

Sixty-sixth  
Legislative Assembly  
of North Dakota

## ENGROSSED SENATE BILL NO. 2012

Introduced by

Appropriations Committee

1 A BILL for an Act to provide an appropriation for defraying the expenses of the department of  
2 human services; to provide an appropriation to the state department of health; to create and  
3 enact two new sections to chapter 50-06 of the North Dakota Century Code, relating to peer  
4 support specialist certification and the establishment of a community behavioral health program;  
5 to amend and reenact ~~section~~ subsection 9 of section 50-06.4-10 and sections 50-24.1-31 and  
6 50-24.1-37 of the North Dakota Century Code, relating to the brain injury advisory council,  
7 optional medical assistance for children, and the Medicaid expansion program; to provide for  
8 transfers; to provide for a legislative management ~~report~~ reports; to provide for a legislative  
9 management study; to provide ~~an exemption~~ exemptions; to provide an effective date; to provide  
10 an expiration date; and to declare an emergency.

11 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

12 **SECTION 1. APPROPRIATION.** The funds provided in this section, or so much of the  
13 funds as may be necessary, are appropriated out of any moneys in the general fund in the state  
14 treasury, not otherwise appropriated, and from special funds derived from federal funds and  
15 other income, to the department of human services for the purpose of defraying the expenses  
16 of its various divisions, for the biennium beginning July 1, 2019, and ending June 30, 2021, as  
17 follows:

18 Subdivision 1.

	MANAGEMENT		
	Base Level	Adjustments or Enhancements	Appropriation
22 <del>Salaries and wages</del>	<del>\$26,280,139</del>	<del>(\$6,136,338)</del>	<del>\$20,143,801</del>
23 <del>Operating expenses</del>	<del>116,315,826</del>	<del>31,908,694</del>	<del>148,224,520</del>
24 <del>Capital assets</del>	<del>0</del>	<del>50,000</del>	<del>50,000</del>

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1	<del>Grants</del>	<del>204,000</del>	<del>(204,000)</del>	<del>0</del>
2	<del>Total all funds</del>	<del>\$142,799,965</del>	<del>\$25,618,356</del>	<del>\$168,418,321</del>
3	<del>Less estimated income</del>	<del>85,679,558</del>	<del>18,100,469</del>	<del>103,780,027</del>
4	<del>Total general fund</del>	<del>\$57,120,407</del>	<del>\$7,517,887</del>	<del>\$64,638,294</del>
5	Salaries and wages	\$26,280,139	(\$6,057,639)	\$20,222,500
6	Operating expenses	116,315,826	31,908,694	148,224,520
7	Capital assets	0	50,000	50,000
8	Grants	204,000	(204,000)	0
9	Total all funds	\$142,799,965	\$25,697,055	\$168,497,020
10	Less estimated income	85,679,558	18,127,188	103,806,746
11	Total general fund	\$57,120,407	\$7,569,867	\$64,690,274

Subdivision 2.

PROGRAM AND POLICY

		Adjustments or		
	Base Level	Enhancements	Appropriation	
15	<del>Salaries and wages</del>	<del>\$62,782,944</del>	<del>\$5,121,667</del>	<del>\$67,904,611</del>
16	<del>Operating expenses</del>	<del>125,299,436</del>	<del>22,965,990</del>	<del>148,265,426</del>
17	<del>Capital assets</del>	<del>10,000</del>	<del>0</del>	<del>10,000</del>
18	<del>Grants</del>	<del>441,420,827</del>	<del>7,455,348</del>	<del>448,876,175</del>
19	<del>Grants - medical assistance</del>	<del>2,373,678,247</del>	<del>408,656,430</del>	<del>2,782,334,677</del>
20	<del>Total all funds</del>	<del>\$3,003,191,454</del>	<del>\$444,199,435</del>	<del>\$3,447,390,889</del>
21	<del>Less estimated income</del>	<del>1,945,157,519</del>	<del>246,336,098</del>	<del>2,191,493,617</del>
22	<del>Total general fund</del>	<del>\$1,058,033,935</del>	<del>\$197,863,337</del>	<del>\$1,255,897,272</del>
23	Salaries and wages	\$62,782,944	\$6,211,929	\$68,994,873
24	Operating expenses	125,299,436	25,162,147	150,461,583
25	Capital assets	10,000	0	10,000
26	Grants	441,420,827	11,598,680	453,019,507
27	Grants - medical assistance	2,373,678,247	368,479,473	2,742,157,720
28	Total all funds	\$3,003,191,454	\$411,452,229	\$3,414,643,683
29	Less estimated income	1,945,157,519	255,010,619	2,200,168,138
30	Total general fund	\$1,058,033,935	\$156,441,610	\$1,214,475,545

1 Subdivision 3.

2 FIELD SERVICES

3		Adjustments or		
4		<u>Base Level</u>	<u>Enhancements</u>	<u>Appropriation</u>
5	<del>Human service centers</del>	<del>\$196,049,489</del>	<del>\$7,294,632</del>	<del>\$203,344,121</del>
6	<del>Institutions</del>	<del>140,421,224</del>	<del>7,278,926</del>	<del>147,700,150</del>
7	<del>Total all funds</del>	<del>\$336,470,713</del>	<del>\$14,573,558</del>	<del>\$351,044,271</del>
8	<del>Less estimated income</del>	<del>138,543,705</del>	<del>(6,392,183)</del>	<del>132,151,522</del>
9	<del>Total general fund</del>	<del>\$197,927,008</del>	<del>\$20,965,741</del>	<del>\$218,892,749</del>
10	Human service centers	\$196,049,489	\$8,551,654	\$204,601,143
11	Institutions	140,421,224	4,025,921	144,447,145
12	Total all funds	\$336,470,713	\$12,577,575	\$349,048,288
13	Less estimated income	138,543,705	(4,458,085)	134,085,620
14	Total general fund	\$197,927,008	\$17,035,660	\$214,962,668

15 Subdivision 4.

16 COUNTY SOCIAL SERVICE FINANCING

17		Adjustments or		
18		<u>Base Level</u>	<u>Enhancements</u>	<u>Appropriation</u>
19	<del>County social services</del>	<del>\$0</del>	<del>\$182,300,000</del>	<del>\$182,300,000</del>
20	<del>Total special funds</del>	<del>\$0</del>	<del>\$182,300,000</del>	<del>\$182,300,000</del>
21	County social services	\$0	\$173,700,000	\$173,700,000
22	Total special funds	\$0	\$173,700,000	\$173,700,000

23 Subdivision 5.

24 ~~BILL~~SECTION 1 TOTAL

25		Adjustments or		
26		<u>Base Level</u>	<u>Enhancements</u>	<u>Appropriation</u>
27	Grand total general fund	\$1,313,081,350	\$226,346,965	\$1,539,428,315
28	Grand total special funds	2,169,380,782	440,344,384	2,609,725,166
29	Grand total all funds	\$3,482,462,132	\$666,691,349	\$4,149,153,481
30	Full-time equivalent positions	2,162.23	145.00	2,307.23

1	<u>Grand total general fund</u>	<u>\$1,313,081,350</u>	<u>\$181,047,137</u>	<u>\$1,494,128,487</u>
2	<u>Grand total special funds</u>	<u>2,169,380,782</u>	<u>442,379,722</u>	<u>2,611,760,504</u>
3	<u>Grand total all funds</u>	<u>\$3,482,462,132</u>	<u>\$623,426,859</u>	<u>\$4,105,888,991</u>
4	<u>Full-time equivalent positions</u>	<u>2,162.23</u>	<u>68.00</u>	<u>2,230.23</u>

5       **SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-**

6       **SEVENTH LEGISLATIVE ASSEMBLY.** The following amounts reflect the one-time funding  
7 items approved by the sixty-fifth legislative assembly for the 2017-19 biennium and the  
8 2019-21 biennium one-time funding items included in section 1 of this Act:

9	<u>One-Time Funding Description</u>	<u>2017-19</u>	<u>2019-21</u>
10	Medicaid expansion - fee schedule enhancement	\$226,000,000	\$0
11	County social service pilot program	160,700,000	0
12	Child care licensing and data system	3,000,000	0
13	Health information network and care coordination	40,800,000	0
14	Children's behavioral health services pilot project	150,000	0
15	Technology projects	0	13,785,658
16	Capital projects - life skills and transition center	0	4,277,165
17	Capital projects - state hospital	0	2,493,500
18	Medically complex children provider funding adjustment	0	977,603
19	State hospital study	<u>0</u>	<u>200,000</u>
20	Total all funds	\$430,650,000	\$21,733,926
21	Less estimated income	<u>404,500,000</u>	<u>20,556,323</u>
22	Total general fund	\$26,150,000	\$1,177,603

23       The 2019-21 biennium one-time funding amounts are not a part of the entity's base budget  
24 for the 2021-23 biennium. The department of human services shall report to the appropriations  
25 committees of the sixty-seventh legislative assembly on the use of this one-time funding for the  
26 biennium beginning July 1, 2019, and ending June 30, 2021.

27       **SECTION 3. APPROPRIATION - STATE DEPARTMENT OF HEALTH - HYPERBARIC**  
28 **OXYGEN THERAPY PILOT PROGRAM - REPORT TO LEGISLATIVE MANAGEMENT.** There  
29 is appropriated out of any moneys in the general fund in the state treasury, not otherwise  
30 appropriated, the sum of \$335,000, or so much of the sum as may be necessary, to the state  
31 department of health for the purpose of contracting with a third party to implement a hyperbaric

1 oxygen therapy pilot program, for the biennium beginning July 1, 2019, and ending June 30,  
2 2021. The funding appropriated in this section is considered a one-time funding item.

3       The state department of health shall contract with an entity with experience implementing  
4 studies using hyperbaric oxygen for traumatic brain injuries to conduct a pilot program for  
5 treatment of moderate to severely brain-injured North Dakotans using an established protocol of  
6 hyperbaric oxygen therapy provided by a private entity with experience in treating traumatic  
7 brain injury using medical-grade hyperbaric chambers pressurized with one hundred percent  
8 oxygen. The goals of the study include demonstrating improvement in brain-eye function using  
9 RightEye, significant improvement in quality of life of injured patients, and significant  
10 improvement in cognitive abilities of injured patients. The pilot program design must be  
11 established in consultation with a third-party physician and all protocols, statistics, and other  
12 nonidentifying data must be made publicly available. During the 2019-20 interim, the state  
13 department of health shall report to the legislative management on the status and results of the  
14 pilot program.

15       **SECTION 4.** A new section to chapter 50-06 of the North Dakota Century Code is created  
16 and enacted as follows:

17       **Peer support certification.**

18       The behavioral health division shall establish and implement a program for the certification  
19 of peer support specialists. In developing the program, the division shall:

- 20       1. Define a peer support specialist;
- 21       2. Establish eligibility requirements for certification;
- 22       3. Establish application procedures and standards for the approval or disapproval of  
23       applications for certification;
- 24       4. Enter reciprocity agreements with other states as deemed appropriate to certify  
25       nonresident applicants registered under the laws of other states having requirements  
26       for peer support specialists; and
- 27       5. Establish continuing education and certification renewal requirements.

28       **SECTION 5.** A new section to chapter 50-06 of the North Dakota Century Code is created  
29 and enacted as follows:

1       **Community behavioral health program.**

2       1. The department of human services shall establish and implement a community  
3       behavioral health program to provide comprehensive community-based services for  
4       individuals who have serious behavioral health conditions.

5       2. In developing the program, the department shall:

6       a. Establish a referral and evaluation process for access to the program.

7       b. Establish eligibility criteria that includes consideration of behavioral health  
8       condition severity.

9       c. Establish discharge criteria and processes.

10      d. Develop program oversight and evaluation processes that include outcome and  
11      provider reporting metrics.

12      e. Establish a system through which the department:

13           (1) Contracts with and pays behavioral health service providers.

14           (2) Supervises, supports, and monitors referral caseloads and the provision of  
15           services by contract behavioral health service providers.

16           (3) Requires contract behavioral health service providers to accept eligible  
17           referrals and to provide individualized care delivered through integrated  
18           multidisciplinary care teams.

19           (4) Provides payments to contract behavioral health service providers on a  
20           per-month per-referral basis based on a pay-for-performance model that  
21           includes consideration of identified outcomes and the level of services  
22           required.

23       **SECTION 6. AMENDMENT.** Subsection 9 of section 50-06.4-10 of the North Dakota  
24 Century Code is amended and reenacted as follows:

25       9. The department shall ~~provide the council with administrative~~contract with a private,  
26       nonprofit agency that does not provide brain injury services, to facilitate and provide  
27       support services to the council.

28       **SECTION 7. AMENDMENT.** Section 50-24.1-31 of the North Dakota Century Code is  
29 amended and reenacted as follows:

1       **50-24.1-31. Optional medical assistance for families of children with disabilities.**

2       The department of human services shall establish and implement a buyin program under  
3 the federal Family Opportunity Act enacted as part of the Deficit Reduction Act of 2005 [Pub. L.  
4 109-171; 120 Stat. 4; 42 U.S.C. 1396] to provide medical assistance and other health coverage  
5 options to families of children with disabilities and whose net income does not exceed two  
6 hundred fifty percent of the federal poverty line.

7       **SECTION 8. AMENDMENT.** Section 50-24.1-37 of the North Dakota Century Code is  
8 amended and reenacted as follows:

9       **50-24.1-37. Medicaid expansion - Legislative management report. (Effective**  
10 **January 1, 2014, through July 31, 2019~~2021~~ - Contingent repeal - See note)**

- 11       1. The department of human services shall expand medical assistance coverage as  
12 authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148],  
13 as amended by the Health Care and Education Reconciliation Act of 2010 [Pub.  
14 L. 111-152] to individuals under sixty-five years of age with income below one hundred  
15 thirty-eight percent of the federal poverty level, ~~based on modified adjusted gross~~  
16 ~~income~~ line published by the federal office of management and budget applicable to  
17 the household size.
- 18       2. The department of ~~human services~~ shall inform new enrollees in the medical  
19 assistance expansion program that benefits may be reduced or eliminated if federal  
20 participation decreases or is eliminated.
- 21       3. The department shall implement the expansion by bidding through private carriers or  
22 utilizing the health insurance exchange.
- 23       4. The contract between the department and the private carrier must:
  - 24       a. Provide a reimbursement methodology for all medications and dispensing fees  
25 which identifies the minimum amount paid to pharmacy providers for each  
26 medication. The reimbursement methodology, at a minimum, must:
    - 27       (1) Be available on the department's website; and
    - 28       (2) Encompass all types of pharmacy providers regardless of whether the  
29 pharmacy benefits are being paid through the private carrier or contractor or  
30 subcontractor of the private carrier under this section.
  - 31       b. Provide full transparency of all costs and all rebates in aggregate.

- 1 c. Allow an individual to obtain medication from a pharmacy that provides mail order  
2 service; however, the contract may not require mail order to be the sole method  
3 of service and must allow for all contracted pharmacy providers to dispense any  
4 and all drugs included in the benefit plan and allowed under the pharmacy  
5 provider's license.
- 6 d. Ensure that pharmacy services obtained in jurisdictions other than this state and  
7 its three contiguous states are subject to prior authorization and reporting to the  
8 department for eligibility verification.
- 9 e. Ensure the payments to pharmacy providers do not include a required payback  
10 amount to the private carrier or one of the private carrier's contractors or  
11 subcontractors which is not representative of the amounts allowed under the  
12 reimbursement methodology provided in subdivision a.
- 13 5. The contract between the department and the private carrier must provide the  
14 department with full access to provider reimbursement rates. The department shall  
15 consider provider reimbursement rate information in selecting a private carrier under  
16 this section. Before August first of each even-numbered year, the department shall  
17 submit a report to the legislative management regarding provider reimbursement rates  
18 under the medical assistance expansion program. This report may provide cumulative  
19 data and trend data but may not disclose identifiable provider reimbursement rates.
- 20 6. Provider reimbursement rate information received by the department under this  
21 section and any information provided to the department of human services or any  
22 audit firm by a pharmacy benefit manager under this section is confidential, except the  
23 department may use the reimbursement rate information to prepare the report to the  
24 legislative management as required under this section.

25 **SECTION 9. AMENDMENT.** Section 50-24.1-37 of the North Dakota Century Code is  
26 amended and reenacted as follows:

27 **50-24.1-37. Medicaid expansion - Legislative management report. (Effective**  
28 **January 1, 2014, through July 31, 20192021 - Contingent repeal - See note)**

- 29 1. The department of human services shall expand medical assistance coverage as  
30 authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148],  
31 as amended by the Health Care and Education Reconciliation Act of 2010 [Pub.



1 L. 111-152] to individuals under sixty-five years of age with income below one hundred  
2 thirty-eight percent of the federal poverty ~~level, based on modified adjusted gross~~  
3 ~~incomeline published by the federal office of management and budget applicable to~~  
4 ~~the household size.~~

5 2. The department ~~of human services~~ shall inform new enrollees in the medical  
6 assistance expansion program that benefits may be reduced or eliminated if federal  
7 participation decreases or is eliminated.

8 3. ~~The~~ Except for pharmacy services, the department shall implement the expansion by  
9 bidding through private carriers or utilizing the health insurance exchange.

10 4. ~~The contract between the department and the private carrier must:~~

11 ~~a. Provide a reimbursement methodology for all medications and dispensing fees~~  
12 ~~which identifies the minimum amount paid to pharmacy providers for each~~  
13 ~~medication. The reimbursement methodology, at a minimum, must:~~

14 ~~(1) Be available on the department's website; and~~

15 ~~(2) Encompass all types of pharmacy providers regardless of whether the~~  
16 ~~pharmacy benefits are being paid through the private carrier or contractor or~~  
17 ~~subcontractor of the private carrier under this section.~~

18 ~~b. Provide full transparency of all costs and all rebates in aggregate.~~

19 ~~c. Allow an individual to obtain medication from a pharmacy that provides mail order~~  
20 ~~service; however, the contract may not require mail order to be the sole method~~  
21 ~~of service and must allow for all contracted pharmacy providers to dispense any~~  
22 ~~and all drugs included in the benefit plan and allowed under the pharmacy~~  
23 ~~provider's license.~~

24 ~~d. Ensure that pharmacy services obtained in jurisdictions other than this state and~~  
25 ~~its three contiguous states are subject to prior authorization and reporting to the~~  
26 ~~department for eligibility verification.~~

27 ~~e. Ensure the payments to pharmacy providers do not include a required payback~~  
28 ~~amount to the private carrier or one of the private carrier's contractors or~~  
29 ~~subcontractors which is not representative of the amounts allowed under the~~  
30 ~~reimbursement methodology provided in subdivision a.~~

1 ~~5.~~ The contract between the department and the private carrier must provide the  
2 department with full access to provider reimbursement rates. The department shall  
3 consider provider reimbursement rate information in selecting a private carrier under  
4 this section. Before August first of each even-numbered year, the department shall  
5 submit a report to the legislative management regarding provider reimbursement rates  
6 under the medical assistance expansion program. This report may provide cumulative  
7 data and trend data but may not disclose identifiable provider reimbursement rates.

8 ~~6.5.~~ Provider reimbursement rate information received by the department under this  
9 ~~section and any information provided to the department of human services or any~~  
10 ~~audit firm by a pharmacy benefit manager under this~~ section is confidential, except the  
11 department may use the reimbursement rate information to prepare the report to the  
12 legislative management as required under this section.

13 **SECTION 10. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.**

14 Notwithstanding section 54-16-04, the director of the office of management and budget shall  
15 transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of  
16 this Act for the biennium beginning July 1, 2019, and ending June 30, 2021, as requested by the  
17 department of human services. The department of human services shall notify the legislative  
18 council of any transfer made pursuant to this section. The department shall report to the budget  
19 section after June 30, 2020, any transfer made in excess of \$50,000 and to the appropriations  
20 committees of the sixty-seventh legislative assembly regarding any transfers made pursuant to  
21 this section.

22 **SECTION 11. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.**

23 Notwithstanding section 54-16-04, the director of the office of management and budget shall  
24 transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this  
25 Act to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2019, and ending  
26 June 30, 2021, as requested by the department of human services. The department of human  
27 services shall notify the legislative council of any transfer made pursuant to this section. The  
28 department shall report to the budget section after June 30, 2020, any transfer made in excess  
29 of \$50,000 and to the appropriations committees of the sixty-seventh legislative assembly  
30 regarding any transfers made pursuant to this section.

1       **SECTION 12. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS**

2       **FUND.** The estimated income line items in subdivisions 1 and 3 of section 1 of this Act include  
3 the sum of \$11,490,695 from the strategic investment and improvements fund for information  
4 technology and capital projects.

5       **SECTION 13. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND.** The estimated  
6 income line item in subdivision 4 of section 1 of this Act includes the sum of

7       ~~\$182,300,000~~ \$173,700,000 from the human service finance fund for state-paid economic  
8 assistance and a social ~~service redesign project~~ and human services.

9       **SECTION 14. ESTIMATED INCOME - TOBACCO PREVENTION AND CONTROL TRUST**

10       **FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum  
11 of \$6,000,000 from the tobacco prevention and control trust fund for defraying expenses in the  
12 medical services division.

13       **SECTION 15. ESTIMATED INCOME - HEALTH CARE TRUST FUND - NURSING HOME**

14       **OPERATING MARGIN ADJUSTMENT.** The estimated income line item in subdivision 2 of  
15 section 1 of this Act includes the sum of \$1,000,000 from the health care trust fund and  
16 \$1,062,000 from other funds derived from federal funds. These funds must be used to increase  
17 the nursing facility operating margin up to 4.4 percent for the period beginning January 1, 2020,  
18 and ending June 30, 2021. Notwithstanding any other provision of law, the draft appropriations  
19 acts submitted to the legislative assembly for the 2021-23 biennium pursuant to section  
20 54-44.1-11 may not contain a nursing facility operating margin in excess of 3.74 percent.

21       **SECTION 16. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL**  
22 **ASSISTANCE EXPANSION PROGRAM.**

- 23       1. Subdivision 2 of section 1 of this Act includes the sum of \$567,367,511, of which  
24       \$60,776,487 is from the general fund, for the medical assistance expansion program  
25       for the biennium beginning July 1, 2019, and ending June 30, 2021. The expenditures  
26       for individuals eligible for the medical assistance expansion program may not exceed  
27       this amount. For purposes of this section:
- 28       a. Expenditures do not include those made for individuals identified as medically  
29       frail and who receive services through the traditional Medicaid program  
30       administered by the department of human services for which there is a separate  
31       appropriation of \$5,185,101 included in subdivision 2 of section 1 of this Act.

- 1           b. Expenditures do not include prescription drugs for the medical assistance  
2           expansion program population which is administered by the department of  
3           human services through its fee-for-service Medicaid program for which there is a  
4           separate appropriation of \$52,548,356 included in subdivision 2 of section 1 of  
5           this Act.
- 6           c. Expenditures do not include funding from the federal health insurance provider  
7           fee for which a separate appropriation of \$9,619,987 is included in subdivision 2  
8           of section 1 of this Act.
- 9           2. The department of human services may exceed appropriations for increases in  
10          medical assistance expansion program caseload.
- 11          3. The managed care organization under contract with the department to manage the  
12          medical assistance expansion program shall reimburse providers within the same  
13          provider type and specialty at consistent levels and with consistent methodology and  
14          may not provide incentive, quality, or supplemental payments to providers. The  
15          managed care organization may consider urban and rural providers as different  
16          provider types. Critical access hospitals may not be paid less than one hundred  
17          percent of Medicare allowable costs.
- 18          4. The managed care organization and the department of human services shall ensure  
19          payments to Indian or Tribal 638 health care providers, federally qualified health  
20          centers, and rural health clinics meet the federally required minimum levels of  
21          reimbursement.
- 22          5. The department of human services shall ensure providers within the same provider  
23          type and specialty are reimbursed at consistent levels and with consistent  
24          methodology and shall ensure the capitation rates under risk contracts are actuarially  
25          sound and are adequate to meet managed care organization contractual requirements  
26          regarding availability of services, assurance of adequate capacity and services, and  
27          coordination and continuity of care.

28           **SECTION 17. PLACEMENT OF INDIVIDUALS IN INSTITUTIONS FOR MENTAL**  
29           **DISEASE - REPORT TO LEGISLATIVE MANAGEMENT.** During the biennium beginning  
30           July 1, 2019, and ending June 30, 2021, the department of human services shall develop ~~and~~

- 1 ~~implement~~ a statewide plan to address acute psychiatric and residential care needs. The  
2 statewide plan must address the following:
- 3 1. The size and use of the state hospital;
  - 4 2. The ~~use of~~potential need for state-operated or private acute facilities in areas of the  
5 state outside the city of Jamestown;
  - 6 3. The potential to expand private providers' offering of acute psychiatric care and  
7 residential care to fulfill the identified need, including how the implementation of  
8 services authorized by the sixty-sixth legislative assembly affects the balance of  
9 inpatient, residential, and community-based services; ~~and~~
  - 10 4. The impact of department efforts to adjust crisis services and other behavioral health  
11 services provided by the regional human service centers; and
  - 12 5. The potential use of available Medicaid authorities, including waivers or plan  
13 amendments.

14 ~~If necessary to implement the plan's provisions, the department shall submit applicable state-~~  
15 ~~Medicaid plan amendments and apply for applicable state Medicaid plan waivers, including the~~  
16 ~~Medicaid demonstration waiver.~~ Prior to October 1, 2020, the department shall report to the  
17 legislative management on the statewide plan, along with any legislation required to implement  
18 the plan.

19 **~~SECTION 15. MENTAL HEALTH VOUCHER PROGRAM -- LEGISLATIVE MANAGEMENT~~**  
20 **~~REPORT.~~** ~~Subdivision 2 of section 1 of this Act includes the sum of \$1,050,000 for the~~  
21 ~~department to establish and administer a voucher program by July 1, 2020, to address gaps in~~  
22 ~~the state's unified mental health delivery system pursuant to section 50-06-01.7 and to assist in~~  
23 ~~the payment of mental health services provided by mental health providers, excluding human-~~  
24 ~~service centers. The department may spend up to \$300,000 of the amount identified in this~~  
25 ~~section for administering the voucher system. Clinical services eligible for the voucher program~~  
26 ~~include only those for mental disorders recognized by the "Diagnostic and Statistical Manual of~~  
27 ~~Mental Disorders", American psychiatric association, fifth edition, text revision (2017). The~~  
28 ~~department of human services shall ensure that a provider accepting vouchers under this Act~~  
29 ~~collects and reports process and outcome measures. The department of human services shall~~  
30 ~~ensure vouchers under this Act are only used for individuals who are between seventeen and~~  
31 ~~twenty-five years of age with serious emotional disturbance or serious mental illness. The~~

~~department of human services shall develop requirements and provide training and technical assistance to a private provider accepting vouchers under this Act. A private mental health provider accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2020, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment for mental health services provided by mental health providers.~~

**SECTION 18. REVISED PAYMENT METHODOLOGY FOR NURSING FACILITY**

**SERVICES - REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services shall develop an implementation plan for a revised payment methodology for nursing facility services that must include recommendations for:

1. Methods of reimbursement for nursing facility cost categories including direct patient care, administrative expenses, and capital assets;
2. Considerations regarding establishing peer groups for payments based on factors such as geographical location or nursing facility size;
3. The feasibility and desirability of equalizing payments for nursing facilities in the same peer group, including the time frame for equalization; and
4. Payment incentives related to care quality or operational efficiency.

The executive director of the department of human services and representatives of the nursing home industry shall appoint a committee to advise the department on the development of the revised payment methodology for nursing facility services. Before October 1, 2020, the department shall report to the legislative management regarding the plan to implement the revised payment methodology. The estimated costs related to the implementation of the revised payment methodology must be included in the department's 2021-23 biennium budget request submitted to the sixty-seventh legislative assembly.

**SECTION 19. ADAPTIVE SKIING GRANT - EXEMPTION.** Subdivision 2 of section 1 of this Act includes the sum of \$200,000 from the general fund for a grant for an adaptive skiing program affiliated with a winter park that is located in a county of less than 10,000 individuals. The requirements of chapter 54-44.4 do not apply to the selection of a grantee, the grant award, or payments made under this section.

**SECTION 20. PERMANENT HOUSING PROGRAM GRANTS - EXEMPTION - REPORT TO LEGISLATIVE MANAGEMENT.** Subdivision 3 of section 1 of this Act includes the sum of

1 \$825,000 from the general fund to provide grants to entities to provide services to individuals  
2 experiencing chronic homelessness in the northeast and southeast human service regions. The  
3 requirements of chapter 54-44.4 do not apply to the selection of grantees, the grant awards, or  
4 payments made under this section. The department of human services' oversight for these  
5 services is limited to receiving information relating to annual service numbers and the  
6 expenditure of appropriated funds for these services.

7 The funds identified for permanent housing grants may be used only for services not  
8 reimbursed by other funding sources. The department of human services, in cooperation with  
9 the grant recipients, shall provide reports to the legislative management during the 2019-20  
10 interim regarding the services provided by the programs, the nonidentifiable demographics of  
11 the individuals receiving services, and the other funding or reimbursement being used to  
12 support the programs.

13 **SECTION 21. SCHOOL BEHAVIORAL HEALTH GRANTS.** Subdivision 2 of section 1 of  
14 this Act includes the sum of \$1,500,000 from the general fund for the purpose of providing  
15 behavioral health services and support grants to school districts to address student behavioral  
16 health needs. To be eligible to receive a student behavioral health grant, a school district must  
17 submit a plan to the department of human services detailing the school district's collaboration  
18 with other regional school districts regarding student behavioral health needs and the use of  
19 grant funding to develop student behavioral health interventions. A school district may not use  
20 grant funding to duplicate or fund existing services. The department of human services shall  
21 provide student behavioral health grants only during the second year of the 2019-21 biennium.

22 **SECTION 22. SCHOOL BEHAVIORAL HEALTH PROGRAM.** Subdivision 2 of section 1 of  
23 this Act includes the sum of \$300,000 from the general fund for a school behavioral health  
24 program. The department of human services shall use a portion of this funding for behavioral  
25 health pilot projects in a rural school and a tribal school.

26 **SECTION 23. EXEMPTION.** The amount appropriated for the replacement of the Medicaid  
27 management information system and related projects in chapter 50 of the 2007 Session Laws  
28 and chapter 38 of the 2011 Session Laws is not subject to the provisions of section 54-44.1-11.  
29 Any unexpended funds from these appropriations approved under section 54-44.1-11 for  
30 continuation into the 2009-11 biennium, then the 2011-13 biennium, then the 2013-15 biennium,  
31 then the 2015-17 biennium, and then the 2017-19 biennium are available for the completion of

1 the Medicaid management information system and related projects during the biennium  
2 beginning July 1, 2019, and ending June 30, 2021.

3 **SECTION 24. EXEMPTION.** The amount appropriated for the modification of the  
4 department of human services' eligibility systems in chapter 578 of the 2011 Special Session  
5 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from  
6 this appropriation approved under section 54-44.1-11 for continuation into the 2013-15  
7 biennium, then the 2015-17 biennium, and then the 2017-19 biennium are available for the  
8 completion of the modification of the eligibility systems project during the biennium beginning  
9 July 1, 2019, and ending June 30, 2021.

10 **SECTION 25. EXEMPTION.** The amount appropriated for the development of the electronic  
11 health records system in chapter 12 of the 2013 Session Laws is not subject to the provisions of  
12 section 54-44.1-11. Any unexpended funds from this appropriation approved under section  
13 54-44.1-11 for continuation into the 2015-17 biennium and then the 2017-19 biennium are  
14 available for the completion of the electronic health records system during the biennium  
15 beginning July 1, 2019, and ending June 30, 2021.

16 **SECTION 26. EXEMPTION.** The sum of \$3,000,000 of federal funds appropriated for the  
17 development of the child care licensing and data system in chapter 11 of the 2017 Session  
18 Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this  
19 appropriation are available for the completion of the child care licensing and data system during  
20 the biennium beginning July 1, 2019, and ending June 30, 2021.

21 **SECTION 27. EXEMPTION.** The sum of \$40,800,000 of federal and other funds  
22 appropriated for the development of the health information network and care coordination  
23 project in chapter 11 of the 2017 Session Laws is not subject to the provisions of section  
24 54-44.1-11. Any unexpended funds from this appropriation are available for the completion of  
25 the health information network and care coordination project during the biennium beginning  
26 July 1, 2019, and ending June 30, 2021.

27 **SECTION 28. EXEMPTION.** The amount appropriated for the development of the electronic  
28 visit verification project in chapter 11 of the 2017 Session Laws is not subject to the provisions  
29 of section 54-44.1-11. Any unexpended funds from this appropriation are available for the  
30 completion of the electronic visit verification project during the biennium beginning July 1, 2019,  
31 and ending June 30, 2021.



1 | **SECTION 29. EXEMPTION.** The sum of \$728,207 from the general fund appropriated for  
2 the department's operating expenses for the legal advisory unit in chapter 11 of the 2017  
3 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from  
4 this appropriation may be used for the Ireland lawsuit or its settlement during the biennium  
5 beginning July 1, 2019, and ending June 30, 2021.

6 | **SECTION 30. EXEMPTION.** The sum of \$150,000 from the general fund appropriated for  
7 the purpose of establishing a children's prevention and early intervention behavioral health  
8 services pilot project in chapter 333 of the 2017 Session Laws is not subject to the provisions of  
9 section 54-44.1-11. Any unexpended funds from this appropriation are available to be used for  
10 the completion of the children's prevention and early intervention behavioral health services  
11 pilot project during the biennium beginning July 1, 2019, and ending June 30, 2021.

12 | **SECTION 31. CONVEYANCE OF LAND AUTHORIZED - STATE HOSPITAL -**  
13 **EXEMPTION.** The state of North Dakota by and through the department of human services may  
14 convey real property associated with the state hospital in Stutsman County to the department of  
15 corrections and rehabilitation. The department of human services may convey building 2404,  
16 formerly known as the nursing residence building and Tompkins building, and surrounding  
17 property on the terms and conditions determined appropriate by the department of human  
18 services and the attorney general. Sections 54-01-05.2 and 54-01-05.5 do not apply to this  
19 conveyance.

20 | **SECTION 32. CAPITAL PROJECTS AND PAYMENTS.** During the period beginning with  
21 the effective date of this Act, and ending June 30, 2021, the department of human services is  
22 authorized to expend funds for the following capital projects and payments:

- 23 | 1. The construction of a heating system and plant building at the state hospital;
- 24 | 2. The renovation of the cedar grove and maplewood buildings at the life skills and  
25 | transition center, including the construction of a structure to connect the buildings;
- 26 | 3. The demolition of the refectory and pleasant view buildings at the life skills and  
27 | transition center; and
- 28 | 4. The payment of special assessments at the state hospital.

29 | **SECTION 33. DEVELOPMENTAL DISABILITIES CASE MANAGEMENT.** The department  
30 of human services shall provide case management services for individuals with a  
31 developmental disability within the ratio provided pursuant to North Dakota Administrative Code

1 for the biennium beginning July 1, 2019, and ending June 30, 2021. If case management  
2 services for individuals with a developmental disability exceed the ratio requirement provided in  
3 the North Dakota Administrative Code, the department of human services may hire temporary  
4 staff or the department of human services may propose a change to North Dakota  
5 Administrative Code to meet the ratio requirement.

6 **SECTION 34. BEHAVIORAL HEALTH PROVIDER PROCESS AND OUTCOME**

7 **MEASURES.** Behavioral health service providers that receive funding from the department of  
8 human services shall submit process and outcome measures to the department of human  
9 services for programs and services supported by state funding during the biennium beginning  
10 July 1, 2019, and ending June 30, 2021.

11 **SECTION 35. TELEPHONE SUPPORT AND DIRECTORY SERVICES.** The vendor of

12 telephone and directory services, under contract with the department of human services, shall  
13 include private behavioral health service providers in the vendor's directory at no cost to the  
14 private behavioral health service providers during the biennium beginning July 1, 2019, and  
15 ending June 30, 2021.

16 **SECTION 36. ADULT COMPANION SERVICES.** The department of human services shall

17 include adult companion services as an allowable service under the home and community-  
18 based services Medicaid waiver, effective for dates of service on or after January 1, 2020.

19 **SECTION 37. ADULT RESIDENTIAL RATES - REBASING.** The department of human

20 services shall rebase adult residential rates, effective for dates of service on or after January 1,  
21 2020. The department of human services shall request cost information from adult residential  
22 providers who are enrolled as Medicaid home and community-based waiver providers and  
23 serve clients who receive memory care services or have a traumatic brain injury.

24 **SECTION 38. TARGETED CASE MANAGEMENT - SERIOUS EMOTIONAL**

25 **DISTURBANCE.** The department of human services shall expand the types of providers  
26 recognized as Medicaid providers of targeted case management for individuals with a serious  
27 emotional disturbance [for dates of service](#) beginning on or after October 1, 2019. If this  
28 expansion results in expenditures that exceed the amount appropriated to the department of  
29 human services for this service, the department shall request a deficiency appropriation from  
30 the sixty-seventh legislative assembly for any shortfall.

1       **SECTION 39. TARGETED CASE MANAGEMENT - SERIOUS MENTAL ILLNESS.** The  
2 department of human services shall expand the types of providers recognized as Medicaid  
3 providers of targeted case management for individuals with a serious mental illness for dates of  
4 service beginning on or after October 1, 2019. If this expansion results in expenditures that  
5 exceed the amount appropriated to the department of human services for this service, the  
6 department shall request a deficiency appropriation from the sixty-seventh legislative assembly  
7 for any shortfall.

8       **SECTION 40. WITHDRAWAL MANAGEMENT.** The department of human services shall  
9 include withdrawal management as a covered service in the Medicaid state plan during the  
10 biennium beginning July 1, 2019, and ending June 30, 2021.

11       **SECTION 41. IMPLEMENTATION OF 1915i MEDICAID STATE PLAN.** The department of  
12 human services shall implement and manage a 1915i Medicaid state plan amendment for  
13 children and adults, for the biennium beginning July 1, 2019, and ending June 30, 2021.

14       **SECTION 42. HOME AND COMMUNITY-BASED SERVICES TARGETED POPULATION.**  
15 The department of human services shall adopt rules, on or before January 1, 2021, establishing  
16 a process and requirements to involve public and private entities in identifying individuals who  
17 are at serious risk of accessing Medicaid funded long-term care in a nursing facility and inform  
18 them about home and community-based services options.

19       **SECTION 43. AUTISM SPECTRUM DISORDER TASK FORCE.** The department of human  
20 services shall consult with the autism spectrum disorder task force at the November 2019 task  
21 force meeting to evaluate biennium autism spectrum disorder Medicaid waiver expenditures to  
22 date. Based on input from the task force, the department may expand the number of slots or  
23 increase the ages covered by the autism spectrum disorder Medicaid waiver for the remainder  
24 of the 2019-21 biennium.

25       **SECTION 44. AUTISM SPECTRUM DISORDER VOUCHER PROGRAM.** The department  
26 of human services shall propose changes to North Dakota administrative code to seek  
27 additional flexibility for the administration of the autism spectrum disorder voucher program to  
28 ensure more families can be served within available appropriations. The proposed  
29 administrative code changes should consider changes that include a voucher that is solely for  
30 technology support and one that is for in-home supports; adding case management or parent-

1 to-parent support as an allowable service for voucher funds; and reducing the amount of time  
2 during which a household may use approved voucher funds.

3 **SECTION 45. IMPLEMENTATION OF BEHAVIORAL HEALTH STUDY**

4 **RECOMMENDATIONS - REPORT TO LEGISLATIVE MANAGEMENT.** Before August 1, 2020,  
5 the department of human services shall provide a report to the legislative management  
6 regarding the implementation of the human services research institute report recommendations.

7 **SECTION 46. LEGISLATIVE MANAGEMENT STUDY - HEALTH CARE DELIVERY**

8 **SYSTEM.** During the 2019-20 interim, the legislative management shall consider studying the  
9 delivery of health care in the state. The study must review the needs and future challenges of  
10 the North Dakota health care delivery system, including rural access to primary health care, the  
11 use of emergency medical services, strategies to better serve residents, and the role of health  
12 care services in the future development of the state. The legislative management shall report its  
13 findings and recommendations, together with any legislation required to implement the  
14 recommendations, to the sixty-seventh legislative assembly.

15 **SECTION 47. EFFECTIVE DATE.** Section 9 of this Act becomes effective on January 1,  
16 2020.

17 **SECTION 48. EXPIRATION DATE.** Section 8 of this Act is effective through December 31,  
18 2019, and after that date is ineffective.

19 **SECTION 49. EMERGENCY.** The sum of \$6,770,665 in subdivision 3 of section 1 of this  
20 Act for capital projects at the state hospital and life skills and transition center and section ~~24~~32  
21 of this Act are declared to be an emergency measure.