

1999 SENATE HUMAN SERVICES
SB 2038

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2038

Senate Human Services Committee

Conference Committee

Hearing Date JANUARY 13, 1999

Tape Number	Side A	Side B	Meter #
1		X	3,149
Committee Clerk Signature <i>Paul Kolditz</i>			

Minutes:

The hearing was opened on SB2038.

DAVE ZENTNER, Dept of Human Services, introduced the bill in written testimony and supports the bill. SENATOR KILZER asked how many beds does the state have and are they all filled. There are 12 beds. They are medicaid, workmen's comp and private pay.

STEVE SKAUGE, Executive Director of H.I.T., Inc., supports bill with written testimony.

TAMARA WILL, a resident at the Valley City High Soaring Eagle Ranch, testified in support of bill (written testimony).

JEFF MATTERN, a resident at the Valley City High Soaring Eagle Ranch, testified in support of bill (written testimony)

SHELLY PETERSON, President of the ND Long Term Care Assoc., supports SB2038 in her written testimony. SENATOR LEE asked where the residents are now? Mr. SKAUGE replied

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Senate Human Services Committee

Bill/Resolution Number SB2038

Hearing Date JANUARY 13, 1999

they are scattered about in nursing homes, parental homes, places within the community. Some end up in difficulties with the law and some end up at the state hospital.

MRS GARY BENZ, Dakota Alpha employee, supports bill. There usually stay about 2 years and then need some place to go. They do not belong in a nursing home.

Opposition:

JOHN VASTAG, General Manager of Waterford At Harwood Groves, is opposed to the bill as it is written, but with an amendment (written testimony) would support it.

DONNA NALAWAJA written testimony was distributed.

The hearing was closed on SB2038

Discussion was held. SENATOR MUTZENBERGER moved a DO PASS and rereferred to the Appropriations Committee. SENATOR LEE seconded it. Roll call vote carried 6-0.

SENATOR MUTZENBERGER will carry the bill.

FISCAL NOTE

(Return original and 13 copies)

Bill / Resolution No.: _____

Amendment to: SB 2038 Conf. Com.

Requested by Legislative Council

Date of Request: 04/12/99

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This bill, as amended requires the Department to report periodically to the legislative council, or an interim committee designated by the legislative council, during the 1999-2000 interim regarding the establishment of a traumatic brain-injured facility in western North Dakota.

The estimated cost of a ten bed facility for all 24 months of the biennium is estimated to be \$567,072, of which \$168,680 is general funds. The funds needed for this program are included in Senate Bill 2012's appropriation and contingency funding.

2. State fiscal effect in dollar amounts:

	1997-1999		1999-2001		2001-2003	
	Biennium		Biennium		Biennium	
	General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
Revenues:						
Expenditures:	-0-		168,680	398,392	176,280	413,700

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1997-99 biennium:	-0-
b. For the 1999-01 biennium:	567,072
c. For the 2001-03 biennium:	589,980

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999			1999-2001			2001-2003		
	Biennium			Biennium			Biennium		
	Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
	-0-			-0-			-0-		

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: April 12, 1999

Department

Human Services

Phone No.

328-2397

FISCAL NOTE

(Return original and 13 copies)

Bill / Resolution No.: _____

Amendment to: SB 2038

Requested by Legislative Council

Date of Request: 04/01/99

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This bill allows a traumatic brain injury facility to be developed in the western part of the state. Due to the unknown circumstances regarding the likelihood on the conversion, the fiscal impact is unknown. If the facility would come on line on July 1, 1999, the Department estimates the cost of 10 beds to be \$567,072 for the 1999-01 biennium, of which \$168,680 is general funds.

The amendment to require the beds be converted from existing long term care or basic care beds does not affect the fiscal note as it is anticipated that the conversion will be from existing bed capacity that is or will be unoccupied. Thus, no savings in the Long Term Care or Basic Care budget will be realized.

2. State fiscal effect in dollar amounts:

	1997-1999 Biennium		1999-2001 Biennium		2001-2003 Biennium	
	General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
Revenues:						
Expenditures:	-0-		168,680	398,392	176,280	413,700

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1997-99 biennium:	-0-
b. For the 1999-01 biennium:	567,072
c. For the 2001-03 biennium:	589,980

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999 Biennium			1999-2001 Biennium			2001-2003 Biennium		
	Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
	-0-			-0-			-0-		

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: April 1, 1999

Department

Human Services

Phone No.

328-2397

FISCAL NOTE

Return original and 13 copies)

Bill / Resolution No.: SB 2038

Amendment to: _____

Requested by Legislative Council

Date of Request: 12/10/98

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative: This bill allows a traumatic brain injury facility to be developed in the western part of the state. The Department estimates the cost of 10 beds to be \$567,072 for the 1999-01 biennium, of which \$168,680 is general funds.

2. State fiscal effect in dollar amounts:

	1997-1999		1999-2001		2001-2003	
	<u>Biennium</u>		<u>Biennium</u>		<u>Biennium</u>	
	<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>
	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>
Revenues:						
Expenditures:	-0-		168,680	398,392	176,280	413,700

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1997-99 biennium:	-0-
b. For the 1999-01 biennium:	567,072
c. For the 2001-03 biennium:	589,980

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999			1999-2001			2001-2003		
	<u>Biennium</u>			<u>Biennium</u>			<u>Biennium</u>		
	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>
	-0-			-0-			-0-		

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: January 8, 1999

Department

Human Services

Phone No.

328-2397

Date: 1/13/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2038

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass & referred to Appr. (Senate)

Motion Made By Sen Mutzenberger Seconded By Sen Lee

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen Mutzenberger

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 13, 1999 4:04 p.m.

Module No: SR-07-0569
Carrier: Mutzenberger
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2038: Human Services Committee (Sen. Thane, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2038 was rereferred to the Appropriations Committee.

1999 SENATE APPROPRIATIONS

SB 2038

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2038

Senate Appropriations Committee

Conference Committee

Hearing Date January 26, 1999

Tape Number	Side A	Side B	Meter #
1		X	997-4305
2-11-99 1		X	1211-1385
Committee Clerk Signature <i>Kathleen C. Kottelnerock</i>			

Minutes:

SENATOR NETHING: Opened hearing on SB 2038; A BILL FOR AN ACT TO AMEND AND REENACT SECTIONS 23-09.3-01.1 AND 23-16-01.1 OF THE NORTH DAKOTA CENTURY CODE, RELATING TO A MORATORIUM ON ADDITIONAL BASIC CARE FACILITY AND NURSING FACILITY BED CAPACITY.

SENATOR KRAUTER: State Senator, District 35 to testify in support of SB2038 (tape 1, side B, meter 997-1210). Facts 2 - 4 year waiting period for placement of TBI individuals in the state. Cost savings by getting individuals from institutional-type settings to a community-type setting or residential treatment center.

SENATOR CHRISTMANN: State Senator, District 33 (Oliver, Mercer, and Western Dunn Counties) to testify in support of SB2038 (meter 1218-1465). Recognizes need for placement of TBI people in Western North Dakota. Gave testimony of personal experiences with people who have a TBI.

DAVE ZENTNER: Director of Medical Services for Department of Human Services to testify in support of SB2038 (testimony attached (1470-1690)).

SENATOR ROBINSON: Are we looking at a new facility and new beds or remodeling of an existing facility?

DAVE ZENTNER: It would be a new facility and new beds. Whether it is new construction or remodeling, it has not been decided yet. There are no basic care facilities that we are aware of

that have the specific training, etc., to provide the services to these individuals and that is why we would like to create a separate facility.

SENATOR ROBINSON: Have we specifically identified the location?

DAVE ZENTNER: The entity that will provide the service has looked at several locations, but I don't know if they have made a final decision.

SENATOR TALLACKSON: There was a failure, in the interim, if you remember there was an amendment put on the Grafton facility to allow up to 20 people for a TBI section, and they have been working on this for two years and have lined up 3 individuals that can be served for this so they are ready to go. This information is just for the committee. I have no objection at all to a facility in the west that would be closer to the families.

DAVE ZENTNER: Grafton facility is to serve a very distinct number of individuals who have severe behavioral problems and cannot be placed in a basic care type facility, in fact, these are individuals that we have to basically go out-of-state with because there is no facility in the state that would take them. The western facility is a much less involved type of facility where individuals do not need that kind of one-on-one that they would get in Grafton. This is a completely different group of individuals that we are talking about.

SENATOR ST. AUBYN: Are you saying that your fiscal note is incorrect then? So it should be General Fund \$168,680 plus the \$118,000.

DAVE ZENTNER: What I am saying is that actually we have 30 percent of the money in our budget right now, so it is really 70 percent of the fiscal note that will actually have to be funded. So it is 70 percent of the \$118,000.

SENATOR ST. AUBYN: Where are, you talk about the demand and need, the residents staying now?

DAVE ZENTNER: I think some are at home, some are in the eastern part of the state, we may have some in higher level care.

SENATOR ST. AUBYN: So the ten-bed unit would be full?

DAVE ZENTNER: That is the way the fiscal note was built, whether they would be immediately full or not is tough to project. Whether they have 10 people lined up or not, I do not know. I believe there are some people from the facility here that could answer your questions.

SENATOR ST. AUBYN: Are you aware if Soaring Eagle is full?

DAVE ZENTNER: To my knowledge, they are full and generally have a waiting list.

AVIS DISSELL: Citizen from Center, North Dakota (brochure distributed (meter 2425-2800). Gave personal testimony about husband's TBI.

SENATOR ROBINSON: How long has your husband been at the High Soaring Eagle Ranch?

AVIS DISSELL: Right now I moved him to Noonan, he was at the ranch from 1991-1998.

SENATOR ST. AUBYN: How do we determine the demand or need for this facility. Do you feel comfortable on a 10-bed unit that you are going to have 10 residents there?

AVIS DISSELL: I don't feel there is any problem of finding of residents, because they are out there. My hopes to build is to go to personal funding because I have a lot of connections. I have had commitments from the power plant, BNI coal and even ongoing that they would give support for ongoing years. I am just shooting blind but I know it is out there and I know there is a need. There is also going to be private pay individuals like Workers Comp, insurance's, and things like that.

SENATOR ANDRIST: I am well aware of the years that you have put into this project, tell us where you are at in the construction now, do you have plans drawn, estimates, where are you with the funding?

AVIS DISSELL: I met with an architect yesterday to get the preliminary plans drawn up to get a start and we have been working on getting our final 501-C3. Until then, we cannot go to the bigger plans and all these donations. I have got one big donation sitting on the east coast just waiting and one woman sent a \$700 check and she wanted it to go for a worthy cause. The profits from my book will go toward it and we have the local support. I am confident it will happen.

KIRK GREFF: Administrator of Dacotah Alpha Program testified in support of SB2038 (testimony attached (meter 3115-3605).

TAMARA WILL: A TBI affected person, testified in support of SB2038 (testimony attached (meter 3660-3995).

JEFF MATTERN: Written testimony distributed in support of SB2038 (attached).

RUTH WILL: Written testimony distributed in support of SB2038 (attached).

WILMA ELLINGSON: Written testimony distributed in support of SB2038 (attached).

JEAN WANNER: Written testimony distributed in support of SB2038 (attached).

SHELLY PETERSON: Executive Director, Long Term Care Association to testify on behalf of SB2038 (testimony attached (meter 4000-4295).

SENATOR NETHING: Closed hearing on SB2038.

=====

2/11/99

SENATOR NETHING: Reopened the hearing on SB2038.

SENATOR NETHING: Called for the motion on SB2038.

SENATOR ST. AUBYN: Moved a Do Pass on SB2038.

SENATOR KRAUTER: Seconded the motion.

ROLL CALL: 14 YEAS; 0 NAY; 0 ABSENT & NOT VOTING.

CARRIER: SENATOR ST. AUBYN

SENATOR NETHING: Closed the hearing on SB2038.

Date: 2/11/99
 Roll Call Vote #: _____

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB2038

Senate APPROPRIATIONS Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS

Motion Made By Sen. St. Aubyn Seconded By Sen. KRAUTER

Senators	Yes	No	Senators	Yes	No
Senator Nething, Chairman	✓				
Senator Naaden, Vice Chairman	✓				
Senator Solberg	✓				
Senator Lindaas	✓				
Senator Tallackson	✓				
Senator Tomac	✓				
Senator Robinson	✓				
Senator Krauter	✓				
Senator St. Aubyn	✓				
Senator Grindberg	✓				
Senator Holmberg	✓				
Senator Kringstad	✓				
Senator Bowman	✓				
Senator Andrist	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Sen. ~~Krauter~~ to Chair HS - Mutzenberger

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 12, 1999 9:41 a.m.

Module No: SR-29-2686
Carrier: Mutzenberger
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2038: Appropriations Committee (Sen. Nething, Chairman) recommends **DO PASS**
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2038 was placed on the
Eleventh order on the calendar.

1999 HOUSE HUMAN SERVICES

.SB 2038

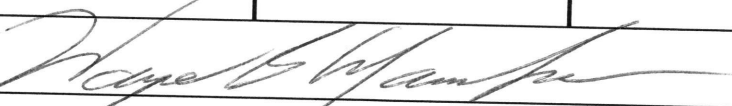
1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2038

House Human Services Committee

Conference Committee

Hearing Date March 3, 1999

Tape Number	Side A	Side B	Meter #
1	1		0.0-29.9
Committee Clerk Signature 			

Minutes:

Senator AARON KROUTER, District 35 testified. During interim the Budget committee on long term care found that there is a two to four year wait for admission to the state's only traumatic brain injury facility. TBI patients currently in long term care facilities couldn't move to less restrictive facilities because there were none. A traumatic brain facility in western North Dakota would fill a gap between a nursing facility and total independence. The average cost of a TBI facility is \$2200 per month compared to placement of TBI in a long-term care facility which is \$7300 per month. Committee recommendations are reflected in the bill. The moratorium on long term beds should be maintained except for the creation of a new TBI facility in the western part of the State.

PAUL KRAMER, Legislative Council testified to explain the bill. Section 1 deals with basic care. Section 2 extends the moratorium on long-term beds and adds the language to provide for

the TBI exception. NOTE: Reference to the comments of March 2 relative top the conflicts between bills SB2036, SB2196 and SB2038, the conflict has been resolved.

AVIS DISSELL testified. (Testimony attached.)

DAVID ZENTNER, Director of Medical Services, Department of Human Services testified. (Testimony attached.)

Rep. ROBIN WEISZ asked where the seven slots and patients were now. DAVID ZENTNER responded that some may be in nursing facilities, some at home with parents, some, maybe, at the eastern facility who would want to move west closer to home. Rep. ROBIN WEISZ stated that the state may already be paying for some of these individuals.

Rep. CLARA SUE PRICE asked how the location of the facility would be chosen. DAVID ZENTNER responded that the Department of Human Services would take the lead on the project but would expect the final decision to be made by private parties.

Rep. RALPH METCALF asked what impact moving patients from the eastern facility would have on the continued operation of the Valley City facility. DAVID ZENTNER doesn't really know the impact or if there is a waiting list for the Valley City facility.

Rep. CHET POLLERT asked what degree of need came out of the study. DAVID ZENTNER believes the study supported a ten bed facility.

Rep. CLARA SUE PRICE asked if the Valley City facility had ever requested additional beds. DAVID ZENTNER responded 'no'.

KIRK GREFF, Administrator of Dacotah Alpha in Mandan testified. (Testimony attached)

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House Human Services Committee

Bill/Resolution Number 2038

Hearing Date March 3, 1999

Rep. RALPH METCALF asked if Dacotah Alpha was the first stop in rehabilitation which would then be move to one of these TBI facilities. KIRK GREFF responded that this was generally true.

Rep. TODD PORTER asked about the reference to facility in both the singular and plural. KIRK GREFF responded that because of difficulty of finding a large enough facility they are starting to look for a facility made up of more than one physical building. Rep. TODD PORTER noted that this would make it more expensive.

Rep. CLARA SUE PRICE asked the locations that were being considered. KIRK GREFF answered Elgin, Center and Mandan.

WILMA ELLINGSON testified. (Testimony attached) She also noted that each brain injury is different so a uniform treatment plan is not effective.

RICH ARAZI testified. (Testimony attached.)

SHELLEY PETERSON, President of the North Dakota Long Term Care Association testified.

(Testimony attached.)

OPPOSITION: None

Closed hearing on SB2038.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2038

House Human Services Committee

Conference Committee

Hearing Date March 10, 1999

Tape Number	Side A	Side B	Meter #
2		x	0.0-32.1
Committee Clerk Signature <i>Wayne G. Hansen</i>			

Minutes:

COMMITTEE DISCUSSION

The money for this bill is not in the Governor's budget. The only options the committee has is a DO NO PASS or a DO PASS AND REFERRED TO APPROPRIATIONS. The benefits of this type of care facility provides better individual service at less cost.

There was discussion on whether this bill was intended for new beds or existing beds. The way the bill reads it could permit the addition of new beds for the new facility.

Rep. WILLIAM DEVLIN made a motion to amend the bill to insure it dealt with only the conversion of decertified beds for the new facility, not new beds. Rep. BLAIR THORESON seconded. After discussion the motion PASSED on a voice vote: 15 YES, 0 NO, 0 ABSENT.

Rep. ROXANNE JENSEN move a DO PASS AS AMENDED AND REREFERRED TO APPROPRIATIONS. The motion was seconded by Rep. TODD PORTER.

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House Human Services Committee

Bill/Resolution Number 2038mar10

Hearing Date March 10, 1999

The motion PASSED on roll call vote #1: 15 YES, 0 NO, 0 ABSENT.

CARRIER: Rep. TODD PORTER

Date: 3-10-99
 Roll Call Vote #: 1

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2038

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number ~~Do Pass~~ SB 2038

Action Taken Do Pass As Amended and Referred to Appropriations

Motion Made By Rep Jensen Seconded By ~~T~~ Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	✓		Bruce A. Eckre	✓	
Robin Weisz - Vice Chairman	✓		Ralph Metcalf	✓	
William R. Devlin	✓		Carol A. Niemeier	✓	
Pat Galvin	✓		Wanda Rose	✓	
Dale L. Henegar	✓		Sally M. Sandvig	✓	
Roxanne Jensen	✓				
Amy N. Kliniske	✓				
Chet Pollert	✓				
Todd Porter	✓				
Blair Thoreson	✓				

Total Yes 15 No 0
 Absent 0

Floor Assignment Rep Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 11, 1999 1:49 p.m.

Module No: HR-44-4572
Carrier: Porter
Insert LC: 90141.0101 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2038: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (15 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2038 was rereferred to the **Appropriations Committee**.

Page 1, line 9, replace "and" with "or converted"

Renumber accordingly

1999 HOUSE APPROPRIATIONS

· SB 2038 ·

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2038

House Appropriations Committee
Human Resources Division

Conference Committee

Hearing Date March 22, 1999

Tape Number	Side A	Side B	Meter #
1		x	0-36.1
Committee Clerk Signature <i>Paulitta Gussioas</i>			

Minutes:

A Bill for an Act to amend and reenact sections 23-09.3-01.1 and 23-16-01.1 of the North Dakota Century Code, relating to a moratorium on additional basic care facility and nursing facility bed capacity.

Tape 1, B, 0.0 Chairman Svedjan opened committee hearing SB 2038. All members present.

.8 Dave Zentner (Director of Medical Service for the Department of Human Services) presented the bill with testimony.

4.0 Rep. Timm asked if 567,000 included a building. Mr. Zentner states Hit Inc. would be operating the facility, they haven't made a decision whether to build or purchase a existing building.

13.5 Avis Dissell handed out testimony in support of SB 2038.

15.2 Kirk Greff (Advisor of Dacotah Alpha) testified in support of SB 2038. See attached testimony.

20.6 Rep. Delzer asked if these people are able to work. Mr. Greff states that some are able to with someone for support.

25.3 Shelly Peterson (NDLCTCA) testified in support of SB 2038.

33.3 Mrs. Gary Zentz testified in support of SB 2038.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date March 25, 1999			
Tape Number	Side A	B Side	Meter #
1		x	8.8-35.7
Committee Clerk Signature <i>Paulite Cussias</i>			

Minutes:

A Bill for an Act to amend and reenact sections 23-09.3-01.1 and 23-16-01.1 of the North Dakota Century Code, relating to a moratorium on additional basic care facility and nursing facility bed capacity.

8.8 Chairman Bernstein opened committee work on SB 2038.

18.2 Rep. Timm asked what the payment of basic care compared to long term care. Mr. Zentner states that the Brian Injured are a different group they are younger, and the staff should be different as well, because there are very different needs.

21.3 The committee discussed what they wanted to amend and had them drawn up.

34.9 Chairman Bernstein closed the committee work on SB 2038.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date March 29, 1999			
Tape Number	Side A	B Side	Meter #
1	x		0-24.2
Committee Clerk Signature			

Minutes:

A Bill for an Act to amend and reenact sections 23-09.3-01.1 and 23-16-01.1 of the North Dakota Century Code, relating to a moratorium on additional basic care facility and nursing facility bed capacity.

Tape 1, A, 0.0 Chairman Svedjan opened committee work on SB 2038. All members are present.

1.1 Rep. Kerzman went through a amendment 90141.0104 that he had drawn up, about increasing the bed capacity.

1.4 Rep. Kerzman moved to pass amendment 90141.0104, 2nd by Rep. Hoffner. The vote was 2 yes, 4 no, and 0 absent.

15.8 Rep. Delzer moved to pass amendment 90141.0102, 2nd by Rep. Timm. The vote was 4 yes, 2 no, and 0 absent.

20.3 Rep. Delzer moves to further amend 90141.01020, 2nd by Rep. Timm. The vote was 6 yes, 0 no, 0 absent.

General Discussion

Page 2

Human Services, Appropriations

March 29, 1999

23.2 Rep. Hoffner moves to further amend 90141.0102, 2nd by Rep. Kerzman. The motion was to restrict the location to 1, 2, 7, or 8. The vote was 6 yes, 0 no, 0 absent.

24.1 Rep. Delzer recommends a do pass as amended, 2nd by Rep. Timm. The vote was 6 yes, 0 no, 0 absent.

Rep. Delzer carried the to full committee.

General Discussion

- Committee on Committees
- Rules Committee
- Confirmation Hearings
- Delayed Bills Committee
- House Appropriations
- Senate Appropriations
- Other

Date March 29, 1999			
Tape Number	Side A	B Side	Meter #
1		x	17.0-end
Committee Clerk Signature <i>Casey Davis</i>			

Minutes:

SB 2038

CHAIRMAN DALRYMPLE opened discussion.

1B: 18.2 REP. DELZER explained the HR subcommittee's recommendation and proposed amendments 0105. He moved the amendments. Rep. Carlisle seconded the motion.

1B: 20.6 REP. GULLESON noted the last sentence in the amendment, and asked if it meant the Western side of the state. Rep. Delzer replied that it does extend it to the western four human services regions.

1B: 21.1 CHAIRMAN DALRYMPLE asked what would happen without the bill. Rep. Delzer replied that there could not be a TBI section added. There must be legislation to start it.

1B: 23.0 A voice vote was taken and the motion carried.

1B: 23.1 REP. DELZER moved for a Do Pass as amended. Rep. Svedjan seconded the motion. A roll call vote was taken and the motion carried with 20 yeas and 0 nays. Rep. Delzer will carry the bill to the house floor.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2038

In lieu of the amendments adopted by the House as printed on pages 804 and 805 of the House Journal, Senate Bill No. 2038 is amended as follows:

Page 1, line 1, replace "sections" with "section" and remove "and 23-16-01.1"

Page 1, line 2, remove "and nursing"

Page 1, line 3, remove "facility"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, between August 1, 1999, and January 31, 2001, the department may issue a license for up to ten beds in a single basic care facility which have been converted from long-term care or basic care beds for use by the traumatic brain-injured population. The basic care facility must be located in the western part of the state. If, during the eighteen-month period, fewer than ten basic care beds or long-term care beds become available for conversion, the department, between February 1, 2001, and August 1, 2001, may license additional beds in the facility; however, the total number of converted beds and additional beds may not exceed ten."

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 23

Renumber accordingly

PROPOSED AMENDMENTS TO SENATE BILL NO. 2038

In lieu of the amendments adopted by the House as printed on pages 804 and 805 of the House Journal, Senate Bill No. 2038 is amended as follows:

Page 1, line 1, replace "sections" with "section" and remove "and 23-16-01.1"

Page 1, line 2, remove "and nursing"

Page 1, line 3, remove "facility"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, the department may issue a license for up to ten beds in a single basic care facility for use by traumatic brain-injured population. The facility must be located in the western part of the state."

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 23

Re-number accordingly

PROPOSED AMENDMENTS TO SENATE BILL NO. 2038

In lieu of the amendments adopted by the House as printed on pages 804 and 805 of the House Journal, Senate Bill No. 2038 is amended as follows:

Page 1, line 1, replace "sections" with "section" and remove "and 23-16-01.1"

Page 1, line 2, remove "and nursing"

Page 1, line 3, remove "facility"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, before August 1, 2001, the department may issue a license for up to ten beds in a single basic care facility which have been converted from long-term care or basic care beds for use by the traumatic brain-injured population. The facility must be located in the western part of the state."

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 23

Renumber accordingly

Date: 3-29-99
 Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2038

House _____ APPROPRIATIONS _____ Committee

Subcommittee on _____ HUMAN SERVICES _____
 or
 Conference Committee

Legislative Council Amendment Number 90141 9102

Action Taken Passes

Motion Made By Detor Seconded By Timm

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN KEN SVEDJAN	✓				
VICE CHAIRMAN LEROY BERNSTEIN		✓			
REP. JEFF DELZER	✓				
REP. SERENUS HOFFNER	✓				
REP. JAMES KERZMAN		✓			
REP. MIKE TIMM	✓				

Total (Yes) 4 No 2

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-29-99
Roll Call Vote #: 3

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2058

House _____ APPROPRIATIONS _____ Committee

Subcommittee on _____ HUMAN SERVICES _____
or
 Conference Committee

Legislative Council Amendment Number 901410102

Action Taken _____

Motion Made By Delzer Seconded By Timm

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN KEN SVEDJAN	✓				
VICE CHAIRMAN LEROY BERNSTEIN	✓				
REP. JEFF DELZER	✓				
REP. SERENUS HOFFNER	✓				
REP. JAMES KERZMAN	✓				
REP. MIKE TIMM	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
Further amend 90141.0102

Date: 3-29-99
Roll Call Vote #: 5

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.

House _____ APPROPRIATIONS _____ Committee

Subcommittee on _____ HUMAN SERVICES _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Bill Pass

Motion Made By Detzer Seconded By Kumm

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN KEN SVEDJAN	✓				
VICE CHAIRMAN LEROY BERNSTEIN	✓				
REP. JEFF DELZER	✓				
REP. SERENUS HOFFNER	✓				
REP. JAMES KERZMAN	✓				
REP. MIKE TIMM	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Detzer

If the vote is on an amendment, briefly indicate intent:

VR
3/30/99

HOUSE AMENDMENTS TO SENATE BILL NO. 2038

APP 3/30/99

In lieu of the amendments adopted by the House as printed on pages 804 and 805 of the House Journal, Senate Bill No. 2038 is amended as follows:

Page 1, line 1, replace "sections" with "section" and remove "and 23-16-01.1"

Page 1, line 2, remove "and nursing"

Page 1, line 3, remove "facility"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, before August 1, 2001, the department may issue a license for up to ten beds in a single basic care facility which have been converted on a one-to-one basis from long-term care or basic care beds for use by the traumatic brain-injured population. The facility must be located in planning region one, two, seven, or eight of the governor's executive order 1978-12 dated October 5, 1978."

Page 1, remove lines 22 through 24

HOUSE AMENDMENTS TO SENATE BILL NO. 2038

APP 3/30/99

Page 2, remove lines 1 through 23

Renumber accordingly

Date: 3-29-99

Roll Call Vote #: 6

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2038

House APPROPRIATIONS Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number 0105

Action Taken Do Pass As Amended

Motion Made By DELZER Seconded By SUEDJAN

Representatives	Yes	No	Representatives	Yes	No
Chairman Dalrymple	X		Nichols	X	
Vice-Chairman Byerly	X		Poolman	X	
Aarsvold	X		Svedjan	X	
Bernstein	X		Timm	X	
Boehm	X		Tollefson	X	
Carlson	X		Wentz	X	
Carlisle	X				
Delzer	X				
Gulleson	X				
Hoffner	X				
Huether	X				
Kerzman	X				
Lloyd	X				
Monson	X				

Total (Yes) 20 No 0

Absent _____

Floor Assignment DELZER

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2038: Appropriations Committee (Rep. Dalrymple, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2038 was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on pages 804 and 805 of the House Journal, Senate Bill No. 2038 is amended as follows:

Page 1, line 1, replace "sections" with "section" and remove "and 23-16-01.1"

Page 1, line 2, remove "and nursing"

Page 1, line 3, remove "facility"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, before August 1, 2001, the department may issue a license for up to ten beds in a single basic care facility which have been converted on a one-to-one basis from long-term care or basic care beds for use by the traumatic brain-injured population. The facility must be located in planning region one, two, seven, or eight of the governor's executive order 1978-12 dated October 5, 1978."

Page 1, remove lines 22 through 24

Page 2, remove lines 1 through 23

Renumber accordingly

1999 SENATE HUMAN SERVICES

SB 2038

CONFERENCE COMMITTEE

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2038CC

Senate Human Services Committee

Conference Committee

Hearing Date APRIL 6, 1999

Tape Number	Side A	Side B	Meter #
1	X		
4/7/99 1	X		
4/8/99 1	X		
Committee Clerk Signature <i>Paul F. Ludejchuk</i>			

Minutes:

SENATOR KILZER called the conference committee to order on SB2038. Roll call:

SENATOR KILZER, SENATOR THANE, SENATOR DEMERS, REPRESENTATIVE PRICE, REPRESENTATIVE DELZER, REPRESENTATIVE ECKRE.

REPRESENTATIVE DELZER explained what the House amendments did to the bill. There was an appropriation for 3 beds and a contingent appropriation will be adequate if a facility should be started this biennium. We amended it to be a basic conversion from basic care beds to Traumatic Brain Injury beds instead of an addition. SENATOR DEMERS: Why would homes in different parts of the state want to contribute beds to this facility? REPRESENTATIVE DELZER: There are nursing facilities that are not at 90% capacity so there is a disincentive from the Human Services Dept. so they would possibly be willing to give up beds. That is were we are hoping to get the beds. SENATOR DEMERS: The purpose of this bill was not to give up

beds, but to allow this facility to come into existence. REPRESENTATIVE DELZER replied that the idea was not to just allow the additional beds without them looking to try to find beds.

We were trying to say, Do this first and then we will look at it again and if you can't find anything we will take it up again next session with the opportunity to do this. SENATOR

THANE: Do you was them divided up - a few here and a few there? REPRESENTATIVE

DELZER: No, you don't want them in the same facility as long term care either. They should

be in one facility. REPRESENTATIVE PRICE: Smaller facilities are better - ll beds is big -

needs are different. This bill allows the option of small home setting. We need to reduce the number of nursing home beds in the state. We are just concerned about increasing number of

beds. SENATOR THANE: Isn't there a need for trained staff; would you dilute that and have

five here and five there; would that be cost effective? REPRESENTATIVE PRICE: That is

what is being recommended by the industry now. Effectiveness I am not qualified to answer.

REPRESENTATIVE DELZER: Some of the people in the Western part of the state have a long distance to travel if they go to Valley City. We want to reduce the beds and get this option going seems to be the right way.

DARLENE BARTZ, Department of Health Department. With the changes in the moratorium now, bed banking will go away. Building would have to be ready and grow very slowly. A bed would be delicensed one day and licensed in the new facility the same day. There will be more than one bidder for each bed. Each bed is worth about \$1,000. REPRESENTATIVE

DELZER: Total of \$200,000 in appropriation bill and will be ready for biennium should it be established. Get beds from existing number. There are 1400 Basic care and 7,000 long term care and that's where there may be shifting of beds. That's the reason we added the 1-1 instead of

2-1. REPRESENTATIVE PRICE requested time to do some research. SENATOR KILZER adjourned the committee to be rescheduled for tomorrow.

(4/7/99)

The committee was called to order by SENATOR KILZER with all members present.

REPRESENTATIVE PRICE wanted the number of beds be amended to reflect the correct number. REPRESENTATIVE DELZER expressed frustration with the Dept of Health for not including this money in their budget and then came in with additional dollars. Money for 10 beds comes from general funds. We can give them the option to reduce beds. I don't think establishing a facility can be done in the next two years. Would agree to expansion of beds if under Medicare. SENATOR DEMERS stated that the fiscal note does not put \$560,000 in general funds. REPRESENTATIVE DELZER: That is correct; only \$168,000 in general funds. SENATOR THANE asked how many at Soaring Eagle are Medicare? I would like to see a separate facility for these people; they don't belong with the elderly. MS. BARTZ answered that one is private pay, really workers' comp and 10 are Medicaid. SENATOR THANE: Do you believe a new facility and all should be at one sight or a wing in two locations.

REPRESENTATIVE DELZER: One facility of ten beds; where does economics break out?

REPRESENTATIVE PRICE: Can a facility be 4 or 5 beds and be self-supporting. More home based is appealing. MS. BARTZ: The statute reads there must be 5 or more licensed beds to be eligible. REPRESENTATIVE ECKRE: Does a home have to have certain requirements to bring it up to code rather than just a residential facility. RANDY ENGLE: It would be substantially expensive to convert a residential home to meet the fire code. REPRESENTATIVE DELZER

4-7-99

asked MS. BARTZ what is the smallest facility out there. She replied that Soaring Eagle has 11 beds, Bowman is 7, Baptist is 10, Good Shepherd is 9. SENATOR THANE stated that group homes have 5-7. Definite advantages for smaller groups. REPRESENTATIVE DELZER: 5-10 is law. Can't be less than five. Likes the RFP to be put in there.

REPRESENTATIVE DELZER suggested an amendment with RFP and provide a study report to LC interim committee to keep abreast of the actions. SENATOR THANE: We can add another section calling for study - keep tracking until it becomes a reality. The clerk will contact Jim Smith for amendments. The committee was adjourned until tomorrow morning.

4/8/99 The conference committee was called to order by SENATOR KILZER with all members present. SENATOR DEMERS: I have the same problem I've had; rather than waiving the moratorium for this particular facility the amendment still insists on using converted beds which means that the persons are going to have to go out on the market and purchase them and it has also come to my attention since then that the ND Dept of Health has waived the requirements of the moratorium for an 8-12 bed TBI facility in Western ND. They already have the ability to do that and they are given 5 years to do that. REPRESENTATIVE DELZER: It doesn't necessarily say they have to get it from converted beds. For 18 months we would like to have them try very very hard to get it from converted beds; then it gives them a 6 month window. We are trying to give approval through the legislature. I think this is a workable compromise and I don't think it can be done in 2 years. DARLENE BARTZ: If legislation is not passed the dept would be able to continue for 5 years. The Health Dept. could renew for up to 5 years. If the legislation is passed the project will be discontinued. SENATOR DEMERS asked what kind of an impact you anticipate if basic care joins into assisted living. MR. ZENTNER: We would like to be able to

47-99

license when and if legislation authorizes it. This would be basic care facility. There would be no problem once they would obtain a license. REPRESENTATIVE DELZER: Would there be a likelihood of more beds available? MR. ZENTNER: We have to take a look at that is two years; we may want to expand alternatives that fit under this. REPRESENTATIVE DELZER: Maybe we should just hoghouse this bill and just put in a resolution to refer all these entities to report to interim committee and study it to see what's going on. Basically, they can go ahead. We have to pass legislation some time, but not now because obviously they can start up. SENATOR DEMERS agrees with Representative Delzer that we should not pass this legislation but only a study of the project. MR. ZENTNER: In answer to the financial impact on the Department due to TBI, the waiver is paid through Medicare dollars with basic care license. If they start with 10 beds there probably would not be money; if they start with 3-4 beds, we could find it. The great majority would be Medicaid eligible. No problem with funding for 3 and there is a contingency fund set up for 3 more. REPRESENTATIVE DELZER moved the House recede from its amendments and amend to remove all but section 3 - a study follow the progress of the TBI project and report to Council. SENATOR THANE seconded it. Discussion. Roll call vote carried 6-0-0.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2038

That the House recede from its amendments as printed on page 1006 of the Senate Journal and page 1082 of the House Journal and that Senate Bill No. 2038 be amended as follows:

Page 1, line 3, after "capacity" insert "; to provide request for proposal requirements for a traumatic brain-injured facility; and to provide for reports to the legislative council"

Page 1, line 9, remove "and for"

Page 1, remove line 10

Page 1, line 11, remove "use by the traumatic brain-injured population in the western part of the state."

Page 1, line 20, after the period insert "Existing licensed beds released by a facility which are not immediately transferred to another facility may not be banked for future transfer to another facility."

Page 1, line 21, replace "The department of human services shall establish a limit on the bed size of a basic" with "Notwithstanding subsection 1, between August 1, 1999, and January 31, 2001, the department may issue a license for up to ten beds in a single basic care facility which have been converted on a one-to-one basis from long-term care or basic care beds for use by the traumatic brain-injured population. The facility must be located in planning region one, two, seven, or eight of the governor's executive order 1978-12 dated October 5, 1978. If, during the eighteen-month period, fewer than ten basic care beds or long-term care beds become available for conversion, the department, between February 1, 2001, and August 1, 2001, may license additional beds in the facility; however, the total number of converted beds and additional beds may not exceed ten."

Page 1, remove lines 22 through 24

Page 2, remove lines 1 and 2

Page 2, line 23, after the overstruck period insert "Existing licensed beds released by a facility which are not immediately transferred to another facility may not be banked for future transfer to another facility."

SECTION 3. TRAUMATIC BRAIN-INJURED FACILITY REQUEST FOR PROPOSAL REQUIREMENT AND REPORT TO THE LEGISLATIVE COUNCIL. The director of the department of human services shall use the request for proposal process when establishing a traumatic brain-injured facility in western North Dakota. The director shall report periodically to the legislative council, or an interim committee designated by the legislative council, during the 1999-2000 interim regarding the establishment of a traumatic brain-injured facility in western North Dakota. The reports are to include information regarding the request for proposal for a traumatic brain-injured facility, the number of beds available, and the location of any beds available for conversion to a traumatic brain-injured facility in western North Dakota, and the status of the number of beds that have been converted for a traumatic brain-injured facility in western North Dakota."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

DEPARTMENT 325 - DEPARTMENT OF HUMAN SERVICES

CONFERENCE COMMITTEE - This amendment adds language making Senate Bill Nos. 2038 and 2196 compatible and not allowing bed banking for basic care or long-term care beds. The amendment also provides that the Department of Human Services may convert, on a one-to-one basis, either long-term care or basic care beds for use as a traumatic brain-injured (TBI) facility in western North Dakota. If beds cannot be converted during the first 18 months of the biennium, the department may license up to 10 additional beds, during the last six months of the biennium, for a TBI facility.

Rep. Delzer

90141.0107
Title.0400

Adopted by the Conference Committee
April 8, 1999

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2038

That the House recede from its amendments as printed on page 1006 of the Senate Journal and page 1082 of the House Journal and that Senate Bill. 2038 be amended as followed:

Page 1, line 1, after "A Bill" replace the remainder of the bill with "for an Act to provide for reports to the legislative council regarding the traumatic brain-injured facility.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. TRAUMATIC BRAIN-INJURED FACILITY REPORT TO THE LEGISLATIVE COUNCIL. The director of the department of human services shall report periodically to the legislative council, or an interim committee designated by the legislative council, during the 1999-2000 interim regarding the establishment of a traumatic brain-injured facility in Western North Dakota. The reports are to include information regarding the number of beds available and the location of any beds available for conversion to a traumatic brain-injured facility in western North Dakota, and the status of the number of beds that have been converted for a traumatic brain-injured facility in western North Dakota."

Renumber accordingly

Date 4/6/99
Roll call vote # 1

Please type or use
black pen to complete

1997 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2038

Senate Human Services Committee
Subcommittee on _____ (Identify or
Conference Committee (check where
appropriate)

Legislative Council Amendment Number _____

Action Taken Amendment Hoghouse

Motion Made By Rep Delge Seconded By Sen Shane

Senators	Yes	No	Representatives	Yes	No
<u>Kilger</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Orise</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shane</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Delge</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>De Mers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>McCree</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total 6 0
(Yes) (No)

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

DO NOT USE HIGHLIGHTER ON ANY FORMS

REPORT OF CONFERENCE COMMITTEE

SB 2038: Your conference committee (Sens. Kilzer, Thane, DeMers and Reps. Price, Delzer, Eckre) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1006, adopt amendments as follows, and place SB 2038 on the Seventh order:

That the House recede from its amendments as printed on page 1006 of the Senate Journal and page 1082 of the House Journal and that Senate Bill No. 2038 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for reports to the legislative council regarding the establishment of a traumatic brain-injured facility.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. TRAUMATIC BRAIN-INJURED FACILITY REPORT TO THE LEGISLATIVE COUNCIL. The director of the department of human services shall report periodically to the legislative council, or an interim committee designated by the legislative council, during the 1999-2000 interim regarding the establishment of a traumatic brain-injured facility in western North Dakota. The reports must include information regarding the number of beds available and the location of any beds available for conversion to a traumatic brain-injured facility in western North Dakota and the status of the number of beds that have been converted for a traumatic brain-injured facility in western North Dakota."

Renumber accordingly

SB 2038 was placed on the Seventh order of business on the calendar.

1999 TESTIMONY
SB 2038

To the Members of the Senate:

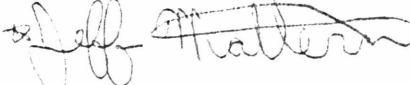
1\12\99

My name is Jeff Mattern and 10 years ago I was in an accident on my way home from work. I was in the hospital for two years. Because of the accident, I was diagnosed with a severe traumatic brain injury which caused the total loss of vision in one eye and severely impaired vision in the other. I am deaf in my right ear. I was at Dacotah Alpha in Mandan for two years for rehabilitation. After that I moved right into my own apartment with a lot of help from agencies. I was eligible for services through the TBI Waiver which helped me with the daily chores.

It would have been helpful to have a place to go that would help me get ready for moving into an apartment after the rehabilitation was done. Moving right to an apartment took a lot of adjustment for me. I had to do all the little things and remember to do them. Because of the brain injury, I have problems with my short term memory and its hard to do things if I don't remember to do them. I met a lot of people at Dacotah Alpha that had brain injuries and they had similar problems after their accidents. A residential facility would have helped me and them to adjust to living independently again, rather than being thrown into something we are not prepared for.

Your support of this facility for people with brain injuries can help those that are injured now. Help them to have a better start at living independently and give them the support and retraining that is needed to adjust to the effects of the brain injury and how that injury will effect them for the rest of their lives.

Thank you.


Jeff Mattern

Senator Thane and members of the Committee:

My name is Tamara Will. I was in a one car accident, 13 years ago when I was 21 years old. I was in a coma for months. The hospital sent me home after seven months to be cared for by my mother. They didn't think there would be any further improvement. I wasn't able to walk or talk. I had to start over, just like a baby. I've lived with my parents since the accident with very little help from agencies. As I improved, I improved too much physically, to be eligible for any help.

When the Case Management position was started, it helped me to get out of the house more, she called the Housing Authority for me, tried to get me help through the county social service office and came to meetings that involved me.

The other thing I want to tell you, is that people who have had head injuries need is a place to live. I have been lucky to have parents to live with and lucky that I am physically able to take care of myself for most things, so I can stay by myself during the day. The day will come when my parents will not be able to have me in their house, and I will need to live somewhere else. I do not want to go to a nursing home with people who are so much older than I am. There are many people who are not as fortunate as I am, and must depend on facilities to provide their housing needs. I'm speaking to you for those people.

We would appreciate your support of this residential facility for people with brain injuries, there are people my age in nursing homes and they should not be there. I do not want to go to a nursing home and I'm sure those people who did, would choose the alternative, if there was one.

Thank you for your time.

A handwritten signature in black ink that reads "Tamara Will". The signature is written in a cursive, slightly slanted style.

Tamara Will

Senator Thane and Members of the Committee:

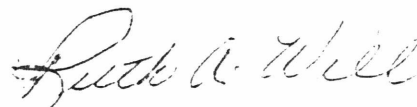
My name is Ruth Will and I am the mother of Tamara Will who testified in front of the Senate committee on 1-13-99.

Tamara does fairly well for herself physically, but her thinking skills are not what they used to be. She is not able to forget the past and to accept where she is at today. She wants things to be the way they were before November 12, 1985, the day she was in a terrible car accident. She wants her fiancée' to return, to go back to her job in retail, and to get her drivers license among other things that she may never be able to do again.

Her father and I love her very much, would do whatever it takes to regain her health, and happiness, but we struggle each day with results of the brain injury. The unreasonable personality changes that have occurred, the depression, and the physical limitations that inhibit our daughter from going out and making friends. We worry when she does meet someone, because of inappropriate behavior, and because she could be taken advantage of so easily as her judgment of what is right or wrong sometimes gets her into trouble.

We are thinking of Tamara's future and the future of other young people who survive a brain injury, when we ask you to support this residential facility. These people are generally very young, like our Tam, when they are injured, and need a place to go after rehabilitation to live. This facility could be the bridge that fills the gap between rehabilitation and living alone. This bridge could also be the difference between living alone successfully or continuing to depend on others for help.

Thank you members of the Senate for addressing this important issue and making a difference in the lives of people who have survived a traumatic brain injury and their family members.



Ruth Will
01\11\99

Senator Thane and Members of the Committee:

My name is Wilma Ellingson and my son sustained a head injury 24 years ago. At that time there were no rehabilitation services in the hospitals or in the community. People who sustained a brain injury were diagnosed with a mental illness and prescribed a long list of drugs to "cure" them. The brain "functions", once injured can not be cured. Other parts of the brain can be trained to partially compensate for the injured portion of the brain. The hospital told me to take my son home, there was not anything more that they could do. We entered a world where no one wants to go! A life of unpredictable behavior, of uncontrollable outbursts of anger, of encounters with the law, and uninformed professionals. This is a frustrating part, to continually try to give information to professionals so they can understand the effects of head injury, but they are not willing to take the time to look at the information before them.

The residential facility in western North Dakota for people with brain injuries is long over due. There are many young people with brain injuries who are living in apartments without any support, or they are living in skilled nursing homes or group homes. People with brain injuries do not belong in nursing home, are not old, they are generally injured at a very young age. People with brain injuries should not be in group homes for people with developmental disabilities either. Developmental Disabilities and Traumatic Brain Injury are very different and require services and residential needs specific to each disability.

Please give your support to this facility for people with brain injuries. It is so important that we have a place for our young people to live in western North Dakota, so that they do not have to move to another part of the state and away from their families.

Are there any questions?

Thank you Chairman Krauter and members of the committee.

Wilma Ellingson
09-18-98

Chairman Krauter and Committee Members:

Since I cannot attend your meeting in person, I would like to address you by means of this letter.

In June of 1988, our son suffered a severe head injury in an automobile accident. He was hospitalized for seven months; three of them in a coma. Years of therapy were required. He spent two years at Dacotah Alpha in Mandan. Presently he lives at home. So we know first-hand the problems associated with head injury.

There is a need for a residential facility in western North Dakota for people with head injuries. They could be closer to their families and they would not have the long waiting list to be accepted. A safe environment is essential to their well being. Thank you.

Sincerely,

Jean Krauter 701-878-4933
7245 35th St. Hebron ND 58638

**TESTIMONY BEFORE THE SENATE HUMAN SERVICES COMMITTEE
REGARDING SENATE BILL 2038
JANUARY 13, 1999**

Chairman Thane, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information and to support this bill.

Legislation is currently in effect that places a moratorium on the expansion of basic care and nursing facility bed capacity in North Dakota. The Task Force on Long Term Care Planning was requested to examine this issue to determine if the moratoriums should be continued. The Task Force concluded that at present no shortage of bed capacity exists when compared to national averages and therefore recommended that the moratoriums should remain in effect with one exception.

The Medicaid Program implemented a Home and Community-Based Waiver that serves the Traumatic Brain-Injured (TBI). Most individuals with a TBI diagnosis are able to function outside a hospital or nursing facility setting, but do require 24-hour assistance. The Task Force noted that only one facility, High Soaring Eagle Ranch, in Valley City provided this needed service to the TBI population. No similar facility exists in the western part of North Dakota and the Task Force received information that indicated that enough of a need existed to create such a facility. The type of facility that would be created meets the definition of a basic care facility.

The Task Force recommended to continue the moratorium for both nursing facilities and basic care facilities, but requested the approval of an exception that would permit the addition of one basic care facility specifically designed to meet the care needs of the TBI population not to exceed the greater of 10 beds

or the number of available slots permitted under the waiver.

This bill provides for that exception and requires the Department of Human Services to limit the size of the facility based on the number of individuals who require this type of care and the number of openings under the Medicaid Waiver for the TBI population.

The fiscal note is based on the Department paying for 10 beds for the next biennium at a total cost of \$567,072, of which \$168,680 are general funds. Unfortunately when the budget was built for the TBI waiver, I failed to include the costs of these new beds in the budget request. This was an oversight on my part. The budget is built on an average of 15 slots per month. We estimate that with the addition of this facility we will need 22 slots. As a result, we have not included 70% of the new costs associated with this facility or about \$397,000 of which \$118,076 is general funds in our budget request for the 1999-2001 biennium.

The Department still supports this bill and will request that the needed funds be added to our request to fund the Medicaid portion of the Department's budget.

I would be happy to answer any questions you may have.

TESTIMONY TO THE SENATE HUMAN SERVICES COMMITTEE

Senate Bill 2038

Presented by Steve Skauge, Executive Director, H.I.T. Incorporated

*Identical
testimony presented
by Kirk Greff*

Mr. Chairman and Honorable Committee Members:

My name is Steve Skauge and I am the Executive Director of H.I.T. Inc., which is a nonprofit organization serving individuals with disabilities.

H.I.T. Inc. has been serving the brain injured population for the past 15 years through its Dacotah Alpha program. Dacotah Alpha is an eleven bed skilled nursing facility that assists brain injured and physically disabled adults to achieve their highest level of independence. This is accomplished with extended rehabilitation therapies where skills are taught which will prepare the resident for some level of independent living. After the resident has completed programming at Dacotah Alpha, usually lasting from 6 to 24 months, many are transferred to their own apartment. However, there is a percentage of residents who due to their cognitive difficulties are unable to live independently, and are misplaced at a standard nursing or basic care facility. The needs of a TBI resident, which most frequently is an individual in their 20's, is vastly different than a standard geriatric resident.

Discharge options are severely limited for residents with long term placement needs. The High Soaring Eagle Ranch in Valley City is an option, but space is limited to 11 beds and due to the extended needs of these residents, turnover is very slow. Also, because of its location in eastern North Dakota it is difficult for family members from the western part of the state to stay in close contact with their family member.

H.I.T. Inc. has proposed to address the shortage of brain injured designated beds by either locating or building an 8 to 12 bed facility in the western portion of the state. The facility would meet at minimum Basic Care programming, construction, and Life Safety Code requirements. Unlike standard Basic Care, the facility would specifically address the needs of the brain injured population, who are most commonly younger adults. By being classified as Basic Care, we face the issue of the existing Basic Care moratorium. H.I.T. Inc. has submitted an application for an Alternative Health Care Services Pilot Project to the State Health Council. From this application, we were granted permission to go ahead with the project, but with a window of operation being 5 years. We are still in need of legislative support to operate this facility regarding the licensing moratorium. We do not believe that the existing moratorium was intended to prevent projects such as this from proceeding.

H.I.T. Inc. has a brain injury case manager whose position is being funded by a DD Council Grant. This position is serving the southwest quarter of the state in which she has identified 79 persons with brain injuries, of which 53 are Medicaid/Medicare recipients. This number does not include current residents at Dacotah Alpha, but including these individuals, we have identified 8 who would be immediate candidates for this type of facility.

During the interim, we testified in front of the Budget Committee on Long Term Care regarding the need for this facility. They responded by including the specific language in Senate Bill 2038 to allow this project to fit within the moratorium. We would ask your support regarding this bill, as it is essential to the licensure of this facility. I would be happy to answer any questions you would have at this time.

Testimony on SB 2038
Senate Human Services Committee
January 13, 1999

Chairman Thane and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2038. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. Our Association represents basic care and nursing facility providers. I am here today to testify on their behalf.

SB 2038 allows for the development of one basic care facility for the traumatic brain-injured population. The facility is to be located in western North Dakota. Currently there is only one basic care facility for the traumatic brain injured population and that is located in Valley City. Hi-Soaring Eagle is licensed for eleven individuals and there is a great demand for this service. We take very seriously the moratorium on basic care and nursing facilities and in only one instance have we supported an exception to the moratorium. This is the exception we are supporting.

It is very traumatic to have a family member incur a brain injury. Recovery can be slow and returning to a "normal" life style is forever challenging, if not impossible. Arranging services are difficult and many times supportive residential services are critical. Basic care can become an ideal service model for brain injured individuals. The traditional basic care facility is caring for an 85 year old female resident. The brain injured population is generally much younger and male. Caring for both groups in the same facility would be challenging, as their physical and emotional needs can be so different.

We support the development of this facility, as well as maintaining the moratorium into the year 2001, as defined in this legislation.

Thank you for the opportunity to testify on SB 2038. We urge your passage. Should you have any question I would be happy to answer them.

Shelly Peterson, President
North Dakota Long Term Care Association
120 West Thayer Avenue
Bismarck, ND 58501
(701) 222-0660



January 13, 1999

Chairman Thane, Vice-Chairman Kilzer and members of the Senate Human Services Committee:

My name is John Vastag, General Manager of Waterford At Harwood Groves; a senior living community in Fargo, ND. I am here today to testify in opposition to SB 2038 as it is written, but would support with an amendment.

SB 2036 is designed to combine the current services of Basic Care and Assisted Living into one service and I recommend an implementation date of 12-01-99. This would eliminate the need to continue the moratorium for such services past 12-01-99.

The need for senior housing services beyond the traditional nursing facility is well documented here in North Dakota and throughout the country. While the Fargo/Moorhead population from 1990 to 1996 increased 7.8%, the population for those age 55 to 64 increased 9.3%, for those age 65+ there was an increase of 11.9% and for those 85+ there was increase of 24.0%. (Source: Richard Rothge, Director of N.D. Data Center.) The populations of aging North Dakotans are healthier than ever before. Therefore, while they may be interested in giving up the headaches of home ownership, they are by no means in need of or want to move to the traditional nursing facility.

The moratorium has served its purpose. It is now time to encourage the much needed alternative senior housing services and invest the taxpayers dollars in services they want and need. Like all industries, the senior housing industry in North Dakota needs to continue to work at balancing supply and demand. The demand for alternative senior housing is very high. It is our responsibility as an industry to match supply with demand. Like any other business on main street, we are consumer driven. Therefore, it is our responsibility to create new products and/or services that will meet the needs of the consumers we chose to focus our business on.

The industry is willing and able to create very viable senior housing alternatives to the traditional nursing facility in a cost-effective manner.

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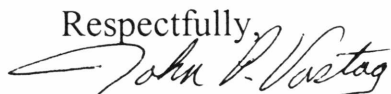
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Therefore, we recommend that SB 2038 be amended to end 12-01-99 and allow the intent of SB 2036 to become reality for thousands of seniors in North Dakota.

Thank-you for the opportunity to submit testimony on this very crucial bill. I will be happy to work with the committee's staff on preparation of the recommended amendments.

Respectfully,

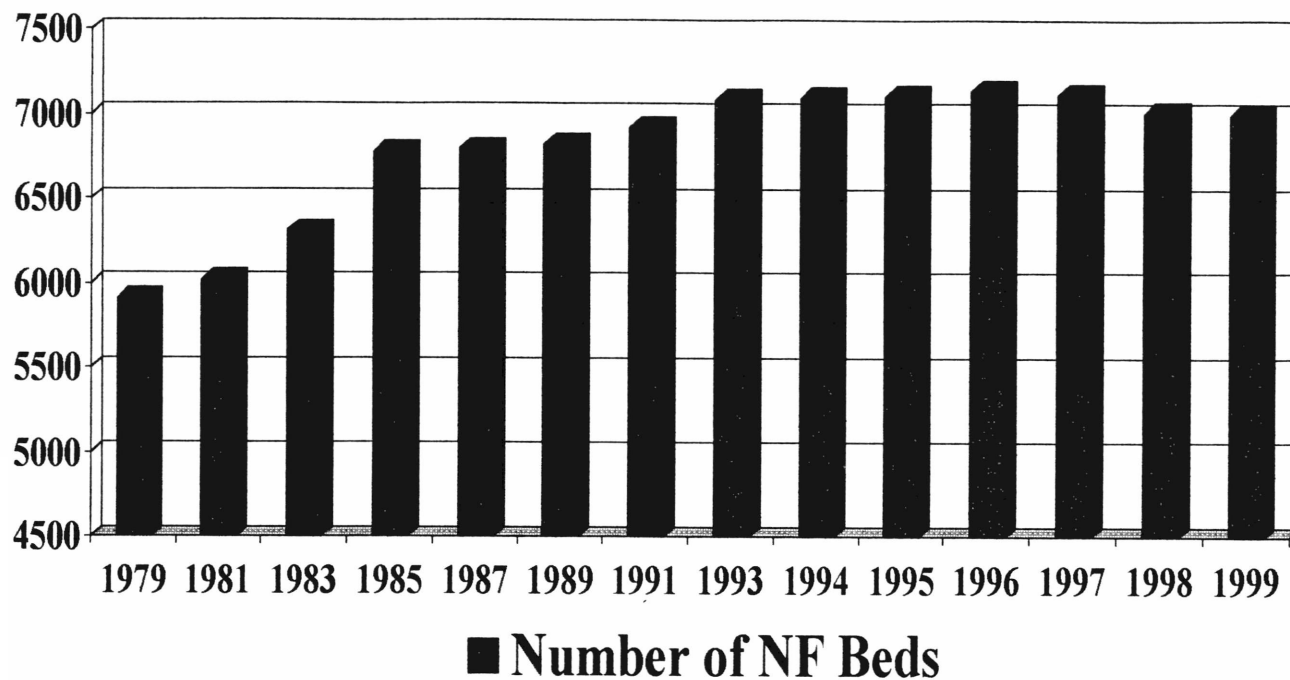
A handwritten signature in black ink, appearing to read "John P. Vastag". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke extending to the left.

John Vastag

General Manager

Waterford At Harwood Groves

Nursing Facility Beds in North Dakota 1979-1999



1979	1981	1983	1985	1987	1989	1991	1993	1994	1995	1996	1997	1998	1999
5912	6026	6314	6777	6797	6821	6926	7091	7096	7109	7146	7124	7010	6997



January 13, 1999

Chairman Thane, Vice Chairman Kilzer and Members of the Senate Human Services Committee:

For your record, my name is Donna Nalewaja and I am employed at Waterford At Harwood Groves a continuing care retirement community in Fargo. I am here to testify against SB 2038 as it is presently written for the following reasons and request your consideration of an amendment.

SB 2038 seeks to continue the moratorium on nursing facility and basic care beds through the 1999-2001 biennium with the exception of the traumatic brain-injured facility in western North Dakota. The original intent was to perhaps control the state's general fund costs for basic care and nursing facility licensed beds and to reduce the numbers of beds.

However, if SB 2034 and SB 2036 are amended to go into effect earlier than originally written in the bills, then SB 2038 would not be needed. I would recommend SB 2038 be amended to reflect the possibility of earlier implementation dates of SB 2034 and SB 2036 with proposed amendments.

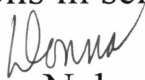
The Waterford At Harwood Groves has just been built to provide housing options in a safe, family friendly and secure environment for seniors seeking relieve from the stresses of home ownership obligations like maintenance, taxes, utilities, grocery shopping, food preparation and driving to and from medical services. You and I have all experienced the worry and concern with our own

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parents or perhaps grandparents in securing the best and safest environment to keep them independent, healthy and happy. With the longer, better quality of life our seniors and their families have come to expect, we can work together to move North Dakota into the 21st century by removing restrictions and obstacles in providing options in senior housing and services. Thank you very much.


Donna Nalewaja

Good morning Ladies and Gentlemen,

My name is Avis Dissell. My husband, who was Supt. at the Baukol Noonan Mine, suffered a severe head injury from a fall at work on June 7 1973 and has been disabled ever since. He underwent 3 major surgeries on June 7, 11 & 23rd in '73 and one a year later when the bone had not healed in his head. After the 3rd, I was told that he would not live the night and if he did, he would probably be like a "vegetable". Three days later the Dr told me he would live but that there was nothing he had done that could have saved him, it had to be a miracle because he had taken so much of the brain. Then began the years of therapy, struggles and turmoil. I was able to train Fred to be quite self sufficient but after over 18 years it was beginning to take a toll on me and I was told I had to do something to save my health. A Dr in Fargo helped me to get Fred into the HI Soaring Eagle Head Injury Ranch at Valley City, quite a distance from home.

I was then able to take my high school GED and in '97 I graduated from BSC with a degree in Visual Art. All the years of struggle and turmoil could fill a book, which they did, and I wrote my book, FALLING BETWEEN THE CRACKS, and have organized the CENTER TRAUMATIC BRAIN INJURY ASSN, and plan to build a very much need head injury home on my property in Center. If through the miracle of Fred's life, I am able to accomplish this goal, then all the struggles and turmoil of the last nearly 26 years will not have been in vain.

A comment that I have heard is that ND is so backward when it comes to head injury. When I was searching for some help, I was literally passed from Dr, to social worker, the 5th one telling me, the trouble with head injury there is nothing for them, They fall between the cracks. My goal now is to do something to help all these families find a place for their loved ones to live when they are no longer able to care for them at home. The Fred Dissell Loving Arms Care Center will be that place.

I have toured Tangram, a head injury facility in Texas and visited with Dr Seaton who built this. Mine is a very large goal, but it is so needed here in ND.

To show part of the need, a mother of a TBI from Williston gave me this information. She named 9 individuals, in Williams County alone, that needed a place such as we plan. Of the nine, seven of these are self pay, with only 2 that would be SSI. The need is great.

I have a copy of our brochures that gives you information on our proposed plan and I am asking for your support of SB 2038 to be the beginning to making this possible.

Sincerely,

Avis Dissell

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE

REGARDING SENATE BILL 2038

JANUARY 26, 1999

Chairman Nething, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information and to support this bill.

Legislation is currently in effect that places a moratorium on the expansion of basic care and nursing facility bed capacity in North Dakota. The Task Force on Long Term Care Planning was requested to examine this issue to determine if these moratoriums should be continued. The Task Force concluded that at present no shortage of bed capacity exists when compared to national averages and therefore recommended that the moratoriums should remain in effect with one exception.

The Medicaid Program implemented a Home and Community-Based Waiver that serves the Traumatic Brain-Injured (TBI). Most individuals with a TBI diagnosis are able to function outside a hospital or nursing facility setting, but do require 24-hour assistance. The Task Force noted that only one facility, High Soaring Eagle Ranch, in Valley City provided this needed service to the TBI population. No similar facility exists in the western part of North Dakota and the Task Force received information that indicated that enough of a need existed to create such a facility. The type of facility that would be created meets the definition of a basic care facility.

The Task Force recommended to continue the moratorium for both nursing facilities and basic care facilities, but requested the approval of an exception that would permit the addition of one basic care facility specifically designed to meet the care needs of the TBI population not to exceed the greater of 10 beds or the number of available slots permitted under the waiver.

This bill provides for that exception and requires the Department of Human Services to limit the size of the facility based on the number of individuals who require this type of care and the number of openings under the Medicaid Waiver for the TBI population.

The fiscal note is based on the Department paying for 10 beds for the next biennium at a total cost of \$567,072, of which \$168,680 are general funds. Unfortunately when the budget was built for the TBI waiver, I failed to include the costs of these new beds in the budget request. This was an oversight on my part. The budget is built on an average of 15 slots per month, which is 3 more than is currently being served under the waiver. We estimate that with the addition of this facility we will need 22 slots. As a result, we have not included 70% of the new costs associated with this facility or about \$397,000 of which \$118,076 is general funds in our budget request for the 1999-2001 biennium.

The Department continues to support this bill and asks that the needed funds be added to our request to fund the Medicaid portion of the Department's budget.

I would be happy to answer any questions you may have.

Testimony on SB 2038
Senate Appropriations Committee
January 27, 1999

Chairman Nething and members of the Senate Appropriations Committee, thank you for the opportunity to testify on SB 2038. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. Our Association represents basic care and nursing facility providers. I am here today to testify on their behalf.

SB 2038 allows for the development of one basic care facility for the traumatic brain-injured population. The facility is to be located in western North Dakota. Currently there is only one basic care facility for the traumatic brain injured population and that is located in Valley City. Hi-Soaring Eagle is licensed for eleven individuals and there is a great demand for this service. We take very seriously the moratorium on basic care and nursing facilities and in only one instance have we supported an exception to the moratorium. This is the exception we are supporting.

It is very traumatic to have a family member incur a brain injury. Recovery can be slow and returning to a "normal" life style is forever challenging, if not impossible. Arranging services are difficult and many times supportive residential services are critical. Basic care can become an ideal service model for brain injured individuals. The traditional basic care facility is caring for an 85 year old female resident. The brain injured population is generally much younger and male. Caring for both groups in the same facility would be challenging, as their physical and emotional needs can be so different.

We support the development of this facility, as well as maintaining the moratorium into the year 2001, as defined in this legislation. It was our understanding that the appropriation to fund this facility was included in the Governors Budget, SB 2012. We have since been told the appropriation for this facility does not exist in SB 2012 and so my comments of support relate to the need, not the appropriation. As you are aware our first priority for increased funding is with nursing facility rebasing and DRI/CPI inflation and the basic care 3% operating margin and property pass through

Thank you for the opportunity to testify on SB 2038. Should you have any question I would be happy to answer them.

Shelly Peterson, President
North Dakota Long Term Care Association
120 West Thayer Avenue
Bismarck, ND 58501
(701) 222-0660

TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
REGARDING SENATE BILL 2038
MARCH 3, 1999

Chairman Price, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information and to support this bill.

Legislation is currently in effect that places a moratorium on the expansion of basic care and nursing facility bed capacity in North Dakota. The Task Force on Long Term Care Planning was requested to examine this issue to determine if the moratoriums should be continued. The Task Force concluded that at present no shortage of bed capacity exists when compared to national averages and therefore recommended that the moratoriums should remain in effect with one exception.

The Medicaid Program implemented a Home and Community-Based Waiver that serves the Traumatic Brain-Injured (TBI). Most individuals with a TBI diagnosis are able to function outside a hospital or nursing facility setting, but do require 24-hour assistance. The Task Force noted that only one facility, High Soaring Eagle Ranch, in Valley City provided this needed service to the TBI population. No similar facility exists in the western part of North Dakota and the Task Force received information that indicated that enough of a need existed to create such a facility. The type of facility that would be created meets the definition of a basic care facility.

The Task Force recommended to continue the moratorium for both nursing facilities and basic care facilities, but requested the approval of an exception that would permit the addition of one basic care facility specifically designed to meet

the care needs of the TBI population not to exceed the greater of 10 beds or the number of available slots permitted under the waiver.

This bill provides for that exception and requires the Department of Human Services to limit the size of the facility based on the number of individuals who require this type of care and the number of openings under the Medicaid Waiver for the TBI population.

The fiscal note is based on the Department paying for 10 beds for the next biennium at a total cost of \$567,072, of which \$168,680 are general funds. Unfortunately when the budget was built for the TBI waiver, I failed to include the costs of these new beds in the budget request. This was an oversight on my part. The budget is built on an average of 15 slots per month. We estimate that with the addition of this facility we will need 22 slots. As a result, we have not included 70% of the new costs associated with this facility or about \$397,000 of which \$118,076 are general funds in our budget request for the 1999-2001 biennium.

The additional funds were included in the department's reprojections that were presented to the Senate Appropriations Committee. The committee did not choose to add these funds to the department's Medicaid budget. The Department continues to support the exception to the moratorium for the creation of a separate TBI residential facility in Western North Dakota. However, it may be difficult to provide full funding for this project within the proposed appropriation for the Medicaid Program in the next biennium if the House Appropriations Committee does not provide the additional funding requested through the Department's reprojection request.

I would be happy to answer any questions you may have.

3/3/98

TESTIMONY ON RESIDENTIAL FACILITY FOR BRAIN INJURED ADULTS
TO HOUSE HUMAN SERVICES

MADAM CHAIR PRICE AND HONORABLE COMMITTEE MEMBERS

My name is Kirk Greff and I am Administrator of Dacotah Alpha, a program of Housing Industry and Training Inc. (HIT Inc.) in Mandan. Dacotah Alpha is an 11 bed skilled rehabilitation program assisting brain injured and physically disabled adults achieve their highest level of independence. I am here today because I work with brain injured individuals and I see the need for additional services for this population.

Working closely with the Department of Human Services, HIT Inc. has proposed to address the shortage of brain injured designated beds by providing 10 beds, licensed Basic Care, in a single or multiple locations in the western portion of the state. These beds would meet at minimum Basic Care programming, construction, and Life Safety Code requirements. Unlike standard Basic Care, the beds would specifically address needs of the brain injured population, who most commonly are younger adults.

Many brain injured residents come to Dacotah Alpha from skilled hospital rehabilitation centers. Even after making tremendous strides both cognitively and physically, a percentage of these individuals due to their cognitive deficits and behaviors will be unable to live independently. Due to their age and behaviors, they are also not appropriate for a standard basic care facility. Without brain injured designated beds or a family member to step forward, this individual would have no choice other than a skilled nursing facility. A brain injured individual in their 20's with a life expectancy of possibly 50 or more years is not correctly placed in skilled nursing facility.

HIT Inc. has a brain injury case manager who has been serving the Southwest quarter of the state for the last year. This position was originally funded through a State DD Council Grant to study the need for services to this population group. In this quarter of the state, which has approximately 21% of the state's population, ~~79~~⁸⁴ persons with brain injuries were identified. Of these ~~79~~⁸⁴, and the population at Dacotah Alpha, we have identified 8 who would be immediate candidates for this type of facility.

Bismarck West & South

I see first hand how a brain injury can effect a person physically and cognitively, but I also see the effects on an individual's family. Many parents after rehabilitation has been completed accept the role as care giver for the individual. Just as the general population in North Dakota is aging, so are these care givers. In the upcoming years, parents from across the state will be looking for options for their brain injured family member as they will be unable to continue caring for their son or daughter.

Along with recommendations made by the Legislative Task Force on Long Term Care Planning, the State Health Council, and the Budget Committee on Long Term Care, HIT Inc. is requesting your support in lifting the moratorium to allow a brain injury facility in western North Dakota. This facility would help ensure that this special group would receive the necessary and appropriate services near their homes. Thank you so much for your consideration of this project, I would be happy to answer any questions at this time.

TBI CASE MANAGEMENT REPORT

- ◆ 84 TBI individuals have been identified through records and referrals..
- ◆ 64 of these individuals live within the area specified in the grant.
- ◆ 8 reside in an institution or outside the defined boundaries, or refused to participate in answering questions.
- ◆ 12 have not been located.
- ◆ 17 individuals and families are currently receiving case management services.

SERVICES PROVIDED

- ◆ Coordination between Service Providers, State Penitentiary, Attorneys, etc.
- ◆ Transportation to Medical, Prosthetic fitting appointments
- ◆ Referral to Emergency Food Pantry
- ◆ Assist with Housing/Deposit needs
- ◆ Promote Socialization
- ◆ Assist with Budgeting/Money Management
- ◆ Support Group
- ◆ Provide Spot Jobs to Clients
- ◆ Provide Information to Individuals and Family Members
- ◆ Advise about Grocery Shopping
- ◆ Assist with Social Security/IRS
- ◆ Advocate for client with utility companies
- ◆ Provide Information to other agencies concerning brain injuries

SUPPORT GROUP

- ◆ April Meeting; attended by 6 individuals; speaker topic: DCIL history and services
- ◆ May Meeting; attended by 16 individuals; speaker topic: Employment Do's & Don'ts
- ◆ June Meeting; attended by 19 individuals; speaker topic: HCBS What are they??
- ◆ July Meeting; attended by 19 individuals; speaker topic: Survivor & Family Perceptions of TBI results
- ◆ August Meeting; attended by 14 individuals; speaker topic: Vocational Rehabilitation Services
- ◆ September Meeting; attended by 11 individuals; speaker topic; CORE Services
- ◆ October Meeting; attended by 8 individuals; Halloween Party

TBI'S PER COUNTY/OPEN CASES IN THAT COUNTY

- ◆ Burleigh: 36 identified TBI individuals/12 receiving case management services
- ◆ Morton: 18 identified TBI individuals/3 receiving case management services
- ◆ Stark: 8 identified TBI individuals/2 receiving case management services
- ◆ Hettinger: 1 identified TBI individual
- ◆ Slope: 1 identified TBI individual

IDENTIFIED TBI INDIVIDUALS

CLIENT	Case Status	Age/Onset	Medicaid	Service Needs	Ethnicity	Cause of Injury
1	Closed	56	YES	I & R	Caucasian	aneurysm
2	Closed	30	NO	NONE	Caucasian	snowmobile
3	Closed	28	NO			anoxic encephalopathy
4	Closed	26	YES	UNKNOWN	Caucasian	MVA
5	Closed	30	YES	DD SYSTEM	Caucasian	Attempted murder victim
6	OPEN	6	YES	CS-MNGMNT	Caucasian	Seizure disorder
7	Closed	19	YES	DD System	Caucasian	organic brain syndrome <MVA
8	Closed	53	YES		Native American	grand mal seizure
9	OPEN	19	YES	CS-MNGMNT	Native American	motorcycle
10	Closed	45	YES	Aging Services	Caucasian	2 airplane accidents
11	Closed	17	YES	CS-MNGMNT	Caucasian	attempted suicide
12	Closed	27	YES	Refused Services	Caucasian	epileptic seizures
13	Closed	9	YES	DD System	Native American	Epileptic Seizures
14	OPEN	36	YES	CS_MNGMNT	Caucasian	Fell down stairs
15	Closed	23	NO	Returned to work	Caucasian	brain stem tumor
16	OPEN	26	YES	CS-MNGMNT	Caucasian	motorcycle accident
17	Closed	45	YES	CS-MNGMNT	Caucasian	Diabetic Coma
18	Closed	22	YES	CS-MNGMNT	Native American	Motorcycle accident
19	Closed	48	YES	Refused Services	Caucasian	Cerebral Hemorrhage
20	Closed	29	YES	CS-MNGMNT	Caucasian	MVA
21	Closed	35	YES		Caucasian	Motorcycle accident
22	OPEN	22	YES	CS-MNGMNT	Native American	MVA
23	OPEN	46	YES	CS-MNGMNT	Caucasian	MVA
24	OPEN	23	YES	CS-MNGMNT	Caucasian	MVA
25	Closed	21	YES	CS-MNGMNT	Caucasian	MVA
26	Closed	22	YES	CS-MNGMNT	Caucasian	Radiation Neurosis <Brain Stem Tumor
27	Closed	22	YES	CS-MNGMNT	Caucasian	MVA

28	Closed	17	YES	CS-MNGMNT	Caucasian	MVA
29	Closed	68	YES	Refused Services	Caucasian	Aneurysm
30	Closed	39	YES	CS-MNGMNT	Caucasian	Hypoxic BI < CHF
31	OPEN	28	YES	CS-MNGMNT	Caucasian	Cerebular Hemorrhage<Cumidin<2 Heart Valve Replacements
32	Closed	21	NO		Caucasian	Assault
33	Closed	20	YES	CS-MNGMNT	Caucasian	Motorcycle Accident
34	Closed	50	YES	CS-MNGMNT	Caucasian	Fall
35	OPEN	16	NO	CS-MNGMNT	Caucasian	MVA
36	OPEN	18	YES	CS-MNGMNT	Caucasian	MVA
37	Closed	20	YES	CS-MNGMNT	Caucasian	Cerebular Hemorrhage
38	OPEN	21	YES	CS-MNGMNT	Caucasian	MVA
39	OPEN	27	YES	CS-MNGMNT	Caucasian	Motorcycle accident
40	Closed	24	YES	CS-MNGMNT	Caucasian	MVA
41	Closed	31	YES	CS-MNGMNT	Caucasian	MVA
42	Not located	20			Caucasian	MVA
43	Closed	22	YES	CS-MNGMNT	Caucasian	Baseball Accident
44	Not located	35			Caucasian	Bilateral Spontaneous Subdural Hematomas
45	Not located	43			Caucasian	Tumor
46	Closed	26	YES	CS-MNGMNT	Caucasian	MVA
47	Closed	29	YES	CS-MNGMNT	Caucasian	Organic brain syndrome<Seizures<Asthma
48	Not located	29	YES	CS-MNGMNT		MVA
49	Not located	29	YES	CS-MNGMNT	Caucasian	Motorcycle Accident
50	Closed	22	Unknown	Refused Services		Anoxic Encephalopathy
51	Closed	36	YES	CS-MNGMNT		Motorcycle Accident
52	Not located	16	YES			MVA
53	Closed	21	YES	CS-MNGMNT	Caucasian	Cerebral Hemorrhage
54	Not located	26	YES		Native American	Hanging Accident
55	Closed	33	YES	CS-MNGMNT	Caucasian	Ruptured AVM
56	Not located				Native American	MVA
57	Not located	16				Motorcycle Accident
58	Not located					

59	Closed	Unknown	YES	Aging Services	Caucasian	Parkinson's Disease
60	Closed	Unknown	YES		Caucasian	
61	Not located	32				Self-inflicted Gun shot
62	Not located	52				Aneurysm
63	Closed	27	YES	CS-MNGMNT	Caucasian	Hypoxic Encephalopathy
64	Closed	21	YES	CS-MNGMNT	Caucasian	MVA
65	Closed	43	YES	CS-MNGMNT	Caucasian	CVA
66	Closed	27	YES	CS-MNGMNT		Attempted suicide/Gunshot
67	Closed	23	YES	CS-MNGMNT	Caucasian	Snowmobile Accident
68	Closed	20	YES	CS-MNGMNT	Native American	MVA
69	Closed	32	YES	CS-MNGMNT	Caucasian	Motorcycle Accident
70	Closed	27	YES	CS-MNGMNT		MVA
71	Closed	21	YES	CS-MNGMNT	Native American	MVA
72	Closed	53	YES		Caucasian	Cerebral Hemorrhage
73	OPEN	24	YES	CS-MNGMNT	Caucasian	MVA
74	Open 30 Days		NO	I & R	Native American	Assaulted with an Axe
75	Closed	22	Pending	CS-MNGMNT	Caucasian	Motorcycle Accident
76	Closed	21	Pending	CS-MNGMNT	Native American	MVA
77	Closed	22	Pending	CSMNGMNT	Caucasian	Brain Infection
78	Referred		Yes	CS-MNGMNT	Caucasian	Electrocution
79	OPEN	38	Yes	CS-MNGMNT	Causasian	Train Accident
80	OPEN	33	Yes	CS-MNGMNT	Caucasian	MVA
81	OPEN	21	Yes	CS-MNGMNT	Caucasian	MVA
82	OPEN	16	Yes	CS-MNGMNT	Caucasian	MVA
83	Closed	32	Yes	CS-MNGMNT	Caucasian	MVA
84	Closed	20	Yes	CS-MNGMNT	Caucasian	MVA

TESTIMONY TO THE HOUSE HUMAN SERVICES COMMITTEE
SENATE BILL 2038

FOR THE DEVELOPMENT OF A LONG TERM CARE FACILITY IN WESTERN ND
FOR THE TRAUMATIC BRAIN INJURED (TBI) POPULATION.

Honorable Chairperson and members of the Human Services Committee. My name is Richard Arazi and I am a Neurologist in private practice in Bismarck. Over nearly 20 years of practice in North Dakota, I have seen a number of individuals with traumatic brain injuries, some of whom have had severe enough residuals from their accident that their personalities have changed, they may have speech difficulties, trouble walking, tempers with short fuses, unreasonable expectations of others or themselves, seizures and many other combinations of problems. Several are in their 20's to 50's and often need 24 hour supervision which in the past has been obtained through Nursing Homes, the State Hospital, or they may come to depend on their families for their long term care. After the acute care has been given in the Intensive Care Unit and the general medical beds of a hospital, a Rehabilitation Hospital stay which used to be for 5 to 6 months has now been shortened to 2 to 3 months through modern managed care. Some individuals may go to Dakotah Alpha, an 11 bed skilled nursing care unit, for half a year up to a maximum of 2 years. About 1/4 to 1/3 of Dakotah Alpha residents are candidates for long term care and their brain injury case manager has had difficulty finding appropriate placement for their clients. In the Southwest corner of the state alone they have identified at least 8 candidates who could reside immediately in a long term care facility. Mrs. Carns, the mother of a severely

PAGE 2

brain injured adult has identified 8 individuals in the Northwest corner of the state who could benefit from staying in a long term care facility. There is currently only one option and it is the HI Soaring Eagle Ranch in Valley City. As of last night it has 10 residents. There is one opening and at least 4 individuals on their waiting list. Their turn around is very slow as some residents have been there for nearly a decade. There is very little question in my mind that there is a need for a 10 to 11 bed facility in the Western part of North Dakota, so that family members can be closer to their loved ones. These young people do not belong in Nursing Homes.

I understand that the Senate passed this bill unanimously 48 to 0. Steve Skauge, the executive director of HIT Inc, which runs Dakotah Alpha has gone on record as supporting such a facility. Shelley Peterson, the president of the North Dakota Long Term Care Association, supports the concept. David Zentner, the Director of Medical Services for the Department of Human Services, supports this bill. He noted in his testimony to the Senate Appropriation Committee on January 26, 1999, that the task force on long term planning recommended the approval of one exception to the current moratorium for both nursing home and basic care facilities. This exception would permit the addition of a long term TBI facility in Western North Dakota. The obvious need and the overwhelming support for such a facility should help you decide how to vote on this issue. By the way, it would provide 20 to 25 new jobs in the State. I hope we can count on your support for Senate Bill 2038.

**The Center Traumatic
Brain Injury Association
P.O. Box 217
Center, ND 58530-0217**

**The Center
Traumatic Brain
Injury
Association**

The goal of the association is to establish the **Fred Dissell Loving Arms Care Center** for head injured individuals. This will serve the TBI when therapy or medical treatment is no longer needed on a regular basis, and when families are no longer able to carry the full responsibility.

**Center TBI Association
Officers**

President:

Avis Dissell, Center, spouse of TBI

Vice President:

Carol Manifold, Center, registered nurse

Secretary-Treasurer:

Joan Rohnholdt, Center, accountant and bookkeeper

Board Members

Jean Kautzman, RN, Center, Medcenter One
College of Nursing faculty

Gearl Fenster, Center, mine worker

Ross Espeseth, Bismarck, attorney

Dr. Douglas Eggert, Bismarck, physician at
Medcenter One Rehabilitation Center

Betty Price, Center, social work *background*

Donna Hagle, RN, Minot, ICU nurse at Trinity
Medical Center

Ann Carns, Williston, mother of TBI

Jeanette Martin, Bismarck, program
assistant, Enable, Inc.

The Center Traumatic Brain Injury Association

P.O. Box 217
Center, ND 58530-0217



Facts About Traumatic Brain Injury

- There are 2 million Traumatic Brain Injuries each year (one every 15 seconds).
- 500,000 of these injuries require hospital admission.
- Every five minutes someone dies from a head injury, totaling 140,000 people each year and 70,000 - 100,000 in the United States. Over half of the deaths occur at the time of the incident or within two hours of hospitalization.
- Every five minutes a head injury permanently disables someone.
- 70,000 - 90,000 of those who survive will have lifelong disabilities.
- 2,000 more will live in a persistent vegetative state.
- Over 50 percent of those who sustain a brain injury have been intoxicated at the time of injury.
- Causes:
 - 51 percent -- motor vehicle accidents
 - 21 percent -- falls
 - 12 percent -- assaults and violence
 - 10 percent -- sports and recreation
 - 6 percent -- other
- The annual cost of Traumatic Brain Injuries in the U.S. is over \$48 billion.
- A survivor of severe brain injury faces five to 10 years of intensive services and rehabilitation.
- A majority of head injury survivors are under the age of 30. Two-thirds of the survivors will live a normal life span, but will require lifelong services such as vocational rehabilitation and physical therapy.

Source: The Brain Injury Association of Oregon



The Center Traumatic Brain Injury Association

The Center TBI Association was formed in late 1997 with plans to build a head injury home in Center, N.D. There is currently only one such facility, similar to what we propose, here in North Dakota. This effort is being spearheaded by Avis Dissell of Center, whose husband, Fred, received a traumatic brain injury in 1973. Fred is now a resident at the HI Soaring Eagle Ranch at Valley City, N.D.

The goal of the Center TBI Association is to establish a home for individuals when therapy and medical treatment are no longer needed on a regular basis and when families are no longer able to carry the full responsibility. Initially, the association's goal is to establish an eight-bed unit, and ultimately expanding it to provide services for a greater number of brain-injured persons.

The town of Center has much to offer for such a facility. It is located 40 miles from Bismarck for all needed medical and shopping needs, along with available in-town services including a clinic, dentist, ambulance, 911, four churches, a senior center, indoor swimming pool, many sporting events year-round, and a bus service for

both in and out-of-town transportation. The small town atmosphere provides a safe environment with everything in close access.

The first fund-raising kickoff for the Center TBI Association was held in December 1997. Donations from individuals, businesses and organizations will help make the dream of building the facility in Center a reality.

**Donations to
The Center TBI Association
can be sent directly to:
The State Bank of Oliver County,
P.O. Box 36, Center, ND 58530.**

Falling Between the Cracks

By Avis Dissell

In April 1998 Avis Dissell published a book recalling her experiences caring for her husband after he suffered a traumatic brain injury in a work-related fall 25 years ago.

Avis is available to speak to organizations about her experiences. To contact her about speaking, or to purchase her book, contact her in care of the Center TBI Association, P.O. Box 217, Center, ND 58530-0217, 701-794-3276, or at her e-mail address: amd@westriv.com

Cell - 220-5729

From: Darleen R. Bartz/ISD/NoDak@Hub on 04/07/99 08:40 AM
To: Clara Sue Price/NDLC/NoDak@NoDak, Jeff W. Delzer/NDLC/NoDak@NoDak, Bruce A. Eckre/NDLC/NoDak@NoDak
cc: Monte D. Engel/ISD/NoDak@Hub, Murray G. Sagsveen/ISD/NoDak@Hub
Subject: FW: Current licensed bed capacity

Update:

We went over our information again and found that we had not added the additional beds for Woodside Village in Grand Forks which replaced Almonte Nursing Facility that had been destroyed by the flood. This facility went from 36 beds to 118 beds (the number of beds it had been licensed for prior to the flood) on March 15, 1999. This brings our current total of long term care (nursing facility) licensed beds to 7,079 (the bill currently reads 7,140).

The bank currently has 28 beds for nursing facility beds and 1 for basic care beds. At this time we have no intent to give these beds out, even though requests have been submitted.

-----Original Message-----

From: Bartz, Darleen R.
Sent: Tuesday, April 06, 1999 4:34 PM
To: Price, Clara Sue; Eckre, Bruce A.; Delzer, Jeff W.
Cc: Sagsveen, Murray G.; Engel, Monte D.
Subject: Current licensed bed capacity
Importance: High

As requested:

Current 1999 licensed nursing facility bed capacity 6,997 (bill reads 7,140)
Current 1999 licensed basic care bed capacity 1,465 (bill reads 1,465)

Please note the original numbers reflect the bed capacity during the last session, not the bed capacity when the bill originally went in to effect.

I would appreciate it if you would let me know the time and location of tomorrow's committee meeting on S. B. 2038. Thank you.

April 7, 1999

TRAUMATIC BRAIN-INJURED FACILITY REPORT REQUIREMENTS

The following section could be added to Senate Bill No. 2038 in order to require the Department of Human Services to report to the Legislative Council on the establishment of a traumatic brain-injured facility in western North Dakota:

SECTION _____. **TRAUMATIC BRAIN-INJURED FACILITY REPORT TO THE LEGISLATIVE COUNCIL.** The director of the department of human services shall report to the legislative council, or an interim committee designated by the legislative council, during the 1999-2000 interim regarding the establishment of a traumatic brain-injured facility in western North Dakota. The reports are to include information regarding the number of beds available and the location of any beds available for conversion to a traumatic brain-injured facility in western North Dakota and the status of the number of beds which have been converted for a traumatic brain-injured facility in western North Dakota.