net of any audit settlements collected that month

North Dakota Department of Human Services
Developmental Disabilities Community Based Care - ACC 3651
Persons Receiving, Units of Service and Expenditures by Source of Funds

Table 5. - Extended Services - HCBS

	RATE	Aug-06 $20.40	Aug-06 $20.81

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	290	100.0%	28	8,120	165,648	111,796	53,852		-	53,852	165,648	100.0%
Sept	290	100.0%	28	8,120	165,648	111,796	53,852		-	53,852	165,648	100.0%
Oct	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Nov	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Dec	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Jan 2006	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Feb	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Mar	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Apr	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
May	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
June	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
July	290	100.0%	28	8,120	165,648	109,079	56,569		-	56,569	165,648	100.0%
Aug	296	100.0%	28	8,288	172,474	113,574	58,900		-	58,900	172,474	100.0%
Sept	296	100.0%	28	8,288	172,474	113,574	58,900		-	58,900	172,474	100.0%
Oct	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Nov	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Dec	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Jan 2007	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Feb	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Mar	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Apr	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
May	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
June	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
July 2007	296	100.0%	28	8,288	172,473	109,055	63,418		-	63,418	172,473	100.0%
Total	7,032	100.0%		198,896	$ 4,057,454	$ 2,632,080	$ 1,425,374	$ -	$ -	$ 1,425,374	$ 4,057,454	100.0%
FY 05/06	3,480	100.0%	[redacted]	97,440	$ 1,987,776	$ 1,314,382	$ 673,394	$ -	$ -	$ 673,394	$ 1,987,776	100.0%
FY 06/07	3,552	100.0%	[redacted]	99,456	$ 2,069,678	$ 1,317,698	$ 751,980	$ -	$ -	$ 751,980	$ 2,069,678	100.0%

Notes:

Rate *, number of clients & units based on projected ending 03/05 levels per March 2004 Extended Services spenddown table (projection for July 2005). * Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium.

August 2005 budgeted clients includes: anticipated growth for remainder of 03/05 biennium (5 clients); and 6 high school graduates entering the program.

August 2006 budgeted clients includes: 6 high school graduates entering the program.

North Dakota Department of Human Services
Developmental Disabilities Community Based Care - ACC 3651
Persons Receiving, Units of Service and Expenditures by Source of Funds

Table 4. - Day Supports

	RATE	Aug-05 $10.02	Aug-06 $10.22

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	850	99.41%	145	123,250	1,227,700	823,877	396,559		7,264	403,823	1,220,436	99.4%
Sept	850	99.41%	145	123,250	1,227,700	823,877	396,559		7,264	403,823	1,220,436	99.4%
Oct	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Nov	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Dec	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Jan 2006	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Feb	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Mar	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Apr	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
May	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
June	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
July	850	99.41%	145	123,250	1,227,701	803,743	416,694		7,264	423,958	1,220,437	99.4%
Aug	860	99.42%	145	124,700	1,267,024	829,543	430,071		7,410	437,481	1,259,614	99.4%
Sept	860	99.42%	145	124,700	1,267,024	829,543	430,071		7,410	437,481	1,259,614	99.4%
Oct	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Nov	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Dec	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Jan 2007	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Feb	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Mar	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Apr	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
May	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
June	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
July 2007	860	99.42%	145	124,700	1,267,024	796,347	463,267		7,410	470,677	1,259,614	99.4%
Total	20,520	99.4%	[redacted]	2,975,400	$ 29,936,698	$ 19,307,740	$ 10,452,870	$ -	$ 176,088	$ 10,628,958	$ 29,760,610	99.4%
FY 05/06	10,200	99.4%		1,479,000	$ 14,732,410	$ 9,685,184	$ 4,960,058	$ -	$ 87,168	$ 5,047,226	$ 14,645,242	99.4%
FY 06/07	10,320	99.4%		1,496,400	$ 15,204,288	$ 9,622,556	$ 5,492,812	$ -	$ 88,920	$ 5,581,732	$ 15,115,368	99.4%

Notes:

Budgeted clients reflect four individuals from Region IV Insight Program. No information available on potential additional individuals for remainder of 03/05 biennium.

05/07 budget does not include additional Grafton Development Center transfers from 03/05 biennium (funding follows the person).

"DD State" -- Day Support costs for one nursing home resident and four descreened individuals.

Rate *, number of clients & units based on projected ending 03/05 levels per March 2004 Day Supports spenddown table (projection for July 2005). * Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium.

August 2005 budgeted clients includes: 11 clients transferring from ICF/MR - Adult early 2005; anticipated growth for remainder of 03/05 biennium (17 clients); and 12 high school graduates entering the program.

August 2006 budgeted clients includes: 10 high school graduates entering the program.

North Dakota Department of Human Services
Developmental Disabilities Community Based Care - ACC 3651
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Table 11. - ICF/MR - Adult

	Aug-05	Aug-06
Regular Rate	$227.76	$232.32
ICF Prov Assmt	$14.22	$14.50

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	235	100.0%	31	7,285	1,762,824	1,189,730	573,094		-	573,094	1,762,824	100.0%
Sept	235	100.0%	30	7,050	1,705,959	1,151,352	554,607		-	554,607	1,705,959	100.0%
Oct	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
Nov	235	100.0%	30	7,050	1,705,959	1,123,374	582,585		-	582,585	1,705,959	100.0%
Dec	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
Jan 2006	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
Feb	235	100.0%	28	6,580	1,592,228	1,048,482	543,746		-	543,746	1,592,228	100.0%
Mar	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
Apr	235	100.0%	30	7,050	1,705,959	1,123,374	582,585		-	582,585	1,705,959	100.0%
May	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
June	235	100.0%	30	7,050	1,705,959	1,123,374	582,585		-	582,585	1,705,959	100.0%
July	235	100.0%	31	7,285	1,762,824	1,160,820	602,004		-	602,004	1,762,824	100.0%
Aug	235	100.0%	31	7,285	1,798,084	1,184,038	614,046		-	614,046	1,798,084	100.0%
Sept	235	100.0%	30	7,050	1,740,081	1,145,843	594,238		-	594,238	1,740,081	100.0%
Oct	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
Nov	235	100.0%	30	7,050	1,740,081	1,100,253	639,828		-	639,828	1,740,081	100.0%
Dec	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
Jan 2007	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
Feb	235	100.0%	28	6,580	1,624,076	1,026,903	597,173		-	597,173	1,624,076	100.0%
Mar	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
Apr	235	100.0%	30	7,050	1,740,081	1,100,253	639,828		-	639,828	1,740,081	100.0%
May	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
June	235	100.0%	30	7,050	1,740,081	1,100,253	639,828		-	639,828	1,740,081	100.0%
July 2007	235	100.0%	31	7,285	1,798,083	1,136,928	661,155		-	661,155	1,798,083	100.0%
Total	5,640	100.0%		171,550	$ 41,926,814	$ 27,203,717	$ 14,723,097	$ -	$ -	$ 14,723,097	$ 41,926,814	100.0%
FY 05/06	2,820	100.0%		85,775	$ 20,755,832	$ 13,724,606	$ 7,031,226	$ -	$ -	$ 7,031,226	$ 20,755,832	100.0%
FY 06/07	2,820	100.0%		85,775	$ 21,170,982	$ 13,479,111	$ 7,691,871	$ -	$ -	$ 7,691,871	$ 21,170,982	100.0%

Notes:
"Regular rate" * is based on projected ending 03/05 levels per March 2004 ICF/MR - Adult spenddown table (projection for July 2005) *less* the 03/05 daily ICF/MR provider assessment ($11.78 per day per licensed ICF/MR bed). * "Regular rate" has been adjusted to include 2% inflationary increases both fiscal years of the biennium.
05/07 daily ICF/MR provider assessment is shown on separate line above (see "ICF Prov Assmt").
Number of clients based on projected ending 03/05 levels per March 2004 ICF/MR - Adult spenddown table (projection for July 2005) *less* 11 clients transferring to MSLA early 2005.

North Dakota Department of Human Services
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Persons Receiving, Units of Service and Expenditures by Source of Funds

Table 12. - ICF/MR - Children

	Aug-05	Aug-06
Regular Rate	$254.86	$259.96
ICF Prov Assmt	$14.22	$14.50

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	82	100.0%	31	2,542	684,002	461,633	222,369		-	222,369	684,002	100.0%
Sept	82	100.0%	30	2,460	661,937	446,741	215,196		-	215,196	661,937	100.0%
Oct	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
Nov	82	100.0%	30	2,460	661,936	435,885	226,051		-	226,051	661,936	100.0%
Dec	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
Jan 2006	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
Feb	82	100.0%	28	2,296	617,807	406,826	210,981		-	210,981	617,807	100.0%
Mar	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
Apr	82	100.0%	30	2,460	661,936	435,885	226,051		-	226,051	661,936	100.0%
May	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
June	82	100.0%	30	2,460	661,936	435,885	226,051		-	226,051	661,936	100.0%
July	82	100.0%	31	2,542	684,001	450,415	233,586		-	233,586	684,001	100.0%
Aug	82	100.0%	31	2,542	697,678	459,421	238,257		-	238,257	697,678	100.0%
Sept	82	100.0%	30	2,460	675,171	444,600	230,571		-	230,571	675,171	100.0%
Oct	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
Nov	82	100.0%	30	2,460	675,172	426,911	248,261		-	248,261	675,172	100.0%
Dec	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
Jan 2007	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
Feb	82	100.0%	28	2,296	630,160	398,450	231,710		-	231,710	630,160	100.0%
Mar	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
Apr	82	100.0%	30	2,460	675,172	426,911	248,261		-	248,261	675,172	100.0%
May	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
June	82	100.0%	30	2,460	675,172	426,911	248,261		-	248,261	675,172	100.0%
July 2007	82	100.0%	31	2,542	697,677	441,141	256,536		-	256,536	697,677	100.0%
Total	1,968	100.0%	[redacted]	59,860	$ 16,268,147	$ 10,555,395	$ 5,712,752	$ -	$ -	$ 5,712,752	$ 16,268,147	100.0%
FY 05/06	984	100.0%	[redacted]	29,930	$ 8,053,560	$ 5,325,345	$ 2,728,215	$ -	$ -	$ 2,728,215	$ 8,053,560	100.0%
FY 06/07	984	100.0%	[redacted]	29,930	$ 8,214,587	$ 5,230,050	$ 2,984,537	$ -	$ -	$ 2,984,537	$ 8,214,587	100.0%

Notes:
"Regular rate" * is based on projected ending 03/05 levels per March 2004 ICF/MR - Children spenddown table (projection for July 2005) *less* the 03/05 daily ICF/MR provider assessment ($11.78 per day per licensed ICF/MR bed). * "Regular rate" has been adjusted to include 2% inflationary increases both fiscal years of the biennium.
05/07 daily ICF/MR provider assessment is shown on separate line above (see "ICF Prov Assmt").
Number of clients based on projected ending 03/05 levels per March 2004 ICF/MR - Children spenddown table (projection for July 2005).

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Table 14. - ICF/MR - Physically Handicapped

	Aug-05	Aug-06
Regular Rate	$220.02	$224.42
ICF Prov Assmt	$14.22	$14.50

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	118	100.0%	31	3,658	856,850	578,288	278,562		-	278,562	856,850	100.0%
Sept	118	100.0%	30	3,540	829,210	559,634	269,576		-	269,576	829,210	100.0%
Oct	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
Nov	118	100.0%	30	3,540	829,210	546,035	283,175		-	283,175	829,210	100.0%
Dec	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
Jan 2006	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
Feb	118	100.0%	28	3,304	773,929	509,632	264,297		-	264,297	773,929	100.0%
Mar	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
Apr	118	100.0%	30	3,540	829,210	546,035	283,175		-	283,175	829,210	100.0%
May	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
June	118	100.0%	30	3,540	829,210	546,035	283,175		-	283,175	829,210	100.0%
July	118	100.0%	31	3,658	856,850	564,236	292,614		-	292,614	856,850	100.0%
Aug	118	100.0%	31	3,658	873,970	575,509	298,461		-	298,461	873,970	100.0%
Sept	118	100.0%	30	3,540	845,777	556,944	288,833		-	288,833	845,777	100.0%
Oct	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
Nov	118	100.0%	30	3,540	845,777	534,785	310,992		-	310,992	845,777	100.0%
Dec	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
Jan 2007	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
Feb	118	100.0%	28	3,304	789,391	499,132	290,259		-	290,259	789,391	100.0%
Mar	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
Apr	118	100.0%	30	3,540	845,777	534,785	310,992		-	310,992	845,777	100.0%
May	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
June	118	100.0%	30	3,540	845,777	534,785	310,992		-	310,992	845,777	100.0%
July 2007	118	100.0%	31	3,658	873,970	552,611	321,359		-	321,359	873,970	100.0%
Total	2,832	100.0%	[redacted]	86,140	$ 20,379,008	$ 13,222,681	$ 7,156,327	$ -	$ -	$ 7,156,327	$ 20,379,008	100.0%
FY 05/06	1,416	100.0%	[redacted]	43,070	$ 10,088,719	$ 6,671,075	$ 3,417,644	$ -	$ -	$ 3,417,644	$ 10,088,719	100.0%
FY 06/07	1,416	100.0%	[redacted]	43,070	$ 10,290,289	$ 6,551,606	$ 3,738,683	$ -	$ -	$ 3,738,683	$ 10,290,289	100.0%

Notes:

"Regular rate" * is based on projected ending 03/05 levels per March 2004 ICF/MR - Physically Handicapped spenddown table (projection for July 2005) *less* the 03/05 daily ICF/MR provider assessment ($11.78 per day per licensed ICF/MR bed). * "Regular rate" has been adjusted to include 2% inflationary increases both fiscal years of the biennium.
05/07 daily ICF/MR provider assessment is shown on separate line above (see "ICF Prov Assmt").
Number of clients based on projected ending 03/05 levels per March 2004 ICF/MR - Physically Handicapped spenddown table (projection for July 2005).

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Table 16. - ISLA

	RATE	Aug-05 $84.45	Aug-06 $86.14

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	732	99.7%	31	22,692	1,916,339	1,289,457	621,133		5,749	626,882	1,910,590	99.7%
Sept	732	99.7%	30	21,960	1,854,522	1,247,862	601,096		5,564	606,660	1,848,958	99.7%
Oct	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
Nov	732	99.7%	30	21,960	1,854,522	1,217,539	631,419		5,564	636,983	1,848,958	99.7%
Dec	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
Jan 2006	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
Feb	732	99.7%	28	20,496	1,730,888	1,136,370	589,325		5,193	594,518	1,725,695	99.7%
Mar	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
Apr	732	99.7%	30	21,960	1,854,522	1,217,539	631,419		5,564	636,983	1,848,958	99.7%
May	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
June	732	99.7%	30	21,960	1,854,522	1,217,539	631,419		5,564	636,983	1,848,958	99.7%
July	732	99.7%	31	22,692	1,916,340	1,258,124	652,467		5,749	658,216	1,910,591	99.7%
Aug	738	99.7%	31	22,878	1,970,711	1,293,820	670,979		5,912	676,891	1,964,799	99.7%
Sept	738	99.7%	30	22,140	1,907,139	1,252,084	649,334		5,721	655,055	1,901,418	99.7%
Oct	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
Nov	738	99.7%	30	22,140	1,907,139	1,202,267	699,151		5,721	704,872	1,901,418	99.7%
Dec	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
Jan 2007	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
Feb	738	99.7%	28	20,664	1,779,997	1,122,116	652,541		5,340	657,881	1,774,657	99.7%
Mar	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
Apr	738	99.7%	30	22,140	1,907,139	1,202,267	699,151		5,721	704,872	1,901,418	99.7%
May	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
June	738	99.7%	30	22,140	1,907,139	1,202,267	699,151		5,721	704,872	1,901,418	99.7%
July 2007	738	99.7%	31	22,878	1,970,711	1,242,342	722,457		5,912	728,369	1,964,799	99.7%
Total	17,640	99.7%	[redacted]	536,550	$ 45,766,885	$ 29,603,923	$ 16,025,662	$ -	$ 137,300	$ 16,162,962	$ 45,629,585	99.7%
FY 05/06	8,784	99.7%	[redacted]	267,180	$ 22,563,355	$ 14,875,050	$ 7,620,613	$ -	$ 67,692	$ 7,688,305	$ 22,495,663	99.7%
FY 06/07	8,856	99.7%	[redacted]	269,370	$ 23,203,530	$ 14,728,873	$ 8,405,049	$ -	$ 69,608	$ 8,474,657	$ 23,133,922	99.7%

Notes:

Rate * & number of clients ** based on projected ending 03/05 levels per March 2004 ISLA and ISLA-QSP spenddown tables (projection for July 2005). * Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium.

** Number of clients decreased net of 20 individuals moving to Medicaid State Plan Personal Care. If Medicaid Personal Care Option does not happen or if Personal Care sunsets 6/30/2005, the above budgeted client numbers will be understated by 20 clients.

August 2005 budgeted clients includes: anticipated growth for remainder of 03/05 biennium (8 clients); 2 descreened individuals and 8 high school graduates entering the program.
August 2006 budgeted clients includes: 6 high school graduates entering the program.

"DD State" – Costs for two descreened individuals.

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Table 17. - Minimally Supervised Living Arrangement

	RATE	Aug-05 $95.42	Aug-06 $97.33										
Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	138	99.3%	31	4,278	408,206	273,570	131,779		2,857	134,636	405,349	99.3%
Sept	138	99.3%	30	4,140	395,038	264,745	127,528		2,765	130,293	392,273	99.3%
Oct	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
Nov	138	99.3%	30	4,140	395,038	258,312	133,961		2,765	136,726	392,273	99.3%
Dec	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
Jan 2006	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
Feb	138	99.3%	28	3,864	368,703	241,091	125,031		2,581	127,612	366,122	99.3%
Mar	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
Apr	138	99.3%	30	4,140	395,038	258,312	133,961		2,765	136,726	392,273	99.3%
May	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
June	138	99.3%	30	4,140	395,038	258,312	133,961		2,765	136,726	392,273	99.3%
July	138	99.3%	31	4,278	408,207	266,923	138,427		2,857	141,284	405,350	99.3%
Aug	138	99.3%	31	4,278	416,378	272,265	141,198		2,915	144,113	413,463	99.3%
Sept	138	99.3%	30	4,140	402,947	263,483	136,643		2,821	139,464	400,126	99.3%
Oct	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
Nov	138	99.3%	30	4,140	402,946	252,999	147,126		2,821	149,947	400,125	99.3%
Dec	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
Jan 2007	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
Feb	138	99.3%	28	3,864	376,084	236,133	137,318		2,633	139,951	373,451	99.3%
Mar	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
Apr	138	99.3%	30	4,140	402,946	252,999	147,126		2,821	149,947	400,125	99.3%
May	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
June	138	99.3%	30	4,140	402,946	252,999	147,126		2,821	149,947	400,125	99.3%
July 2007	138	99.3%	31	4,278	416,378	261,433	152,030		2,915	154,945	413,463	99.3%
Total	3,312	99.3%		100,740	$ 9,708,818	$ 6,255,356	$ 3,385,500	$ -	$ 67,962	$ 3,453,462	$ 9,640,856	99.3%
FY 05/06	1,656	99.3%		50,370	$ 4,806,303	$ 3,155,880	$ 1,616,783	$ -	$ 33,640	$ 1,650,423	$ 4,772,663	99.3%
FY 06/07	1,656	99.3%		50,370	$ 4,902,515	$ 3,099,476	$ 1,768,717	$ -	$ 34,322	$ 1,803,039	$ 4,868,193	99.3%

Number of clients based on projected ending 03/05 level per March 2004 Minimally Supervised Living Arrangement [MSLA] spenddown table (projection for July 2005) plus anticipated growth for the remainder of the 03/05 biennium (15 clients) and one descreene

"DD State" – Cost for one descreened individual.

Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium. Eleven clients will be transferring from ICF/MR - Adult to MSLA early 2005. Costs for these 11 clients will be higher than the average MSLA rate. MSLA rate c

Daily ICF/MR-Adult rate (*excluding* ICF/MR provider assessment)	$223.29	
Less daily Day Supports rate for a room and board estimate	($56.11)	- hourly rate x 8 hours/day x 5/7 to convert from weekdays to calendar days
Less NDAC 75-04-05-09.3. room and board rate limitations	($19.57)	
Adj. daily ICF/MR-Adult rate (excluding ICF/MR prov. assess. & estimated room/board)	$147.61	
Adjusted daily ICF/MR-Adult cost for 11 clients	$1,623.70	
Daily MSLA cost for 122 clients (excludes 15 new clients entering the MSLA program in 03/05)*	$10,818.96	* Note: March '04 MSLA spenddown does not reflect costs for these 15 clients
Subtotal daily MSLA costs	$12,442.66	
Daily MSLA rate per client	$93.55	(inflationary increases. $93.55 x 1.02 = $95.42, $95.42 x 1.02 = $97.33)

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Table 21. - Transitional Community Living - Training

	Aug-05	Aug-06
RATE	$93.22	$95.08

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	167	99.4%	31	5,177	482,600	323,752	155,952		2,896	158,848	479,704	99.4%
Sept	167	99.4%	30	5,010	467,032	313,309	150,921		2,802	153,723	464,230	99.4%
Oct	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
Nov	167	99.4%	30	5,010	467,032	305,695	158,535		2,802	161,337	464,230	99.4%
Dec	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
Jan 2006	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
Feb	167	99.4%	28	4,676	435,897	285,316	147,966		2,615	150,581	433,282	99.4%
Mar	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
Apr	167	99.4%	30	5,010	467,032	305,695	158,535		2,802	161,337	464,230	99.4%
May	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
June	167	99.4%	30	5,010	467,032	305,695	158,535		2,802	161,337	464,230	99.4%
July	167	99.4%	31	5,177	482,600	315,885	163,819		2,896	166,715	479,704	99.4%
Aug	167	99.4%	31	5,177	492,229	322,188	167,088		2,953	170,041	489,276	99.4%
Sept	167	99.4%	30	5,010	476,351	311,795	161,698		2,858	164,556	473,493	99.4%
Oct	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
Nov	167	99.4%	30	5,010	476,350	299,389	174,103		2,858	176,961	473,492	99.4%
Dec	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
Jan 2007	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
Feb	167	99.4%	28	4,676	444,594	279,430	162,496		2,668	165,164	441,926	99.4%
Mar	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
Apr	167	99.4%	30	5,010	476,350	299,389	174,103		2,858	176,961	473,492	99.4%
May	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
June	167	99.4%	30	5,010	476,350	299,389	174,103		2,858	176,961	473,492	99.4%
July 2007	167	99.4%	31	5,177	492,229	309,369	179,907		2,953	182,860	489,276	99.4%
Total	4,008	99.4%		121,910	$ 11,477,823	$ 7,402,566	$ 4,006,391	$ -	$ 68,866	$ 4,075,257	$ 11,408,957	99.4%
FY 05/06	2,004	99.4%		60,955	$ 5,682,225	$ 3,734,772	$ 1,913,358	$ -	$ 34,095	$ 1,947,453	$ 5,648,130	99.4%
FY 06/07	2,004	99.4%		60,955	$ 5,795,598	$ 3,667,794	$ 2,093,033	$ -	$ 34,771	$ 2,127,804	$ 5,760,827	99.4%

Notes:

Rate * & number of clients ** based on projected ending 03/05 levels per March 2004 Transitional Community Living - Training spenddown table (projection for July 2005). * Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium.

** Number of clients includes one descreened individual.

"DD State" -- Cost for one descreened individual.

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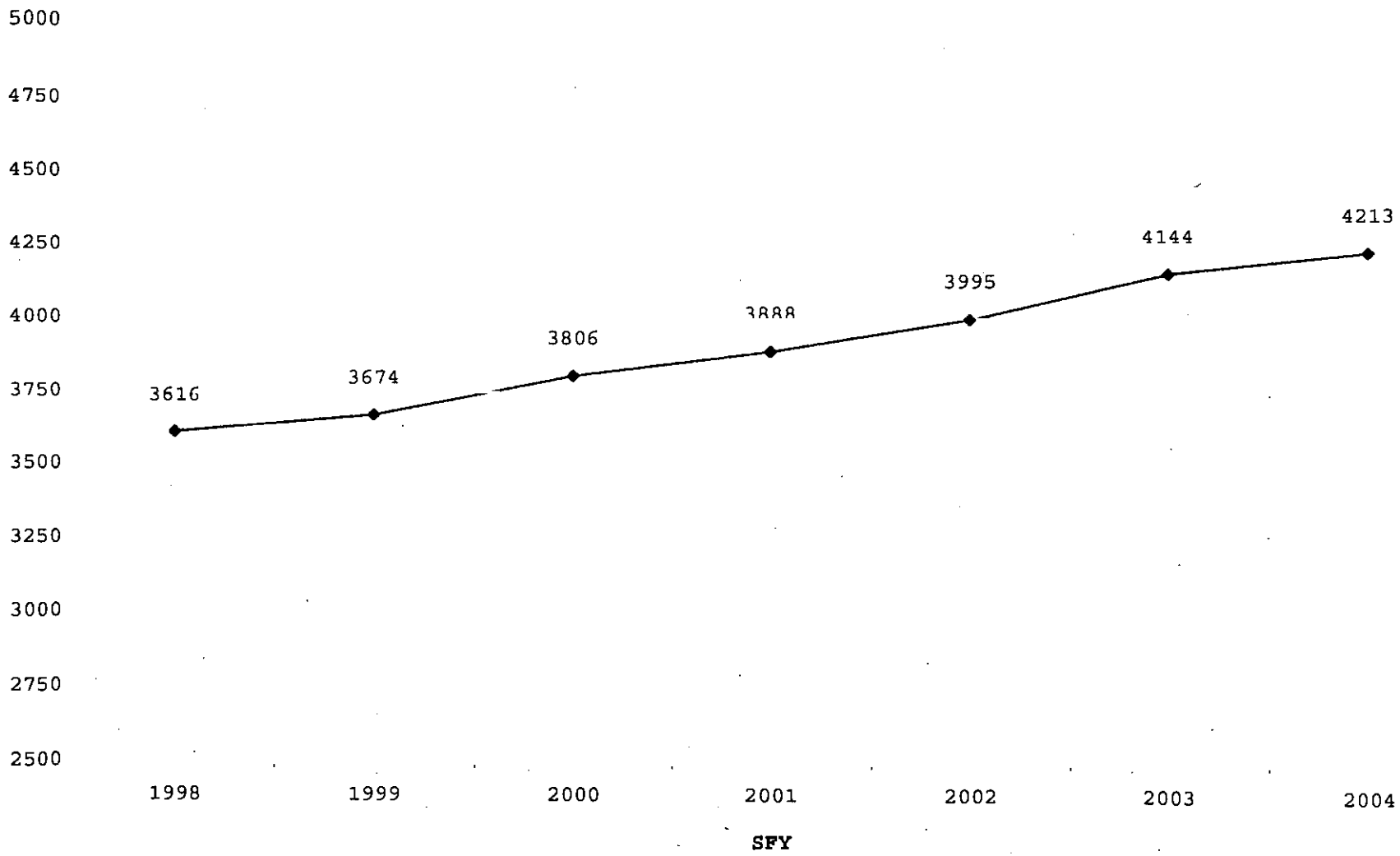
Table 6. - Family Subsidy

	Aug-05	Aug-06
RATE	$164.50	$167.69

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds Part C	DD State	Total State	Medicaid Amount	Medicaid % of Total
Aug 2005	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Sept	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Oct	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Nov	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Dec	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Jan 2006	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Feb	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Mar	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Apr	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
May	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
June	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
July	243	0.0%	1	243	37,544	-	-		37,544	37,544	-	0.0%
Aug	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Sept	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Oct	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Nov	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Dec	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Jan 2007	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Feb	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Mar	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Apr	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
May	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
June	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
July 2007	243	0.0%	1	243	38,294	-	-		38,294	38,294	-	0.0%
Total	5,832	0.0%		5,832	$ 910,056	$ -	$ -	$ -	$ 910,056	$ 910,056	$ -	0.0%
FY 05/06	2,916	0.0%		2,916	$ 450,528	$ -	$ -	$ -	$ 450,528	$ 450,528	$ -	0.0%
FY 06/07	2,916	0.0%		2,916	$ 459,528	$ -	$ -	$ -	$ 459,528	$ 459,528	$ -	0.0%

Notes:
Rate *, number of clients, & units based on projected ending 03/05 levels per March 2004 Family Subsidy spenddown table (projection for July 2005). Number of clients reduced by 100 clients -- these 100 clients are included on the Self-Directed Supports - Families table. * Rate has been adjusted to include 2% inflationary increases both fiscal years of the biennium.

DD Caseload by SFY
1998 - 2004



Services by Region
as of 1/3/2005

SERV DESCRIPTION	REGION I	II	III	IV	V	VI	VII	VIII	TOTAL
ADULT DAY HEALTH							3	1	4
ADULT FAMILY FOSTER CARE			5	7	2	6	3	5	28
CONGREGATE CARE		12		7	16	8	7		50
DAY SUPPORTS	68	135	114	182	263	199	258	91	1,310
DAY SUPPORTS (AETS)		1				2	1		4
DD CASE MANAGEMENT	163	496	290	604	879	498	805	271	4,006
EXTENDED SERVICES	2	2	1	8	11			1	25
EXTENDED SERVICES HCBS	12	62	8	47	76	8	78	15	306
EXTENDED SERVICES HCBS (AETS)					1				1
FAMILY SUBSIDY	12	51	34	111	85	36	74	11	414
FAMILY SUPPORT SERVICES	12	68	14	123	172	27	112	23	551
HOME HEALTH AIDE	1	1		5	1		8	6	22
HOMEMAKER	1	6		2	3	1	5	5	23
ICF/MR (COMMUNITY)	20	54	27	80	87	101	66	27	462
INFANT DEVELOPMENT	26	64	49	104	114	46	132	68	603
ISLA	36	72	54	99	139	107	178	36	721
ISLA (AETS)						1			1
MSLA		24	15	7	37	20	24		127
SLA		4	7	15	114	4	35	17	196
SPECIALIZED PLACEMENT							10		10
TCLF	16	24	8	16	54	12	15	23	168

North Dakota Department of Human Services
Group Homes Licensed by Developmental Disabilities
as of December 10, 2004

Summary of Homes by Size

Licensed Beds	# Homes
6 beds or less	43
7 and 8 beds	59
9 to 15 beds	7
16 or more beds	3
Total	112

Notes:

8 beds or less - 102 homes
Percent of total homes - 91%

9 to 15 beds: - two are 10 bed ICF/MR (Minot)
- one is a 9 bed ICF/MR (Fargo)
- one is a 12 bed Congregate Care (Minot)
- one is a 15 bed Transitional Care Living Facility (Fargo)
- two are 12 bed Transitional Care Living Facility (Minot)

16 or more beds: - one is a 36 bed ICF/MR (Anne Carlsen Center for Children)
- one is a 24 unit community apartment complex licensed as Minimally Supervised Living Arrangement (Minot)
- one is a 24 bed Minimally Supervised Living Arrangement (Fargo)

Intermediate Care Facility for the Mentally Retarded

PROVIDER	ADDRESS	LOCATION		BEDS
4th Corporation	927 3rd Street Northeast	Fessenden	Adults	6
4th Corporation	1510 1st Street South	Carrington	Adults	6
4th Corporation	1110 Central Avenue	New Rockford	PH/BM	6
ABLE, Inc.	1304 2nd Avenue S.	Hettinger	Adults	5
ABLE, Inc.	1387 24th Street West	Dickinson	Adults	6
ABLE, Inc.	1297 23rd Street West	Dickinson	Adults	6
ABLE, Inc.	632 23rd Street West	Dickinson	Children	5
ABLE, Inc.	847 24th Street West	Dickinson	PH/BM	5
Alpha Opportunities, Inc.	112 6th Avenue Southeast	Jamestown	Adults	7
Alpha Opportunities, Inc.	1510 8th Avenue Northeast	Jamestown	PH/BM	6
Anne Carlsen Center for Children	301 - 7th Avenue N.W.	Jamestown	Children	36
Anne Carlsen Center for Children	603 -3rd St N.W.	Jamestown	Children	8
Anne Carlsen Center for Children	605 -3rd St N.W.	Jamestown	Children	8
Development Homes, Inc.	2720 17th Street South	Grand Forks	Adults	8
Development Homes, Inc.	2585 South 19th Street	Grand Forks	Children	8
Development Homes, Inc.	1551 24th Avenue South	Grand Forks	PH/BM	7
Enable, Inc.	1549 South Washington	Bismarck	Adults	7
Enable, Inc.	2004 8th Avenue Southeast	Mandan	Adults	8
Enable, Inc.	3656 East Princeton	Bismarck	Adults	7
Enable, Inc.	2100 12th Avenue Southeast	Mandan	Adults	7
Enable, Inc.	3665 West Princeton	Bismarck	Adults	6
Fraser, LTD.	2574 Arrowhead Road	Fargo	Adults	7
Fraser, LTD.	651 12 1/2 Avenue East	West Fargo	Adults	8
Fraser, LTD.	631 22nd Street East	West Fargo	Adults	7
Fraser, LTD.	2726 18th Street South	Fargo	PH/BM	7
Friendship, Inc.	3012 12th Street South	Fargo	Adults	9
Friendship, Inc.	412 East 10th Street	Grafton	Adults	8
Friendship, Inc.	503 Hilltop Drive	Park River	Adults	6
Friendship, Inc.	2302 18th Street South	Fargo	Adults	7
Friendship, Inc.	605 Hilltop Drive	Park River	Adults	7
Friendship, Inc.	1635 34th Avenue South	Fargo	Adults	6
Friendship, Inc.	2424 18th Street South	Fargo	Children	7
Friendship, Inc.	2502 33rd Avenue South	Fargo	PH/BM	6
Housing, Industry, Training,Inc.	1004 27th Street N. W.	Mandan	Adults	7
Housing, Industry, Training,Inc.	324 West Apollo Ave.	Bismarck	Children	7
Housing, Industry, Training,Inc.	1901 2nd Street N. E.	Mandan	Children	6
Housing, Industry, Training,Inc.	304 11th Street N.E.	Mandan	PH/BM	6
Housing, Industry, Training,Inc.	1417 S. Washington Street	Bismarck	PH/BM	7
Lake Region Corporation	923 6th Avenue	Devils Lake	PH/BM	6
Minot Vocational Adj. Workshop	1005 11th Avenue Southeast	Minot	Adults	10
Minot Vocational Adj. Workshop	1007 11th Avenue Southeast	Minot	Adults	10
Open Door Center	240 4th Avnue SE	Valley City	Children	7
Open Door Center	491 2nd Avenue NE	Valley City	PH/BM	7
Open Door Center	664 10th Avnue SE	Valley City	PH/BM	6
Open Door Center	220 5th Avenue SW	Valley City	PH/BM	6
Opportunity Foundation, Inc.	1808 17th Court West	Williston	Adults	7
Opportunity Foundation, Inc.	821 5th Avenue West	Williston	PH/BM	7
Red River Human Services Found.	1348 15th Avenue North	Wahpeton	Adults	8
Red River Human Services Found.	821 Western Road	Wahpeton	Adults	8
Red River Human Services Found.	348 14th Street North	Wahpeton	PH/BM	7
REM-North Dakota, Inc.	1405 32nd Avenue Southwest	Minot	Adults	8
REM-North Dakota, Inc.	415 North 51st Street	Grand Forks,	Adults	7
REM-North Dakota, Inc.	730 Summit Avenue	Grafton	Adults	8
REM-North Dakota, Inc.	5017 7th Avenue North	Grand Forks,	Adults	7
REM-North Dakota, Inc.	1824 1st Street Southeast	Minot	Children	8
REM-North Dakota, Inc.	1104 15th Street South	Devils Lake	PH/BM	6
REM-North Dakota, Inc.	1575 Manvel Avenue	Grafton	PH/BM	8
REM-North Dakota, Inc.	506 13th Street West	Devils Lake	PH/BM	8
REM-North Dakota, Inc.	1404 18th Avenue Southwest	Minot	PH/BM	6
REM-North Dakota, Inc.	301 39th Avenue South	Grand Forks,	PH/BM	6
Tri-City Cares, Inc.	709 Eagle Drive	New Town	Adults	8
Tri-City Cares, Inc.	723 2nd Street Southwest	Stanley	Adults	7
Tri-City Cares, Inc.	220 North Gilbertson Street	Tioga	Adults	6
Total Facilities = 63			**Total**	**468**

10-Dec-04

Congregate Care

PROVIDER	ADDRESS	LOCATION	BEDS
Development Homes, Inc.	1211 10th Avenue South	Grand Forks	6
HAV-IT ADULT SERVICES	301 Jackson Avenue	Harvey	8
Knife River Group Homes, Inc.	508 3rd Avenue Northwest	Hazen	7
Minot Vocational Adj. Workshop	1105 11th Avenue Southeast	Minot	12
Red River Human Services Found.	109 4th Avenue South	Wahpeton	8
Red River Human Services Found.	608 South 4th Street	Wahpeton	8
Facilities = 6			**49**

10-Dec-04

Minimally Supervised Living Arrangement

PROVIDER	ADDRESS	LOCATION	BEDS
Fraser, LTD.	711 South University Drive	Fargo	23
Friendship, Inc		Fargo	2
Friendship, Inc		Fargo	2
Friendship, Inc		Fargo	2
Friendship, Inc		Fargo	2
Friendship, Inc		Fargo	2
Friendship, Inc		Fargo	2
HAV-IT ADULT SERVICES	300 W North Street	Harvey	8
HAV-IT ADULT SERVICES	409 West Brewster Street	Harvey	5
Lake Region Corporation	116 20th Street	Devils Lake	8
Lake Region Corporation	1201 4th Avenue	Devils Lake	8
Minot Vocational Adj. Workshop	330 14th Avenue Southeast	Minot	24
Open Door Center	931 4th Street SW	Valley City	7
Pride, Inc.	1913 E Capitol Avenue	Bismarck	8
Pride, Inc.	3011 E Rosser Avenue	Bismarck	8
Pride, Inc.	2611 Gateway Avenue	Bismarck	8
REM-North Dakota, Inc.	1515 S. Washington	Grand Forks	4
Support Systems Inc.	2120 Library Lane	Grand Forks	4
Facilities = 18			**127**

10-Dec-04

Specialized Placement

PROVIDER	ADDRESS	LOCATION	BEDS
Pride, Inc.	507 Gary Avenue	Bismarck	5
Pride, Inc.	1419 E Sweet Ave	Bismarck	5
Facilities = 2			**10**

10-Dec-04

Transitional Community Living Facility

PROVIDER	ADDRESS	LOCATION	BEDS
4th Corporation	1006 2nd Avenue North	New Rockford	8
ABLE, Inc.	201 2nd Avenue Southwest	Bowman	8
ABLE, Inc.	2351 10th Avenue West	Dickinson	8
ABLE, Inc.	1050 26th St. W.	Dickinson	8
Alpha Opportunities, Inc.	705 14th Street Northeast	Jamestown	7
Alpha Opportunities, Inc.	906 9th Avenue Northeast	Jamestown	5
Development Homes, Inc.	101 Chestnut Street	Grand Forks	6
Development Homes, Inc.	210 Chestnut Street	Grand Forks	6
Development Homes, Inc.	802 North 4th Street	Grand Forks	4
Fraser, LTD.	717 South University Drive	Fargo	15
Fraser, LTD.	1129 8th Avenue South	Fargo	6
Fraser, LTD.	514 South University Drive	Fargo	7
Minot Vocational Adj. Workshop	1109 11th Avenue Southeast	Minot	12
Minot Vocational Adj. Workshop	1101 11th Avenue Southeast	Minot	12
Opportunity Foundation, Inc.	526 Reclamation Drive	Williston	8
Opportunity Foundation, Inc.	701 8th Street East	Williston	8
Pride, Inc	1005 NW 18th Street	Mandan	8
Pride, Inc.	3318 E Rosser Avenue	Bismarck	8
Red River Human Services Found.	808 South 6th Street	Wahpeton	8
Red River Human Services Found.	1693 6th St W.	West Fargo	5
Red River Human Services Found.	1685 6th St W.	West Fargo	5
Red River Human Services Found.	1689 6th St W.	West Fargo	5
Red River Human Services Found.	1693 6th St W.	West Fargo	5
Facilities = 23			**172**

10-Dec-04

North Dakota Department of Human Services
Disability Services Division
DD Grants 05-07 Budget Request
Information Requested by House Sub-Committee on January 27, 2005

Service	03-05 Appropriation	Spent Thru 11/30/04	03-05 Projection
Day Supports	26,858,543	17,796,344	27,757,910
ICF/MR Adult	39,979,631	20,448,980	32,826,787
ICF/MR Children	16,657,191	10,656,836	15,976,411
ICF/MR Childrens CHIP*	1,586,351	1,562,136	2,320,672
ICF/MR PH	18,983,976	17,065,712	23,618,355
ISLA	45,039,409	29,090,906	44,099,455
MSLA	6,524,252	5,273,263	8,288,718
TCLF	11,046,988	7,117,495	10,828,828
Family Subsidy	1,246,745	689,608	1,301,842
Extended Services - HCBS	4,845,895	2,544,945	3,866,562

* - Not included in Detail of Selected Services Schedule, but discussed by Committee, or specifically requested by the Committee

Adjustments to Figures above due to anomalies in DD MMIS Reports:

ICF/MR Adult	Spent thru 11/30/04	20,448,980
	Adj for Nov 2004**	2,646,227
	Adjusted Exp to Date	**23,095,207**
	Adjusted Projection	**35,473,014**

**Adjustment Calculation

Total expenditures	
8/1/03 - 10/31/04	21,651,757
Avg Monthly Exp (15 months)	1,443,450
Reported for Nov	-1,202,777
Adj to get to Avg Monthly amount	2,646,227

ICF/MR PH	Spent thru 11/30/04	17,065,712
	Adj for Nov 2004***	-2,936,718
	Adjusted Exp to Date	**14,128,994**
	Adjusted Projection	**22,372,572**

***Adjustment Calculation

Total expenditures	
8/1/03 - 10/31/04	13,245,932
Avg Monthly Exp (15 months)	883,062
Reported for Nov	3,819,780
Adj to get to Avg Monthly amount	-2,936,718

North Dakota Department of Human Services
Disability Services Division
Individuals Served by County in 2004

County	SFY 2004 Developmental Disabilities	FFY 2004 Vocational Rehabilitation
ADAMS	11	13
BARNES	131	98
BENSON	36	40
BILLINGS	2	3
BOTTINEAU	15	58
BOWMAN	27	15
BURKE	3	27
BURLEIGH	577	883
CASS	801	1,217
CAVALIER	16	28
DICKEY	33	31
DIVIDE	4	15
DUNN	10	10
EDDY	26	16
EMMONS	13	38
FOSTER	18	39
GOLDEN VALLEY	4	12
GRAND FORKS	466	929
GRANT	4	25
GRIGGS	10	29
HETTINGER	11	15
KIDDER	4	28
LAMOURE	14	29
LOGAN	2	13
MCHENRY	12	57
MCINTOSH	5	14
MCKENZIE	21	58
MCLEAN	31	83
MERCER	24	120
MORTEN	31	296
MOUNTRAIL	175	33
NELSON	16	31
OLIVER	2	28
PEMBINA	34	104
PIERCE	12	34
RAMSEY	130	155
RANSOM	15	27
RENVILLE	7	43
RICHLAND	100	90
ROLETTE	81	94
SARGENT	10	9
SHERIDAN	6	14
SIOUX	19	16
SLOPE	1	6
STARK	229	247
STEELE	4	28
STUTSMAN	230	369
TOWNER	9	18
TRAIL	30	54
WALSH	126	120
WARD	400	668
WELLS	54	68
WILLIAMS	161	326
TOTAL	4,213	6,821

North Dakota Department of Human Services
Disability Services Division
Vocational Rehabilitation

Percent of Vocational Rehabilitation consumers still employed nine months after employment began.
By region - Federal Fiscal Year 2004

Region	% Still Employed
1	100%
2	89%
3	95%
4	91%
5	94%
6	91%
7	95%
8	87%
Statewide	92%

Percent still employed is derived by surveying VR consumers at least nine months after their employment began. Since the survey is conducted via phone, the response rate is extremely high.

Region	Response Rate
1	75%
2	69%
3	91%
4	89%
5	66%
6	96%
7	86%
8	79%
Statewide	81%

North Dakota Department of Human Services
Disability Services Division
Vocational Rehabilitation

Vocational Rehabilitation clients who attended college/university programs, FFY 2004.

Of the 6,821 individuals who were in training in 2004, 565 individuals received partial payments for college/university tuition, fees and/or registration. The total amount paid was $1,203,930, averaging $2,131 per person.

Vocational Rehabilitation requires the client to apply for student financial aid prior to determining what VR's participation will be, if any. Students are required to accept all available grants and scholarships. VR's participation in these costs varies according to the clients unique needs.

Federal law prohibits VR from requiring the client to re-pay the money used for their rehabilitation training costs.

TESTIMONY

SENATE APPROPRIATIONS SUBCOMMITTEE

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATOR FISCHER, CHAIRMAN

MARCH 10, 2005

Mr. Chairman, members of the Senate Subcommittee, my name is Colleen Stockert, and I am both an employee of the Fiscal Administration Division of the Department of Human Services, and the parent of a child with developmental disabilities. I am here to testify at this time, not as an employee of the Department, but as a parent.

First, let me introduce you to my daughter. On Attachment A you will find several pictures of Nicole, my 10 year old daughter, along with other members of our family and her community. I've included some of these pictures to give you an idea of some of the relationships Nicole would be missing out on if she were in an ICF/MR, or at Anne Carlsen. Nicole was born in 1994, ten weeks prematurely. She weighed only 3 pounds 5 ounces and was just 16 ½ inches long. Her little body fit in the palm of my hand.

At five weeks of age, just before she was discharged from the neonatal intensive care unit, the doctors ordered a routine

ultrasound of her head. At that time they informed us that Nicole would have Cerebral Palsy (CP), although they were unable to determine the expected severity of the CP. We took Nicole home with our hopes and dreams for her life much altered. It wasn't until she was about a year old that we were able to get a good idea of the severity of her disability. Using the criteria that the Anne Carlsen Center uses, Nicole would be considered medically fragile.

Nicole has severe Cerebral Palsy and uses a wheelchair. She is completely dependent on others for all of her daily needs, including feeding, dressing and toileting. She has a seizure disorder, asthma, a vision impairment, a Baclofen pump implanted, and a gastrostomy tube for feedings. She has had two hip surgeries in a matter of three years for dislocated hips as well as many other procedures and hospitalizations. In addition, she aspirates on her saliva, which has caused severe pneumonia on several occasions, causing her to be hospitalized. On two of these occasions she was doing very poorly and her doctor asked my husband and I what our wishes were if she were to code. As you can imagine, that's a very difficult position to find yourself in in relation to your 8 or 9 year old little girl. She has been in the intensive care unit on one occasion in the past 4 years due to a seizure that lasted over 6 hours. She didn't wake up for two full days and had overall right-sided weakness similar to what

someone who's suffered a stroke may experience due to the length and severity of the seizure.

A new development over the last 18 months or so is that any time she is anesthetized either for surgery or other required procedures, her intestines completely shut down on her. On two occasions this required the removal of her G-tube, replacing it with a G-J tube. A G-J tube has two openings, one in the stomach and one in the intestine. The feedings are then given through the tube that feeds directly into her intestine using a feeding pump and meds are given in the tube that feeds into the stomach. This usually prevents her from throwing up her feedings. On three occasions in the past 18 months she has had to come home from the hospital on a feeding pump for a minimum of a month following hospitalization. The most recent episode was due to surgery necessary to remove the pins and plates from her most recent hip surgery. It was intended to be a single night's stay in the hospital post-operatively, but we ended up staying in the hospital in Minneapolis for over 10 days due to her intestines shutting down on her. She couldn't keep any food down and ended up receiving all of her nutrition through her IV for several days before she was able to keep feedings through the feeding pump down.

I give you all of this information to give you an idea of Nicole's medical conditions and the issues we face as her parents on a daily basis. Nicole's health can turn on a dime. She can be perfectly healthy in the morning and by the evening be hospitalized and on oxygen with her doctor and parents worried about the possibility of her coding during the night.

However, even with all of Nicole's needs, she is living at home with her family, which, in my opinion, is the best place for most children. She receives 45 hours of Family Support Services each month which allows her father and I to do things around the house that need to be done, to spend time with her sister and with each other and to have a much needed break from attending to Nicole's constant needs. In addition, we have used the Family Subsidy program on occasion to assist with a small portion of the excess expenses we incur in caring for Nicole at home.

I tell you all of this about my family in order to make some points regarding the testimony I heard on March 2, 2005 given by individuals representing the Anne Carlsen Center.

I heard in that testimony that, "The Anne Carlsen Center for Children is the State's <u>largest</u> and best equipped caregiver for medically fragile children." I would argue that families are actually the "best equipped caregivers" for their children,

including children defined as being "medically fragile", like Nicole. My husband, daughter and I all agree that we want Nicole at home with us, where she belongs. It costs the State an average of about $27.00 per day to assist us in keeping Nicole at home. And I would argue that there is nobody on this earth who is better qualified to care for Nicole than her family, including pediatricians, RNs, LPNs, CNAs or any other professionals. No one will love her the way we do, nor will they watch her health the way we do. No one else, not even paid doctors or nurses, would sit with Nicole for 10 days straight, 24 hours a day, in a hospital room, but I've done that. I stay with her around the clock every time she is hospitalized and I know before any nurse or doctor taking care of her when she's getting better or worse. They take their cues from me when it comes to Nicole's health.

Nicole attends a local elementary school, the same school as her sister. She is fully integrated into the classroom and the kids in her class actually argue over whose turn it is to help Nicole each day. The teachers have developed waiting lists for the kids who want to help Nicole, including separate lists for the classroom, physical education sessions, and recess. The list for recess is open to all students in the school, and I was recently informed by Nicole's sister that her name is on the list for recess, but it's at the bottom and it will be a long time before she gets to help

Nicole at recess because the list is so long. Nicole also attends daycare every day after school from about 3:30 until 5:00.

In some of the Anne Carlsen Center's testimony, the comment was made, "to do its job properly, to follow the law and to avoid law suits for substandard care, the Center is required medically and legally to care for these complex and fragile kids through specialized pediatricians and registered nurses..." The school and day care that Nicole attends would have the same basic responsibilities to see to Nicole's health and well-being while she is in their care, as the Anne Carlsen Center would have. However, Nicole does not receive one-on-one nursing care during the day at school. She doesn't even receive care from a C.N.A. while at school or the daycare. Nicole's IEP team does include a registered nurse who helps the team develop a medical care plan that addresses all of Nicole's routine medical needs, such as medication administration and G-tube feedings. The plan also addresses those areas of Nicole's health that are prone to fluctuate. Although Nicole's health situation can change rapidly, most of the changes can be planned for, and trained aides are able to implement the plan when necessary.

During the Anne Carlsen Center's testimony, you were asked to review certain portions of the Nurse Practices Act. One area specifically highlighted for you was the definition of "stable"

included in the Act. However, if you read the entire definition you would note that "stable" not only includes client's whose health is "predictable, nonfluctuating, and consistent" but it also includes those situations, "in which fluctuations are expected and the interventions are planned". Based on my experience with Nicole, even though we don't know when she's going to have an asthma attack, or develop pneumonia, or have a seizure, we are able to have a plan in place to deal with those things as we know she is likely to experience one or more of these crises on occasion. If the Nurse Practices Act requires the Anne Carlsen Center to provide around the clock RN staffing, then why isn't the school required to provide it as well? I would argue that it's because, even in children who are "medically fragile", most health conditions can be "expected and planned for". In Nicole's case, those plans include calling an ambulance if necessary, which indicates the severity of some of the conditions she may incur. If the school can have an RN training aides (who are neither LPNs nor CNAs) to follow Nicole's medical plan and indirectly supervise the implementation of the medical plan, why can't the same thing be done at the Anne Carlsen Center?

Even RNs are not all equipped or trained to handle the medical situations that can arise in children who are "medically fragile". I speak from experience. When Nicole is in the hospital here in Bismarck, the Pediatric RNs don't know how to do her G-tube

feedings, they don't know how to pick her up or put her in her wheelchair, they can't communicate with her, and they don't know the signals specific to Nicole that indicate her health is deteriorating. They rely on me to do those things. They start her IV's and monitor them, dispense medications (although I usually give them to her), give her shots as needed, etc. However, if a nurse were to care for Nicole intimately, she would need to be trained on Nicole's specific needs, just like any other person who would take care of her. That is why I would argue that LPNs, CNAs, or trained direct care staff can take care of most of the needs of the children at the Anne Carlsen Center, under the supervision of an RN and following a medical care plan that they've been trained to implement.

You may ask why a parent would be arguing against round the clock RN's caring for medically fragile children. The reason is that there are many children living at home with their families, attending public schools and day care centers, who are "medically fragile" and not receiving round the clock nursing care. These kids are doing fine, and I would say, especially in Nicole's case, thriving. I watched as the House reduced the Family Subsidy Program by $100,000 in general funds and then turned around and increased funding for Intermediate Care Facilities $100,000 in general funds. This indicates a preference for institutionalized care for our children, and I have a big

problem with that. It costs less to care for kids at home, kids are more a part of their surrounding community when they are cared for at home, and I would like to see more emphasis placed on keeping these kids at home, beginning by funding the programs that help families care for their kids at home.

I am not arguing that the Anne Carlsen Center doesn't provide a valuable service, or that there isn't a place for the services they provide. However, I have to ask why a child like Nicole would require round the clock nursing care at the Anne Carlsen Center, but doesn't need it at home, school or day care. Are we, as taxpayers, being asked to provide Cadillac level services when something less would be adequate and would not put any of these kids' lives at risk if implemented correctly? I would also point out that once these children at the Anne Carlsen Center reach the age of 21, they are usually discharged into the adult DD system. There isn't any one-on-one nursing care available in any of the adult facilities around the state. These individuals are doing well in the adult facilities, with much less actual nursing care, but their needs have not changed.

As a parent, if my child ever did go to an ICF/MR, I know that I wouldn't expect that to mean she would never see the inside of a hospital or clinic again. The ICF/MR is intended to serve a

specific purpose, including on-going active treatment. If a child is so ill as to require Intensive Care Unit services, is that child actually receiving on-going active treatment? I quote from some of the Anne Carlsen Center's testimony; "Just to make it clear, the Center is essentially a step-down pediatric Intensive Care Unit hospital..." If we like the idea that kids at the Anne Carlsen Center are able to receive intense medical treatment without leaving the Center, then maybe it's time to consider whether all beds at the Anne Carlsen Center should be licensed ICF/MR beds, or if some should actually be licensed hospital beds. If a child were in a hospital bed, receiving hospital services, their family's private health insurance would be accessed first to cover the costs, and the state's Medicaid program would only kick in when the child either didn't have private health insurance, or there were costs not covered by private insurance. Private health insurance does NOT cover any part of an ICF/MR cost to provide services.

I would also like to draw the Subcommittees attention to House Concurrent Resolution 3054, which directs the Legislative Council to study state programs providing services to children with special health care needs to determine whether the programs are effective in meeting these special health care needs, whether there are gaps in the state's system for providing services to children with special health care needs, and whether

there are significant unmet special health care needs of children which should be addressed. This Resolution may be an opportunity for the state to address the question of whether all or some of the beds at the Anne Carlsen Center should be licensed hospital beds instead of licensed ICF/MR beds.

Finally, I'd like to ask that the subcommittee consider restoring the $100,000 cut from the Family Subsidy Program. I don't know the situation of every family who is caring for their child with a disability at home, but I will give you some information regarding my family. Three years ago we decided to build a new home. Nicole was getting bigger and needed to be in her wheelchair almost all the time at home, but our house was not wheelchair accessible. We tried to find a house that was already built that was wheelchair accessible, or could easily be made accessible, but there just aren't many houses in Bismarck that fit that definition. So we built a house. It cost us $212,000 to build. It's nothing fancy, just a living room, dining room, kitchen, three bedrooms and two bathrooms. That's it. The house we had just sold only cost us $109,000. If we hadn't needed to build a house so it would be accessible, we would never have spent that much on a house. We received $3,432 in Family Subsidy to assist with some of the costs of making the house accessible to allow us to keep Nicole at home. Our monthly mortgage payments are now over $1,600, double what they were in our previous house.

Two years ago, we needed to purchase an accessible van. Nicole was getting too big for a car seat, or for me to be lifting her in and out of her wheelchair and car seat. So we bought an accessible van, for $50,000. We decided to purchase a new van and we're hoping it will last a good 15 years or so (if we take really good care of it). We don't have any family in town, or in North Dakota, so we do take several long trips in the van each year to visit family, not to mention the trips to Minneapolis to deal with some of Nicole's more complex health needs. We needed a reliable vehicle. Of the $50,000 total cost, $16,000 was for the conversion to make the van accessible. We received the maximum available through Family Subsidy to assist with this cost, $5,200. Our monthly van payments run about $900 per month, significantly more than most vehicle payments.

Our next endeavor is to add an elevator to our house so we can put a family room in the basement and get Nicole down there to use it. There's not much point in having a basement, or in having a family room in the basement, if we can't get Nicole down there. The estimated cost of installing the elevator is about $16,000 with us doing most of the work and being able to get the elevator at cost due to my husband's professional contacts. It would normally cost between $25,000 and $30,000 to add an elevator to an existing home. Our Family Subsidy contract to assist with

this project is $3,000. We have to come up with the other $13,000 ourselves, which is not an easy task.

In another year and a half, Nicole will no longer be able to attend daycare, as she will be 12 years old. I don't know what we'll do after school then, but she will still need 24-hour care and supervision.

I've heard concerns from legislators regarding families contributing towards the care of their children with disabilities and I submit that we are contributing substantially to Nicole's care. We aren't able to save for retirement for ourselves, or college for our children due to our current obligations for the house and van. The combined payments for the two items eats up my entire take home pay every month. Our choice was do we take care of Nicole here and now, or plan for the future? We chose to care for her here and now and trust that the future will somehow take care of itself.

Please consider restoring the $100,000 to the Family Subsidy program to help us keep our kids at home. It's a good investment in the future of our kids and saves the State money in the long-run. At this point, I don't foresee any other reason we would need to access Family Subsidy ourselves, however I haven't been very successful at predicting the future. If the van lasts as long

as we hope, and we don't plan on moving anytime soon, we should be able to care for Nicole at home as long as we live. And that's our plan.

That concludes my testimony. I thank you for your time and patience and would be happy to answer any questions you may have.

Q&R clinic
Medcenter One Health Systems

Stephen L. McDonough, M.D.

March 6, 2005

COLLEEN STOCKERT
2743 PACIFIC AVE
BISMARCK ND 58501-2366

RE: NICOLE STOCKERT

Dear Mrs. Stockert:

I am pleased to provide this letter to you regarding your daughter, Nicole Stockert.

Nicole is ten years old and has serious chronic medical conditions. She has cerebral palsy with cognitive and developmental delay and has had numerous hospitalizations and surgeries. She had heart surgery as a newborn, multiple ear surgeries, bilateral hip surgery, feeding tube placement, and has a Baclofen pump in place to address her problems with serious muscle spasticity. She has also suffered from recurrent mouth sores, fatigue, intestinal ileus or paralysis, pneumonia, asthma, and seizures. She is on multiple medications which help for her muscle spasticity, seizures, and asthma.

Despite Nicole's multiple, serious, chronic health conditions, you and your husband have done on outstanding job in providing care for her at home. I have a number of children in my practice who have less severe chronic neurologic conditions and are in group homes.

It is essential for the State of North Dakota to continue to assist families who take care of their children at home with serious chronic neurologic or other medical conditions. It would be very unfortunate for resources to be withdrawn from family support for in home care of children, such as Nicole.

#: 47295407

Senate Appropriations Subcommittee

HB 1012

March 10, 2005

Mr.Chairman and members of the Senate subcommittee. My name is Mike Ahmann, I am the Director of Special Education for the Bismarck Public Schools.

I would agree with Colleen Stockert's testimony regarding the best caregivers for medically fragile children are their families. While Anne Carlsen Center is a necessary option for some families who are unable to care for their child, it is still an institution, which I would guess their staff would agree, can't replace the love, nurturing and care provided by a "supported" family. Public schools across North Dakota are meeting the needs of medically fragile children, with the support and careful planning together with their families. As Colleen testified, this planning includes school staff, including our school nurse as a consultant, along with the parents to develop a medical care plan. I would not advocate for an interpretation of the Nurse Practices Act that would require one on one RN care for these students. In the public schools these children are educated alongside their age appropriate peers, where they are treated as another student by their peers. We work diligently with families & school personnel to insure these students learning is maximized while caring for their day to day medical needs, while still assuring "No child is left behind".

We have many students who are medically fragile living with their families and attending the public schools in Bismarck. I would encourage you to restore at least the $100,000 to the family subsidy program to help our families keep their children at home.

I would be happy to answer any questions you may have.

IVX
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To: the DHS Budget Subcommittee members;
Senators Fischer, Bowman, Kilzer, Thane, Mathern, and Krauther:

March 10, 2005

I am here as a parent and a ND taxpayer, hoping to make some small difference in your thoughts on Human Service budget cuts.

We all realize you are in a tough position, and I do not envy your heavy responsibility. I want you to know as a family, it is not easy to live with the current anxiety about our ability to continue to care for our two sons with disabilities- and do so in our home.

We have been able to get by with Insurance, subsidy and private fund drives for the last 14 years. Our hope is to continue to raise our children to adult hood in our home, despite the hardships that families like mine must contend with.

-Please know that our sons mean the world to us, and we would not be able to keep them with us in our home if we did not have supports such as respite care, and N D medicaid . As you know, the smart choice for our state is to try to keep families together, and give them the needed amount of funding to make this possible. The more households forced into financial and emotional bankruptcy due to lack of, or inadequate services, the more these families will be compelled to consider the expensive alternative of group home or instituional placement.

Please consider the families like ours, who cannot possibly survive without Human services subsidy and supportive care.

We as families have already been faced with the difficult responsibility of giving an unusual level of care, but will do it gladly and lovingly, as long as it is supported by our state funding. Please help us keep our family together, as it should be.

Thank you,

Respectfully,

Mary L. Rennich

Mary L. Rennich 258-2064

7060 Horseshoe Bend
Bismarck, ND 58503

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TESTIMONY: HB 1012
SENATE APPROPRIATIONS
SENATOR FISCHER, CHAIRMAN
MARCH 10, 2005

Chairman Fischer and members of the Committee: my name is Carlotta McCleary. I am the Executive Director for the ND Federation of Families for Children's Mental Health. The Federation of Families is a parent run organization that focuses on the needs of children with emotional, behavioral and mental disorders and their families. I am also the parent of a child with a mental health disorder. On behalf of the Federation I am here to testify in support of HB 1012.

I have already testified before you so I won't go over my previous testimony. I am submitting testimony on the changes we would like to see in the Department of Human Services budget. We would ask that you restore the Medicaid budget as outlined in the Governors budget. We are especially concerned with the $1,000,000 reduction in general funds for prescription drugs. We would ask that you restore Children and Family Services. We are concerned about the $250,000 reduction in general funds for Foster Care / Subsidized Adoption. We are also concerned about the reductions in Developmental Disabilities. We are mostly concerned with the reduction of $100,000 in general funds for Family Subsidy. We would like to see $50,000 general funds restored for operating in Mental Health and Substance Abuse. Parent to parent support services was reduced $150,000 last biennium, we would ask that $150,000 be restored to this program. We would like to see $400,000 in general funds restored in the Human Service Centers. Additionally we would like to see funding increase for case aides and intensive in home. We also support the restoration of funding for the MMIS system.

Thank you

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1012

Page 8, after line 25, insert the following new section:

"SECTION 5. PAYMENT FOR SERVICES TO MEDICALLY FRAGILE CHILDREN. When reimbursing ICF/MR-licensed facilities for the actual and reasonable cost of providing services to developmentally disabled persons, the department must recognize the unique level of care and additional cost required to provide services to medically fragile clients under the age of 21 years. Adjustments by the department to ICF/MR-licensed facilities for non-allowable costs for medically fragile clients under the age of 21 years must only be made by the department based upon clear and convincing justification. The department shall adopt rules to implement this Section."

Renumber accordingly.

(4) Mary Renich
20-23.2

Chairman Delzer and members of the Human Resources Committee,

My name is Mary Rennich. My husband David and I, would like to express our heartfelt appreciation for the services we have received from state and federal funds.

We cannot begin to tell you the incredible benefits we have had as a family because of the financial and supportive help we have received over the last 14 years. Both of our sons, Sam and Jesse, have had very difficult lives, with the unfortunate luck -Sam, battling daily severe seizures, and Jesse, coping with High functioning Autism- or Asperger Syndrome.

Had it not been for the amazing care our state has shown our family, we would not have been able to afford to live together in Bismarck as a family. The future for our sons is a much brighter dream, because of the supports and help they have received through Human Services. I fear I might exclude one the many areas that has made such a difference for us, but a few of these are: Early Intervention through BECEP, Partnership Project, Developmental Disability Services, Respite supportive care,Children and Family Services, Federation of Families, Unidentified Disability Adoption Subsidy and Medicaid. As you consider all of your budget concerns, please think of our family, and the amazing difference this funding has made and how CRUCIAL it is for the funding to remain and continue to help other families like ours, to stay healthy and intact in our homes.

Please support House Bill 1012.

Thank you so much for your consideration and support.

Sincerely,

Mary and David Rennich

Mary & David Rennich

XII

Testimony
HB 1012 – Dept. of Human Services
Senate Appropriations
March 10, 2005

Senator, Members of the Committee

Good Afternoon.

My name is Sheryl Stradinger. I am a state employee, working for the Supreme Court of North Dakota. I am here on behalf of my daughter, Nicole, who is medically fragile, our family, and other families that have their children, that are medically fragile, at home. I am here to try to impress upon you the importance of, at the very least, maintaining the current level of family subsidy. I am here in response to testimony received in regard to the Ann Carlson Center for Children.

Our daughter Nicole, was born August 28, 1985, with a genetic (not inherited) anomaly called Trisomy 18 or Edward's Syndrome, which affects to some degree all systems in the body. 60% to 80% of these children die within the first 6 months of life. 10% to 20% of these children make it to one year. Nicole is one of only few in the nation to have lived this long. She is indeed a fighter, wearing a dimply smile, even when she is in severe pain. She has pulmonary hypertension, mild congestive heart failure, gastrointestinal difficulties, and neurological defects. She endures countless seizures every day, and frequent respiratory infections – a simple cold can turn deadly serious. Nicole has a tracheotomy in order to breathe and a gastrointestinal tube to receive most of her nutrition and hydration. On a daily basis she is on a minimum of 8-10 medications, which has increased to as many as 17 medications during some illnesses.

Nicole spent the first 9 months of her life in the Neonatal Intensive Care Unit at St. Alexius Medical Center. The next 4 years and 3 days were at St. Vincent's Nursing Home. After having to prove to our insurance company that the cost of Home Health Care would be the same as or less than the cost of the nursing home, our daughter finally came home on June 1, 1990. The cost savings for the first month was $700.00. Our insurance has covered her so far, at an average cost of $5,000.00 per month for home health care, excluding doctor visits, medications, hospitalizations, and equipment. If they should decide at any given time, to no longer cover her, we would be forced to place her in a long term care facility, to be able to continue to work. At this time, due to her level of care, the cost to Medicaid would be $8,700-9,000 per month, again excluding, medications, doctor visits, hospitalizations, and equipment. As Medicaid does not cover long hour home health care nurses, the cost savings for the State of North Dakota is readily apparent.

The insurance company approved an LPN to cover her Monday through Friday, from 7:30 a.m. to 5:30 p.m., following my working hours. These hours exclude holidays and state holidays. There are also an additional 14 hours every day and weekends. My husband Dave and I, on a daily basis suction her trach, give g-tube feedings, administer respiratory treatments, give meds, and take care of seizures. We have done everything from shots to I.V. maintenance, straight caths to providing the lab with culture ready material. Because Nicole has a tendency to have

apnea (to stop breathing) and bradycardia (slow heart rate) she is on a cardiac-apnea monitor at night, to let us know when there is a problem. CPR is not just a life saving function one learns in a class for us! Health crisis's are part of "Life in the Stradinger Lane.!"

Although insurance covers a lot of her medical needs, there is much that insurance doesn't cover, that is where Family Subsidy comes in. It helps to offset the costs of medicine, not covered by insurance, a chumey-turney lift for our van, supplies to clean her equipment, a special water powered hydralic lift for the bath tub, additional respite care hours, pads to protect bedding and furniture, orthopedics, etc. The list could continue indefinitely. The cost of equipment alone is astronomical. It allows Nicole to get some of the equipment she needs, without our family having to go deeper into debt. We are forever grateful, and know how fortunate we are to have had the insurance coverage we have received so far. We also know that this could change at any time. Family Subsidy is a lifeline that helps us to keep our children at home with their families.

Finally, those of us that care for our children at home, fully understand the necessity for the Ann Carlson Care Center for Children. We are intimately aware that for some families, having these wonderful children at home, will not work. The inference, whatever the intent, of the testimony presented for the Ann Carlson Center, leads one to believe that they are the best place for a child that is medically fragile. We have taken care of Nicole, successfully, for 15 years. It is a team effort that includes doctors, nurses, immediate and extended family, community services, Bismarck Public Schools, and of course many, many friends. I'm very proud to say she is a very well adjusted young lady. She has been and continues to be an integral part of her family and friends, her school, community, and the State of North Dakota.

DEVELOPMENTAL DISABILITIES IN NORTH DAKOTA:

THE YEAR 2004 REPORT

A study of the structure, financing and quality assurance of residential and community services

REPORT SUMMARY

David Braddock, Ph.D.
Richard Hemp, M.A.

Department of Psychiatry
University of Colorado

October 11, 2004

REPORT SUMMARY AND CONCLUSION

Major accomplishments, and some important continuing challenges, emerged from the analysis of the structure, financing, and quality assurance of North Dakota's developmental disabilities service system (Braddock & Hemp, 2004). Issues and challenges include the State's limitations in financial commitment to developmental disabilities services; excessive reliance on public and private institutional settings, which is manifest in continuing Intermediate Care Facility/Mental Retardation (ICF/MR) spending growth competing with Home and Community Based Services (HCBS) Waiver expansion; and the absence of sustained, growing financial commitments for family support, supported employment, and supported living services.

Quality assurance challenges in North Dakota include deficiencies on critical standards in accreditation and Medicaid survey/certification reviews. Although North Dakota has continued to perform generally well in terms of national and regional comparisons, the State lost ground during 2002 to 2003.

Structure and Financing of Residential and Community Services

We identified seven core challenges in the structure and financing of residential and community services in North Dakota.

1. The four-year decline in North Dakota's fiscal effort for developmental disabilities services needs to be reversed.

During 2000-2004, total fiscal effort (federal funds included) was down 1%, community fiscal effort was up slightly (0.2%), and institutional fiscal effort declined 6%. Declining institutional fiscal effort is positive if accompanied by the reallocation of institutional resources to community services and individual and family support. This has not been the case recently in North Dakota. State fiscal effort (federal funds excluded) for North Dakota developmental disabilities services has also declined dramatically--from a peak of $4.34 in 1986 to $2.09 in 2002 and there was a further 18% decline to $1.71 in 2004.

The 2002-04 drop reflected the more complete "Federal Medicaiding" of North Dakota Developmental Disabilities services, and also the temporary increase in federal

Medicaid funding during January 2003 through June 2004 from the federal Jobs Growth Tax Relief Reconciliation Act of 2003. However, with the lapsing of the enhanced Federal Medical Assistance Percentage (FMAP) rate on June 30, 2004 under the Jobs Growth Act, and the prospect of continued budget problems across the states, North Dakota will be challenged to increase state funding for needed DD services in fiscal year 2005 and beyond. If passed by Congress and signed by the President, S. 2671 would grant an additional $6 billion in Medicaid relief to the states through fiscal year 2005. North Dakota should strongly support this legislation.

2. ***North Dakota should significantly expand the HCBS Waiver over the next decade. Although HCBS Waiver spending increased substantially in 2004, it still lags the State's ICF/MR spending level and will continue to do so if recent trends continue.***

In 2002, North Dakota ranked 30th among the states in federal-state Waiver spending as a percentage of total MR/DD spending. Inflation-adjusted federal Waiver spending in North Dakota declined 2% per year from 2000 to 2003, while the State's ICF/MR spending expanded 3% per year. Despite 19% Waiver growth in 2004, if the 2000-2004 spending trends for the North Dakota ICF/MR program and the Waiver continue, it will be 2014 before the State's Waiver spending surpasses ICF/MR spending. This important benchmark was attained nationwide in 2001.

3. ***North Dakota over-utilizes public and private 16+ institutions and 7-15 person settings.***

The state-operated institutional utilization rate in North Dakota ranked 11th among the 42 states that still financed state-operated institutions. Nursing facility utilization also ranked 11th. Only New York and South Dakota surpassed North Dakota in 7-15 person facility utilization.

4. ***North Dakota must maintain its leadership in supported living, spending for which declined from 2000 to 2003.***

North Dakota was a national leader in the implementation of supported living and personal assistance services, and continues to rank in the top five states in the nation in supported living spending and in the number of participants per capita (per citizen of the

general population). However, inflation-adjusted supported living spending growth declined by 3% from 2000 to 2003. It increased by 14% in 2004. Continued growth in supported living spending will provide additional alternatives for individuals in public and private institutions, for the State's 7-15 person group living arrangements, and, as noted below, to address other pressing needs for residential support

5. ***Family support and supported employment spending has not grown since 1996.***

In real economic terms, North Dakota's spending for family support and for supported employment are at the same level as in 1996, at $4 million and $2 million, respectively. During 2000 to 2004, inflation-adjusted family support spending increased 1% per year and supported employment spending declined 1% per year. As noted in the main report, the North Dakota Waiver finances 85% of family support spending and 100% of supported employment spending. The State has therefore availed itself of the opportunity from the Balanced Budget Act of 1997 to expand Waiver-reimbursed supported employment services, but despite this Waiver support, there has been no real growth in spending for supported employment.

6. ***Demand for MR/DD services in North Dakota will be driven by: a) youth aging out of special education; b) individuals in public and private institutions requiring community homes and supported living; and c) family support needs, including, d) individuals residing with aging caregivers.***

Although recent research reports and discussions with North Dakota officials indicate that there are no individuals with MR/DD on formal waiting lists in North Dakota, there are emerging demographic and service system pressure points to address over the next decade. Over the 2004/05 biennium, more than 150 students will exit special education, an estimated 1,600 individuals with developmental disabilities live with family caregivers who are aged 60 years or older, and there is a continued need to move away from the State's congregate-care orientation in public and private 16+ and 7-15 person settings. This can be accomplished by expanding support for families and extending supported living alternatives.

7. ***Continue North Dakota Association of Community Facilities collaboration with the North Dakota legislature to further increase direct support staff wages.***

Achieving adequate wage and benefit levels for direct care staff working with children and adults with developmental disabilities is a critical issue in all the states. In 2004, North Dakota's direct support staff benefited from a legislatively sanctioned hourly increase of $.87 and an increase in fringe benefits from 30% to 33% of salary. However, the increased average direct support wage of $8.86 still lags the North Dakota Developmental Center wage by $3.00 per hour, and is less that 20 cents above the U.S. poverty wage for a family of four. In collaboration with the North Dakota Association of Community Facilities, the North Dakota legislature is considering providing an additional increase of approximately $1.00/hour to the community direct support wage level (D. Brunette, Executive Director, Friendship, Inc., personal communication, June 29, 2004).

Quality Assurance

Section II of the report analyzed data sets on quality assurance: accreditation by The Council on Quality and Leadership in Supports for People with Disabilities; ICF/MR survey and certification surveys; incidents of substantiated abuse, exploitation, and neglect; and the monitoring of special education units.

Accreditation

For an individual agency, if all sampled participants were receiving both outcome and support for a given standard, the agency's score would be 100% on that standard. If none of the sample was judged to be receiving the required outcome but all were receiving the required support, the agency's score on that standard would be 50%. As summarized in ***Table 2*** in the main body of the Report (Braddock & Hemp, 2004), all five agencies surveyed in 1996 received 3-year accreditation awards (100%). The proportions of surveyed agencies that received 3-year accreditation in the other seven survey years, 1997-2003, were 35%, 14%, 53%, 46%, 50%, 86%, and 75%, respectively.

North Dakota's 28 residential and community service agencies and the North Dakota Developmental Center performed generally better than the national average on most of the 25 Council accreditation standards (***Appendix 10*** of the full Report). The

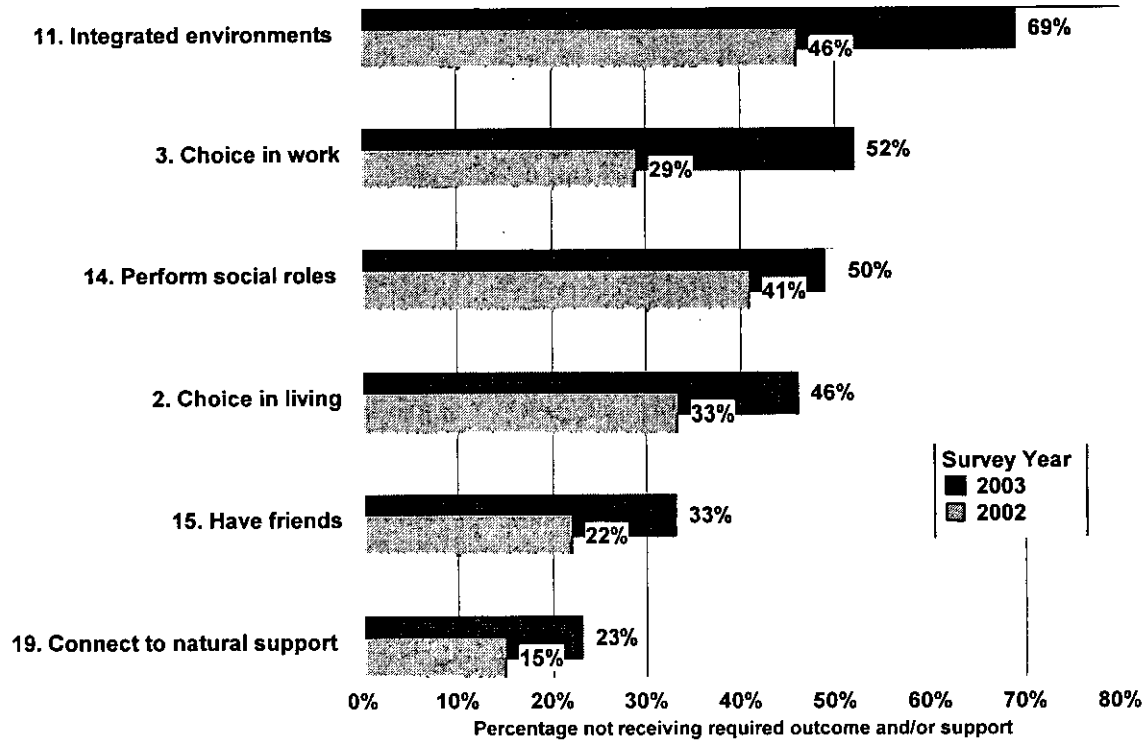
eight North Dakota agencies' 2003 survey scores also outperformed the national average. In the case of four standards (*choice of services*, *choice of goals, exercise rights*, and *treated fairly*), North Dakota exceeded the national average by 75-95%.

However, there were two standards on which the national averages surpassed the North Dakota agencies.

- *When to share personal information* (32% North Dakota deficiency vs. 25% nationally)
- *Integrated environments* (69% North Dakota vs. 62% nationally)

There were also six standards on which North Dakota agencies surveyed in 2003 were found deficient in 23% to 69% of consumers' outcomes/supports, and the performance on each standard was substantially below that of surveys in 2002 (***Figure 1***).

Figure 1
North Dakota Deficiency Percentages Increasing from 2002 to 2003



NOTE: Agencies surveyed: 8 in 2003 and 14 in 2002. The six 2003 standards selected were those with a) 20% or more participants not receiving outcome/support and b) where deficiency was 20% or more above the 2002 level.

- ***The standards choice in work and integrated environments were problematic for 52% and 69%, respectively, of the sampled participants in North Dakota agencies and perform social roles for 50%.***

These three standards, along with *exercise rights*, were the four most problematic standards for agencies surveyed nationally by The Council. The two standards that proved problematic for 52% and 69% of North Dakota agencies' participants sampled by The Council are in The Council's category of "affiliation," meaning connections to other people and choice about with whom time is spent and participation in community environments and events including church, school sports, retirement centers, and beauty shops. The standard *integrated environments* refers to the integration of residential, day, recreation, and other services and supports, and how much time the participant spends in environments with others who do not have disabilities. The standard *perform social roles* refers to the extent to which participants interact positively with members of the community and are seen to contribute to the community.

The regression from 2002 to 2003 of North Dakota accreditation scores in these areas points to a continued need for the State to expand integrated residential, work, and other support services. Community agencies must continue to work to expand opportunities for individuals to interact with people without disabilities, and to become contributing members of the community.

ICF/MR Certification

Fifty-four ICFs/MR in North Dakota, and four units at the North Dakota Developmental Center, were compared to ICFs/MR in the Region (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming) and in the nation as a whole on their most recent surveys in 2003 (***Appendix 11*** of the full Report). "Problematic program and life-safety code requirements" were those on which 10% or more North Dakota ICFs/MR were found deficient, and (simultaneously) on which North Dakota's deficiency percentages were greater than both the regional and national averages.

In 2003, twelve program requirements and two life-safety code (LSC) requirements were problematic for North Dakota facilities both absolutely (i.e., 10% or more North Dakota ICFs/MR deficient) and relative to the Region and the United States.

- ***Four program requirement deficiencies related to health and safety.***

- *Evacuation drills held at least quarterly* (36% North Dakota deficiency)
- *Alleged abuse, mistreatment, neglect, investigated thoroughly* (14%)
- *Individual medication administration record for each client* (12%)
- *Clients actually evacuated at least 1 drill per shift (quarterly)* (10%)

- ***In addition, eight program deficiencies related to the effectiveness of training programs, the interaction of staff with residents of the ICF/MR, and individual program planning.***

- *Train for privacy and independence* (40% North Dakota deficiency)
- *Clients taught to self-administer drugs if appropriate* (26%)
- *Individual program planning and continuous active treatment* (26%)
- *Dine according to developmental level* (19%)
- *Individual program plan (IPP) has specific objectives* (14%)
- *Privacy during care and treatment is ensured* (12%)
- *Objectives provide measurable indices of performance* (12%)
- *Individual program plan data in measurable terms* (10%)

It should be noted that 1) *infection control: active program*; 2) *alleged abuse, mistreatment, neglect, investigated thoroughly*; and 3) *policies: conduct between staff and residents* were problematic for the North Dakota ICFs/MR reported in our previous study (Braddock et al., 2002). These were no longer deficiencies in the current study.

- ***The two life safety code deficiencies problematic for North Dakota facilities addressed physical plant health and safety issues.***

- *Remote exits* (42% North Dakota deficiency)
- *Corridor walls* (16%)

North Dakota facilities were not deficient at the 10% criterion for any additional program deficiencies. However, there were two life-safety code requirements that were problematic for 10% or more of North Dakota ICFs/MR. They were: *automatic sprinkler system* (23%) and *corridor doors* (19%).

Abuse, Exploitation, and Neglect

As we have discussed, reports on abuse, exploitation, and neglect from the North Dakota Protection and Advocacy organization are no longer identifiable by agency or program site. The following is a list of the most frequently cited incidents, across all sites during 1996-03. It should also be noted that data for 2003 were only provided for the four categories day programs, group homes, ISLA/SLA, and family support; 2002 and 2003

data were not provided for the North Dakota Developmental Center. Some of the reported trends may be an artifact of these missing data (see ***Appendix 13*** in the full report).

- ***Four categories of neglect and three categories of abuse were cited 40 times or more during 1996-2003.***

– *Neglect: Personal safety* (178 incidents)
– *Neglect: Medication errors* (134 incidents)
– *Neglect: Personal care* (104 incidents)
– *Abuse: Physical* (63 incidents)
– *Abuse: Threats of retaliation* (48 incidents)
– *Neglect: Written habilitation plan* (45 incidents)
– *Abuse: Restraint/isolation/seclusion* (41 incidents)

Two categories of neglect, *personal safety* and *personal care,* were reported consistently over the years, although in each case there was a decline in the number of incidents from 2002 to 2003. There were slight declines as well in 2003 for other categories of neglect.

In addition, there were 30 substantiated incidents of *exploitation: financial* across all sites during 1996-03; however, reported incidents declined from 2002 to 2003. The number of incidents in three categories of abuse--*physical abuse, verbal abuse,* and *restraint/isolation/seclusion*--declined from 2002 to 2003 and there were no incidents of any of the other five categories of abuse in either 2002 or 2003 (*threats of retaliation, sexual abuse, inappropriate/excessive meds, other abuse,* or *involuntary/aversive behavior therapy*).

Special Education Site Visits

In the 2002-03 site visits, regulations were organized into six categories: *zero reject, nondiscrimination evaluation, free appropriate public education, least restrictive environment (LRE), parent involvement,* and *procedural safeguards*. No North Dakota special education unit receiving site visits during 2002-03 was cited for regulations in the categories *zero-reject* or *parent involvement.*

- ***Four or more (44% or more) of the nine units surveyed in 2002-03 were cited for non-compliance with the eight regulations listed below:***

NONDISCRIMINATION EVALUATION
Evaluation procedures (44%)
Additional procedures for evaluating children with specific

learning disabilities (LD) (56%)

FREE APPROPRIATE PUBLIC EDUCATION

Transition services (56%)
Annual goals and short-term objectives/contents of individualized education plan (IEP) (89%)
Present level of education performance (PLEP) (56%)
Characteristics of services (56%)
Requirement that PLEP address all areas of functioning (78%)

PROCEDURAL SAFEGUARDS

Record locator (44%)

Conclusion and Priorities

North Dakota, like many other states, has responded positively in the past to challenges to improve the capacity and quality of developmental disabilities residential and community services. However, this is a particularly difficult period for state human service systems. State governments confronted a collective $20 billion budget shortfall in fiscal year 2003 and had a brief reprieve enhanced by increased federal Medicaid funding in 2004 under the Jobs Growth Act (NCSL, 2003, 2004). Many states now face significant budget problems in 2005, however.

North Dakota has fared better than most states in the recent financial crisis. In an analysis of state fiscal strength as of May 2004, Federal Funds Information for States (2004) identified nine states and North Dakota as those with the strongest financial outlook for fiscal year 2005. North Dakota was also among the 15 states with fiscal year 2004 general fund balances of 5% or more.

North Dakota, therefore, has a comparatively stronger state budget with which to address developmental disabilities service needs in FY 2006 and possibly beyond. In this context, ***principal priorities*** for North Dakota in developmental disabilities services are:

1. Assuring that the state priority will be growth of the HCBS Waiver to finance a steadily increasing proportion of community residential and related support services;
2. Concomitantly, reducing reliance on ICF/MR funding for 16+ and 7-15 person residential settings is an important objective for the State as well; this entails continuing to reduce the census of public and private 16+ institutions including Grafton, and the development of appropriate community alternatives;

3. Increasing the level of financial resources for family support, supported employment and for Individualized Supported Living Arrangements (ISLA) and other supported living options to meet the ongoing need for services; and
4. Continuing community provider/state agency efforts with the State Legislature to substantially enhance wages and benefits for direct support staff. Parity with wages at the North Dakota Developmental Center is an appropriate near-term goal.

Quality Assurance Challenges

In general, North Dakota agencies and facilities compare reasonably well to others in the region and across the nation. Nevertheless, quality assurance data analyzed in this report reveal significant and recurring problems in key areas, and at individual facilities, that require the attention of state officials and residential and community services agencies.

Critical accreditation standards including *choice in living, choice in work* and *integrated environments* underscore the lack of resources in supported employment and supported living, and the continued, and inappropriate, congregate-care orientation of many North Dakota residential settings. Medicaid ICF/MR certification requirements also point to the need to develop more integrated settings, and expand opportunities for community participation.

The accreditation standard *people are safe* was problematic for 15% of consumers. Deficiencies for ICFs/MR included *evacuation drills*, *investigating abuse, mistreatment or neglect*, and *adequate medication records*. Incidents of abuse, exploitation or neglect including *personal safety*, *medication errors*, *personal care* were also noted. More direct incidents of abuse--*physical* and *verbal*--are apparently declining, but any incidents are very serious matters for agencies and the State to respond to immediately. Problematic areas revealed in critical accreditation standards, ICF/MR deficiencies, and in abuse, exploitation, and neglect incident investigation procedures are important priorities for direct service staff and manager training programs, and especially for the orientation and training of new staff.

The North Dakota Department of Human Services is collaborating with the North Dakota Center for Persons with Disabilities at Minot State University to develop a comprehensive developmental disabilities training and education curriculum and a

meaningful career ladder for direct support staff, professionals, and supervisory staff (NDCPD, 2004). This collaboration is a very significant contribution. We also acknowledge the Center's initiative (Midewin Institute, 2003) in preventing abuse and neglect.

References Cited

Braddock, D., & Hemp, R. (2004). *Developmental disabilities in North Dakota: The year 2004 report. A study of the structure, financing and quality assurance of residential and community services.* Boulder: Department of Psychiatry, School of Medicine, University of Colorado.

Federal Funds Information for States. (2004). The continuum of state fiscal stress. *State Policy Reports, 22*(9), 7-11.

Midewin Institute. (2003). *Preventing abuse and neglect of people with developmental disabilities.* Minot: Trinity Services and The North Dakota Center for Persons with Disabilities.

National Conference of State Legislatures. (2004). *State budget update: April 2004.* Denver, CO: Author.

National Conference of State Legislatures. (2003). *State budget update: April 2003.* Denver, CO: Author.

North Dakota Center for Persons with Disabilities (NDCPD). (2004, March). *Guidelines and syllabus: The North Dakota Statewide Developmental Disabilities Staff Training Program.* Minot: Minot State University, A University Center of Excellence.

The Arc

The Arc of North Dakota

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2005 Testimony

Testimony Before The House Appropriations - Human Resources Division

Jeff Delzer, Chairman

Regarding Disability Services

January 20, 2005

Chairman Delzer, members of the committee, I am Dianne Sheppard, Executive Director of The Arc, Upper Valley in Grand Forks and an official spokesperson for The Arc of North Dakota. I am here to provide information regarding developmental disabilities services.

Developmental Disabilities in North Dakota: The 2004 Report is a study of the structure, financing and quality assurance of residential and community services. The report points to major accomplishments in the State; and some important continuing challenges. Issues and challenges include the State's limitations in financial commitment to developmental disabilities services; excessive reliance on public and private institutional settings, and the absence of sustained, growing financial commitments for family support, supported employment, and supported living services.

Seven core challenges in the structure and financing of residential and community services in North Dakota are identified in the report.

(1) There has been a four-year decline in North Dakota's fiscal effort for developmental disabilities services. This trend needs to be reversed.

(2) North Dakota should significantly expand home and community based services over the next decade. Home and community based services spending continues to lag the State's institutional spending.

3) North Dakota over-utilizes public and private 16+ institutions and 7-15 person residential settings. The downsizing and closure of state institutions and the development of community based housing on the scale of family homes have been the primary trends in residential services in the United States.

(4) North Dakota must maintain its leadership in supported living, spending for which declined from 2000 to 2003. The 2005 Executive Budget further decreases the spending level by $184,630.

(5) Family support and supported employment spending has not grown since 1996.

(6) Demand for developmental disabilities services in North Dakota will be driven by: a) youth aging out of special education; b) individuals in public and private institutions requiring community homes and supported living; and c) family support needs, including, d) individuals residing with aging caregivers. These potential demographic and service system pressure points must be addressed.

(7) Achieving adequate wage and benefit levels for community residential and community service direct care staff working with children and adults with developmental disabilities is a critical issue.

Conclusion and Priorities

North Dakota has fared better than most states in the recent financial crisis. As of May 2004, Federal Funds Information for States (2004) identified nine states and North Dakota as those with the strongest financial outlook for fiscal year 2005.

North Dakota, therefore, has a comparatively stronger state budget with which to address developmental disabilities service needs in FY 2006 and possibly beyond. In this context, principal priorities for North Dakota in developmental disabilities services are:

(1) Assuring that the state priority will be growth of the Federal Home and Community Based Services Waiver used to finance community residential and related support services. Home and Community Based Services Waiver spending should surpass the state's institutional spending.

(2) Reduce reliance on institutional funding for 16+ and 7-15 person residential settings. This entails continuing to reduce the census of public and private 16+ institutions including the Developmental Center at Grafton, and the development of appropriate community alternatives;

(3) Develop a plan to increase the level of financial resources for Supported Living Arrangements (ISLA) and other supported living options (SLA) to meet the ongoing need for these services. It is estimated that there are currently 750 individuals living in 16+ and 7-15 person residential settings that could benefit from ISLA services.

(4) Substantially enhance wages for community direct support staff working with children and adults with developmental disabilities to that which is equal to the State's institution wages.

(5) Cap Medical services co-payments, co-payment exemption, and service limits to the amount that became effective on January 1, 2004;

(6) Reauthorize North Dakota Workers with Disabilities Medicaid Coverage which has a sunset clause of June 2005; and

(7) Increase funding for dental Medicaid and improved Medicaid administration, with the goal of increasing dentist participation and better access to vulnerable populations.

I have prepared handouts that demonstrate the position The Arc of North Dakota has taken on developmental disabilities in North Dakota.

I would be happy to respond to any questions you may have.

The Arc of North Dakota

Financing Residential and Community Services

FINDINGS: FINANCING RESIDENTIAL AND COMMUNITY SERVICES

North Dakota has lost ground in the following areas:

- ✓ **From 1995 to 2004, the state institution (Grafton) census increased from 140 to 146**
- ✓ **Approximately the same number reside in public/private 16+ facilities in 2004 (334) compared to 10 years earlier in 1995 (361)**
- ✓ **From 2002 to 2004, state funds fiscal effort was down 18%, total fiscal effort (federal funds included) was down .3%**

Source: Braddock & Hemp (2004).

FINDINGS: FINANCING RESIDENTIAL AND COMMUNITY SERVICES (CONTINUED)

- ✓ **No growth in adjusted spending for family support and supported employment 1996-2004**
- ✓ **Adjusted Medicaid Waiver spending declined 7% from 2000-2003 (adjusted for inflation)**
- ✓ **Direct support staff wages are below institutional wages and just above poverty level**

Source: Braddock & Hemp (2004).

North Dakota Accomplishments 2002-2004:

- North Dakota 2004-05 biennium legislation granting $.87 per hour direct support wage increase and benefit increase of 30-33% of salary
- State Department of Human Services and Minot State University (the UCE) are collaborating in career ladder/wage incentives for community staff
- Community spending increased by 10% (adjusted for inflation)

Source: Braddock & Hemp (2004).

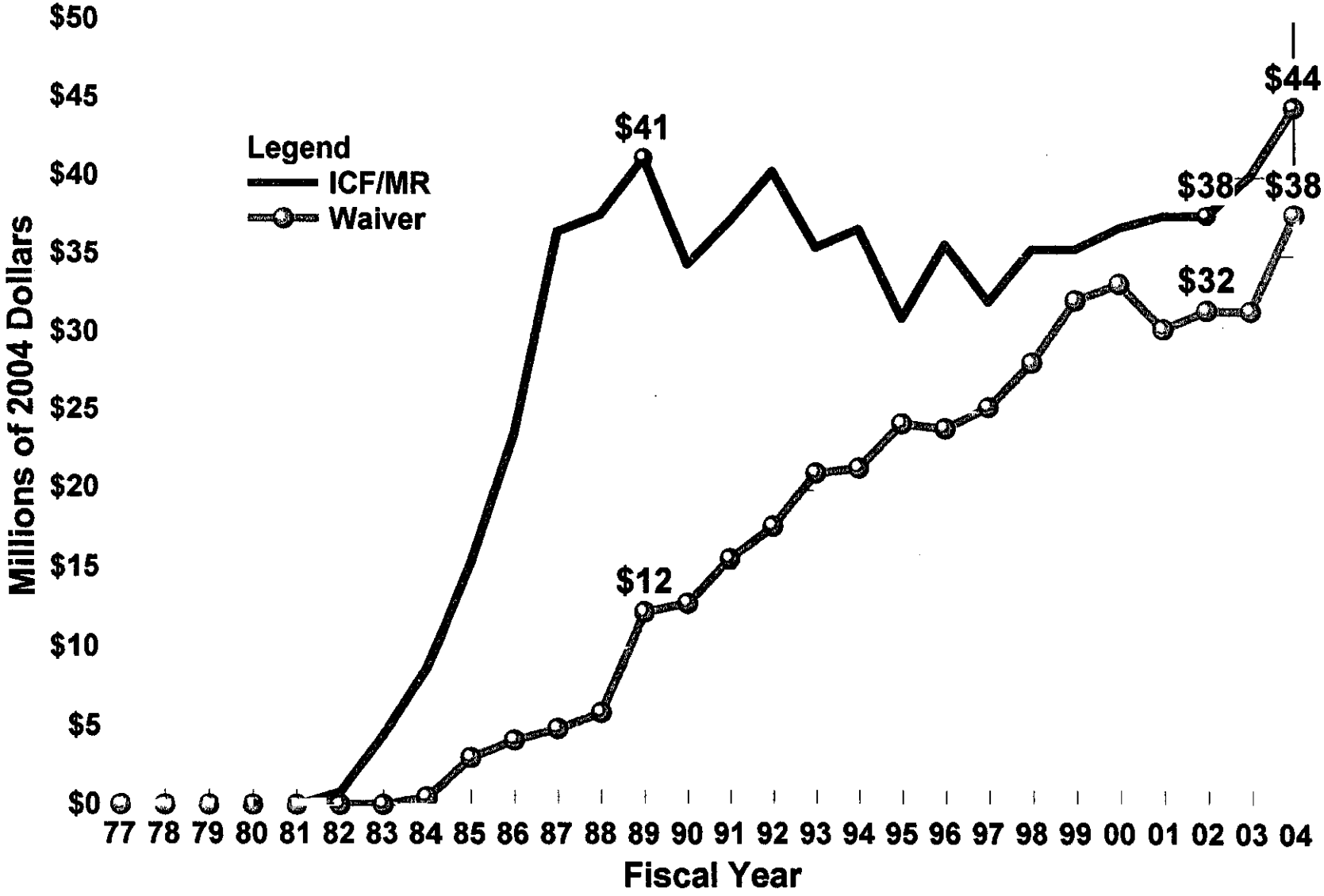
Priority One

The Arc of North Dakota

Federal HCBS Waiver Spending

ICF/MR SPENDING STILL EXCEEDS HCBS WAIVER SPENDING

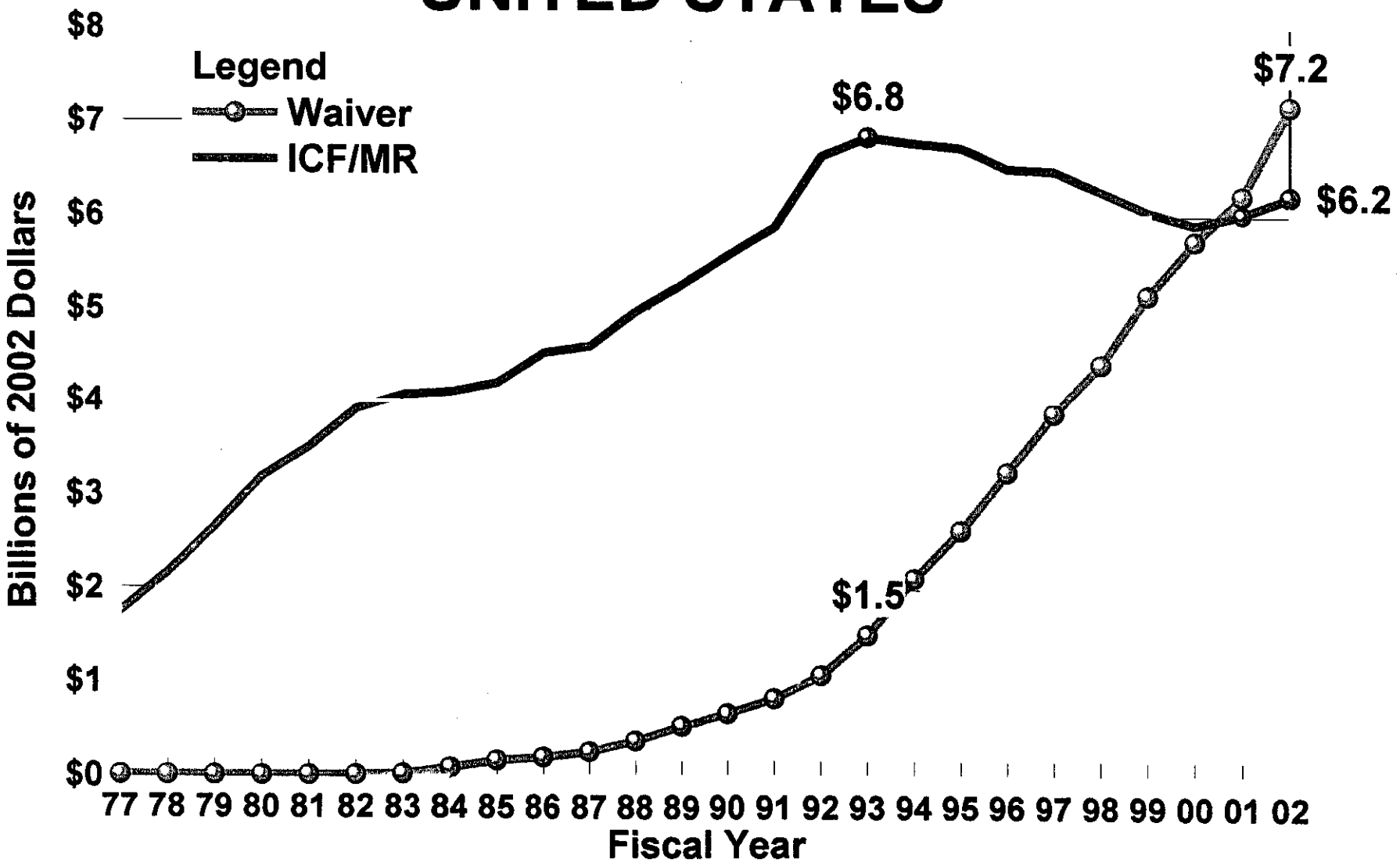
NORTH DAKOTA



Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

FEDERAL HCBS WAIVER SPENDING SURPASSES ICF/MR SPENDING IN 2001

UNITED STATES



Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

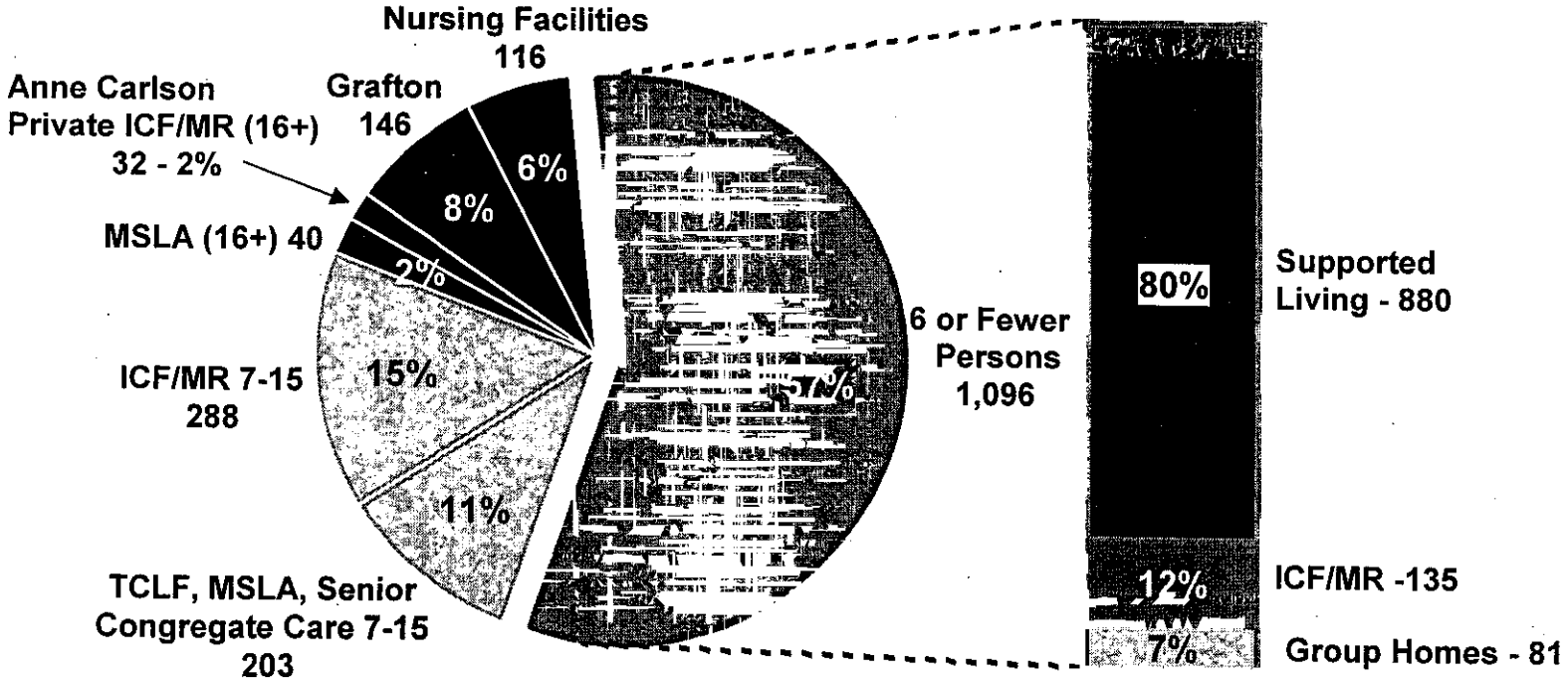
Priorities Two & Three

The Arc of North Dakota

Supported Living

INDIVIDUALS SERVED BY SETTING: 2004

NORTH DAKOTA

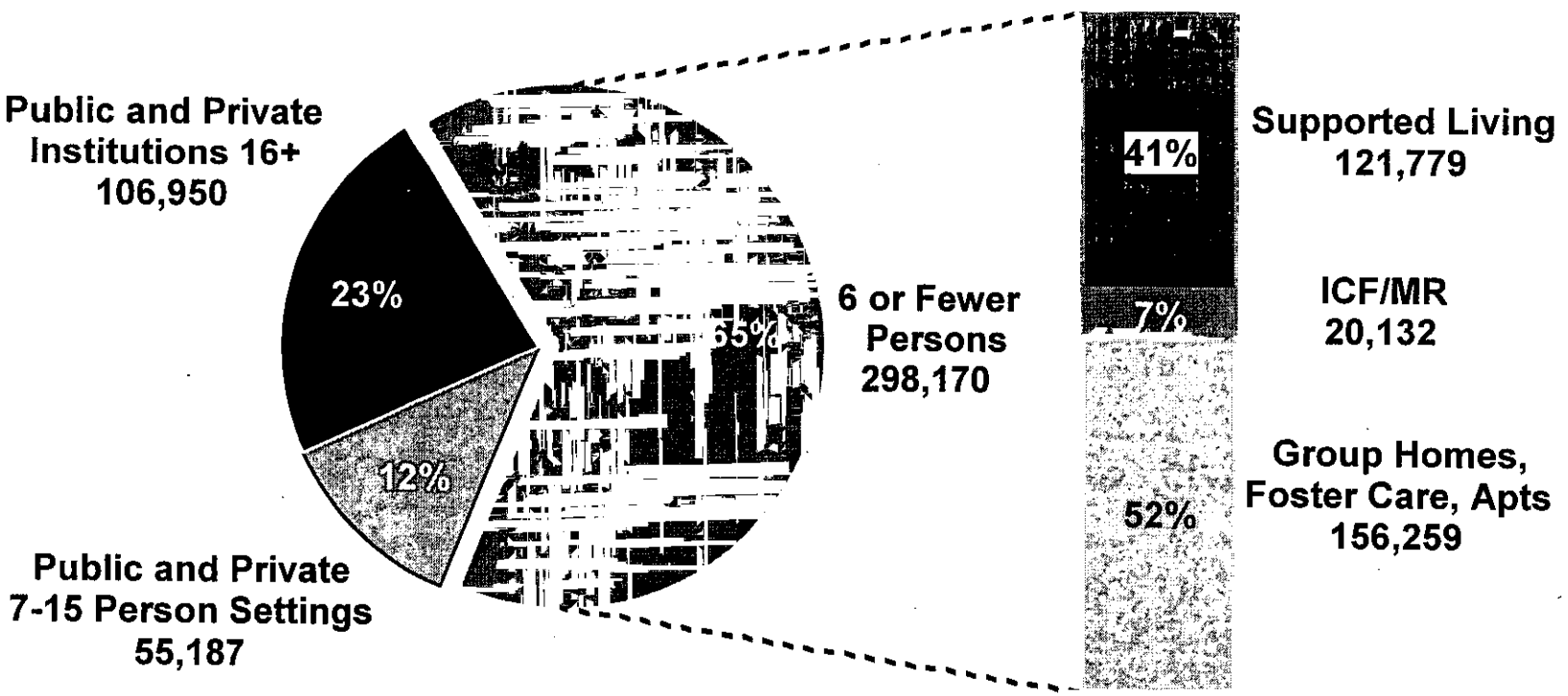


People Served: 1,921

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

INDIVIDUALS SERVED BY SETTING: 2002

UNITED STATES



People Served: 460,307

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

PRINCIPLES OF SUPPORTED LIVING/ PERSONAL ASSISTANCE

1. **CHOICE**
   - **Where to live, with whom and which lifestyle**

2. **OWNERSHIP BY OTHER THAN THE SERVICE PROVIDER**
   - **Individual owns or rents;**
   - **Family owns or holds lease;**
   - **Housing cooperative owns**

3. **INDIVIDUAL SUPPORT**
   - **Focus on individual's changing needs over time;**
   - **Individualized support plan or support contract**

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

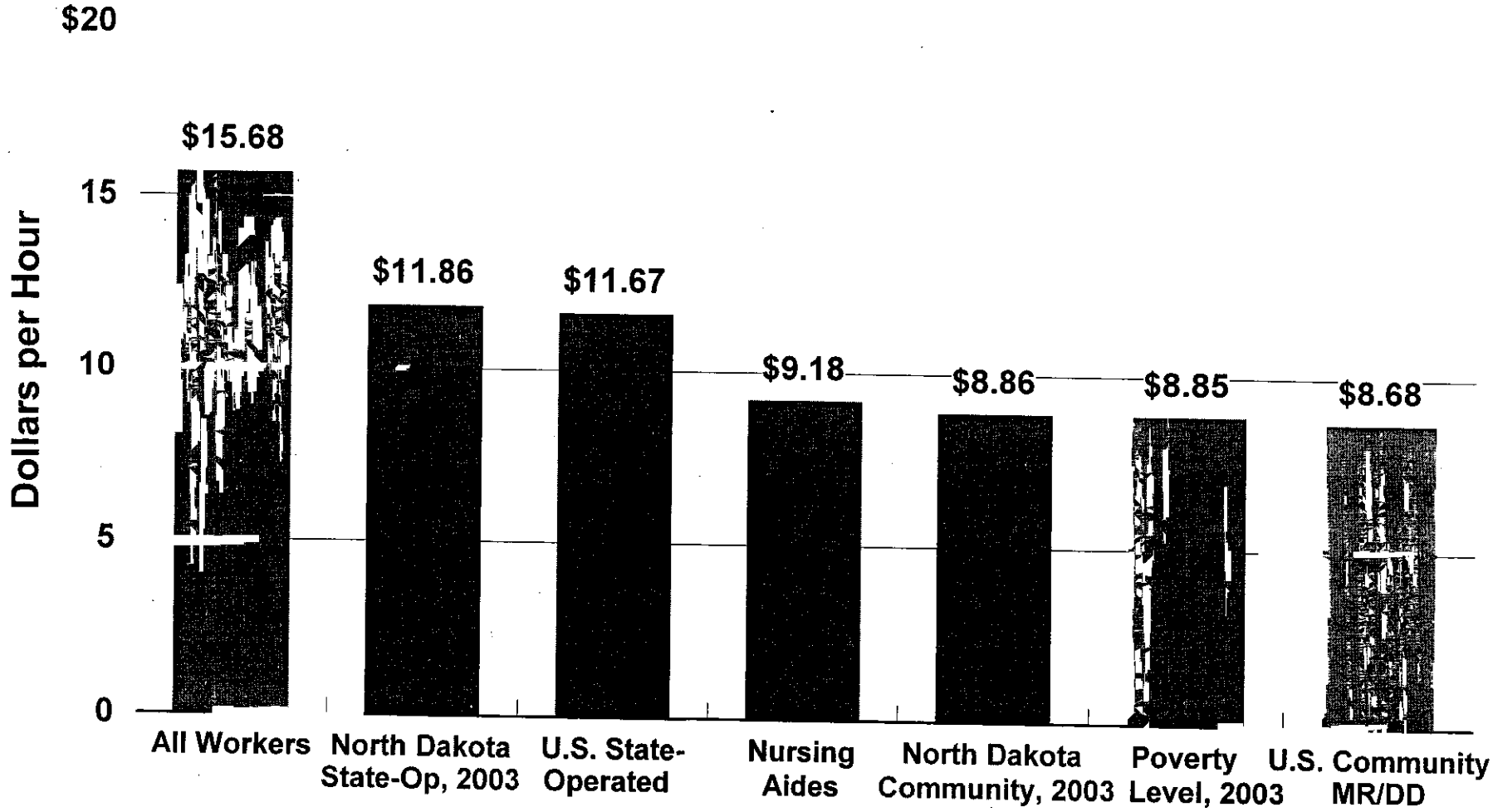
Priority Four

The Arc of North Dakota

Enhance Wages for Community Direct Support Staff

COMMUNITY WAGES REMAIN AT THE POVERTY LEVEL

NORTH DAKOTA



Sources: Bureau of Labor Statistics (2003); Lakin et al. (2003); BDO Seidman (2002); ASPE (2003); NDACF (2003); all data are for 2002, except as noted (2003) for North Dakota wages and the federal poverty level.

Priority Five

The Arc of North Dakota

Cap Medicaid Services Co-Payment, Co-Payment Exemption, and Service Limits

NORTH DAKOTA MEDICAL ASSISTANCE
COPAYMENTS, COPAYMENT EXEMPTION, AND SERVICE LIMITS,
January 2004

COPAYMENTS

- $1 for spinal manipulation received during a chiropractic appointment
- $1 for each outpatient speech therapy visit
- $2 for each office visit. This includes all Medical Doctors, Nurse Practitioners, and Physician Assistant Certified.
- $2 for each dental clinic appointment
- $2 for each outpatient physical therapy visit
- $2 for each outpatient occupational therapy visit
- $2 for each optometry appointment
- $2 for each outpatient psychological appointment
- $2 for each outpatient hearing test visit
- $3 for each hearing aid supplied
- $3 for each clinic appointment to a Rural Health Clinic or Federally Qualified Health Center
- $3 for each podiatry office appointment
- $3 Prescription Drugs - Brand Name drugs
- $6 for each emergency room visit that is not an emergency
- $75 for each inpatient hospital stay

PERSONS EXEMPT FROM COPAYMENTS

- Individuals under age 21
- Individuals who are pregnant
- Service is for a true emergency
- Service is for Family Planning purposes
- Individuals residing in institutions such as:
  - (LT) Nursing Home/Long Term Care
  - (LT) Swing Bed/Long Term Care
  - (IM) Intermediate Care Facility/MR
  - (SH) State Hospital
  - (JH) State Hospital<21/JCAHO Facility
  - (AC) Anne Carlsen Home

SERVICE LIMITS

- Chiropractic manipulation visits - 12 per year
- Chiropractic x-rays - 2 per year
- Occupational Therapy Evaluation - 1 per year
- Occupational therapy - 20 visits per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)
- Psychological Evaluation - 1 per year
- Psychological therapy visits - 40 per year
- Psychological testing - four units (hours) per year
- Speech therapy visits - 30 per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)
- Speech evaluation - one per year
- Physical therapy evaluation - 1 per year
- Physical therapy visits - 15 per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)
- Eyeglasses for Individuals 21 and older - once every 3 years.
- Eye exams for individuals 21 and older - once every 3 years

Authorizations in excess of the above limits may be granted by the Medicaid Utilization staff when medically necessary. If a recipient exceeds any of the service limits, a prior authorization is required.

North Dakota Department of Human Services
Medical Services Division

Clarifications on Service Limits and Co-Pays

The effective date for the new co-pays has been extended to January 1, 2004, with the EXCEPTION of the $1 lab and x-ray co-pays, which are being postponed until April 1, 2004.

The effective date for the new limits is January 1, 2004, with the EXCEPTION of the 12 per year office visit limit, which is being postponed until April 1, 2004. Additional information will be provided prior to the implementation of this limit. ALL OTHER limits are effective January 1, 2004.

1. How do the limits and copays affect children?

Co-pays do not apply to children. Limits on services, other than those noted, do apply to children.

2. Will the service limits and new co-payments have any affect on Home and Community Based (HCBS) clients?

Yes, the limits and co-pays apply to Home and Community Based clients, when they seek services that have a limit or co-pay imposed.

3. Will the service limits and new co-payments apply to recipient receiving Home Health Services?

Yes, the limits and co-pays apply to recipients receiving Home Health Services, when they seek services that have a limit or co-pay imposed.

4. Co-pays do not apply to persons in institutions. What is an institution?

Institutions include Nursing Homes (includes Swing Beds), ICF/MR facilities, and the State Hospital. Basic Care is NOT an institutional service. Co-pays do apply to Basic Care Residents, when they seek services that have a co-pay imposed.

5. What is the co-pay amount for psychiatrists?

$2.00 per visit. This is the co-pay for office visits, which is not a new co-pay.

6. What is the age limit for children that are exempt from co-pays?

Up to 21 years of age.

7. Will the state be developing an online referral/authorization system so that we could do this faster, etc.?

At this time, we are not planning an on-line system. We are developing a prototype form, which is available at www.discovernd.com Go to eGovernment and under Miscellaneous, click on Eforms. It will be Eform #481. This can be completed on-line, printed and faxed to 701-328-1544. Medical Services staff will review the request and fax the decision back to the provider.

8. If a recipient receives a medical authorization, are all visits for this diagnosis covered, or is an authorization needed each time the patient comes to the clinic?

Cases will be handled on an individual basis, which may include authorizations for an extended period of time.

9. Who is responsible for requesting the prior authorization? Patient or Provider?

The Provider. They should submit a prior or retro request for the services.

10. How do we appeal the denial for the request of additional services?

Appeal Process information will accompany each denial response. Providers cannot appeal, only recipients have appeal rights.

11. Do the limits apply to foster care children?

Yes. The limits apply to all Medicaid recipients.

12. Are therapies provided through school-based programs included in the limits?

No. Therapies provided through school-based services are excluded from the limits.

13. How long does the pre authorization process take?

We are planning for the turn around time to be 1-5 days.

14. Do the limits apply to children who are enrolled in Infant and Family Services or Early Intervention Children?

Yes. The limits apply to all Medicaid recipients.

15. Do the limits apply to children who have other insurance and are using Medicaid as a secondary insurance?

Yes, regardless of other insurance, the limits are based on the number of services, not the amount Medicaid reimburses.

16. Have recipients been notified of all the changes?

Recipients received a newsletter in August. The newsletter contained the same information as the September Provider Bulletin.

17. How can Medicare Recipients be responsible for more than the allowed?

They are not. The Medicare crossover claims will be submitted to Medical Services. If denied for being over a service limit, the claim will be denied. The provider accepts our payment, as payment in full, which means the patient cannot be billed. If a claim is processed, with no payment, the provider accepts our payment as payment in full, which means the patient cannot be billed. The provider may request retro-approval for the service.

18. Are there any legal restrictions on the refusal to serve ND Medical Assistance Patients?

The Provider Agreement acknowledges the provider will serve Medical Assistance recipients. If the services are provided to Medical Assistance recipients, the provider needs to bill for the services.

19. If the recipient exceeds any of the service limits with no prior approval, who will be liable, the provider or recipient?

The recipient.

20. Will all the different copays be listed on the Medifax printout?

No, the magnitude of the changes that would need to be made and the expense to do so, make this cost prohibitive.

21. Now that the policy has changed and Medicaid no longer pays all the co-insurance and deductible, can Medicare/Medicaid (dual eligible) recipients be billed for the remainder of their bill?

No, for Medicaid recipients, providers accept the Medicaid payment, as payment in full, even if the payment is $0.

22. Do recipient co-pays count toward the Recipient Liability?

Yes. Recipients will need to collect a receipt from the provider when a co-payment is made. The recipient will submit all receipts to their county eligibility worker and the worker can offset the Recipient Liability.

23. Does Medicaid require a co-payment on patients that have insurance primary to Medicaid?

Yes. If Medicaid pays any dollar amount after a primary payer has paid, the Medicaid co-payment is required.

24. If a provider bills the professional portion of an MRI through the clinic and the technical portion is billed through the hospital, is there one co-payment or two?

One co-payment, on the technical portion.

25. Are recipients who are also on Medicare exempt from co-payments?

No. The co-payments apply to Medicare/Medicaid dually eligible recipients. (Please note exceptions for persons in institutions.)

26. What telephone number can providers or recipients use to contact someone with additional questions?

Providers can call 701-328-2321. Based on the question, the receptionist will transfer the call to the appropriate staff member.

Priority Six

The Arc of North Dakota

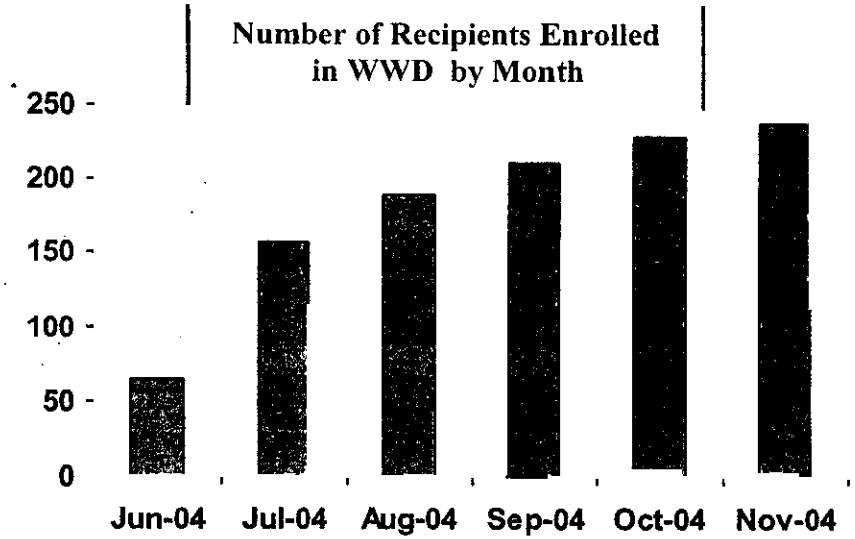
Reauthorize North Dakota Workers with Disabilities Medicaid Coverage

North Dakota Workers with Disabilities Coverage (WWD)

Workers with Disabilities Coverage allows individuals with a disability who want to work, who are already working and who want to increase their earnings, to do so without fear of losing their Medicaid health care coverage.

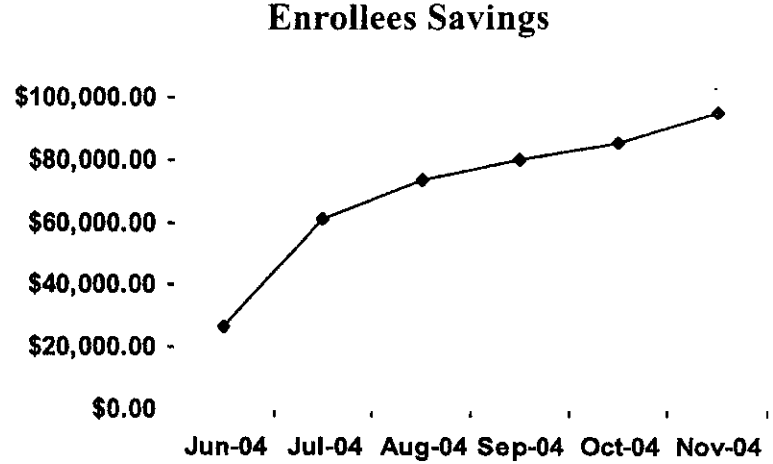
Facts:

- Average Monthly Premium for Enrollees is $57 per month
- Average Monthly Savings for Enrollees is $387 per month
- Since June, 2004 over $420,000 saved by Enrollees
- Total premium collected as of November 2004 is $61,895
- 238 individuals enrolled as of November 2004
- All enrollees are working in their North Dakota communities



History of Workers with Disabilities Coverage:

- Championed by Medicaid Infrastructure Grant at Minot State University's Center for Persons with Disabilities
- Sponsored by Senator Judy Lee of Fargo and Representative Clara Sue Price of Minot
- Unanimously approved by the 2003 North Dakota Legislature
- Implemented June 1st 2004
- Will expire June 30, 2005 unless reauthorized during the 2005 ND State Legislative Session



The total amount of $420,740 is the money enrollees saved on medical expenses that they can spend in their communities to support their families.

Eligibility Requirements for Workers with Disabilities Coverage:

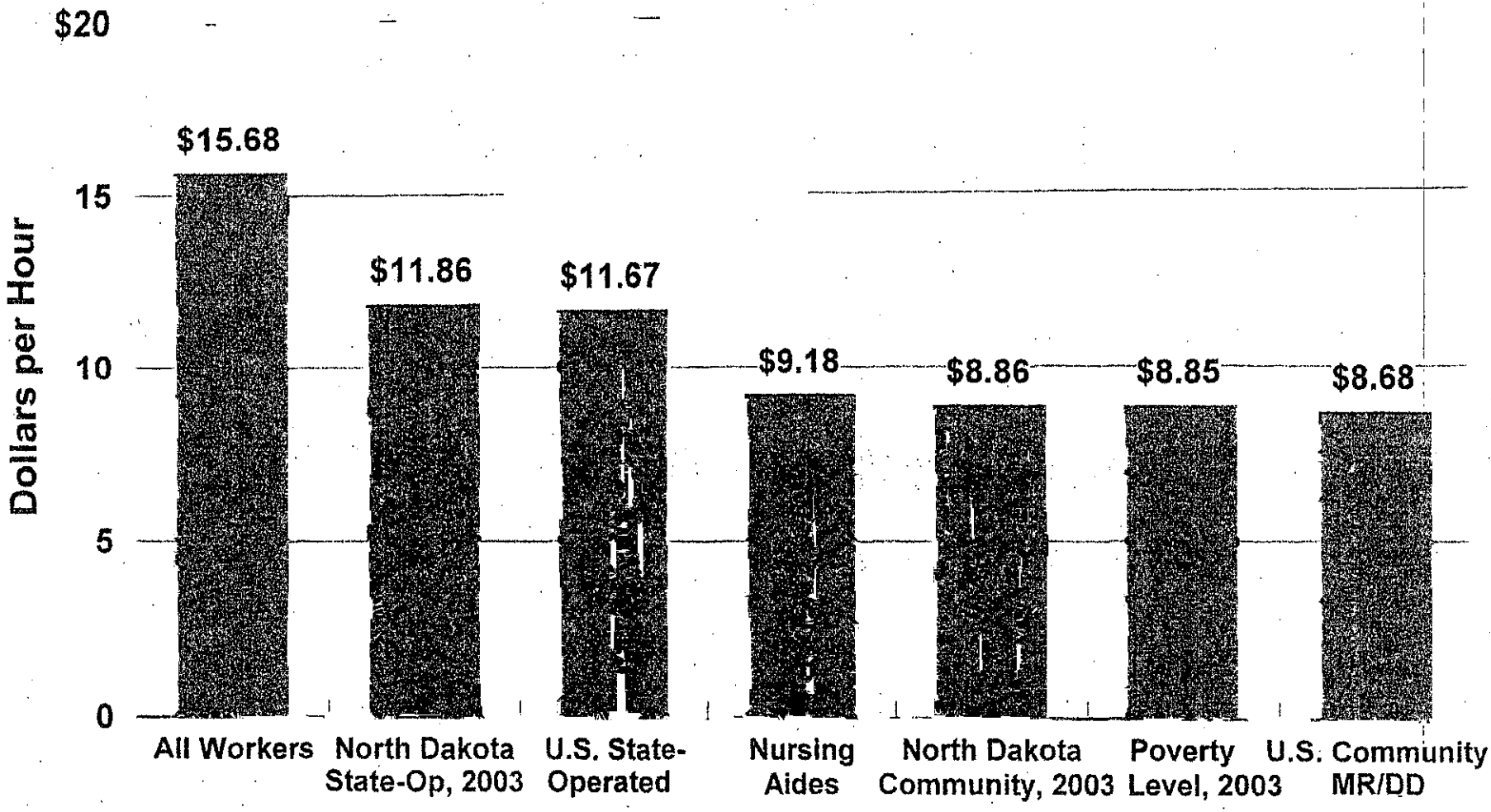
- Have a disability based on Social Security Administration guidelines other than substantial gainful activity (SGA)
- Be at least 18 but less than 65 years of age
- Must become employed or be employed
- Pay a one-time $100 enrollment fee
- Pay monthly premium of 5% of gross income
- Meet family income guidelines of 225% of federal poverty level

For more information call...
*** Your local County Social Service Office or**
North Dakota Center for Persons with Disabilities
at 1-800-233-1737

12/04

COMMUNITY WAGES REMAIN AT THE POVERTY LEVEL

NORTH DAKOTA



Sources: Bureau of Labor Statistics (2003); Lakin et al. (2003); BDO Seidman (2002); ASPE (2003); NDACF (2003); all data are for 2002, except as noted (2003) for North Dakota wages and the federal poverty level.

The Arc of North Dakota

Priority Seven

Increase Funding for Dental Medicaid and Improved Medicaid Administration

NORTH DAKOTA DENTAL ASSOCIATION

M E M O R A N D U M

To: Interested Parties

From: Dr. Brent Holman, President, North Dakota Dental Association

Date: August 10, 2004

Subject: **Dental Access Resolution**

The North Dakota Dental Association has been working to try to improve access to dental care for indigent patients in North Dakota for many years. It is a growing problem, particularly for the elderly, indigent children, and developmentally-disabled patients. Since oral health is such an important part of overall health, it is critical that patients have access to dental care. Most of the dental care that is provided to indigent patients in our state is provided in private dental offices and is reimbursed through the dental Medicaid program administered by the State Department of Human Services. The participation of dentists in this program is declining primarily due to limited reimbursement for services. The program currently reimburses most dentists below their cost of providing those services. In a state that has been struggling to recruit and retain enough dentists to meet the needs of our population generally, it is critical that we encourage our state to fund Medicaid dental care at a level that maintains an adequate network of dentists available to provide care to those least fortunate among us.

Dentists in our state have been involved in many charitable programs and community partnerships that strive to assure an adequate safety net for indigent patients. These include the statewide Donated Dental Services Program, The Red River Valley Dental Access Project in Fargo, the Bridging the Dental Gap Program in Bismarck, and new efforts to set up a community urgent care access program in Grand Forks. While these programs are critically important, access to dental care can only be assured by a partnership that includes state government.

With this background, we are urging you and your organization to join us in this effort to increase funding for dental Medicaid and improve Medicaid administration, with the goal of increasing dentist participation and better access to vulnerable populations in our state. Enclosed is the "North Dakota Dental Access Resolution" which urges the 2005 Legislature to improve the dental Medicaid program. We would greatly appreciate having your organization join us in affirming this Resolution. Please let us know if we can add your name to our list of supporters.

Please contact our Executive Director, Joe Cichy, if you have any questions. Thank you.

P.O. Box 1332 • Bismarck, ND 58502
Phone: 701/223-8870 • Email: ndda@olsoncichy.com • www.nddental.com

RESOLUTION
Regarding Dental Access

WHEREAS, oral health is essential to overall health, especially for children, patients with complicating medical conditions, elderly patients, and the developmentally disabled; and

WHEREAS, access to dental care in North Dakota is a growing problem, particularly for indigent children, the elderly, and developmentally-delayed patients; and

WHEREAS, vulnerable patients in need of dental care increasingly must access hospital emergency rooms for treatment of dental problems, or need to travel great distances to access care, resulting in greater cost to the state and its associated agencies; and

WHEREAS, the percentage of dentists in North Dakota willing to see new Medicaid patients fell from 77% in 1992 to 34% in 2002, below federal definitions of adequate access; and

WHEREAS, dental care is provided predominantly in private practice dental offices in North Dakota for Medicaid-eligible patients and current Medicaid fee reimbursement to dentists is below the cost of providing that care; and

WHEREAS, administrative complexity and limitations on covered services are deterrents to provider participation; and

WHEREAS, market-based rates of dental reimbursement and administrative dental Medicaid reform, often including outsourcing administration to a non-government third party, have significantly improved access to dental care in other states;

NOW THEREFORE, BE IT RESOLVED, we urge the North Dakota Legislative Assembly in 2005 to improve access to dental care for our most vulnerable citizens by increasing funding and administratively reforming dental Medicaid.

(List of endorsing organizations goes here)

The Arc
of North Dakota

Grand Forks Herald News Articles and Editorials

GrandForksHerald.com

Posted on Sat, Nov. 20, 2004

VIEWPOINT : Encourage independent living for all

By Virginia Esslinger

GRAND FORKS - "What are your plans after you graduate from high school?" is a question many young people are asked, including my daughter, who graduated from high school in May. In spite of the fact that she was born with Down Syndrome, my daughter's answer is fairly typical of many young people: She says, "I want to have a job and live in my own place."

The prospect of any of your children moving out of the home into another environment carries with it some anxiety for most parents. But the prospect of a child who has cognitive disabilities moving out is even more anxiety-producing. I know I can't keep her with me forever. That would not be good for her or for me. However, like any parent, I have concerns about her safety and security and her ability to live successfully on her own.

The program that my daughter and many others now rely on is the Independent Supported Living Arrangement, or ISLA. Through this program, staff members provide support in the person's home by helping with and teaching independent living skills such as cooking, cleaning, shopping and so on.

Using funding through this program, service providers recruit and train staff. The staff must be screened, trained and given the appropriate incentives to become dedicated and committed to their clients, who include my daughter. This means that they must get adequate compensation; you get what you pay for.

And this means adequate funding must be provided.

North Dakota community agency directors say that this program is an important accomplishment, but note that the ISLA funding was not meeting the states' needs. The lack of spending growth in 2001, 2002, 2003 and 2004 made it more difficult to provide ISLA and group-living alternatives to individuals who now are in public and private institutions. Many of these people would be eligible to live in their communities with support, if it were available.

Also, we have a current generation of young people with developmental disabilities who have been raised in their homes in their communities. They have been fully included in general education classes in school and have participated in many community events right along with people who are not disabled. They expect to remain in their communities, work at their jobs and live in their own places.

They expect and deserve to have support through ISLA to enable them to achieve that goal. Our communities will be stronger and better with their presence. This includes the fact that they are paying rent, buying food and paying sales tax and other taxes. They are contributing to their community, but need some support in return.

In addition, the 1,600 children and adults with cognitive and developmental disabilities who are living with caregivers over the age of 60 in North Dakota will need of ISLA services when the aging caregivers no longer are available to care for them. The state needs to do some substantial planning to address this upcoming need.

The other program of concern is the Supported Living Arrangement or SLA program. In the last legislative session, some clients were made ineligible for SLA funding because of changes in the eligibility criteria. This included people in wheelchairs and on ventilators who were living successfully in their homes with support.

The Department of Human Services should restore this funding. At a minimum, the department should restore funding to levels that would provide basice supportive services.

Without ISLA and SLA service funding, the goal of encouraging people with disabilities to live in their communities cannot be achieved. My daughter's goal of living independently may be jeopardized. We will be advocating for appropriate funding for these services in the upcoming legislative session.

Esslinger is an advocate on behalf of people with cognitive and developmental disabilities.

Stop segregating people with disabilities in Grafton

By Jim Berglie and Dianne Sheppard

GRAND FORKS — The Arc is an advocacy organization on behalf of people with developmental disabilities. We read with interest the recent articles regarding the historical changes at the State Developmental Center in Grafton, N.D. ("100 years of caring," Page 1A, May 3).

The institution was established 100 years ago. There can be little doubt that massive changes have been made at the center, many of which were required by the landmark class action lawsuit initiated in 1980 by The Arc. The progress that has been made at the center is dramatic and remarkable, and credit should be given to the staff at the institution and others responsible for those changes.

The articles, however, neglect to address the most important issue facing the people who are forced to reside at the center today. That issue is whether an institution that is fully segregated ever can meet the rights and needs of the people who reside there.

It is ironic that the centennial celebration at the Developmental Center is being held at the same time that we are celebrating the 50-year anniversary of the landmark case of Brown v. Board of Education. In Brown, the U.S. Supreme Court held that separate is not equal, and the court compelled the integration of our nation's public schools. The court's rationale was that segregation, by itself, is harmful, and this harm is a natural and intended consequence of segregation. It was because of this harm that segregation on the basis of race was found unconstitutional in Brown.

Segregating people on the basis of a disability is just as harmful.

Institutions similar to Grafton historically have been vehicles for the isolation and segregation of people with disabilities. The purpose of these institutions was fueled by fear, misunderstanding and ignorance. Because of irrational fears, people with disabilities were forced into institutions which typically were underfunded and understaffed. The conditions in these institutions were substandard and deplorable. The institutions were often referred to as "human warehouses."

The Developmental Center at Grafton was one of these institutions until the court order in The Arc case mandated dramatic improvements.

Following Brown, most states have recognized that it is unnecessary to segregate people with mental retardation for the purpose of providing education and other necessary services. Since 1967, the population of institutions similar to the Developmental Center has declined substantially. In 1991, New Hampshire became the first state to be free of any segregated facility for the treatment of people with mental retardation. Other states have followed.

These states represent the current and enlightened view that it is not necessary for a person with mental retardation to sacrifice their friends and family, freedom of choice and association and other human and legal rights in order to get education or services.

As a result of The Arc lawsuit, North Dakota has created a comprehensive system of community programs that have established that any person with mental retardation can be provided with effective and appropriate education and services in North Dakota communities. In short, there is no need for sending any person in North Dakota to a segregated facility in order to receive programs and services. Those programs and services can be provided — indeed are being provided — in community programs today.

Improving the brick and mortar at the Developmental Center cannot change the fact that it remains a segregated facility.

Fifty years ago, Brown held that "separate is not equal" because segregated facilities are harmful. Since Brown, states have closed more than 120 segregated facilities, and many other closures are planned. Nationally, there has been a "community imperative" developed, which holds that:

- All people have fundamental, moral and constitutional rights.
- These rights must not be abrogated merely because a person has a mental or physical disability.
- Among these fundamental rights is the right to community living.
- All people as human beings are inherently valuable.
- All people can grow and develop.
- All people are entitled to conditions that foster their development.
- Such conditions are optimally provided in community settings.

The time has come for North Dakota to address the most basic issue involving the Developmental Center. This issue first was raised in Brown in 1954, and raised again in The Arc case in 1980. The issue is whether the continued segregation of people based on disability should be tolerated.

We believe that people with disabilities should not be compelled to trade their human and civil rights for services; that people with disabilities should not be required to abandon friends and family to receive services; and that the harm to black children caused by segregation and recognized in Brown has been equally harmful to people with disabilities.

The time has come to end the unnecessary segregation of people with disabilities.

Berglie is president of The Arc of North Dakota. Sheppard is executive director of The Arc, Upper Valley.

The Arc of North Dakota

State Operated Institutions

STATES WITHOUT STATE-OPERATED MR/DD INSTITUTIONS

1. **ALASKA**
2. **DISTRICT OF COLUMBIA**
3. **HAWAII**
4. **MAINE**
5. **NEW HAMPSHIRE**
6. **NEW MEXICO**
7. **RHODE ISLAND**
8. **VERMONT**
9. **WEST VIRGINIA**

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

WHO'S NEXT?

SMALLEST INSTITUTIONAL CENSUS	
MINNESOTA	37
OREGON	50
WYOMING	99
COLORADO	104
IDAHO	106
MONTANA	125
NEVADA	131
NORTH DAKOTA	146
ARIZONA	154
MICHIGAN	181

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

INSTITUTIONAL PER DIEM RATES IN NORTH DAKOTA AND THE U.S.

NORTH DAKOTA (2004):	**$392**
U.S. (2002):	**$369**
HIGHEST STATE (MN):	**$778**

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

ALTERNATE INSTITUTIONAL USE FOR 127 U.S. INSTITUTIONAL CLOSURES

Alternate Use	Number[1]
Corrections (including federal corrections)	22
DD or other state/local administrative offices	15
Alternate use not yet known	9
Universities/junior colleges	9
Property vacant	9
Various community uses	6
Community DD programs	5
To be sold (including realty, public auction)	5
Commercial uses	4
MI facilities	4
Demolished	3
Juvenile facilities	3
New MR facilities	2
Unoccupied (asbestos)	2
Private institutions	2
Historic preservation	1
Housing	1
Public health infirmary	1
Retirement program	1
Reverting to U.S. Department of Defense	1
Veterans' medical center	1
Water survey office	1
Women's prison	1
Undetermined	29

[1]Total is 137--10 institutions had two alternate uses

Turtle Mountain Band of Chippewa plans to renovate San Haven as economic venture or historic site.

Source: Braddock, D., State of the States in Developmental Disabilities, 2004.

Testimony HB 1012

Public Comment – Developmental Disabilities
Senate Appropriations Committee
Chairman – Sen. Ray Holmberg

March 2, 2005

Chairman Holmberg and members of the Committee, my name is Mike Schwab and I am the Executive Director for The Arc of Bismarck. I am here to share information with you as a professional and as a parent of a child that has multiple disabilities.

Millions of people with disabilities of all ages depend on direct support workers to help them with their activities of daily living. Whether that be, helping someone maintain their independence by helping to cook meals, helping administer medications, or by providing enough support to allow an individual to live in the least restrictive environment as possible, direct support providers do a tremendous job and in most instances save the state money. Individuals who live in the community have a sense of belonging, the ability to make friends and have neighbors, possibly become employed or volunteer, build community relationships and have the opportunity to succeed and/or fail. Those are some of the things that make up "independent living."

As a disability advocate and a parent of a child with a disability, I am worried about the continuous staff turnover and shortage of direct service workers. Our family has personally experienced the turnover and shortage of direct support workers. At first we thought it was just the service provider we had, so we switched. Everything started out fine with the next service provider, but then it started to happen again. Workers were starting to come and go. I can think of one very specific instance, when a direct support worker (a young lady) told us that she was putting in her two weeks notice because she was taking a job at Sta-Mart, because they offered her benefits if she worked X number of hours a month and she was also going to be making .40 cents more an hour. I can

understand and don't blame a person for wanting to better their financial situation. I can't imagine what an individual who needs services on a daily basis goes through with regards to staff turnover and shortages of staff. A problem exists, when you have a shortage of workers and high staff turnover. You are risking the safety and security of the person with a disability receiving the services, the service provider industry and their reliability.

There are some interesting trends that currently exist and need to be reversed.

Trend 1: Institution wages are still higher than direct service provider wages.

Trend 2: Direct Service Providers earn a wage that is basically equal to the Federal Poverty Level. *Please see attachment*. The attachment was taken out of the Developmental Disabilities in ND - 2004 Report – Braddock & Hemp 2004.

Trend 3: There is a shortage of direct service providers and high turnover exists.

As a parent of a child with a disability, I would agree that home and community-based services are critical for people of all ages and all disabilities. An increase in home and community-based services and the way those services are offered is right in line with the President's New Freedom Initiatives. They are aimed at removing barriers to community living for people with disabilities. We all know that segregation and isolation in its very own nature are harmful and unjust and cost a lot of money, so we need to continue to focus our efforts on community living. By increasing the wages for direct service providers, you are strengthening the reliability of the service being offered and strengthening the way that service is being delivered. Please support higher wages for direct service providers.

I would like to thank you for your time and attention today. This concludes my testimony. I would be happy to try and answer any questions that you may have.

Respectfully Submitted,
Michael D. Schwab

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS HUMAN RESOURCES SUB-COMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
JANUARY 13, 2005

Chairman Delzer, members of the House Appropriations Subcommittee on Human Resources, I am Tom Wallner, Executive Director of the North Dakota State Council on Developmental Disabilities. My testimony today pertains to the DD Council's budget request.

The DD Council administers the federal Developmental Disabilities Act Basic State Grant allocated to North Dakota. The Council directs that funding toward projects and activities that advocate policies and support programs which promote choice, independence, productivity and inclusion for North Dakotans with developmental disabilities.

Under the Governor's budget, no changes are proposed to activities supported by the Developmental Disabilities Council. The Council's proposed 2005-07 budget maintains funding for a full-time director and part-time secretary and includes operating costs associated with maintaining the 20 appointed member Council. The greatest share of the Council's proposed budget continues to be allocated to the grants line item.

For the 2005-07 biennium, the Council intends to continue to award grants to state and local agencies and primarily to private, nonprofit organizations.

Activities under these grants will need to address at least one of four areas of emphasis identified as priorities in the Council's federally approved five-year plan. These priority areas are: Education and Early Intervention; Employment; Community Supports and Quality Assurance. More specifically, grant-funded activities under these priority areas are intended to assist persons with DD to:

- have control, choice and flexibility in services and supports they receive;
- get and keep employment consistent with interests, abilities and needs;
- reach their educational and developmental potential; and
- become valued, participating members of the community.

Under its federally approved five-year plan, the Council is responsible for tracking and annually reporting performance data on 29 performance outcome measures to the federal Administration on DD. Among other performance outcome data, the Council reported the following accomplishments for FY 2004:

- 34 adults with DD obtained jobs of their choice with 32 employers through Council efforts.
- 62 schools improved their Individual Education Planning (IEP) practices.
- 218 parents were trained regarding their child's educational rights.
- 284 public policymakers were educated about issues related to Council initiatives.
- 182 individuals with DD received formal and informal community supports through Council efforts.

Overview of budget changes:

	2003-05 Budget	*2005-07 Request*	*Increase/ (Decrease)*
Salaries/Benefits	$137,052	$145,543	$ 8,491
Operating	52,687	51,405	(1,282)
Grants	758,484	816,288	57,804
Total	$948,223	$1,013,236	$65,013
General Funds	-0-	-0-	-0-
Federal Funds	$948,223	$1,013,236	$65,013
Other Funds	-0-	-0-	-0-
FTE's	1.4	1.4	-0-

- The DD Council's requested budget remains 100 percent federal funds.
- FTE's remain unchanged at 1.4.
- The salary increase is attributed to the recommended salary package.
- Re-budgeting operating costs to be more in line with actual spending history and to accommodate potential increased travel expenses resulted in a net decrease of $1,282 to the requested operating budget from 2003-05.
- The requested grants item is increased by $57,804 as a result of increased federal funding allotments and available federal funding projected to be unspent in the current biennium that will be available for expenditure in 2005-07.

This concludes my testimony on the DD Council's 2005-07 budget request. At this time I can try to answer questions from the committee.

Council M[illegible]ers

Diana Zietz, Chair	Dickinson
Mary Simonson, Vice Chair	Valley City
M. Bryce Fifield, Ph.D.	Minot
Cindy Taylor	Fargo
Darcy Andahl	Bismarck
Jane Haerter	West Fargo
Mathew C. Schwarz	Bismarck
Jeremy W. McIntyre	Fargo
Betsy Dalrymple	Bismarck
Bob Rutten	Bismarck
Carol Olson	Bismarck
Mary Dasovick	Bismarck
Alex Schweitzer	Jamestown
Mike Schwab	Bismarck
Shirley Brennan	Minot
Juanita Clark	Williston
Linda Babinski	Minto
Bruce Stein	Hankinson
Tom Shipman	Bismarck
Richard Hickok	Williston

Contact Person:

Tom Wallner, Executive Director
ND State Council on Developmental Disabilities
c/o ND Department of Human Services
600 East Boulevard
Bismarck, ND 58505
Phone: (701) 328-8953
Fax: (701) 328-8969
Email: sowalt@state.nd.us

10/2004

State Council on Developmental Disabilities
N.D. Department of Human Services
600 East Boulevard
Bismarck, ND 58505-0250
OFFICIAL MAIL
STATE OF ND

RETURN SERVICE REQUESTED

NORTH DAKOTA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

DEVELOPMENTAL DISABILITIES

ND Department of Human Services
State Capitol
600 East Boulevard
Bismarck, North Dakota 58505

Phone: (701) 328-8953
Fax: (701) 328-8969
Website:
http://ndcpd.misu.nodak.edu/uapdis/home.html

Mission – [redacted] Council advocates for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council supports projects and activities that maximize opportunities in these areas for consumers and families.

Objectives – To achieve this mission, the Council has the following objectives:

- Assist and facilitate employment opportunities for persons with D.D.
- Facilitate community integration and inclusion of persons with D.D.
- Promote prevention of disabilities and minimization of their impact.
- Facilitate empowerment of persons with D.D. and their families to access needed services and supports.

Definition of Developmental Disability -

A developmental disability is a severe, chronic disability which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the age of 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, independent living and self-sufficiency);
- Reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

Examples of Developmental Disabilities – Mental retardation, mental illness, epilepsy, cerebral palsy, autism, spina bifida, deafness, blindness, traumatic brain injury and severe physical handicaps.

State Council on Developmental Disabilities (SCDD) Membership –

- Consists of 20 members appointed by the Governor. Terms of appointment range from 2-6 years (application forms may be requested from the SCDD). Membership applications are to be submitted directly to the Governor's Office for consideration as vacancies occur;
- At least 60 percent of the members are persons with developmental disabilities or the parents, guardians or immediate relatives of such persons;
- Includes state agency representation (State Developmental Center, Job Service, Human Services, Health Department and Public Instruction);
- Includes representation from North Dakota's University Center for Excellence in D.D., Protection and Advocacy Project, and community D.D. service providers.

SCDD Functions – Generally, the SCDD serves in a planning and advisory capacity to state policymakers and agencies such as the Department of Human Services relative to programs and services for persons with developmental disabilities. Statutory functions of the SCDD are identified in Chapter 25-01-01.1 of the North Dakota Century Code.

Federal Developmental Disabilities Act (P.L. 106-402) – The SCDD also administers the federal Developmental Disabilities Basic State Grant Program under P.L. 106-402 in North Dakota. This program:

- Requires the creation and maintenance of a state council (SCDD);
- Requires the SCDD to prepare and submit for federal approval a five-year state plan with annual updates;
- Provides an annual federal allocation of approximately $460,000 to $470,000 to support state council operations, planning and project activity;
- Requires that Council planning and project activities promote self-determination, independence, productivity, and inclusion for persons with developmental disabilities;
- Requires that a minimum of 70% of the state's annual allocation be expended for project activities in Council-selected areas of emphasis: Quality Assurance; Community Supports, Employment; and Education and Early Intervention.

Grant Applications

Private, nonprofit organizations, licensed DD service providers, state and local government agencies and other entities are eligible to apply for grant funding from the Council to support projects addressing the Council' areas of emphasis. Grant requests must be submitted on Form SFN 1196, SCDD Application for Financial Assistance. Under the Council's annual grant approval cycle, applications must be received, usually by a July 31 deadline. Grant projects approved are implemented during the ensuing federal fiscal year (October 1 to September 30). To a limited extent, the Council may also consider grant requests submitted outside of this regular cycle. Such requests must be received 30 days prior to the Council meeting at which they are to be considered. Inquiries on further grant application requirements should be directed to the Council.

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS COMMITTEE
SENATOR HOLMBERG, CHAIRMAN
MARCH 2 , 2005

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Education and Early Intervention; Employment; Community Supports and Quality Assurance. More specifically, grant-funded activities under these priority areas are intended to assist persons with DD to:

- have control, choice and flexibility in services and supports they receive;
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- reach their educational and developmental potential; and
- become valued, participating members of the community.

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General Funds	-0-	-0-	-0-	-0-	-0-
Federal Funds	$948,223	$65,013	$1,013,236	($489)	$1,012,747
Other Funds	-0-	-0-	-0-	-0-	-0-
FTE's	1.4	-0-	1.4	-0-	1.4

- The DD Council's requested budget remains 100 percent federal funds.
- FTE's remain unchanged at 1.4.
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- The requested grants item is increased by $57,804 as a result of increased federal funding allotments and available federal funding projected to be unspent in the current biennium that will be available for expenditure in 2005-07.

House Changes:

- The salary/benefit line item was reduced by $489 as the result of the salary package moving to a 3% / 4% increase rather than a 4% / 3% as recommended by the Governor.

This concludes my testimony on the DD Council's 2005-07 budget request.

House Appropriations Committee – Human Resources Division
Testimony on House Bill 1012
Representative Jeff Delzer – Chairman
January 20, 2005

Chairman Delzer and members of the House Appropriations Committee – Human Resources Division, good morning. My name is Donna Byzewski and I am supervisor of the corporate guardianship program at Catholic Charities North Dakota. I am respectfully asking your committee to approve funding for petitioning costs so people with developmental disabilities can receive needed guardianship services. I would like to provide some brief background information to clarify the issue.

The corporate guardianship program at Catholic Charities North Dakota (CCND) is very grateful to the 2003 Legislature because it approved an increase in the number of wards who could be served. This action completely eliminated a long waiting list. From 7/1/03 to 1/14/05, forty-five (45) people with developmental disabilities have been admitted to CCND's corporate guardianship program: forty-three (43) people who live in the community; and two (2) who reside at the Developmental Center in Grafton. Eight (8) new cases are pending as they are still progressing through the court process. We currently provide services on behalf of 358 people (324 in the community and 34 at the Developmental Center). The legislature also approved an increase in the rate for corporate guardianship services for people with developmental disabilities to $3.92 per ward/per day. This was the first rate increase that corporate guardianship received since 1995 and it was based on the cost of services in 2001. Our current cost of service is $4.60 but because of United Way allocations, collection of allowable guardianship fees through the North Dakota Medicaid Program and our Golf for Guardianship fundraiser, CCND is able to offset the costs that are not covered by our contract with the Disability Services Division of the Department of Human Services (DHS). Again, I would like to extend my sincere appreciation to legislators as their decision to increase the number of people who could be served and the increase in the daily rate has had a direct and positive impact on the lives of many people who were at risk of harm. The support and protection

of a guardian helps ensure that each person will receive services in the least restrictive environment and that his or her health and safety needs are met.

Unfortunately, it was not realized until the end of the 2003 Legislature that emergency funding was not included in the DHS budget and historically this has been the source of funding for petitioning costs for indigent people with developmental disabilities. In order to establish a guardianship, a petition must be filed with the court and a hearing must be held to hear evidence. This process involves the services of two attorneys (the petitioning attorney and a guardian ad litem), a court visitor and a physician or psychologist. Petitioning expenses range from $300 for an uncontested successor guardianship to $850 or more for the establishment of a new guardianship. In response to this serious problem, CCND set aside $15,000 from our Golf for Guardianship fundraiser for fiscal year 2003 and the same amount for fiscal year 2004. From 7/1/03 to 1/14/05, CCND has spent $20,257 to pay for a portion or all of the petitioning costs for thirty-six (36) wards.

In July 2003, CCND made a choice to respond to the needs of the many vulnerable people who were on our long waiting list. It became clear that a number of people who were accepted into our program would not be able to access our services because they could not afford to pay the petitioning costs. CCND stepped up to the plate and did the right thing. However, this cannot be a long-term solution. There may come a time in the near future that the funds that CCND designated towards petitioning costs must be used to help finance the difference between our actual cost of service ($4.60) and the daily rate from our contract with DHS ($3.92).

Today, I am requesting that an appropriation in the amount of $30,000 be made available to ensure that each person who needs corporate guardianship services will receive it. It would be very distressing if a person with developmental disabilities cannot receive corporate guardianship services and consequently remain at risk because he or she is indigent. I would welcome any questions that you may have. Thank you.

Testimony
HB 1012 – Department of Human Services
House Appropriations
Human Resources Subcommittee
Present January 20, 2005

Chairman Delzer and members of the committee, Good morning. My name is Roxane Romanick and I live in Bismarck, ND. I am here this morning as a parent, more specifically as a parent of a five year old little girl with Down Syndrome. My purpose in testifying is to ask your continued support for the funding provided in House Bill 1012.

Although I'm here as a parent today, I cannot ignore the additional hats that I wear, which allow me access to information regarding the human service budget and feel it's important to acknowledge them as well. I am currently a governor appointed member and the vice-chairperson of the North Dakota Interagency Coordinating Committee and also work, both professionally and as a volunteer in a capacity to support parents who have young children with developmental delays.

In particular today, I am asking this committee's support regarding the portion of the budget that pertains to Early Intervention services. These are the services that the state of North Dakota provides to children, ages birth to three, who are experiencing developmental delays or are at risk to develop delays. Some of the services are mandated under the federal Individuals with Disabilities Education Act (IDEA) and others, such as family subsidy and family support, come through state and federal funds.

Although I have no reason to believe that this funding is at risk by this subcommittee or the House Appropriations, I know that the numbers of children in this program have increased and this may raise questions. It is not my role here as a parent to speculate about those increases, but it is my responsibility to make the members of this subcommittee aware of the benefits that the North Dakota Early Intervention provided for our family and which can be provided to many families.

Six years ago, the journey we were on as a family changed drastically when we found out the baby we were expecting would have Down syndrome. Before I even saw her incredible little face, I worried about whether or not it was right to bring a child into this world that may require tax-payer and community support to raise. A more pervasive thought however was " How can we decide what a life is worth?" There is much effort in our outcome-oriented world to put a dollar amount on services that we provide to support people. For example, X amount of dollars provided in prevention, saves X amount in the future. I cannot make those equations work when I attempt to apply them to Elizabeth's life.

Because of Early Intervention services and supports, we were supported in getting her heart fixed and stopping her seizures. She is now healthy. Because of Early Intervention, we were exposed to teaching our new baby sign language. By the age of 3, she was dropping the non-verbal forms of language and was starting to talk. Today, she is a communicating partner, arguing with her brother and making her wishes known.

Because of Early Intervention, today she knows all of her colors, can count, and has started to put some sounds together to start to attempt to read. Because of Early Intervention, we were encouraged to talk to other parents who have raised children with Down syndrome and as a result we have become better advocates for her and feel more confident in raising her.

Would she have developed on her own? Would we have survived without the support? How would one ever know? Of one fact I am certain. Serving her in her home and with her family makes all the difference. If she were institutionalized at a young age, as was true for many North Dakotans in our history, she would not have the functional social skills and general knowledge about the world that she has today. Today, she goes to school with peers without disabilities and plays with many little friends who love her for who she is. She will always have Down syndrome, but I believe that we have challenged her to maximize her potential and she will become a North Dakota constituent and, I believe, a North Dakota tax-payer.

I know that your job is to somehow try to balance the needs of North Dakota citizens with the money that is available. I do not envy that job, but I'm here today to remind you about our smallest citizens who sometimes have parents who are too busy and sometimes too exhausted to get here to talk to you. I know that it is also your job to question why things are the way they are; such as why are we serving more children than before. To me, it means that more children and families are being supported to raise their child with special needs and that is a good thing. I am asking you today to strongly value programs like Early Intervention and programs such as Right Track that help identify children. Make prevention services for children a high priority because the investment is worth it.

This concludes my testimony. Thank you for your time.

Roxane Romanick
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701-258-7421
romanick@bis.midco.net

TESTIMONY TO THE
HOUSE APPROPRIATIONS COMMITTEE – HUMAN RESOURCES DIVISION
Prepared January 19, 2005, by
Sandra McMerty, Parent – Former Early Intervention Family

CONCERNING HOUSE BILL 1012

Mr. Chairman and members of the Committee, I am Sandra McMerty, a parent of a child who received early intervention services.

Shortly after the birth of my son Cristian, he was diagnosed with Down syndrome. Needless to say, this was a difficult time for my family as we tried to imagine what the future would hold for our child. At two months of age, he began early intervention services, and had weekly visitors until proudly graduating from EI in August 2004 on his third birthday.

My family truly sees EI services as a blessing. EI was an addition to our family that was championing our son's abilities, and not telling us about disabilities. Our EI visits helped us to have more confidence as parents as they gave us activities to model everyday that helped our son's development. It gave us opportunities to truly celebrate each developmental milestone as we set goals and achieved them. It also taught us that we were no different from any other family with a child.

I watch the benefits of EI each day as observe Cristian. I am thankful that the state of North Dakota recognizes how important all children are to our future. It was so reassuring to know that there was help available to give my son the bright future he and all children deserve.

Mr. Chairman and members of the committee, I ask that you continue to provide early intervention services to all families in need.

HOUSE BILL 1012 – DEPT. OF HUMAN SERVICES BUDGET

TESTIMONY OF PROTECTION AND ADVOCACY PROJECT

HOUSE HUMAN SERVICES APPROPRIATIONS SUBCOMMITTEE

JANUARY 20, 2005

Chairman Delzer and members of the Human Services Appropriations Subcommittee, my name is Bruce Murry. I am a staff attorney for the North Dakota Protection and Advocacy Project.

The people of North Dakota -- from their Legislative Assembly to their Governor, to the people affected -- agree with the federal government – from Congress, to the President, to the Supreme Court, to taxpayers – that people who need services should receive them in the least restrictive environment that is appropriate.

The least restrictive environment means making meaningful choices and pursuing happiness as a contributing member of their community.

The budget of the North Dakota Department of Human Services has an immense impact upon the health and livelihood of North Dakotans with disabilities. P&A asks that you consider these comments it has gleaned from working with North Dakotans with disabilities.

LONG TERM CARE CONTINUUM

It is unquestioned that North Dakota's population of people requiring Long Term Care services is growing. People are living longer and survive once fatal injuries, diseases, and conditions.

The 2005-07 proposed budget for the DHS Long Term Care Continuum maintains a funding bias toward institutionalization of at least 9:1. While increases in home and community based services are welcome, this bias needs to be greatly reduced.

P&A has worked extensively this biennium with people with disabilities, other advocates, service providers, and the department to make it possible for money to "follow the person" from institutional living to living in the community. This would mean allocating the same amount of money needed to serve the person in an institution to

services in the person's own home. These partners include pioneers with disabilities we once considered insurmountable who want to live in the community. Other partners include the Board of Nursing and Medicaid officials who helped us understand some of the flexibility the current system offers people who want to live more independently. Several common themes have emerged from working with these partners:

Theoretically, there should be nothing to stop the "money following the person" when the person is ready to return home from a nursing facility. Almost any person who screens eligible for nursing facility care would meet the minimum requirements of one of the Medicaid waivers, SPED, or Expanded SPED. Even if one needs exceeded the scope of the Medicaid waivers and other HCBS, the possibility of private duty nursing or home health care services remains. If one can assemble a plan that reasonably addresses health and safety, and puts the necessary services in place in the home, the services could follow the person home.

However, in practice, a large portion of the money used to serve the person remains associated with the nursing facility. This is especially true in small and rural communities. When a person moves out of a nursing facility that is not full, the physical plant and other fixed costs for the facility remain the same. The staffing costs decline only to the extent that hours can be cut. A nursing facility may be unable to cut staffing proportionately, and may lose part of its economy of scale. All of these factors cause the nursing facility to increase its direct, indirect, and other Medicaid costs for remaining residents. The state cannot recapture the money until entire facilities or wings of facilities are converted to another purpose.

North Dakota needs a method to break out of this cycle.

One method would be to budget money to create a rotating balance to transition people from Long Term Care facilities back to their own homes. This would require additional appropriations as seed money.

A similar option would be to earmark one million dollars in requested increases for Long Term Care facilities to temporarily compensate a nursing facility for the expenses of an empty bed. This estimate is based upon ten empty beds at the average facility rate for two years.

In either case, the state would recapture the seed money when facilities or wings convert to other purposes (therapy, adult day care, etc.), or at very least, by slowing the growth of institutional care.

P&A also supports initiatives toward a single point of entry into the Long Term Care system, equitable pay for Qualified Service Providers, and consumer directed care.

PEOPLE WITH DEVELOPMENTAL DISABILITIES

Many people with developmental disabilities receive services in a different continuum of long term care, including Individualized Supported Living Arrangements, group homes, Intermediate Care Facilities for people with Mental Retardation, and the State Developmental Center.

The critical component that appears to be in shortest supply are resources for additional ISLA placements. The shortage of ISLA resources affects each of the other service models, which are successively further from community integration.

The State Developmental Center provides residential services to about 145 people with developmental disabilities or acquired/traumatic brain injury. This number has been relatively constant for approximately a decade. As with the Long Term Care Continuum, efforts for money to follow the person to a community placement the have been impeded by fixed operating costs at the Developmental Center. As people move to the community, others leave community settings for the Developmental Center. Indeed, some people who once succeeded in ISLA have moved to the Developmental Center in recent years. This is despite outreach efforts from the Developmental Center to export some of its expertise. Together, these factors have created a gridlock in services for people with DD.

About two dozen persons living at the developmental center are candidates for immediate placement in the community. A proposal is pending to serve these people in communities and to downsize the Developmental Center by a substantial increment. Seed money would be necessary to facilitate more people being served in an ISLA setting. The state would need to create a pool of money to temporarily reimburse the State Developmental Center for the expenses associated with empty beds during the transition. After these people move from the Developmental Center, the state could

recapture significant savings by closing units at the Developmental Center. It appears consumers, advocates, and providers all favor this approach. The Department has expressed optimism that the model is viable.

The legislature should carefully examine Optional Additional Requests 20 and 21 by the Department. OAR's 20 and 21 may be necessary for community providers to do their part in downsizing the Developmental Center.

The department and legislature should consider a study of the long term needs and preferences of the people with DD, many of whom are experiencing more severe disabilities as they age.

MENTAL HEALTH SERVICES AND STATE HOSPITAL

The State Hospital has presented very distinct budgets for its secure unit, as compared to its mental health and substance abuse services. P&A strongly supports this approach in both budgeting and service delivery. While the need for secure services is evidently growing, we need to make sure it is not at the expense of services for individuals who have treatment needs for mental illness and substance abuse. Secure services serve a very distinct role from that of safety net for people with serious mental illnesses and substance abuse problems. People using the State Hospital safety net should receive top quality, short term care for their acute needs that cannot be met in the community. Initiatives for public safety should not encroach upon the safety net.

There are gaps in the continuum of care for people not requiring acute care. The state's community mental health system needs more transitional living programs to bridge acute care to independent living through structure and support.

Methamphetamine issues currently dominate the criminal justice and substance abuse fields. Huge waiting lists exist for foster care because of the meth problem, especially in Fargo. Many of these children need therapeutic foster homes because of their difficult backgrounds or disabilities. Even when reunification is possible, these children need intensive in home services so they can get the support they need from their parents. A total increase of $166,000 for mental health services for the human service centers is not adequate for this problem.

Ongoing studies by the UND Center for Rural Health indicate the number of persons who receive long term care for their TBI dwarf the 40 who are served by the TBI waiver. It is important to note that substance abuse services are especially important to persons with TBI. Also troubling are the indications that a significant number of persons recovering from meth addiction will face the impacts of acquired brain injury.

FLEXIBILITY OF BUDGET

As detailed as it is, the Department's budget is a prediction of what people will need and the choices they will make. In times of tight budgets, flexibility is required to address changing needs and choices.

It has been the distinct observation of P&A that the Department has improved services though budget flexibility. In fact, budget flexibility should be encouraged and expanded -- between regions, between programs, between service models – to respond to consumer need and choice.

Thank you for this opportunity to testify, and I would be happy to answer any questions today, or in the future.

TESTIMONY OF PROTECTION AND ADVOCACY PROJECT
HOUSE BILL 1012 - DEPT. OF HUMAN SERVICES BUDGET
SENATE APPROPRIATIONS COMMITTEE
MARCH 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Bruce Murry. I am a staff attorney for the North Dakota Protection and Advocacy Project.

The people of North Dakota - from their Legislative Assembly to their Governor, to the people affected - agree with the federal government - from Congress, to the President, to the Supreme Court, to taxpayers - that people who need services should receive them in the least restrictive environment that is appropriate.

The least restrictive environment means making meaningful choices and pursuing happiness as a contributing member of their community.

The budget of the North Dakota Department of Human has an immense impact upon the health and livelihood of North Dakotans with disabilities. P&A asks that you consider these comments it has gleaned from working with North Dakotans with disabilities.

LONG TERM CARE CONTINUUM

It is unquestioned that North Dakota's population of people requiring Long Term Care services is growing. People are living longer and survive once fatal injuries, diseases, and conditions.

The 2005-07 proposed budget for the DHS Long Term Care Continuum maintains a funding bias toward institutionalization of at least 9:1. Changes in the House appear to have exaggerated this bias. The Senate should take action to correct this imbalance.

We all know money should "follow the person" from institutional living to living in the community. Money following the person would mean allocating the money to serve the person in an institution to services in the person's own home. P&A has worked extensively this biennium with people with disabilities, other advocates, service providers, and the department to make it possible. These partners include pioneers, with disabilities we once considered insurmountable, who want to live in the community. Other partners include the Board of Nursing and Medicaid officials who helped us understand some of

the flexibility the current system offers people who want to live more independently. Several common themes have emerged from working with these partners:

Theoretically, there should be nothing to stop the "money following the person" when the person is ready to return home from a nursing facility. Almost any person who screens eligible for nursing facility care would meet the minimum requirements of one of the Medicaid waivers, SPED, or Expanded SPED. Even if one needs exceeded the scope of the Medicaid waivers and other HCBS, the possibility of private duty nursing or home health care services remains. If one can assemble a plan that reasonably addresses health and safety, and puts the necessary services in place in the home, the services could follow the person home.

However, in practice, a large portion of the money used to serve the person remains associated with the nursing facility. This is especially true in small and rural communities with lower occupancy. When a person moves out of a nursing facility that is not full, the physical plant and other fixed costs for the facility remain the same. The staffing costs decline only to the extent that hours can be cut. A nursing facility may be unable to cut staffing proportionately, and may lose part of its economy of scale. All of these factors cause the nursing facility to increase its direct, indirect, and other Medicaid costs for remaining residents. The state cannot recapture the money until entire facilities or wings of facilities are converted to another purpose.

North Dakota needs a method to break out of this cycle.

One method would be to budget money to create a rotating balance to transition people from Long Term Care facilities back to their own homes. This would require additional appropriations as seed money.

A similar option would be to restore the money cut from the Governor's budget for HCBS services. The House cut a total of $1.98 million because the QSP system does not fill all of its slots. As noted above, this is largely because the low QSP rates are causing this program to wither on the vine. Pruning is not the answer for this problem. Proper nutrition (equitable rates) is the answer. Some of this money could be designated to partially compensate a nursing facility for the expenses of an empty bed. A nursing facility charges an average rate of at least $100,000 per person for a biennium ($4,000 to $4,400 per month).

In either case, the state would recapture the seed money when facilities or wings convert to other purposes (therapy, adult day care, etc.), or at very least, by slowing the growth of institutional care.

P&A also supports initiatives toward a single point of entry into the Long Term Care system, and consumer directed care. Hospital discharges account for 70% of nursing facility discharges. They are notoriously completed on Friday afternoon when the nursing facility may be the only handy solution.

Qualified Service Providers for Medicaid waivers and SPED are in tight supply in Burleigh and Cass Counties. They are scarce or outright unavailable in many rural areas. The Legislature needs to take stronger action to provide equitable pay to QSPs, such as funding the OAR for QSPs.

PEOPLE WITH DEVELOPMENTAL DISABILITIES

Many people with developmental disabilities receive services in a different continuum of long term care, including Individualized Supported Living Arrangements, group homes, Intermediate Care Facilities for people with Mental Retardation, and the State Developmental Center.

The critical component that appears to be in shortest supply is resources for additional ISLA placements. The shortage of ISLA resources affects each of the other service models, which are successively further from community integration.

The State Developmental Center provides residential services to about 145 people with developmental disabilities or brain injury. This number has been relatively constant for approximately a decade. As with the Long Term Care Continuum, efforts for money to follow the person to a community placement the have been impeded by fixed operating costs at the Developmental Center. As people move to the community, others leave community settings for the Developmental Center. Indeed, some people who once succeeded in ISLA have moved to the Developmental Center in recent years. This is despite outreach efforts from the Developmental Center to export some of its expertise to communities. Together, these factors have created a gridlock in services for people with DD.

About two dozen persons living at the developmental center are candidates for immediate placement in the community. A proposal

was made to serve these people in communities and to downsize the Developmental Center by a substantial increment. Seed money would be necessary to facilitate more people being served in an ISLA setting. The state would need to create a pool of money to temporarily reimburse the State Developmental Center for the expenses associated with empty beds during the transition. After these people move from the Developmental Center, the state could recapture significant savings by closing units at the Developmental Center. It appears consumers, advocates, and providers all favor this approach. The Department has expressed optimism that the model is viable.

The legislature should carefully examine Optional Additional Requests 20 and 21 by the Department. OARs 20 and 21 may be necessary for community providers to do their part in downsizing the Developmental Center.

Children with DD should remain at home with their parents whenever possible. Families are also very efficient at caring for each other. The Family Subsidy program supports this by compensating some excess costs. However, $100,000 in cuts from Family Subsidy will cut off services to 35 to 40 families. This should be increased, not cut.

Similarly, DD grants to service providers who provide residential and vocational services to people with DD were cut by a total of $ 1.4 million in the House. The $500,000 in state funds needs to be restored.

People can experience many developmental disabilities that are not mental retardation. These include cerebral palsy, rare extraordinary health concerns, and childhood brain injury. However, North Dakota's DD Waiver is targeted at people with mental retardation. It is therefore especially important not cut Supported Living and Extended Services for people with other kinds of DD. Please restore or increase the funding level by the House in this area.

The department and legislature should consider a study of the long term needs and preferences of the people with DD, many of whom are experiencing more severe disabilities as they age.

MENTAL HEALTH SERVICES AND STATE HOSPITAL

The State Hospital has presented very distinct budgets for its secure unit, as compared to its mental health and substance abuse services. P&A strongly supports this approach in both budgeting and service delivery. While the need for secure services is evidently growing, we need to make sure it is not at the expense of services for individuals who have treatment needs for mental illness and substance abuse. Secure services serve a very distinct role from that of safety net for people with serious mental illnesses and substance abuse problems. People using the State Hospital safety net should receive top quality, short term care for their acute needs that cannot be met in the community. Initiatives for public safety should not encroach upon the safety net.

There are gaps in the continuum of care for people not requiring acute care. The state's community mental health system needs more transitional living programs to bridge acute care to independent living through structure and support.

Ongoing studies by the UND Center for Rural Health indicate the number of persons who receive long term care for their TBI dwarf the 40 who are served by the TBI waiver. It is important to note that substance abuse services are especially important to persons with TBI. Also troubling are the indications that a significant number of persons recovering from methamphetamine addiction will face the impacts of acquired brain injury.

PRESCRIPTION DRUGS AND HUMAN SERVICE CENTERS

The House has made cuts to prescription drugs and the human service centers. These systems are stretched near to breaking already.

The action by the House to cut about 4.5 million dollars from generic and other drugs poses a distinct threat to the independence of our aging population, young people with disabilities, and especially people with mental illnesses. Reducing access to appropriate prescription drugs does not appear to be a decision to minimize the state's long term exposure for the health care needs of its vulnerable citizens.

Similarly, cuts of $400,000 to the Human Service Center budgets will create longer waiting lists, less flexibility, and scarcer services. People in crisis will ultimately obtain services from the system. They will tend to rely more on emergency rooms, institutions,

and the criminal justice system. Timely services to avoid a crisis are much more effective.

FLEXIBILITY OF BUDGET

As detailed as it is, the Department's budget is a prediction of what people will need, and the choices they will make. In times of tight budgets, flexibility is required to address changing needs and choices.

It has been the distinct observation of P&A that the Department has improved services though budget flexibility. In fact, budget flexibility should be encouraged and expanded -- between regions, between programs, between service models – to respond to consumer need and choice.

Thank you for this opportunity to testify, and I would be happy to answer any questions today, or in the future.

House Bill – 1012 – Department of Human Services
House Appropriations Committee
Human Resources Subcommittee
Representative Jeff Delzer, Chairman
January 17, 2005

Chairman Delzer and members of the Human Resources Subcommittee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital and North Dakota Developmental Center of the Department of Human Services. I am here today to provide you an overview of the budget of the North Dakota State Hospital and North Dakota Developmental Center.

One Center Program Activities:

The North Dakota State Hospital and North Dakota Developmental Center have collaborated since April of 2000, after the appointment of one Superintendent for both facilities, by the Executive Director of the Department of Human Services.

Sharing efforts since that time include, the sharing of clinical, support and administrative expertise and the combination of several management and supervisory positions to serve both sites. These combined positions include: the Superintendent position, the Chief Fiscal Officer, the Director of Materials Management, the Accounting Supervisor, the Clinical Dietician, the Risk Manager, the Human Resources Manager, the Director of Professional Development and recently, the Safety and Security Director.

Programs at the North Dakota State Hospital:

The North Dakota State Hospital provides short-term inpatient and long-term residential psychiatric, forensic and chemical addiction services to adults, children and adolescents. These patients are considered to be the traditional patient population of the hospital. Within this group of patients are inpatients referred from the Department of Corrections for addiction services. The hospital provides psychiatric and addiction services under contract with the Department of Corrections. The hospital also provides inpatient services for dangerous sex offenders. This group of patients are housed and treated in the secure services unit of the hospital. The State Hospital provides the following specific programs to patients;

Traditional Services for the Adults:

The hospital provides therapeutic and supportive services to adults with a serious mental illness and substance abuse problems so they can manage their illness and productively live in the community in the least restrictive setting.

The State Hospital operates 206 inpatient beds for adult individuals with serious mental illness and substance abuse problems. 90 of these beds are for addiction services under contract with the Department of Corrections.

Traditional Adolescent and Children's Mental Health Services:

The hospital provides therapeutic and supportive services to children with a serious emotional disorder (SED) and their families so they can manage their disorder and live in the community in the least restrictive setting.

The State Hospital operates 8 inpatient beds for children and adolescents with serious mental illness and substance abuse problems. The hospital subcontracts with the Jamestown School system for educational services for its child and adolescent population.

Secure Services:

The hospital provides evaluation and treatment services in the secure services unit for mentally ill and dangerous individuals from jails and other units of the State Hospital, pre-trial competency evaluations and sex offenders.

The hospital is recommending in this budget to increase this unit from 32 beds to 42 beds. This increase in beds is because of the continued growth of sex offender admissions to the State Hospital. The hospital will reserve 38 of these beds for sex offenders and the other 4 beds for the mentally ill and dangerous and the pre-trial competency patients.

Occupancy Trends at the North Dakota State Hospital:

(See Attachment A.)

The numbers of annual admissions decreased significantly at the State Hospital over the five year period, FY 1997 to FY 2002, to an average of 1221 admissions per year. More significantly the number of admissions in FY 1997 totaled 1734 and decreased to 838 by FY 2002, a greater then 50% decrease. The trend of decreasing admissions continued in FY 2003 to 714 admissions.

Hospital admissions then took an upturn in FY 2004 to 1041 admissions. The sudden climb in admissions from FY 2003 to FY 2005 at the State Hospital can be attributed to three factors; the rapid increase in the sex offender population, the contracted addiction program with the Department of Corrections and first time admissions. Significantly for the period of May 2004 through December 2004 the hospital admitted 221 first time admissions, with 44 percent of these due to drug and alcohol abuse. The hospital is projecting that total admissions in FY 2005 will increase to 1270.

(See Attachment B.)

The average daily population for the hospital decreased from 228 patients in FY 1997 to 161 patients per day in FY 2002. The average daily population continued to decrease to 145 patients in FY 2003 and then increased to 197 patients in FY 2004. The average daily population grew during FY 2004 because of the addition of 50 patients to the Tompkins Rehabilitation Center (DOCR program). The average daily population is projected to grow to 235 patients in FY 2005. The hospital is preparing for the continued growth of patients with the proposed 256 beds in the 05 – 07 budget request.

The decrease in admissions and average daily population from 1997 through 2003 in the hospital's population was because of a shift from an institutional model to a community-based care model. The sudden growth of population in FY 2004 – 2005, is because of the aforementioned increase in admissions of sex offenders, first time admissions and the DOCR program. The hospital decreased its budget significantly during the period of shifting population to community based care from 1997 through 2003. The current budget request accounts for the increased patient population.

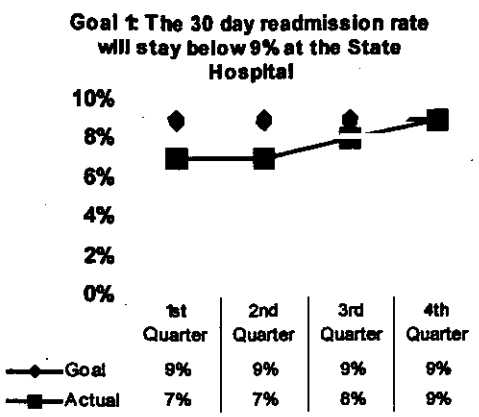
Acuity levels of patients in the hospital have increased. For example, the current addiction patients have severe, chronic medical problems and the psychiatric patients have multiple diagnoses. Repeat admissions for addiction and psychiatric patients are expected to continue at the current rate of 8% due to the chronic nature of their illness.

Performance Measures at the North Dakota State Hospital:

The State Hospital and the Developmental Center have identified performance measures for administration and each of its major program areas. These outcomes focus on patients managing their lives and living in the least restrictive community setting. The following are a sample of the hospital's measures and the Developmental Center's measures are covered later in this testimony. More measures for both sites are available upon request.

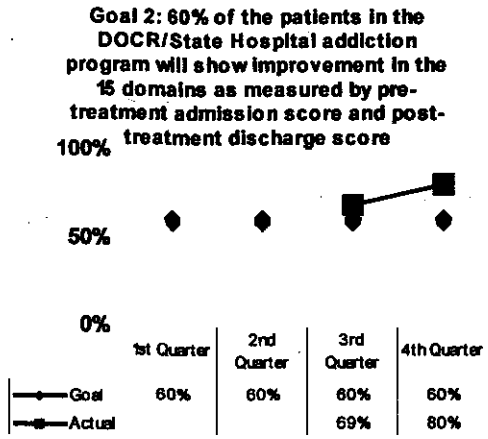
Performance Measure #1:

The 30-day readmission rate will stay below 9% at the State Hospital.



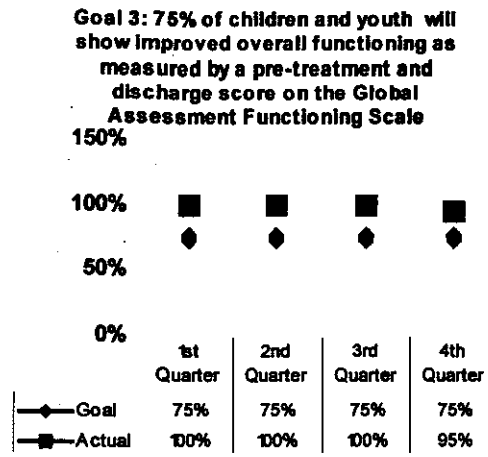
Performance Measure #2:

60% of the patients in the DOCR/State Hospital addiction program will show improvement in the 15 domains as measured by a pre-treatment score and a post treatment discharge score.



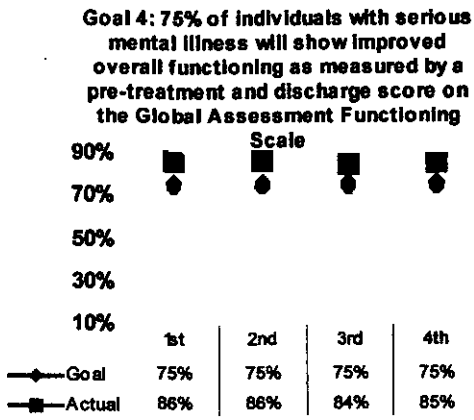
Performance Measure #3:

75% of children and youth reviewed on a quarterly basis will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment Functioning Scale.



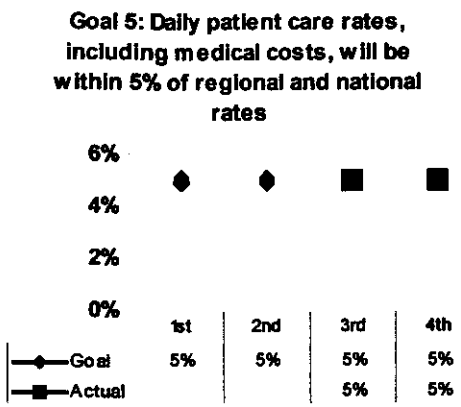
Performance Measure #4:

75% of individuals with serious mental illness reviewed on a quarterly basis will show improved overall functioning as measured by a pre-treatment and discharge score on the Global Assessment of Functioning Scale.



Performance Measure #5:

Daily patient care rates, including medical costs, will be within 5% of regional and national rates.



Overview of Budget Changes: North Dakota State Hospital:

State Hospital - Traditional Services	2003-2005 Budget	2005-2007 Budget	Increase/ (Decrease)
HSC/Institutions	39,926,351	42,487,978	2,561,627
General Funds	23,481,355	26,662,107	3,180,752
Federal Funds	4,093,801	4,408,198	314,397
Other Funds	12,351,195	11,417,673	(933,522)
FTE's	390.3	369.6	(20.7)

- The traditional services budget request for the 2005 – 2007 biennium increases by $2,165,644 because of the Governor's compensation package.

- The remaining increase of $395,983 is because of inflationary increases in medications and food costs.

- The general funds in the 2005 – 2007 budget request increases by $3,180,752. $1,759,259 of the increase in general funds is because of the Governor's compensation package. The remainder of the increase is caused by reduced patient collections.

- Federal Funds increase by $314,397 because of increased Medicaid collections.

- Other funds decreased because of reduced patient collections. The decrease is offset somewhat by increased DOCR funding for the Tompkins program of $1,289,599 and the $215,000 in the OMB bonding bill.

Page Nine: HB 1012 – One Center

State Hospital - Secure Services	2003-2005 Budget	2005-2007 Budget	Increase/ (Decrease)
HSC/Institutions	2,443,180	5,455,560	3,012,380
General Funds	2,382,816	5,455,560	3,072,744
Federal Funds	60,364	- 0 -	(60,364)
Other Funds	- 0 -	- 0 -	- 0 -
FTE's	24.6	54.4	29.8

- The Secure Services unit budget request increases by $3,012,380 for the 42 beds in the secure services unit. The increase is because of the additional 29.8 FTEs and additional 20 beds needed for this program, the additional operating expenses because of more beds and the Governor's compensation package of $287,442 for secure services.

- The hospital started the biennium with 22 beds for sex offenders. Ten more beds were added through enhanced Medicaid funding and the 2005 – 2007 budget request adds 10 more beds because of the continued growth of sex offender admissions.

- The hospital's traditional budget request provides for a decrease of (20.7) full time equivalents. We are transferring these 20.7 FTEs to the secure services budget request. In addition, the hospital is adding 9.1 FTEs to the secure services budget.

Programs at the North Dakota Developmental Center:

The Developmental Center provides services for individuals with developmental disabilities. The program includes day and residential services, work and day activity services, sex offender treatment services for DD individuals, clinical and health services and evaluation and consultation services. The Developmental Center continues its efforts on an outreach program to assist the community with crisis evaluation and consultation to prevent admission to the Developmental Center.

Residential Services at the Developmental Center.

The Developmental Center through its day and residential services program provides training and assistance with daily living activities to eligible people with disabilities so they can achieve their agreed upon personal goals.

Services in this program include, ICF/MR and Work and Day Activity.

Medical and Clinical Services Program at the Developmental Center.

The Developmental Center through its medical and clinical services program provides evaluation and treatment, assessment therapy, training, and supportive services to people with disabilities so they can achieve and maintain their optimal mental and physical health.

Services in this program include; medical services, physical therapy, occupational therapy, dental services, nursing care services, social services, mental health services, rehab services, nutrition counseling,

adaptive equipment services, medical support services, psychological evaluation and services, sexual abuse treatment, child abuse treatment, behavioral management, recreational services, group therapy, individual therapy and consultation.

Occupancy Trends at the North Dakota Developmental Center:

See Attachment C – Occupancy Graphs.

The Developmental Center from 1997 to 2004 shows a slight increase in average daily population, from 141 individuals to 145 individuals. Although, the facility discharged several clients during this time period, it was not enough to offset the increase of overall admissions to the facility. The Center is seeing increased admissions because of clients with severe behavioral issues, first time admissions and short time contingent admissions. The center's goal is to have a net ten of discharges to admissions rate by July 2005 (for the biennial period of 03-05). To date, through year-end 2004 and first two weeks of January 2005, the facility has a discharges to admissions rate of net four. The goal is only attainable if we discharge more clients then we admit to the Center.

The Developmental Center's administration will continue to collaborate with the DHS Disabilities Services Division to assure that clients at the Developmental Center whose needs can be met in less restrictive settings are offered community based services. As indicated in Gene Hysjulien's testimony for the division, his 2005-2007 community budget does not provide resources for this purpose. Accommodating community placements from the Developmental Center will require the ability to

transfer funds from the Developmental Center budget to the community budget. This can only be accomplished if we have willing community providers and enough clients are discharged from the Center to allow us to reduce costs and thus transfer funds. Once the Center transfers funds and closes individual suites, then it is important that we carefully manage readmissions to the Center.

The Developmental Center utilizes a nationally standardized assessment tool to analyze resident acuity. The following conclusions may be drawn from this analysis:

- 50% of our residents require the highest level of support for people with mental retardation/developmental disabilities.

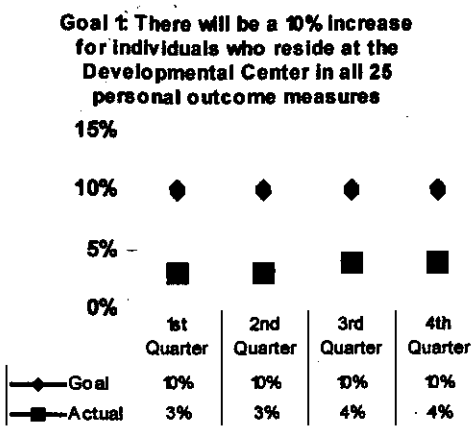
- 50% of our residents require a range from "extensive personal care and/or constant supervision" to "regular personal care and/or close supervision" levels of support.

- Measurements reflect an 8.5% increase in challenging behaviors from 2002 to 2004.

Performance Measures at the North Dakota Developmental Center:

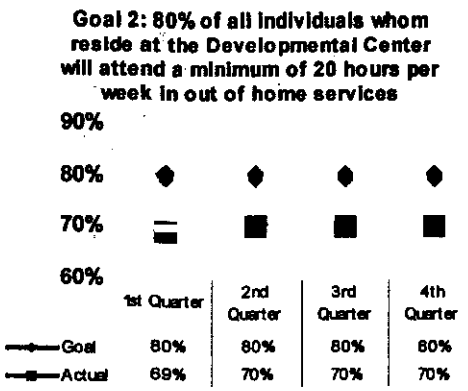
Performance Measure #1:

To review the Developmental Center's overall performance relative to all 25 personal outcomes on a quarterly basis and achieve a 10% increase.



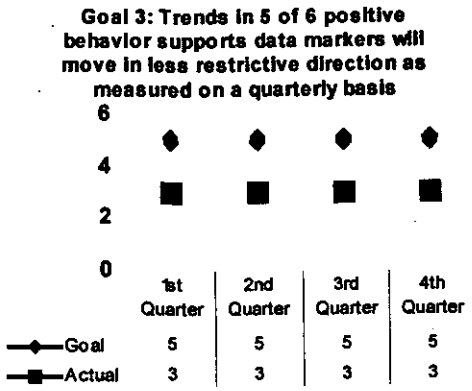
Performance Measure #2:

80% of all individuals whom reside at the Developmental Center will attend a minimum of 20 hours per week in out of home services.



Performance Measure #3:

Trends in 5 of 6 positive behavior supports data markers will move in less restrictive direction as measured on a quarterly basis.



Overview of Budget Changes: North Dakota Developmental Center:

Developmental Center	2003-2005 Budget	2005-2007 Budget	Increase/ (Decrease)
HSC/Institutions	40,661,057	43,286,377	2,625,320
General Funds	8,811,229	11,696,425	2,885,196
Federal Funds	29,179,564	28,400,429	(779,135)
Other Funds	2,670,264	3,189,523	519,259
FTE's	458.0	451.5	(6.5)

- **The Developmental Center's 2005 –2007 budget request increases by $2,625,320. The request increases by $2,255,197 because of the Governor's compensation package, by $240,000 because of the OMB bonding bill and by $130,123 because of shift differential, overtime and temporary salaries.**

- Total general funds increase by $2,885,196. The reason for this increase is the Governor's compensation package of $688,132, an increase of $330,287 for the provider assessment, an increase for the FMAP change of $1,215,187 and due to the $1 million underfund of the current budget.

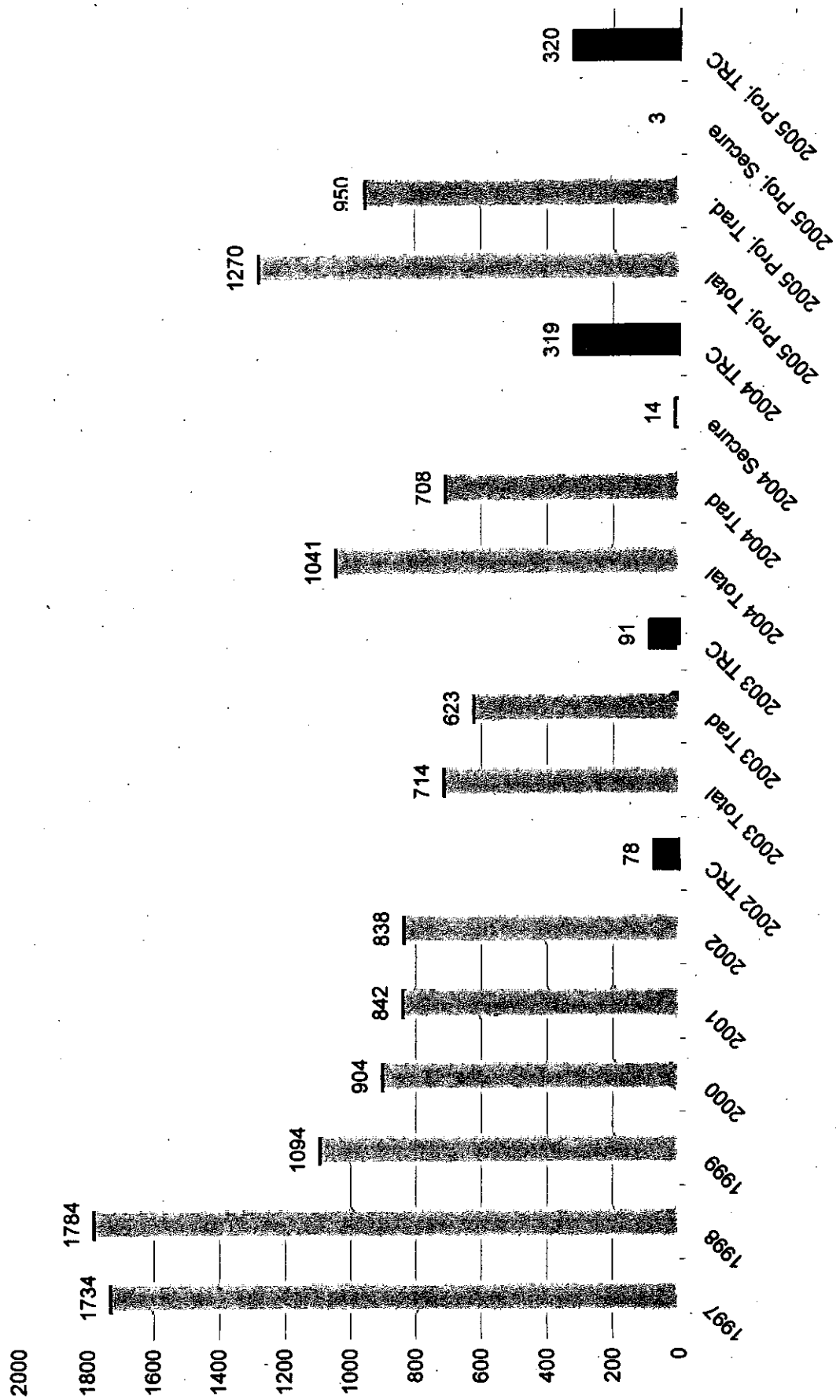
- Total Federal Funds decrease by $779,135. The FMAP reduction is $1,215,187. The current budget is based on a population of 161 and this budget request is based on a population of 148 for a reduction of $1,072,675. These decreases are offset by the Governor's compensation package of $1,508,727.

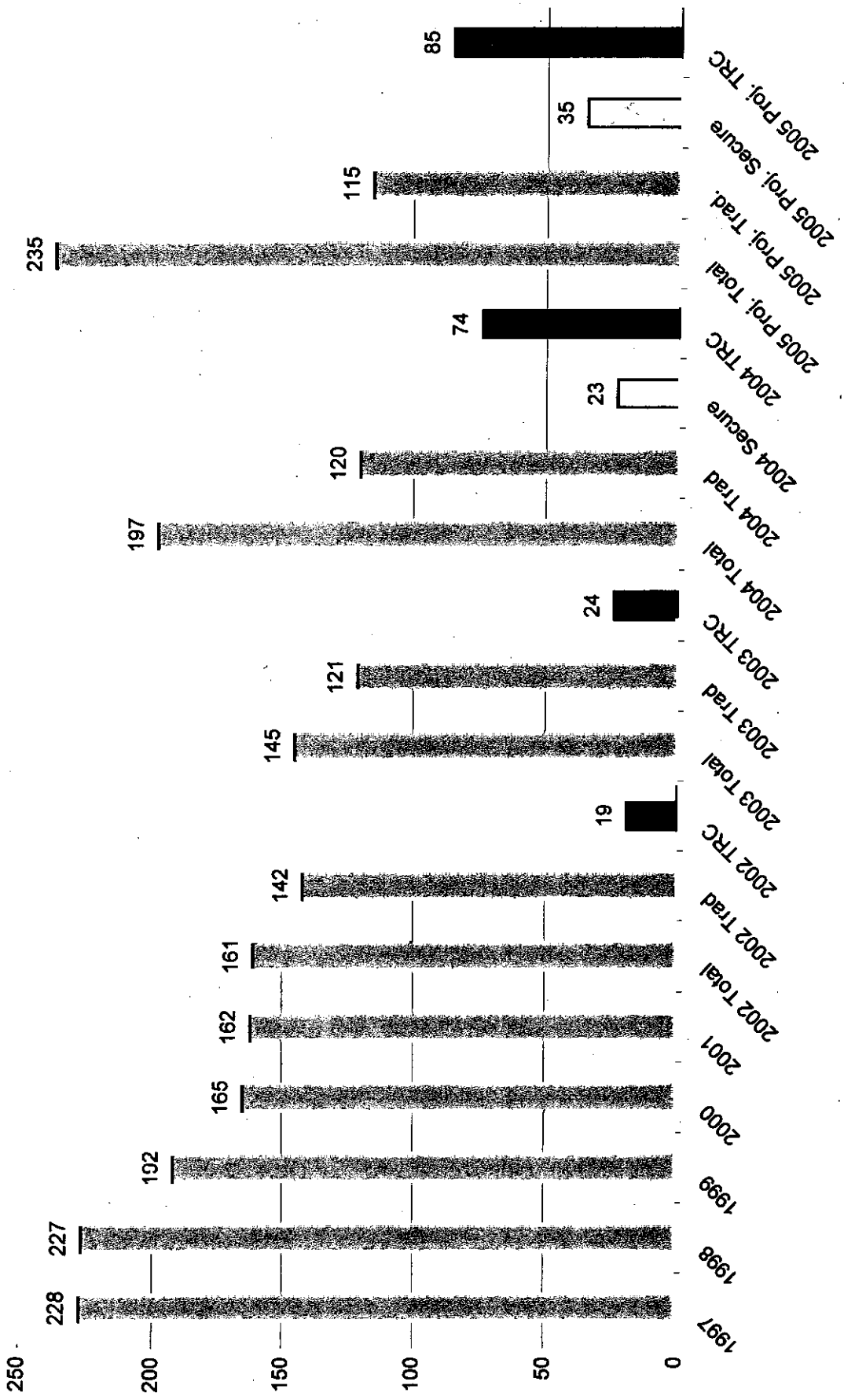
- Total Other Funds increased by $519,259. The reasons for the increase are; $240,000 for the OMB bonding bill, $58,338 for the Governor's compensation package and $220,921 for increased collections from various sources.

- The Center decreased full time equivalents by 6.5 because of efficiencies in staffing.

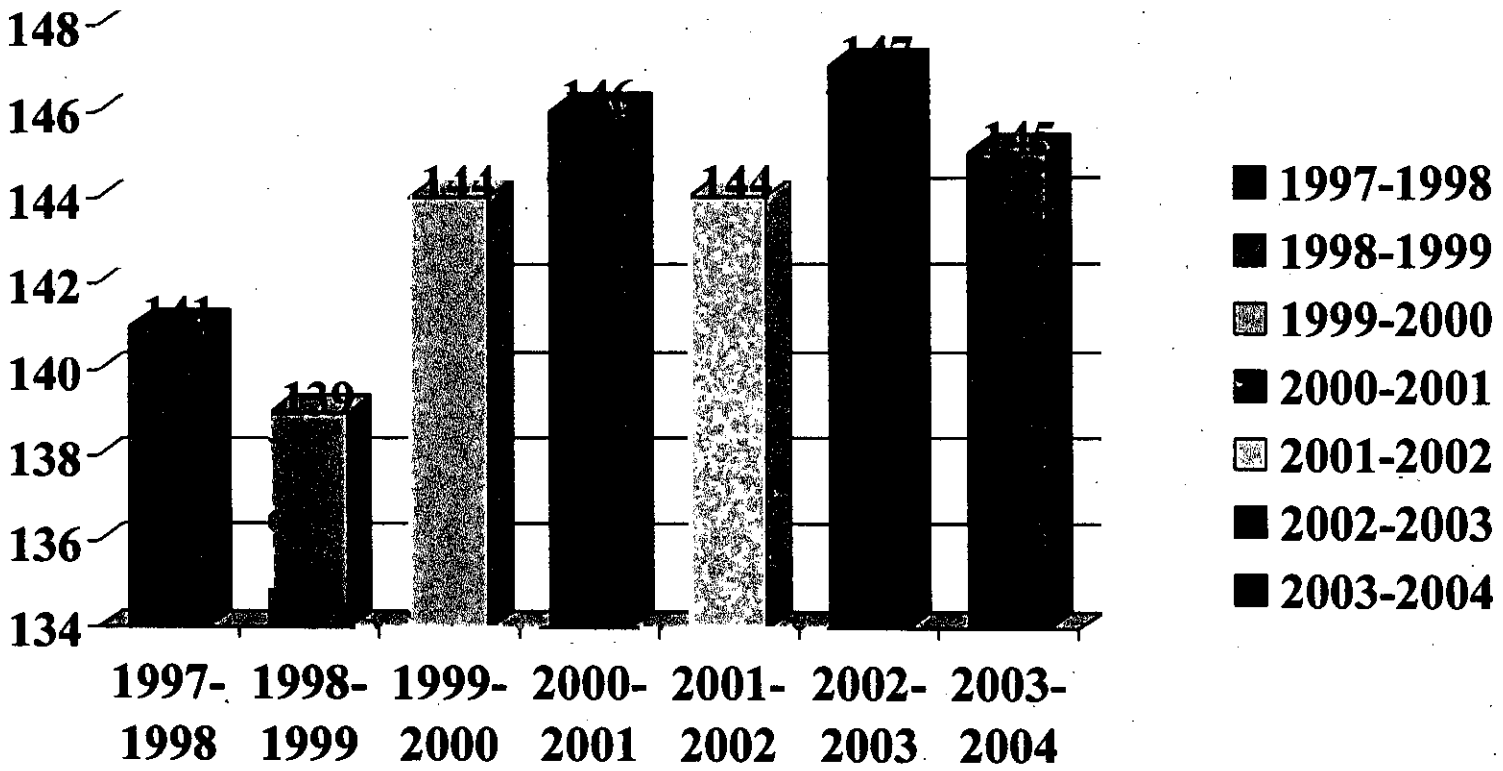
This concludes my testimony on the One Center – North Dakota State Hospital and North Dakota Developmental Center. I would be glad to respond to any questions.

Attachment A



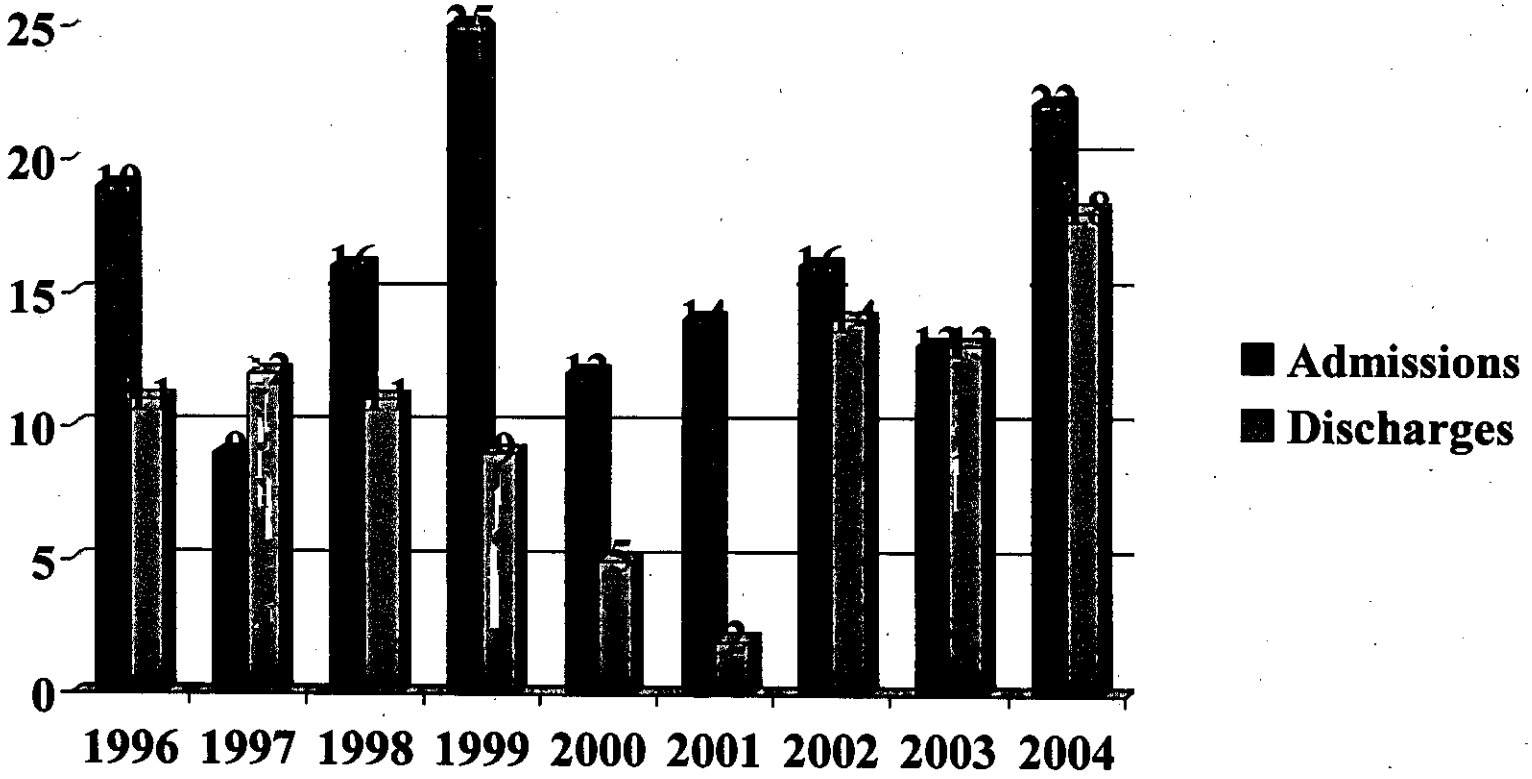

NDSH Average Daily Population
250
200
150
100
50
0
1997
1998
1999
2000
2001
2002 Total
2002 Trad
2002 TRC
2003 Total
2003 Trad
2003 TRC
2004 Total
2004 Trad
2004 Secure
2004 TRC
2005 Proj. Total
2005 Proj. Trad.
2005 Proj. Secure
2005 Proj. TRC
228
227
192
165
162
161
142
19
145
121
24
197
120
23
74
235
115
35
85

North Dakota Department of Human Services-Developmental Center
Average Daily DD Census Fiscal Years 1997-2004



Attachment C

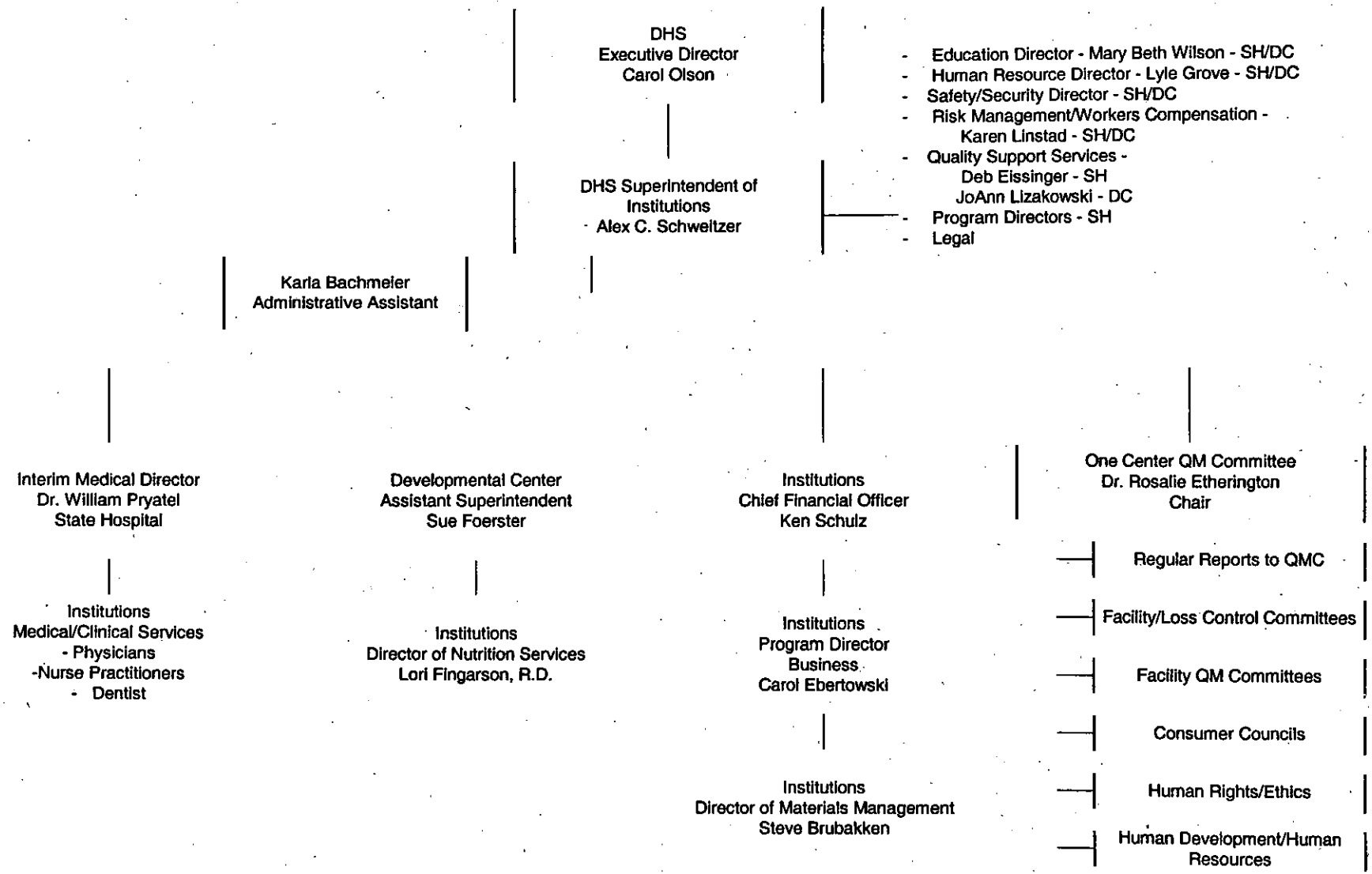
North Dakota Department of Human Services-Developmental Center
Admissions and Discharges by Calendar Year 1996-2004



Attachment C

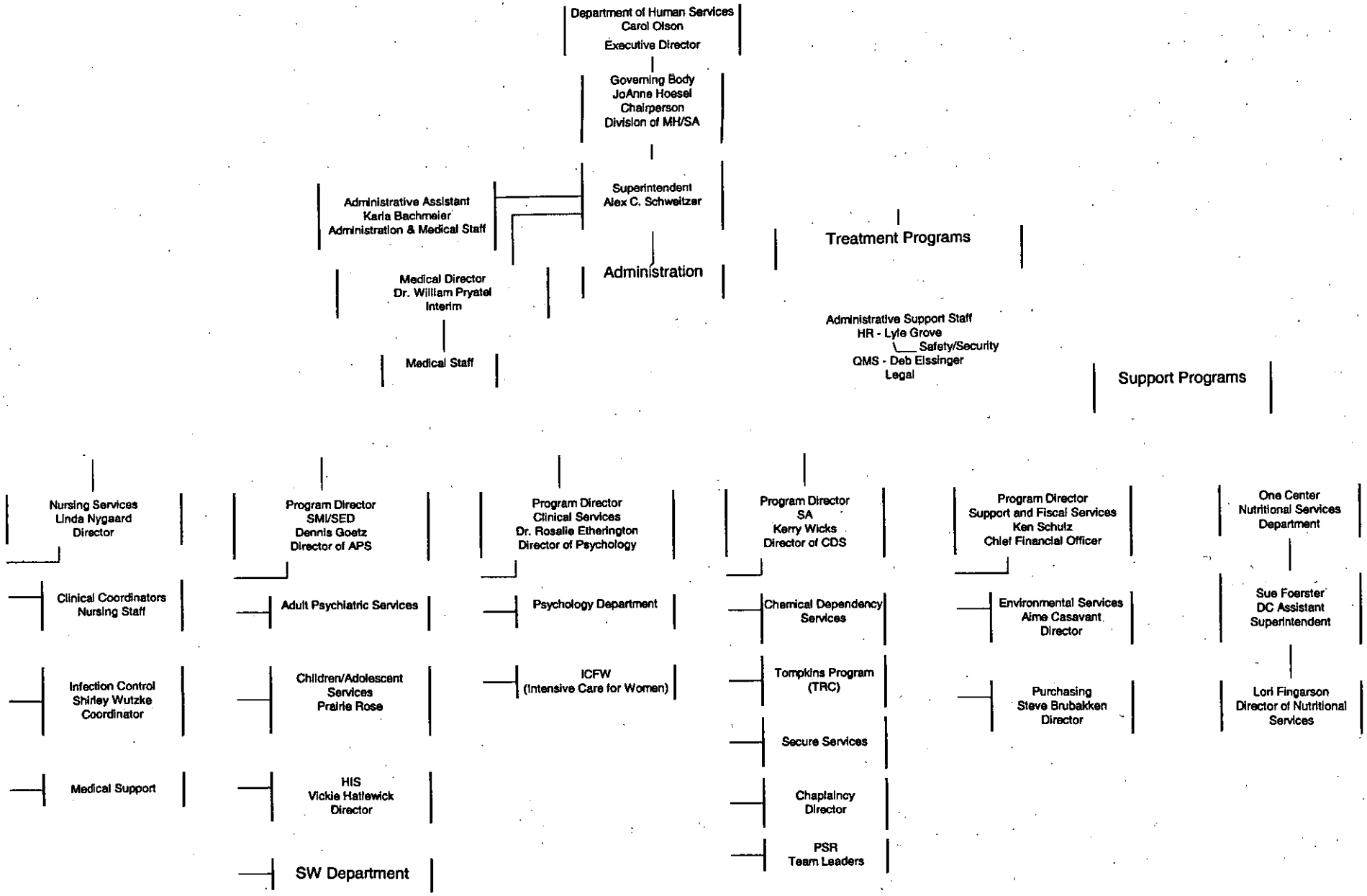
Senior Leadership Team
DHS Institutions
NDSH/NDDC

2004



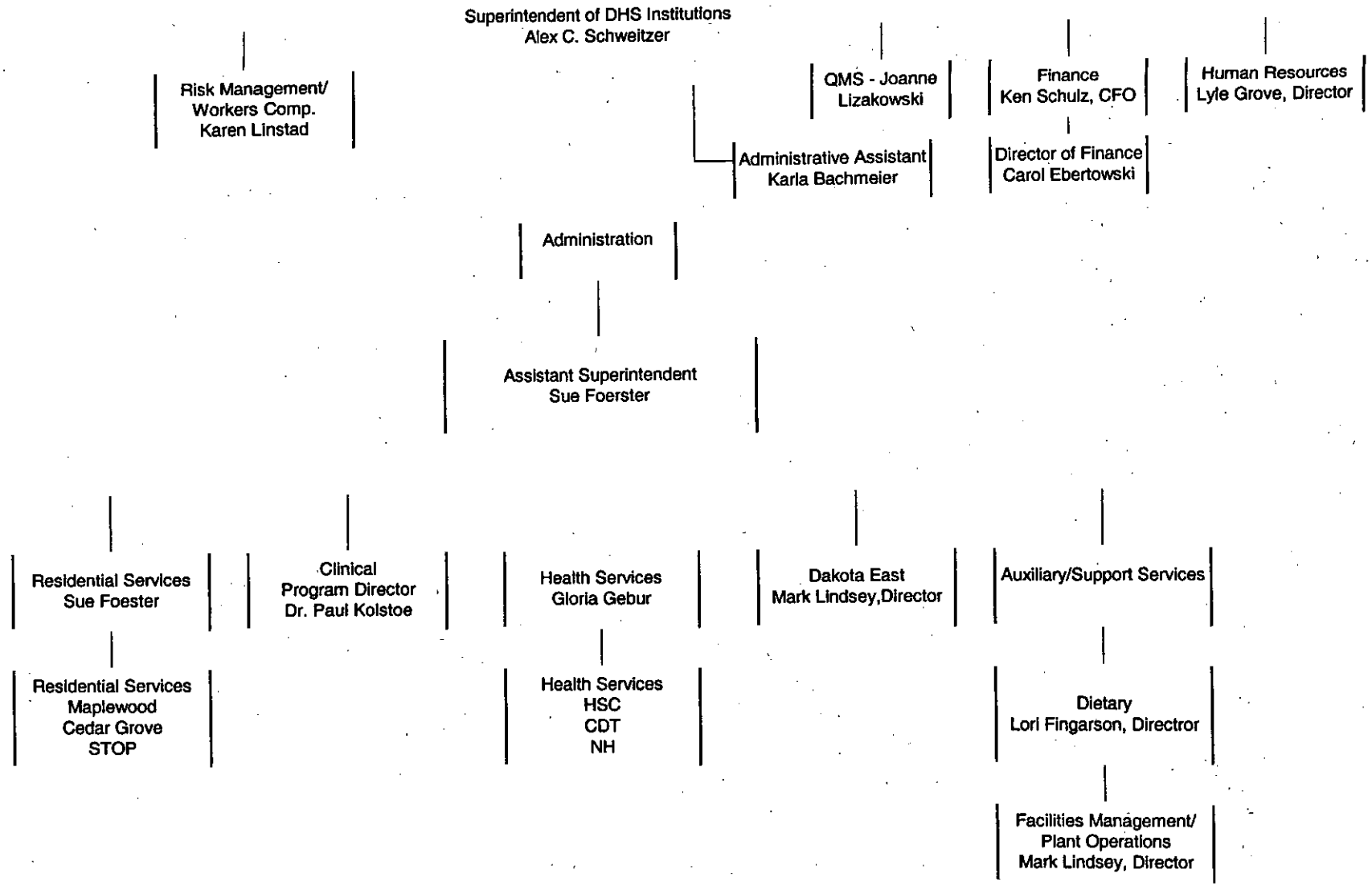
North Dakota State Hospital

2004



Developmental Center

2004



Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: STATE HOSPITAL - TRADITIONAL
Reporting Level: 00-325-420-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	27,614,471	11,886,083	11,175,268	23,061,351	23,654,678	593,327
TEMP, OVERTIME & SHIFT	1002	1,551,071	588,963	559,416	1,148,379	1,378,818	230,439
BENEFITS	1008	9,130,944	4,300,620	4,207,805	8,508,425	9,359,059	850,634
SALARY INCREASE	1010	0	0	0	0	1,315,105	1,315,105
BENEFIT INCREASE	1011	0	0	0	0	211,729	211,729
SALARY BUDGET ADJUSTMENT	1900	0	0	0	0	0	0
REDUCTION IN SALARY BUDGET	1910	0	0	0	0	(657,288)	(657,288)
IT-DATA PROCESSING	3002	3,139	1,679	3,021	4,700	0	(4,700)
IT-TELEPHONE	3003	260,279	127,311	95,689	223,000	235,898	12,898
TRAVEL	3004	278,982	111,276	161,827	273,103	268,365	(4,738)
IT-SOFTWARE/SUPPLIES	3005	24,745	19,365	15,335	34,700	34,700	0
UTILITIES	3006	1,189,038	434,694	715,651	1,150,345	1,109,913	(40,432)
POSTAGE	3007	20,000	15,154	3,446	18,600	17,055	(1,545)
IT-CONTRACTUAL SERVICES	3008	2,288	59	1,441	1,500	100	(1,400)
LEASE/RENT - EQUIPMENT	3011	32,441	13,327	22,198	35,525	22,577	(12,948)
LEASE/RENT - BLDG/LAND	3012	2,846	1,802	2,748	4,550	1,150	(3,400)
DUES & PROFESSIONAL DEV.	3013	158,187	58,366	100,669	159,035	58,918	(100,117)
OPERATING FEES & SERVICES	3014	206,277	68,501	101,324	169,825	112,548	(57,277)
REPAIRS	3016	322,262	214,602	55,748	270,350	220,770	(49,580)
PROFESSIONAL SERVICES	3018	793,851	447,446	362,804	810,250	812,689	2,439
INSURANCE	3019	121,338	59,161	51,427	110,588	130,435	19,847
OFFICE SUPPLIES	3021	99,023	117,063	37,372	154,435	218,700	64,265
PRINTING	3024	52,313	17,790	11,765	29,555	27,576	(1,979)
PROFESSIONAL SUPPLIES	3025	130,990	101,225	23,570	124,795	113,105	(11,690)
FOOD & CLOTHING	3027	1,010,858	117,791	178,827	296,618	742,335	445,717
MEDICAL,DENTAL & OPTICAL	3029	1,688,243	1,098,928	643,877	1,742,805	1,784,026	41,221
BLDG,GRNDS,VEHICLE MTCE	3030	859,798	278,945	184,535	463,480	437,996	(25,484)
MISCELLANEOUS SUPPLIES	3033	265,077	91,285	97,312	188,597	95,558	(93,039)
OFFICE EQUIP-UNDER $5000	3034	5,400	0	0	0	0	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: STATE HOSPITAL - TRADITIONAL
Reporting Level: 00-325-420-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
OTHER EQUIP-UNDER $5000	3036	95,720	9,957	43	10,000	48,829	38,829
MOTOR VEHICLES	5004	10,350	0	0	0	0	0
LAND & BUILDINGS	5005	381,536	64,789	290,511	355,300	215,000	(140,300)
EXTRAORDINARY REPAIRS	5010	0	0	0	0	0	0
OTHER CAPITAL PAYMENTS	5020	629,047	0	555,540	555,540	517,634	(37,906)
EQUIP- OVER $5000	5030	0	13,900	7,100	21,000	0	(21,000)
HUMAN SERVICE CENTERS / INSTITUTIONS	70	46,940,514	20,260,082	19,666,269	39,926,351	42,487,978	2,561,627
EXPENDITURE TOTALS		46,940,514	20,260,082	19,666,269	39,926,351	42,487,978	2,561,627
MEANS OF FUNDING							
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	342	0	0	0	0	0
MEDICAL ASSISTANCE-93.778	S055	5,423,438	1,539,487	2,552,314	4,091,801	4,406,198	314,397
SOC. SER. BLK. GR. - 93.667	S065	141	0	0	0	0	0
HIV-TESTING (STATE LAB)	S802	1,371	1,565	435	2,000	2,000	0
INDIAN HEALTH SER.-ST. HOSP.	S804	775	775	(775)	0	0	0
COMMERCE DEPT-PASS THROUGH	S805	4,000	0	0	0	0	0
Federal Funds	FED	5,430,067	1,541,827	2,551,974	4,093,801	4,408,198	314,397
STATE GENERAL FUND	001	32,024,948	16,118,664	7,362,691	23,481,355	26,662,107	3,180,752
General Fund	GEN	32,024,948	16,118,664	7,362,691	23,481,355	26,662,107	3,180,752
STATE CAPITAL BONDING FUND	011	0	0	0	0	215,000	215,000
STATE HOSPITAL- OTHER FUNDS	Z095	9,485,499	2,599,591	9,751,604	12,351,195	11,202,673	(1,148,522)
Special Funds	SPEC	9,485,499	2,599,591	9,751,604	12,351,195	11,417,673	(933,522)
TOTAL FUNDING		46,940,514	20,260,082	19,666,269	39,926,351	42,487,978	2,561,627

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: STATE HOSPITAL - TRADITIONAL
Reporting Level: 00-325-420-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		481	0	390	390	370	(21)
TOTAL AUTHORIZED EMPLOYEES		481	0	390	390	370	(21)
VACANT		0	0	20	20	19	(2)
FTE		481	0	370	370	351	(19)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: STATE HOSPITAL - SECURE SERVICES
Reporting Level: 00-325-421-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 Curr Bien Approp (pyrll only)	7 Payroll from Subschedule
EXPENDITURES							
SALARIES	1001	1,223,160	772,320	779,020	1,551,340	1,551,340	3,003,146
TEMP, OVERTIME & SHIFT	1002	46,339	28,756	28,334	57,090	57,090	101,120
BENEFITS	1008	404,165	265,774	271,524	537,298	537,298	1,293,322
SALARY INCREASE	1010	0	0	0	0	0	166,934
BENEFIT INCREASE	1011	0	0	0	0	0	27,548
IT-TELEPHONE	3003	0	0	8,000	8,000	0	0
TRAVEL	3004	42	679	521	1,200	0	0
IT-SOFTWARE/SUPPLIES	3005	0	357	443	800	0	0
UTILITIES	3006	0	0	40,000	40,000	0	0
POSTAGE	3007	0	0	1,500	1,500	0	0
LEASE/RENT - EQUIPMENT	3011	0	0	300	300	0	0
DUES & PROFESSIONAL DEV.	3013	0	0	3,020	3,020	0	0
OPERATING FEES & SERVICES	3014	10	0	10,400	10,400	0	0
REPAIRS	3016	0	0	5,200	5,200	0	0
PROFESSIONAL SERVICES	3018	23,800	14,156	944	15,100	0	0
INSURANCE	3019	0	0	9,412	9,412	0	0
OFFICE SUPPLIES	3021	261	1,011	289	1,300	0	0
PRINTING	3024	0	252	2,148	2,400	0	0
PROFESSIONAL SUPPLIES	3025	165	0	10,200	10,200	0	0
FOOD & CLOTHING	3027	114	1,667	63,153	64,820	0	0
MEDICAL,DENTAL & OPTICAL	3029	0	0	100,000	100,000	0	0
BLDG,GRNDS,VEHICLE MTCE	3030	1	1,152	14,348	15,500	0	0
MISCELLANEOUS SUPPLIES	3033	445	1,671	6,629	8,300	0	0
HUMAN SERVICE CENTERS / INSTITUTIONS	70	1,698,502	1,087,795	1,355,385	2,443,180	2,145,728	4,592,070
EXPENDITURE TOTALS		1,698,502	1,087,795	1,355,385	2,443,180	2,145,728	4,592,070
MEANS OF FUNDING							
MEDICAL ASSISTANCE-93.778	S055	200,798	0	60,364	60,364	60,364	0

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: STATE HOSPITAL - SECURE SERVICES
Reporting Level: 00-325-421-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 Curr Bien Approp (pyrll only)	7 Payroll from Subschedule
MEANS OF FUNDING							
Federal Funds	FED	200,798	0	60,364	60,364	60,364	0
STATE GENERAL FUND	001	1,146,940	1,087,795	1,295,021	2,382,816	2,085,364	4,592,070
General Fund	GEN	1,146,940	1,087,795	1,295,021	2,382,816	2,085,364	4,592,070
STATE HOSPITAL- OTHER FUNDS	Z095	350,764	0	0	0	0	0
Special Funds	SPEC	350,764	0	0	0	0	0
TOTAL FUNDING		1,698,502	1,087,795	1,355,385	2,443,180	2,145,728	4,592,070
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		19	0	25	25	25	54
TOTAL AUTHORIZED EMPLOYEES		19	0	25	25	25	54
FTE		19	0	10	10	10	32
VACANT		0	0	15	15	15	22

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DEVELOPMENTAL CENTER
Reporting Level: 00-325-430-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	22,070,418	10,874,327	11,576,258	22,450,585	22,233,709	(216,876)
TEMP, OVERTIME & SHIFT	1002	1,039,558	292,893	125,055	417,948	544,200	126,252
BENEFITS	1008	8,438,490	4,676,689	5,000,861	9,677,550	10,537,588	860,038
SALARY INCREASE	1010	0	0	0	0	1,236,196	1,236,196
BENEFIT INCREASE	1011	0	0	0	0	207,622	207,622
SALARY BUDGET ADJUSTMENT	1900	0	0	0	0	0	0
REDUCTION IN SALARY BUDGET	1910	0	0	0	0	(724,930)	(724,930)
IT-TELEPHONE	3003	216,063	108,071	63,150	171,221	181,221	10,000
TRAVEL	3004	334,545	147,199	127,921	275,120	275,120	0
IT-SOFTWARE/SUPPLIES	3005	12,714	7,823	3,392	11,215	11,215	0
UTILITIES	3006	1,349,026	809,186	576,502	1,385,688	1,385,448	(240)
POSTAGE	3007	19,402	12,835	13,517	26,352	26,000	(352)
IT-CONTRACTUAL SERVICES	3008	0	105	95	200	0	(200)
LEASE/RENT - EQUIPMENT	3011	63,798	21,659	26,618	48,277	43,216	(5,061)
LEASE/RENT - BLDG/LAND	3012	80	0	70	70	0	(70)
DUES & PROFESSIONAL DEV.	3013	30,141	7,474	32,650	40,124	36,000	(4,124)
OPERATING FEES & SERVICES	3014	256,148	1,432,647	467,635	1,900,282	2,855,200	954,918
REPAIRS	3016	404,140	311,320	20,191	331,511	331,511	0
PROFESSIONAL SERVICES	3018	306,433	124,364	166,887	291,251	283,000	(8,251)
INSURANCE	3019	75,888	48,549	39,927	88,476	109,900	21,424
OFFICE SUPPLIES	3021	67,815	62,459	51,704	114,163	62,453	(51,710)
PRINTING	3024	167,236	16,752	135,231	151,983	35,000	(116,983)
PROFESSIONAL SUPPLIES	3025	26,721	14,204	35,930	50,134	30,000	(20,134)
FOOD & CLOTHING	3027	1,228,316	749,497	452,002	1,201,499	1,261,979	60,480
MEDICAL,DENTAL & OPTICAL	3029	880,946	541,104	319,078	860,182	974,828	114,646
BLDG,GRNDS,VEHICLE MTCE	3030	466,642	181,285	27,683	208,968	331,470	122,502
MISCELLANEOUS SUPPLIES	3033	365,686	93,805	223,413	317,218	185,200	(132,018)
OFFICE EQUIP-UNDER $5000	3034	1,724	0	0	0	0	0
OTHER EQUIP-UNDER $5000	3036	83,708	3,837	0	3,837	0	(3,837)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DEVELOPMENTAL CENTER
Reporting Level: 00-325-430-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
MOTOR VEHICLES	5004	10,350	0	0	0	0	0
LAND & BUILDINGS	5005	282,790	0	0	0	240,000	240,000
EXTRAORDINARY REPAIRS	5010	0	0	0	0	0	0
OTHER CAPITAL PAYMENTS	5020	657,703	0	637,203	637,203	593,231	(43,972)
EQUIP- OVER $5000	5030	0	0	0	0	0	0
HUMAN SERVICE CENTERS / INSTITUTIONS	70	38,856,481	20,538,084	20,122,973	40,661,057	43,286,377	2,625,320
EXPENDITURE TOTALS		38,856,481	20,538,084	20,122,973	40,661,057	43,286,377	2,625,320
MEANS OF FUNDING							
IPAT(TEC GRANT) 84.224	S049	12,265	0	0	0	0	0
MEDICAL ASSISTANCE-93.778	S055	25,824,533	14,973,379	14,206,185	29,179,564	28,400,429	(779,135)
TITLE III B - 00	S091	4,000	0	0	0	0	0
Federal Funds	FED	25,840,798	14,973,379	14,206,185	29,179,564	28,400,429	(779,135)
STATE GENERAL FUND	001	10,656,923	4,194,469	4,616,760	8,811,229	11,696,425	2,885,196
General Fund	GEN	10,656,923	4,194,469	4,616,760	8,811,229	11,696,425	2,885,196
STATE CAPITAL BONDING FUND	011	0	0	0	0	240,000	240,000
DEVELOP. CENTER - OTHER FUNDS	Z097	2,358,760	1,370,236	1,300,028	2,670,264	2,949,523	279,259
Special Funds	SPEC	2,358,760	1,370,236	1,300,028	2,670,264	3,189,523	519,259
TOTAL FUNDING		38,856,481	20,538,084	20,122,973	40,661,057	43,286,377	2,625,320
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		473	0	458	458	452	(7)
TOTAL AUTHORIZED EMPLOYEES		473	0	458	458	452	(7)
FTE		473	0	400	400	431	31

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: DEVELOPMENTAL CENTER
Reporting Level: 00-325-430-00-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
AUTHORIZED EMPLOYEES							
VACANT		0	0	58	58	20	(38)

NORTH DAKOTA DEVELOPMENTAL CENTER
BUDGET DETAIL
2005-07 BIENNIUM

	2005-07 BUDGET
REPAIRS:	
Elevator Maintenance	98,000
Service Contracts - Copiers	20,000
Service Contracts - Alarm Systems	26,000
Medical Equipment Repairs	22,700
Plant Services Preventive Maintenance Contracts	115,808
Office Equipment Repairs	10,000
Electrical, Plumbing Repairs	39,003
TOTAL REPAIRS BUDGET	**$331,511**
BLDG, GROUNDS & VEHICLE MTC.:	
Boiler Supplies	35,000
Electrical Supplies	40,000
Hardware & Building Supplies	148,088
Janitorial Supplies	50,000
Plumbing Supplies	30,000
Paint	4,000
Equipment Repair Parts	5,000
Metal, Lumber & Cement	19,382
TOTAL BLDG, GROUNDS & VEHICLE MTC.	**$331,470**

Bldg, Grounds & Vehicle Mtc budget for 2003-05 is $208,968 Expenses for this line item for the first year of the current biennium were, $181,285, so the 2005-07 budget request was increased accordingly.

DEVELOPMENTAL CENTER
REVENUE COMPARISON

REVENUE SOURCES	2003-05	TO OMB 2005-07	GOVERNOR'S 2005-07 BUDGET	VARIANCE	COMMENTS
GENERAL FUNDS	8,174,026	10,415,062	11,103,194	688,132	
Cap. Improvements - General Funds	637,203	593,231	593,231	0	
TOTAL GENERAL FUNDS	**8,811,229**	**11,008,293**	**11,696,425**	688,132	
FEDERAL FUNDS					
Medical Assistance	29,179,564	26,891,702	28,400,429	1,508,727	
TOTAL FEDERAL FUNDS	**29,179,564**	**26,891,702**	**28,400,429**	1,508,727	
OTHER FUNDS					
Unidentified Other Authority	0				
Recipient Liability	1,534,484	1,382,615	1,382,615	0	
Rent	141,000	141,000	141,000	0	
Collette	170,000	190,000	190,000	0	
Dakota	288,000	368,000	368,000	0	
Sale of Salvage	6,000	6,000	6,000	0	
Lab & Pharmacy Fees	90,000	156,000	156,000	0	
Food Service	140,000	140,000	140,000	0	
Adaptive Equipment	83,000	83,000	83,000	0	
Capital Bonding Fund	0	0	240,000	240,000	
Miscellaneous Collections*	217,780	424,570	482,908	58,338	
TOTAL OTHER FUNDS	**2,670,264**	**2,891,185**	**3,189,523**	298,338	
TOTAL REVENUE	**40,661,057**	**40,791,180**	**43,286,377**	**2,495,197**	

NORT[redacted]KOTA STATE HOSPITAL
SECU[redacted]ERVICES
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	Mo/Hr RATE	Salary	Benefits
00002040	[redacted]	ACTIVITY ASSISTANT II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002119	[redacted]	ACTIVITY ASSISTANT II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002133	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002194	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002294	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002306	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002355	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002523	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002525	[redacted]	L P NURSE I	1.000	9603	$2,629.00	$31,548.00	$11,553.00
00002527	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002529	[redacted]	CLINICAL COORDINATOR-NDSH	0.100	9603	$4,245.00	$5,094.00	$1,480.60
00002642	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,801.00	$21,612.00	$9,887.00
00002649	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002664	[redacted]	DIR. OF PSYCHOLOGY - NDSH	0.100	9603	$7,103.00	$8,523.60	$2,055.80
00002665	[redacted]	LICENSED FORENSIC PSYCHOLOGIST	1.000	9603	$6,896.00	$82,752.00	$20,141.00
00002671	[redacted]	REGISTERED NURSE II	1.000	9603	$3,240.00	$38,880.00	$12,784.00
00002672	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,731.00	$20,772.00	$9,746.00
00002676	[redacted]	SOCIAL WORKER III	1.000	9603	$2,432.00	$29,184.00	$11,157.00
00002681	[redacted]	ACTIVITY ASSISTANT II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00002685	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.050	9603	$13,430.00	$8,058.00	$1,440.80
00002686	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002689	[redacted]	CERT OCC THERAPY ASST II	0.130	9603	$2,024.00	$3,157.44	$1,343.68
00002692	[redacted]	VOC REHAB COUNS III	0.200	9603	$2,673.00	$6,415.20	$2,328.40
00002694	[redacted]	VOCATIONAL EVALUATOR II	0.280	9603	$3,089.00	$10,379.04	$3,494.12
00002700	[redacted]	VOCATIONAL EVALUATOR II	0.240	9603	$2,054.00	$5,915.52	$2,495.04
00002701	[redacted]	REGISTERED NURSE II	1.000	9603	$3,000.00	$36,000.00	$12,300.00
00002703	[redacted]	OCCUPATIONAL THERAPIST	0.200	9603	$3,483.00	$8,359.20	$2,654.40
00002705	[redacted]	TREATMENT UNIT DIRECTOR	0.300	9603	$5,863.00	$21,106.80	$5,418.30
00002733	[redacted]	OFFICE ASSISTANT III	0.200	9603	$1,875.00	$4,500.00	$2,007.20
00002735	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,679.00	$20,148.00	$9,641.00
00002740	[redacted]	REGISTERED NURSE II	1.000	9603	$3,352.00	$40,224.00	$13,008.00
00002743	[redacted]	REGISTERED NURSE II	1.000	9603	$3,000.00	$36,000.00	$12,300.00
00002755	[redacted]	REGISTERED NURSE II	0.600	9603	$19.25	$24,024.00	$7,787.40
00002771	[redacted]	REGISTERED NURSE II	1.000	9603	$3,000.00	$36,000.00	$12,300.00
00002782	[redacted]	LICENSED PSYCHOLOGIST II	1.000	9603	$4,526.00	$54,312.00	$15,371.00
00002810	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$2,015.00	$24,180.00	$10,318.00
00002816	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,820.00	$21,840.00	$9,926.00
00002818	[redacted]	REGISTERED NURSE II	1.000	9603	$3,474.00	$41,688.00	$13,254.00

NORTH [redacted]KOTA STATE HOSPITAL
SECURE SERVICES
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	Mo/Hr RATE	Salary	Benefits
00002826	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002829	[redacted]	ACTIVITY ASSISTANT II	0.075	9603	$1,590.00	$1,431.00	$709.73
00002838	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002851	[redacted]	REGISTERED NURSE II	1.000	9603	$3,481.00	$41,772.00	$13,269.00
00002858	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,819.00	$21,828.00	$9,924.00
00002871	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002881	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,665.00	$19,980.00	$9,614.00
00002885	[redacted]	ACTIVITY ASSISTANT II	0.250	9603	$1,748.00	$5,244.00	$2,445.25
00002888	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,897.00	$22,764.00	$10,080.00
00002896	[redacted]	L P NURSE II	1.000	9603	$2,587.00	$31,044.00	$11,469.00
00002898	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,863.00	$22,356.00	$10,012.00
00002908	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,587.00	$19,044.00	$9,457.00
00002913	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$2,041.00	$24,492.00	$10,371.00
00002914	[redacted]	ACTIVITY ASSISTANT II	0.150	9603	$1,569.00	$2,824.20	$1,413.00
00002923	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,546.00	$18,552.00	$9,374.00
00002925	[redacted]	REGISTERED NURSE II	1.000	9603	$3,777.00	$45,324.00	$13,864.00
00002928	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002931	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,877.00	$22,524.00	$10,040.00
00002932	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,581.00	$18,972.00	$9,444.00
00002937	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,540.00	$18,480.00	$9,362.00
00002942	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,729.00	$20,748.00	$9,742.00
00002944	[redacted]	OFFICE ASSISTANT III	1.000	9603	$1,771.00	$21,252.00	$9,827.00
00002959	[redacted]	MENTAL HLTH CARE SPEC II	0.500	9603	$9.52	$9,901.00	$7,781.00
00002971	[redacted]	L P NURSE I	1.000	9603	$1,612.00	$19,344.00	$9,506.00
00002999	[redacted]	REGISTERED NURSE II	1.000	9603	$3,000.00	$36,000.00	$12,300.00
00010595	[redacted]	ADVANCED CLINICAL SPECIALIST	1.000	9603	$3,800.00	$45,600.00	$13,910.00
00100012	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9603	$1,800.00	$21,600.00	$9,885.00
00100013	[redacted]	SOCIAL WORKER III	1.000	9603	$2,432.00	$29,184.00	$11,157.00
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9603	$101,120.00	$0.00	$10,112.00
			54.375			$1,501,573.00	$605,235.72
					Biennium Total	**$3,003,146.00**	**$1,200,359.43**
					Shift Differential	**$101,120.00**	

NORTH DAKO[redacted]E HOSPITAL
TRADITIONAL SERVICES
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002507	[redacted]	PHYSICIAN-NOT CLASSIFIED	1.000	9511	ADMINISTRATION	$10,319.00	$123,828.00	$24,870.00
BOARD MEMBERS	[redacted]	BRD/COMM-NOT CLASSIFIED	0.000	9511	ADMINISTRATION	$2,400.00	$2,400.00	$240.00
			1.000	9511 Total			$126,228.00	$25,110.00
00002509	[redacted]	HUMAN RESOURCE DIR I	1.000	9513	HUMAN RESOURCES	$4,846.00	$58,152.00	$16,014.00
00002512	[redacted]	ACCOUNT TECHNICIAN II	1.000	9513	HUMAN RESOURCES	$2,233.00	$26,796.00	$10,757.00
00002552	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9513	HUMAN RESOURCES	$1,897.00	$22,764.00	$10,080.00
00002736	[redacted]	PERSONNEL OFFICER I	1.000	9513	HUMAN RESOURCES	$2,723.00	$32,676.00	$11,743.00
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9513	HUMAN RESOURCES	$500,550.00	$0.00	$50,055.00
			4.000	9513 Total			$140,388.00	$98,649.00
00002510	[redacted]	ACCOUNTING MANAGER II	1.000	9515	ACCOUNTS PAYABLE	$5,440.00	$65,280.00	$17,211.00
00002511	[redacted]	ACCOUNT/BUDGET SPEC II	1.000	9515	ACCOUNTS PAYABLE	$2,625.00	$31,500.00	$11,546.00
00002514	[redacted]	STOREKEEPER I	1.000	9515	ACCOUNTS PAYABLE	$1,947.00	$23,364.00	$10,182.00
00002517	[redacted]	ACCOUNT TECHNICIAN I	1.000	9515	ACCOUNTS PAYABLE	$1,903.00	$22,836.00	$10,093.00
00002531	[redacted]	FLEET & EQUIP TECH III	1.000	9515	ACCOUNTS PAYABLE	$2,356.00	$28,272.00	$11,004.00
00002646	[redacted]	DENTAL ASSISTANT	1.000	9515	ACCOUNTS PAYABLE	$1,903.00	$22,836.00	$10,093.00
00002699	[redacted]	ACCOUNT TECHNICIAN I	1.000	9515	ACCOUNTS PAYABLE	$1,830.00	$21,960.00	$9,946.00
			7.000	9515 Total			$216,048.00	$80,075.00
00002516	[redacted]	ACCOUNT TECHNICIAN II	1.000	9518	ACCOUNTS RECEIVABLE	$2,485.00	$29,820.00	$11,264.00
00002539	[redacted]	ACCOUNT TECHNICIAN I	1.000	9518	ACCOUNTS RECEIVABLE	$1,720.00	$20,640.00	$9,724.00
00002541	[redacted]	ACCOUNT TECHNICIAN I	1.000	9518	ACCOUNTS RECEIVABLE	$1,855.00	$22,260.00	$9,996.00
			3.000	9518 Total			$72,720.00	$30,984.00
00002519	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,992.00	$23,904.00	$10,272.00
00002520	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,889.00	$22,668.00	$10,064.00
00002521	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,807.00	$21,684.00	$9,899.00
00002522	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9519	HEALTH INFORMATION SERVICES	$1,926.00	$23,112.00	$10,139.00
00002524	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,903.00	$22,836.00	$10,093.00
00002528	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,620.00	$19,440.00	$9,523.00
00002535	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,666.00	$19,992.00	$9,616.00
00002540	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,471.00	$17,652.00	$9,217.00
00002542	[redacted]	MEDICAL-RECORDS ADMIN III	1.000	9519	HEALTH INFORMATION SERVICES	$3,638.00	$43,656.00	$13,584.00
00002544	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,720.00	$20,640.00	$9,724.00
00002545	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,697.00	$20,364.00	$9,678.00
00002546	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,962.00	$23,544.00	$10,211.00
00002667	[redacted]	MEDICAL-RECORD TECH II	1.000	9519	HEALTH INFORMATION SERVICES	$2,304.00	$27,648.00	$10,899.00
00002877	[redacted]	OFFICE ASSISTANT II	1.000	9519	HEALTH INFORMATION SERVICES	$1,619.00	$19,428.00	$9,522.00
00002948	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,608.00	$19,296.00	$9,499.00
00002949	[redacted]	ADMINISTRATIVE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,959.00	$23,508.00	$10,205.00
00002950	[redacted]	OFFICE ASSISTANT III	1.000	9519	HEALTH INFORMATION SERVICES	$1,427.00	$17,124.00	$9,120.00
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9519	HEALTH INFORMATION SERVICES	$14,032.00	$0.00	$1,403.00
			17.000	9519 Total			$386,496.00	$172,668.00
00002572	[redacted]	SAFETY OFFICER	1.000	9521	SAFETY - SECURITY	$3,293.00	$39,516.00	$12,890.00
00002587	[redacted]	SECURITY OFFICER I	1.000	9521	SAFETY - SECURITY	$2,042.00	$24,504.00	$10,372.00
SHIFT DIFF	Shift Differential	TEMPORARY-NOT CLASSIFIED	0.000	9521	SAFETY - SECURITY	$4,192.00	$0.00	$419.00
			2.000	9521 Total			$64,020.00	$23,681.00
RESIDENT	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9522	PATIENT PAYROLL	$316,004.00	$0.00	$0.00
			0.000	9522 Total			$0.00	$0.00
00002752	[redacted]	REGISTERED NURSE III	1.000	9523	QUALITY SUPPORT	$3,946.00	$47,352.00	$14,205.00
00002754	[redacted]	REGISTERED NURSE III	1.000	9523	QUALITY SUPPORT	$3,915.00	$46,980.00	$14,142.00
			2.000	9523 Total			$94,332.00	$28,347.00

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002555	[redacted]	GEN TRADES MAINT WKR II	1.000	9551	PLANT SERVICES	$2,007.00	$24,084.00	$10,301.00
00002558	[redacted]	PHYSICAL PLANT DIR III	1.000	9551	PLANT SERVICES	$4,240.00	$50,880.00	$14,796.00
00002559	[redacted]	HEATING PLANT SUPV II	1.000	9551	PLANT SERVICES	$3,126.00	$37,512.00	$12,554.00
00002560	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$1,907.00	$22,884.00	$10,101.00
00002562	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$2,150.00	$25,800.00	$10,590.00
00002563	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$2,211.00	$26,532.00	$10,713.00
00002564	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$2,242.00	$26,904.00	$10,775.00
00002565	[redacted]	BRICKLAYER, MAINTENANCE	1.000	9551	PLANT SERVICES	$2,678.00	$32,136.00	$11,652.00
00002567	[redacted]	PLUMBER II	1.000	9551	PLANT SERVICES	$2,825.00	$33,900.00	$11,949.00
00002568	[redacted]	ELECTRICIAN III	1.000	9551	PLANT SERVICES	$3,788.00	$45,456.00	$13,886.00
00002570	[redacted]	ELECTRICIAN II	1.000	9551	PLANT SERVICES	$2,948.00	$35,376.00	$12,195.00
00002571	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$1,996.00	$23,952.00	$10,279.00
00002575	[redacted]	CARPENTER III	1.000	9551	PLANT SERVICES	$2,872.00	$34,464.00	$12,043.00
00002580	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$2,291.00	$27,492.00	$10,874.00
00002729	[redacted]	HEATING PLANT OPERATOR II	1.000	9551	PLANT SERVICES	$2,201.00	$26,412.00	$10,693.00
00010275	[redacted]	PLUMBER III	1.000	9551	PLANT SERVICES	$3,366.00	$40,392.00	$13,037.00
00010276	[redacted]	MAINTENANCE MECHANIC III	1.000	9551	PLANT SERVICES	$2,827.00	$33,924.00	$11,952.00
SHIFT DIFF	Shift Differential	TEMPORARY-NOT CLASSIFIED	0.000	9551	PLANT SERVICES	$12,512.00	$0.00	$1,251.00
			17.000	9551 Total			$548,100.00	$199,641.00
00002554	[redacted]	LANDSCAPE & GRNDS SUPV	1.000	9552	GROUNDS	$2,732.00	$32,784.00	$11,761.00
00002557	[redacted]	EQUIPMENT OPERATOR II	1.000	9552	GROUNDS	$2,061.00	$24,732.00	$10,411.00
00002577	[redacted]	EQUIPMENT OPERATOR II	1.000	9552	GROUNDS	$2,114.00	$25,368.00	$10,518.00
			3.000	9552 Total			$82,884.00	$32,690.00
00002547	[redacted]	COOK II	1.000	9553	NUTRITION SERVICES	$1,868.00	$22,416.00	$10,022.00
00002583	[redacted]	FOOD SVC DIRECTOR II	1.000	9553	NUTRITION SERVICES	$3,409.00	$40,908.00	$13,123.00
00002584	[redacted]	DIETITIAN II	0.750	9553	NUTRITION SERVICES	$17.63	$27,503.00	$10,876.00
000025849	[redacted]	DIETITIAN II	0.250	9553	NUTRITION SERVICES	$17.63	$9,168.00	$924.00
00002592	[redacted]	FOOD SVC OPNS SUPV III	1.000	9553	NUTRITION SERVICES	$2,230.00	$26,760.00	$10,751.00
00002596	[redacted]	COOK II	1.000	9553	NUTRITION SERVICES	$2,018.00	$24,216.00	$10,323.00
00002607	[redacted]	FOOD SVC OPNS SUPV III	1.000	9553	NUTRITION SERVICES	$1,864.00	$22,368.00	$10,014.00
00002614	[redacted]	COOK II	1.000	9553	NUTRITION SERVICES	$1,887.00	$22,644.00	$10,060.00
00002622	[redacted]	COOK II	1.000	9553	NUTRITION SERVICES	$1,925.00	$23,100.00	$10,137.00
00002708	[redacted]	DIETITIAN II	0.750	9553	NUTRITION SERVICES	$2,783.00	$25,047.00	$10,463.00
000027089	[redacted]	DIETITIAN II	0.250	9553	NUTRITION SERVICES	$2,783.00	$8,349.00	$848.00
			9.000	9553 Total			$252,479.00	$97,541.00
00002532	[redacted]	STOREKEEPER I	1.000	9554	CENTRAL RECEIVING	$2,042.00	$24,504.00	$10,372.00
00002533	[redacted]	STOREKEEPER I	1.000	9554	CENTRAL RECEIVING	$2,080.00	$24,960.00	$10,449.00
00002534	[redacted]	PURCHASING AGENT II	1.000	9554	CENTRAL RECEIVING	$3,664.00	$43,968.00	$13,637.00
			3.000	9554 Total			$93,432.00	$34,458.00
00002624	[redacted]	CUSTODIAL SUPERVISOR I	1.000	9555	HOUSEKEEPING	$2,224.00	$26,688.00	$10,739.00
00002628	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,712.00	$20,544.00	$9,709.00
00002630	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,830.00	$21,960.00	$9,946.00
00002631	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,583.00	$18,996.00	$9,448.00
00002634	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,649.00	$19,788.00	$9,582.00
00002635	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,747.00	$20,964.00	$9,779.00
00002640	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,594.00	$19,128.00	$9,470.00
00002952	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,747.00	$20,964.00	$9,779.00
00002955	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9555	HOUSEKEEPING	$1,878.00	$22,536.00	$10,042.00
00002956	[redacted]	MAINTENANCE WORKER II	1.000	9555	HOUSEKEEPING	$1,682.00	$20,184.00	$9,648.00

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POS NO	NAME	TITLE	FTE	ACC	RPTNG LVL DESCR	MO/HR RATE	Salary	Benefits
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9555	HOUSEKEEPING	$7,548.00	$0.00	$755.00
			10.000	**9555 Total**			$211,752.00	$98,897.00
00002645	[redacted]	LIBRARIAN I	1.000	9558	LIBRARY	$2,167.00	$26,004.00	$10,624.00
			1.000	**9558 Total**			$26,004.00	$10,624.00
00002644	[redacted]	CHAPLAIN INTERN	1.000	9559	CHAPLAINCY	$2,369.00	$28,428.00	$11,031.00
			1.000	**9559 Total**			$28,428.00	$11,031.00
00002590	[redacted]	BEAUTICIAN	1.000	9562	BARBER & BEAUTY SHOP	$1,923.00	$23,076.00	$10,134.00
			1.000	**9562 Total**			$23,076.00	$10,134.00
00002647	[redacted]	PHARMACIST II	1.000	9572	PHARMACY	$6,359.00	$76,308.00	$19,059.00
00002648	[redacted]	PHARMACIST I	1.000	9572	PHARMACY	$5,663.00	$67,956.00	$17,659.00
00002654	[redacted]	PHARMACIST I	1.000	9572	PHARMACY	$5,672.00	$68,064.00	$17,677.00
00002947	[redacted]	REGISTERED PHARMACY TECH	0.750	9572	PHARMACY	$1,780.00	$16,020.00	$8,914.00
000029479	[redacted]	REGISTERED PHARMACY TECH	0.250	9572	PHARMACY	$1,780.00	$5,340.00	$556.00
			4.000	**9572 Total**			$233,688.00	$63,865.00
00002651	[redacted]	MEDICAL LAB TECH II	1.000	9573	LABORATORY	$2,572.00	$30,864.00	$11,440.00
00002732	[redacted]	MEDICAL LAB TECH II	1.000	9573	LABORATORY	$2,653.00	$31,836.00	$11,602.00
00002938	[redacted]	MEDICAL LAB TECH II	0.500	9573	LABORATORY	$2,500.00	$15,000.00	$8,726.00
			2.500	**9573 Total**			$77,700.00	$31,768.00
00002652	[redacted]	CHIEF RADIOLOGICAL TECH	1.000	9574	X-RAY	$2,940.00	$35,280.00	$12,180.00
TEMPORARY	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9574	X-RAY	$1,200.00	$0.00	$120.00
			1.000	**9574 Total**			$35,280.00	$12,300.00
00002576	[redacted]	NURSE PRACTITIONER	0.050	9601	MEDICAL STAFF	$4,590.00	$2,754.00	$775.00
00002579	[redacted]	ADMINISTRATIVE ASSISTANT III	1.000	9601	MEDICAL STAFF	$2,513.00	$30,156.00	$11,320.00
00002655	[redacted]	PHYSICIAN-NOT CLASSIFIED	1.000	9601	MEDICAL STAFF	$16,824.00	$201,888.00	$33,120.00
00002656	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.200	9601	MEDICAL STAFF	$14,985.00	$35,964.00	$6,157.60
00002657	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.100	9601	MEDICAL STAFF	$13,856.00	$16,627.20	$2,935.60
00002658	[redacted]	PHYSICIAN ASSISTANT	0.500	9601	MEDICAL STAFF	$5,488.00	$32,928.00	$8,653.50
00002660	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.100	9601	MEDICAL STAFF	$16,162.00	$19,394.40	$3,228.10
00002662	[redacted]	PHYSICIAN-NOT CLASSIFIED	1.000	9601	MEDICAL STAFF	$14,167.00	$170,004.00	$29,750.00
00002664	[redacted]	DIR. OF PSYCHOLOGY - NDSH	0.850	9601	MEDICAL STAFF	$7,103.00	$72,450.60	$17,474.30
00002685	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.100	9601	MEDICAL STAFF	$13,430.00	$16,116.00	$2,881.60
00002759	[redacted]	NURSE PRACTITIONER	0.050	9601	MEDICAL STAFF	$4,869.00	$2,921.40	$803.10
00002769	[redacted]	NURSE PRACTITIONER	0.050	9601	MEDICAL STAFF	$4,728.00	$2,836.80	$788.90
TEMPORARY	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9601	MEDICAL STAFF	$420,100.00	$0.00	$42,010.00
			5.000	**9601 Total**			$604,040.40	$159,897.70
00002670	[redacted]	PSYCHOMETRIST	1.000	9604	PSYCHOLOGY - TESTING	$2,455.00	$29,460.00	$11,204.00
			1.000	**9604 Total**			$29,460.00	$11,204.00
00002737	[redacted]	VOLUNTEER SERVICES COORD	1.000	9605	VOLUNTEERS	$2,300.00	$27,600.00	$10,891.00
			1.000	**9605 Total**			$27,600.00	$10,891.00
00002996	[redacted]	INSTRUCTOR	1.000	9608	ADULT EDUCATION	$2,673.00	$32,076.00	$11,642.00
00002997	[redacted]	INSTRUCTOR	1.000	9608	ADULT EDUCATION	$2,615.00	$31,380.00	$11,526.00
00002998	[redacted]	INSTRUCTOR	1.000	9608	ADULT EDUCATION	$2,512.00	$30,144.00	$11,318.00
			3.000	**9608 Total**			$93,600.00	$34,486.00
00002529	[redacted]	CLINICAL COORDINATOR-NDSH	0.500	9609	TOMPKINS REHABILITATION CENTER	$4,245.00	$25,470.00	$7,403.00
00002556	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,746.00	$20,952.00	$9,777.00
00002589	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,885.00	$22,620.00	$10,056.00
00002650	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,700.00	$32,400.00	$11,697.00
00002656	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.100	9609	TOMPKINS REHABILITATION CENTER	$14,985.00	$17,982.00	$3,078.80
00002658	[redacted]	PHYSICIAN ASSISTANT	0.400	9609	TOMPKINS REHABILITATION CENTER	$5,488.00	$26,342.40	$6,922.80

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002689	[redacted]	CERT OCC THERAPY ASST II	0.750	9609	TOMPKINS REHABILITATION CENTER	$2,024.00	$18,216.00	$7,752.00
00002690	[redacted]	THERAPEUTIC REC SPEC II	0.550	9609	TOMPKINS REHABILITATION CENTER	$2,920.00	$19,272.00	$6,676.45
00002693	[redacted]	VOC REHAB COUNS III	0.500	9609	TOMPKINS REHABILITATION CENTER	$3,856.00	$23,136.00	$7,011.50
00002694	[redacted]	VOCATIONAL EVALUATOR II	0.150	9609	TOMPKINS REHABILITATION CENTER	$3,089.00	$5,560.20	$1,871.85
00002700	[redacted]	VOCATIONAL EVALUATOR II	0.500	9609	TOMPKINS REHABILITATION CENTER	$2,054.00	$12,324.00	$5,198.00
00002703	[redacted]	OCCUPATIONAL THERAPIST	0.600	9609	TOMPKINS REHABILITATION CENTER	$3,483.00	$25,077.60	$7,963.20
00002705	[redacted]	TREATMENT UNIT DIRECTOR	0.500	9609	TOMPKINS REHABILITATION CENTER	$5,863.00	$35,178.00	$9,030.50
00002706	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,780.00	$33,360.00	$11,857.00
00002709	[redacted]	ADDICTION COUNSELOR III	1.000	9609	TOMPKINS REHABILITATION CENTER	$3,666.00	$43,992.00	$13,641.00
00002710	[redacted]	ADDICTION COUNSELOR III	1.000	9609	TOMPKINS REHABILITATION CENTER	$3,666.00	$43,992.00	$13,641.00
00002711	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,780.00	$33,360.00	$11,857.00
00002712	[redacted]	ADDICTION COUNSELOR III	1.000	9609	TOMPKINS REHABILITATION CENTER	$3,666.00	$43,992.00	$13,641.00
00002715	[redacted]	THERAPEUTIC REC SPEC II	0.400	9609	TOMPKINS REHABILITATION CENTER	$2,717.00	$13,041.60	$4,692.00
00002716	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$3,651.00	$43,812.00	$13,610.00
00002717	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,897.00	$34,764.00	$12,092.00
00002719	[redacted]	ADDICTION COUNSELOR II	1.000	9609	TOMPKINS REHABILITATION CENTER	$3,140.00	$37,680.00	$12,581.00
00002723	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,775.00	$21,300.00	$9,836.00
00002733	[redacted]	OFFICE ASSISTANT III	0.600	9609	TOMPKINS REHABILITATION CENTER	$1,875.00	$13,500.00	$6,021.60
00002747	[redacted]	REGISTERED NURSE II	0.300	9609	TOMPKINS REHABILITATION CENTER	$3,000.00	$10,800.00	$3,690.00
00002776	[redacted]	REGISTERED NURSE II	0.300	9609	TOMPKINS REHABILITATION CENTER	$22.63	$14,121.00	$4,247.40
00002787	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,992.00	$23,904.00	$10,272.00
00002796	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,012.00	$24,144.00	$10,312.00
00002797	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,545.00	$18,540.00	$9,372.00
00002807	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,592.00	$19,104.00	$9,466.00
00002817	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,665.00	$19,980.00	$9,614.00
00002820	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,803.00	$21,636.00	$9,891.00
00002825	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,612.00	$19,344.00	$9,506.00
00002843	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,863.00	$22,356.00	$10,012.00
00002848	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,729.00	$20,748.00	$9,742.00
00002853	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,592.00	$19,104.00	$9,466.00
00002856	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,919.00	$23,028.00	$10,125.00
00002864	[redacted]	REGISTERED NURSE II	0.300	9609	TOMPKINS REHABILITATION CENTER	$3,320.00	$11,952.00	$3,883.20
00002875	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,650.00	$19,800.00	$9,584.00
00002880	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,586.00	$19,032.00	$9,455.00
00002884	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,875.00	$22,500.00	$10,036.00
00002893	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,727.00	$20,724.00	$9,738.00
00002897	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,778.00	$21,336.00	$9,841.00
00002909	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,612.00	$19,344.00	$9,506.00
00002915	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,891.00	$22,692.00	$10,069.00
00002917	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,546.00	$18,552.00	$9,374.00
00002918	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,919.00	$23,028.00	$10,125.00
00002929	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,540.00	$18,480.00	$9,362.00
00002962	[redacted]	L P NURSE II	1.000	9609	TOMPKINS REHABILITATION CENTER	$2,489.00	$29,868.00	$11,272.00
00002964	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,840.00	$22,080.00	$9,966.00
00002968	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,540.00	$18,480.00	$9,362.00
00002979	[redacted]	REGISTERED NURSE II	0.300	9609	TOMPKINS REHABILITATION CENTER	$21.02	$13,116.60	$4,078.80
00002995	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9609	TOMPKINS REHABILITATION CENTER	$1,540.00	$18,480.00	$9,362.00
00003005	[redacted]	REGISTERED NURSE II	0.300	9609	TOMPKINS REHABILITATION CENTER	$19.13	$11,937.00	$3,881.10
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9609	TOMPKINS REHABILITATION CENTER	$87,584.00	$0.00	$8,758.00

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002750	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,777.00	$45,324.00	$13,864.00
00002751	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,613.00	$43,356.00	$13,534.00
00002753	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,010.00	$24,120.00	$10,308.00
00002757	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,000.00	$36,000.00	$12,300.00
00002759	[redacted]	NURSE PRACTITIONER	0.950	9614	ADULT PSYCHIATRIC INPATIENT	$4,869.00	$55,506.60	$15,258.90
00002760	[redacted]	CLINICAL COORDINATOR-NDSH	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$4,240.00	$50,880.00	$14,796.00
00002761	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,917.00	$47,004.00	$14,146.00
00002763	[redacted]	REGISTERED NURSE II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$21.79	$22,662.00	$10,065.00
000027639	[redacted]	REGISTERED NURSE II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$20.50	$21,320.00	$9,839.00
00002764	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,777.00	$45,324.00	$13,864.00
00002767	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,330.00	$39,960.00	$12,964.00
00002768	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,016.00	$36,192.00	$12,333.00
00002769	[redacted]	NURSE PRACTITIONER	0.950	9614	ADULT PSYCHIATRIC INPATIENT	$4,728.00	$53,899.20	$14,989.10
00002775	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,434.00	$41,208.00	$13,174.00
00002777	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,817.00	$45,804.00	$13,944.00
00002778	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,881.00	$34,572.00	$12,060.00
00002779	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$21.79	$45,323.00	$13,864.00
00002781	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,329.00	$39,948.00	$12,962.00
00002784	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,629.00	$31,548.00	$11,553.00
00002785	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,509.00	$30,108.00	$11,313.00
00002786	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002788	[redacted]	MHC SPEC III (INACTIVE)	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,123.00	$25,476.00	$10,535.00
00002790	[redacted]	REGISTERED NURSE II	0.100	9614	ADULT PSYCHIATRIC INPATIENT	$3,369.00	$4,042.80	$1,304.30
00002794	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,641.00	$19,692.00	$9,566.00
00002799	[redacted]	L P NURSE II	0.600	9614	ADULT PSYCHIATRIC INPATIENT	$13.85	$17,285.00	$9,151.00
00002801	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002803	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.00
00002804	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002806	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002808	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,911.00	$22,932.00	$10,109.00
00002809	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002812	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,143.00	$25,716.00	$10,575.00
00002813	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002814	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,537.00	$30,444.00	$11,368.00
00002819	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,903.00	$22,836.00	$10,093.00
00002822	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002828	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002829	[redacted]	ACTIVITY ASSISTANT II	0.775	9614	ADULT PSYCHIATRIC INPATIENT	$1,590.00	$14,787.00	$7,333.83
00002831	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.00
00002834	[redacted]	MENTAL HLTH CARE SPEC II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$10.16	$10,566.00	$7,904.00
000028349	[redacted]	MENTAL HLTH CARE SPEC II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$9.35	$9,724.00	$7,748.00
00002837	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$9.97	$20,738.00	$9,742.00
00002839	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002841	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,041.00	$24,492.00	$10,371.00
00002842	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,704.00	$20,448.00	$9,692.00
00002844	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,820.00	$21,840.00	$9,926.00
00002845	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,566.00	$18,792.00	$9,414.00
00002846	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,104.00	$25,248.00	$10,497.00
00002849	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,820.00	$21,840.00	$9,926.00

NORTH DAKO[redacted]E HOSPITAL
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
			44.050	9609 Total			$1,235,534.40	$491,276.20
00002951	[redacted]	STOREKEEPER I	1.000	9610	CENTRAL SERVICE	$1,718.00	$20,616.00	$9,720.00
			1.000	9610 Total			$20,616.00	$9,720.00
00002543	[redacted]	INSTRUCTOR	1.000	9611	STAFF DEVELOPMENT	$2,673.00	$32,076.00	$11,642.00
00002722	[redacted]	REGISTERED NURSE III	1.000	9611	STAFF DEVELOPMENT	$4,100.00	$49,200.00	$14,513.00
00002945	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9611	STAFF DEVELOPMENT	$2,045.00	$24,540.00	$10,378.00
TEMPORARY	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9611	STAFF DEVELOPMENT	$15,096.00	$0.00	$1,510.00
			3.000	9611 Total			$105,816.00	$38,043.00
00002674	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9612	NURSING ADMINISTRATION	$1,895.00	$22,740.00	$10,077.00
00002738	[redacted]	DIRECTOR OF NURSING-NDSH	1.000	9612	NURSING ADMINISTRATION	$6,218.00	$74,616.00	$18,776.00
			2.000	9612 Total			$97,356.00	$28,853.00
00002530	[redacted]	MENTAL HLTH CARE SPEC II	0.650	9614	ADULT PSYCHIATRIC INPATIENT	$1,807.00	$14,094.60	$6,434.35
00002537	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,581.00	$18,972.00	$9,444.00
00002549	[redacted]	TREATMENT UNIT DIRECTOR	0.800	9614	ADULT PSYCHIATRIC INPATIENT	$5,863.00	$56,284.80	$14,448.80
00002553	[redacted]	SOCIAL WORKER III	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$3,690.00	$22,140.00	$6,844.00
00002561	[redacted]	ADMINISTRATIVE ASSISTANT III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,885.00	$34,620.00	$12,068.00
00002576	[redacted]	NURSE PRACTITIONER	0.950	9614	ADULT PSYCHIATRIC INPATIENT	$4,590.00	$52,326.00	$14,725.00
00002658	[redacted]	PHYSICIAN ASSISTANT	0.100	9614	ADULT PSYCHIATRIC INPATIENT	$5,488.00	$6,585.60	$1,730.70
00002660	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.900	9614	ADULT PSYCHIATRIC INPATIENT	$16,162.00	$174,549.60	$29,052.90
00002666	[redacted]	LICENSED PSYCHOLOGIST II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$4,394.00	$52,728.00	$15,106.00
00002668	[redacted]	LICENSED PSYCHOLOGIST II	0.700	9614	ADULT PSYCHIATRIC INPATIENT	$4,526.00	$38,018.40	$10,759.70
00002669	[redacted]	LIC EXEMPT PSYCH II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$4,154.00	$49,848.00	$14,623.00
00002678	[redacted]	SOCIAL WORKER II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,848.00	$34,176.00	$11,995.00
00002679	[redacted]	THERAPEUTIC REC SPEC II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$2,456.00	$14,736.00	$5,602.50
00002680	[redacted]	THERAPEUTIC REC SPEC III	0.900	9614	ADULT PSYCHIATRIC INPATIENT	$3,254.00	$35,143.20	$11,529.90
00002682	[redacted]	THERAPEUTIC REC SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,808.00	$33,696.00	$11,914.00
00002684	[redacted]	OCCUPATIONAL THERAPIST	0.750	9614	ADULT PSYCHIATRIC INPATIENT	$3,671.00	$33,039.00	$10,238.25
00002685	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.850	9614	ADULT PSYCHIATRIC INPATIENT	$13,430.00	$136,986.00	$24,493.60
00002687	[redacted]	THERAPEUTIC REC SPEC II	0.830	9614	ADULT PSYCHIATRIC INPATIENT	$2,618.00	$26,075.28	$9,571.56
00002688	[redacted]	OCCUPATIONAL THERAPIST	0.800	9614	ADULT PSYCHIATRIC INPATIENT	$3,153.00	$30,268.80	$10,087.20
00002691	[redacted]	SOCIAL WORKER II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,778.00	$33,336.00	$11,853.00
00002692	[redacted]	VOC REHAB COUNS III	0.750	9614	ADULT PSYCHIATRIC INPATIENT	$2,673.00	$24,057.00	$8,731.50
00002694	[redacted]	VOCATIONAL EVALUATOR II	0.380	9614	ADULT PSYCHIATRIC INPATIENT	$3,089.00	$14,085.84	$4,742.02
00002697	[redacted]	VOCATIONAL EVALUATOR II	0.900	9614	ADULT PSYCHIATRIC INPATIENT	$2,639.00	$28,501.20	$10,415.70
00002698	[redacted]	SOCIAL WORKER II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,781.00	$33,372.00	$11,860.00
00002700	[redacted]	VOCATIONAL EVALUATOR II	0.210	9614	ADULT PSYCHIATRIC INPATIENT	$2,054.00	$5,176.08	$2,183.16
00002702	[redacted]	OFFICE ASSISTANT III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,939.00	$23,268.00	$10,165.00
00002704	[redacted]	CERT OCC THERAPY ASST II	0.950	9614	ADULT PSYCHIATRIC INPATIENT	$2,188.00	$24,943.20	$10,133.65
00002718	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,453.00	$41,436.00	$13,212.00
00002724	[redacted]	REGISTERED NURSE III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,795.00	$45,540.00	$13,899.00
00002726	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002728	[redacted]	CERT OCC THERAPY ASST II	0.448	9614	ADULT PSYCHIATRIC INPATIENT	$2,835.00	$15,240.96	$5,361.66
00002734	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,586.00	$19,032.00	$9,455.00
00002739	[redacted]	PHYSICIAN ASSISTANT	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$5,488.00	$65,856.00	$17,307.00
00002744	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,699.00	$44,388.00	$13,707.00
00002745	[redacted]	REGISTERED NURSE III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$4,072.00	$48,864.00	$14,458.00
00002746	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,888.00	$46,656.00	$14,088.00
00002748	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,000.00	$36,000.00	$12,300.00
00002749	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,500.00	$42,000.00	$13,306.00

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG LVL DESCR	MO/HR RATE	Salary	Benefits
00002973	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.0
00002974	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,537.00	$30,444.00	$11,368.0
00002976	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,300.00	$27,600.00	$10,891.0
00002977	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,664.00	$31,968.00	$11,624.0
00002978	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.0
00002979	[redacted]	REGISTERED NURSE II	0.700	9614	ADULT PSYCHIATRIC INPATIENT	$21.02	$30,605.40	$9,517.2
00002980	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,541.00	$30,492.00	$11,377.0
00002981	[redacted]	L P NURSE II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$15.01	$15,610.00	$8,840.0
00029819	[redacted]	L P NURSE II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$14.35	$14,924.00	$8,712.0
00002982	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,583.00	$18,996.00	$9,448.0
00002985	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,665.00	$19,980.00	$9,614.0
00002987	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,582.00	$30,984.00	$11,459.0
00002988	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.0
00002989	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.0
00002990	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.0
00002991	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,241.00	$26,892.00	$10,773.0
00002992	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,650.00	$19,800.00	$9,584.0
00002993	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.0
00003000	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,500.00	$42,000.00	$13,306.0
00003002	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.0
00003005	[redacted]	REGISTERED NURSE II	0.700	9614	ADULT PSYCHIATRIC INPATIENT	$19.13	$27,853.00	$9,055.9
00003007	[redacted]	REGISTERED NURSE III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$21.80	$45,344.00	$13,867.0
00010594	[redacted]	L P NURSE I	0.400	9614	ADULT PSYCHIATRIC INPATIENT	$14.56	$12,114.00	$1,203.0
			144.943	9614 Total			$4,451,469.96	$1,665,203.6
00002518	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,012.00	$24,144.00	$10,312.0
00002529	[redacted]	CLINICAL COORDINATOR-NDSH	0.200	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$4,245.00	$10,188.00	$2,961.2
00002530	[redacted]	MENTAL HLTH CARE SPEC II	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,807.00	$1,084.20	$494.9
00002549	[redacted]	TREATMENT UNIT DIRECTOR	0.200	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$5,863.00	$14,071.20	$3,612.2
00002553	[redacted]	SOCIAL WORKER III	0.500	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,690.00	$22,140.00	$6,844.0
00002657	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.450	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$13,856.00	$74,822.40	$13,210.2
00002664	[redacted]	DIR. OF PSYCHOLOGY - NDSH	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$7,103.00	$4,261.80	$1,027.9
00002668	[redacted]	LICENSED PSYCHOLOGIST II	0.300	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$4,526.00	$16,293.60	$4,611.3
00002679	[redacted]	THERAPEUTIC REC SPEC II	0.500	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,456.00	$14,736.00	$5,602.5
00002680	[redacted]	THERAPEUTIC REC SPEC III	0.075	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,254.00	$2,928.60	$960.8
00002684	[redacted]	OCCUPATIONAL THERAPIST	0.200	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,671.00	$8,810.40	$2,730.2
00002688	[redacted]	OCCUPATIONAL THERAPIST	0.200	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,153.00	$7,567.20	$2,521.8
00002692	[redacted]	VOC REHAB COUNS III	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,673.00	$1,603.80	$582.1
00002697	[redacted]	VOCATIONAL EVALUATOR II	0.100	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,639.00	$3,166.80	$1,157.3
00002704	[redacted]	CERT OCC THERAPY ASST II	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,188.00	$1,312.80	$533.3
00002713	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,665.00	$19,980.00	$9,614.0
00002715	[redacted]	THERAPEUTIC REC SPEC II	0.200	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,717.00	$6,520.80	$2,346.0
00002721	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.0
00002725	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.0
00002727	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,665.00	$19,980.00	$9,614.0
00002728	[redacted]	CERT OCC THERAPY ASST II	0.048	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,835.00	$1,632.96	$574.4
00002742	[redacted]	REGISTERED NURSE II	0.500	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$20.42	$21,237.00	$9,826.0
00002747	[redacted]	REGISTERED NURSE II	0.700	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,000.00	$25,200.00	$8,610.0
00002790	[redacted]	REGISTERED NURSE II	0.900	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,369.00	$36,385.20	$11,738.7
00002793	[redacted]	L P NURSE II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,268.00	$27,216.00	$10,827.0

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POS NO	NAME	TITLE	FTE	ACC	RPTNG LVL DESCR	MO/HR RATE	Salary	Benefits
00002850	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002855	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,277.00	$27,324.00	$10,845.00
00002857	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,591.00	$19,092.00	$9,465.00
00002859	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,892.00	$22,704.00	$10,071.00
00002860	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,665.00	$19,980.00	$9,614.00
00002862	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002863	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,921.00	$23,052.00	$10,128.00
00002864	[redacted]	REGISTERED NURSE II	0.700	9614	ADULT PSYCHIATRIC INPATIENT	$3,320.00	$27,888.00	$9,060.80
00002865	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,604.00	$19,248.00	$9,490.00
00002869	[redacted]	REGISTERED NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$3,253.00	$39,036.00	$12,809.00
00002870	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,820.00	$21,840.00	$9,926.00
00002872	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002873	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,885.00	$22,620.00	$10,056.00
00002874	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,584.00	$19,008.00	$9,451.00
00002878	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,751.00	$21,012.00	$9,787.00
00002879	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,566.00	$18,792.00	$9,414.00
00002882	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002883	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,601.00	$31,212.00	$11,498.00
00002885	[redacted]	ACTIVITY ASSISTANT II	0.250	9614	ADULT PSYCHIATRIC INPATIENT	$1,748.00	$5,244.00	$2,445.25
00002887	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,665.00	$19,980.00	$9,614.00
00002889	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,679.00	$20,148.00	$9,641.00
00002890	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,015.00	$24,180.00	$10,318.00
00002892	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,665.00	$19,980.00	$9,614.00
00002895	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002899	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002900	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,041.00	$24,492.00	$10,371.00
00002901	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002902	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,658.00	$19,896.00	$9,600.00
00002903	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,877.00	$22,524.00	$10,040.00
00002904	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,845.00	$22,140.00	$9,976.00
00002905	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002907	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,519.00	$30,228.00	$11,332.00
00002910	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002914	[redacted]	ACTIVITY ASSISTANT II	0.800	9614	ADULT PSYCHIATRIC INPATIENT	$1,569.00	$15,062.40	$7,536.00
00002921	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002930	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002933	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,041.00	$24,492.00	$10,371.00
00002934	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,581.00	$18,972.00	$9,444.00
00002936	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,629.00	$19,548.00	$9,541.00
00002939	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,546.00	$18,552.00	$9,374.00
00002941	[redacted]	OFFICE ASSISTANT III	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,722.00	$20,664.00	$9,729.00
00002946	[redacted]	MENTAL HLTH CARE SPEC II	0.650	9614	ADULT PSYCHIATRIC INPATIENT	$1,800.00	$14,040.00	$6,425.25
000029599	[redacted]	MENTAL HLTH CARE SPEC II	0.500	9614	ADULT PSYCHIATRIC INPATIENT	$9.60	$9,984.00	$7,797.00
00002960	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,015.00	$24,180.00	$10,318.00
00002961	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,601.00	$31,212.00	$11,498.00
00002963	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,015.00	$24,180.00	$10,318.00
00002965	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,629.00	$31,548.00	$11,553.00
00002966	[redacted]	L P NURSE II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$2,509.00	$30,108.00	$11,313.00
00002969	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9614	ADULT PSYCHIATRIC INPATIENT	$1,546.00	$18,552.00	$9,374.00

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002789	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,725.00	$20,700.00	$9,734.00
00002792	[redacted]	L P NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,046.00	$24,552.00	$10,380.00
00002798	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,108.00	$25,296.00	$10,505.00
00002800	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,108.00	$25,296.00	$10,505.00
00002811	[redacted]	REGISTERED NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,000.00	$36,000.00	$12,300.00
00002832	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$8.88	$18,470.00	$9,361.00
00002854	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,629.00	$19,548.00	$9,541.00
00002861	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002885	[redacted]	ACTIVITY ASSISTANT II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,748.00	$10,488.00	$4,890.50
00002891	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,763.00	$21,156.00	$9,811.00
00002906	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002912	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002916	[redacted]	MENTAL HLTH CARE SPEC I	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,540.00	$18,480.00	$9,362.00
00002919	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,729.00	$20,748.00	$9,742.00
00002943	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,926.00	$23,112.00	$10,139.00
00002946	[redacted]	MENTAL HLTH CARE SPEC II	0.300	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,800.00	$6,480.00	$2,965.50
00002970	[redacted]	L P NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,562.00	$30,744.00	$11,419.00
00002972	[redacted]	L P NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,558.00	$30,696.00	$11,410.00
00002986	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,540.00	$18,480.00	$9,362.00
00003001	[redacted]	L P NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,532.00	$30,384.00	$11,359.00
00003003	[redacted]	SOCIAL WORKER II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,911.00	$34,932.00	$12,122.00
00010307	[redacted]	MENTAL HLTH CARE SPEC II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,745.00	$10,470.00	$4,887.50
			34.474	9619 Total			$1,251,249.84	$439,005.39
00002508	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9624	ADULT TRANSITIONAL LIVING	$1,984.00	$23,808.00	$10,255.00
00002656	[redacted]	PHYSICIAN-NOT CLASSIFIED	0.100	9624	ADULT TRANSITIONAL LIVING	$14,985.00	$17,982.00	$3,078.80
00002680	[redacted]	THERAPEUTIC REC SPEC III	0.025	9624	ADULT TRANSITIONAL LIVING	$3,254.00	$976.20	$320.28
00002687	[redacted]	THERAPEUTIC REC SPEC II	0.170	9624	ADULT TRANSITIONAL LIVING	$2,618.00	$5,340.72	$1,960.44
00002694	[redacted]	VOCATIONAL EVALUATOR II	0.190	9624	ADULT TRANSITIONAL LIVING	$3,089.00	$7,042.92	$2,371.01
00002700	[redacted]	VOCATIONAL EVALUATOR II	0.050	9624	ADULT TRANSITIONAL LIVING	$2,054.00	$1,232.40	$519.80
00002728	[redacted]	CERT OCC THERAPY ASST II	0.400	9624	ADULT TRANSITIONAL LIVING	$2,835.00	$13,608.00	$4,787.20
00002741	[redacted]	MENTAL HLTH CARE ASSOC	1.000	9624	ADULT TRANSITIONAL LIVING	$2,021.00	$24,252.00	$10,331.00
00002762	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$2,010.00	$24,120.00	$10,308.00
00002765	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,875.00	$22,500.00	$10,036.00
00002774	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,831.00	$21,972.00	$9,948.00
00002776	[redacted]	REGISTERED NURSE II	0.700	9624	ADULT TRANSITIONAL LIVING	$22.63	$32,949.00	$9,910.60
00002815	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,612.00	$19,344.00	$9,506.00
00002830	[redacted]	L P NURSE II	1.000	9624	ADULT TRANSITIONAL LIVING	$2,539.00	$30,468.00	$11,373.00
00002868	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,586.00	$19,032.00	$9,455.00
00002876	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,642.00	$19,704.00	$9,568.00
00002920	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$1,919.00	$23,028.00	$10,125.00
00002935	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9624	ADULT TRANSITIONAL LIVING	$2,054.00	$24,648.00	$10,396.00
			12.635	9624 Total			$332,007.24	$134,249.13
			369.625	Grand Total			$11,828,537.00	$4,413,388.29
					BIENNIUM TOTAL		$23,654,674.00	$8,720,255.57
					SHIFT DIFFERENTIAL		$626,418.00	
					TEMPORARY		$436,396.00	
					PATIENT PAYROLL		$316,004.00	

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002805	[redacted]	MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,867.00	$22,404.00	$10,020.00
00002821		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.00
00002823		MENTAL HLTH CARE SPEC I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,629.00	$19,548.00	$9,541.00
00002824		REGISTERED NURSE III	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$4,340.00	$52,080.00	$14,997.00
00002829		ACTIVITY ASSISTANT II	0.150	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,590.00	$2,862.00	$1,419.45
00002835		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,863.00	$22,356.00	$10,012.00
00002836		MENTAL HLTH CARE SPEC I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.00
00002840		MENTAL HLTH CARE SPEC I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.00
00002847		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,650.00	$19,800.00	$9,584.00
00002866		REGISTERED NURSE II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,000.00	$36,000.00	$12,300.00
00002867		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.00
00002911		MENTAL HLTH CARE SPEC I	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,540.00	$18,480.00	$9,362.00
00002914		ACTIVITY ASSISTANT II	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,569.00	$941.40	$471.00
00002924		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,698.00	$20,376.00	$9,679.00
00002926		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,083.00	$24,996.00	$10,455.00
00002946		MENTAL HLTH CARE SPEC II	0.050	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,800.00	$1,080.00	$494.25
00002975		L P NURSE II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$2,206.00	$26,472.00	$10,702.00
00002994		MENTAL HLTH CARE SPEC II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,897.00	$22,764.00	$10,080.00
00003004		REGISTERED NURSE II	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,499.00	$41,988.00	$13,304.00
00003006		REGISTERED NURSE III	1.000	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$3,996.00	$47,952.00	$14,304.00
00010307		MENTAL HLTH CARE SPEC II	0.500	9616	ADOLESCENT INPATIENT (PRAIRIE ROSE)	$1,745.00	$10,470.00	$4,887.50
			29.023	9616 Total			$866,732.16	$328,096.19
00002529	[redacted]	CLINICAL COORDINATOR-NDSH	0.200	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$4,245.00	$10,188.00	$2,961.20
00002530		MENTAL HLTH CARE SPEC II	0.300	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,807.00	$6,505.20	$2,969.70
00002536		LICENSED PSYCHOLOGIST II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$5,003.00	$60,036.00	$16,331.00
00002538		MENTAL HLTH CARE SPEC II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,773.00	$21,276.00	$9,831.00
00002656		PHYSICIAN-NOT CLASSIFIED	0.600	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$14,985.00	$107,892.00	$18,472.80
00002657		PHYSICIAN-NOT CLASSIFIED	0.450	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$13,856.00	$74,822.40	$13,210.20
00002673		ADDICTION COUNSELOR II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$5,870.00	$35,220.00	$12,170.00
000026739		ADDICTION COUNSELOR II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$5,870.00	$35,220.00	$12,170.00
00002684		OCCUPATIONAL THERAPIST	0.050	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,671.00	$2,202.60	$682.55
00002689		CERT OCC THERAPY ASST II	0.120	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,024.00	$2,914.56	$1,240.32
00002690		THERAPEUTIC REC SPEC II	0.450	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,920.00	$15,768.00	$5,462.55
00002693		VOC REHAB COUNS III	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,856.00	$23,136.00	$7,011.50
00002703		OCCUPATIONAL THERAPIST	0.200	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,483.00	$8,359.20	$2,654.40
00002705		TREATMENT UNIT DIRECTOR	0.200	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$5,863.00	$14,071.20	$3,612.20
00002707		ADDICTION COUNSELOR III	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$4,008.00	$48,096.00	$14,328.00
00002715		THERAPEUTIC REC SPEC II	0.400	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,717.00	$13,041.60	$4,692.00
00002728		CERT OCC THERAPY ASST II	0.104	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$2,835.00	$3,538.08	$1,244.67
00002733		OFFICE ASSISTANT III	0.200	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$1,875.00	$4,500.00	$2,007.20
00002755		REGISTERED NURSE II	0.400	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$19.25	$16,016.00	$5,191.60
00002756		REGISTERED NURSE II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$20.86	$21,694.00	$9,902.00
000027569		REGISTERED NURSE II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$21.38	$22,235.00	$9,993.00
00002758		REGISTERED NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,666.00	$43,992.00	$13,641.00
00002766		REGISTERED NURSE III	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$4,027.00	$48,324.00	$14,367.00
00002770		REGISTERED NURSE III	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$21.33	$22,183.00	$9,984.00
000027709		REGISTERED NURSE II	0.500	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$21.33	$22,183.00	$9,984.00
00002772		REGISTERED NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$21.60	$44,928.00	$13,798.00
00002780		REGISTERED NURSE II	1.000	9619	ADULT CHEMICAL DEPENDENCY INPATIENT	$3,453.00	$41,436.00	$13,212.00

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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00001989	[redacted]	NURSE PRACTITIONER	1.000	9706	NURSING - ADMINISTRATION	$4,500.00	$54,000.00	$15,319.00
00001990	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9706	NURSING - ADMINISTRATION	$2,400.00	$28,800.00	$11,094.00
00001991	[redacted]	NURSE PRACTITIONER	1.000	9706	NURSING - ADMINISTRATION	$5,282.00	$63,384.00	$16,893.00
00001998	[redacted]	DIR OF HEALTH SVCS ADMIN	1.000	9706	NURSING - ADMINISTRATION	$4,657.00	$55,884.00	$15,635.00
00002006	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9706	NURSING - ADMINISTRATION	$1,865.00	$22,380.00	$10,017.00
00002147	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9706	NURSING - ADMINISTRATION	$1,257.00	$15,084.00	$8,741.00
00002153	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9706	NURSING - ADMINISTRATION	$1,659.00	$19,908.00	$9,602.00
			7.000	**9706 Total**			$259,440.00	$87,301.00
00001987	[redacted]	DENTIST-NOT CLASSIFIED	0.700	9707	DENTAL SERVICES	$11,233.00	$94,357.00	$21,754.00
00001994	[redacted]	DENTAL HYGIENIST	1.000	9707	DENTAL SERVICES	$4,090.00	$49,080.00	$14,494.00
			1.700	**9707 Total**			$143,437.00	$36,248.00
00001995	[redacted]	PHARMACIST II	0.800	9708	PHARMACY SERVICES	$5,642.00	$54,163.00	$15,346.00
00001996	[redacted]	PHARMACIST I	1.000	9708	PHARMACY SERVICES	$5,185.00	$62,220.00	$16,697.00
00001997	[redacted]	REGISTERED PHARMACY TECH	1.000	9708	PHARMACY SERVICES	$2,171.00	$26,052.00	$10,632.00
			2.800	**9708 Total**			$142,435.00	$42,675.00
00002005	[redacted]	MEDICAL LAB TECH II	0.500	9709	LAB SERVICES	$2,054.00	$12,324.00	$8,229.00
00002066	[redacted]	MEDICAL TECHNOLOGIST II	1.000	9709	LAB SERVICES	$2,906.00	$34,872.00	$12,111.00
00002067	[redacted]	MEDICAL LAB TECH II	1.000	9709	LAB SERVICES	$2,511.00	$30,132.00	$11,316.00
			2.500	**9709 Total**			$77,328.00	$31,656.00
00002068	[redacted]	DIR OF PHYSICAL THERAPY	1.000	9710	PHYSICAL THERAPY	$5,168.00	$62,016.00	$16,663.00
00002069	[redacted]	PHYSICAL THERAPY AIDE/GSS	1.000	9710	PHYSICAL THERAPY	$1,697.00	$20,364.00	$9,678.00
00002070	[redacted]	PHYSICAL THERAPY AIDE/GSS	1.000	9710	PHYSICAL THERAPY	$2,009.00	$24,108.00	$10,307.00
00002071	[redacted]	PHYSICAL THERAPY AIDE/GSS	1.000	9710	PHYSICAL THERAPY	$1,900.00	$22,800.00	$10,087.00
00002072	[redacted]	PHYSICAL THERAPIST	0.500	9710	PHYSICAL THERAPY	$4,158.00	$24,948.00	$10,447.00
00002073	[redacted]	PHYSICAL THERAPIST	0.500	9710	PHYSICAL THERAPY	$4,938.00	$29,628.00	$11,232.00
00002074	[redacted]	PHYSICAL THERAPY AIDE/GSS	1.000	9710	PHYSICAL THERAPY	$1,725.00	$20,700.00	$9,734.00
00002075	[redacted]	ADMIN STAFF OFFICER I	1.000	9710	PHYSICAL THERAPY	$2,703.00	$32,436.00	$11,702.00
00002174	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9710	PHYSICAL THERAPY	$1,561.00	$18,732.00	$9,404.00
00010192	[redacted]	PHYSICAL THERAPIST	0.150	9710	PHYSICAL THERAPY	$26.12	$8,149.00	$1,511.00
			8.150	**9710 Total**			$263,881.00	$100,765.00
00002076	[redacted]	CERT OCC THERAPY ASST II	0.500	9711	OCCUPATIONAL THERAPY	$2,136.00	$12,816.00	$8,321.00
00002077	[redacted]	OCCUPATIONAL THERAPIST	0.600	9711	OCCUPATIONAL THERAPY	$3,999.00	$28,793.00	$11,091.00
00002078	[redacted]	DIR OF OCC THERAPY	0.500	9711	OCCUPATIONAL THERAPY	$4,459.00	$26,754.00	$10,750.00
00002079	[redacted]	CERT OCC THERAPY ASST II	1.000	9711	OCCUPATIONAL THERAPY	$2,269.00	$27,228.00	$10,829.00
00002080	[redacted]	OCCUPATIONAL THERAPIST	0.700	9711	OCCUPATIONAL THERAPY	$3,640.00	$30,576.00	$11,391.00
00002293	[redacted]	CERT OCC THERAPY ASST II	1.000	9711	OCCUPATIONAL THERAPY	$2,222.00	$26,664.00	$10,735.00
00010193	[redacted]	CERT OCC THERAPY ASST II	0.500	9711	OCCUPATIONAL THERAPY	$2,136.00	$12,816.00	$8,321.00
00010194	[redacted]	OCCUPATIONAL THERAPIST	0.500	9711	OCCUPATIONAL THERAPY	$4,213.00	$25,278.00	$10,502.00
			5.300	**9711 Total**			$190,925.00	$81,940.00
00002081	[redacted]	DIR, ADAPTIVE EQUIP CTR	1.000	9712	ADAPTIVE EQUIPMENT CENTER	$4,644.00	$55,728.00	$15,608.00
00002083	[redacted]	ADAPTIVE EQUIP SPEC II	1.000	9712	ADAPTIVE EQUIPMENT CENTER	$2,932.00	$35,184.00	$12,163.00
00002084	[redacted]	ADAPTIVE EQUIP SPEC II	1.000	9712	ADAPTIVE EQUIPMENT CENTER	$18.67	$38,834.00	$12,777.00
00002085	[redacted]	ADAPTIVE EQUIP SPEC II	1.000	9712	ADAPTIVE EQUIPMENT CENTER	$2,680.00	$32,160.00	$11,656.00

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			4.000	**9712 Total**			$161,906.00	$52,204.00
00002160	[redacted]	BEHAVIOR MOD SPEC II	1.000	9713	PSYCHOLOGY SERVICES	$2,677.00	$32,124.00	$11,651.00
00002264	[redacted]	LIC EXEMPT PSYCH I	1.000	9713	PSYCHOLOGY SERVICES	$3,568.00	$42,816.00	$13,444.00
00002473	[redacted]	LICENSED PSYCHOLOGIST II	1.000	9713	PSYCHOLOGY SERVICES	$5,355.00	$64,260.00	$17,040.00
			3.000	**9713 Total**			$139,200.00	$42,135.00
00002355	[redacted]	AUD/SPEECH LANG PATH III	0.500	9714	SPEECH SERVICES	$3,723.00	$22,338.00	$10,009.00
00002474	[redacted]	AUD/SPEECH LANG PATH III	1.000	9714	SPEECH SERVICES	$3,194.00	$38,328.00	$12,691.00
			1.500	**9714 Total**			$60,666.00	$22,700.00
00002356	[redacted]	SOCIAL WORKER II	1.000	9717	SOCIAL SERVICES	$3,187.00	$38,244.00	$12,677.00
			1.000	**9717 Total**			$38,244.00	$12,677.00
00002086	[redacted]	FOOD SVC DIRECTOR II	1.000	9721	DIETARY SERVICES	$4,370.00	$52,440.00	$15,057.00
00002088	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,213.00	$14,556.00	$8,643.00
00002089	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$8.11	$8,434.00	$7,508.00
00002090	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$10.06	$10,462.00	$7,885.00
00002091	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,401.00	$16,812.00	$9,061.00
00002092	[redacted]	COOK II	1.000	9721	DIETARY SERVICES	$1,593.00	$19,116.00	$9,468.00
00002094	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,401.00	$16,812.00	$9,061.00
00002095	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,744.00	$20,928.00	$9,773.00
00002096	[redacted]	COOK II	1.000	9721	DIETARY SERVICES	$1,788.00	$21,456.00	$9,861.00
00002097	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,410.00	$16,920.00	$9,081.00
00002098	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$8.08	$16,806.00	$9,062.00
00002099	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$8.12	$8,445.00	$7,510.00
00002100	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,520.00	$18,240.00	$9,321.00
00002101	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,520.00	$18,240.00	$9,321.00
00002102	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,556.00	$18,672.00	$9,395.00
00002103	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,596.00	$19,152.00	$9,475.00
00002104	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$8.89	$9,246.00	$7,659.00
00002105	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,441.00	$17,292.00	$9,151.00
00002106	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,408.00	$16,896.00	$9,078.00
00002107	[redacted]	FOOD SVC OPNS SUPV III	1.000	9721	DIETARY SERVICES	$2,224.00	$26,688.00	$10,739.00
00002108	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,401.00	$16,812.00	$9,061.00
00002109	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,443.00	$17,316.00	$9,155.00
00002110	[redacted]	DIETITIAN II	1.000	9721	DIETARY SERVICES	$3,525.00	$42,300.00	$13,357.00
00002111	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,408.00	$16,896.00	$9,078.00
00002112	[redacted]	CUSTODIAN, INSTITUTIONS	0.700	9721	DIETARY SERVICES	$1,818.00	$15,271.00	$8,776.00
00021129	[redacted]	CUSTODIAN, INSTITUTIONS	0.300	9721	DIETARY SERVICES	$1,274.00	$4,586.00	$478.00
00002113	[redacted]	COOK II	1.000	9721	DIETARY SERVICES	$1,637.00	$19,644.00	$9,558.00
00002116	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,443.00	$17,316.00	$9,155.00
00002117	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,408.00	$16,896.00	$9,078.00
00002118	[redacted]	FOOD SERVICE WORKER III	1.000	9721	DIETARY SERVICES	$1,359.00	$16,308.00	$8,967.00
00010195	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,373.00	$16,476.00	$9,000.00
00010197	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$10.19	$10,598.00	$7,911.00
00010198	[redacted]	COOK I	1.000	9721	DIETARY SERVICES	$1,610.00	$19,320.00	$9,503.00

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00002164	[redacted]	ACCOUNT TECHNICIAN II	1.000	9764	FINANCE	$2,110.00	$25,320.00	$10,509.00
00002169	[redacted] J	OFFICE ASSISTANT II	0.500	9764	FINANCE	$7.95	$8,268.00	$7,478.00
00002171	[redacted]	ACCOUNT TECHNICIAN I	1.000	9764	FINANCE	$1,899.00	$22,788.00	$10,084.00
00002172	[redacted]	ACCOUNT TECHNICIAN II	1.000	9764	FINANCE	$2,403.00	$28,836.00	$11,099.00
			8.500	**9764 Total**			$224,484.00	$93,836.00
00002157	[redacted]	PERSONNEL DIRECTOR II	1.000	9767	HUMAN RESOURCES	$4,756.00	$57,072.00	$15,834.00
00002165	[redacted]	ACCOUNT TECHNICIAN II	1.000	9767	HUMAN RESOURCES	$2,100.00	$25,200.00	$10,488.00
00002175	[redacted]	PERSONNEL ASSISTANT	1.000	9767	HUMAN RESOURCES	$1,695.00	$20,340.00	$9,674.00
00002176	[redacted]	PERSONNEL OFFICER II	1.000	9767	HUMAN RESOURCES	$2,613.00	$31,356.00	$11,522.00
SHIFT DIFF	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9767	HUMAN RESOURCES	$300,000.00	$0.00	$30,000.00
			4.000	**9767 Total**			$133,968.00	$77,518.00
00002180	[redacted]	HUMAN SVC PRGM ADMIN III	1.000	9769	QUALITY ASSURANCE	$3,114.00	$37,368.00	$12,530.00
00002309	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9769	QUALITY ASSURANCE	$2,004.00	$24,048.00	$10,296.00
			2.000	**9769 Total**			$61,416.00	$22,826.00
00002177	[redacted]	TRAINING OFFICER I	1.000	9770	STAFF DEVELOPMENT	$3,385.00	$40,620.00	$13,075.00
00002179	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9770	STAFF DEVELOPMENT	$2,040.00	$24,480.00	$10,369.00
00002446	[redacted]	DIR OF EDUCATION - NDSH	1.000	9770	STAFF DEVELOPMENT	$4,254.00	$51,048.00	$14,824.00
00010252	[redacted]	OFFICE ASSISTANT III	0.200	9770	STAFF DEVELOPMENT	$9.58	$3,985.00	$416.00
			3.200	**9770 Total**			$120,133.00	$38,684.00
00002486	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9802	CLERICAL SERVICES	$2,358.00	$28,296.00	$11,008.00
00002487	[redacted]	OFFICE ASSISTANT III	0.200	9802	CLERICAL SERVICES	$1,401.00	$3,362.00	$351.00
00002488	[redacted]	OFFICE ASSISTANT III	1.000	9802	CLERICAL SERVICES	$1,764.00	$21,168.00	$9,813.00
			2.200	**9802 Total**			$52,826.00	$21,172.00
00002121	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,725.00	$20,700.00	$9,734.00
00002185	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,232.00	$26,784.00	$10,755.00
00002186	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,899.00	$22,788.00	$10,084.00
00002187	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002188	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,229.00	$26,748.00	$10,748.00
00002189	[redacted]	ADMINISTRATIVE ASSISTANT II	1.000	9804	DAKOTA EAST	$2,061.00	$24,732.00	$10,411.00
00002190	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,136.00	$25,632.00	$10,562.00
00002191	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,170.00	$26,040.00	$10,630.00
00002192	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,993.00	$23,916.00	$10,274.00
00002193	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,454.00	$29,448.00	$11,202.00
00002195	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,719.00	$20,628.00	$9,722.00
00002197	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,112.00	$25,344.00	$10,512.00
00002198	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,123.00	$25,476.00	$10,535.00
00002199	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,005.00	$24,060.00	$10,298.00
00002200	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,795.00	$21,540.00	$9,874.00
00002201	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002202	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,695.00	$20,340.00	$9,674.00
00002203	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,213.00	$26,556.00	$10,716.00
00002204	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,959.00	$23,508.00	$10,205.00
00002205	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,725.00	$20,700.00	$9,734.00

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00010199	[redacted]	COOK I	0.500	9721	DIETARY SERVICES	$9.15	$9,516.00	$7,709.00
			30.000	**9721 Total**			$606,868.00	$306,895.00
00002027	[redacted]	MAINTENANCE MECHANIC I	1.000	9723	PLANT OPERATION	$2,201.00	$26,412.00	$10,693.00
00002125	[redacted]	MAINTENANCE WORKER II	1.000	9723	PLANT OPERATION	$1,683.00	$20,196.00	$9,650.00
00002126	[redacted]	HEATING PLANT OPERATOR I	1.000	9723	PLANT OPERATION	$1,946.00	$23,352.00	$10,180.00
00002127	[redacted]	HEATING PLANT OPERATOR II	1.000	9723	PLANT OPERATION	$2,126.00	$25,512.00	$10,542.00
00002128	[redacted]	HEATING PLANT OPERATOR II	1.000	9723	PLANT OPERATION	$2,050.00	$24,600.00	$10,389.00
00002129	[redacted]	HEATING PLANT OPERATOR II	1.000	9723	PLANT OPERATION	$2,169.00	$26,028.00	$10,628.00
00002130	[redacted]	HEATING PLANT OPERATOR I	1.000	9723	PLANT OPERATION	$1,695.00	$20,340.00	$9,674.00
00002131	[redacted]	PHYSICAL PLANT DIR III	1.000	9723	PLANT OPERATION	$3,318.00	$39,816.00	$12,940.00
00002132	[redacted]	PLUMBER I	1.000	9723	PLANT OPERATION	$2,222.00	$26,664.00	$10,735.00
00002134	[redacted]	ELECTRICIAN II	1.000	9723	PLANT OPERATION	$2,976.00	$35,712.00	$12,252.00
00002136	[redacted]	CARPENTER II	1.000	9723	PLANT OPERATION	$2,152.00	$25,824.00	$10,593.00
00002137	[redacted]	PLUMBER II	1.000	9723	PLANT OPERATION	$2,678.00	$32,136.00	$11,652.00
00002138	[redacted]	CARPENTER III	1.000	9723	PLANT OPERATION	$2,546.00	$30,552.00	$11,386.00
00002139	[redacted]	PAINTER III	1.000	9723	PLANT OPERATION	$2,747.00	$32,964.00	$11,791.00
00002140	[redacted]	PAINTER II	1.000	9723	PLANT OPERATION	$2,281.00	$27,372.00	$10,853.00
00002141	[redacted]	MAINTENANCE WORKER II	1.000	9723	PLANT OPERATION	$1,869.00	$22,428.00	$10,024.00
TEMPORA	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9723	PLANT OPERATION	$9,000.00	$0.00	$900.00
			16.000	**9723 Total**			$439,908.00	$174,882.00
00002166	[redacted]	ACTIVITY THERAPIST II	1.000	9724	COLLETTE FITNESS CENTER	$2,237.00	$26,844.00	$10,764.00
00002178	[redacted]	ACTIVITY ASSISTANT II	0.200	9724	COLLETTE FITNESS CENTER	$11.28	$4,692.00	$490.00
00002211	[redacted]	ACTIVITY ASSISTANT II	0.500	9724	COLLETTE FITNESS CENTER	$8.88	$9,235.00	$7,657.00
00002387	[redacted]	ACTIVITY ASSISTANT II	1.000	9724	COLLETTE FITNESS CENTER	$2,022.00	$24,264.00	$10,332.00
00010214	[redacted]	ACTIVITY ASSISTANT II	0.150	9724	COLLETTE FITNESS CENTER	$8.88	$2,771.00	$289.00
00010215	[redacted]	ACTIVITY ASSISTANT II	0.100	9724	COLLETTE FITNESS CENTER	$11.28	$2,346.00	$244.00
00010253	[redacted]	ACTIVITY ASSISTANT II	0.550	9724	COLLETTE FITNESS CENTER	$8.88	$10,159.00	$7,829.00
			3.500	**9724 Total**			$80,311.00	$37,605.00
00002150	[redacted]	CUSTODIAL SUPERVISOR I	1.000	9732	CUSTODIAL SERVICES	$1,742.00	$20,904.00	$9,768.00
00002151	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9732	CUSTODIAL SERVICES	$1,274.00	$15,288.00	$8,779.00
00002156	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9732	CUSTODIAL SERVICES	$1,292.00	$15,504.00	$8,819.00
			3.000	**9732 Total**			$51,696.00	$27,366.00
00002181	[redacted]	SAFETY/SECURITY SUPV	1.000	9733	SAFETY & SECURITY	$2,931.00	$35,172.00	$12,162.00
00002182	[redacted]	SECURITY OFFICER II	1.000	9733	SAFETY & SECURITY	$2,132.00	$25,584.00	$10,553.00
00002183	[redacted]	SECURITY OFFICER I	0.500	9733	SAFETY & SECURITY	$1,781.00	$10,686.00	$7,926.00
			2.500	**9733 Total**			$71,442.00	$30,641.00
00002158	[redacted]	ADMINISTRATIVE ASSISTANT III	1.000	9761	SUPERINTENDENT	$1,864.00	$22,368.00	$10,014.00
			1.000	**9761 Total**			$22,368.00	$10,014.00
00002002	[redacted]	ACCOUNTING MANAGER I	1.000	9764	FINANCE	$4,391.00	$52,692.00	$15,100.00
00002115	[redacted]	ACCOUNT TECHNICIAN I	1.000	9764	FINANCE	$1,477.00	$17,724.00	$9,230.00
00002123	[redacted]	ACCOUNT TECHNICIAN I	1.000	9764	FINANCE	$1,729.00	$20,748.00	$9,742.00
00002155	[redacted]	ACCOUNT TECHNICIAN I	1.000	9764	FINANCE	$1,938.00	$23,256.00	$10,163.00
00002162	[redacted]	SUPV, MATERIEL MGMT	1.000	9764	FINANCE	$2,071.00	$24,852.00	$10,431.00

NORTH DAKOTA DEVELOPMENTAL CENTER
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002333	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,622.00	$19,464.00	$9,527.00
00002353	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,749.00	$20,988.00	$9,782.00
00002367	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,697.00	$20,364.00	$9,678.00
00002399	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$2,323.00	$27,876.00	$10,937.00
00002428	[redacted]	DIRECT TRAINING ASST	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,408.00	$16,896.00	$9,078.00
00002429	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,408.00	$16,896.00	$9,078.00
00002445	[redacted]	UNIT PROGRAM COORD	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$2,967.00	$35,604.00	$12,233.00
00002464	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,782.00	$21,384.00	$9,849.00
00010278	[redacted]	DIRECT TRAINING TECH I	0.500	9811	HSC - DUAL SENSORY IMPAIRED	$1,401.00	$8,406.00	$7,503.00
			16.500	**9811 Total**			$345,859.00	$170,182.00
00002024	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,444.00	$17,328.00	$9,156.00
00002033	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,753.00	$21,036.00	$9,790.00
00002056	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,482.00	$8,892.00	$7,592.00
00002135	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,770.00	$10,620.00	$7,913.00
00002168	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,401.00	$16,812.00	$9,061.00
00002232	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9814	NEW HORIZONS	$2,229.00	$26,748.00	$10,748.00
00002247	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$1,901.00	$22,812.00	$10,088.00
00002260	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,697.00	$10,182.00	$7,832.00
00002261	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$2,100.00	$25,200.00	$10,488.00
00002265	[redacted]	UNIT PROGRAM COORD	1.000	9814	NEW HORIZONS	$3,273.00	$39,276.00	$12,850.00
00002323	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,401.00	$16,812.00	$9,061.00
00002343	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,401.00	$8,406.00	$7,503.00
00002371	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,982.00	$23,784.00	$10,252.00
00002375	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,753.00	$21,036.00	$9,790.00
00002417	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,749.00	$20,988.00	$9,782.00
00002418	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,753.00	$21,036.00	$9,790.00
00002444	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9814	NEW HORIZONS	$2,209.00	$26,508.00	$10,708.00
00002489	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$1,708.00	$20,496.00	$9,700.00
00002491	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$1,741.00	$20,892.00	$9,766.00
00002492	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$1,725.00	$20,700.00	$9,734.00
00002493	[redacted]	DIRECT TRAINING TECH II	1.000	9814	NEW HORIZONS	$1,679.00	$20,148.00	$9,641.00
00002495	[redacted]	DIRECT TRAINING TECH I	1.000	9814	NEW HORIZONS	$1,401.00	$16,812.00	$9,061.00
00010200	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,401.00	$8,406.00	$7,503.00
00010201	VACANT	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$1,401.00	$8,406.00	$7,503.00
00010202	[redacted]	DIRECT TRAINING TECH I	0.500	9814	NEW HORIZONS	$8.55	$8,892.00	$7,593.00
			21.500	**9814 Total**			$462,228.00	$232,905.00
00002148	[redacted]	CUSTODIAN	1.000	9816	NH - ADMINISTRATION	$1,257.00	$15,084.00	$8,741.00
00002478	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9816	NH - ADMINISTRATION	$2,322.00	$27,864.00	$10,936.00
			2.000	**9816 Total**			$42,948.00	$19,677.00
00002020	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,443.00	$17,316.00	$9,155.00
00002034	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,733.00	$20,796.00	$9,751.00
00002124	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,604.00	$19,248.00	$9,490.00
00002240	[redacted]	DIRECT TRAINING TECH II	1.000	9821	MW - LIVING 1	$2,089.00	$25,068.00	$10,466.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002206	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,903.00	$22,836.00	$10,093.00
00002207	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,989.00	$23,868.00	$10,266.00
00002208	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,903.00	$22,836.00	$10,093.00
00002209	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,725.00	$20,700.00	$9,734.00
00002210	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,695.00	$20,340.00	$9,674.00
00002212	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,120.00	$25,440.00	$10,529.00
00002213	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,152.00	$25,824.00	$10,593.00
00002214	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002215	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,012.00	$24,144.00	$10,312.00
00002216	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,158.00	$25,896.00	$10,606.00
00002217	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002218	[redacted]	ACTIVITY THERAPIST III	1.000	9804	DAKOTA EAST	$3,079.00	$36,948.00	$12,460.00
00002219	[redacted]	HUMAN SVC PRGM ADMIN IV	1.000	9804	DAKOTA EAST	$3,774.00	$45,288.00	$13,858.00
00002220	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,037.00	$24,444.00	$10,362.00
00002221	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,991.00	$23,892.00	$10,269.00
00002222	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002223	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,060.00	$24,720.00	$10,408.00
00002224	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,139.00	$25,668.00	$10,567.00
00002225	[redacted]	ACTIVITY THERAPIST III	1.000	9804	DAKOTA EAST	$3,437.00	$41,244.00	$13,179.00
00002226	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,056.00	$24,672.00	$10,401.00
00002227	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002469	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$1,951.00	$23,412.00	$10,189.00
00002471	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,024.00	$24,288.00	$10,336.00
00002472	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,039.00	$24,468.00	$10,366.00
00002479	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002480	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002483	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,020.00	$24,240.00	$10,328.00
00002484	[redacted]	VOCATIONAL TRNG TECH	1.000	9804	DAKOTA EAST	$2,041.00	$24,492.00	$10,371.00
00002485	[redacted]	ACTIVITY THERAPIST III	1.000	9804	DAKOTA EAST	$2,931.00	$35,172.00	$12,162.00
00010277	[redacted]	LAUNDRY WORKER III	0.300	9804	DAKOTA EAST	$8.25	$5,148.00	$537.00
RESIDENT	[redacted]	TEMPORARY-NOT CLASSIFIED	0.000	9804	DAKOTA EAST	$235,200.00	$0.00	$320.00
			49.300	**9804 Total**			$1,250,856.00	$516,651.00
00002358	[redacted]	OFFICE ASSISTANT III	0.800	9805	CHAPEL	$1,618.00	$15,533.00	$8,824.00
			0.800	**9805 Total**			$15,533.00	$8,824.00
00002012	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,401.00	$16,812.00	$9,061.00
00002253	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,946.00	$23,352.00	$10,180.00
00002271	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,695.00	$20,340.00	$9,674.00
00002277	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,729.00	$20,748.00	$9,742.00
00002285	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,726.00	$20,712.00	$9,736.00
00002288	[redacted]	DIRECT TRAINING TECH II	0.500	9811	HSC - DUAL SENSORY IMPAIRED	$10.08	$10,483.00	$7,889.00
00002314	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,401.00	$16,812.00	$9,061.00
00002316	[redacted]	DIRECT TRAINING TECH I	0.500	9811	HSC - DUAL SENSORY IMPAIRED	$1,401.00	$8,406.00	$7,503.00
00002329	[redacted]	DIRECT TRAINING TECH I	1.000	9811	HSC - DUAL SENSORY IMPAIRED	$1,693.00	$20,316.00	$9,671.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002242	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,585.00	$19,020.00	$9,453.00
00002244	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9823	MW - LIVING 3	$1,980.00	$23,760.00	$10,248.00
00002262	[redacted]	UNIT PROGRAM COORD	1.000	9823	MW - LIVING 3	$3,165.00	$37,980.00	$12,633.00
00002267	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,527.00	$18,324.00	$9,336.00
00002274	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,486.00	$17,832.00	$9,251.00
00002295	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,444.00	$17,328.00	$9,156.00
00002298	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,546.00	$18,552.00	$9,374.00
00002299	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,444.00	$17,328.00	$9,156.00
00002301	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,940.00	$23,280.00	$10,167.00
00002302	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9823	MW - LIVING 3	$2,209.00	$26,508.00	$10,708.00
00002304	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9823	MW - LIVING 3	$2,062.00	$24,744.00	$10,413.00
00002320	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,748.00	$20,976.00	$9,781.00
00002332	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9823	MW - LIVING 3	$2,232.00	$26,784.00	$10,755.00
00002338	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$2,031.00	$24,372.00	$10,350.00
00002341	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,534.00	$18,408.00	$9,350.00
00002374	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,788.00	$21,456.00	$9,861.00
00002377	[redacted]	DIRECT TRAINING TECH I	0.500	9823	MW - LIVING 3	$10.17	$10,577.00	$7,906.00
00002394	[redacted]	DIRECT TRAINING TECH II	1.000	9823	MW - LIVING 3	$2,175.00	$26,100.00	$10,639.00
00002395	[redacted]	DIRECT TRAINING TECH II	1.000	9823	MW - LIVING 3	$2,041.00	$24,492.00	$10,371.00
00002425	[redacted]	DIRECT TRAINING TECH II	1.000	9823	MW - LIVING 3	$1,893.00	$22,716.00	$10,072.00
00002441	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,486.00	$17,832.00	$9,251.00
00002466	[redacted]	DIRECT TRAINING TECH I	1.000	9823	MW - LIVING 3	$1,762.00	$21,144.00	$9,809.00
00002497	[redacted]	DIRECT TRAINING TECH II	1.000	9823	MW - LIVING 3	$2,104.00	$25,248.00	$10,497.00
00010203	[redacted]	DIRECT TRAINING TECH I	0.500	9823	MW - LIVING 3	$1,773.00	$10,638.00	$7,916.00
			24.000	9823 Total			$535,763.00	$246,131.00
00002028	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$2,100.00	$25,200.00	$10,488.00
00002237	[redacted]	DIRECT TRAINING ASST	1.000	9824	MW - LIVING 4	$8.12	$16,890.00	$9,077.00
00002245	[redacted]	DIRECT TRAINING TECH I	0.500	9824	MW - LIVING 4	$10.04	$10,442.00	$7,880.00
00002259	[redacted]	UNIT PROGRAM COORD	1.000	9824	MW - LIVING 4	$3,079.00	$36,948.00	$12,460.00
00002263	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$2,236.00	$26,832.00	$10,763.00
00002269	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,527.00	$18,324.00	$9,336.00
00002270	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9824	MW - LIVING 4	$1,883.00	$22,596.00	$10,053.00
00002272	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,770.00	$21,240.00	$9,825.00
00002279	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$1,950.00	$23,400.00	$10,187.00
00002287	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9824	MW - LIVING 4	$1,970.00	$23,640.00	$10,228.00
00002289	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002290	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,753.00	$21,036.00	$9,790.00
00002297	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,786.00	$21,432.00	$9,858.00
00002303	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002305	[redacted]	DIRECT TRAINING TECH I	0.800	9824	MW - LIVING 4	$1,528.00	$14,669.00	$8,664.00
00002317	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,753.00	$21,036.00	$9,790.00
00002322	[redacted]	DIRECT TRAINING TECH I	0.500	9824	MW - LIVING 4	$1,540.00	$9,240.00	$7,657.00
00002349	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,486.00	$17,832.00	$9,251.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002246	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,536.00	$18,432.00	$9,354.00
00002249	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,595.00	$19,140.00	$9,474.00
00002268	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,527.00	$18,324.00	$9,336.00
00002273	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002276	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,408.00	$16,896.00	$9,078.00
00002286	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002324	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9821	MW - LIVING 1	$1,695.00	$20,340.00	$9,674.00
00002325	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,716.00	$20,592.00	$9,717.00
00002327	[redacted]	DIRECT TRAINING TECH II	1.000	9821	MW - LIVING 1	$2,134.00	$25,608.00	$10,557.00
00002340	[redacted]	UNIT PROGRAM COORD	1.000	9821	MW - LIVING 1	$2,931.00	$35,172.00	$12,162.00
00002348	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002350	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,463.00	$17,556.00	$9,199.00
00002360	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,334.00	$16,008.00	$8,912.00
00002368	[redacted]	DIRECT TRAINING TECH II	1.000	9821	MW - LIVING 1	$1,995.00	$23,940.00	$10,277.00
00002381	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002393	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9821	MW - LIVING 1	$2,107.00	$25,284.00	$10,504.00
00002398	[redacted]	DIRECT TRAINING TECH I	0.500	9821	MW - LIVING 1	$1,401.00	$8,406.00	$7,503.00
00002405	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,639.00	$19,668.00	$9,561.00
00002409	[redacted]	DIRECT TRAINING TECH I	1.000	9821	MW - LIVING 1	$1,572.00	$18,864.00	$9,427.00
			22.500	9821 Total			$453,906.00	$219,841.00
00002230	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,749.00	$20,988.00	$9,782.00
00002231	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,614.00	$19,368.00	$9,511.00
00002234	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9822	MW - LIVING 2	$2,149.00	$25,788.00	$10,588.00
00002254	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,408.00	$16,896.00	$9,078.00
00002257	[redacted]	UNIT PROGRAM COORD	1.000	9822	MW - LIVING 2	$2,967.00	$35,604.00	$12,233.00
00002278	[redacted]	DIRECT TRAINING TECH II	1.000	9822	MW - LIVING 2	$1,953.00	$23,436.00	$10,193.00
00002291	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,482.00	$17,784.00	$9,243.00
00002296	[redacted]	DIRECT TRAINING TECH II	1.000	9822	MW - LIVING 2	$1,795.00	$21,540.00	$9,874.00
00002307	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002312	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9822	MW - LIVING 2	$1,859.00	$22,308.00	$10,003.00
00002319	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002339	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,456.00	$17,472.00	$9,183.00
00002342	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,864.00	$22,368.00	$10,014.00
00002359	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002363	[redacted]	DIRECT TRAINING TECH II	1.000	9822	MW - LIVING 2	$1,679.00	$20,148.00	$9,641.00
00002364	[redacted]	DIRECT TRAINING TECH II	1.000	9822	MW - LIVING 2	$1,967.00	$23,604.00	$10,221.00
00002373	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,695.00	$20,340.00	$9,674.00
00002397	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002416	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002459	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,401.00	$16,812.00	$9,061.00
00002496	[redacted]	DIRECT TRAINING TECH I	1.000	9822	MW - LIVING 2	$1,482.00	$17,784.00	$9,243.00
			21.000	9822 Total			$426,300.00	$202,847.00
00002161	[redacted]	DIRECT TRAINING TECH II	1.000	9823	MW - LIVING 3	$1,697.00	$20,364.00	$9,678.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002382	VACANT	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002383	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,708.00	$20,496.00	$9,700.00
00002384	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,453.00	$17,436.00	$9,177.00
00002392	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,960.00	$23,520.00	$10,207.00
00002401	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9831	CG - LIVING 1	$1,824.00	$21,888.00	$9,933.00
00002404	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,753.00	$21,036.00	$9,790.00
00002407	[redacted]	DIRECT TRAINING TECH I	0.500	9831	CG - LIVING 1	$1,747.00	$10,482.00	$7,888.00
00002411	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,840.00	$22,080.00	$9,966.00
00002413	[redacted]	DIRECT TRAINING TECH I	0.500	9831	CG - LIVING 1	$1,705.00	$10,230.00	$7,840.00
00002419	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9831	CG - LIVING 1	$2,209.00	$26,508.00	$10,708.00
00002423	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,749.00	$20,988.00	$9,782.00
00002436	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002438	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,670.00	$20,040.00	$9,624.00
00002442	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002449	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002451	[redacted]	DIRECT TRAINING TECH I	0.750	9831	CG - LIVING 1	$1,471.00	$13,239.00	$8,399.00
00002462	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,444.00	$17,328.00	$9,156.00
00002470	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00010207	[redacted]	DIRECT TRAINING TECH I	0.750	9831	CG - LIVING 1	$1,520.00	$13,680.00	$8,481.00
00010305	[redacted]	DIRECT TRAINING TECH I	0.500	9831	CG - LIVING 1	$1,444.00	$8,664.00	$7,550.00
			32.000	9831 Total			$638,835.00	$319,266.00
00002004	[redacted]	UNIT PROGRAM COORD	1.000	9833	CG - LIVING 3	$3,077.00	$36,924.00	$12,454.00
00002236	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,547.00	$18,564.00	$9,376.00
00002239	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002251	[redacted]	DIRECT TRAINING TECH II	1.000	9833	CG - LIVING 3	$1,475.00	$17,700.00	$9,226.00
00002315	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,771.00	$21,252.00	$9,827.00
00002318	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9833	CG - LIVING 3	$2,059.00	$24,708.00	$10,406.00
00002328	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002330	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002335	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,527.00	$18,324.00	$9,336.00
00002378	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,783.00	$21,396.00	$9,851.00
00002414	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,482.00	$17,784.00	$9,243.00
00002421	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9833	CG - LIVING 3	$1,985.00	$23,820.00	$10,257.00
00002426	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002427	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,656.00	$19,872.00	$9,595.00
00002431	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9833	CG - LIVING 3	$1,695.00	$20,340.00	$9,674.00
00002433	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,749.00	$20,988.00	$9,782.00
00002435	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9833	CG - LIVING 3	$1,846.00	$22,152.00	$9,977.00
00002437	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002447	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,750.00	$21,000.00	$9,785.00
00002450	[redacted]	DIRECT TRAINING TECH II	1.000	9833	CG - LIVING 3	$1,781.00	$21,372.00	$9,847.00
00002455	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,401.00	$16,812.00	$9,061.00
00002457	[redacted]	DIRECT TRAINING TECH I	1.000	9833	CG - LIVING 3	$1,408.00	$16,896.00	$9,078.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002351	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9824	MW - LIVING 4	$2,209.00	$26,508.00	$10,708.00
00002361	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,732.00	$20,784.00	$9,749.00
00002362	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,695.00	$20,340.00	$9,674.00
00002365	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,770.00	$21,240.00	$9,825.00
00002366	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,598.00	$19,176.00	$9,479.00
00002369	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,565.00	$18,780.00	$9,412.00
00002370	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$1,706.00	$20,472.00	$9,696.00
00002376	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,764.00	$21,168.00	$9,813.00
00002379	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$1,872.00	$22,464.00	$10,031.00
00002380	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,742.00	$20,904.00	$9,768.00
00002385	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$2,012.00	$24,144.00	$10,312.00
00002389	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,729.00	$20,748.00	$9,742.00
00002391	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,859.00	$22,308.00	$10,003.00
00002406	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002410	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$1,977.00	$23,724.00	$10,242.00
00002412	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,408.00	$16,896.00	$9,078.00
00002439	[redacted]	DIRECT TRAINING TECH I	1.000	9824	MW - LIVING 4	$1,998.00	$23,976.00	$10,285.00
00002467	[redacted]	DIRECT TRAINING TECH II	1.000	9824	MW - LIVING 4	$1,759.00	$21,108.00	$9,803.00
00010204	[redacted]	DIRECT TRAINING TECH II	0.500	9824	MW - LIVING 4	$1,815.00	$10,890.00	$7,963.00
00010205	[redacted]	DIRECT TRAINING TECH I	0.500	9824	MW - LIVING 4	$1,460.00	$8,760.00	$7,568.00
			35.800	**9824 Total**			$765,583.00	$365,641.00
00002144	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9825	MW - ADMINISTRATION	$1,339.00	$16,068.00	$8,923.00
00002154	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9825	MW - ADMINISTRATION	$1,331.00	$15,972.00	$8,906.00
00002250	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9825	MW - ADMINISTRATION	$2,114.00	$25,368.00	$10,518.00
00002311	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9825	MW - ADMINISTRATION	$2,182.00	$26,184.00	$10,654.00
00002326	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9825	MW - ADMINISTRATION	$2,296.00	$27,552.00	$10,884.00
00002337	[redacted]	ASST SUPT, DEV CENTER	1.000	9825	MW - ADMINISTRATION	$5,404.00	$64,848.00	$17,138.00
00002357	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9825	MW - ADMINISTRATION	$1,921.00	$23,052.00	$10,128.00
			7.000	**9825 Total**			$199,044.00	$77,151.00
00002016	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9831	CG - LIVING 1	$1,994.00	$23,928.00	$10,276.00
00002043	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,743.00	$20,916.00	$9,771.00
00002049	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002087	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,482.00	$17,784.00	$9,243.00
00002143	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,408.00	$16,896.00	$9,078.00
00002243	[redacted]	DIRECT TRAINING TECH II	1.000	9831	CG - LIVING 1	$2,028.00	$24,336.00	$10,344.00
00002248	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,401.00	$16,812.00	$9,061.00
00002252	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,444.00	$17,328.00	$9,156.00
00002281	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,757.00	$21,084.00	$9,799.00
00002292	[redacted]	UNIT PROGRAM COORD	1.000	9831	CG - LIVING 1	$2,482.00	$29,784.00	$11,258.00
00002300	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,714.00	$20,568.00	$9,712.00
00002308	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,483.00	$17,796.00	$9,244.00
00002321	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,845.00	$22,140.00	$9,976.00
00002331	[redacted]	DIRECT TRAINING TECH I	1.000	9831	CG - LIVING 1	$1,748.00	$20,976.00	$9,781.00

NORTH DAKOTA DEVELOPMENTAL CENTER
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POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002477	[redacted]	DIRECT TRAINING TECH II	1.000	9833	CG - LIVING 3	$1,741.00	$20,892.00	$9,766.00
			23.000	**9833 Total**			$464,856.00	$221,846.00
00002026	[redacted]	DIRECT TRAINING TECH II	0.500	9834	CG - LIVING 4	$8.51	$8,850.00	$7,586.00
00002229	[redacted]	DIRECT TRAINING TECH I	0.750	9834	CG - LIVING 4	$9.72	$15,163.00	$8,757.00
00002235	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,782.00	$21,384.00	$9,849.00
00002238	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9834	CG - LIVING 4	$2,124.00	$25,488.00	$10,538.00
00002255	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,720.00	$20,640.00	$9,724.00
00002256	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,486.00	$17,832.00	$9,251.00
00002266	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002280	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,753.00	$21,036.00	$9,790.00
00002283	[redacted]	DIRECT TRAINING TECH I	0.250	9834	CG - LIVING 4	$1,401.00	$4,203.00	$439.00
00002284	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002310	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002313	[redacted]	DIRECT TRAINING TECH II	1.000	9834	CG - LIVING 4	$1,741.00	$20,892.00	$9,766.00
00002336	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,486.00	$17,832.00	$9,251.00
00002344	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,770.00	$21,240.00	$9,825.00
00002346	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,486.00	$17,832.00	$9,251.00
00002347	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,794.00	$21,528.00	$9,873.00
00002388	[redacted]	DIRECT TRAINING TECH II	1.000	9834	CG - LIVING 4	$1,697.00	$20,364.00	$9,678.00
00002396	[redacted]	DIRECT TRAINING ASST	1.000	9834	CG - LIVING 4	$1,482.00	$17,784.00	$9,243.00
00002408	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002420	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,386.00	$16,632.00	$9,028.00
00002422	[redacted]	UNIT PROGRAM COORD	1.000	9834	CG - LIVING 4	$3,191.00	$38,292.00	$12,684.00
00002430	[redacted]	DIRECT TRAINING TECH II	0.500	9834	CG - LIVING 4	$1,940.00	$11,640.00	$8,103.00
00002432	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,401.00	$16,812.00	$9,061.00
00002448	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,750.00	$21,000.00	$9,785.00
00002452	[redacted]	DIRECT TRAINING TECH II	1.000	9834	CG - LIVING 4	$1,809.00	$21,708.00	$9,904.00
00002453	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,408.00	$16,896.00	$9,078.00
00002454	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9834	CG - LIVING 4	$1,849.00	$22,188.00	$9,985.00
00002456	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9834	CG - LIVING 4	$1,995.00	$23,940.00	$10,277.00
00002460	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,753.00	$21,036.00	$9,790.00
00002461	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,999.00	$23,988.00	$10,286.00
00002463	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,749.00	$20,988.00	$9,782.00
00002465	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,729.00	$20,748.00	$9,742.00
00002475	[redacted]	DIRECT TRAINING TECH I	1.000	9834	CG - LIVING 4	$1,408.00	$16,896.00	$9,078.00
00010206	[redacted]	DIRECT TRAINING TECH I	0.500	9834	CG - LIVING 4	$1,579.00	$9,474.00	$7,700.00
00010251	[redacted]	DIRECT TRAINING TECH II	0.500	9834	CG - LIVING 4	$1,334.00	$8,004.00	$7,427.00
			32.000	**9834 Total**			$649,558.00	$320,775.00
00002146	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9835	CG - ADMINISTRATION	$1,346.00	$16,152.00	$8,939.00
00002152	[redacted]	CUSTODIAN, INSTITUTIONS	1.000	9835	CG - ADMINISTRATION	$1,569.00	$18,828.00	$9,420.00
00002345	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9835	CG - ADMINISTRATION	$2,163.00	$25,956.00	$10,615.00
00002386	[redacted]	SR RESID SUPV, DEV CNTR	1.000	9835	CG - ADMINISTRATION	$2,440.00	$29,280.00	$11,173.00
00002434	[redacted]	OFFICE ASSISTANT III	1.000	9835	CG - ADMINISTRATION	$1,993.00	$23,916.00	$10,274.00

NORTH DAKOTA DEVELOPMENTAL CENTER
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
00002476	[redacted]	ADMINISTRATIVE ASSISTANT I	1.000	9835	CG - ADMINISTRATION	$2,006.00	$24,072.00	$10,299.00
			6.000	9835 Total			$138,204.00	$60,720.00
00002001	[redacted]	REGISTERED NURSE III	1.000	9841	UNIT NURSING	$3,624.00	$43,488.00	$13,556.00
00002007	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,946.00	$35,352.00	$12,192.00
00002008	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,946.00	$35,352.00	$12,192.00
00002009	[redacted]	REGISTERED NURSE III	0.500	9841	UNIT NURSING	$4,023.00	$24,138.00	$10,311.00
00002022	[redacted]	REGISTERED NURSE III	0.200	9841	UNIT NURSING	$21.93	$9,123.00	$920.00
00002031	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,476.00	$29,712.00	$11,246.00
00002032	[redacted]	L P NURSE II	0.500	9841	UNIT NURSING	$1,725.00	$10,350.00	$7,863.00
000020329	[redacted]	L P NURSE II	0.500	9841	UNIT NURSING	$1,864.00	$11,184.00	$8,017.00
00002035	[redacted]	REGISTERED NURSE III	0.540	9841	UNIT NURSING	$1,791.00	$11,606.00	$8,096.00
00002036	[redacted]	REGISTERED NURSE III	1.000	9841	UNIT NURSING	$3,889.00	$46,668.00	$14,089.00
00002037	[redacted]	REGISTERED NURSE II	0.500	9841	UNIT NURSING	$22.22	$23,109.00	$10,140.00
00002038	[redacted]	L P NURSE II	0.300	9841	UNIT NURSING	$22.22	$13,865.00	$1,368.00
00002039	[redacted]	L P NURSE II	0.500	9841	UNIT NURSING	$2,580.00	$15,480.00	$8,815.00
00002041	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,803.00	$33,636.00	$11,904.00
00002042	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,269.00	$27,228.00	$10,829.00
00002044	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,496.00	$29,952.00	$11,286.00
00002045	[redacted]	L P NURSE II	0.800	9841	UNIT NURSING	$2,580.00	$24,768.00	$10,417.00
00002050	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,269.00	$27,228.00	$10,829.00
00002051	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,427.00	$29,124.00	$11,147.00
00002052	[redacted] R.	L P NURSE II	1.000	9841	UNIT NURSING	$2,305.00	$27,660.00	$10,902.00
00002053	[redacted]	REGISTERED NURSE II	0.350	9841	UNIT NURSING	$21.93	$15,965.00	$1,565.00
00002054	[redacted] A	REGISTERED NURSE III	1.000	9841	UNIT NURSING	$3,889.00	$46,668.00	$14,089.00
00002055	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,577.00	$30,924.00	$11,448.00
00002057	[redacted] A	L P NURSE II	1.000	9841	UNIT NURSING	$2,554.00	$30,648.00	$11,402.00
00002058	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,946.00	$35,352.00	$12,192.00
00002059	[redacted]	REGISTERED NURSE III	0.830	9841	UNIT NURSING	$3,890.00	$38,744.00	$12,760.00
00002061	[redacted]	REGISTERED NURSE II	0.750	9841	UNIT NURSING	$21.96	$34,258.00	$12,009.00
00002062	[redacted]	REGISTERED NURSE III	1.000	9841	UNIT NURSING	$3,232.00	$38,784.00	$12,767.00
00002063	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,425.00	$29,100.00	$11,143.00
00002064	VACANT	REGISTERED NURSE III	0.070	9841	UNIT NURSING	$3,232.00	$2,715.00	$282.00
00002065	[redacted]	REGISTERED NURSE III	0.800	9841	UNIT NURSING	$3,315.00	$31,824.00	$11,599.00
00002082	[redacted]	REGISTERED NURSE III	0.620	9841	UNIT NURSING	$3,448.00	$25,653.00	$10,565.00
00002372	[redacted] A	REGISTERED NURSE III	1.000	9841	UNIT NURSING	$3,232.00	$38,784.00	$12,767.00
00002494	[redacted]	L P NURSE II	1.000	9841	UNIT NURSING	$2,323.00	$27,876.00	$10,937.00
00010208	[redacted]	REGISTERED NURSE II	0.650	9841	UNIT NURSING	$21.60	$29,203.00	$11,161.00
00010209	[redacted]	REGISTERED NURSE III	0.170	9841	UNIT NURSING	$21.50	$7,602.00	$776.00
00010210	[redacted]	REGISTERED NURSE III	0.650	9841	UNIT NURSING	$19.89	$26,891.00	$10,773.00
00010211	[redacted]	REGISTERED NURSE III	0.120	9841	UNIT NURSING	$21.50	$5,366.00	$561.00
00102119	[redacted]	REGISTERED NURSE III	0.160	9841	UNIT NURSING	$21.50	$7,155.00	$735.00
00010212	[redacted]	REGISTERED NURSE III	0.140	9841	UNIT NURSING	$21.50	$6,261.00	$650.00
00010213	[redacted]	REGISTERED NURSE III	0.240	9841	UNIT NURSING	$21.93	$10,947.00	$1,093.00

NORTH DAKOTA DEVELOPMENTAL CENTER
BARS PAY PLAN 1/11/05

POS_NO	NAME	TITLE	FTE	ACC	RPTNG_LVL_DESCR	MO/HR RATE	Salary	Benefits
			28.890	9841 Total			$1,029,743.00	$367,393.00
00001988	[redacted]	DIRECT TRAINING TECH I	0.500	9842	HSC - III	$1,635.00	$9,810.00	$7,763.00
00001993	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,517.00	$18,204.00	$9,316.00
00002000	[redacted]	UNIT PROGRAM COORD	0.500	9842	HSC - III	$2,904.00	$17,424.00	$9,175.00
00002010	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9842	HSC - III	$2,128.00	$25,536.00	$10,545.00
00002011	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9842	HSC - III	$1,853.00	$22,236.00	$9,992.00
00002013	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,762.00	$21,144.00	$9,809.00
00002014	[redacted]	DIRECT TRAINING TECH I	0.500	9842	HSC - III	$1,401.00	$8,406.00	$7,503.00
00002015	[redacted]	DIRECT TRAINING TECH I	0.400	9842	HSC - III	$1,624.00	$7,795.00	$795.00
00002017	[redacted]	DIRECT TRAINING TECH I	0.800	9842	HSC - III	$1,590.00	$15,264.00	$8,774.00
00002018	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$2,042.00	$24,504.00	$10,372.00
00002019	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,607.00	$19,284.00	$9,498.00
00002021	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,482.00	$17,784.00	$9,243.00
00002023	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$2,014.00	$24,168.00	$10,315.00
00002046	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,482.00	$17,784.00	$9,243.00
00002047	[redacted]	DIRECT TRAINING TECH I	0.700	9842	HSC - III	$1,763.00	$14,809.00	$8,691.00
00002048	[redacted]	ASST RESID SUPV, DEV CNTR	1.000	9842	HSC - III	$1,962.00	$23,544.00	$10,211.00
00002275	[redacted]	DIRECT TRAINING TECH I	1.000	9842	HSC - III	$1,735.00	$20,820.00	$9,755.00
00002458	[redacted]	DIRECT TRAINING TECH I	0.500	9842	HSC - III	$1,581.00	$9,486.00	$7,703.00
00010190	[redacted]	UNIT PROGRAM COORD	0.500	9842	HSC - III	$3,100.00	$18,600.00	$9,382.00
00010191	[redacted]	DIRECT TRAINING TECH I	0.800	9842	HSC - III	$1,541.00	$14,794.00	$8,687.00
00010304	[redacted]	DIRECT TRAINING TECH I	0.200	9842	HSC - III	$1,401.00	$3,362.00	$351.00
			16.400	9842 Total			$354,758.00	$177,123.00
			451.540	Grand Total			$11,116,856.00	$4,878,713.00
							$22,233,712.00	$9,726,306.00
					TEMPORARY SALARIES		$244,200.00	
					SHIFT DIFFERENTIAL		$300,000.00	

House Bill – 1012 – Department of Human Services
Senate Appropriations Committee
Senator Ray Holmberg, Chairman
March 2, 2005

Chairman Holmberg and members of the Senate Appropriations Committee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital and North Dakota Developmental Center of the Department of Human Services. I am here today to provide you an overview of the budget of the North Dakota State Hospital and North Dakota Developmental Center.

One Center Program Activities:

The North Dakota State Hospital and North Dakota Developmental Center have collaborated since April of 2000, after the appointment of one Superintendent for both facilities, by the Executive Director of the Department of Human Services.

Sharing efforts since that time include, the sharing of clinical, support and administrative expertise and the combination of several management and supervisory positions to serve both sites. These combined positions include; the Superintendent position, the Chief Fiscal Officer, the Director of Materials Management, the Accounting Supervisor, the Clinical Dietician, the Risk Manager, the Human Resources Manager, the Director of Professional Development and the Safety and Security Director.

Programs at the North Dakota State Hospital:

The North Dakota State Hospital provides short-term inpatient and long-term residential psychiatric, forensic and chemical addiction services to adults, children and adolescents. These patients are considered to be the traditional patient population of the hospital. Within this group of patients are inpatients referred from the Department of Corrections for addiction services. The hospital provides psychiatric and addiction services under contract with the Department of Corrections. The hospital also provides inpatient services for dangerous sex offenders. This group of patients are housed and treated in the secure services unit of the hospital. The State Hospital provides the following specific programs to patients;

Traditional Services for the Adults:

The hospital provides therapeutic and supportive services to adults with a serious mental illness and substance abuse problems so they can manage their illness and productively live in the community in the least restrictive setting.

The State Hospital operates 206 inpatient beds for adult individuals with serious mental illness and substance abuse problems. 90 of these beds are for addiction services under contract with the Department of Corrections.

Traditional Adolescent and Children's Mental Health Services:

The hospital provides therapeutic and supportive services to children with a serious emotional disorder (SED) and their families so they can manage their disorder and live in the community in the least restrictive setting.

The State Hospital operates 8 inpatient beds for children and adolescents with serious mental illness and substance abuse problems. The hospital subcontracts with the Jamestown School system for educational services for its child and adolescent population.

Secure Services:

The hospital provides evaluation and treatment services in the secure services unit for mentally ill and dangerous individuals from jails and other units of the State Hospital, pre-trial competency evaluations and sex offenders.

The hospital is recommending in this budget to increase this unit from 32 beds to 42 beds. This increase in beds is because of the continued growth of sex offender admissions to the State Hospital. The hospital will reserve 38 of these beds for sex offenders and the other 4 beds for the mentally ill and dangerous and the pre-trial competency patients.

Occupancy Trends at the North Dakota State Hospital:

See Attachments A and B – Occupancy Graphs

The numbers of annual admissions decreased significantly at the State Hospital over the five-year period, FY 1997 to FY 2002, to an average of 1221 admissions per year. More significantly the number of admissions in FY 1997 totaled 1734 and decreased to 838 by FY 2002, a greater then 50% decrease. The trend of decreasing admissions continued in FY 2003 to 714 admissions.

Hospital admissions then took an upturn in FY 2004 to 1041 admissions. The sudden climb in admissions from FY 2003 to FY 2005 at the State Hospital can be attributed to three factors; the rapid increase in the sex offender population, the contracted addiction program with the Department of Corrections and first time admissions. Significantly in calendar year 2004 the hospital admitted 221 first time admissions, with 44 percent of these due to drug and alcohol abuse. The majority of these drug and alcohol admissions can be attributed to methamphetamine abuse. The hospital is projecting that total admissions in FY 2005 will increase to 1270.

The average daily population for the hospital decreased from 228 patents in FY 1997 to 161 patients per day in FY 2002. The average daily population continued to decrease to 145 patients in FY 2003 and then increased to 197 in FY 2004. The average daily population grew during FY 2004 because of the addition of 50 patients to the Tompkins Rehabilitation Center (DOCR program). The average daily population is projected to grow to 235 patients in FY 2005. The hospital is preparing for this increased patient count with the proposed 256 beds in the 05 – 07 budget request.

The decrease in hospital admissions and average daily population during the time period from FY 1997 through FY 2004 was because of a shift from an institutional model to a community-based care model. The sudden growth of population in the last two months of FY 2004 and FY 2005 is because of the aforementioned increase in admissions of sex offenders, first time admissions and the DOCR program. The hospital decreased its budget significantly during the period of shifting population to community

based care from 1997 through 2003. The current budget request accounts for the increased patient population.

Acuity levels of patients in the hospital have increased. For example, the current addiction patients have severe, chronic medical problems and the psychiatric patients have multiple diagnoses. Repeat admissions for addiction and psychiatric patients are expected to continue at the current rate of 5% due to the chronic nature of the illness.

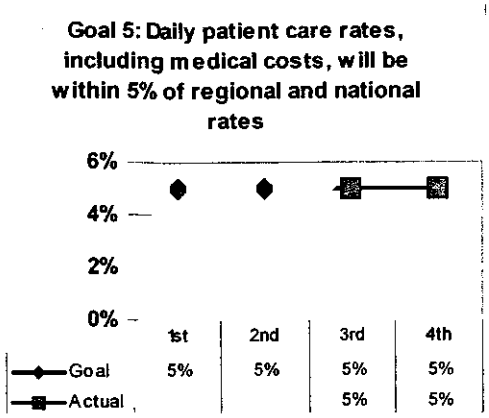
Performance Measures at the North Dakota State Hospital:

The State Hospital and the Developmental Center have identified performance measures for administration and each of its major program areas. These outcomes focus on patients managing their lives and living in the least restrictive community setting. The following are a sample of the hospital's measures and the Developmental Center's measures are covered later in this testimony. More measures for both sites are available upon request.

for memo use 1-4 See testimony given to House – Same was given to the Senate

Performance Measure #5:

Daily patient care rates, including medical costs, will be within 5% of regional and national rates.



Overview of Budget Changes: North Dakota State Hospital:

State Hospital - Traditional Services	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Institutions	39,926,351	2,561,627	42,487,978	(368,416)	42,119,562
General Funds	23,481,355	3,180,752	26,662,107	(219,423)	26,442,684
Federal Funds	4,093,801	314,397	4,408,198	(33,993)	4,374,205
Other Funds	12,351,195	(933,522)	11,417,673	(115,000)	11,302,673
FTE's	390.3	(20.7)	369.6	-	369.6

- **The traditional services budget request for the 2005 – 2007 biennium increases by $2,165,644 because of the Governor's compensation package.**

- The remaining increase of $180,983 is because of inflationary increases in medications and food costs.

- The general funds in the 2005 – 2007 budget request increases by $3,180,752. $1,759,259 of the increase in general funds is because of the Governor's compensation package. The remainder of the increase is caused by reduced patient collections.

- Federal Funds increase by $314,397 because of increased Medicaid collections.

- Other funds decreased because of reduced patient collections. The decrease is offset somewhat by increased DOCR funding for the Tompkins program of $1,289,599.

State Hospital - Secure Services	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Institutions	2,443,180	3,012,380	5,455,560	(24,700)	5,430,860
General Funds	2,382,816	3,072,744	5,455,560	(24,700)	5,430,860
Federal Funds	60,364	(60,364)	-0-	-	-
Other Funds	- 0 -	- 0 -	- 0 -	-	-
FTE's	24.6	29.8	54.4	-	54.4

- The Secure Services unit budget request increases by $3,012,380 for the 42 beds in the secure services unit. The increase is because of the additional 29.8 FTEs and additional 20 beds needed for this program, the additional operating expenses because of more beds and the Governor's compensation package of $287,442 for secure services.

- The hospital started the biennium with 22 beds for sex offenders, we added 10 more beds through enhanced Medicaid funding and the 2005 – 2007 budget request adds 10 more beds because of the continued growth of sex offender admissions.

- The hospital's traditional budget request provides for a decrease of (20.7) full time equivalents. We are transferring these 20.7 FTEs to the secure services budget request. In addition, the hospital is adding 9.1 FTEs to the secure services budget.

House Changes for Both Traditional and Secure Services:

- Reduces employee compensation adjustments to 3 percent for the first year and 4 percent for the second year by $144,123 of general funds and $33,993 of estimated income for a total of $178,116.

- Replaces funding from the general find with other funds in anticipation of general fund savings and additional third-party collections in the amount of $100,000.

- Reduces overall budget for traditional and secure services by $178,116 and general funds by $244,123.

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Senate Changes:

- Senate Bill 2023, the OMB Bonding Bill removed the amount of $215,000 for State Hospital extraordinary repairs.

The hospital is requesting the Senate return $110,000 to the hospital's budget for the repair of the water tower.

Programs at the North Dakota Developmental Center:

The Developmental Center provides services for individuals with developmental disabilities. The program includes day and residential services, work and day activity services, sex offender treatment services for DD individuals, clinical and health services and evaluation and consultation services. The Developmental Center continues its efforts on an outreach program to assist the community with crisis evaluation and consultation to prevent admission to the Developmental Center.

Residential Services at the Developmental Center.

The Developmental Center through its day and residential services program provides training and assistance with daily living activities to eligible people with disabilities so they can achieve there agreed upon personal goals.

Services in this program include, ICF/MR and Work and Day Activity.

Medical and Clinical Services Program at the Developmental Center.

The Developmental Center through its medical and clinical services program provides evaluation and treatment, assessment therapy, training, and supportive services to people with disabilities so they can achieve and maintain their optimal mental and physical health.

Services in this program include; medical services, physical therapy, occupational therapy, dental services, nursing care services, social services, mental health services, rehab services, nutrition counseling, adaptive equipment services, medical support services, psychological evaluation and services, sexual abuse treatment, child abuse treatment, behavioral management, recreational services, group therapy, individual therapy and consultation.

Occupancy Trends at the North Dakota Developmental Center:

See Attachment C – Occupancy Graphs.

The Developmental Center from 1997 to 2004 shows a slight increase in average daily population, from 141 individuals to 145 individuals. Although, the facility discharged several clients during this time period, it was not enough to offset the increase of overall admissions to the facility. The Center is seeing increased admissions because of clients with severe behavioral issues, first time admissions and short time contingent admissions. The center's goal is to have a net ten of discharges to admissions rate by July 2005 (for the biennial period of 03-05). To date, through year-end 2004, the facility has a discharges to admissions rate of

net six. The goal is only attainable if we discharge more clients then we admit to the Center.

The Developmental Center's administration will continue to collaborate with the DHS Disabilities Services Division to assure that clients at the Developmental Center whose needs can be met in less restrictive settings are offered community based services. As indicated in Gene Hysjulien's testimony for the division, his 2005-2007-community budget does not provide resources for this purpose. Accommodating community placements from the Developmental Center will require the ability to transfer funds from the Developmental Center budget to the community budget. This can only be accomplished if we have willing community providers and enough clients are discharged from the Center to allow us to reduce costs and thus transfer funds. Once the Center transfers funds and closes individual suites, then it is important that we carefully manage readmissions to the Center.

The Developmental Center utilizes a nationally standardized assessment tool to analyze resident acuity. The following conclusions may be drawn from this analysis:

- 50% of our residents require the highest level of support for people with mental retardation/developmental disabilities.

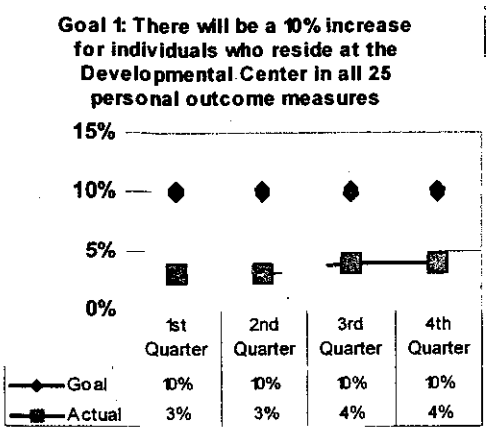
- 50% of our residents require a range from "extensive personal care and/or constant supervision" to "regular personal care and/or close supervision" levels of support.

- **Measurements reflect an 8.5% increase in challenging behaviors from 2002 to 2004.**

Performance Measures at the North Dakota Developmental Center:

Performance Measure #1:

To review the Developmental Center's overall performance relative to all 25 personal outcomes on a quarterly basis and achieve a 10% increase.



for measures 2 - 3 See House testimony Same given to the Senate

Page Sixteen: HB 1012 – One Center

Overview of Budget Changes: North Dakota Developmental Center:

Developmental Center	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
HSC/Institutions	40,661,057	2,625,320	43,286,377	(1,061,774)	42,224,603
General Funds	8,811,229	2,885,196	11,696,425	(297,502)	11,398,923
Federal Funds	29,179,564	(779,135)	28,400,429	(524,272)	27,876,157
Other Funds	2,670,264	519,259	3,189,523	(240,000)	2,949,523
FTE's	458.0	(6.5)	451.5	-	451.5

- The Developmental Center's 2005 –2007 budget request increases by $2,385,320. The request increases by $2,255,197 because of the Governor's compensation package and by $130,123 because of shift differential, overtime and temporary salaries.

- Total general funds increase by $2,885,196. The reason for this increase is the Governor's compensation package of $688,132, an increase of $330,287 for the provider assessment, an increase for the FMAP change of $1,215,187 and due to the $1.3 million dollar under fund of the current budget.

- Total Federal Funds decrease by $779,135. The FMAP reduction is $1,215,187. The current budget is based on a population of 161 and the budget request is based on a population of 148 for a reduction of $1,072,675. These decreases are offset by the Governor's compensation package of $1,508,727.

Page Seventeen: HB 1012 – One Center

- Total Other Funds increased by $279,259. The reasons for the increase are; $58,338 for the Governor's compensation package and $220,921 for increased collections from various sources.

- The Center decreased full time equivalents by 6.5 because of efficiencies in staffing.

House Changes:

- Reduces employee compensation adjustments to 3 percent for the first year and 4 percent for the second year, by $47,502 in general funds and $62,021 in federal funds, for a total of $109,523.

- Reduces funding for operating costs of the Developmental Center, by $250,000 in general funds and federal funds of $462,251, for a total of $712,251.

- The total decrease for the Developmental Center is for $821,774, with a reduction of $297,502 in general funds and $524,272 in federal funds.

Senate Changes:

- Senate Bill 2023, the OMB Bonding Bill removes $240,000 from the Developmental Center budget for extraordinary repairs.

Page Eighteen: HB 1012 – One Center

The Developmental Center is requesting that the Senate return the $712,251 spending authority to the budget. The Center would prefer the return of the $250,000 of general funds to the budget, also, but the return of the spending authority is the most important issue. The spending authority is needed to maintain the current operation of the Developmental Center. Reducing the Developmental Center's budget by $712,251, not only reduces the $250,000 of general funds, but also means a loss of $462,251 in federal funds. When coupled with the legislative adjustment of $1,387,196 in the 03-05 budget, this reduction would create significant operating concerns for the Developmental Center. The Developmental Center's 05-07 budget request only increased by $2.4 million and $2.2 million of the request was for the Governor's compensation package. The Developmental Center still has a cash flow deficit of $607,391 from the legislative adjustment in the 03-05 budget.

The Center is also requesting the Senate return $105,000 to the Center's budget for repair of the Collette Center pool filtration system.

This concludes my testimony on the One Center – North Dakota State Hospital and North Dakota Developmental Center. I would be glad to respond to any questions.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE DELZER, CHAIRMAN

JANUARY 13, 2005

Chairman Delzer, members of the House Appropriations Human Resources Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse Services for the Department of Human Services. I am here today to provide you an overview of the budget area for the Division of Mental Health & Substance Abuse.

The Division of Mental Health & Substance Abuse provides system-wide education, regulation, technical assistance, training for public and private service providers, and federal and state reporting. The Division manages the federal block grants for both mental health and substance abuse services. This includes assuring the availability of an array of services for adolescent and adult substance abuse treatment services, adult and child mental health services, and substance abuse prevention services. The Division also manages the compulsive gambling education and treatment programs.

Customer Base

During FY 2004, the public mental health system provided services to 14,925 children, youth, and adults. For the same time period, the public substance abuse treatment system provided services to 4,808 adolescents and adults. The Division licenses 84 substance abuse providers, 8 human service centers, and 6 residential treatment centers for children and

adolescents. The Prevention Resource Center distributes over 345,000 educational products annually.

Recent Trends affecting mental health & substance abuse services

Complexity of admissions - We see people coming in for services with more and more complicated situations, and we see them at a much younger age. Examples of how this translates to service requests includes:

- clients who have engaged in sexual offending behavior,
- clients who have significant substance abuse and mental health disorders plus histories of physical or emotional abuse and neglect, and
- people who need longer substance abuse treatment services in the community because of their severe symptoms and use of methamphetamine.

This increased complexity means people have multiple problems and it complicates the delivery of treatment. It also requires that we keep our staff well trained in order to be effective.

Enhanced substance abuse treatment services - Additional federal substance abuse block grant dollars were made available to the regional human service centers. The additional federal funding totals approximately 2.3 million dollars for the 2005-2007 biennium. These dollars were distributed based on plans submitted by the regional human service centers. These plans address the gaps in the service array and involved the region's total population plus the treatment target groups of Native Americans and adolescents. This process has allowed us to add services to better match the intensity of treatment to individual needs with expansions in the areas of residential and case management.

Aging population base - North Dakota has a population that is aging. This trend, along with the demand for community based services, impacts mental health and substance abuse services delivered in the public sector. The Division has worked with service partners to increase educational and training opportunities to deliver age appropriate services.

New Freedom Commission - President Bush created the President's New Freedom Commission on Mental Health in 2002. The commission was to study the mental health system and make recommendations enabling adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in communities. The commission's final report was published in 2003. Based on this report, the Division is involved in education and training to support the workforce in providing optimum care for the best outcomes and care that helps consumers reach their full potential in recovery.

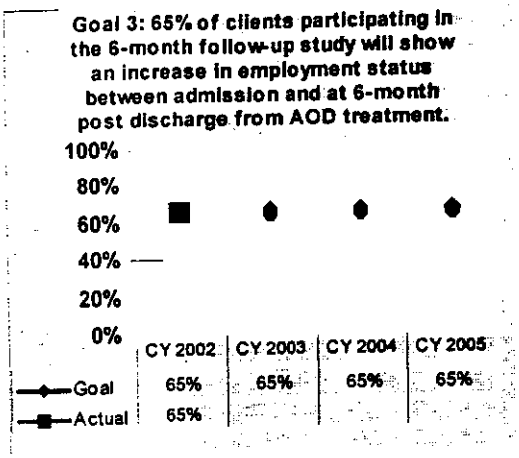
Reporting Requirements - The Division is experiencing a significant increase in federal reporting requirements that focus on client outcomes and service methods used. The Division is receiving technical assistance to assist in our ability to provide this data.

Performance Measures

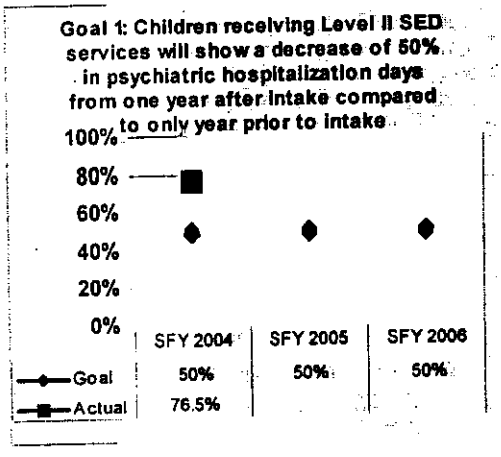
The Division has identified performance measure for each of its major programs: substance abuse treatment, adult and children's mental health services, and prevention. These outcomes focus on how clients are functioning in their homes, schools, jobs, or communities.

1) 65% of adults involved in alcohol/other drug treatment who participate in the 6-month follow-up study will show that they continue to be employed or increased the time they are employed.

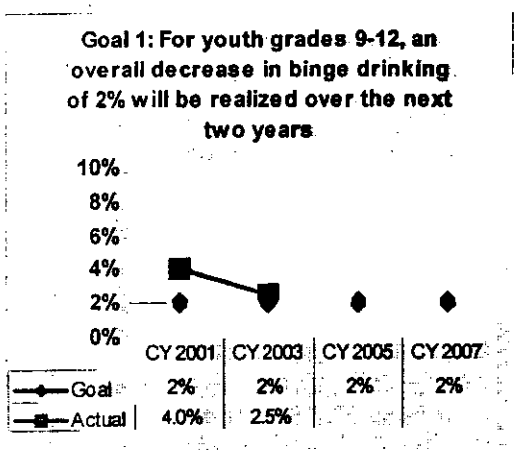
This is measured from the time of their admission and at 6 months after they are discharged from alcohol and other drug treatment.



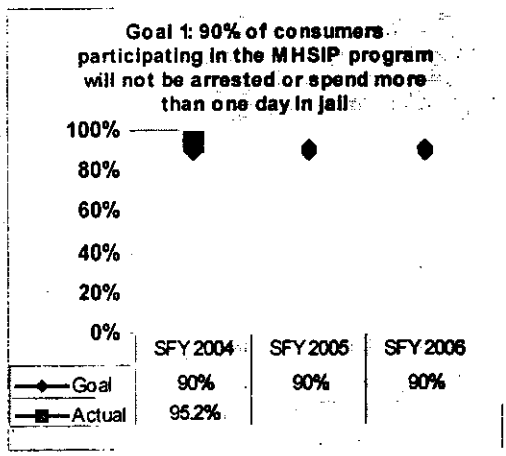
2) Children receiving wraparound care coordination through the Partnerships Program services will spend 50% fewer days in a psychiatric hospital measured from one year after their involvement with this program compared to one year prior to intake. The current result is 76.5%.



3) Substance Abuse Prevention. For youth grades 9 – 12, an overall decrease in binge drinking of 2% will be realized over the next two years. (2003 baseline data). The most recent outcome is 2.5%.



4) 90% of consumers who have a serious and persistent mental illness and participating in the outcome program will not be arrested or spend more than one day in jail. (SFY 2003 baseline) The current outcome is 95.2%.



Additional outcomes measures are available.

Overview of budget changes:

	2003 - 2005 Budget	2005 - 2007 Request	Increase/ (Decrease)
Salaries	1,447,686	1,266,091	(181,595)
Operating	2,726,997	2,010,100	(716,897)
Grants	3,980,120	4,078,771	98,651
Total	8,154,803	7,354,962	(799,841)
General	1,213,565	1,274,867	61,302
Federal	6,553,406	6,051,295	(502,111)
Other	387,832	28,800	(359,032)
FTEs	12.00	11.00	(1.00)

Salary and FTE

- Reduced FTEs by 1 – eliminated the position of the deputy director of mental health. Duties are covered through realignment of staff and others taking on additional duties. This reduces the salary authority, however, the general funds were removed by the previous legislature as part of the $1.5 million adjustment to administration.
- Reduction of salaries - initially – ($256,574) offset by the employee salary package - $74,979 in total; $61,302 general fund, bringing the authority to net decrease of ($181,595).

Operating Expenses

Operating expenses show a net decrease for a variety of reasons (all federal funds - $716,897.)

- Decrease in operating fees and services is due to a shift of substance abuse block grant dollars to the regional human service

centers based on formula funding and targeted for enhanced substance abuse services - $775,428.

This decrease is offset in part by the following increases (all federal funds):

- Increase in travel comes from increased licensing activity for 86 substance abuse treatment providers, 8 human services centers, and 6 residential treatment centers, and increased federal grant requirements - $22,227.
- Increase in professional development for increased use of the Interactive Video Network (IVN) as the method to hold meetings versus face-to-face meetings. There has also been an increase in national professional memberships and conference registrations for the field - $19,170.
- Increase in professional supplies and materials due to increased demand at the Prevention Resource Center (PRC) for books, pamphlets, and videos - $5,800.

Grants

- Increase in grants, $98,651, is based on an increase in the Governor's fund for high-risk youth, part of the Drug Free Schools dollars and the increase in the substance abuse block grant which increased prevention grants.

Other Funds

- Reduction of $359,032 is attributed to no longer passing on the CSCC refinancing dollars to the Indian Affairs Commission ($200,000) and the elimination of excess spending authority which is not needed (159,032).

Thank you.

DHS Substance Abuse Services – Methamphetamine

Methamphetamine use, abuse, and trafficking have become overwhelming in our state.

Between 1992 and 2002, the primary methamphetamine/amphetamine treatment admission rate in the US increased from 10 to 52 admissions per 100,000 in the population 12 years or older. This accounted for almost 7 percent of all treatment admissions in 2002.

In 1992, 12 percent of primary methamphetamine/amphetamine admissions reported smoking as the primary route of administration of methamphetamine, but by 2002, 50 percent did.

In 2002, 19 states had rates in excess of the national rate noted above, and 12 had primary methamphetamine/amphetamine admission rates of more than twice the national rate—104 or more admissions per 100,000 population. ND had a 1992 admission rate of 2.3 per 100,000; and a 2002 admission rate of 65.4 per 100,000.

The regional human service centers continue to experience a growing treatment demand for the methamphetamine/amphetamine-involved client. Complicating the situation is that the methamphetamine addicted client is usually addicted to alcohol or other drugs as well.

Some Human Service Centers report a nearly doubling of the number of clients involved with methamphetamine in the last year and a half. The data would indicate that, on a statewide basis, at any given time approximately 50% of the clients in primary treatment would, at some level, be involved with methamphetamine.

The Department of Human Services has responded to the treatment needs of the client involved with methamphetamine/amphetamine by holding targeted trainings on methamphetamine treatment and in-house education programs.

The Human Service Centers, to the extent possible, have adjusted their treatment programs to accommodate longer-term treatment usually required by the client addicted to methamphetamine/amphetamine. Substance Abuse Block Grant dollars were allocated to the human service centers to support and extend existing treatment programs by addressing the gaps in the service continuum. Some examples of services funded by these additional federal dollars are:

- case management,
- increased number of residential treatment beds,
- long term residential beds, and
- increased medical detoxification services.

It is important to note that the key to addressing the treatment needs of a person addicted to methamphetamine/amphetamine is the ability to match treatment to individual needs. Treatment at the right time, in the right duration, with the right intensity, and at the right place is the key.

The need for long term residential services at present and in the future is a challenge. The client addicted to methamphetamine/amphetamine often needs a much longer residential detoxification period prior to entering a primary treatment program and a long-term residential program following primary treatment to establish a recovery program.

The regional human service center programs are usually at and frequently operate beyond capacity. The Department of Human Services will continue to identify and utilize research based best practice in further developing our treatment programs. Vital to this effort will be to continue improving our performance and outcome measures.

The Department of Human Services is currently writing a federal grant targeting adult methamphetamine/amphetamine treatment in rural areas. This grant's efforts will provide an opportunity in the pilot area to develop a robust treatment continuum and is based on the concept of wrapping services around clients to address the issues bring them to treatment. This approach will put a strong emphasis on decreasing medical and social costs of methamphetamine/amphetamine use. The outcomes captured in the grant will be used to provide guidance for future treatment direction. The grant will further the Department of Human Services' efforts of implementing best practice approaches to this area of treatment concern. The Department is working with the Department of Corrections and the Office of the Attorney General in this effort with the potential of added legislative and judiciary tools to address the problem.

The methamphetamine/amphetamine problem is overwhelming but through partnerships with our key service partners, we will continue to make gains to assist the individuals, families, and communities effected.

North Dakota Department of Human Services
Mental Health/Substance Abuse Division

Carol
Executive
Director

– Yvonne M. Smith
Deputy Director

4130 3085 16
J. Hoesel
Director, MH/SA

4035 3088 13
– C. Kessel
HSPA V

4035 2333 13
D. Wright
HSPA V

4034 3075 12
– L. Sauer
HSPA IV

4034 3087 12
Vacant

4034 2334 12
— S. Tohm
HSPA IV

0903 0737 12
– J. Larson
Research Analyst

4030 3076 7
D. Buscemi
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4034 2335 12
C. Olson
HSPA IV

0041 3084 6
— K. Erhardt
Admin Asst I

4031 3089 9
S. Sheppard
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J. Eiseman
Office Asst II

Effective 1/17/05

Department of Human Services
Division of Mental Health and Substance Abuse
Breakdown of Operating Budget
House Human Resources Subcommittee
2005 - 2007

Description	Amount	
Travel		
In-state travel	23,148	
Includes travel for technical assistance, licensure of human service centers and private providers, peer review visits, human service center partnership visits and monitoring visits		
Out of state travel	54,200	
Includes travel for national conferences		
Non-employee travel	27,398	
Includes travel for Mental Health Planning Council		
Subtotal - Travel ==>		**$104,746**
Professional Development		
Dues	44,200	
Includes membership dues for National Association of State Mental Health Program Directors, National Association of State Alcohol and Drug Abuse Directors and Western Interstate Commission for Higher Education		
Interactive Video Network	6,920	
Includes costs for meetings held through IVN system		
Conferences	18,715	
Includes costs for attending conferences		
Stipends	60,000	
Costs for providing stipends to individuals receiving clinical training to become licensed addiction counselors		
Subtotal - Professional Development ==>		**$129,835**
Operating Fees and Services		
Training	487,495	
Includes training conferences for wrap around, Programs of Assertive Community Treatment, mental health professionals, alcohol summit		
UPS postage	25,000	
Shipping costs for the Prevention Resource Center		
Olmstead contracts	12,000	
Drug and Alcohol Services Information System contracts	197,977	
Synar Amendment contracts	13,338	
Governor's Fund Drug Free Schools contracts	50,000	
Enforcing Underage Drinking Laws contracts	565,400	
Conference underwriting	5,000	
Other contracts	81,825	
Subtotal - Operating Fees and Services ==>		**$1,438,035**
Professional Supplies		
Prevention Resource Center	192,000	
Miscellaneous	3,000	
Subtotal - Professional Supplies ==>		**$195,000**

north dakota
department of
human services

John Hoeven, Governor
Carol K. Olson, Executive Director

Fiscal Administration

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TO: Chairman Delzer, Human Resources
Appropriations Subcommittee
Members of the Subcommittee

FR: Brenda M. Weisz, CFO

DATE : January 27, 2005

RE: Additional requests for Mental Health / Substance Abuse

On January 20, 2005 additional information was requested from JoAnne Hoesel, Director, Mental Health / Substance Abuse Division. Attached is that information which is as follows:

- Mental Health Extended Services – current clients, estimated clients, average cost per client
- Report containing First Year Expenditures
- Contract information relating to regional prevention coordinators

north dakota department of human services

Mental Health Extended Services

January 24, 2005

This report highlights the current number of clients receiving mental health extended services programming, the estimated number of clients who will be receiving mental health extended services programming at the end of the biennium, and the average cost per client.

Current number of clients receiving mental health extended services programming statewide	141
Estimated number of clients who will be receiving mental health extended services programming at the end of the 2003-2005 biennium	167
Average cost per client (Current expenditures/current number of clients = $493,615.51/141)	$3,500.81/client

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: MENTAL HEALTH AND SUBSTANCE ABUSE
Reporting Level: 00-325-300-47-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	909,190	424,368	550,344	974,712	867,936	(106,776)
TEMP, OVERTIME & SHIFT	1002	56,587	39,429	111,555	150,984	39,600	(111,384)
BENEFITS	1008	246,071	118,565	203,425	321,990	302,210	(19,780)
SALARY INCREASE	1010	0	0	0	0	48,257	48,257
BENEFIT INCREASE	1011	0	0	0	0	8,088	8,088
SALARIES AND WAGES	10	1,211,848	582,362	865,324	1,447,686	1,266,091	(181,595)
IT-DATA PROCESSING	3002	111	57	243	300	300	0
IT-TELEPHONE	3003	2,140	860	2,460	3,320	2,650	(670)
TRAVEL	3004	57,999	30,083	52,436	82,519	104,746	22,227
IT-SOFTWARE/SUPPLIES	3005	2,127	681	1,019	1,700	1,700	0
POSTAGE	3007	0	1,867	2,033	3,900	4,200	300
LEASE/RENT - EQUIPMENT	3011	20	0	0	0	0	0
LEASE/RENT - BLDG/LAND	3012	97,812	48,545	53,985	102,530	117,584	15,054
DUES & PROFESSIONAL DEV.	3013	95,568	49,597	61,068	110,665	129,835	19,170
OPERATING FEES & SERVICES	3014	3,334,569	290,038	1,923,425	2,213,463	1,438,035	(775,428)
REPAIRS	3016	64	287	463	750	950	200
OFFICE SUPPLIES	3021	1,506	534	3,116	3,650	2,500	(1,150)
PRINTING	3024	24,278	1,404	11,596	13,000	10,400	(2,600)
PROFESSIONAL SUPPLIES	3025	239,925	105,696	83,504	189,200	195,000	5,800
MISCELLANEOUS SUPPLIES	3033	11,078	820	680	1,500	1,700	200
OFFICE EQUIP-UNDER $5000	3034	0	0	500	500	500	0
OPERATING EXPENSES	30	3,867,197	530,469	2,196,528	2,726,997	2,010,100	(716,897)
GRANTS, BENEFITS & CLAIMS	6006	2,147,934	2,228,153	1,751,967	3,980,120	4,078,771	98,651
GRANTS	60	2,147,934	2,228,153	1,751,967	3,980,120	4,078,771	98,651
EXPENDITURE TOTALS		7,226,979	3,340,984	4,813,819	8,154,803	7,354,962	(799,841)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: MENTAL HEALTH AND SUBSTANCE ABUSE
Reporting Level: 00-325-300-47-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	730,361	332,517	423,183	755,700	950,078	194,378
OLMSTEAD REAL CHOICE SYST CHANGE	S010	52,732	374,464	379,436	753,900	187,214	(566,686)
MH DATA INFRASTRUCTURE	S011	1,630	25,937	107,396	133,333	80,000	(53,333)
DRUG-FREE SCHOOLS 84.186	S012	788,239	438,557	418,617	857,174	917,394	60,220
COMBATTING UNDER AGE DRINKING	S013	669,068	210,498	509,502	720,000	720,000	0
DASIS	S018	92,000	33,651	139,340	172,991	197,977	24,986
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	3,630,957	1,261,517	1,888,791	3,150,308	2,988,632	(161,676)
PROJ FOR HOMELESS - PATH	S029	5,245	1,945	8,055	10,000	10,000	0
Federal Funds	FED	5,970,232	2,679,086	3,874,320	6,553,406	6,051,295	(502,111)
STATE GENERAL FUND	001	1,101,808	510,473	703,092	1,213,565	1,274,867	61,302
General Fund	GEN	1,101,808	510,473	703,092	1,213,565	1,274,867	61,302
OTHER FUNDS	Z125	154,939	151,425	236,407	387,832	28,800	(359,032)
Special Funds	SPEC	154,939	151,425	236,407	387,832	28,800	(359,032)
TOTAL FUNDING		7,226,979	3,340,984	4,813,819	8,154,803	7,354,962	(799,841)
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		13	0	12	12	11	(1)
TOTAL AUTHORIZED EMPLOYEES		13	0	12	12	11	(1)
FTE		13	0	10	10	10	0
VACANT		0	0	2	2	1	(1)

Department of Human Services
Division of Mental Health and Substance Abuse
2003-2005 Biennium Contracts for Regional Prevention Coordinators
House Human Resources Subcommittee
2005 - 2007

Region	Organization	Services paid thru	Contract Amount	Expended to Date	Remaining in Contract
Region 1	Community Action	11/30/2004	134,927	72,000	62,927
Region 2	Community Action Opportunities, Inc.	11/30/2004	135,223	75,209	60,014
Region 3 *	Region III CSCC	6/30/2004	62,988	62,988	0
Region 3 *	Rolette County Public Health	11/30/2004	78,000	19,023	58,977
Region 4	Region IV CSCC	11/30/2004	144,458	92,228	52,230
Region 5	Southeastern ND Community	11/30/2004	139,299	89,022	50,277
Region 6	Community Action Region VI	12/15/2004	149,000	103,558	45,442
Region 7	Region VII CSCC	6/30/2004	150,816	70,816	80,000
Region 8	Community Action	11/30/2004	143,465	85,063	58,402
	Three Affiliated Tribes	6/30/2004	119,001	49,731	69,270
	Spirit Lake Tribe	9/30/2004	144,721	73,052	71,669
	Standing Rock Sioux Tribe	6/30/2004	139,925	60,135	79,790
	Turtle Mountain Comm. Coll.	10/31/2004	146,000	84,928	61,072
	Totals ==>		1,687,823	937,753	750,070

* Region 3 had a change of fiscal agent after the first year of the contract.

REGIONAL PREVENTION COORDINATION PROJECTS

SCOPE OF SERVICE

Contract to fund regional lead agencies to carry out and expand the regional prevention coordination project. The coordination project is an effort to establish, develop and fund a prevention service delivery infrastructure. The mission of the prevention infrastructure is to develop and facilitate the delivery of prevention services at the community level and avoid duplication of services.

Agency applications include a work plan and budget indicating prevention services that will be provided to improve community readiness and organizational capacity for prevention of alcohol, tobacco and other drug abuse and related problems. Changes in youth risk drinking, access to alcohol, illegal drug use and high risk use by the general population will be reduced. Funding for mini-grants to comprehensive alcohol tobacco and other drug community coalitions for development, maintenance and ongoing coalition activities will be available through a competitive process and the grantee agrees to monitor the expenditures and activities and include this information in their quarterly reports.

Department of Human Services
Division of Mental Health and Substance Abuse
2003-2005 Biennium Contracts for Regional Prevention Coordinators
House Human Resources Subcommittee
2005 - 2007

Region		Organization	Services paid thru	Contract Amount	Expended to Date	Remaining in Contract
Region 1		Community Action	11/30/2004	134,927	72,000	62,927
Region 2		Community Action Opportunities, Inc.	11/30/2004	135,223	75,209	60,014
Region 3	*	Region III CSCC	6/30/2004	62,988	62,988	0
Region 3	*	Rolette County Public Health	11/30/2004	78,000	19,023	58,977
Region 4		Region IV CSCC	11/30/2004	144,458	92,228	52,230
Region 5		Southeastern ND Community	11/30/2004	139,299	89,022	50,277
Region 6		Community Action Region VI	12/15/2004	149,000	103,558	45,442
Region 7		Region VII CSCC	6/30/2004	150,816	70,816	80,000
Region 8		Community Action	11/30/2004	143,465	85,063	58,402
		Three Affiliated Tribes	6/30/2004	119,001	49,731	69,270
		Spirit Lake Tribe	9/30/2004	144,721	73,052	71,669
		Standing Rock Sioux Tribe	6/30/2004	139,925	60,135	79,790
		Turtle Mountain Comm. Coll.	10/31/2004	146,000	84,928	61,072
		Totals ==>		1,687,823	937,753	750,070

* Region 3 had a change of fiscal agent after the first year of the contract.

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

SENATOR HOLMBERG, CHAIRMAN

MARCH 2, 2005

Chairman Holmberg, members of the Senate Appropriations Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse Services for the Department of Human Services. I am here today to provide you an overview of the budget area for the Division of Mental Health & Substance Abuse.

The Division of Mental Health & Substance Abuse provides system-wide education, regulation, technical assistance, training for public and private service providers, and federal and state reporting. The Division manages the federal block grants for both mental health and substance abuse services. This includes assuring the availability of an array of services for adolescent and adult substance abuse treatment services, adult and child mental health services, and substance abuse prevention services. The Division also manages the compulsive gambling education and treatment programs.

Customer Base

During FY 2004, the public mental health system provided services to 14,925 children, youth, and adults. For the same time period, the public substance abuse treatment system provided services to 4,808 adolescents and adults. The Division licenses 84 substance abuse providers, 8 human service centers, and 6 residential treatment centers for children and

adolescents. The Prevention Resource Center distributes over 345,000 educational products annually.

Recent Trends affecting mental health & substance abuse services

Complexity of admissions - We see people coming in for services with more and more complicated situations, and we see them at a much younger age. Examples of how this translates to service requests includes:

- clients who have engaged in sexual offending behavior,
- clients who have significant substance abuse and mental health disorders plus histories of physical or emotional abuse and neglect, and
- people who need longer substance abuse treatment services in the community because of their severe symptoms and use of methamphetamine.

This increased complexity means people have multiple problems and it complicates the delivery of treatment. It also requires that we keep our staff well trained in order to be effective.

Enhanced substance abuse treatment services - Additional federal substance abuse block grant dollars were made available to the regional human service centers. The additional federal funding totals approximately 2.3 million dollars for the 2005-2007 biennium. These dollars were distributed based on plans submitted by the regional human service centers. These plans address the gaps in the service array and involved the region's total population plus the treatment target groups of Native Americans and adolescents. This process has allowed us to add services to better match the intensity of treatment to individual needs with expansions in the areas of residential and case management.

Aging population base - North Dakota has a population that is aging. This trend, along with the demand for community based services, impacts mental health and substance abuse services delivered in the public sector. The Division has worked with service partners to increase educational and training opportunities to deliver age appropriate services.

New Freedom Commission - President Bush created the President's New Freedom Commission on Mental Health in 2002. The commission was to study the mental health system and make recommendations enabling adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in communities. The commission's final report was published in 2003. Based on this report, the Division is involved in education and training to support the workforce in providing optimum care for the best outcomes and care that helps consumers reach their full potential in recovery.

Performance Measures

The Division has identified performance measure for each of its major programs: substance abuse treatment, adult and children's mental health services, and prevention. These outcomes focus on how clients are functioning in their homes, schools, jobs, or communities.

1) 65% of adults involved in alcohol/other drug treatment who participate in the 6-month follow-up study will show that they continue to be employed or increased the time they are employed. This is measured from the time of their admission and at 6 months after they are discharged from alcohol and other drug treatment.

for page 4-5 see those same pages in House testimony

Overview of budget changes:

	2003 - 2005 Budget	Increase/ (Decrease)	2005 - 2007 Request	House Changes	Request to Senate
Salaries	1,447,686	(181,595)	1,266,091	(23,972)	1,242,119
Operating	2,726,997	(716,897)	2,010,100	(50,000)	1,960,100
Grants	3,980,120	98,651	4,078,771	250,000	4,328,771
Total	8,154,803	(799,841)	7,354,962	176,028	7,530,990
General	1,213,565	61,302	1,274,867	(223,972)	1,050,895
Federal	6,553,406	(502,111)	6,051,295	0	6,051,295
Other	387,832	(359,032)	28,800	400,000	428,800
FTEs	12.00	(1.00)	11.00	0.00	11.00

Governor's Budget

Salary and FTE

- Reduced FTEs by 1 – eliminated the position of the deputy director of mental health. Duties are covered through realignment of staff and others taking on additional duties. This reduces the salary authority, however, the general funds were removed by the previous legislature as part of the $1.5 million adjustment to administration.
- Reduction of salaries - initially – ($256,574) offset by the employee salary package - $74,979 in total; $61,302 general fund, bringing the authority to net decrease of ($181,595).

Operating Expenses

Operating expenses show a net decrease for a variety of reasons (all federal funds - $716,897.)

- Decrease in operating fees and services is due to a shift of substance abuse block grant dollars to the regional human service centers based on formula funding and targeted for enhanced substance abuse services - $775,428.

This decrease is offset in part by the following increases (all federal funds):

- Increase in travel comes from increased licensing activity for 84 substance abuse treatment providers, 8 human services centers, and 6 residential treatment centers, and increased federal grant requirements - $22,227.
- Increase in professional development for increased use of the Interactive Video Network (IVN) as the method to hold meetings versus face-to-face meetings. There has also been an increase in national professional memberships and conference registrations for the field - $19,170.
- Increase in professional supplies and materials due to increased demand at the Prevention Resource Center (PRC) for books, pamphlets, and videos - $5,800.

Grants

- Increase in grants, $98,651, is based on an increase in the Governor's fund for high-risk youth, part of the Drug Free Schools dollars and the increase in the substance abuse block grant which increased prevention grants.

Other Funds

- Reduction of $359,032 is attributed to no longer passing on the CSCC refinancing dollars to the Indian Affairs Commission ($200,000) and the elimination of excess spending authority which is not needed (159,032).

House Changes

- Reduction of salaries ($20,000) as a part of the overall salary underfunding departmentwide. An additional reduction of ($3,972) to fund salary increase at 3% and 4% rather than at 4% and 3% as recommended in the Governor's salary package.

- **Reduction in operating ($50,000) general fund. This reduction is reflected in operating fees and services.**
- **Reduction in Compulsive Gambling Treatment program ($150,000) general fund.**
- **Increase in Compulsive Gambling Treatment program $400,000 special funds. The continuing appropriation was removed for this fund in a separate bill and these special funds reflect the amount the Compulsive Gambling program will receive from Lottery revenue.**

Thank you.

Re: Crisis Beds Operated by Dacotah Foundation per SEHSC contract

There have been 8 crisis beds and 3 respite beds (less intensive than crisis beds) in operation in this community (for adult mental health and/or substance abuse needs) since contracting this service to Dacotah Foundation approximately two years ago (spring 2003). Prior to this, SEHSC had just two crisis beds as part of the Dakotah Pioneer program.

The expansion was prioritized to provide:

- Social detox
- Crisis intervention/supervision
- Short-term stabilization
- Appropriate alternatives to hospitalization
- Step-down options from higher level of care

Utilization: The available beds are highly utilized, at a rate of 100%. That means that if a bed opens, it is filled the same day and/or is held for an imminent hospital step-down.

Population Served:

- Approximately 75% of individuals served in this level of care have a substance abuse diagnosis; this includes those with a dual diagnosis of mental illness and chemical dependency
- Approximately 25% of those served are diagnosed with a serious mental illness

Testimony
House Appropriations Committee
Chairman Jeff Delzer
January 20, 2005

Chairman Delzer and members of the House Appropriations Committee, for the record my name is Sheree Spear, Director of Public Policy & Advocacy for the Mental Health Association in North Dakota.

I'm here today representing thousands of North Dakota citizens whose lives, and that of their families', have been devastated by something they couldn't predict or control: severe mental illness. I'm speaking on behalf of those who couldn't be here today. Some because they are sitting in our jails and prison. Their untreated illness caused them to self-medicate with drugs or alcohol that brought them into our criminal justice system. Or it caused them to display behaviors they would never have dreamt of doing when they had been well.

And that's an important point. These are people who were perfectly normal with hopes and dreams of college, careers and families just like you and I. And in late teens or early twenties often, were cut off at the knees when they became afflicted with a brain disorder.

I'm also speaking on behalf of the lucky ones who received treatment and services and are living rich, productive lives. They would tell you that treatment works. I wish you all could have met Christy Worthen who was here at the Capitol yesterday, invited by our Lt. Governor. She had the most severe case of bipolar disorder the state hospital in Arkansas has ever seen. She thought she was Jesus Christ, and her mother was told there

was little hope. After 7 years of suffering, it was a suicide attempt that finally got her the medical help she needed. With the right treatment, including medications, she is a vibrant young lady with an active life today.

When people have that kind of potential, and we have models that improve outcomes and have proven to be cost effective for states – why do we have so many people that are dying young by suicide, wandering homeless, existing but not living, or sitting behind bars?

It's because what works is severely under-funded. Treatment, case management, addiction counseling, supportive housing and crisis beds – work and save state dollars in the long run.

Treatment also works for those caught in the snare of chemical addictions. Meth addiction is sweeping across our state in epidemic proportions. We're losing people to accidental overdose, families are being stripped financially trying to get help, and our jails and prison are over-flowing.

The profile of the typical meth user has been, until recently, the 30-something mother who believed meth would help with weight lose and who believed, like we all do, that they would never become an addict. That's something that happens to *other* people. When we read in the paper about a meth bust, what we don't read about are the 3 children that were removed from the home.

The need for foster home for North Dakota children has risen dramatically as a direct

result of meth addiction. The number of inmates with addictions, and the cost of medical care in the prison have skyrocketed. If these costs to our state continue to increase at the current alarming rates, we will be facing a very serious deficit.

The need for treatment programs has stretched our staff and capacity beyond its limit. Waiting times to get into the right program can be weeks or months. While they wait, the physical pain of withdrawal drives most back to using. And they will show up – again – in our emergency rooms and jails.

The State Hospital has recently seen a significant increase in admissions, and staff there – while caring and qualified – are becoming drained. ND State Hospital needs more staff and funding or we will lose staff and will have to turn away those whose lives we could have saved.

We need to improve how we respond to people with mental illnesses and chemical addictions – earlier in the system. Providing early diagnosis, timely access to treatment services, and supportive housing, in the community – improve outcomes and is the only way to address the real, underlying issues.

We have well-researched national recommendations and best practices to implement. The national Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments, was an unprecedented two year study that resulted in 46 policy statements for specific actions state can take, and legislators can feel comfortable championing. President Bush, when he launched The President's New Freedom Commission on Mental Health, stated that great treatments exist. Yet far too many are

going without treatment and are ending up homeless and incarcerated. He has asked that states find ways to close the gaps.

Now we need funding practices to shift so we can implement what works and deliver programs/services that improve outcomes. This type of investment today, will spare us from paying much more later.

We respectfully ask, Mr. Chairman, that your committee consider allocating additional funds for addiction programs and counselors, and mental health case managers at or through our Human Service Centers. They offer good services, there just aren't enough. And, we ask consideration for supportive housing and crisis beds that reduce hospitalizations, reduce incarceration, and enable people to live the productive lives we know they are capable of and certainly deserve.

We also ask for your support of a pilot underway in Cass County that is working to implement all aspects of an effective community jail diversion program for people with severe mental illness, chemical addictions, or both. This pilot site was selected for a number of reasons including the fact that the majority of prisoners in North Dakota come from Cass or Burleigh counties so there is the opportunity to have a significant impact and the target population is large enough so we can collect and track data to measure outcomes, and there is strong commitment by all the stakeholders in the area. This pilot, led by the Jail Intervention Coordinating Committee, was recently awarded a technical assistance grant by the National Institute of Corrections and they sent a consultant to Fargo in December. Pilot activities will include ensuring that people are screened for mental illnesses and chemical addictions while in jail and that discharge planning is done

to link them with appropriate services upon release. The group will pilot sentencing alternatives that will direct people who meet specific criteria toward treatment and away from the criminal justice system. Research nationally, and in the pilot area, however, have shown that without community-based services we won't achieve the results we're seeking. We need to build capacity in our communities, where people live. We need a plan for each area so that we can look back ten years from now and see that we've put our money into building the right thing in the right place.

The Cass County pilot will need a 65 bed facility where people can go through chemical withdrawal, which can take weeks or months, in a safe, supervised setting. And this facility will have short-term transitional beds and crisis beds. There will be efficiencies realized by having these under one roof where operating and staff costs can be shared.

This facility will cost approximately eleven million dollars and is desperately needed. At a bare minimum, six hundred thousand dollars is critically needed right away for 10 crisis beds. That area only has 8 and we're forced to push people out before they are stable, knowing the dire outcomes. We plan to submit an amendment to House Bill 1012 requesting funding for services that work and are desperately needed.

Mr. Chairman and Committee members, we know you have a difficult task and we thank you for serving our state by serving on this Committee. We thank you also for giving the Mental Health Association time for public comment today and, for giving consideration to our requests. Thank you.

10

CASS COUNTY GOVERNMENT

Office of the Sheriff

Don Rudnick, Sheriff

Administration
701-241-5800

Jail
701-271-2900

Juvenile Detention
701-241-5845

Emergency Mgmt.
701-241-5858

Fax
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March 9, 2005

Senator Tom Fischer:

I would like to thank you and your sub-committee for allowing my testimony to be given in writing since I am unable to attend in person. This information is provided in support of the proposed amendment to engrossed house bill No. 1012 in the amount of $775,000.00.

I am currently the Jail Administrator for Cass County which operates a Jail with a capacity of 252 inmates with a daily average of 200 inmates over the past two years. Our county is currently planning a 98 bed expansion to meet future needs. It has also been reviewing the type of inmate housed in our facility, so those that may not need detention can be diverted to other programs. One specific group of individuals that may meet these criteria is those with mental illness or co-occurring disorders which include both mental illness and chemical addiction.

As a result of this review, the Jail Intervention Coordinating Committee was formed consisting of elected officials and professionals from both the public and private sector. Cass County also requested and received a technical assistance grant from the National Institute of Corrections to study mental health issues within our jail. Our JICC Committee and the NIC study point to specific needs or concerns within our jail and our community. It is my hope that some can be addressed through legislative action.

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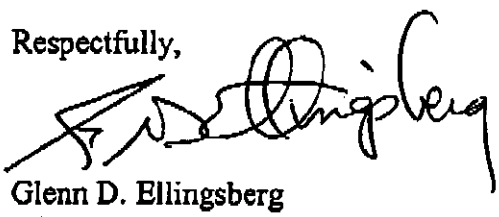
www.co.cass.nd.us/sheriff

It was found that when sufficient resources for mental illnesses within the community are not available; law enforcement is often forced to respond with criminal charges even when they may be the least desirable. An example is with a lack of crisis beds and no other local support system; an individual may often come in contact with law enforcement due to inappropriate behavior or a confrontation with another individual. This results in an arrest primarily for a minor offense but occasionally for a felony and then detention within our jail. But the long term result is often a denial of services, a reduction in services or increased difficulty in obtaining services due to the arrest record. The cycle has begun and it is a difficult one to break at this point. We hope to address this issue before the arrest is made, or look at means to evaluate and assist those after the arrest is made to reduce the negative impact that an arrest and jail time has on an individual. The following pages more distinctly address specifics of the amendment.

Respectfully,



Glenn D. Ellingsberg
Jail Administrator

JAIL INTERVENTION COORDINATING COMMITTEE
Cass County, North Dakota

Committee Membership

Name	Organization
Chief Deputy Glenn Ellingsberg	Cass County Jail Administrator
Officer Scott Stenerson	Fargo Police Department
Dr. Thomas McDonald	NDSU, Public Policy/Criminal Just. Department
Senator Richard Brown	Fargo
Senator Tim Mathern	Fargo
Commissioner Vern Bennett	Cass County Commission
Lynn Fundingsland, Director	Fargo Housing Authority
Mary Geller, Classifications	Cass County Jail
Heidi Mclean, Head of Nursing	Cass County Jail/Public Health
Nancy McKenzie, Director	SE Human Service Center
Beth Gravalin, Extended Services	SE Human Service Center
Jeff Stenseth, Mgr. Extended Services	SE Human Service Center
Sue Korman, Director	The Prairie St. John's, Social Work Dept.
Susan Buelow	The Prairie St. John's
Salome Hoff, LSW	The Prairie St. John's
Patty McKenzie, Supervisor	Dacotah Foundation
Dan Seymour, Supervisor	ND Parole & Probation
Richard Hoekstra, Manager	ND Parole & Probation, Treatment Programs
Dr. George W. O'Neill, Clinical Dir.	Noridian (Blue Cross/Blue Shield)
Sheree Spear, Advocate	Advocate for persons with mental illness
Susan Rae Helgeland, Exec. Director	Mental Health Association in ND
Michael Kaspari, Director	First Step Recovery, Inc.
Keith Gilleshammer, Exec. Director	The Centre, Inc.
Krista Stone, LSW	Meritcare Hospital, Fargo

Explanation of Funding Request for Intervention Services Pilot Project

Amendment to Engrossed House Bill 1012

Coordinated & Facilitated by: Cass County Jail for the benefit of the State.

Population served: Individuals with severe mental illness and/ or co-occurring chemical dependency issues.

Mission: Serving the community and State by *designing, implementing, and evaluating a comprehensive diversion strategy* that is based on solid research and evidence-based practices and, which directs people with severe mental illness and/or chemical dependency toward high-quality lives, and away from the revolving door of the criminal justice system.

What the State is *NOT* paying for:

Project Coordination and facilitation – This county jail has extended it's own personnel and resources to facilitate this project for the community and State and plans to continue this commitment throughout the course of the project.

Advocacy Support – Each participant in the Alternative Sentencing part of the pilot will have legal representation by defense counsel who will ensure their rights to due process, etc. are protected. Some participants will also have a family member or friend who will act as a personal advocate for them, should the participant so chose. If this is not the case, a trained advocate will be provided by utilizing resources in the community to meet the needs of members of the community.

Non-profit organizations, the faith-based community, the North Dakota Medical Association, Psychiatric Nurses Association, and others will be brought to the table to establish a pool of trained advocates that can assist individuals, if needed. There are many untapped resources in communities, and this is an area where inserting or growing state government to address an issue is not efficient or effective.

Sustainability – real and lasting process and system change in this area will come from providing trained advocacy support from within the community, because federal funding for these types of efforts can come and go. Building capacity within communities to address the needs of their members creates real and lasting change.

Travel for many participants – Many of the sheriffs and police chiefs, and some others from across the State that have been invited to participate in an evaluation team to assess national models, have offered to cover their own expenses. However, this is not the case for all those that need to be included, so the funds requested for evaluating national models is to remove the economic barrier for those that would not be able to participate without this assistance. It is important that the composition of these state-wide evaluation teams is based upon who should go, not who can afford to go.

Other – Foundation or other grants are being explored. The time of this dedicated group of stakeholders, meeting facility, and other in-kind services are being offered to support this project. Other areas of a comprehensive jail/prison diversion program that are simultaneously being worked on, and which are endorsed by the Council of State Governments.

Truly a State-wide Project

This pilot project is designed and will prove to be truly a project for the entire state. This will become even more evident as the project progresses. An example is the composition of the Evaluation Teams that will assess models in the nation that have proven to be successful: the Crisis Intervention Team (CIT) Evaluation Team developed last year included: police chiefs from Williston, Devils Lake, Fargo, a sheriff from Wahpeton for example. Discussions regarding CIT training have also included law enforcement in Bismarck, the Highway Patrol and the Training Academy in Bismarck, the Police Training Academy in Devils Lake.

When Major Sam Cochran, Memphis PD, came to Bismarck last April, attendees from various areas in the State attended, included representatives from the reservations. The model Cochran developed has proliferated across the nation and is regarded as the most effective model for improved response to people with mental illness – there are two components, and one without the other will not effective, so model fidelity is extremely important. The two key components are: community assessment/triage center and 40 hours of specialized training for law enforcement personnel.

The Alternative Sentencing subcommittee will assess national models of both successful mental health courts, and non-specialty court programs that effectively divert people with severe mental illness toward needed treatment and services and, away from the cycle of incarceration. The **evaluation team for on-site visits, and the higher-level Advisory Panel will include people from other areas of the State** as well.

So, built into this project from the beginning is **involvement and participation from across the State.** This will ensure that rural and metro perspectives are represented and that regional differences in terms of resources and needs are considered. Facilitating communication and sharing of ideas across regions is built into the project, and people can begin implementing some process changes in their own area if they chose, such as relaying new admissions information to the local human service center faster so they can identify and respond to any clients they may have in that situation.

The **study of program effectiveness and regional needs**, listed on the Amendment for $50,000, not only establishes up-front how effectiveness will be measured: performance outcomes, data to be collected and tracked – but it also studies the needs and resources in each region of the State. This funding is to be used to contract with NDSU to perform this research, assist in establishing performance outcomes that will fit federal requirements, and develop a report of this project and regional needs that can be shared with legislators and others state-wide.

Other funding detail:

Discussed above was a) grant to evaluate nationally recommended models that are successfully improving outcomes and reducing recidivism and, b) grant to evaluate program effectiveness, feasibility of state-wide expansion and assessment of regional needs. Below are the other requested items.

Grant for a feasibility study regarding a facility and operation of a 25 bed chemical withdrawal facility - $10,000.

Psychiatric evaluations contract services to assess if individuals meet eligibility criteria for the Alternative Sentencing aspect of the pilot, to review prospective and ordered Alternative Treatment Plans. $15,000.

Case management services for persons eligible for those services through a human service center, who are participating in a court-ordered Alternative Treatment plan to ensure that effective plans are written, implemented, and monitored. $85,000.

Crisis beds – there are currently 8 crisis beds to serve five counties with a total population of over 160,000 people. Fragile, vulnerable people need this short-term support to remain in community. A minimum of 10 additional crisis beds are needed. $600,000.

TESTIMONY: HB 1012
HOUSE APPROPRIATIONS
HUMAN RESOURCES DIVISION
REPRESENTATIVE DELZER, CHAIRMAN
JANUARY 20, 2005

Some given to Senate

Chairman Delzer and members of the Committee: my name is Carlotta McCleary. I am the Executive Director for the ND Federation of Families for Children's Mental Health. The Federation of Families is a parent run organization that focuses on the needs of children with emotional, behavioral and mental disorders and their families. I am also the parent of a child with a mental health disorder. On behalf of the Federation, I am here to testify in support of HB 1012.

Approximately 6 to 8 million children and youth in the United States have an emotional, behavioral, or mental disorder in need of treatment. This represents about 12 percent of all children in the U.S. Based on the 2000 federal census, in North Dakota there are approximately 20,613 children who have an emotional, behavioral, or mental disorder in need of treatment. Of these, about half have problems that are severe and persistent.

These problems take a number of forms. The children may be self-abusive or aggressive toward others; or they may be withdrawn, fearful, or depressed. Some with the most serious disorders may be out of touch with reality and have unusual fantasies or hallucinations.

Families may face many problems; the absence of appropriate childcare prevents many families from participating in social or recreational activities and they experience isolation from friends and relatives. Often, family members must learn to cope with the difficulty and demanding behaviors of their children, and may face the staggering costs for special treatment, education, or other services.

According to the Larry Burd Study on the interim report of cost and service use for children with severe emotional disturbance in North Dakota: Parents Cost Study; there is an impact on parental employment, time spent and costs that are not reimbursed to the family. These cost are excess costs in terms of time and money for this group of children. These cost are in excess of the time and money parents spend on other children. Thus these costs are due to the efforts to treat the child with emotional and behavior problems. All costs (time and money) are not reimbursed from any source and represent the parental (family) contribution to the effort to treat these problems.

Here are some of his findings:

There was an impact on parental employment, 20% now work only part time, 22% had to quit work and 16% are with a different job. Also noted were loss of income at $5,354.55 per year, vacation time cost at $547.50 per year, sick leave cost at $365.00 per year and missed work cost at $602.25 per year.

Time spent for travel, meetings and loss of sleep; total lost time was 790 hours per year. Costs to a family that are not reimbursed such as miles traveled $6,905.50, travel costs $1,022.00, purchases $3,204.70, co pay or other medical costs $1,357.80, Repairs $3,073.30, extra help $1,314.00, other costs $923.45 and extra telephone costs $219.00.

In conclusion the study found parents paying an excess of $17,983.55 to care for a child with an emotional behavioral or mental disorder for a year.

The Department of Human Services has a lot of strengths in supporting children's mental health. Partnerships Program is an example of this. It is an essential program for children in North Dakota. It has made a difference in my own family.

When my son Garrett was four years old he was given a medication that caused him to no longer have the neurological controlling mechanisms that help him stay in control when he is upset. He became aggressive towards himself, my husband and me, as well as our other children Matthew and Katie. At that time Matthew was six and Katie was 18 months old. Garrett's doctors at the University of Minnesota told us for the sake of our other children we need to think about residential care. They didn't think we would be able to keep Garrett at home.

At one point Garret's condition deteriorated and we desperately needed to find the right combination of medication. Garrett became very depressed and suicidal. The doctors discussed the possibility of placing Garrett in a residential facility in Minnesota or a residential facility in Wisconsin. They felt both facilities would be able to meet the complex medical needs as well as handle his extreme aggressiveness.

Garrett woke up one morning from a horrible nightmare. His body was visibly shaking and he was sobbing. He shared his dream with me. He said it was the very worst dream he had ever had. He had a dream that our entire family had taken a trip. We had gone to this place but when it was time to leave, my husband and I along with Matthew and Katie left without taking Garrett with us. He had to live in this new place without his family. I comforted him and told him it was a bad dream. Even though I knew that dream was a very real possibility.

Happily, Garrett remained at home with our family, due to the Partnerships program along with other services provided in our home and in the community. A team made up of family, friends and various professionals looked at all the domains in our family's life. We looked at the strengths and the needs of the entire family. One of Garrett's biggest needs was the need for constant one to one supervision. With Partnerships we were able to meet this need. This support helped with Garrett's safety as well as kept Matthew and Katie safe from Garrett's aggression. It helped them interact as brothers and sister.

The coordination of the services were also key such as the formal services provided by agencies as well as the informal services that are provided by our family and friends.

This coordination helped cut the duplication of services. Without Partnerships Garrett's nightmare would have been a reality. Garrett is doing well today. He is now 16 years old and looking forward to driving and getting his first job.

Children with mental health disorders and their families are trying to navigate several different systems to receive the support that is needed. Examples of this are Education, Child Welfare, Juvenile Justice, Mental Health, Vocational Rehabilitation, Developmental Disabilities, Medicaid and Early Intervention to name a few. You won't find children's mental health services in just one line item or one department's budget.

We are very pleased with the efforts that are happening in Children and Family Services. We support the use of the wraparound process in child welfare as well as the Single Plan of Care computer system. These efforts will change the outcomes for children and their families.

Children have had a right to transitions services beginning at age 14 for several years now. We were pleased to hear that Vocational Rehabilitation in North Dakota is beginning to ensure transition services begin when the child is entitled to receive them.

We need to provide children with mental health screenings so that they can have access to the appropriate services sooner. Children are receiving more restrictive levels of care as a result of not being screened for mental health.

Community based services need to be increased. We have experienced a loss in services as a result of the loss of funding from CSCC. Children need to receive supports necessary to remain with their families; out-of-home placement must be a last resort.

There is a need to increase parent-to-parent support services. This is a very useful service to help support and empower families. Last biennium this service had a 60% reduction.

At any given time, one in every five young people is suffering from a mental health problem. Two-thirds are not getting the help they need. According to the Surgeon General's Report on Mental Health, most often, reluctance to seek care is an unfortunate outcome of very real barriers. Help us continue to remove these barriers so that North Dakota will be a state in which children with mental health disorders can get the help that they need when they need it.

Thank you.

TESTIMONY OF D'JOYCE KITSON SMUTZLER
TO THE HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES SUBCOMMITTEE
JANUARY 20 2005

CHAIRMAN DELZER AND MEMBERS OF THE HOUSE HUMAN RESOURCES SUBCOMMITTEE, MY NAME IS D'JOYCE KITSON SMUTZLER AND I APPEAR TODAY IN SUPPORT OF HB 1012, THE DEPARTMENT OF HUMAN SERVICES BUDGET. HOWEVER, I DO NOT BELIEVE THIS BUDGET GOES FAR ENOUGH IN THE TREATMENT OF PERSONS WITH MILD TO MODERATE CLOSED HEAD INJURIES, AND I ALSO APPEAR IN THEIR BEHALF TODAY.

THE HUMAN SERVICE CENTERS ACROSS NORTH DAKOTA PROVIDE ONLY MINIMAL SERVICES TO THOSE WITH MILD TO MODERATE CLOSED HEAD INJURIES AND THESE SERVICES DO NOT MEET THE NECESSARY DAY-TO-DAY NEEDS OF THESE FOLKS.

CASEMANAGEMENT SERVICES ARE PROVIDED TO THOSE WITH ONLY THE MOST SEVERE DISABILITIES. OTHERS, WITH MILD TO MODERATE DISABILITIES CANNOT RECEIVE CASEMANAGEMENT SERVICES WHEN, IN FACT, THIS IS THE SERVICE THEY NEED THE MOST. OFTEN TIMES, THESE FOLKS "LOOK" NORMAL AND ARE GIVEN MEDICATION LIKE ANTI-DEPRESSANTS AND SENT ON THEIR WAY. THESE PEOPLE, 60 OF WHOM I KNOW PERSONALLY, NEED ORGANIZATIONAL HELP, DAILY LIVING SKILLS HELP AND COPING SKILLS PROVIDED THROUGH CASEMANAGEMENT. WHEN THESE SERVICES ARE NOT PROVIDED, MANY UNINTENDED OUTCOMES OCCUR. THESE INCLUDE:

- FAMILIES ARE EXPECTED TO ASSUME THESE RESPONSIBILITIES FOR THEIR FAMILY MEMBERS AND OFTEN ARE UNABLE TO DO SO BECAUSE THEY MUST WORK TO MEET THE FINANCIAL NEEDS OF THEIR FAMILY MEMBER.
- PEOPLE WITH MILD TO MODERATE HEAD INJURIES ARE OVER-MEDICATED WITH ANTI-DEPRESSANTS, ADHD MEDICATION AND ANTI-PSYCHOTICS, CAUSING OTHER AND ADDITIONAL SYMPTOMS.
- THESE CLIENTS END UP IN MORE COSTLY PLACEMENTS LIKE JAIL, PRISON AND/OR OTHER INSTITUTIONS.

HUMAN SERVICE STAFF ARE NOT TRAINED, OR CHOOSE NOT TO RECOGNIZE THE SYMPTOMS OF SOMEONE WITH A MILD TO MODERATE HEAD INJURY WHO IS ALSO ABUSING ALCOHOL AND OTHER DRUGS, INCLUDING PRESCRIPTION DRUGS.

THIS INATTENTION CAUSES EVEN MORE SYMPTOMS, PROBLEMS AND MISUNDERSTOOD BEHAVIOR CHANGES IN THE CLIENT, ULTIMATELY REQUIRING MORE AND COSTLY CARE SUCH AS INSTITUTIONALIZATION AND/OR EMERGENCY ROOM CARE. ADDITIONALLY, IF A PERSON WITH A HEAD INJURY REQUESTS ASSISTANCE FOR DOMESTIC VIOLENCE, THEY ARE TURNED AWAY AS "TOO SEVERE."

IT ISN'T FAIR THAT A PERSON CAN BE TOO SEVERE FOR ONE SERVICE BUT NOT SEVERE ENOUGH FOR ANOTHER. THAT'S NOT FAIR AND IT'S NOT RIGHT.

IN ORDER TO MAKE THIS RIGHT THERE NEEDS TO BE TWO PRIMARY COURSES OF ACTION TAKEN

IMMEDIATELY. FIRST IS THAT ALL HUMAN SERVICE CENTER CLINICIANS AND THERAPISTS NEED TO BE TRAINED IN THE APPROPRIATE TOOLS AND METHODS FOR WORKING WITH PEOPLE WITH CLOSED HEAD INJURIES THAT ARE MILD TO MODERATE THAT WILL ALSO INCLUDE THEIR FAMILIES. TRADITIONAL THERAPIES AND TREATMENTS DO NOT WORK IN THESE CASES AND IT IS NOT ENOUGH TO PROVIDE MEDICATIONS AND NO MONITORING OR FOLLOW-UP.

SECONDLY, THE STATE MUST MANDATE THE TREATMENT OF ANY PERSON WITH A HEAD INJURY, REGARDLESS OF THE LEVEL OF SEVERITY.

THE RESULTS OF THIS ACTION WILL INCLUDE CITIZENS WHO ARE BETTER ABLE TO DEAL WITH THEIR LIVES, FAMILIES WHO ARE NOT OVERWHELMED WITH RESPONSIBILITY AND ULTIMATELY, COST SAVINGS BY OFFERING COMMUNITY BASED TREATMENT RATHER THAN INSTITUTIONALIZATION.

THANK YOU FOR THIS OPPORTUNITY TO PROVIDE TESTIMONY TO THE COMMITTEE. I WOULD BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.

DEFINITION

The Mild Traumatic Brain Injury Committee of the Head Injury Interdisciplinary Special Interest Group of the American Congress of Rehabilitation Medicine developed the following definition for Mild Traumatic Brain Injury:

Traumatically induced physiological disruption of the brain function is manifested by at lease one of the following:

- Any period of loss of consciousness.
- Any loss of memory for events immediately before or after an accident.
- Any alteration in mental state at the time of the accident, *(e.g. feeling dazed, disoriented, or confused).*
- Local neurologic deficits that may or may not be transient, but where the severity of the injury does not exceed the following:
  - loss of consciousness of approximately 30 minutes or less
  - after 30 minutes, in initial Glasgow Coma Scale of 13-15
  - post traumatic amnesia (PTA not > 24 hours) (K, 1993)

MILD BRAIN INJURY SYMPTOMS

PHYSICAL

- Headache
- Dizziness
- Nausea
- Numbness
- Clumsiness
- Balance / Coordination Problems
- Fatigue
- Visual Disturbance
- Changes in Sleep Patterns / Appetite
- Loss of Sex Drive

COGNITIVE

- Memory Loss
- Concentration
- Short Attention Span
- Slowed Thinking
- Word Finding Problems
- Poor Initiation
- Poor Organization & Planning
- Poor Attention / Concentration
- Slowed Information Processing
- Impaired Judgement / Reasoning/Problem Solving
- Difficulty Making Decisions
- Disorientation
- Nightmares
- Difficulty Using Words and Spelling
- Fatigue *(seems to relate to the amount of mental energy required to sustain attention and concentration)*

PSYCHOLOGICAL/EMOTIONAL

- Depression
- Irritability
- Mood Swings
- Anxiety
- Poor Frustration Tolerance
- Emotional Instability
- Impulsiveness
- Outbursts
- Fearfulness
- Apathy
- Helplessness
- Hypervigilance
- Gullibility
- Low Self-Esteem

SENSORY

- Hypersensitivity to light and noise
- Hearing Difficulties
- Changes in Taste and Smell

MODERATE HEAD INJURY

more than a bump on the head

unconscious--15 min to 24 hr. GCS--8-12
PTA--up to 24 hours hospital to rehab facility
tremors weakness paralysis seizures
language problems memory & perceptual deficits
poor judgment behavior problems
problem solving difficulties
2/3rds no work w/in 12 months
symptoms vary from person to person

SEVERE HEAD INJURY:

* *damage is deep and diffuse*
* *obvious physical defects*
* *response is poor for at least 24 hours*
* *LOC & PTA for 24 hours or more* length of coma
* *GCS lower than 8*
* *diminished capacity in work return*

OUTCOMES

- Severely impaired - only 5% are able to achieve and hold a paying job
- Moderately impaired - 34% return to prior work
- Mildly impaired- 66% are back to work within 4 months (mild TBI patients more likely to develop psychiatric symptoms)

HELPFUL SUGGESTIONS TO ASSIST IN DEALING WITH THE HEAD INJURED

Avoid Frustration

Stimulation is needed but too much can be frustrating. The client is thinking in slow motion. Too many people talking at once or too much T.V. is very difficult for his/her mind to think about. If his/her senses are overloaded, they may "short circuit" and 1) "shut down" or 2) "explode", cry or become combative. If this happens, provide a quiet environment to let the client rest.

II. Keep conversation simple.

Communication is important to the client. Although he may not be able to speak, he/she should be kept in as normal a social environment as possible.

A. Remember the client is thinking in slow motion.
   1. Speak slowly as it takes the client a long time to process what is being said and how to respond. Use short, simple sentences.
   2. Give the client enough time to respond.
   3. Present only one idea at a time.

B. Try to include the client in every conversation.
   1. Don't talk over the client or down to them. They are adults and will become annoyed or frustrated causing withdrawal or rebellion.
   2. Do not speak to the client as if they were deaf. Unless this was a pre-existing condition, generally a hearing loss does not accompany a head injury.

C. Ask simple questions.
   1. Where is
   2. Point to
   3. Show me

D. Ask affirmative questions rather than negative ones. "Do you want a drink?" is better than "Don't you want a drink?"

E. Encourage the use of appropriate greetings and social exchanges.

F. Do not tease or encourage the client to respond inappropriately.

G. Allow the client to search for the word he/she wants; however, give him/her the word before they become completely frustrated or get the wrong word which is better than for him/her to practice mistakes. Clients need successes in order to continue to try. Sometimes it is better to change the subject rather than to pursue a response beyond the client's frustration tolerance.

H. Support and encourage speech efforts. For instance, if the client begins "I want to ..." it helps to repeat the phrase, since in searching for the next word, the client may have forgotten the first ones.

I. Discourage rambling, meaningless repetitions but give the client an opportunity to express themselves in a meaningful way. The client may repeat a word, phrase, or activity over and over. Avoid making an issue of this, get the client interested in another activity.

J. Remember the client's inability to find a word to express themselves does not mean that they have lost their intelligence or knowledge.

K. Speak to the client as would any reasoning adult.

L. Do not, under any circumstances, put the client on display or force them to speak. Such remarks as, "say it for them," may upset or embarrass the client.

M. Do not ridicule or insist that the client give accurate responses, correct pronunciation or "talk right." There is nothing the client wants more than to do just that.

N. Ask direct questions requiring a simple "yes" or "no" rather than those requiring complex answers. It is better to say, "was dad here last night?" rather than, "who was here to visit last night?" You need to know the correct answer in order to help orient the client.

O. Encourage gestures and talking with hands whenever and if possible. Tell the client to describe or show you what they mean, frequently this will enable them to say the word itself.

P. Be prepared for bizarre, inaccurate use of language and for swearing.
1. Such responses are very common to the brain injured person.
2. Accept this without amusement or anger.
3. Help the client by providing the correct word without display or emotion.

Q. Don't ever-estimate the client's capability to understand what is said to them.

R. Don't act like you understand when you don't.

S. Don't talk for the patient unless absolutely necessary.

T. Don't use sarcasm or abstract jokes with the client. The client is very concrete and will take everything you say literally. "I'll be back in a minute," means just that to the client - you will be back in <u>one</u> minute.

III. Keep in touch with the real world.

A. When the client repeats themself, tell them so, but talk to them in a matter of fact way.

IV. Attitudes

A. Be generous with approval of appropriate behavior, immediate feedback and reinforcement are necessary.

IV. Attitudes (continued)

B. Don't laugh at the client.
   1. Laugh with the client when it is appropriate.
   2. Disregard laughter when a situation is not funny by not laughing with the client or ignoring it.
   3. Often, the client is not able to know what is really humorous.

C. A client may laugh or cry easily. They may be embarrassed by their uncontrolled behavior. Suggest another activity until they calm down.

D. Remember that no client's problem is exactly like another's, so avoid making comparisons.

E. Do not argue with the client. This is exhausting to them and may increase anger and resentment.

F. By your mannerisms, patience, and attitude of acceptance; create an air of relaxation. Avoid direct expressions like "relax!"

G. Do not rely on what the clients say they can do - be sure that what they do is done safely. Check with the therapist.

HB 1012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
HUMAN RESOURCES SUBCOMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
JANUARY 13, 2005

Chairman Delzer, members of the House Appropriations Human Resources Committee, I am Paul Ronningen, Director, Children and Family Services of the Department of Human Services. I am here today to provide you an overview of the budget area for the Division of Children and Family Services.

The Division of Children and Family Services oversees the following major program areas:

- Family Preservation Services

Provides therapeutic intervention to families whose children have been or are at risk of abuse, neglect and out-of-home placement. Services include parent aide, prime time child care, intensive in-home treatment services, respite care, and safety/permanency funds.

- Child Protective Services

Provides protection for children who have been or are at risk of being neglected and/or abused. Services provided include child protection assessments, case management, child fatality review panel, institutional child protection services and child abuse and neglect prevention.

- Foster Care Services

Provides a substitute temporary living environment for children who cannot safely remain with their families. Services include licensing for family foster homes, group homes, and residential child care facilities and licensed child care placing agencies for foster care; foster care eligibility

determination and payment, case planning and reviews; subsidized guardianship; Interstate Compact on the Placement of Children; independent living skills assessment, training and stipends.

- Adoption Services

Provides permanent adoptive homes for eligible children. Services include recruitment, adoption assessment, placement, follow-up services, post-finalization services, adoption subsidy, birth family services, adoption search, licensure of child placing agencies, and the Interstate Compact on the Placement of Children for Adoptions.

- Early Childhood Services

Coordinates activities, establishes standards, and provides training to providers of early childhood care and education. Services include licensing, childcare resource and referral, tribal consult, and Head Start Collaboration Office.

- Refugee Services

Provides resources to eligible refugees so they can become self-sufficient. Services include job development and employment enhancement, case management, cash assistance, refugee medical assistance, and education.

These services are provided either by the county social services or through contracts with non-profit providers and they focus on safety, permanency, and the well-being of children and their families.

Background:

The delivery of child welfare services in North Dakota has historically been very solid based on previous federal case reviews and fiscal audits conducted during the past two decades. However, the Children's Bureau,

Health and Human Services, during September 2001, conducted a Child and Family Services Review in North Dakota and the other 49 states and two territories.

The following is a synopsis of the findings:

- All 50 states and the two territories were reviewed. All were found to be "not in substantial conformity" and were required to develop and implement a program improvement plan.
- Though North Dakota ranked near the top in this review, the review highlighted the following concerns:
  - Item 2. Repeat Maltreatment. North Dakota's incidence of repeat maltreatment for Federal Fiscal Year (FFY) 1999 (11.7%) was higher than the national standard of 6.1 %.
  - Item 4. Risk of Harm to Child. In 22% of the cases, reviewers determined that the risk of harm to children was not adequately addressed.
  - Item 5. Foster Care Re-entries. 16.3% of the children entering foster care in North Dakota during Federal Fiscal Year (FFY) 1999 were re-entering care within 12 months of discharge from a prior foster care episode. This exceeds the national standard of 8.6%.
  - Item 17. Needs and services of child, parents, and foster parents. In one-fourth of the cases reviewed, reviewers determined that the agency had not adequately met the services needs of children, parents, and foster parents.
  - Item 19. Worker visits with the child. In 22% of the cases, reviewers determined that visits between the workers and the children did not meet State policy recommendations and/or were not sufficient to ensure children's safety and well-being.

- Item 23. Mental health of the child. Reviewers indicated that in 20 % of the applicable cases, the child's mental health services needs were not adequately addressed.

The Department of Human Services submitted a program improvement plan (PIP) to Administration of Children and Families (ACF) that was approved in November 2003. In addition, the Division of Children and Family Services is submitting quarterly reports to ACF until the spring of 2007 when another federal Child and Family Services Review will be conducted. Based on the 2007 review, fiscal penalties may be assessed if the state does not make sufficient progress in improving child welfare outcomes.

County directors have asked the Department to specify our expectations for delivery of child welfare services in North Dakota. The following guidance was provided to the County Directors Association in June 2004.

- Counties will maintain a workforce that is sufficiently funded, staffed, and trained to complete the duties for which they carry responsibility.
- Staff and supervisors will follow state policies in carrying out their responsibilities.
- Staff will utilize the "wraparound process" in planning for and delivering services and will enter the family treatment plan on the Single Plan of Care computer system.
- Supervision will be provided by a licensed social worker who is certified in child welfare.

To facilitate the accomplishment of these expectations, the Department:

- Conducted a workload analysis for child welfare case management, and provided a final report to the County Directors Association. This analysis suggested the following:
    - County Social Services should adopt proactive supervision, (management by data) to more aggressively manage their cases.
    - County Social Services should establish and maintain a system of "balanced workload" which includes caseload standards for Intake, Assessment, and Wraparound Case Management.

- Is proposing legislation that will enable counties to petition the Department to be "de-designated" as the delivery system for child welfare services in their county, and will allow the Department the option of choosing to withdraw the designation of counties whose performance is substandard.

- Will finalize the reimbursement system for paying counties for case management activities based on their cases being entered electronically into the Single Plan of Care computer system. This will assure a more comprehensive and collaborative approach to meeting the needs of vulnerable children. In addition, it will enable the state to maximize federal funding streams and will create a system to collect uniform outcome data.

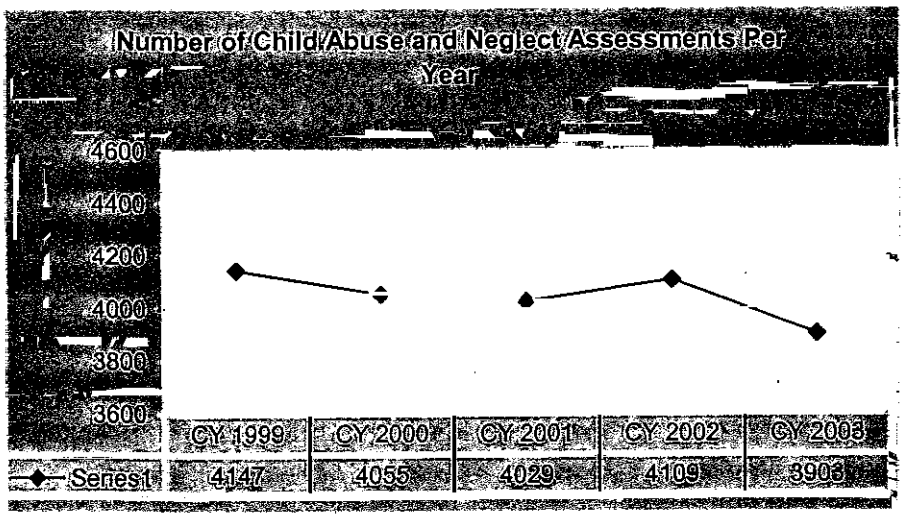
Major Program Trends:

The following items are impacting the delivery of child welfare services in North Dakota:

- Methamphetamine use, abuse, and/or manufacturing is an issue with a minimum of 15% of the families that now have children entering foster care. These cases are reported to consume a considerable amount of case management time for staff and present additional concerns for social worker regarding health and safety. (It should be noted that alcohol is by far, the most significant drug impacting the child welfare system.)
- Children are lingering in foster care due, in part, to lack of access to lower levels of care and possibly insufficient numbers of case managers deployed by the child welfare system.
- Some counties are expressing a concern that they are not able to effectively deliver child welfare services to their counties. They cite very low or high caseloads and supervisors who do not have a child welfare background, training or certification in child welfare. In addition, counties cite the liability of trying to deliver these complex services in a rural area with limited training for law enforcement, states attorney offices and their staff.

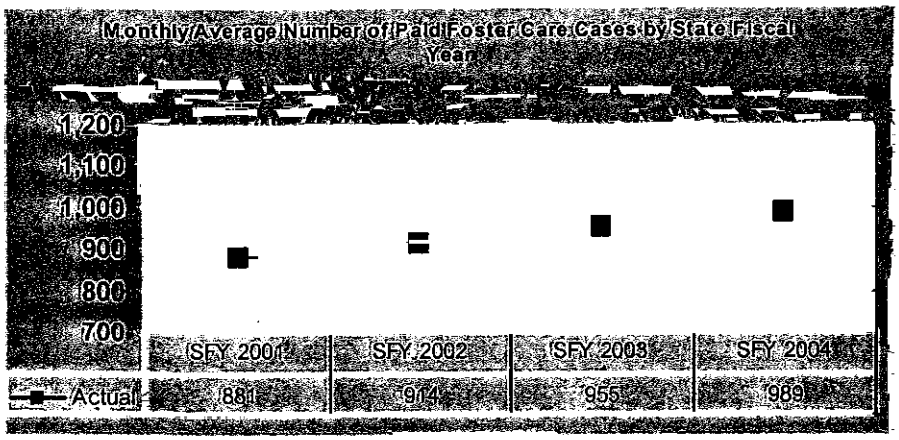
Child Protective Services:

The number of child abuse and neglect assessments has remained relatively steady over the past few years.

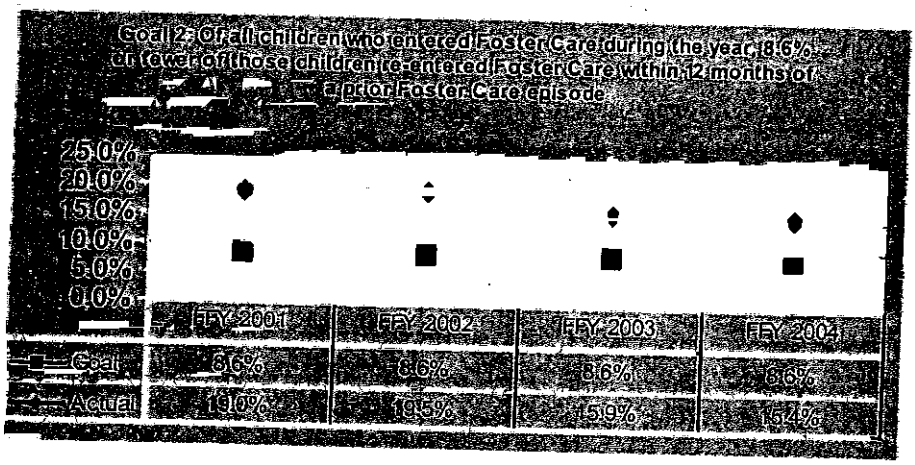


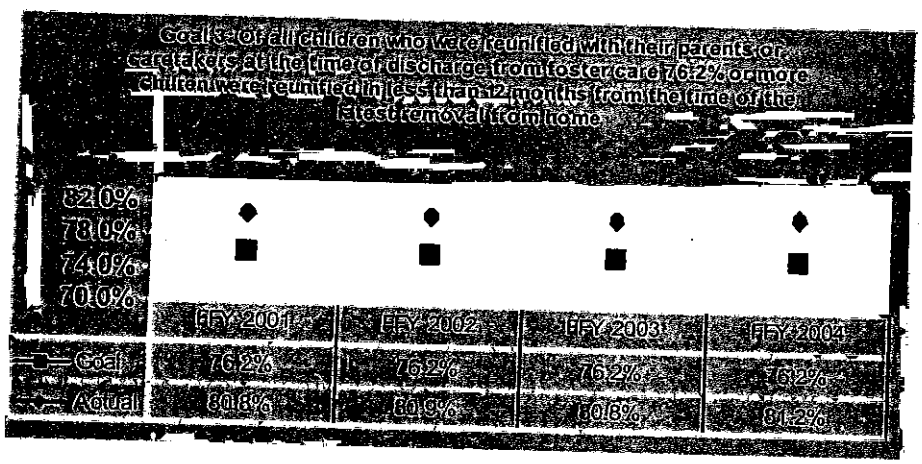
Foster Care Services:

The number of children in North Dakota continues to decline while our foster care caseload has increased for the past four years. The impact of methamphetamine use, manufacturing and selling has had a dramatic impact on children being placed into foster care. Alcohol, however, continues to be the number one drug that impacts the child welfare system.



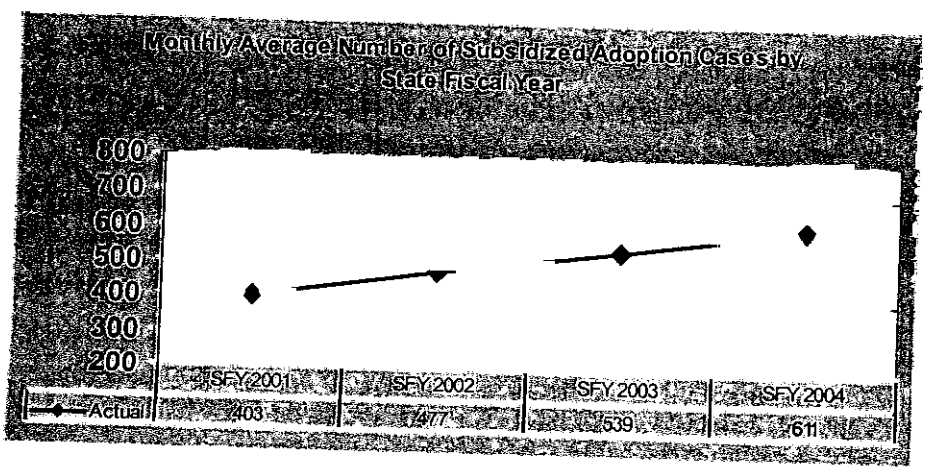
For foster care, the Department is tracking two national standards. The first looks at re-entry into foster care, while the second evaluates the timeliness to reunification of children with their families.



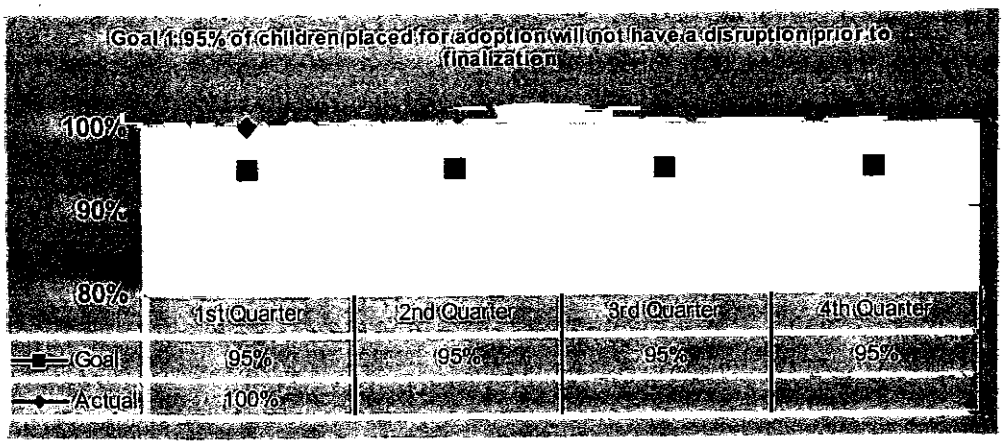


Adoption Services:

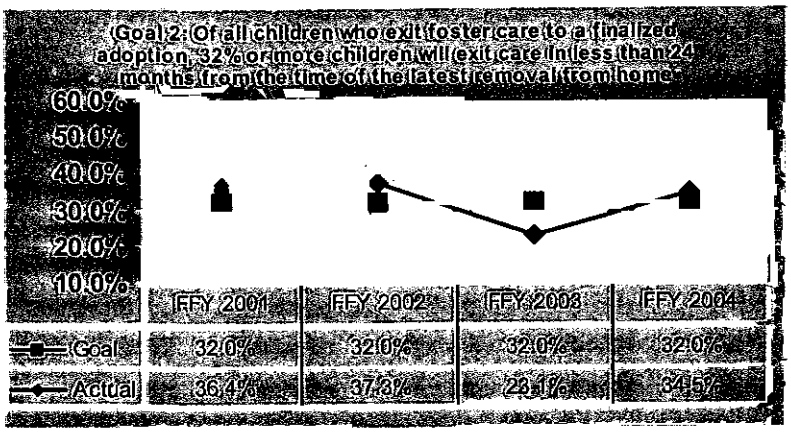
Since the passage of the Adoption and Safe Families Act (ASFA), the number of children achieving permanency through adoption continues to increase at a significant rate:



The next two charts illustrate two outcome measures that are being tracked for adoption. They measure permanency, (ie. are there any disrupted adoptions prior to finalization?) and timeliness to adoption.



SFY 2005



Overview of budget changes:

	2003 - 2005 Budget	2005 - 2007 Request	Increase / Decrease
Salaries	1,801,504	1,849,969	48,465
Operating	1,681,973	1,592,253	(89,720)
Grants	99,678,906	109,748,377	10,069,471
Total	103,162,383	113,190,599	10,028,216
General	14,562,158	18,232,830	3,670,672
Federal	76,338,582	79,507,063	3,168,481
Other	12,261,643	15,450,706	3,189,063
FTEs	17	17	0

Budget Overview:

- Salary Budget: $1,849,969 - This represents an increase of $20,198 in general funds and $28, 267 in federal funds.
    - The Division has 17 FTEs and one COE student that will work an average of 93 hours per month. With the Governor's salary package of $114,052, the salary line item for CFS will increase by $48,465.
- Operating Budget: $1,592,253 - which is an overall decrease of $89,720. This represents a decrease of $46,529 in general funds and a decrease of 43,191 in federal/other funds. Major changes in operating include:
    - Travel Costs increase by $55,000. The travel increases are primarily due our increased activities with the Child and Family Service reviews, increased interaction with the field and paying others to participate in training.

These travel costs are associated with training providers, county and human service center staff in the various service areas (Child Protection, Foster Care, Adoption, Childcare, Head Start Collaboration Office, Independent Living Services and Family Preservation Services. These costs along with travel expenses for licensure review of foster care facilities and expenses to attend conferences and federally mandated meetings due to our acceptance of federal funding are $288,350.

- Operating Fees and Services decrease by $94,252 for a total line item of approximately $967,000. The reduction is due to a combination of decreased needs or costs in the operating area.

Overall, the operation fees and services costs consist of:

- Reimbursement to counties
- Consultation contracts and speaker fees
- Background checks

The remainder of the operating costs includes other typical office operational costs such as office supplies, printing, and staff travel.

- Grants Budget $109,748,377
  - The grants budget (See Attachment A) is increasing by $10,069,471, of which $3,613,374 are general funds due to:
    - Change in FMAP (Federal Medical Assistance Percentage)
      - ✓ Foster Care increase of $800,000 in general funds
      - ✓ Subsidized Adoption increased by $200,000 in general funds

- Change in case loads
  - ✓ Foster Care increases by $1,000,000 in general funds and $4,800,000 in federal/other for a total increase of $5.8 million.
  - ✓ Subsidized Adoption increases by $500,000 in general funds and $500,000 in federal funds for a total increase of $1 million.
- Provider inflation
  - ✓ Foster Care increases by $500,000 in general funds and $1,400,000 in federal/other funds for a total increase of $1,900,000.
  - ✓ Subsidized adoption did not have any increases for provider inflation.
- Provider costs:
  - ✓ Foster Care increases by $200,000 in general funds and $1,600,000 in federal/other funds for a total increase of $1,800,000 million.
  - ✓ Subsidized Adoption increases by $200,000 in general funds and $800,000 in federal/other funds for a total increase of $1.0 million.

The Division of Children and Family Services continues to maximize general fund dollars in the delivery of child welfare services. For every 16 cents of general fund, the Division is able to capture 84 cents in federal/other funds that are then invested directly into North Dakota's economy.

This concludes my presentation on the budget for the Division of Children and Family Services. Are there any questions?

Attachment A

Listing of Major Grants:

- Child Abuse and Prevention Activities: ($1,200,000)
- Independent Living...(payment to youth): ($1,100,000)
- Refugee payments: ($3,800,000)
- Child Care licensing payments to counties: ($630,000)
- Child Care Quality Grants to nonprofit entities: ($4,500,000)
- Child Abuse/ Neglect Assessments by counties: ($3,500,000)
- Reimbursement to Counties for Admin. Costs: ($11,500,000)
- AASK Special Needs Adoption Contract: ($1,900,000)
- Family Preservation grants to counties: ($7,900,000)
- Training of Child Welfare Workers through UND School of Social Work Stipend Program, UND Children and Family Services Training Center and the Native American Training Institute: ($2,100,000)
- Subsidized Adoption Grants is budgeted for an average of 782 children per month for an average of $584 per child ($10,970,000)
- Foster Care Grants to family, residential child care facility providers (RCCF), residential treatment center providers (RTC), Group Homes, Therapeutic Foster care, foster care services and subsidized guardianship services. ($58,100,000 which includes an inflationary increase of 2% & 2% per year)

The foster care budget is built with the following trend data:

- Average number of children in family homes - 675 per month; Average cost per child - $712 per month.
- Average number of children in RTC/RCCF/GH - 450 per month; Average cost per child - $2,928 per month.
- Average number of children in therapeutic foster care - 230 per month; Average cost per child - $2,392 per month.
- Foster Care Services – 250 children with an average cost per child of $378 per month.

- **Subsidized Guardianship – 44 children with an average cost per child of $505 per month.**

House Appropriations Committee
Questions for CFS from the Overview Testimony
January 17, 2005

1. What is the rate for out of state placements (CFS)?

The overall average daily rate for out-of-state placements is $192.00 per day (See Attachment A). The average daily rate for North Dakota residential treatment centers (RTC) is $314.29 while the average daily rate for North Dakota residential child care facilities is $143.83.

2. Why is the number of kids placed out of state going up and what are the ages of these children?

Overall, the number of children requiring foster care has increased by 108 from 2001 to 2004 thus putting demands on our current treatment options. In addition, the number of youth requiring treatment for sexual offenses is also up. Currently, North Dakota has 80 youth out of state. Of these 80 children, 26 are in family foster care and the remaining 54 children are in residential placement. Twenty four (24) of the children in out of state residential placement are there due to sexual offenses, five children are placed due to proximity to family while the other 25 have mental health, chemical and/or behavioral issues. The Department screens every child prior to an out of state placement before allowing the placement to take place.

Out of State Foster Care Placements for 12/04

Children in family foster care			26
Children in Residential Care			54
-sexual offenses	24		
- proximity to family	5		
-behavior/chemical/mental health issues	25	Total Number of children placed out of state	80

In order to address the out of state placements, the Department has initiated meetings with North Dakota providers to seek input on an RFP for an instate provider(s) to address the treatment needs of the youth placed because of sexual offenses.

The ages of the children in facility care are as follows:

Ages 9-14.....12 children

Ages 14-18..... .....42 children

Total.....54 children

3. CFS Grants Line Item – What makes it up?

Listing of Major Grants:

- Child Abuse and Prevention Activities: ($1,200,000)
- Independent Living...(payment to youth): ($1,100,000)
- Refugee payments: ($3,800,000)
- Child Care licensing payments to counties: ($630,000)
- Child Care Quality Grants to nonprofit entities: ($4,500,000)
- Child Abuse/ Neglect Assessments by counties: ($3,500,000)
- Reimbursement to Counties for Admin. Costs: ($11,500,000)
- AASK Special Needs Adoption Contract: ($1,900,000)
- Family Preservation grants to counties: ($7,900,000)
- Training of Child Welfare Workers through UND School of Social Work Stipend Program, UND Children and Family Services Training Center and the Native American Training Institute: ($2,100,000)
- Subsidized Adoption Grants is budgeted for an average of 782 children per month for an average of $584 per child ($10,970,000)
- Foster Care Grants to family, residential child care facility providers (RCCF), residential treatment center providers (RTC), Group Homes, Therapeutic Foster care, foster care services and subsidized

guardianship services. ($58,100,000 which includes an inflationary increase of 2% & 2% per year)

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- Average number of children in therapeutic foster care - 230 per month; Average cost per child - $2,392 per month.
- Foster Care Services – 250 children with an average cost per child of $378 per month.
- Subsidized Guardianship – 44 children with an average cost per child of $505 per month.

- Grants Budget $109,748,377
  - The grants budget is increasing by $10,069,471, of which $3,613,374 are general funds due to:

    - Change in FMAP (Federal Medical Assistance Percentage)
      - ✓ Foster Care increase of $800,000 in general funds
      - ✓ Subsidized Adoption increased by $200,000 in general funds
    - Change in case loads
      - ✓ Foster Care increases by $1,000,000 in general funds and $4,800,000 in federal/other for a total increase of $5.8 million.
      - ✓ Subsidized Adoption increases by $500,000 in general funds and $500,000 in federal funds for a total increase of $1 million.

- **Provider inflation**
  - ✓ **Foster Care increases by $500,000 in general funds and $1,400,000 in federal/other funds for a total increase of $1,900,000.**
  - ✓ **Subsidized adoption did not have any increases for provider inflation.**
- **Provider costs:**
  - ✓ **Foster Care increases by $200,000 in general funds and $1,600,000 in federal/other funds for a total increase of $1,800,000 million.**
  - ✓ **Subsidized Adoption increases by $200,000 in general funds and $800,000 in federal/other funds for a total increase of $1.0 million.**
  - ✓ **Subsidized Adoption increased by $200,000 in general funds**

4. Sub adoption and Reservation – Does DHS pay for Tribal Court sub adoptions?

When children on the reservation are placed into foster care by the tribal court, the Tribal Social Services and County Social Service Offices work to determine if the child is IV-E eligible. If the child is IV-E eligible, the state participates in the payment of the foster care placement and pays the match required for the IV-E Federal Funds. The state then is allowed to claim this child in determining the total number of children eligible for IV-E reimbursement, which increases the amount of federal dollars that the state can recoup from the federal government. A child that is IV-E eligible, meets the criteria for special needs and who is about to be adopted, is eligible for a subsidy. Therefore:

A child on the reservation
-placed by tribal court into foster care
-and is IV-E eligible
and meets the special needs definition
-and is being placed for adoption
-is eligible for subsidy if an application is made on their behalf, prior to adoption finalization

OUT OF STATE FACILITY PLACEMENTS
AS OF 11/30/04

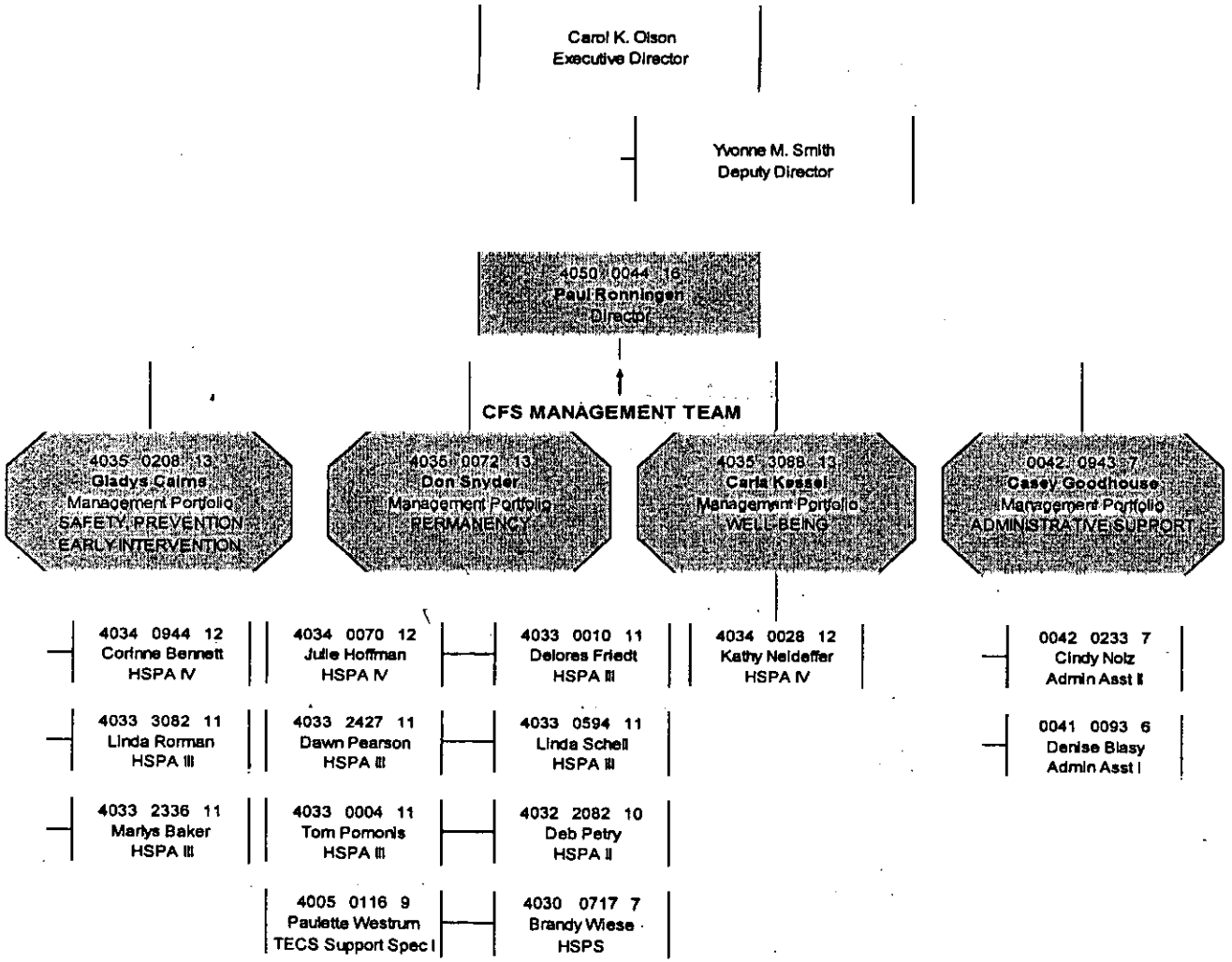
FACILITY	# OF YOUTH	DAILY RATE/RANGE
Ruth Dykeman, WA	1	$212
Secret Harbor, WA	1	$276
Chamberlain, SD	1	$102
Bar None, MN	6	$149-255
St. Cloud Childrens Home, MN	2	$179
Catholic Charities, MN	5	$226-305
Kairos, MN	2	$134
Dakota House, SD	4	$150-160
McLeod Treatment, MN	1	$162
Millelacs, MN	1	$228
A Kids Hope, CO	1	$130
Cleo Wallace, CO	5	$130-240
Springfield, SD	1	$102
Valley Lake, MN	1	$114
St. Joseph's, MN	1	$195
Mesabi, MN	13	$187-227
Harmony Hills, RI	1	$205
Woodfield Center, SD	1	$160
Northwood, MN	9	$158-179
TOTAL	**57**	

AVERAGE DAILY RATE = $192

Children in Out-of-State Facility Placements
As of 12/31/04

Age:		
9 -	1	
10 -	2	
11 -	1	Total 13 & under = 12
12 -	3	
13 -	5	
14 -	6	
15 -	7	Total 14 & above = 42
16 -	13	
17 -	13	
18 -	3	
Total -	54	

North Dakota Department of Human Services
Children & Family Services Division



Revised 12/3/04

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	1,324,994	618,084	714,142	1,332,226	1,286,827	(45,399)
TEMP, OVERTIME & SHIFT	1002	33,376	2,340	23,660	26,000	12,946	(13,054)
BENEFITS	1008	393,135	202,134	241,144	443,278	466,643	23,365
SALARY INCREASE	1010	0	0	0	0	71,544	71,544
BENEFIT INCREASE	1011	0	0	0	0	12,009	12,009
SALARIES AND WAGES	10	1,751,505	822,558	978,946	1,801,504	1,849,969	48,465
IT-DATA PROCESSING	3002	2,450	1,563	1,532	3,095	2,640	(455)
IT-TELEPHONE	3003	3,526	1,685	3,075	4,760	5,495	735
TRAVEL	3004	200,376	81,199	152,151	233,350	288,350	55,000
IT-SOFTWARE/SUPPLIES	3005	1,604	1,541	2,509	4,050	3,976	(74)
POSTAGE	3007	744	1,462	2,413	3,875	3,923	48
IT-CONTRACTUAL SERVICES	3008	100	600	650	1,250	1,200	(50)
LEASE/RENT - EQUIPMENT	3011	3,076	0	7,800	7,800	6,648	(1,152)
LEASE/RENT - BLDG/LAND	3012	4,780	2,678	8,007	10,685	10,080	(605)
DUES & PROFESSIONAL DEV.	3013	123,565	63,253	69,309	132,562	143,688	11,126
OPERATING FEES & SERVICES	3014	1,020,579	604,697	456,326	1,061,023	966,771	(94,252)
REPAIRS	3016	361	149	2,626	2,775	1,012	(1,763)
PROFESSIONAL SERVICES	3018	150	0	3,630	3,630	0	(3,630)
INSURANCE	3019	30	0	30	30	30	0
OFFICE SUPPLIES	3021	5,679	3,661	19,559	23,220	14,096	(9,124)
PRINTING	3024	93,751	39,926	98,950	138,878	113,480	(25,398)
PROFESSIONAL SUPPLIES	3025	30,729	20,008	23,017	43,025	28,768	(14,257)
MISCELLANEOUS SUPPLIES	3033	1,061	466	6,784	7,250	2,096	(5,154)
OFFICE EQUIP-UNDER $5000	3034	0	0	715	715	0	(715)
OPERATING EXPENSES	30	1,492,561	822,890	859,083	1,681,973	1,592,253	(89,720)
GRANTS, BENEFITS & CLAIMS	6006	97,565,705	45,891,892	53,787,014	99,678,906	109,748,377	10,069,471

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

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EXPENDITURES							
GRANTS	60	97,565,705	45,891,892	53,787,014	99,678,906	109,748,377	10,069,471
EXPENDITURE TOTALS		100,809,771	47,537,340	55,625,043	103,162,383	113,190,599	10,028,216
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	0	69,259	80,741	150,000	150,000	0
SUBSTANCE ABUSE PREVENTION TREATMEN	S019	205	0	0	0	0	0
TITLE V - 93.994	S023	270,915	115,949	135,170	251,119	248,056	(3,063)
CHILD SUPPORT ENFORCE 93.563	S035	816,520	339,906	396,251	736,157	916,381	180,224
MEDICAL ASSISTANCE-93.778	S055	10,372,493	4,971,019	5,795,057	10,766,076	11,829,522	1,063,446
MEDICAL ADMINISTRATION-93.778	S056	204,676	140,453	162,147	302,600	160,097	(142,503)
SOC. SER. BLK. GR. - 93.667	S065	3,226,962	1,424,976	1,661,192	3,086,168	2,973,882	(112,286)
FOSTER CARE IV-E-93.658	S067	25,000,676	9,269,975	10,680,340	19,950,315	21,345,091	1,394,776
FC ADOPTION ASSIST. 93.659	S070	4,448,193	2,520,228	2,934,202	5,454,428	6,482,708	1,028,280
PROMOTING SAFE & STABLE FAMILIES IV	S071	1,006,453	457,158	527,777	984,935	878,228	(106,707)
HEAD START COLLABORATION	S072	230,328	142,309	135,277	277,586	249,862	(27,724)
CHILD WELFARE SERVICES-93.645	S073	731,594	787,203	917,651	1,704,854	2,000,638	295,784
CHILD ABUSE-BASIC GRANT-93.669	S077	141,920	146,380	147,470	293,850	293,850	0
CHILD ABUSE-JUSTICE ACT-93.669	S078	133,272	123,283	131,667	254,950	254,950	0
INDEPENDENT LIVING IV-E 93.674	S081	741,771	465,746	542,275	1,008,021	1,128,475	120,454
CHILD ABUSE-CHALLENGE GRANT-93.669	S083	293,559	231,370	265,946	497,316	460,996	(36,320)
QUALITY CHILD CARE APPRENTICESHIP I	S106	104,738	103,889	121,111	225,000	300,000	75,000
MCH - CISS PLANNING	S108	222,813	69,259	80,741	150,000	150,000	0
CCDF - DISCRETIONARY FUNDS	S109	2,564,098	1,014,636	1,166,493	2,181,129	1,717,564	(463,565)
TANF BLOCK GRANT	S114	21,444,411	10,785,283	12,558,970	23,344,253	23,222,134	(122,119)
CHILD CARE DEVELOPMENT FUND	S115	621,188	290,890	339,110	630,000	712,500	82,500
REFUGEE ASST.-WILSON/FISH ALTERNATI	S140	569,338	784,941	915,059	1,700,000	1,500,000	(200,000)
REFUGEE ASSIST PREVENTIVE HEALTH -	S141	164,122	103,889	121,111	225,000	250,000	25,000
REFUGEE ASSISTANCE CMA 93.026	S142	1,997,391	750,062	864,763	1,614,825	1,732,129	117,304

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

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MEANS OF FUNDING							
REFUGEE ASST.-TARGT ASST.-IMPOST FU	S146	412,784	253,951	296,049	550,000	550,000	0
Federal Funds	FED	75,720,420	35,362,012	40,976,570	76,338,582	79,507,063	3,168,481
STATE GENERAL FUND	001	13,512,991	6,492,221	8,069,937	14,562,158	18,232,830	3,670,672
General Fund	GEN	13,512,991	6,492,221	8,069,937	14,562,158	18,232,830	3,670,672
CHILDRENS TRUST FUND 325C-120F	419	0	0	300,000	300,000	300,000	0
OTHER FUNDS	Z125	11,576,360	5,683,107	6,278,536	11,961,643	15,150,706	3,189,063
Special Funds	SPEC	11,576,360	5,683,107	6,578,536	12,261,643	15,450,706	3,189,063
TOTAL FUNDING		100,809,771	47,537,340	55,625,043	103,162,383	113,190,599	10,028,216
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		18	0	17	17	17	0
TOTAL AUTHORIZED EMPLOYEES		18	0	17	17	17	0
FTE		18	0	15	15	16	1
VACANT		0	0	2	2	1	(1)

CHILDREN AND FAMILY SERVICES DIVISION
SUMMARY OF OPERATING FEES AND SERVICES

		2005-2007 BUDGET REQUEST
BACKROUND CHEKCS - *FOSTER CARE AND ADOPTION*	$	65,168
COUNTY REIMBURSEMENT - *COUNTY WIDE COST ALLOCATION PLAN*		666,979
TRAINING AND SPEAKER FEES		234,624
TOTAL OPERATING FEES AND SERVICES	$	966,771

CHILDREN AND FAMILY SERVICES DIVISION
SUMMARY OF SIGNIFICANT GRANT CHANGES

	CASELOAD / UTILIZATION CHANGE	COST CHANGE	FMAP CHANGE	PROVIDER INFLATION	TOTAL CHANGE
FOSTER CARE:					
Includes Foster Care Maintenance, Services(Rehab), PATH Therapeutic, and Subsidized Guardianship.	**$ 5.8**	**$ 1.8**		**$ 1.9**	**$ 9.5**
GENERAL:	1.0	0.2	0.8	0.5	2.5
FEDERAL:					
IV-E FUNDS	0.5	0.5	(0.5)	0.3	0.8
MEDICAID FUNDS	0.3	0.1	(0.5)	0.3	0.2
TANF FUNDS	2.3	0.4		0.5	3.2
TOTAL FEDERAL	3.1	1.0	(1.0)	1.1	4.2
OTHER:					
CHILD SUPPORT ENFORCEMENT FUNDS	0.7	0.2			0.9
COUNTY MATCHING FUNDS	1.0	0.4	0.2	0.3	1.9
TOTAL OTHER	1.7	0.6	0.2	0.3	2.8
SUBSIDIZED ADOPTION:	**$ 1.0**	**$ 1.0**			**$ 2.0**
GENERAL:	0.5	0.2	0.2		0.9
FEDERAL: IV-E FUNDS	0.3	0.8	(0.3)		0.8
OTHER: COUNTY MATCHING FUNDS	0.2	0.0	0.1		0.3

CHILDREN & FAMILY SERVICES CASELOADS

	FOSTER CARE					
	Room & Board		Therapy			
	Family Homes	Facilities	Services	Therapeutic	Subsidized Adoption	Subsidized Guardianship
CURRENT BIENNIUM						
BUDGETED BEGINNING CASELOAD	642	370	250	207	577	30
BUDGETED ENDING CASELOAD	642	370	250	207	692	30
AVERAGE CASELOAD	642	370	250	207	635	30
2005-2007 BIENNIUM						
BUDGETED BEGINNING CASELOAD	627	467	250	230	716	35
BUDGETED ENDING CASELOAD	724	504	250	230	848	52
AVERAGE CASELOAD	675	450	250	230	782	44
CHANGE IN AVERAGE CASELOAD	33	80	-	23	147	14
ESTIMATED PROJECTED AVERAGE CASELOAD FOR 2003-2005	676	415	215	215	642	23

TITLE IV-E ELIGIBILITY

The IV-E program, authorized by Title IV, Part E of the Social Security Act, provides funds to states to help maintain certain children in foster care or in adoptive families. To begin, there are two major categories of IV-E status: ELIGIBILITY and REIMBURSABILITY.

ELIGIBILITY: Determined one time at initial entry to foster care.

- The child must be a U.S. Citizen or Qualified Alien.
- Legal Removal – Initial court order must state "continuation in the home is contrary to the welfare of the child." The order must also state "reasonable efforts were made/or not required to prevent the child's removal from the home." The court order must remove the child from the home and place responsibility for the care of the child with a public agency.
- AFDC Relatedness – Based on AFDC rules of July 16,1996
    - Removed from the home of a specified relative in the month of removal or 6 months prior to the removal month.
    - Deprivation
    - Need (Asset/Income Tests)

REIMBURSABILITY: Determined Monthly

- Legal Responsibility
- Court Certification of "reasonable efforts"
- Not in receipt of AFDC or SSI
- Reimbursable Placement
- Need
- Deprivation
- Under 18 or under 19 for children in school who will graduate prior to their 19th birthday.

House Appropriations Sub Committee

CFS Handouts

January 24, 2005

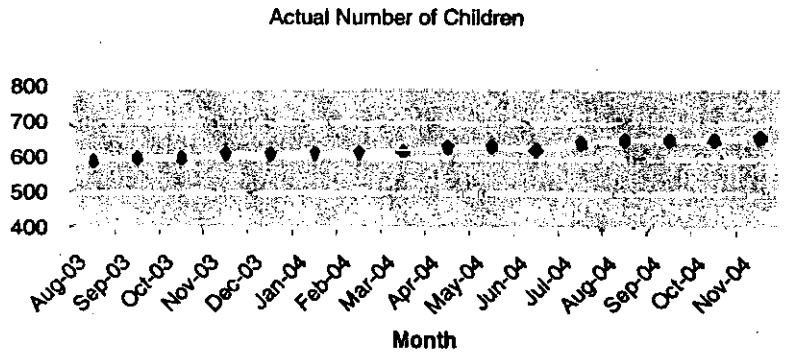
North Dakota Dept of Human Services
Children and Family Services
Detail of Selected Services
2005-2007 Budget to House

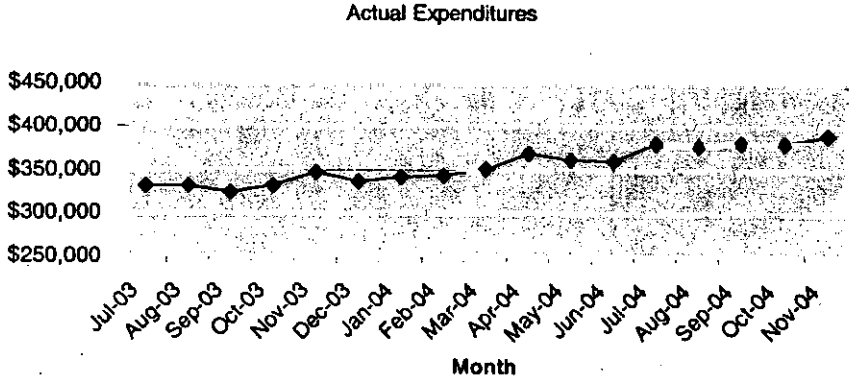
		Budget	% of Budget
Adoption Services			
Selected Services			
Subsidized Adoption IV-E		8,247,762.00	64.05%
Subsidized Adoption Regular		2,723,100.00	21.15%
Total of Selected Services		**10,970,862.00**	**85.20%**
Remaining Programs		**1,905,640.00**	**14.80%**
Total 2005-2007 Budget	**$**	**12,876,502.00**	**100.00%**

North Dakota Dept of Human Services
Children & Family Services
Detail of Selected Services
2003-2005 Actual

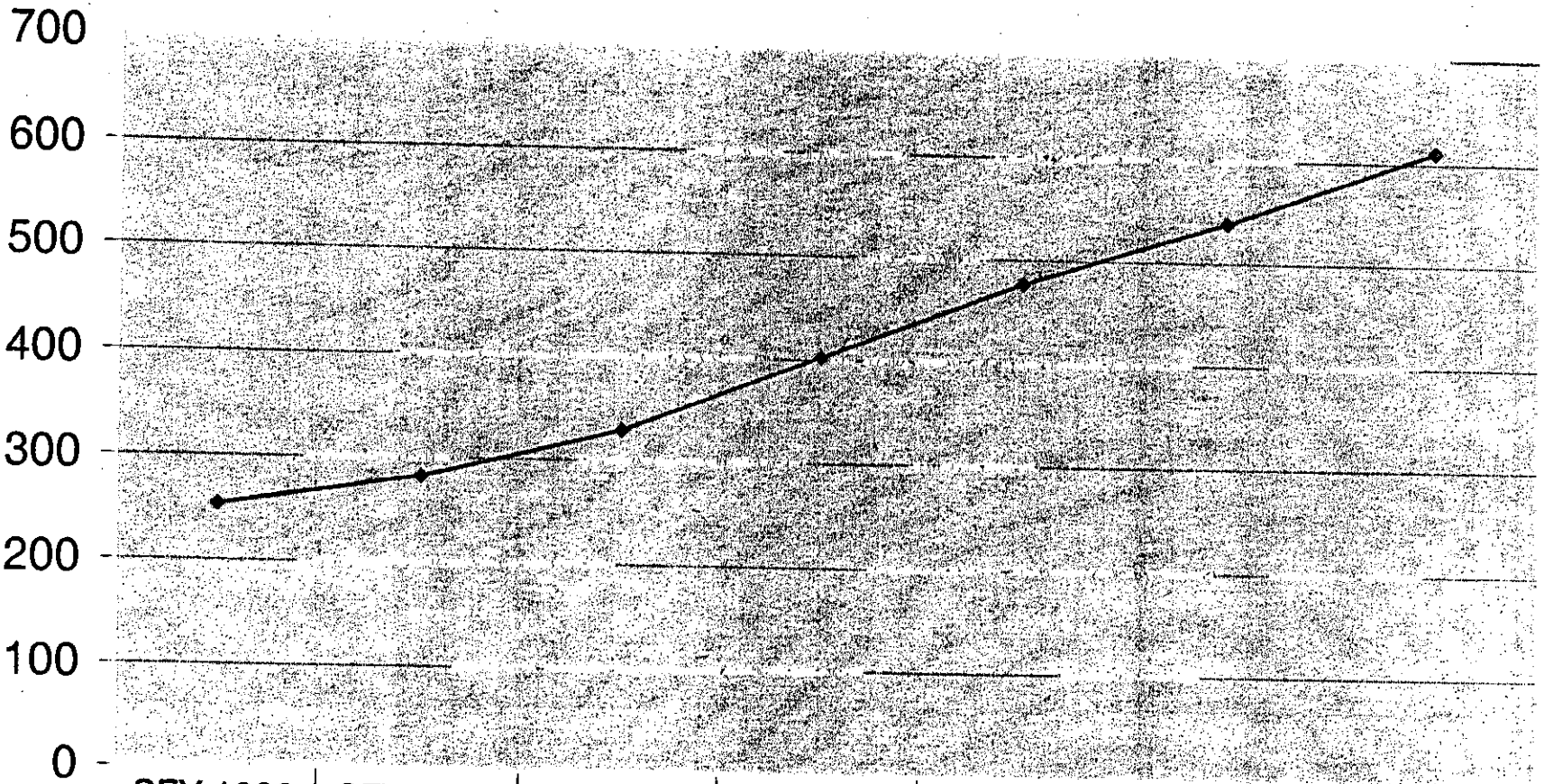
Subsidized Adoption

Month	Number of Unduplicated Children	Actual Cost Per Child	Actual Expenditures
July-03	586	$ 565.75	$ 331,527
August-03	591	561.19	331,661
September-03	600	540.33	324,198
October-03	600	553.58	332,145
November-03	611	568.18	347,161
December-03	610	551.48	336,403
January-04	612	558.33	341,697
February-04	614	559.18	343,339
March-04	619	566.75	350,816
April-04	631	584.93	369,090
May-04	634	570.58	361,748
June-04	626	576.53	360,908
July-04	643	591.49	380,326
August-04	653	578.53	377,783
September-04	653	583.76	381,197
October-04	654	581.52	380,313
November-04	661	588.98	389,315





Monthly Average Number of Subsidized Adoption Cases by State Fiscal Year



	SFY 1998	SFY 1999	SFY 2000	SFY 2001	SFY 2002	SFY 2003	SFY 2004
Cases	253	282	329	403	477	539	611

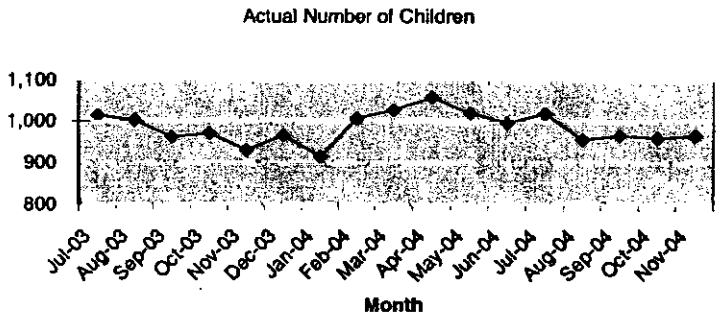
North Dakota Dept of Human Services
Children and Family Services
Detail of Selected Services
2005-2007 Budget to House

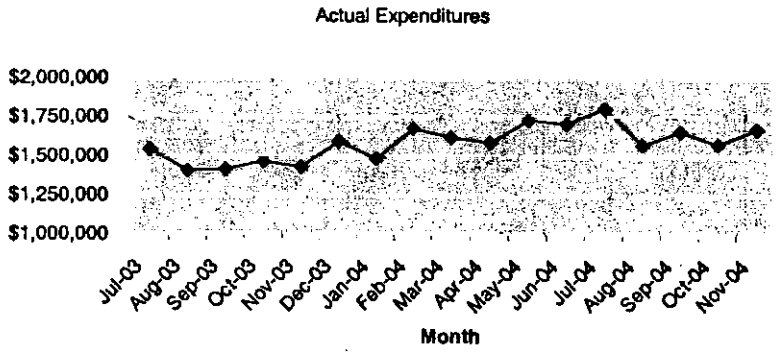
		Budget	% of Budget
Foster Care			
Selected Services			
Foster Care IV-E		16,736,680.00	26.86%
Foster Care Regular		25,375,661.00	40.73%
Foster Services (Rehab)		2,268,504.00	3.64%
Subsidized Guardianship		527,570.00	0.85%
Foster Care Therapeutic		13,201,185.00	21.19%
Total of Selected Services		**58,109,600.00**	**93.26%**
Remaining Programs (Includes Independent Living, Foster Care Training, SED -Out of Home)		**4,198,532.00**	**6.74%**
Total 2005-2007 Budget	**$**	**62,308,132.00**	**100.00%**

North Dakota Dept of Human Services
Children & Family Services
Detail of Selected Services
2003-2005 Actual

Foster Care Maintenance - Room & Board

Month	Number of Unduplicated Children	Actual Cost Per Child	Actual Expenditures
July-03	1,014	$ 1,521.18	$ 1,542,476
August-03	1,002	1,403.86	1,406,671
September-03	962	1,470.19	1,414,322
October-03	971	1,509.48	1,465,708
November-03	930	1,535.72	1,428,216
December-03	965	1,651.99	1,594,173
January-04	915	1,619.61	1,481,941
February-04	1,007	1,663.21	1,674,852
March-04	1,027	1,575.47	1,618,004
April-04	1,059	1,496.20	1,584,479
May-04	1,020	1,693.96	1,727,840
June-04	996	1,710.44	1,703,601
July-04	1,018	1,770.34	1,802,211
August-04	956	1,643.23	1,570,924
September-04	965	1,712.94	1,652,990
October-04	960	1,639.05	1,573,486
November-04	965	1,730.18	1,669,624



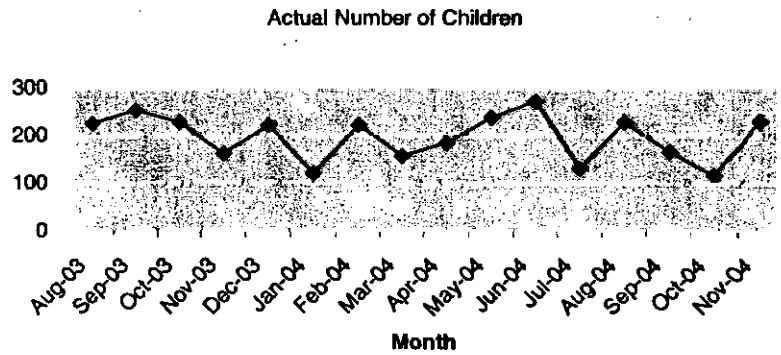


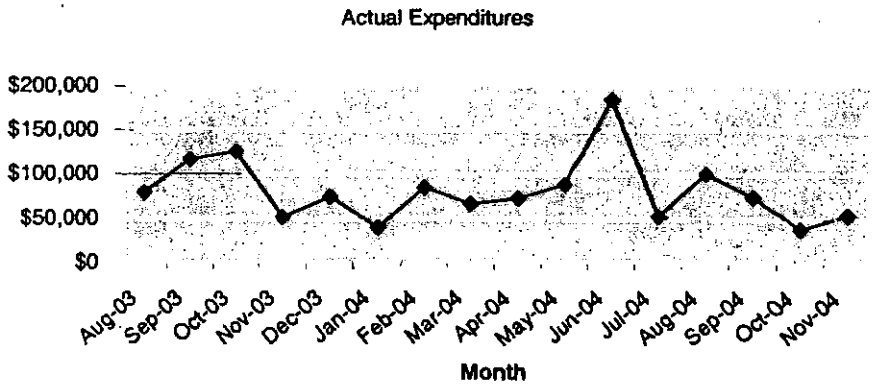
* The number of unduplicated children includes family homes & facilities.
* The average caseload for family homes is 668 children per month.
* The average payment per child for family homes is $665.00 per month.
* The average caseload for facilities is 413 children per month.
* The average payment per child for facilities is $2,753.91 per month.
* The percentage of cases that are IV-E eligible is 48%.

North Dakota Dept of Human Services
Children & Family Services
Detail of Selected Services
2003-2005 Actual

Foster Care Services

Month	Actual Number of Children	Actual Cost Per Child	Actual Expenditures
August-03	225	$ 352.04	$ 79,209
September-03	252	462.82	116,631
October-03	227	553.90	125,735
November-03	162	317.03	51,359
December-03	220	335.77	73,869
January-04	121	330.38	39,976
February-04	221	381.56	84,325
March-04	157	422.80	66,380
April-04	184	393.58	72,419
May-04	237	372.52	88,287
June-04	271	680.83	184,505
July-04	131	400.54	52,471
August-04	227	442.88	100,534
September-04	166	446.63	74,141
October-04	116	326.52	37,876
November-04	229	234.71	53,749

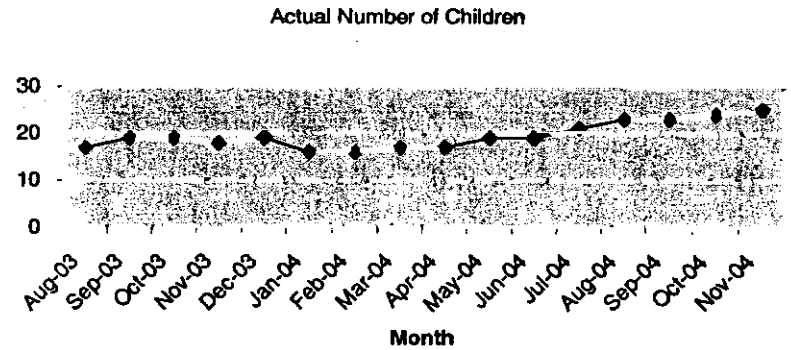


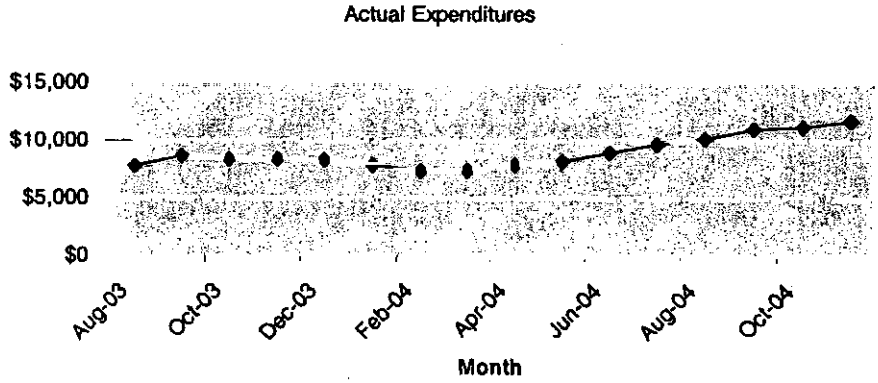


North Dakota Dept of Human Services
Children & Family Services
Detail of Selected Services
2003-2005 Actual

Subsidized Guardianship

Month	Actual Number of Children	Actual Cost Per Child	Actual Expenditures
August-03	17	$ 458.41	$ 7,793
September-03	19	456.42	8,672
October-03	19	441.00	8,379
November-03	18	464.28	8,357
December-03	19	434.84	8,262
January-04	16	491.13	7,858
February-04	16	459.94	7,359
March-04	17	434.35	7,384
April-04	17	462.24	7,858
May-04	19	428.84	8,148
June-04	19	469.68	8,924
July-04	21	459.48	9,649
August-04	23	441.57	10,156
September-04	23	480.09	11,042
October-04	24	468.00	11,232
November-04	25	468.92	11,723

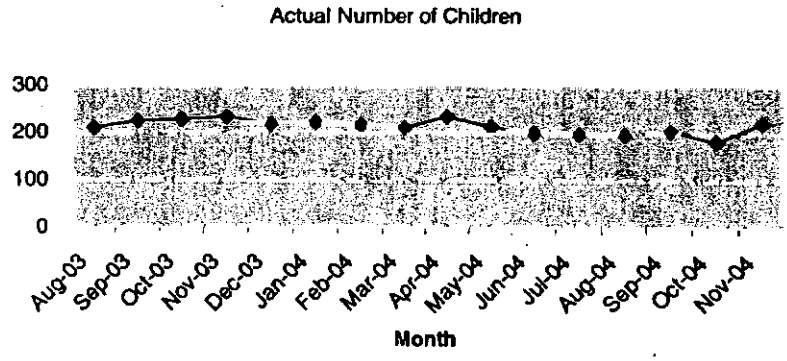


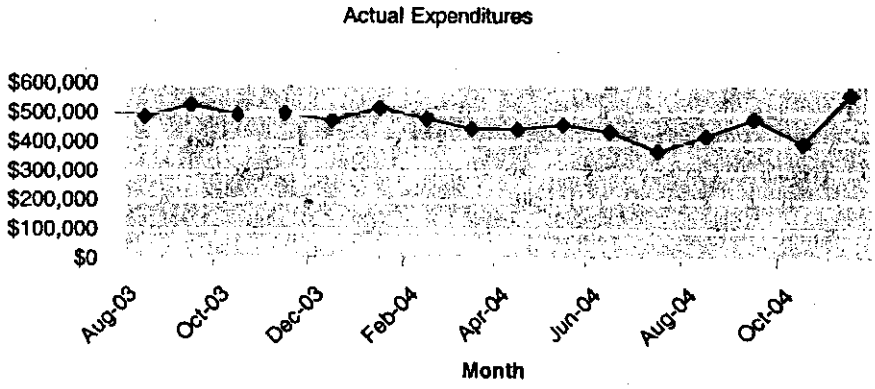


North Dakota Dept of Human Services
Children & Family Services
Detail of Selected Services
2003-2005 Actual

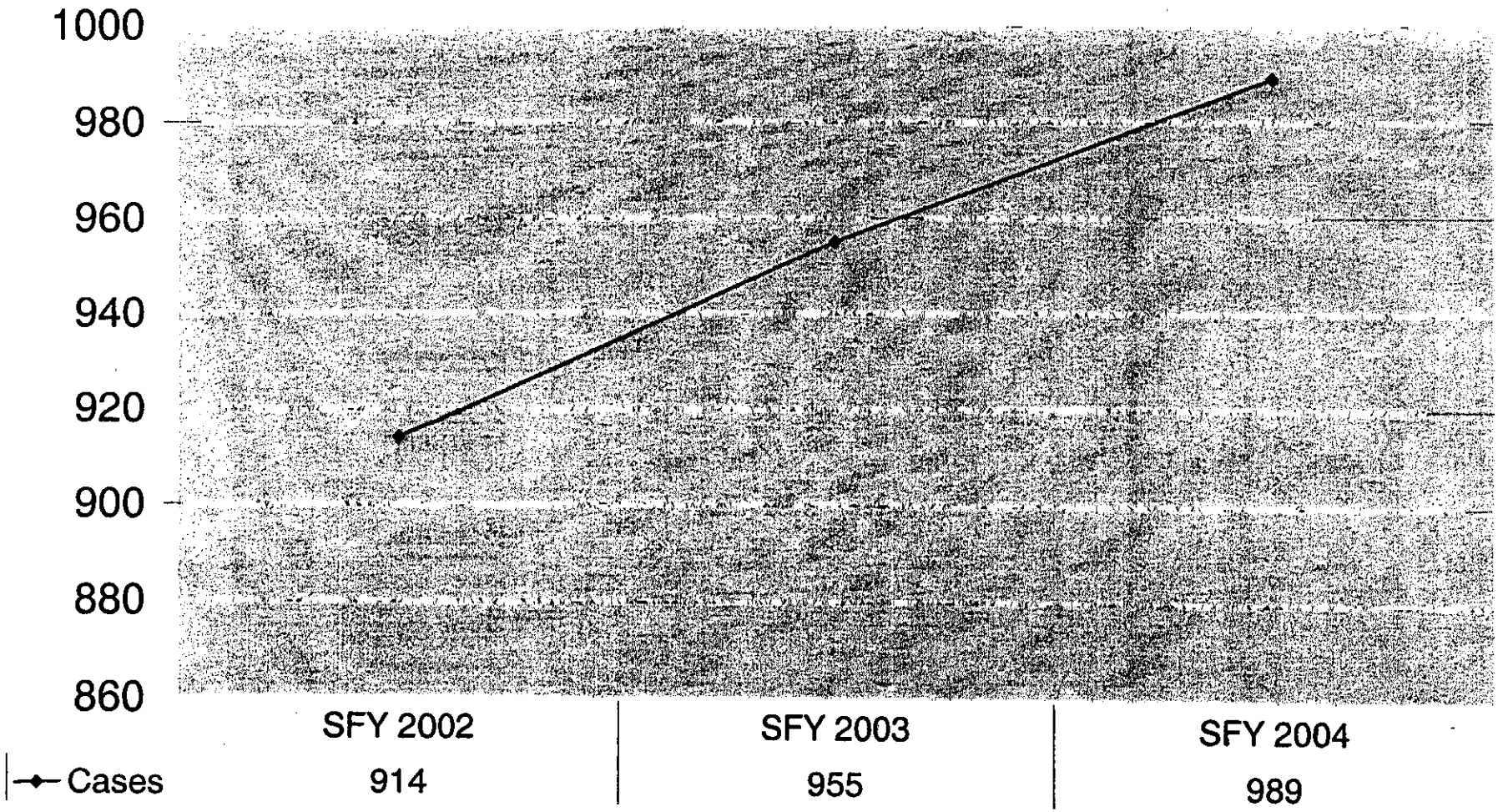
Foster Care Therapeutic

Month	Actual Number of Children	Actual Cost Per Child	Actual Expenditures
August-03	210	$ 2,325.05	$ 488,261
September-03	224	2,355.13	527,549
October-03	228	2,176.46	496,233
November-03	233	2,145.20	499,832
December-03	218	2,186.59	476,677
January-04	221	2,347.05	518,698
February-04	216	2,231.75	482,058
March-04	210	2,135.26	448,405
April-04	234	1,909.94	446,926
May-04	212	2,183.65	462,934
June-04	199	2,204.91	438,777
July-04	197	1,892.45	372,813
August-04	196	2,167.58	424,846
September-04	203	2,378.81	482,898
October-04	181	2,215.51	401,007
November-04	220	2,577.00	566,940





Monthly Average Number of Unduplicated Cases for Foster Care Maintenance by State Fiscal Year



FOSTER CARE AVERAGE CASELOADS

	2001-2003 Biennium Average	2003-2005 Biennium-to-Date Average	2005-2007 Budget
Family Homes	659	670	675
Increase over Previous Biennium		2%	1%
RCCF/RTC/GH	378	413	450
Increase over Previous Biennium		9%	9%

North Dakota Dept of Human Services
Children and Family Services
Special Funds Budget
2005-2007 Budget to House

		Budget
Operating		
Adoption - BCI		5,000.00
Bush		75,000.00
Total Operating Funds	$	80,000.00
Grants		
Child Protective Services		
Children's Trust Fund		300,000.00
Foster Care		
County Match		7,527,700.00
Child Support		3,038,125.00
Tribal Match		49,500.00
Family Preservation		
County Match		302,025.00
Subsidized Adoption		
County Match		1,388,983.00
Early Childhood		
Bush Foundation		2,600,000.00
County Reimbursement		
SWAP		164,373.00
Total Grant Funds	$	15,370,706.00

North Dakota Dept of Human Services
Children and Family Services
Detail of Selected Services
2005-2007 Budget to House

	Budget	% of Budget
Early Childhood Services		
Tribal Child Care	182,500.00	3.44%
Infant Toddler	2,500,000.00	47.06%
Child Care Licensing - County Reimb.	630,000.00	11.86%
Early Childhood - Resource and Referral	2,000,000.00	37.65%
Total 2005-2007 Budget	**5,312,500.00**	**100.00%**

SR05 - human services grant summary-Adoption Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	10,865,740	12,876,502	2,010,762	0	0	0
GRANTS	60	10,865,740	12,876,502	2,010,762	0	0	0
EXPENDITURE TOTALS		10,865,740	12,876,502	2,010,762	0	0	0
MEANS OF FUNDING							
FC ADOPTION ASSIST. 93.659	S070	5,244,690	6,068,580	823,890	0	0	0
Federal Funds	FED	5,244,690	6,068,580	823,890	0	0	0
STATE GENERAL FUND	001	4,521,961	5,418,939	896,978	0	0	0
General Fund	GEN	4,521,961	5,418,939	896,978	0	0	0
OTHER FUNDS	Z125	1,099,089	1,388,983	289,894	0	0	0
Special Funds	SPEC	1,099,089	1,388,983	289,894	0	0	0
TOTAL FUNDING		10,865,740	12,876,502	2,010,762	0	0	0

SR05 - human services grant summary - Child Protective Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	4,811,600	4,798,174	(13,426)	0	0	0
GRANTS	60	4,811,600	4,798,174	(13,426)	0	0	0
EXPENDITURE TOTALS		4,811,600	4,798,174	(13,426)	0	0	0
MEANS OF FUNDING							
FOSTER CARE IV-E-93.658	S067	978,831	505,000	(473,831)	0	0	0
PROMOTING SAFE & STABLE FAMILIES IV	S071	150,000	150,000	0	0	0	0
CHILD ABUSE-BASIC GRANT-93.669	S077	168,850	236,850	68,000	0	0	0
CHILD ABUSE-JUSTICE ACT-93.669	S078	189,950	194,374	4,424	0	0	0
CHILD ABUSE-CHALLENGE GRANT-93.669	S083	357,000	357,000	0	0	0	0
TANF BLOCK GRANT	S114	2,270,901	2,270,901	0	0	0	0
Federal Funds	FED	4,115,532	3,714,125	(401,407)	0	0	0
STATE GENERAL FUND	001	396,068	784,049	387,981	0	0	0
General Fund	GEN	396,068	784,049	387,981	0	0	0
CHILDRENS TRUST FUND 325C-120F	419	300,000	300,000	0	0	0	0
Special Funds	SPEC	300,000	300,000	0	0	0	0
TOTAL FUNDING		4,811,600	4,798,174	(13,426)	0	0	0

SR05 - human services grant summary - Collaboration

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Description	Object/Revenue Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	3,315,200	1,275,000	(2,040,200)	0	0	0
GRANTS	60	3,315,200	1,275,000	(2,040,200)	0	0	0
EXPENDITURE TOTALS		3,315,200	1,275,000	(2,040,200)	0	0	0
MEANS OF FUNDING							
MEDICAL ADMINISTRATION-93.778	S056	60,000	0	(60,000)	0	0	0
FOSTER CARE IV-E-93.658	S067	3,090,225	1,125,000	(1,965,225)	0	0	0
MCH - CISS PLANNING	S108	150,000	150,000	0	0	0	0
Federal Funds	FED	3,300,225	1,275,000	(2,025,225)	0	0	0
STATE GENERAL FUND	001	0	0	0	0	0	0
General Fund	GEN	0	0	0	0	0	0
OTHER FUNDS	Z125	14,975	0	(14,975)	0	0	0
Special Funds	SPEC	14,975	0	(14,975)	0	0	0
TOTAL FUNDING		3,315,200	1,275,000	(2,040,200)	0	0	0

SR05 - human services grant summary - County Reimbursement

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	12,152,645	11,518,672	(633,973)	0	0	0
GRANTS	60	12,152,645	11,518,672	(633,973)	0	0	0
EXPENDITURE TOTALS		12,152,645	11,518,672	(633,973)	0	0	0
MEANS OF FUNDING							
TITLE V - 93.994	S023	251,119	248,056	(3,063)	0	0	0
CHILD SUPPORT ENFORCE 93.563	S035	736,157	916,381	180,224	0	0	0
MEDICAL ADMINISTRATION-93.778	S056	222,992	146,625	(76,367)	0	0	0
SOC. SER. BLK. GR. - 93.667	S065	3,086,168	2,973,882	(112,286)	0	0	0
FOSTER CARE IV-E-93.658	S067	3,380,513	5,930,847	2,550,334	0	0	0
FC ADOPTION ASSIST. 93.659	S070	24,701	29,882	5,181	0	0	0
CHILD WELFARE SERVICES-93.645	S073	182,584	182,184	(400)	0	0	0
TANF BLOCK GRANT	S114	4,037,427	890,006	(3,147,421)	0	0	0
Federal Funds	FED	11,921,661	11,317,863	(603,798)	0	0	0
STATE GENERAL FUND	001	56,958	36,436	(20,522)	0	0	0
General Fund	GEN	56,958	36,436	(20,522)	0	0	0
OTHER FUNDS	Z125	174,026	164,373	(9,653)	0	0	0
Special Funds	SPEC	174,026	164,373	(9,653)	0	0	0
TOTAL FUNDING		12,152,645	11,518,672	(633,973)	0	0	0

SR05 - human services grant summary - Early Childhood Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	5,386,710	5,312,500	(74,210)	0	0	0
GRANTS	60	5,386,710	5,312,500	(74,210)	0	0	0
EXPENDITURE TOTALS		5,386,710	5,312,500	(74,210)	0	0	0
MEANS OF FUNDING							
QUALITY CHILD CARE APPRENTICESHIP I	S106	225,000	300,000	75,000	0	0	0
CCDF - DISCRETIONARY FUNDS	S109	2,151,375	1,700,000	(451,375)	0	0	0
CHILD CARE DEVELOPMENT FUND	S115	630,000	712,500	82,500	0	0	0
Federal Funds	FED	3,006,375	2,712,500	(293,875)	0	0	0
STATE GENERAL FUND	001	0	0	0	0	0	0
General Fund	GEN	0	0	0	0	0	0
OTHER FUNDS	Z125	2,380,335	2,600,000	219,665	0	0	0
Special Funds	SPEC	2,380,335	2,600,000	219,665	0	0	0
TOTAL FUNDING		5,386,710	5,312,500	(74,210)	0	0	0

SR05 - human services grant summary - Family Preservation Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	7,109,397	7,859,397	750,000	0	0	0
GRANTS	60	7,109,397	7,859,397	750,000	0	0	0
EXPENDITURE TOTALS		7,109,397	7,859,397	750,000	0	0	0
MEANS OF FUNDING							
MEDICAL ASSISTANCE-93.778	S055	502,000	1,346,350	844,350	0	0	0
FOSTER CARE IV-E-93.658	S067	348,979	450,000	101,021	0	0	0
PROMOTING SAFE & STABLE FAMILIES IV	S071	400,000	297,000	(103,000)	0	0	0
CHILD WELFARE SERVICES-93.645	S073	1,469,271	1,621,250	151,979	0	0	0
TANF BLOCK GRANT	S114	3,240,475	2,996,125	(244,350)	0	0	0
Federal Funds	FED	5,960,725	6,710,725	750,000	0	0	0
STATE GENERAL FUND	001	846,647	846,647	0	0	0	0
General Fund	GEN	846,647	846,647	0	0	0	0
OTHER FUNDS	Z125	302,025	302,025	0	0	0	0
Special Funds	SPEC	302,025	302,025	0	0	0	0
TOTAL FUNDING		7,109,397	7,859,397	750,000	0	0	0

SR05 - human services grant summary - Foster Care Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	52,212,614	62,308,132	10,095,518	0	0	0
GRANTS	60	52,212,614	62,308,132	10,095,518	0	0	0
EXPENDITURE TOTALS		52,212,614	62,308,132	10,095,518	0	0	0
MEANS OF FUNDING							
MENTAL HEALTH BLOCK GRANT - 00	S003	150,000	150,000	0	0	0	0
MEDICAL ASSISTANCE-93.778	S055	10,019,726	10,238,822	219,096	0	0	0
FOSTER CARE IV-E-93.658	S067	10,716,827	11,862,970	1,146,143	0	0	0
FC ADOPTION ASSIST. 93.659	S070	0	207,366	207,366	0	0	0
PROMOTING SAFE & STABLE FAMILIES IV	S071	389,600	389,600	0	0	0	0
INDEPENDENT LIVING IV-E 93.674	S081	970,000	1,100,000	130,000	0	0	0
TANF BLOCK GRANT	S114	14,055,483	17,291,698	3,236,215	0	0	0
REFUGEE ASSISTANCE CMA 93.026	S142	16,327	16,327	0	0	0	0
Federal Funds	FED	36,317,963	41,256,783	4,938,820	0	0	0
STATE GENERAL FUND	001	8,003,458	10,436,024	2,432,566	0	0	0
General Fund	GEN	8,003,458	10,436,024	2,432,566	0	0	0
OTHER FUNDS	Z125	7,891,193	10,615,325	2,724,132	0	0	0
Special Funds	SPEC	7,891,193	10,615,325	2,724,132	0	0	0
TOTAL FUNDING		52,212,614	62,308,132	10,095,518	0	0	0

SR05 - human services grant summary- Refugee Services

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: Children and Family Services
Reporting Level: 00-325-300-46-00-00-00-00000000

1 Object/Revenue Description	Code	2 2003-05 Biennium Appropriation	3 2005-07 Budget Recommendation	4 Total Changes from 2003-2005	5	6	7
EXPENDITURES							
GRANTS, BENEFITS, CLAIMS	GS6006	3,825,000	3,800,000	(25,000)	0	0	0
GRANTS	60	3,825,000	3,800,000	(25,000)	0	0	0
EXPENDITURE TOTALS		3,825,000	3,800,000	(25,000)	0	0	0
MEANS OF FUNDING							
REFUGEE ASST.-WILSON/FISH ALTERNATI	S140	1,700,000	1,500,000	(200,000)	0	0	0
REFUGEE ASSIST PREVENTIVE HEALTH -	S141	225,000	250,000	25,000	0	0	0
REFUGEE ASSISTANCE CMA 93.026	S142	1,150,000	1,300,000	150,000	0	0	0
REFUGEE ASST.-TARGT ASST.-IMPOST FU	S146	750,000	750,000	0	0	0	0
Federal Funds	FED	3,825,000	3,800,000	(25,000)	0	0	0
STATE GENERAL FUND	001	0	0	0	0	0	0
General Fund	GEN	0	0	0	0	0	0
TOTAL FUNDING		3,825,000	3,800,000	(25,000)	0	0	0

Testimony
House Appropriations Committee
Human Resources Division
January 24, 2005

Chairman Delzer and member of the House Appropriations Committee - Human Resources Division, I am Paul Ronningen, Director, Children and Family Services with the Department of Human Services. I am providing this written testimony as a follow-up to my verbal presentation this morning.

First of all, I reported on the mechanism of payment for educational costs while a child is in foster care. The home school district continues to receive the foundation aid payment and will pay the following educational costs to the out of district school, according to age:

Grades 1-8	$35.43
Grades 9-12	$36.90

Since this reimbursement does not cover the total educational cost, the Department of Public Instruction reimburses the resident's special education unit for the remainder of the bill. This appropriation is found in the State Student Contract Fund administered by Addy Schmaltz, Fiscal Management Unit, Department of Public Instruction.

In addition, I reported on the Random Moment Time Studies that are conducted with the counties. There are 305 eligibility workers in the state and 282 social workers. During the January – March 2005 quarter each worker will be randomly asked, "hit", regarding the work that they are conducting at that moment. The total number of hits for each worker during a quarter is eight resulting in 4,696 hits. This information is then used to draw down and distribute federal dollars to the counties.

An "observer" in each county administers the random moment time study. This is usually done by a secretary or administrative staff person. The results are then reported back to the Department of Human Services via a shared drive on the computer system.

Finally, I reported on the Refugee Program. Again this is all Federal dollars. I provided the following breakdown of the contracts/payments we currently have in place for the Refugee Program. This includes:

TANF Payments to Clients, LSS	$338,945
Social Services (case management And job development - LSS)	$194,550
Preventative Health (City & County Health - Fargo/Cass	$50,000
Formula (High Impact) Grant	$214,000
Unaccompanied Minors Program	$350,000
Refugee Medical (7/03-12/04)	$154,364

Overall, this represents $1,349,063 per year to the Fargo region for the Refugee program.

Thank you.

Testimony
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
Senator Holmberg, Chairman
March 1, 2005

With exception of those page testimony the same as given to the House

Chairman Holmberg, members of the Senate Appropriations Committee, I am Paul Ronningen, Director, Children and Family Services of the Department of Human Services. I am here today to provide you an overview of the budget area for the Division of Children and Family Services.

The Division of Children and Family Services oversees the following major program areas:

- Family Preservation Services

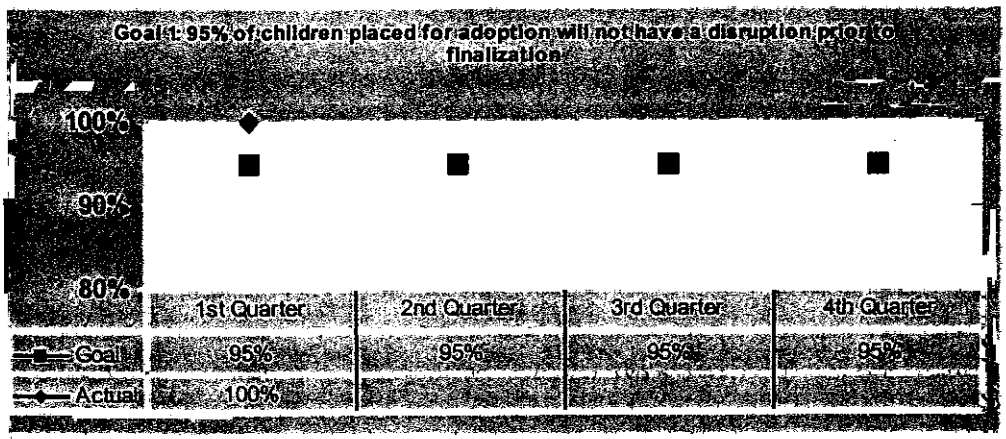
Provides therapeutic intervention to families whose children have been or are at risk of abuse, neglect and out-of-home placement. Services include parent aide, prime time child care, intensive in-home treatment services, respite care, and safety/permanency funds.

- Child Protective Services

Provides protection for children who have been or are at risk of being neglected and/or abused. Services provided include child protection assessments, case management, child fatality review panel, institutional child protection services and child abuse and neglect prevention.

- Foster Care Services

Provides a substitute temporary living environment for children who cannot safely remain with their families. Services include licensing for family foster homes, group homes, and residential child care facilities and licensed child care placing agencies for foster care; foster care eligibility



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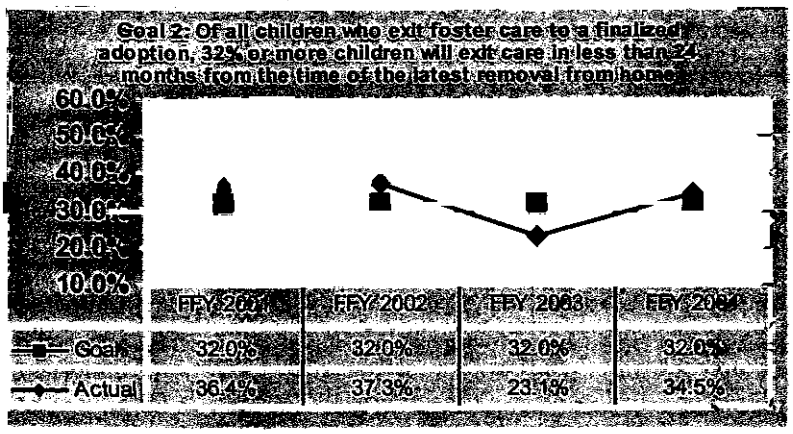


Overview of budget changes:

	2003-2005 Budget	Increase/ Decrease	2005-2007 Request	House Changes	Request to Senate
Salaries	1,801,504	48,465	1,849,969	(25,890)	1,824,079
Operating	1,681,973	(89,720)	1,592,253	(2,201)	1,590,052
Grants	99,678,906	10,069,471	109,748,377	(945,850)	108,802,527
Total	103,162,383	10,028,216	113,190,599	(973,941)	112,216,658
General	14,562,158	3,670,672	18,232,830	(225,251)	18,007,579
Federal	76,338,582	3,168,481	79,507,063	(679,313)	78,827,750
Other	12,261,643	3,189,063	15,450,706	(69,377)	15,381,329
FTE's	17	0	17	0	17

Budget Overview:

- **Salary Budget: $1,849,969 - This represents an increase of $20,198 in general funds and $28, 267 in federal funds.**
  - **The Division has 17 FTEs and one COE student that will work an average of 93 hours per month. With the Governor's salary package of $114,052, the salary line item for CFS will increase by $48,465.**
- **Operating Budget: $1,592,253 - which is an overall decrease of $89,720. This represents a decrease of $46,529 in general funds and a decrease of 43,191 in federal/other funds. Major changes in operating include:**
  - **Travel Costs increase by $55,000. The travel increases are primarily due our increased activities with the Child and Family Service reviews, increased interaction with the field and paying others to participate in training.**

    These travel costs are associated with training providers, county and human service center staff in the various service areas (Child Protection, Foster Care, Adoption, Childcare, Head Start Collaboration Office, Independent Living Services and Family Preservation Services). These costs along with travel expenses for licensure review of foster care facilities and expenses to attend conferences and federally mandated meetings due to our acceptance of federal funding are $288,350.
  - **Operating Fees and Services decrease by $94,252 for a total line item of approximately $967,000. The reduction is due to a combination of decreased needs or costs in the operating area.**

Overall, the operation fees and services costs consist of:

- **Reimbursement to counties**
- **Consultation contracts and speaker fees**
- **Background checks**

The remainder of the operating costs includes other typical office operational costs such as office supplies, printing, and staff travel.

- **Grants Budget $109,748,377**
  - **The grants budget (See Attachment A) is increasing by $10,069,471, of which $3,613,374 are general funds due to:**
    - **Change in FMAP (Federal Medical Assistance Percentage)**
      - ✓ **Foster Care increase of $800,000 in general funds**
      - ✓ **Subsidized Adoption increased by $200,000 in general funds**
    - **Change in case loads**
      - ✓ **Foster Care increases by $1,000,000 in general funds and $4,800,000 in federal/other for a total increase of $5.8 million.**
      - ✓ **Subsidized Adoption increases by $500,000 in general funds and $500,000 in federal funds for a total increase of $1 million.**
    - **Provider inflation**
      - ✓ **Foster Care increases by $500,000 in general funds and $1,400,000 in federal/other funds for a total increase of $1,900,000.**
      - ✓ **Subsidized adoption did not have any increases for provider inflation.**

- **Provider costs:**
  - ✓ **Foster Care increases by $200,000 in general funds and $1,600,000 in federal/other funds for a total increase of $1,800,000 million.**
  - ✓ **Subsidized Adoption increases by $200,000 in general funds and $800,000 in federal/other funds for a total increase of $1.0 million.**

House Changes

- **Salaries were reduced by ($20,000) as a part of the overall salary under funding department wide. An additional reduction was made of ($5,890) to fund the salary increase at 3% and 4% rather than at 4% and 3% as recommended in the Governor's salary package.**
- **The House reduced the Department's Program and Policy Management Subdivision's overall operating budget by $50,000 in general funds. Of this, $2,201 was allocated to Children and Family Services Division.**

- **The Grants line item was adjusted in the following way:**
  - **$750,000 of federal authority was removed.**
  - **The service cap for Residential Child Care Providers was raised from $11.51 to $14.15 per day. Thus, $50,008 of general fund and $348,248 of other funds was added to the CFS budget.**
  - **Foster Care and Subsidized Adoption were reduced by a total of $594,106 of which $250,000 is general fund. This reduction under funds the foster care budget by 15 children per month for the full biennium. (See Attachment B for Current and Projected Case loads.)**

The Division of Children and Family Services continues to maximize general fund dollars in the delivery of child welfare services. For every 16 cents of general fund, the Division is able to capture 84 cents in federal/other funds that are then invested directly into North Dakota's economy.

This concludes my presentation on the budget for the Division of Children and Family Services. Are there any questions?

Attachment A

Listing of Major Grants:

- **Child Abuse and Prevention Activities: ($1,200,000)**
- **Independent Living...(payment to youth): ($1,100,000)**
- **Refugee payments: ($3,800,000)**
- **Child Care licensing payments to counties: ($630,000)**
- **Child Care Quality Grants to nonprofit entities: ($4,500,000)**
- **Child Abuse/ Neglect Assessments by counties: ($3,500,000)**
- **Reimbursement to Counties for Admin. Costs: ($11,500,000)**
- **AASK Special Needs Adoption Contract: ($1,900,000)**
- **Family Preservation grants to counties: ($7,900,000)**
- **Training of Child Welfare Workers through UND School of Social Work Stipend Program, UND Children and Family Services Training Center and the Native American Training Institute: ($2,100,000)**
- **Subsidized Adoption Grants is budgeted for an average of 782 children per month for an average of $584 per child ($10,970,000)**
- **Foster Care Grants to family, residential child care facility providers (RCCF), residential treatment center providers (RTC), Group Homes, Therapeutic Foster care, foster care services and subsidized guardianship services. ($58,100,000 which includes an inflationary increase of 2% & 2% per year)**

The foster care budget is built with the following trend data:

- **Average number of children in family homes - 675 per month; Average cost per child - $712 per month.**
- **Average number of children in RTC/RCCF/GH - 450 per month; Average cost per child - $2,928 per month.**
- **Average number of children in therapeutic foster care - 230 per month; Average cost per child - $2,392 per month.**
- **Foster Care Services – 250 children with an average cost per child of $378 per month.**

- **Subsidized Guardianship – 44 children with an average cost per child of $505 per month.**

Attachment B

CHILDREN & FAMILY SERVICES CASELOADS

	FOSTER CARE			
	Room & Board			
	Family Homes	Facilities	Therapeutic (PATH)	Subsidized Adoption
CURRENT BIENNIUM				
BUDGETED AVERAGE CASELOAD	642	370	207	635
CURRENT BIENNIUM				
ACTUAL PROJECTED AVERAGE CASELOAD	676	415	215	642
2005-2007 BIENNIUM				
BUDGETED AVERAGE CASELOAD	675 [1]	450 [2]	230 [3]	782 [4]

[1] The current trend for Family Homes shows minimal change.
[2] From 2001-2003 to 2003-2005 the Facilities caseload increased 8%, that trend is expected to continue.
[3] The increased bed capacity for Therapeutic is for the Step Down program.
[4] Subsidized Adoption is budgeted to have an average increase of 6 kids per month.

I

March 10, 2005

Keith McCloud

Chairman Fischer, Committee members,

I appreciate the time you have given me today. I have been a foster parent for the past 14 years and have adopted 4 of the 61 children that have moved through our home. My concerns regarding HB 1012 are in the area of the reduction in dollars for Foster care and adoption subsidy.

When I heard there was a reduction in the amount allocated for foster care it caused me to pause and wonder why? We have a record number of children entering the child welfare system at this point in time, partially due to the crises we are seeing with Meth but also because families are in trouble. While it is not my expectation that the funding stream for foster care be a bottomless pit I am concerned that it is being substantially reduced from a fairly conservative projection by Mr. Ronningen. Currently foster parents are being paid an amount that is not adequate to meet the needs of the children we care for. On the information in front of you, you will see a break down of the age groups.

Ages 0-4 - $11.25/day or $.46/hour
Ages 5-12 - $12.80/day or$.53 /hr
Ages 13+ - $16.67/day or $.69/hr

All of these categories are less than your daily meal per diem.

What is this stipend expected to cover? Food, clothing, infants, toddlers, and adolescents often go through at least 3 wardrobes per year depending on growth, gas for trips to doctors, visits(anywhere from daily to 1x per week), appointments to therapists, perm plans, school activities, extracurricular activities, school pictures, activity fees, school supplies, winter gear, recreational activities to name a partial list.

What doesn't it cover. Travel time, time spent waiting and or participating in appointments, time at school for activities and conferences, or dealing with problems relating to the child.

The time foster parents provide is a substantial cost savings to the counties and the state. When foster parents are transporting, attending therapy appointments, dealing with issues at school etc. you are not paying the social workers, parent aides, or county transport staff, for that time. It is donated by your foster parents. When I have four foster children it is virtually a full time job to have everyone where they need to be. There is no salary for that time. In fact, at one point I was needing to take unpaid days off from work in order to meet the needs of the children I had in my home.

What it doesn't cover is the damage and excessive wear and tear on your house, clothes, and personal property. It doesn't cover the cost of repairing holes in walls, broken windows and doors, clothes and toys that are intentionally damaged or destroyed. It does not clean the fecal art work off the walls of hallways, and bathrooms. The urine soaked mattresses and carpet when a child needs to show you who is in control. When windows are kicked out of your vehicles enroute to the hospital for emergency psychiatric admission or the torn seats from the last long trip when they were bored. It

does not cover the cost of childcare for a much needed night out to recharge your batteries.

My point is this – it is difficult to recruit and retain foster parents under these circumstances. The last time foster care rates were increased was, 2001 by 2%. Mr. Ronningen had proposed a 2 % increase this year and next year. That translates in to

$.22/day for 0-4
$.256/day for 5-12
$.33/day for 13 and older

By decreasing the available dollars, it increases the pressure on the system to implement cuts. Foster parents are already subsidizing the state foster care system. Please don't increase that burden.

Adoption subsidy is the single most effective tool in removing barriers for special needs children to be adopted. Adoption provides them with permanence, a last name and a life long connection. Just because foster children are adopted does not mean they are magically healed from all the wounds that were inflicted prior in their life. They continue with many of the behaviors and emotional, physical and mental difficulties they had when they entered foster care. There are many families that have stepped up to the plate to provide a permanent home for these children. Without subsidy they would not have had the financial resources to do this. This is the case with Ryan. His disabilities were more than we could manage alone. With subsidy he has become a member of our family. I often hear the argument, "I didn't have anyone pay me to raise my children, why should there be payments for these children." You are right. I also did not have anyone help me with my 3 birth children. They also had not suffered sexual abuse, starvation, the loss of parents and siblings and all the emotional baggage that comes with these losses.

Moving children from foster care to adoption is also a sound fiscal movement. If all the children that have been adopted since the passage of ASFA remained in foster care we would be in even greater crises. . You would not have seen the increase in the adoption subsidy line item, but it would be reflected in the need for increased case managers and support staff. Case managers already far exceed the recommended number of children on their case loads. It would require the addition of many FTE's to continue providing services an even higher number of children.

I have heard case managers say. "I would NEVER take that kid home with me!!" You may wonder why, would families put themselves through this. All I can say, is
It is for the children.
It is for the future of North Dakota.
It is for the children.
Please support restoring the original funding to the foster care and adoption subsidy portions of HB 1012.
Thank you

Keatha McLeod
7316 Ellis Lane
Horace, ND 58047
701-277-2741

XIII

Chairman Fischer and Committee members,

Thank you for the opportunity to voice my concerns with HB 1012 as a foster parent and a concerned citizen of the State of ND. I became very concerned when I was made aware of the considerations to reduce the dollars for Foster care and adoption.

There are many reasons that children enter foster care, among them are the growing meth problems, neglect, abuse and families in crisis just to name a few. The children in these situations are not there by their own choice, they are victims of circumstances beyond their control.

My wife and I farm and ranch, we have 2 biological children and understand that there are times and circumstances when we have to tighten our belts and make fiscal cuts, but there are some things that you just can't cut. They are essential items that are always needed. I can't put my crop in without fuel, nor can I harvest a crop without first seeding seed. Children are an essential key element to the future of our state. They are tomorrow's senators and representative, farmers, doctors, nurses, teachers, lawyers, blue collar work force, and foster parents. ***They are our most precious treasure and deserve to be treated as such.***

Foster parents are currently underpaid to meet the needs of the children in our care. I would ask you if you have recently checked the price of diapers? Clothing? Food? Gas? Ect? Those are just some of the cash costs of taking care of a foster child, then there are noncash cost and the time costs, the trips to doctors, parental visits, perm plan meetings, this list can go on and on. These so called noncash costs indirectly turn into rather large financial costs or losses. These costs can become very large for me personally for example if I need to shut down my tractor, combine, or stop other tasks to take a foster child to one of many appointments or activities. I am not complaining about what it can cost me and I never regret it when these situations arise I just want you to be aware of the many cost that face foster parents. Reducing the funding would only add more financial pressure to foster parents. You need to understand that as a foster parent I don't treat a foster child any different than I do my own children. We take them to rodeos, sporting events, church, or wherever other activities they may enjoy these are costs that are not even close to being covered by our daily reimbursement.

Foster parents don't just come a dime a dozen and if they continue to be under funded or part of a budget cut it will be more and more difficult to keep the foster parents we have much less find more to meet the growing demand. My wife and I are currently the only foster parents available for a 2 county area. That to me is a scary thought 2 counties covers a lot of territory.

If these dollars are not restored to the original funding level you will be putting children at risk, foster parents at risk and additional financial pressure on those of us standing on the frontlines helping the helpless.

Today I ask you to put yourselves in two sets of shoes while considering the proposed reductions.

First the shoes of a foster child. You come to my home a complete stranger; you have to learn a new set of rules to live by in a family unit, your upset with a system that has ripped you out of your home. You were cold because you had no heat, you are hungry because there was no food, and you slept on the floor with only a sheet. You are a member of a family in crisis.

I will never forget the day a little child looked at my wife and myself in shock that you could actually have milk on your cereal in the morning or go to the fridge at any time and find food. These types of events are repeated many times in many foster homes.

Secondly I ask you to put on the shoes of myself a foster parent sometimes putting my family and myself at risk, a risk that is definitely worth it, but still a risk. I welcome you into my home on a moments notice. I give you your own bed with warm blankets and the thermostat is set at 70 degrees. There are clean clothes for you to wear new clothes when necessary. You receive three meals a day and are loved as my own. I do this for anywhere from $11.25 to $16.67 a day depending on your age. When you wear my shoes you will be asked to take care of children who are often times looked down upon, and many times who come with a lists of troubles as long as your arm. I know all your problems but can't share them with anyone sometimes your pain is almost too much to bare. Step into my shoes as a foster parent that is not compensated for all the costs incurred while taking care of a child.

As a parent I believe that my children are our future. As a foster parent I believe that foster children are the future too. They have hopes and dreams like any other children **don't let them down.**

I wish there would not be a need for foster parents but we all know that reality is that we need more.

Please don't increase the financial burden on foster parents who are already carrying a large load financially, physically and emotionally.

I would strongly urge you to **please** restore the original funding to the foster care and adoption subsidy portions of HB 1012.

Thank you very much for your time.

James Schnabel
3430 93rd St SE
Venturia ND 58413
(701) 684-6211

Prev message Next message Mail List Reply Reply-All Forward 4 of 14

Subject: FW: NDDHS budget position

Date: Wed, 19 Jan 2005 16:38:05 -0600 **Status:** Normal

From: "Tim Eissinger" <tim.eissinger@dakotaboysranch.org> Save Address

I received this message from Dave, following his discussions with Paul Ronningen and Department Staff. (Thanks Dave for getting on top of this, and informing the membership) I will not be able to be in Bismarck tomorrow to testify, but all other RCCF providers who might be able to participate with this hearing should arrange to do so. Even if you elect not to testify, your presence in support of the proposed budget would be very helpful.

I have asked Dave to submit the following testimony from me, on behalf of the RCCF Association as a whole. Please e-mail Dave directly should you see any need to modify or add elements to my short statement:

The RCCF Association, on behalf of the 250+ children we represent in our programs in this state, supports the Departments budget initiatives to enhance provider reimbursement to better approximate actual costs. We also support the CPI adjustment being factored into the budget. As providers who have worked very diligently to cover the costs of care not reimbursed by our rates, we appreciate the creative work and research the Department has done to suggest these improvements. As the acuity of the children we work with continues to increase, it becomes absolutely critical that agencies such as ours have the resources necessary to intervene successfully now, and prevent these young people from becoming potential long term financial liabilities to our state in our adult correctional or mental health systems.

Thank you,

Tim Eissinger

Director of Fargo Operations

Dakota Boys and Girls Ranch

Chairman

Residential Child Care Facility Association

-----Original Message-----
From: PLC [mailto:plc@westriv.com]

PUBLIC TESTIMONY/HUMAN SERVICES/CHILDREN & FAMILY SERVICES
REGARDING HOUSE BILL #1012

January 20, 2005:
Testimony given by Dave Marion, Executive Director, Prairie Learning Center, Raleigh, ND.

Chairman Jeff Delzer and Reps. of the Committee:

My name is Dave Marion and I am testifying on behalf of the Prairie Learning Center, a residential child care facility that has been caring and providing service to North Dakota children for the last 14 years. I am here to support House Bill #1012, with emphasis in the area of service costs and the service cap. The current service cap that we have is at $11.51, but our actual service costs are $14.32 per student per day. This requires us to raise $2.81 x our census of 17261, which amounts to $48,503. In the area of service, this helps to support the costs incurred by Case-management staff, our Program Director, Licensed Addiction Counselors and Nursing Services.

Prairie Learning Center has been providing services since 1991 when we started out with 8 students. As we progressed through the 14 years, we have become a facility that provides numerous services for 50 boys ages 10-18 from throughout the State of North Dakota, in a rural setting in Grant County, North Dakota. With our average length of stay of 6 months, we believe that we can put kids back into their home communities as responsible young men. The services that we provide are to enhance, to develop, and to give tools to young men so that they can go back and have the opportunity to succeed in their home communities. Over the 14 years, we have served over 965 residents, and as the kids have changed, we have changed to exceed the needs of the kids in the State of North Dakota. With our growing number of kids with behavior and family problems, we had to then factor in the drug and alcohol issues that these kids come in with, more sophisticated, more engrained that need services. For us to do so we need to raise the service cap to be able to meet the needs of the kids that are walking through our front door. With the addition of low intensity, and intensive outpatient treatment and family workshops, we feel we are making the difference, but are looking to you to support this cost.

Day in and day out, we work hard to make a difference to provide the best opportunities for these kids. As they become more sophisticated and challenging, we have never shied away from making a difference. We will continue to work hard to ensure the Dept. of Human Services that we are an important piece to this continuum of care in the State of N.D.

Chairman Delzer and Reps. of this Committee, I thank you for your time and consideration of these matters and would take any questions at this time from this Committee.

PUBLIC TESTIMONY
NORTH DAKOTA DEPT OF HUMAN SERVICES
REGARDING HOUSE BILL #1012
March 2, 2005
Senate Appropriations Committee

Testimony given by Dave Marion, Executive Director, Prairie Learning Center, Raleigh. ND.

Chairman Holberg and Members of the Committee:

My name is Dave Marion and I have the great pleasure of serving as Administrative Director of Prairie Learning Center, located in Raleigh, North Dakota. I am here to testify on HB #1012 and the amendment coming out of the House Appropriations Committee to support raising our Service Cap from $11.51 to $14.15.

Prairie Learning is a private non-profit residential care facility located 60 miles south of Bismarck-Mandan in Raleigh ND. We provide numerous services to boys between the ages of 10 – 18 and are licensed to serve 50. The boys that we serve are adjudicated in the juvenile court system and have behavioral, delinquent and addiction problems stemming from the environment that they come from. Through relationship building and a structured environment in rural North Dakota, we hope to develop responsible, self- sufficient young men. By providing the following tools and services, we give the support that these young gentlemen need to go back to their families, their schools and their home communities and make responsible decisions. These services are provided through individual and group counseling, intensive outpatient, low intensity outpatient treatment, on grounds schooling, outdoor recreation, anger management, basic life skills training, independent life skills in a structured rural atmosphere, and we hope to put them back into their communities as responsible young men. In addition to the above services, we also have family weekends and family workshops to provide and strengthen the unit that this child is going back to, because family reunification is part of the optimal outcome in the lives of these boys.

Prairie Learning Center has been providing services since 1991, and since 1991 we have seen over 978 students. As we have progressed in the last 14 years, we have become a facility that has taken pride in providing numerous services to not only meet, but to exceed the needs of the children we see today. The average length of stay is six months, and we believe we can get kids to have a positive response and accept and follow directions, so that they know they can make a positive impact in their family and communities. As the kids have gotten more sophisticated, and have more mental health issues, we have seen the need for more intensive mental health and counseling services.

As we look at the continuum of care in the State of North Dakota in dealing with kids, I can't help but reflect on the testimony of Brenda Weisz on page 5 of her report, where she stated that it would be cheaper to have kids in therapeutic foster care than to send them into residential facilities. In looking at that statement, we as a residential care facility actually prepare the student to go back into the home setting or to a foster home setting. The kids that we see are referred to us for a good reason and the referral agent determines that level of care for placement. My final thought to that is that we are not in the same category as a foster home or therapeutic foster homes.

With the service cap increase will come increased opportunities through our staffing and services for these young men. I would appreciate your support of this amendment to HB #1012 and assure you that day in and day out, we make a difference to provide the best opportunity for these kids. As our kids in the State of North Dakota become more sophisticated and challenging, the Prairie Learning Center has never shied away from making a difference. We will continue to work hard to assure the Department of Human Services and the State of North Dakota that we are an important piece in the continuum of care in the state of North Dakota.

Chairman Holmberg and members of the Committee, I thank you for the opportunity to talk to you and would take any questions at this time.

EDUCATION PROGRAM

Educational services are provided on-site in self-contained classrooms built around cooperative learning programs, designed to furnish basic education, special education, and skills in today's world of work.

Prairie Learning Center cooperates with the student's home school district to provide for the student's educational needs. The school program includes a wide variety of academic classes, basic life skills, physical education, recreation, arts and crafts, outdoor education, continuing education, ag/education and preparation and administering of GED tests. PLC is an approved GED test site. We also provide a modified summer school session to allow students to maximize their potential. PLC provides a low student/teacher ratio for individual instruction. Full education reports will be sent after the resident is discharged.

MEDICAL SERVICES

Our medical staff will handle routine medical problems. Medical services can also be accessed in the communities of Elgin and Bismarck.

Psychological/psychiatric services are utilized at St. Alexius Medical Center, Med-Center One, and West Central Human Service Center, Bismarck, North Dakota.

GROUP LIVING

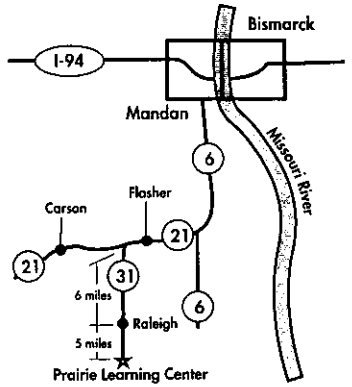
Staff and students interact in a constructive process through role-modeling, boundary setting and assertive communication. The goal is to bring about a change in the youth's behavior and lifestyle such that he will no longer be in chronic conflict with himself or others. By a system of structuring, each youth will be taught to use time constructively during his stay at the Center. Regular programming includes classes in the morning and early afternoon, work crews in late afternoon and activities in the evening.

YOUTH LEVEL SYSTEM

The purpose of the level system is to provide a method of personal achievement, whereby the youth may progress through the program. During this progression the youth earns privileges by learning and practicing self-discipline to follow rules which are reinforced by earning score points. These score points become very important as a certain point score is needed to advance to the next level. With each advancement within the level system the youth gains a sense of achievement and self-worth.

WHERE ARE WE?

60 miles Southwest of Bismarck, ND.



OPEN HOUSE

Our Annual Open House is held during the month of September. Our training workshop is held in the fall with invitations to all agencies.

CONTACT PERSONNEL

David Marion:
Executive Director

Virginia Fergel:
Referral Contact

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IMAGE PRINTING

Prairie Learning Center

7785 Saint Gertrude Avenue
Raleigh, North Dakota 58564-4103

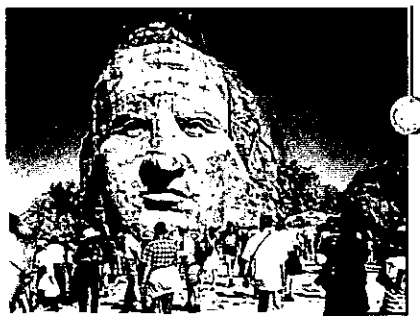
Tel: (701) 597-3419 Fax: (701) 597-3004
E-mail: plc@westriv.com
Website: www.prairielearningcenter.org

THE CENTER

The Prairie Learning Center is a private, non-profit residential childcare center providing a 24-hour/7-day-a-week educational group living program to accommodate the needs of youth at risk with educational, behavioral, deprived, unruly, delinquent and/or addiction problems in a structured environment. The Center is an alternative program to meet the needs of youth who require intensive education and counseling programs rather than the institutional role of traditional incarceration.

Emphasis is placed on defining one's own concept of "Self," building self-esteem, and a positive self-image.

Prairie Learning Center accepts boys 10-18 years of age, regardless of race, creed or religious beliefs.



THE OUTDOORS

The difference at PLC is connecting with kids and nature. From gardening, tree planting and grounds-keeping, to helping our farmers and ranchers; from hiking, camping and fishing to observing the native plants and animals, students and staff share in a bond with the earth. This "grounding effect" provides a stable, healthy foundation, tying together all aspects of the program and ensuring a better opportunity for success in life after graduation from the Center.

MISSION STATEMENT

The Prairie Learning Center is a private, not-for-profit residential childcare facility providing a high quality, short term, therapeutic group experience designed to help high risk youth examine and modify their delinquent and pre-delinquent behavior with the goal being to discharge healthy, responsible, self-sufficient adolescents.

PROGRAM SERVICES

PLC operates by the Center approach with arms extending in a variety of programs and services to students, family and the community. PLC's full program is a minimum of 4 1/2 months or length of time required to complete the program. Our services include:

- Individual and group counseling
- Drug and alcohol treatment including IOP, LOP, COFSA, AA and Aftercare
- Special recreational programming
- Networking with allied care-givers to provide evaluations and treatment
- Psychological services (available if needed)
- Aftercare services following discharge
- Full reports every 90 days
- Family programming
- Grief counseling
- Anger management education
- Independent living skills education
- Vocational/life skills training
- Wellness and fitness component
- Horsemanship Program
- 30 day assessment/possible full program
- Individual athletic training
- Emergency shelter care services
- Full program
- Refocus (for those successfully discharged residents who are regressing in their community/home and need a brief period of redirection)
- Social skills training
- On-site individualized educational services including special education

PROGRAM/PHILOSOPHY

The goal of the Prairie Learning Center is to provide each student the opportunity to develop a core of basic life skills.

The objectives of our program are to teach social control, socially acceptable time management, and to develop a more positive self-image. Prevention, intervention, independent life skills training and the use of the outdoors as a stepping stone to success, are the core of the PLC approach.

The program is designed for adolescents with out-of-control, antisocial or delinquent behavior. The Prairie Learning Center operates under the belief that individuals who are committing antisocial acts are doing so as a matter of choice. They devote their energies to overpowering others to serve their own purposes. They have had "one more chance" too many times. They have a strong sense of entitlement and often portray themselves as victims when they are actually victimizing and abusing others. They lack the necessary effort or motivation for productive activities such as school and employment. These adolescents have exhibited rebellious, irresponsible behavior in their families and in their communities.

The daily group therapy and structured environment provide the resident with a focus for a more responsible lifestyle. By participating in our program, adolescents learn to give up destructive, antisocial behavior. The program focuses on redirecting thought processes by using behavior modification, reality therapy, and cognitive restructuring. With this, the residents focus on what is in their best interest and use the tools they have learned to make the choice to change and succeed.

(11) Cal-
(12) Dan Howell 19

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICI
HOUSE APPROPRIATIONS
HUMAN RESOURCES SUBCOMMITTEE
REPRESENTATIVE DELZER, CHAIRMAN
January 20, 2005

Chairman Delzer, members of the House Appropriations Human Resource Committee, my name is Dan Howell and for the past 5 years I have had the distinct privilege and honor to be the Chief Executive Officer of the Anne Carlsen Center for Children (ACCC) located in Jamestown, North Dakota. I am here today to discuss with you a reimbursement concern as it relates to special needs children with medical fragility. As you may be aware, the ACCC, which began in 1942, has taken care of the State's most vulnerable and fragile children over the course of our 62 years. Beginning in 1991, the ACCC began taking children with serious medical fragility issues. The problem that we are facing today is one of shortfalls in reimbursement. Plain and simply, the actual costs of services provided by the ACCC is increasing faster than the reimbursement for these same services received by the State of North Dakota for care of children with medical fragility. We are seeking additional reimbursement to cover the costs of care necessary for these medically fragile children.

In the binders that have been passed out to you are a number of items that provide background information with regards to the ACCC. Tab 3 is a brief snapshot of my written testimony today.

The ACCC has been serving children from around the world since 1942. Presently, we have 52 licensed and occupied ICF/MR beds. Forty-eight (48) of these children reside in the State of North Dakota. Four (4) children are from other states. We have 8 children on an active waiting list, which means that if additional licensed beds were granted to the Center, the Center could be serving more children than it currently serves.

The ACCC uses as a definition of medical fragility, a definition that was taken from the National Pediatric Skilled Nursing Facility group called Building Bridges. This group originated in Portland, Oregon, and has offered these criteria for classification of children with medical fragility. It is my understanding that the Children's Care Hospital and School in Sioux Falls, South Dakota, also uses this definition for children with medical fragility, as well as a number of organizations in Florida and Illinois.

By using these definitions, 17 children out of a total of 52 currently residing at the Center would meet the definition of medical fragility. Additional interesting facts to note about these children with medical fragility are:

- **All 17 children being served at the ACCC with medical fragility are from the State of North Dakota. Ten (10) of these children are from urban areas of the state and 7 from rural areas.**
- **Over the last decade the number of children with medical fragility has stayed relatively constant. In 1994, the Center would have had 19 children by definition who would have been classified as medically fragile and today we have 17 children.**
- **It is difficult to assess what the future holds for children with medical fragility, but as technology continues to advance and premature children are living longer, it would be a safe bet that these numbers will at least stay constant.**
- **The average age of our medically fragile child on admission to the ACCC is 6 years old while the overall population of the ACCC's average admission age is 9 years old.**
- **The average length of time a medically fragile child stays at the ACCC is 8.2 years.**

With the Center having a pediatrician on staff half time, a number of hospitalizations for children who are medically fragile are avoided on a yearly basis. In 2003, it was documented that 40 hospital days were avoided due to the Center having the medical and technical capabilities to take care of these children right at the Center. In 2004, it was documented that 209 hospital days were avoided. In doing research, the average Medicaid reimbursement for a day in the pediatric intensive care unit or the neonatal intensive care unit, where many of our children would end up if they were hospitalized, was approximately $2,000 per day.

The current 2004 interim rate for care of children at the ACCC is $276.82 per day. Looking at the hospital days avoided and the differences between Medicaid reimbursement and what the ACCC gets reimbursed it is worth noting that the difference in 2003 was approximately $68,980, and in 2004 the savings to the Medicaid program by keeping these medically fragile children at the ACCC and avoiding 209 hospital days was approximately $360,145.

The cost per day for taking care of children with medical fragility as indicated earlier has far exceeded the reimbursement levels currently experienced by the ACCC for taking care of these medically fragile children. The cost per day for ACCC taking care of these children in 2004 was, on average, $459.69 a day. Our interim reimbursement rate for that same period from DHS was $276.82 per day. This equates to a difference, or loss, of $182.87 per child per day.

We estimate that in the year 2004, the ACCC received $66,747 less in reimbursement per year for each medically fragile child than what it costs to provide that same service. That $66,747 loss is per medically fragile child per year. In carrying that equation out, it equates for those 17 children an annual loss of $1,134,699 per year or $2,269,398 for the biennium.

As I was preparing for this testimony, I had to look no further than down the main corridor of the Capitol Building to the Roughrider Hall of Fame recipients and Dr. Anne Carlsen's photo. Dr. Anne Carlsen spoke very eloquently with regard to children with medical fragility. Dr. Anne Carlsen held one philosophy and that was that all children deserved the chance to be as independent as possible within the confides

of their disability, and for medically fragile children, she said, and I quote, "There is a higher price tag associated with their care and the quest to become independent. The rewards in the community make it well worth the investment. Their growth should not be limited because of what are often preconceived notions that they may never contribute to society."

Chairman Delzer, and members of the House Appropriations Human Resources Committee, I urge you to support an amendment to increase funding in HB 1012 $2,269,398 for children with medical fragility, and to require the Department to distinguish medially fragile children in North Dakota from the remaining ICF/MR population without such complex medical disabilities.

Presentation to 2005 North Dakota Legislative Assembly

January 2005

Case Statement

The Anne Carlsen Center for Children (ACCC) is licensed by the State Department of Human Services as a 52 bed ICF/MR facility to provide services to the State's most vulnerable children . ACCC presently has 17 children who are by definition medically fragile. The actual costs of services provided by ACCC are increasing faster than reimbursement for these same services received from the State of North Dakota. The ACCC seeks additional reimbursement to cover the actual cost of care necessary for these medically fragile children.

Current Statistics

- Serving children since 1942
- Licensed Occupancy: 52 Total Beds
- Current Occupancy: 52 (48 children from North Dakota)
- Active Waiting List: 8
- Current License Category: ICF/MR

Admission Requirements

- **Admission requirements:**

1. Medical Necessity: Medical documentation substantiates that the service is medically necessary. Medical documentation may include a diagnosis, complete medical history, copies of progress notes from the physician, or other professionals providing care or service, laboratory tests, X rays, physicians orders, and treatment plan outlining the needed medical care, and any other documentation that may be necessary to determine medical necessity for the child's admission;

2. 24-Hour Nursing Care: Professional nursing services are necessary on a 24-hour basis and the child requires one the following services:

a. Use of ventilator,

b. Continuous or frequent use of oxygen,

c. Tracheostomy care or other airway care requiring wall suction,

d. Frequent skilled nursing observation and assessment,

e. Use of BiPAP or CPAP.

Additive Criteria

Additional Admission Criteria:

The child requires at least 2 of the following services (most require multiples of services):

a. Tracheostomy care,
b. Apnea monitoring,
c. Continuous pulse oximeter,
d. Frequent skilled nursing observation and assessment due to risk for crash
e. Intravenous Therapy,
f. Uncontrollable seizures,
g. Frequent respiratory treatments/ assessments,
h. Specialty bed,
i. Vagal Nerve Stimulator,
j. Baclofen pump,
k. Skilled nursing observation and assessment following surgery casting, surgeries,
l. Birth to 3 years of age,
m. Chest Physiotherapy,
n. Hoyer lift,
o. Skilled skin care and monitoring for the treatment of decubitus ulcer,
p. Drug therapy stabilization that requires skilled monitoring on a 24 hour basis,
q. Nutritional therapy,
r. Alternative nutritional feeding, such as nasogastric or gastrostomy feeding,
s. Colostomy or ileostomy care,
t. Prolonged isolation,
u. Infectious disease care,
v. Direct paraprofessional care such as rehabilitation therapy that is supervised by a medical professional,
w. Professional monitoring to manage end stage disease.

Where the 17 Children are From

- All North Dakota Children

  - 3 – Fargo
  - 2 – Dickinson
  - 2 – Medina
  - 3 – Grand Forks
  - 1 – Minot
  - 1 – Jamestown
  - 1 – New Town
  - 1 – Devils Lake
  - 1 – Belcourt
  - 1 – Hope
  - 1 – Wahpeton

Trends in Children with Medical Fragility at ACCC

1994	1999	2004
19	16	17

Average Age of Medically Fragile Children on Admission

- **Medically Fragile Children: 6 years of age**
- **Overall Population: 9 years of age**

Average Length of Stay for Medically Fragile Children at ACCC

- Medically Fragile: 8.20 years
- Overall Population: 4.15 years

Hospital Days Avoided with Medically Fragile Children at ACCC

- 2003 – 40 Hospital Days
- 2004 – 209 Hospital Days
  (increase caused by 1 fragile child)

- Average Medicaid Reimbursement for Pediatric Day in Hospital $2,000 *

* Information received from North Dakota Medicaid Department

Direct/Indirect Services Included in Actual Cost of Care

- Human Resources
- Administration
- Maintenance
- Plant Operations
- Depreciation
- Laundry
- Dietary
- Medical Center
- Utilization Management
- Nursing
- Advance Care Unit
- Central Services
- Pharmacy
- Student Records
- Rehab Services
- Recreation Therapy
- Psych Services
- Dormitory
- Social Services

Reimbursement for Care of Children at ACCC *

- 2000: $247.19
  > 5.3% increase
- 2001: $260.40
  > 1.5% decrease
- 2002: $256.44
  > 7.4% increase
- 2003: $275.52 **
  > 0.004 % increase
- 2004: $276.82

* Reimbursement is approximately 67% from Federal Medicaid dollars and 33% from State general fund dollars.

** Increase due principally to 2003 legislative salary increase of $.87 per hour for direct care staff. Also provider tax assessment.

Savings by Having Medically Fragile Children Stay at ACCC

Hospitalization Reimbursement

2003 40 days x $2,000 per day = $80,000

2004 209 days x $2,000 per day = $418,000

ACCC Reimbursement

2003 40 days x $275.52 per day = $11,020

2004 209 days x $276.82 per day = $57,855

Difference

2003 $80,000 - $11,020 = $68,980

2004 $418,000 - $57,855 = $360,145

Non-Medically Fragile Actual Cost Per Day -VS- Reimbursement

	1998	1999	2000	2001	2002	2003	2004
Routine	$227.47	$241.12	$242.96	$265.50	$265.55	$295.32	$312.49
Reimburse-Ment	$211.08	$226.47	$247.19	$260.40	$256.44	$275.52	$276.82
Differ-ence	($ 16.39)	($ 14.65)	$ 4.23	($ 5.10)	($ 9.11)	($ 19.80)	($ 35.67)

Medically Fragile Actual Cost Versus Reimbursement

	1998	1999	2000	2001	2002	2003	2004
Cost	$359.03	$364.88	$431.35	$475.74	$456.27	$455.67	$459.69
Reimburse-Ment	$211.08	$226.47	$247.19	$260.40	$256.44	$275.52	$276.82
Differ-ence	($147.95)	($138.41)	($184.16)	($215.34)	($199.83)	($180.15)	($182.87)

Yearly Difference Medically Fragile Per Child Actual Cost –VS- Developmental Disabilities Reimbursement

- 1998 - $54,001
- 1999 - $50,519
- 2000 - $67,218
- 2001 - $78,599
- 2002 - $72,937
- 2003 - $65,754
- 2004 - $66,747

Gap Between Non-Medically Fragile Actual Costs Per Day –VS- Medically Fragile Care Actual Costs Per Day

	1998	1999	2000	2001	2002	2003	2004
Routine	$227.47	$241.12	$242.96	$265.50	$265.55	$295.32	$312.49
Medical Fragile	$359.03	$364.88	$431.35	$475.74	$456.27	$455.67	$459.69
Differ-ence	($131.56)	($123.76)	($188.39)	($210.24)	($190.72)	($160.35)	($147.20)

Anne Carlsen Center for Children
Jamestown, ND

HB #1012

Overview of DHS/DD Reimbursement/Losses
For 17 Medically Fragile Children

- 17 of 52 ACCC "ICF/MR" Children are Medically Fragile ..... See Tab 3 (p. 3&4) & Tab 5

- Total Annual Cost to ACCC (Direct and Indirect)
  ($459.69 x 17 x 365)..... $2,852,376

- Total Annual Cost to ACCC (Direct costs only)
  ($410.45 x 17 x 365)..... $2,546,842

- Annual Average DHS/DD Cost Reimbursement
  ($276.82/child x 17 x 365 days) $1,717,668

- Annual Losses to ACCC for Medically Fragile Care:

  -- Direct and Indirect Losses..... $1,134,708

  -- Direct Cost Losses Only $829,174

Mr. Chairman and members of the Committee:

My name is Harvey Huber. I live and work as a banker in Jamestown. It is an honor and privilege to serve on the boards of directors of the Anne Carlsen Center. For almost the entirety of my six year tenure in Jamestown, the Anne Carlsen Center has been part of my life...first as a member of the Advisory Board at the time the Center was part of Banner Health Systems and as the Center transitioned to a independent institution in 2002. I serve on both the operating board and the foundation board., on the Executive Committee of both boards and as the Chairperson of the Budget/Finance Committee the operating board. One of the duties of the Budget/Finance Committee is responsibility for cash reserves of the Center

If you want to observe an organization where people love their jobs, come to Jamestown and to the ACCC. There are 275 employees and the care provided and commitment given daily is phenomenal. It is a holy place, a place where every child is revered. It is place where many of the caregivers are young people working part-time and many of those part-timer employees are students at Jamestown College.

With each passing the year, the fragility of the young residents increases. With each passing year, it is incumbent on the boards of directors and the Foundation staff to raise more money. The operating deficit this year exceeded $1,000,000.00

Historically, the ACCC has offset the operating deficit with literally thousands of small dollar donations. Today and in the future, if we are to continue to provide the quality of care that Dr. Anne Carlsen demanded, we must identify and secure large dollar donors...individuals and organizations that will donate larger gifts on a regular, sustaining basis. Additionally, we are looking to the State of North Dakota to recognize the critical role that the ACCC plays in providing care to these medically fragile residents with very special needs and to increase the reimbursement stipend for providing that care.

The records of the ACCC speak clearly. Sixty-seven years ago, Dr. Anne Carlsen came to the Crippled Children's School as an instructor. She inspired thousands, including teachers, physicians, students, caregivers, therapists and parents. Dr. Anne retired in 1981 but continued to reside and consult at the

Center until the time of her death in 2002. Noone contributed more than Dr. Anne. She gave her very self.

The Foundation balance at year-end 2004 was $18,500,000. We are committed to doubling that number in the next 10 to 12 years. We've spent $2.5 million dollars in the past two years to build independent housing units at the Center. The intent of that investment is to help residents reduce their lengths of stay at the Center and to train them to live as independently as possible. We are very confident that the investment in independent housing will enable residents to transition to more easily and more permanently to independent living settings as they leave the Center. We must upgrade our main building residential areas to better accommodate the medically fragile population. We have delayed that upgrade for financial reasons.

The young residents at the Anne Carlsen Center increasingly require greater care. It is a noble, difficult challenge to have sufficient monies to provide high quality care in settings that meets our expectations and expectation of parents and the public, including each of you as elected state legislators.

Your support of this legislation is appreciated. If you have questions or if you want to observe the environment first-hand, come to Jamestown and visit the ACCC. I promise you it will change you forever.

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
MARCH 2 2005

Chairman Holmberg, members of the Senate Appropriations Committee, my name is Dan Howell and for the past 5 years I have had the distinct privilege and honor to be the Chief Executive Officer of the Anne Carlsen Center for Children (ACCC) located in Jamestown, North Dakota. I am here today to discuss with you a reimbursement concern as it relates to special needs children with medical fragility. As you may be aware, the ACCC, which began in 1942, has taken care of the State's most vulnerable and fragile children over the course of our 62 years. Beginning in 1991, the ACCC began taking children with serious medical fragility issues. The problem that we are facing today is one of shortfalls in reimbursement. Plain and simply, the actual costs of services provided by the ACCC is increasing faster than the reimbursement for these same services received by the State of North Dakota for care of children with medical fragility. We are seeking additional reimbursement to cover the costs of care necessary for these medically fragile children.

In the binders that have been passed out to you are a number of items that provide background information with regards to the ACCC. Tab 3 is a brief snapshot of my written testimony today.

The ACCC has been serving children from around the world since 1942. Presently, we have 52 licensed and occupied ICF/MR beds. Forty-eight (48) of these children reside in the State of North Dakota. Four (4) children are from other states. We have 8 children on an active waiting list, which means that if additional licensed beds were granted to the Center, the Center could be serving more children than it currently does.

The ACCC uses as a definition of medical fragility, a definition that was taken from the National Pediatric Skilled Nursing Facility organization called Building Bridges. This group originated in Portland, Oregon, and has offered these criteria for classification of children with medical fragility. It is my understanding that the Children's Care Hospital and School in Sioux Falls, South Dakota, also uses this definition for children with medical fragility, as well as a number of organizations in Florida and Illinois.

By using these definitions, 17 children out of a total of 52 currently residing at the Center would meet the definition of medical fragility. In further discussions with Carol Olsens staff, we have come to understand there are approximately 11 other children who reside in ICF/MR facilities around the state who meet the definition of medical fragility. Additional interesting facts to note about these children with medical fragility at ACCC are:

- All 17 children being served at the ACCC with medical fragility are from the State of North Dakota. Ten (10) of these children are from urban areas of the state and 7 from rural areas.
- Over the last decade the number of children with medical fragility has stayed relatively constant. In 1994, the Center would have had 19 children by definition that would have been classified as medically fragile and today we have 17 children.
- It is difficult to assess what the future holds for children with medical fragility, but as technology continues to advance and premature children are living longer, it would be a safe bet that these numbers would at least stay constant.

- **The average age of our medically fragile child on admission to the ACCC is 6 years old while the overall population of the ACCC's average admission age is 9 years old.**
- **The average length of time a medically fragile child stays at the ACCC is 8.2 years.**

With the Center having a pediatrician on staff half time, a number of hospitalizations for children who are medically fragile are avoided on a yearly basis. In 2003, it was documented that 40 hospital days were avoided due to the Center having the medical and technical capabilities to take care of these children right at the Center. In 2004, it was documented that 209 hospital days were avoided. In doing research, the average Medicaid reimbursement for a day in the pediatric intensive care unit or the neonatal intensive care unit, where many of our children would end up if they were hospitalized, was approximately $2,000 per day.

The current 2004 interim rate for care of children at the ACCC is $276.82 per day. Looking at the hospital days avoided and the differences between Medicaid reimbursement and what the ACCC gets reimbursed it is worth noting that the difference in 2003 was

approximately $68,980, and in 2004 the savings to the Medicaid program by keeping these medically fragile children at the ACCC and avoiding 209 hospital days was approximately $360,145.

The cost per day for taking care of children with medical fragility as indicated earlier has far exceeded the reimbursement levels currently experienced by the ACCC for taking care of these medically fragile children. The cost per day for ACCC taking care of these children in 2004 was, on average, $459.69 a day. Our interim reimbursement rate for that same period from DHS was $276.82 per day. This equates to a difference, or loss, of $182.87 per child per day.

We estimate that in the year 2004, the ACCC received $66,747 less in reimbursement per year for each medically fragile child than what it costs to provide that same service. That $66,747 loss is per medically fragile child per year. In carrying that equation out, it equates for those 17 children an annual loss of $1,134,699 per year or $2,269,398 for the biennium.

As I was preparing for this testimony, I had to look no further than down the main corridor of the Capitol Building to the Roughrider Hall

of Fame recipients and Dr. Anne Carlsen's photo. Dr. Anne Carlsen spoke very eloquently with regard to children with medical fragility. Dr. Anne Carlsen held one philosophy and that was that all children deserved the chance to be as independent as possible within the confides of their disability, and for medically fragile children, she said, and I quote, "There is a higher price tag associated with their care and the quest to become independent. The rewards in the community make it well worth the investment. Their growth should not be limited because of what are often preconceived notions that they may never contribute to society."

The House of Representatives has graciously added an amendment to HB1012 for $100,000 general fund dollars to enhance funding for medically fragile children. This amendment will allow leveraging of Federal Medicaid dollars of an additional $184,900, for a total of $284,900.

Chairman Holmberg, and members of the Senate Appropriations Committee, I urge you to increase what your colleagues in the House have done to HB 1012, and to support in increase in the amendment of an additional $300,000 general fund dollars, and to require the Department to distinguish medially fragile children in North Dakota

from the remaining ICF/MR population without such complex medical disabilities.

TESTIMONY
BY
CALVIN N. ROLFSON
TO
SENATE APPROPRIATIONS COMMITTEE
NORTH DAKOTA LEGISLATIVE ASSEMBLY

RE: HB 1012
MARCH 2005

Mr. Chairman, Committee Members:

My name is Cal Rolfson. I represent The Anne Carlsen Center for Children in Jamestown, North Dakota. I have served on the Center's Board of Directors and have previously served on the Governing Board and as General Counsel of Lutheran Health Systems that formerly owned the Center. The Anne Carlsen Center is now a stand-alone North Dakota nonprofit institution that serves and cares for 54 ICF/MR developmentally disabled kids, nearly 2/3^{rds} of which are the State's most medically complex and fragile children - 17 out of a total of about 28 kids in the entire state.

My testimony is intended to supplement, not duplicate, the testimony of the Center's CEO, Dan Howell. I will add a legal perspective to the funding disparities faced by the Center.

Please refer to Tab 7 of the exhibit packet you previously received. Tab 7 is part of the Administrative Rules of the ND Board of Nursing. Note the definition of "stable" on the third page of Tab 7 [NDAC 54-01-03-01 (53)]. Essentially, to have a medical condition that is "stable," the patient's status must be "predictable, non-fluctuating and consistent." Now turn two more pages in Tab 7 [NDAC 54-05-01-02.1(4)(a) &(b)]. Subdivisions 4(a) and (b) of this section outline restrictions upon LPN's practice. It states they may independently care for clients that are stable or predictable, but may only "assist" with clients that are critical or unpredictable.

Now, if there are any patients in North Dakota that are unstable or unpredictable, it would be the medically fragile kids at The Anne Carlsen Center for Children. The Department is aware of this rule, but only funds professional care for the Center at LPN levels (currently, $16.10 per hour). They don't fund at skilled RN salary levels nor do they fund at MD/pediatrician levels. The Center's average nursing salary is $22.00 per hour, because they must employ RNs. Department staff tell the Center that they are free to hire whomever they wish for the $16.10 per hour

reimbursement rate. Of course, to do its job properly, to follow the law and to avoid law suits for substandard care, the Center is required medically and legally to care for these complex and fragile kids through specialized pediatricians and registered nurses who, in turn, direct the cares provided by LPNs. The fact that DHS staff tells the Center they may hire whomever they want is simply not helpful nor reality.

If the Anne Carlsen Center continues to only receive reimbursement for its professional caregivers for these 17 kids funded at the LPN level when the Center is required by medical and legal necessity to also use MDs and RNs for their care, the Center will essentially have one of four choices.

1. They can continue to use more than $1 million annually of their donated foundation dollars to fund the deficit in the day-to-day operations of the Center's medically-fragile unit. That risks drying up donor gifts to the Center. That also jeopardizes the uses to which donor dollars are intended and which the state doesn't fund, such as necessary capital projects, purchase of vital medical equipment, and the like. I know of few people who give

to foundations in order to fund day-to-day operations; or

2. They can be more fiscally prudent by refusing to accept medically-fragile children in the future and let other ICF/MR-licensed facilities like hospitals, nursing homes, group homes or the Grafton Developmental Center care for them - at a likely higher cost to the State. Nursing homes are admittedly no place for a four-year-old medically fragile child with all the expensive machinery and professional staff needed to keep that child alive; or

3. The Center can hire and use only the LPNs for which they receive State funding. Of course in doing so, they would violate state law and would risk liability exposure to the Center and to the State of North Dakota. I've heard that scenario termed a mini-ARC lawsuit exposure; or

4. The Anne Carlsen Center can come to the State's policymakers, tell our story and seek a change. We have elected this option.

Just to make it clear, the Center is essentially a step-down pediatric

ICU hospital with superb care and the best fiscal deal for the State.

We recently had three meetings with DHS Director Carol Olson and her staff, explaining our need, and explaining the legal risk for not doing something. Director Olson understood and graciously worked with us and her staff to try to come to a common number - a number that would reflect the needs at the Anne Carlsen Center. See Tab 9 reflecting an unaudited loss to the Anne Carlsen Center in 2004 of $704.764.

We were originally seeking reimbursement levels of $459 per child per day. That's what it takes to fund the Center's direct and indirect costs without losing $1.1 million annually-as it does today. Currently, the Center only receives from DHS $276 per child/day. (Other care centers in ND receive $320+ per child/day for care of non-medically fragile children and adults). The $459 per child/day is the breakeven amount needed by the Center. That would amount to an enhancement to the "DD Grants" line item of about $2.2 million for the biennium.

To address this dilemma, the Center proposed two things in the House.

First, we are requested enhancement of the DHS-DD Division grants

line item by adding approximately $1.2 million for the biennium for this purpose ($400,000 in State dollars). Approximately two-thirds of this total would come from Medicaid under the FMAP formula.

The House has graciously agreed to enhance the DHS budget in this area by $284,900 ($100,000 in general fund dollars and $184,900 in Medicaid matching dollars under the FMAP). That's about 25% of our basic need.

The second part of our proposal in the House called for a policy direction to the Department that would require them to adopt rules that identify differences between the funding required for medically fragile children and non-medically fragile ICF/MR children and adults. It is clearly needed to distinguish between the two because of the obvious and significant cost differences. However, the House elected not to add that policy requirement to the bill. We would like the Senate to look at that as well.

I conclude with one example of how well the Anne Carlsen Center for Children serves the State in this area and how critical their services have become. Tab 8 is an internal ACCC memo describing a serious financial emergency faced by the Department's DD division in a particular case. A

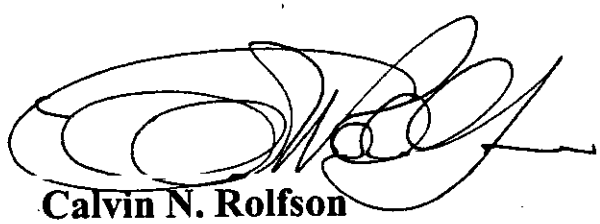
child was being cared for at Mayo's NICU in Rochester, Minnesota. The DD Division was in a financial bind because The Anne Carlsen Center was approved by DHS to receive this child and the DD Division wanted the Center to move more quickly to take the $2,000 per day financial burden off the State that Mayo was billing to the State for this one child. The Center had to find additional skilled nurses to care for this child. They eventually did. Note in Tab 8 the empathy the Department had for Mayo when the DD Division reported that "... it wasn't fair to Mayo not to pay them ..." their $2,000 per day fee for this child. But notice also how the Department relied upon The Anne Carlsen Center to essentially save the State 86% of Mayo's charges by having the Center care for this same child at one-seventh (14%) of Mayo's charges for essentially the same care Mayo provided ($2,000/day at Mayo vs. $276.82/day at ACCC). In other words, the Department felt it needed to pay Mayo its charges, but wanted to quickly transfer the child to The Anne Carlsen Center where the Center would lose hundreds of dollars per day at the $276.82/day State reimbursement rate. There's some real frustrating irony for Anne Carlsen in that example.

The Anne Carlsen Center for Children is the State's largest and best equipped caregiver for medically fragile children. Interestingly, they are also the least expensive caregiver for these precious little citizens. However, they simply can't afford to subsidize the State any further without serious jeopardy to them and the State of North Dakota.

Please take time to review "Zack's Story" at Tab 11. Also, take a look at the photo gallery at Tab 12 and view the 20-minute DVD describing three of the Center's kids and their proud parents.

Thank you for the honor of appearing before you today.

I remain available to answer your questions.



Calvin N. Rolfson
Lobbyist #75

Anne Carlsen Center for Children

Reimbursement Dilemma

- **The Anne Carlsen Center for Children ("ACCC" or "Center") in Jamestown, North Dakota, is an ICF/MR institution licensed by North Dakota. It provides care to a majority of the State's most medically fragile children.**

- **ACCC is licensed for 52 beds. Seventeen (17) of the Center's 52 children are medically fragile children.**

- **ACCC is staffed "24/7" by a broad array of caregivers specialized in medically fragile children, including pediatricians, RNs, LPNs, RTs, clinical psychologists, and social workers.**

- **A diagnostic example of the level of medical fragility of a typical child at the Center may include congenital myelomalacia of the spinal cord, hypoplastic lungs and thorax, seizure disorder, brain atrophy, tracheostomy, gastrostomy and ventilator dependency, and congenital facial abnormalities.**

- **For reimbursement purposes, the State (DHS) treats funding of medically fragile children (those 17 out of 52 at ACCC) the same as all other children and adults in ICF/MR facilities across the state including those with no physical disabilities (e.g., children and adults with autistic spectrum disorders).**

- **The State (DHS) currently reimburses the Anne Carlsen Center $276.82/day for each of its 52 children under their care regardless of their medical complexity and fragility.**

  - **The non-medically fragile children (e.g., autistic) cost the Center an average of $312.49 per day per child (35 children). The State reimburses $276.82/day/child for this category.**

  - **Medically fragile children at the Center (17) cost an average of $459.69 per day per child. The State reimburses $276.82 per day per child for this category.**

- **The Center loses an average of $66,748 each year per medically fragile child, for a total direct and indirect annual loss absorbed by the Center of $1.1 million for just its 17 medically fragile children alone. The Center must access its donated Foundation funds used for future construction and modernization to cover this day-to-day operational loss.**

- **Because of the unique "24-7" care required, medically fragile children should be reimbursed at a rate different from those requiring significantly less complex and continuous care.**

- **Without adequate funding increases, ACCC may be faced with the option of refusing admission of medically fragile children or risk financial harm to the whole institution. The Anne Carlsen Center will not reduce the care being given to children currently under their care because of a 62-year tradition to serve these special kids.**

- **According to the North Dakota Medicaid Department, reimbursement for a medically fragile child at a neonatal or pediatric ICU hospital (e.g., Mayo) is approximately $2,000 per day. ACCC provides essentially the same services as a hospital pediatric ICU for $459.69 per day and currently receives State Medicaid reimbursement of only $276.82 per day.**

- **Funding sources for ICF/MR facilities serving North Dakota's developmentally disabled children like those at the Center come from Federal Medicaid dollars (about 2/3^{rds}) and from State general fund dollars (about 1/3rd) under the FMAP formula.**

- **DHS reimburses the ACCC $16.01 per day for professional nursing costs. In statewide surveys this is similar to a licensed practical nursing wage. Because of the fragility of children at the Center, many of the nursing staff must, by law, be registered nurses. The average nursing salary at the Center is $22.00 per hour. Under the Rules of the Board of Nursing (NDAC 54-05-01-02.1), an LPN may not provide unsupervised direct care to medically fragile clients, like ACCC's children. Physicians and registered nurses are required by law to provide or supervise that "24/7" care. DHS does not currently fund the physicians or registered nurses that are legally required by the Center to care for these children.**

- **Other states (e.g., South Dakota, Illinois, Alabama, Florida) distinguish their medically fragile children from adults and children that are not medically fragile and reflect it in funding enhancements for medically fragile children.**

- **If North Dakota's medically fragile children are not at the Anne Carlsen Center for Children, they would be either at a hospital pediatric ICU unit, in a nursing home, or at the Developmental Center in Grafton where the same level of "24/7" medical and nursing care is required, but maybe more expensive.**

- **The ACCC seeks modest funding enhancements to the DHS budget (HB #1012) to resolve this crisis.**

From: Donna Lefevre
To: Bette Johnson; Mary O'Meara; Myra Quanrud
Date: 9/9/2004 4:11:02 PM
Subject: A.K.

regarding Arianna [redacted] - we got a call today from Dan Johnson at the state medicaid office. He works in approving out-of-state hospitalization as well as durable medical equipment. I think by the time he got to me - he was somewhat calmed down - but I think initially pretty upset when he first called.

He questioned why we couldn't take Arianna [redacted] sooner than 9/16 as she was ready to be discharged and therefore they couldn't justify payment of continued NICU for her at Mayo at a cost of $2000/day. I tried to explain the need to find the right ventilator and its equipment and the training of nurses.

In the end he stated that he understood everything was set up for that day - and they would approve continued payment at Mayo until Sept. 16 - as it wasn't fair to Mayo to not pay them. However, he asked that we consider this issue in the future when we make admission determinations and determine admission dates. He stated we could contact him as a resource to help find equipment and transporting equipment here, etc. They would try to help us in every way possible to make an admission date happen sooner rather than pay for continued days in a hospital.

Finally, he asked why purchase of the ventilator for Arianna isn't being considered, rather than rental as it appears she may be on the vent long term. M.A. pays up to $15,000 for purchase of ventilators. I told him I would pass this question along and you would call him about this Mary as it would certainly be financially advantageous if we didn't have to rent a vent! His phone number is: 328-4027.

Thanks.

Thanks.

CC: Dan Howell; Marcia Gums

⊛ An internal ACCC memo documenting the DHS/DD Division's concern at paying Mayo $2,000/day for a medically fragile child and seeking transfer of the child to the Center – for which DHS currently reimburses the Center $276.82/day. The annual loss to the Center, per child, is $66,747. There are 17 medically fragile children (of 52) cared for by the Center.

Anne Carlsen Center for Children
Fiscal Year Ended December 31, 2004

draft

Preliminary Reported Unaudited ICF/MR Costs per Anne Carlsen Center for Children (ACCC) .		$5,012,899
Guesstimated ICF/MR Audit Adjustments		($34,313)
Guesstimated Total Adjusted Costs		$4,978,586
Guesstimated ICF/MR Budget Limitation (Guesstimated Total Adjusted Costs less *preliminary* ICF/MR approved budget)		($752,766)
	Subtotal	$4,225,820
Guesstimated Cost Allocations to ICF/MR:		
Property Allocation	$173,233	
Plant Allocation	$192,949	
Transportation Allocation	$49,858	
Dietary Allocation	$135,682	
Administrative Allocation	$527,536	
Total Guesstimated Allocations to ICF/MR		$1,079,258
Guesstimated Total ICF/MR Allowable Costs as Adjusted		**$5,305,078**
Estimated Units (per ACCC) *		18,825
Guesstimated Unit Rate		**$281.81**

* NOTE: Estimated units consist of 77 private pay, 1,224 out of state and 17,524 ND-DHS units.

Estimated ND-DHS ICF/MR Reimbursements for ACCC (per ACCC)	$5,030,159
Estimated ND Medicaid Recipient Liability (per ACCC)	$51,017
Estimated ICF/MR Reimbursements from Other States (per ACCC)	$414,637
Estimated Total ICF/MR Reimbursements	**$5,495,813**
Guesstimated Total ICF/MR Allowable Costs as Adjusted	$5,305,078
Estimated Total ICF/MR Reimbursements less Guesstimated Total ICF/MR Allowable Costs as Adjusted	$190,735
Less Guesstimated ICF/MR Overpayment Returned to ND-DHS on Audit	$142,733
Equals Estimated Net ICF/MR Gain Retained by ACCC	$48,002
Plus Guesstimated ICF/MR Budget Limitation	($752,766)
Guesstimated Overall ICF/MR Gain or (Loss) to ACCC	**($704,764)** ⊛

Anne Carlsen Center for Children has identified 17 children they consider "medically fragile." The guesstimated ICF/MR gain or loss for these 17children is approximately $?????? .

⊛ These are DHS numbers (unaudited) showing the dollar loss to the Anne Carlsen Center in 2004, most of which came from caring for 17 medically fragile children.

Dr. Anne's thoughts

Since opening in Jamestown in 1941, the Anne Carlsen Center for Children has held one philosophy: All children deserve the chance to become as independent as possible within the confines of their disability.

For medically fragile children, there is a higher price tag associated with their care in their quest to become independent. But the rewards for them and their community make it well worth the investment. Their growth should not be limited because of what are often preconceived notions that they may never contribute to society.

The Center's namesake, Dr. Anne Carlsen, was surrounded by a community that believed in her endless potential and spirit. What would her fate have been if her supporters and caregivers turned away?

"Let's go on the basis that there is a future for these youngsters," she once wrote. "You can't put limits on the human mind and spirit."

An earlier writing of hers posed this question: "A mind, a spirit, a soul – can these be allowed to warp and deteriorate? Do we not need conservations of human lives as well as conservation of our forests and mineral wealth?"

And, she later said, "All people deserve the same rights and privileges as other people do. All people deserve to have an education geared to their ability level, to reach their potential, to develop their abilities.

"The handicapped only wish to be though of as persons, persons of worth...they should not be devalued because of physical impairment. This is most important for everyone to know. We must educate people to see the similarities, not the differences – and to see the person, not the disability."

Anne Carlsen Center for Children

Changing Lives Forever

STUDENT/DIAGNOSIS 2005

	Gender	Diagnosis	Treatments/Medications
1	M	Congential Myelomalacia of the Spinal Cord (C5-T3); Hypoplastic Lungs and Thorax; Seizure Disorder; Brain Atrophy; Tracheostomy (8-29-95); Gastrostomy (8-4-95); Failure to Thrive; Ventilator Dependant, Latex allergy, Obsessive compulsive behavior	**G-tube, trach**, Epi-Pen Jr. IM for anaphylaxis, **Ventilator when ill**, cool aerosol to trach for moisture, Singulair daily, Flintstones complete vitamin daily, Glycolax daily, Zoloft daily, Zyrtec daily, Feosol TID, Oxybutynin TID, Baclofen TID, cleanse g-stoma BID, cleanse trach stoma site every shift, Soy milk per g-tube at 12am if not taken orally, water flushes 5 times per day, trach change two times per week and PRN, Albuterol nebs PRN, CPT per Vest BID and PRN, Nasonex spray daily, Flovent inhaler BID, Atrovent neb PRN, Patanol eye drops TID for allergies, suction trach PRN, 02 to keep 02 sats above 92%, Benadryl for severe allergy reaction every 4 hours PRN, **02 sat monitor. Significant milk allergy**
2	M	Seizure Disorder, Trisomy 21(Down's Syndrome), Anoxic Encephalopathy with profound MR, seizure disorder, Tracheostomy, gastrostomy tube, Cerebral palsy with spastic quadriplegia, Gastroesophageal reflux, Bronchopulmonary dysplasia, Chronic reactive airway, Hypothyroidism, Endocardial cushion defect	**G-tube, trach**, cool mist to trach, Baclofen pump, trach change twice weekly and prn, multivitamin daily, mom daily, prune juice daily. Calcium Carbonate daily, Levothyroxine daily, Dulcolax supp PRN, Probalance feeding three times per day and at night time per pump, water flushes 7 times per day, CPT per Vest TID and PRN, Flovent inhaler BID, Atrovent nebs TID and PRN, Duoneb PRN, Albertol neb PRN, Adult fleets enema PRN, Lorazepam Intensol 0.5ml sublingual every 4 hours PRN for seizure activity over 5 minutes and may repeat after 10 minutes times 1 if necessary, cool mist per trach to keep trach secretions thin, trach suction prn, **02 monitor** to keep 02 sats above 88%, Mickey button
3	M	Severe dystrophy with resultant respiratory failure; status post grade III bilateral intraventricular hemorrhage: Gastroesophageal reflux; bilateral cryptorchidism, history of aspiration	**G-Tube, Trach, ventilator at night time and during nap** times for two hours at a time, change tracheostomy two times daily and PRN, oxygen PRN to keep sats above 93%, trach suction PRN, Calcium

	Gender	Diagnosis	Treatments/Medications
		pneumonia, Gastrostomy with Nissen fundoplication, ventilator, tracheostomy	carbonate, Milk of Magnesia daily, Colace BID, Carnitine TID, Nutren Jr BID and at HS per pump, Water flush 4 times per day, Prune juice 2 times per day, Passey Muir valve, Cool or warm mist per trach PRN, Albuterol Nebs PRN, Colace daily, CPT Vest BID and PRN, Flovent inhaler 2 puffs BID, **02 sat monitor.**
4	M	Perinatal Asphyxia with anoxic Encephalopathy, Seizure disorder, Gastrostomy and Nissen Fundoplication, Methicillin Resistant Staphylococcus aureus	**G-tube**, Head circumference every 3 months, clean gastrostomy site bid, suction almost continuously orally and nasally, Multivitamin with mineral BID, vitamin D, Phenobarbital BID, Calcium Carbonate BID, Keppra BID, Zantac BID, CPT with Vest TID, Atrovent neb BID and PRN, Xopenex neb TID and PRN, Racemic epi neb PRN, Pulmicort neb BID, Artificial tears to both eyes while awake, Elecare 4 ounces every 4 hours per g-tube, Topamax BID, 02 to keep 02 sats above 90%, **02 sat monitor. Modified to full isolation for MRSA**
5	M	Cerebral Palsy with spastic quadriparesis secondary to severe neonatal hypoxic ischemic encephalopathy, Seizure disorder, global developmental delays, Tracheostomy, Gastrostomy, visual and hearing impairments	**G-tube, trach**, Prune juice or apple juice once daily, Cerovite daily, Sodium Fluoride drops daily, Mineral Oil daily, Prilosec daily, Lamictal BID, Chlorhexidine rinse to mouth bid, Clonazepam BID, **02 sat monitor when unattended**, cool mist prn to thin trach secretions, trach, mic-key button, Maalox TID, Robinul 5 times a day, Water flush 4 times daily, clean trach stoma BID, clean g-stoma BID, change trach weekly and PRN, Promote per pump QID and night time, Albuterol Nebs PRN, Saline neb PRN, CPT per Vest TID and PRN, Atrovent Neb daily, Pulmicort Neb daily, Lubifresh P.M. ointment to eyes every 2 hours and PRN, trach suctioning prn, oral suction prn, 02 to keep sats above 92%, K-pad PRN for low temp 96.0 or lower, Diazepam for seizure activity over 10 minutes.
6	F	Myelomeningocele at L-4 sacral area, status post repair, Chiari type II malformation, status post decompression, VP shunt and revision, Bilateral vocal cord paralysis, Laryngomalacia secondary to vocal cord paralysis, obstructive sleep apnea	**G-tube, trach, ventilator at night time and during the day as needed,** cool mist to thin secretions, Passey Muir valve, continuous oxygen, **02 sat monitor and apnea monitor**, trach change weekly and prn, Atrovent nebs prn, prune juice daily, Zantac twice daily, massage tear ducts three times daily, Good Start Supreme formula 5 times per day per g-tube, vent g-tube every hours and PRN, Saline neb PRN, CPT PRN, Xopenex neb PRN, Flovent inhaler BID, Colace BID, ½ Glycerin supp every 3rd day if no stool, Mickey button, head circumference monthly, weight weekly. **Latex precautions**
7	F	Cerebral Palsy, Profound mental retardation, Seizure disorder, GERD, G-tube, spinal fusion, Gastrostomy	**G-tube**, Calciferol daily, prune juice BID, Lamictal BID, Clonazepam Bid, Trileptal BID, Isosource TID per g-tube, Critic-Aid to g-stoma BID and PRN, Diastat per rectum for seizure activity over 3 minutes, Water flush QID and after feedings, Isosource per pump at night, clean g-stoma BID, CPT PRN,

	Gender	Diagnosis	Treatments/Medications
			Albuterol Nebs PRN. Log roll only 2-3 person lift, vent g-tube PRN, Carafate paste to g-stoma PRN, 02 to keeps sats above 90%, Milk of Magnesia every other day PRN, vent g-tube as needed.
8	F	Post herpes encephalopathy, right hemiparesis, seizure disorder, oral motor difficulties, visual impairments, expressive aphasia, Vagus Nerve Stimulator, Gastrostomy	**G-tube, VNS (Vagal Nerve Stimulator)** Docusate daily, Miralax daily and PRN, Keppra BID, Felbatol TID, Depakene syrup TID, Multivitamin chewable daily, Carnitine liquid TID, Promote per g-tube TID, Nasonex nasal spray daily, Lorazepam for hard seizure activity over 10 minutes. VNS magnet PRN for seizure activity.
9	F	Cerebral palsy with spastic quardriplegia, Seizure disorder, Cortical blindness, static encephalopathy, scoliosis, chronic right hip dislocation, spinal fusion, Gastrostomy, Urinary Stents	**G-tube**, O2 PRN, Ferrous sulfate, Cerovite liquid daily, Phenobarbital, Levothyroxine, Oxybutynin, Clorazepate, Calciferol daily, Glycolax powder daily, Clorazepate daily, Levothyroxine daily, Calcium Carbonate BID, Naprosyn BID, Zantac BID, Chlorhexidine rinse to mouth BID, Ferrous Sulfate BID, Carnitor TID, Neurontin ZTID, Neutra-phos TID, Valproic Acid TID, Oxybutynin TID, Baclofen QID, Dulcolax supp every second day if no stool, Diazepam rectally PRN for seizures over 5 minutes for cluster seizures over 15 minutes may repeat if not effective, Peptinex TID and at night per pump, water flushes six times per day. ProMod BID, CPT per Vest BID and PRN, suction orally as needed PRN, Cough machine as needed, Albuterol nebs PRN, may straight cath PRN if no urinary output in 12 hours, 02 to keep sats above 90%, 2-3 person lift or Hoyer lift, **02 sat monitor PRN**
10	F	Alcardi Syndrome, Agenesis of the Corpus Callosum, Seizure disorder, Scoliosis, retinal Coloboma	Urine dipsticks for ketones with every void related to ketogenic diet, Multivitamin sugar-free daily, Vitamin D daily, Milk of Magnesia daily, Neutra-phos daily, Phenobarbital BID, Calmag Zinc plus D BID, Glycolax powder BID, Carnitor TID, Trileptal TID, Valium rectally PRN for seizures over 15 minutes or prolonged clusters, Peds Fleets enema every third day with out BM, Diastat per rectum for seizure over 1 minute on outings, Chromium daily, Zonegram BID
11	M	Cerebral palsy-severe spastic quadriparesis, Seizure disorder, visual impairments, chronic respiratory problems, profound mental retardation, Gastrostomy, Baclofen pump	**G-tube, Baclofen pump**, Neurontin TID, prune juice, Neurontin, Lamictal BID, Robinul TID, Glycolax daily, Calciferol daily, Heartburn Relief BID, Neurontin TID, Clonazepam TID, Clonazepam TID, **02 sat monitor at night to monitor 02 saturations**, Probalance one can BID and at HS per pump, water flush 5 times per day per g-tube, prune juice BID, skim milk once daily per g-tube, CPT per Vest tid and PRN, cough machine bid and PRN, 2 person lift, log roll, Albuterol Neb PRN, Valium rectally for seizure activity if over 5 minutes, suction orally PRN, 02 PRN
12	F	Hydranencephaly, VP shunt due to hydrocephalus, profound mental	**G-tube**, Multivitamin daily, Baclofen QID, water flushes 6 times per day, Promote with fiber offered

	Gender	Diagnosis	Treatments/Medications
		retardation, Gastrostomy, spinal fusion, Nissen fundoplication	orally if not taken orally then given per g-tube, EES gel to acne at HS, Echanachea root, Milk of Molasses enema every other day, Vent g-tube frequently, 2 – 3 person lift, log roll, Glycolax daily, Ibuprofen TID, Dicto TID, Mylanta extra strength TID, Artifical tears PRN, Guaiac stool monthly due to Ibuprofen use, weigh monthly
13	F	Immunodeficiency with Ataxia-telangiectasia syndrome, history of aseptic meningitis due to influenza A, viral meningeal encephalitis, history of seizures with meningitis, right hemiparesis, dandy walker abnormalities, bifrontal and right parietal infarction, spastic quadriparesis, Gastrostomy, Nissen fundoplication, right sided visual field defect, astigmatism, porta cath	**G-tube, Porta cath** central line, Multivitamin with iron daily, Calciferol daily, Docusate BID, Iron sulfate BID, Lamictal BID, Diazepam BID, Baclofen TID, Carnitor TID, Lactulose TID, Robinul TID, Naprosyn TID, Valproic acid TID, Misoprostol QID, K-Poly Bac-eye ointment to eyelids and eyelashes at bedtime daily, Promote with fiber TID and at HS per pump, Water flushes per g-tube 5 times a day, cleanse g-tube BID, Albuterol nebs BID and PRN, Ayr line nasal gel BID and PRN, IV Gammagard once monthly per RN, Bisacodyl supp every second if no BM, 2 person lift, 02 to keep sats above 90%, suction PRN, Diazepam PRN for hard seizure over 5 minutes (may give dose every 4 hours, call physician if given)
14	F	Seizure disorder, global psychomotor retardation secondary to group B sepsis as a neonate, static encephalopathy, global developmental delays, generalized hypotonia, hypermobility of joints, left hemiparesis, oral motor dysfunction with feeding difficulties, pervasive developmental disorder, spinal fusion, Vagus Nerve Stimulator	**G-tube**, Colace daily, Calciferol daily, Ferrous sulfate TID, prune juice BID, Keppra BID, skim milk, Valproic acid TID, Carnitor QID, MOM daily, skim milk daily per g-tube Promote per g-tube 4 times per day, water flushes per g-tube 4 times per day, Diazepam per g-tube for seizure activity over 5 minutes or 10 minutes partial seizure activity may give 2.5mg if not effective, log roll only, **VNS (vagal nerve stimulator)** – may use one of the magnets at the beginning of seizure activity. Hold magnet on device for 3 seconds then remove. If seizure continues the magnet can be used for 3 seconds every 60 seconds PRN. If prolonged stridor with seizure, tape horseshoe magnet flat over stimulator, leave it in position and call physician).
15	F	Chromosome abnormality, Seizure disorder, heart defect, psychomotor retardation, glaucoma, left cataract	Childlife multivitamin and minerals daily, Levothyroxine daily, Unifiber BID, Carnitor TID, Topamax TID, Valproic acid TID, Oxygen PRN, CPT PRN, Valium rectally PRN for seizure activity.
16	M	Waardenburg Syndrome, possible Hirschsprung's disease, Ileostomy with revision, congential deafness, opsoclonus (dancing eyes), possible Seizure disorder, Gastroesophageal reflux, failure to thrive, sphincter dysergia with significant postoperative Hirschsprung type enterocolitis	**Broviac central** line with sterile dressing changes every 7 days and PRN, Flintstone vitamins daily, table salt on food ½ tsp BID, Heartburn Relief BID, FeSO4 TOD, Artificial tears to each eye TID, Vitamin C TID, Simethicone QID, Heparin flush to Broviac central line one daily by RN, Enterostomal cares with every stool, weight every 4 weeks. **Significant egg and whey allergy**
17	M	Cerebral palsy with spastic quadriplegia, Seizure disorder, Cortical blindness, mental retardation, history of respiratory	**G-tube**, Calciferol daily, Carnitor TID, Valproic acid QID, Xalatan eye drops daily, water flush per g-tube TID, Promote per g-tube five times a day, prune juice

	Gender	Diagnosis	Treatments/Medications
		and ear infection, chronically dislocation of left hip, Scoliosis, probable fetal alcohol syndrome, Gastrostomy with Nissen fundoplication	daily and PRN, milk per g-tube once daily, Albertol Nebs PRN, CPT per Vest BID and PRN, Racemic epi Neb PRN, Atrovent neb PRN, Lacri-lube at HS and PRN, 02 PRN to keep 02 sats above 90%, suction orally PRN.
18	M	Cerebral palsy, Seizure disorder, Porencephalic cyst, visual impairment	**G-tube**, Prune juice, Centrum daily, Ca-fortified orange juice daily, Vitamin D daily, Glycolax powder daily, 2% milk BID, Mebaral BID, Valproic acid TID, Water flush 5 times a day, Fleets enema every 2nd day if no large stool, Glycerin supp every evening if no large stool, vent g-tube every 2 hours and PRN, CPT Vest PRN, TAO to granulation tissue BID.
19	M	Cerebral palsy, spastic quadriplegia, panglobal developmental retardation, Seizure disorder, probable Cortical blindness, Gastrostomy	**G-tube**, Miralax powder, Baclofen, Calciferol, Ferrous sulfate elixir, Miralax powder, Topamax, Diocto, Trileptal, Zantac, Motrin tid, Metoclopramide tid, Carnitor tid, Potassium qid, Diazepam, Promote per g-tube 3 times per day and night time drip per pump, water flushes per g-tube, vent g-tube PRN, Sodium chloride 20cc qid, MOM PRN, Fleets enemas PRN, Clemastine PRN, Diazepam per g-tube for seizure activity over 5 minutes
20	M	Cerebral Palsy, VP shunt, Seizure disorder, Latex allergy, abnormal breathing pattern, behavior, gastrostomy, spinal fusion	**G-tube**, MOM daily and PRN, Mag-Ox daily, Topamax BID, Keppra BID, Carnitor BID, Neurontin TID, Patanol PRN eyes, Elecare to g-tube 5 times a day, water flush to g-tube five times a day, Apricot or pear juice to g-tube daily, Triamcinolone BID PRN, Fluocinolone to bilateral ears daily PRN, Lacri-lube ointment to bilateral eyes daily PRN, Nasacort nasal spray BID, Benadryl at HS PRN for agitation, Patanol eye drops PRN, Clemastine PRN for nasal congestion, Diazepam rectally for seizure activity over 5 minutes, log roll, 2-3 person lift. **Latex allergy**

TESTIMONY

HB 1012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

HUMAN RESOURCES SUBCOMMITTEE

REPRESENTATIVE JEFF DELZER, CHAIRMAN

January 12, 2005

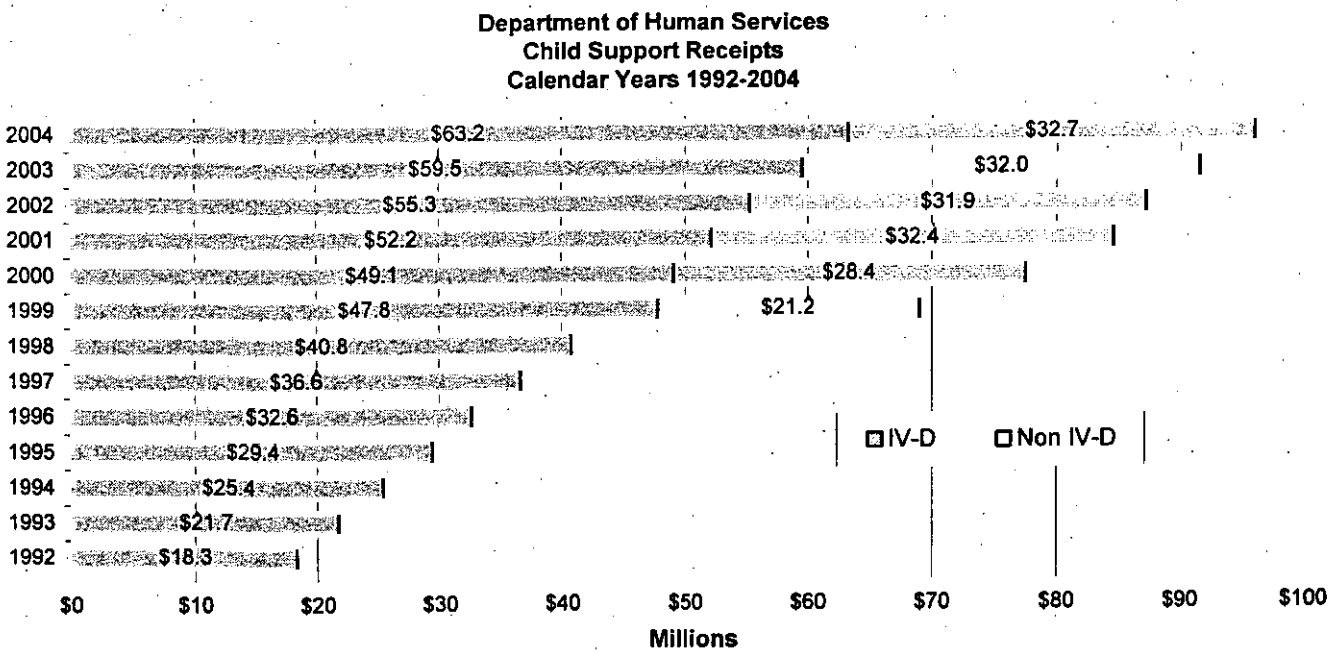
Chairman Delzer, members of the House Appropriations Human Resources Subcommittee, I am Mike Schwindt, Child Support Enforcement Director with the Department of Human Services. I am here to provide an overview of the Child Support Enforcement budget.

- **Caseload – The total IV-D caseload continues to increase each year, reaching 41,385 open cases at January 1, 2005. The nonIV-D portion included an additional 9,802 cases.**
  - **These cases include about 72,000 children, 43,000 custodial parents and 47,000 noncustodial parents.**
  - **Within the IV-D portion of the program, 4,740 cases are awaiting court orders which are the key to getting funds to the children.**

Department of Human Services
Open Child Support Cases
December 1999 through December 2004

	Dec-99	Dec-00	Dec-01	Dec-02	Dec-03	Dec-04
Non IV-D Cases	8,591	11,071	13,131	11,872	9,474	9,802
IV-D Cases	37,161	39,244	39,047	39,236	40,180	41,385

- **Collections continue to increase:**



For calendar year 2004, we received $95.9 million, a 4.8% increase over the previous year. The IV-D portion reached $63.2 million, up 6.2% while the nonIV-D portion increased 2.3% to $32.7 million.

Performance. This program is one of the few able to earn incentives based on how well we do our job. The other side of that coin is the risk should we not perform well enough. Of the three areas where a penalty can be imposed, our greatest exposure has been with the Paternity Establishment Percentage, (PEP).

I'm pleased to report that we – the RCSEUs, the CSSBs, the courts, the clerks and DHS/CSE - have together stepped up performance to where we were, nationally, the third ranked program in 2003. We eagerly await the 2004 round of comparative data to see how we fared with our contemporaries.

- **Selected performance measures and actual performance:**
  - **To rank as one of the top five programs in the nation.**

- In 2003 we were third. Still don't know ranking for 2004.

- Percent of children in IV-D cases born out of wedlock with paternity established or acknowledged.
  - In 2003 we were at 95.1% and increased to 100.85% in 2004.

- Percent of IV-D cases with court orders for child support
  - In 2003 we were at 85.7% and increased to 86.6% in 2004.

- Percent of current support owed on IV-D cases which is collected.
  - In 2003 we were at 71.3% and increased to 72% in 2004.

- Amount collected for each $1 spent.
  - In 2003 we were at $5.10 and increased to $5.37 in 2004.

Our performance also impacts directly on the receivables we have accumulated since the start of the program in 1975. At June 30, 2004, we had receivables of $206.7 million of which $102.2 million is assigned to the state. We can see that our efforts are paying off in that the growth in the IV-D portion of the program has been 4.81% while the nonIV-D portion, which one would expect to be the more willing payers, grew 8.83% over the preceding year.

Benefits. This program is one of the few that results in measureable savings to taxpayers. In addition to the millions we recover each year that are used to offset the TANF, Foster Care, and Medicaid programs, there is another, more difficult to measure component – that being cost avoidance.

According to a national study using 1999 data, "...each $1 received by a IV-D non-TANF family results in an average benefit reduction of $0.19 over the five programs [Medicaid, Food Stamps, Housing, SSI and TANF] evaluated." "The cost avoidance ratio is .042 for families receiving child support through

private transactions." (Essentially, our nonIV-D caseload) "The overall cost avoidance ratio for all non-TANF families is .118." *Child Support Cost Avoidance in 1999, Final Report, June 6, 2003.*

Our 2004 collections of $96 million would equate to cost avoidance of about $8.8 million per year or $17.6 million for a biennium.

More telling is a US Census Bureau report stating "The average family income for the 3.1 million custodial parents who received all the child support they were due in 2001 was $32,300 and their poverty rate was 14.6 percent." The report showed no significant difference in average income or poverty rates where the custodial parent received only a part of or none of the amount due. "Each ...averaged about $25,000 in family income and had poverty rates of around 25 percent." *Custodial Mothers and Fathers and their Child Support: 2001, October 2003.*

That's better than a 10% reduction in poverty levels when families can count on all child support due the kids each month.

- Overview of the budget request to House:

	2003-2005 Budget	2005-2007 Request	Increase (Decrease)
Salaries	3,251,032	3,473,576	222,544
Operating	3,299,283	3,031,745	(267,538)
Grants	1,990,853	1,885,000	(105,853)
Total	**8,541,168**	**8,390,321**	**(150,847)**
General	998,441	1,092,710	94,269
Federal	5,062,636	5,166,363	103,727
Other	2,480,091	2,131,248	(348,843)
FTEs	38.0	38.0	(0.0)

By line item, the budget to the House includes:

- The health insurance and compensation package adjustment by OMB, including the Governor's pay plan, which added $212,348 to the Salaries line. Of this, federal funds were $133,249 with general funds of $69,033 and unspecified income of $10,066. Temporary salaries and overtime total $127,000, primarily for the State Disbursement Unit, while the balance continues the salaries for existing staff.

- An overall decrease to the Operating line. The primary net decrease is in Operating Fees ($230,699) for payments to the Supreme Court and the Financial Institution Data Match consortium.

  Included are general funds of $215,016 for the Lake Region Regional Child Support Enforcement Unit (RCSEU) along with spending authority of $417,383 so that we could transfer the matching federal funds in support of their operations. Last session, the legislature added a section on legislative intent (Section 4) that this "...legislative assembly consider removing general fund support for the Devils Lake child support enforcement unit reservation project if the project's performance results do not improve during the biennium..." The attached schedule shows the relative performance results of that region compared to the other seven regions as well as its changed performance from Federal Fiscal Years 2002 through 2004.

- The Grants line which was decreased in the Governor's budget to recognize the decreased federal incentives available. Additional federal authority of $200,000 (total $400,000) for Access and

Visitation grants is included in this budget request. We are looking for the 10% match to be provided by outside agencies.

This concludes my testimony. I'll be happy to answer questions.

OCSE Performance Measures

FFY 2002 - 2004

Source: ES9-909-30

FFY 2004	Support Orders				PEP*				Current Support				Paying Arrears				Cost Benefit Ratio***				2004 PEP**			
	Line 1	Line 2	Percent	Rank	Line 5	Line 6	Percent	Rank	Line 24	Line 25	Percent	Rank	Line 28	Line 29	Percent	Rank	Expense	Collection	CBR	Rank	Line 5-03	Line 6-04	Percent	Rank
81 Williston	1,909	1,660	87.0%	6	944	899	95.2%	6	3,280,145	2,324,937	70.9%	7	1,558	1,004	64.4%	7	326,064	3,204,439	9.83	7	889	899	101.1%	4
82 Minot	4,745	4,167	87.8%	5	2,287	2,146	93.8%	8	9,352,391	6,971,652	74.5%	2	3,742	2,560	68.4%	5	655,643	8,985,319	13.70	2	2,200	2,146	97.5%	8
83 Devils Lake	3,854	2,931	76.1%	8	2,473	2,402	97.1%	1	4,517,575	2,676,982	59.3%	8	2,695	1,443	53.5%	8	637,129	3,854,544	6.05	8	2,383	2,402	100.8%	5
84 Grand Forks	5,749	5,088	88.5%	3	2,920	2,811	96.3%	4	11,085,457	8,220,278	74.2%	3	4,462	3,078	69.0%	4	807,115	10,977,305	13.60	3	2,758	2,811	101.9%	2
85 Fargo	8,360	7,250	86.7%	7	4,087	3,954	96.7%	2	17,306,026	12,494,018	72.2%	5	6,659	4,688	70.4%	2	1,146,367	16,407,743	14.31	1	3,932	3,954	100.6%	6
86 Jamestown	2,552	2,289	89.7%	1	1,143	1,082	94.7%	7	4,468,430	3,268,990	73.2%	4	1,990	1,381	69.4%	3	421,197	4,463,996	10.60	5	1,077	1,082	100.5%	7
87 Bismarck	6,487	5,715	88.1%	4	3,472	3,325	95.8%	5	12,221,125	8,706,938	71.2%	6	5,187	3,456	66.6%	6	1,059,129	11,774,460	11.12	4	3,244	3,325	102.5%	1
88 Dickinson	1,691	1,507	89.1%	2	767	740	96.5%	3	3,589,392	2,740,965	76.4%	1	1,305	977	74.9%	1	353,313	3,579,274	10.13	6	730	740	101.4%	3
Total	35,347	30,607	86.6%		18,093	17,359	95.9%		65,820,543	47,404,760	72.0%		27,598	18,587	67.3%		5,405,956	63,247,080	11.70		17,213	17,359	100.8%	

FFY 2003	Support Orders				PEP*				Current Support				Paying Arrears				Cost Benefit Ratio***				2003 PEP**			
	Line 1	Line 2	Percent	Rank	Line 5	Line 6	Percent	Rank	Line 24	Line 25	Percent	Rank	Line 28	Line 29	Percent	Rank	Expense	Collection	CBR	Rank	Line 5-02	Line 6	Percent	Rank
81 Williston	1,882	1,647	87.5%	5	889	774	87.1%	4	3,140,145	2,174,128	69.2%	7	1,521	963	63.3%	7	336,239	3,010,282	8.95	7	836	774	92.6%	8
82 Minot	4,597	4,025	87.6%	4	2,200	1,898	86.3%	7	8,727,155	6,499,119	74.5%	2	3,618	2,541	70.2%	5	601,206	8,420,534	14.01	2	2,046	1,898	92.8%	7
83 Devils Lake	3,753	2,757	73.5%	8	2,383	1,999	83.9%	8	4,178,650	2,413,959	57.8%	8	2,462	1,307	53.1%	8	657,087	3,470,522	5.28	8	2,016	1,999	99.2%	2
84 Grand Forks	5,534	4,904	88.6%	2	2,758	2,418	87.7%	2	10,594,992	7,824,309	73.8%	3	4,217	2,983	70.7%	4	766,333	10,505,048	13.71	3	2,536	2,418	95.3%	4
85 Fargo	8,084	6,964	86.1%	6	3,932	3,429	87.2%	3	16,597,704	11,865,982	71.5%	5	6,315	4,603	72.9%	2	1,104,979	15,647,135	14.16	1	3,680	3,429	93.2%	6
86 Jamestown	2,384	2,146	90.0%	1	1,077	967	89.8%	1	4,072,572	2,976,465	73.1%	4	1,842	1,337	72.6%	3	444,485	4,049,732	9.11	6	989	967	97.8%	3
87 Bismarck	6,262	5,368	85.7%	7	3,244	2,799	86.3%	6	11,079,459	7,792,382	70.3%	6	4,847	3,253	67.1%	6	1,011,229	10,912,881	10.79	4	2,976	2,799	94.1%	5
88 Dickinson	1,633	1,437	88.0%	3	730	635	87.0%	5	3,362,546	2,512,633	74.7%	1	1,247	945	75.8%	1	357,049	3,416,393	9.57	5	614	635	103.4%	1
Total	34,129	29,248	85.7%		17,213	14,919	86.7%		61,753,223	44,058,977	71.3%		26,069	17,932	68.8%		5,278,608	59,434,527	11.26		15,693	14,919	95.1%	

FFY 2002	Support Orders				PEP*				Current Support				Paying Arrears				Cost Benefit Ratio***				2002 PEP**			
	Line 1	Line 2	Percent	Rank	Line 5	Line 6	Percent	Rank	Line 24	Line 25	Percent	Rank	Line 28	Line 29	Percent	Rank	Expense	Collection	CBR	Rank	Line 5-01	Line 6	Percent	Rank
81 Williston	1,548	1,316	85.0%	6	836	694	83.0%	6	2,996,810	2,055,383	68.6%	7	1,420	899	63.3%	6	345,289	2,798,382	8.10	7	843	694	82.3%	7
82 Minot	3,797	3,359	88.5%	3	2,046	1,741	85.1%	4	7,826,315	5,978,389	76.4%	2	3,361	2,249	66.9%	5	601,595	7,605,810	12.64	2	1,986	1,741	87.7%	6
83 Devils Lake	2,708	1,978	73.0%	8	2,016	1,663	82.5%	7	3,990,861	2,266,011	56.8%	8	2,326	1,231	52.9%	8	627,389	3,238,851	5.16	8	1,895	1,663	87.8%	5
84 Grand Forks	4,402	3,855	87.6%	4	2,536	2,245	88.5%	1	9,898,430	7,264,640	73.4%	4	3,746	2,633	70.3%	3	765,728	9,387,679	12.26	3	2,453	2,245	91.5%	1
85 Fargo	6,588	5,612	85.2%	5	3,680	3,116	84.7%	5	14,900,970	10,699,424	71.8%	5	5,656	4,002	70.8%	2	981,250	13,738,425	14.00	1	3,525	3,116	88.4%	4
86 Jamestown	2,012	1,810	90.0%	1	989	875	88.5%	2	3,815,852	2,838,592	74.4%	3	1,780	1,242	69.8%	4	463,419	3,788,024	8.17	6	965	875	90.7%	2
87 Bismarck	5,158	4,232	82.0%	7	2,976	2,372	79.7%	8	9,995,571	6,965,261	69.7%	6	4,571	2,782	60.9%	7	941,569	9,151,993	9.72	4	2,884	2,372	82.2%	8
88 Dickinson	1,377	1,224	88.9%	2	614	542	88.3%	3	3,009,942	2,313,811	76.9%	1	1,144	833	72.8%	1	343,077	3,027,513	8.82	5	607	542	89.3%	3
Total	27,590	23,386	84.8%		15,693	13,248	84.4%		56,434,751	40,381,511	71.6%		24,004	15,871	66.1%		5,069,316	52,736,477	10.40		15,158	13,248	87.4%	

FFY 2002 Compared to FFY 2004	Support Orders				PEP*				Current Support				Paying Arrears				Cost Benefit Ratio***				PEP**			
	Line 1	Line 2	Percent	Rank	Line 5	Line 6	Percent	Rank	Line 24	Line 25	Percent	Rank	Line 28	Line 29	Percent	Rank	Expense	Collection	Percent	Rank	Line 5	Line 6	Percent	Rank
81 Williston	361	344	2.0%	3	108	205	12.2%	3	283,335	269,554	2.3%	2	138	105	1.1%	4	-19,225	406,057	1.72	2	46	205	16.8%	2
82 Minot	948	808	-0.7%	8	241	405	8.7%	5	1,526,076	993,263	-1.9%	8	381	311	1.5%	3	54,048	1,379,709	1.06	7	214	405	9.8%	7
83 Devils Lake	1,146	953	3.1%	2	457	739	14.6%	2	526,714	410,971	2.5%	1	369	212	0.6%	5	9,740	615,693	0.89	3	488	739	13.0%	3
84 Grand Forks	1,347	1,233	0.9%	5	384	566	7.7%	7	1,187,027	955,638	0.8%	4	716	445	-1.3%	8	41,387	1,589,626	1.34	6	305	566	10.4%	6
85 Fargo	1,772	1,638	1.5%	4	407	838	12.0%	4	2,405,058	1,794,594	0.4%	5	1,003	686	-0.4%	6	165,117	2,669,318	0.31	8	407	838	12.2%	4
86 Jamestown	540	479	-0.3%	7	154	207	6.2%	8	652,578	430,398	-1.2%	7	210	139	-0.4%	7	-42,222	675,972	2.42	1	112	207	9.8%	8
87 Bismarck	1,329	1,483	6.1%	1	496	953	16.1%	1	2,225,554	1,741,677	1.5%	3	616	674	5.7%	1	117,560	2,622,467	1.40	5	360	953	20.3%	1
88 Dickinson	314	283	0.2%	6	153	198	8.2%	6	579,450	427,154	-0.5%	6	161	144	2.1%	2	10,236	551,761	1.31	4	123	198	12.1%	5
Total	7,757	7,221	1.8%		2,400	4,111	11.5%		9,385,792	7,023,249	0.4%		3,594	2,716	1.2%		336,640	10,510,603	1.30		2,055	4,111	13.4%	

Line 1 Cases Open on September 30 (the End of the Review Period)
Line 2 Cases Open on September 30 with Support Orders Established

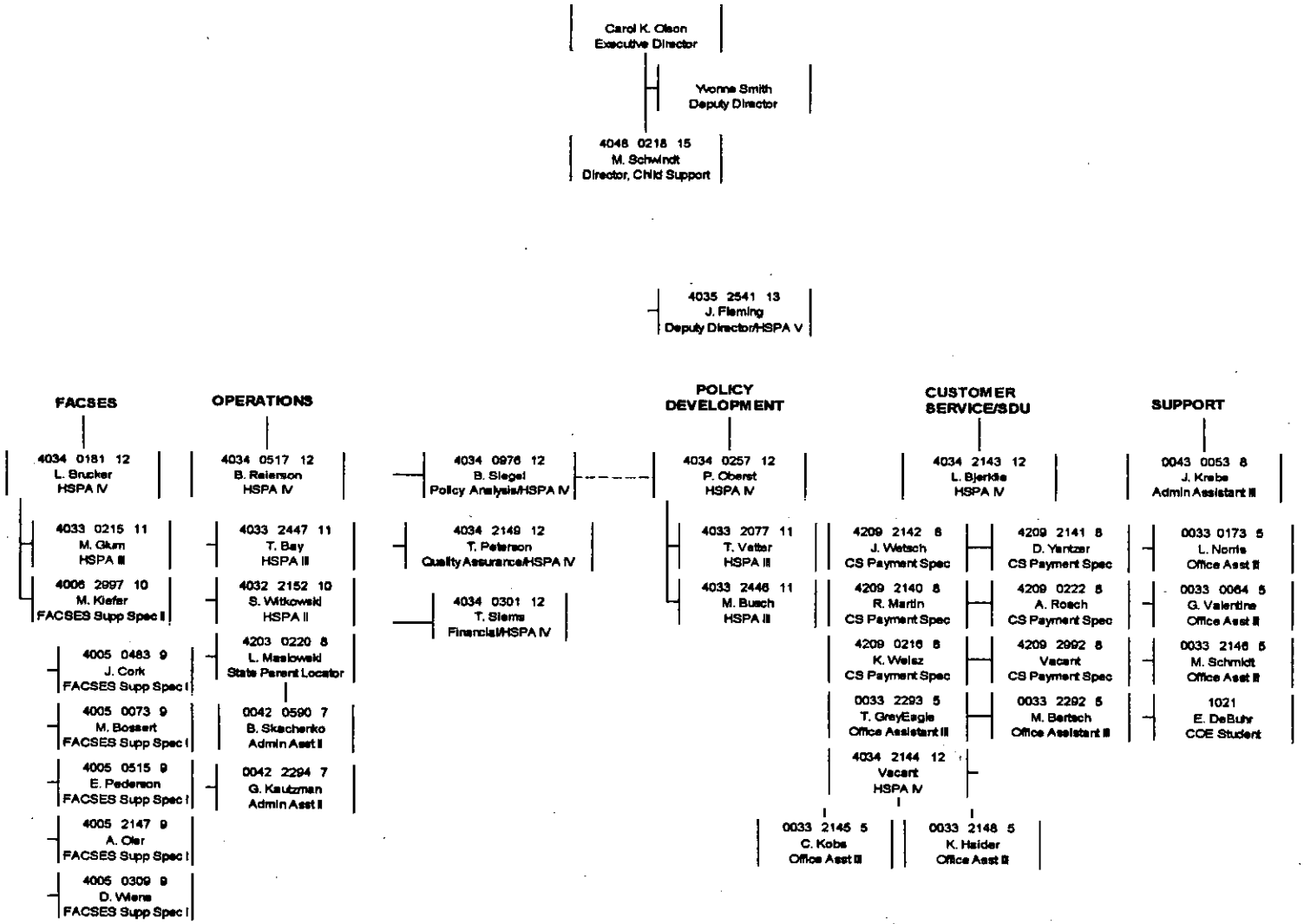
Line 5 Children in IV-D Cases Open on September 30 Who Where Born Out of Wedlock
Line 6 Children In IV-D Cases Open on September 30 with Paternity Established or Acknowledged

Line 24 Total Amount of Current Support Due for the Review Period
Line 25 Total Amount of Current Support Distributed as Current Support during the Review Period

Line 28 Cases with Arrears Due During the Review Period
Line 29 Cases Paying Towards Arrearages During the Review Period

* This PEP Calculation uses line 5 data from the same reporting period and **does not** reflect the PEP used for federal incentive calculations.
** This PEP Calculation uses line 5 data from the prior year reporting period and **does** reflect the actual PEP used for federal incentive calculations.
*** This cost benefit ratio excludes Regional expenses paid by the State office (e.g. computer costs) and State office expenses. This does not reflect the federal incentive calculations.
**** Overall performance ranking uses the average ranking for the five incentive measures.

North Dakota Department of Human Services
Child Support Division



Revised 12/2/04

Child Support Enforcement
Operating Fees and Services in HB 1012

Supreme Court	$ 900,000
Tribal Operations	822,970
Lake Region IV-D Unit	632,399
Financial Instituion Data Match	92,658
Incentive Training	75,000
Lien Network	70,000
State's Attorneys	40,000
Credit Bureau	11,000
Other fees and services	27,170
Total	$ 2,671,197

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: CHILD SUPPORT ENFORCEMENT
Reporting Level: 00-325-300-02-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
SALARIES	1001	1,995,793	1,041,502	1,237,118	2,278,620	2,282,838	4,218
TEMP, OVERTIME & SHIFT	1002	109,913	24,641	101,827	126,468	127,384	916
BENEFITS	1008	682,601	383,591	462,353	845,944	915,374	69,430
SALARY INCREASE	1010	0	0	0	0	126,794	126,794
BENEFIT INCREASE	1011	0	0	0	0	21,186	21,186
SALARIES AND WAGES	10	2,788,307	1,449,734	1,801,298	3,251,032	3,473,576	222,544
IT-DATA PROCESSING	3002	0	1,509	1,071	2,580	3,620	1,040
IT-TELEPHONE	3003	7,064	2,852	5,735	8,587	8,320	(267)
TRAVEL	3004	28,785	13,522	54,735	68,257	34,456	(33,801)
IT-SOFTWARE/SUPPLIES	3005	13,363	8,844	740	9,584	17,000	7,416
POSTAGE	3007	2,086	1,115	513	1,628	6,080	4,452
IT-CONTRACTUAL SERVICES	3008	1,047	0	0	0	0	0
LEASE/RENT - EQUIPMENT	3011	11,936	5,666	4,462	10,128	10,142	14
LEASE/RENT - BLDG/LAND	3012	166,347	97,080	98,017	195,097	194,160	(937)
DUES & PROFESSIONAL DEV.	3013	27,366	9,529	11,579	21,108	19,848	(1,260)
OPERATING FEES & SERVICES	3014	1,804,008	684,713	2,217,153	2,901,866	2,671,197	(230,669)
REPAIRS	3016	9,429	7,940	442	8,382	15,108	6,726
PROFESSIONAL SERVICES	3018	0	14,784	2,216	17,000	0	(17,000)
INSURANCE	3019	0	45	55	100	0	(100)
OFFICE SUPPLIES	3021	13,615	4,645	13,771	18,416	12,830	(5,586)
PRINTING	3024	30,855	10,670	15,866	26,536	30,000	3,464
PROFESSIONAL SUPPLIES	3025	5,108	3,123	2,142	5,265	5,884	619
MISCELLANEOUS SUPPLIES	3033	98,603	4,199	550	4,749	3,100	(1,649)
OFFICE EQUIP-UNDER $5000	3034	4,428	0	0	0	0	0
OPERATING EXPENSES	30	2,224,040	870,236	2,429,047	3,299,283	3,031,745	(267,538)
GRANTS, BENEFITS & CLAIMS	6006	1,784,767	584,771	1,406,082	1,990,853	1,885,000	(105,853)

Agency Name: DEPARTMENT OF HUMAN SERVICES
Program: CHILD SUPPORT ENFORCEMENT
Reporting Level: 00-325-300-02-00-00-00-00000000

1 Object/Revenue Description	Code	2 2001-03 Biennium Expenditures	3 2003-05 First Year Expenditures	4 2003-05 Biennium Balance	5 2003-05 Biennium Appropriation	6 2005-07 Budget Recommendation	7 Total Change from 2003-2005
EXPENDITURES							
GRANTS	60	1,784,767	584,771	1,406,082	1,990,853	1,885,000	(105,853)
EXPENDITURE TOTALS		6,797,114	2,904,741	5,636,427	8,541,168	8,390,321	(150,847)
MEANS OF FUNDING							
CHILD SUPPORT ENFORCE 93.563	S035	3,418,099	1,594,210	3,268,426	4,862,636	4,766,363	(96,273)
ACCESS AND VISITATION PROGRAM 93.59	S079	45,378	107,747	92,253	200,000	400,000	200,000
Federal Funds	FED	3,463,477	1,701,957	3,360,679	5,062,636	5,166,363	103,727
STATE GENERAL FUND	001	1,246,724	355,745	642,696	998,441	1,092,710	94,269
General Fund	GEN	1,246,724	355,745	642,696	998,441	1,092,710	94,269
OTHER FUNDS	Z125	2,086,913	847,039	1,633,052	2,480,091	2,131,248	(348,843)
Special Funds	SPEC	2,086,913	847,039	1,633,052	2,480,091	2,131,248	(348,843)
TOTAL FUNDING		6,797,114	2,904,741	5,636,427	8,541,168	8,390,321	(150,847)
AUTHORIZED EMPLOYEES							
AUTHORIZED EMPLOYEES		38	0	38	38	38	0
TOTAL AUTHORIZED EMPLOYEES		38	0	38	38	38	0
FTE		38	0	37	37	37	0
VACANT		0	0	1	1	1	0

X

TESTIMONY
HB 1012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
March 1, 2005

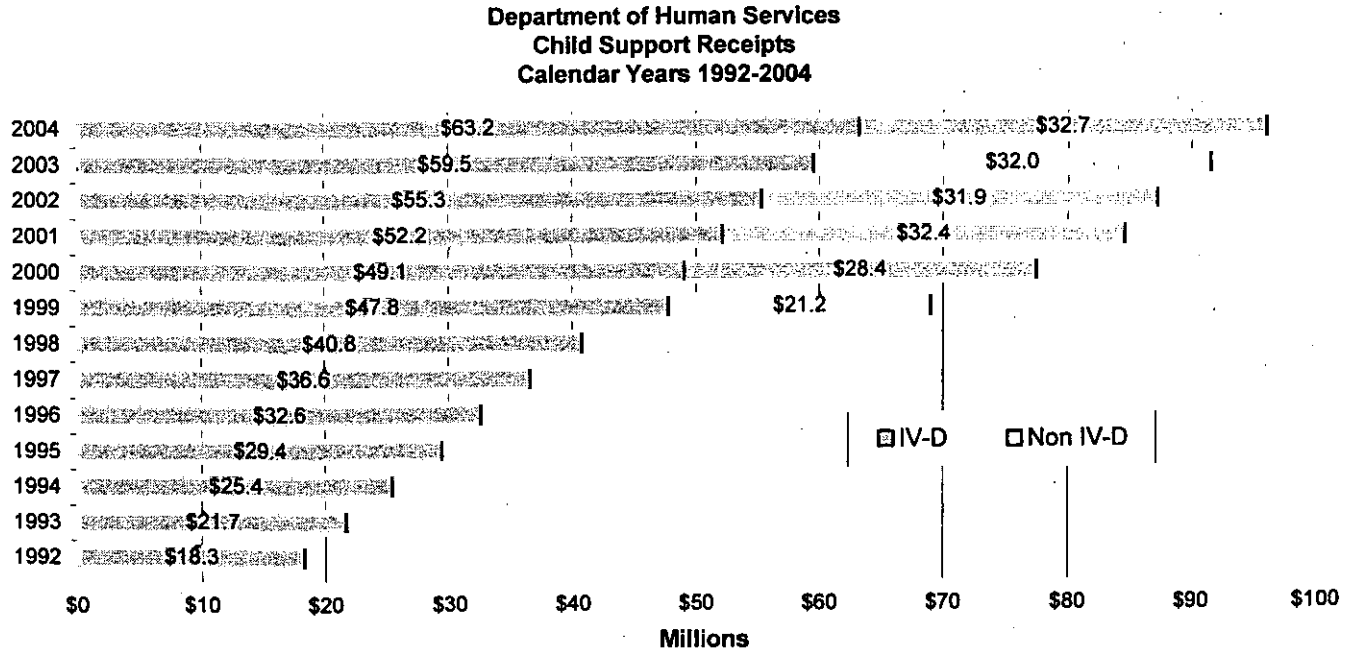
Chairman Holmberg, members of the Senate Appropriations Committee, I am Mike Schwindt, Child Support Enforcement Director with the Department of Human Services. I am here to provide an overview of the Child Support Enforcement budget.

- **Caseload – The total IV-D caseload continues to increase each year, reaching 41,385 open cases at January 1, 2005. The nonIV-D portion included an additional 9,802 cases.**
  - **These cases include about 72,000 children, 43,000 custodial parents and 47,000 noncustodial parents.**
  - **Within the IV-D portion of the program, 4,740 cases are awaiting court orders which are the key to getting funds to the children.**

Department of Human Services
Open Child Support Cases
December 1999 through December 2004

	Dec-99	Dec-00	Dec-01	Dec-02	Dec-03	Dec-04
Non IV-D Cases	8,591	11,071	13,131	11,872	9,474	9,802
IV-D Cases	37,161	39,244	39,047	39,236	40,180	41,385

- **Collections continue to increase:**



For calendar year 2004, we received $95.9 million, a 4.8% increase over the previous year. The IV-D portion reached $63.2 million, up 6.2%, while the nonIV-D portion increased 2.3% to $32.7 million.

Performance. This program is one of the few able to earn incentives based on how well we do our job. The other side of that coin is the risk should we not perform well enough. Of the three areas where a penalty can be imposed, our greatest exposure has been with the Paternity Establishment Percentage, (PEP).

I'm pleased to report that we – the RCSEUs, the CSSBs, the courts, the clerks and DHS/CSE - have together stepped up performance to where we were, nationally, the third ranked program in 2003. We eagerly await the 2004 round of comparative data to see how we fared with our contemporaries.

- **Selected performance measures and actual performance:**
  - **To rank as one of the top five programs in the nation.**

- In 2003 we were third. Still don't know ranking for 2004.

- Percent of children in IV-D cases born out of wedlock with paternity established or acknowledged.
  - In 2003 we were at 95.1% and increased to 100.85% in 2004.

- Percent of IV-D cases with court orders for child support.
  - In 2003 we were at 85.7% and increased to 86.6% in 2004.

- Percent of current support owed on IV-D cases which is collected.
  - In 2003 we were at 71.3% and increased to 72% in 2004.

- Amount collected for each $1 spent.
  - In 2003 we were at $5.10 and increased to $5.37 in 2004.

Our performance also impacts directly on the receivables we have accumulated since the start of the program in 1975. At June 30, 2004, we had receivables of $206.7 million of which $102.2 million is assigned to the state. We can see that our efforts are paying off in that the growth in the IV-D portion of the program has been 4.81% while the nonIV-D portion, which one would expect to be the more willing payers, grew 8.83% over the preceding year.

Benefits. This program is one that results in measurable savings to taxpayers. In addition to the millions we recover each year that are used to offset the TANF, Foster Care, and Medicaid programs, there is another, more difficult to measure component – that being cost avoidance.

According to a national study using 1999 data, "...each $1 received by a IV-D non-TANF family results in an average benefit reduction of $0.19 over the five programs [Medicaid, Food Stamps, Housing, SSI and TANF] evaluated." "The cost avoidance ratio is .042 for families receiving child support through

private transactions." (Essentially, our nonIV-D caseload) "The overall cost avoidance ratio for all non-TANF families is .118." *Child Support Cost Avoidance in 1999, Final Report, June 6, 2003.*

Our 2004 collections of $96 million would equate to cost avoidance of about $8.8 million per year or $17.6 million for a biennium.

More telling is a US Census Bureau report stating "The average family income for the 3.1 million custodial parents who received all the child support they were due in 2001 was $32,300 and their poverty rate was 14.6 percent." The report showed no significant difference in average income or poverty rates where the custodial parent received only a part of or none of the amount due. "Each ...averaged about $25,000 in family income and had poverty rates of around 25 percent." *Custodial Mothers and Fathers and their Child Support: 2001, October 2003.*

That's better than a 10% reduction in poverty levels when families can count on all child support due the kids each month.

- Overview of the budget:

	2003-2005 Budget	Increase / Decrease	2005-2007 Request	House Changes	Request to Senate
Salaries	3,251,032	222,544	3,473,576	(30,430)	3,443,146
Operating	3,299,283	(267,538)	3,031,745	(892,161)	2,139,584
Grants	1,990,853	(105,853)	1,885,000		1,885,000
Total	8,541,168	(150,847)	8,390,321	(922,591)	7,467,730
General	998,441	94,269	1,092,710	(92,115)	1,000,595
Federal	5,062,636	103,727	5,166,363	(830,476)	4,335,887
Other	2,480,091	(348,843)	2,131,248		2,131,248
FTEs	38.00		38.00		38.00

By line item, the budget to the House included:

- **The health insurance and compensation package adjustment by OMB, including the Governor's pay plan, which added $212,348 to the Salaries line. Of this, federal funds were $133,249 with general funds of $69,033 and unspecified income of $10,066. Temporary salaries and overtime total $127,000, primarily for the State Disbursement Unit, while the balance continues the salaries for existing staff.**

- **An overall decrease to the Operating line. The primary net decrease is in Operating Fees ($230,699) for payments to the Supreme Court and the Financial Institution Data Match consortium.**

  Included were general funds of $215,016 for the Lake Region Regional Child Support Enforcement Unit (RCSEU) along with spending authority of $417,383 so that we could transfer the matching federal funds in support of their operations. Last session, the Legislature added a section on legislative intent (Section 4) that this "...legislative assembly consider removing general fund support for the Devils Lake child support enforcement unit reservation project if the project's performance results do not improve during the biennium..." The attached schedule shows the relative performance results of that region compared to the other seven regions as well as its changed performance from Federal Fiscal Years 2002 through 2004.

- **The Grants line was decreased in the Governor's budget to recognize the decreased federal incentives available. Additional federal authority of $200,000 (total $400,000) for Access and**

Visitation grants was included in the budget request. We are looking for the 10% match to be provided by outside agencies.

House Changes

- The House deducted $10,430 from the salary line item to change from the Governor's 4%/3% compensation package to a 3%/4% increase on July 1 of each year. Of this $2,924 were general funds and $7,506 was federal funds.
- Salaries were further reduced by $20,000 of general funds as part of the $600,000 under-funding of the DHS pay plan.
- The operating line was decreased by $4,191 as an allocated portion of the $50,000 general fund reduction to the Program and Policy section of the budget.
- The House deducted $65,000 in general funds intended for the Lake Region RCSEU.
- The House also deducted $822,970 of authority for federal matching funds should tribes receive approval to operate federally approved child support enforcement programs. Should that occur, the continuing appropriation language contained in Section 12 of Reengrossed HB 1172 would provide authority to accept and disburse the federal funds to tribes.
- Total reductions were $922,591 of which $92,115 was general funds and $830,476 was federal funds.

This concludes my testimony. I'll be happy to answer questions.

Ramsey County Social Services
524 4th NE Ave #19, Devils Lake ND 58301-2400
(701) 662-7050

March 11, 2005

Senator Ray Holmberg, Chairman
Senate Appropriations Committee
ND Legislature

Re: HB-1012 – DHS Appropriations – Lake Region Child Support Performance

Dear Chairman Holmberg:

On March 1, 2005 I provided verbal testimony to your committee related to performance improvements at Lake Region Child Support and told the committee that I would follow up in writing. I'm sorry for the delay in following up but I think you will find the attached document informative.

Although the DHS doesn't seem to want to acknowledge our progress, their own documents (attached to Mike Schwindt's testimony) was the source of most of the information we are presenting graphically in our report. We are proud of what we have accomplished and some of the local Boards of County Commissioners have commended the Regional Child Support Program for the improvements.

Although improvements are document in all measures, the most notable one is probably the fact that in Paternity Establishment we moved from 8th of eight in 2003 to 1st of eight in 2004. Another achievement is four recent collections each exceeding $10,000.

We didn't want to bury your committee in detail so we have tried to keep the illustrations concise and graphic. If you want additional information we would be glad to provide it.

We respectfully ask that you replace the $65,000 in state general funds that was taken from our regional funding on the house side. This cost would fall to Benson and Rolette Counties and they are already struggling with the amounts they are already paying. As you are aware SB-2301 which passed out of your committee provides for additional relief to reservation counties and we appreciate your support of that but feel the additional relief provided in HB-1012 is important and necessary as well.

Sincerely

Edward D. Forde, Director, Ramsey, Benson & Towner CSS's