

North Dakota Senate Appropriations Committee - Human Resources Division
In Support of SB 2012 – DHHS Budget – Medical Services

January 25, 2023

Greetings, Chairman Dever and members of the committee,

My name is Katie Jo Armbrust, I work for the Grand Forks Housing Authority and am providing testimony in support of Senate Bill 2012 as it relates to the North Dakota Medicaid 1915(i) State Plan Amendment. As the primary provider of affordable housing in Region 4, the Grand Forks Housing Authority (GFHA) has become increasingly familiar with the need for home and community-based services over the last several years to assist folks with an array of support services, of utmost importance to our agency, housing supports to help them obtain housing and remain in housing. The GFHA has been a strong supporter of the State's development of a 1915(i) to address the overwhelming needs of people with behavioral health conditions. We support its continued inclusion, with the caveat that we also request changes to improve the functionality of the 1915(i), as well as the accessibility for those it's intended to serve.

The first recommended change would increase the number of providers for services eligible through the 1915(i): reduce administrative burden, for both the State and agencies, by eliminating the need for individual employees to enroll as a provider in addition to each agency. The GFHA is an enrolled group Medicaid 1915(i) provider, with a handful of employees also enrolled as individual providers. Enrollment of a group provider alone covers the responsibilities of ensuring employees of that provider agency meet the qualifications of service staff, at least that's how it works everywhere else in the country. North Dakota's 1915(i) is unique in its requirement for individual staff to enroll in addition to the agency.

The second recommendation is increasing provider rates while changing the billing units, which would also reduce administrative burden for both the State and agencies. The 15-minute units of which the vast majority of services are set at create issues for staff having to document at that level - the agencies expected to become providers are not your typical healthcare/insurance-billing provider. We recommend working with agencies throughout the state to develop billable units at either daily or monthly rates that improve functionality for all involved.

Lastly, we need to address the challenges with getting individuals from determining eligibility to receiving the authorized support services, starting with a recommendation to remove utilization of the WHODAS and moving to a referral system.

Respectfully submitted,

Katie Jo Armbrust

